Hospice Care

Policy

Harvard Pilgrim reimburses contracted hospice providers for hospice care provided to terminally ill members, subject to prior authorization.

Policy Definition

Hospice Care includes those services rendered by a contracted hospice agency in a member's home, a skilled nursing facility, a hospital or other inpatient setting (e.g., residential hospice facility).

Prerequisite(s)

Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply.
Refer to *Referral, Notification and Authorization* for more information.

HMO/POS/PPO

An authorization is required for hospice care services, including each change in level of care.
Refer to *Home Health Care Authorization* for specific requirements.

Open Access HMO and POS

For *Open Access HMO and Open Access POS* products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses[1]

HMO/POS/PPO

Harvard Pilgrim reimburses participating hospice providers at an all-inclusive per diem rate. The following services are excluded from the hospice per diem rate and may be billed by and reimbursed separately to a Harvard Pilgrim contracted provider if the services are considered a covered benefit.

- Attending physician's services
- Chemotherapy and Radiation services
- Drugs not related to the terminal illness obtained from a pharmacy by the member or his/her designee when covered by the prescription drug rider
- Transportation

The following services are included in the contracted per diem rate.

Routine Hospice Home Care, Per Diem

- All drugs and biologicals related to the terminal illness regardless of administration method, for pain relief, symptom management, and hydration
- Bereavement counseling
- Drugs obtained from a pharmacy by the member or his/her designee when covered by the prescription drug rider
- Durable medical equipment (DME)
- Enteral formulas when used as the primary source of nutrition via a feeding tube and part of a treatment plan when provided by hospice
- Homemaker services
- Medical and surgical supplies
- Medical social worker services
- Nutritional counseling
- Pastoral counseling
- Physical, occupational and speech therapies
- Respiratory equipment and therapies
- Skilled nursing care and up to four hours of a home health aide per day
- Venipuncture
- Volunteer services

Continuous Home Hospice Care, Per Diem

- Continuous skilled nursing or home health aide services provided for a period of greater than eight hours and up to 24 hours per day. Care need not be continuous.
  - If eight or more hours of services are rendered, the services are reimbursed from the first hour.

  - At least 50% of the services must be provided by a registered nurse (RN).
- Includes all services identified in "Routine Hospice Home Care."

Respite Hospice Care, Per Diem

- An inpatient stay or up to 24-hour home care provided for no greater than five days every three months, to a maximum of 14 days per calendar year for the purpose of relieving the primary caregiver.
- Includes all services identified in "Routine Hospice Home Care."

General Inpatient Hospice Care (Non-Respite), Per Diem

- General inpatient hospice care in an acute care hospital or extended care facility (ECF) setting for acute (usually short term) symptom management and/or pain control related to the terminal illness that cannot be managed in the home.
- Includes all services identified in "Routine Hospice Home Care."
- Harvard Pilgrim will reimburse only the hospice agency for the provision of hospice care. (The contracted hospice agency is responsible for reimbursing the inpatient facility for the provision of general inpatient hospice care. Harvard Pilgrim will reimburse the inpatient facility for an appropriately notified inpatient admission when it is unrelated to the terminal illness.)

Room and Board Hospice (Residential Hospice), Per Diem

- Room and board provided when a primary caregiver is unavailable or unable to provide care.
- Services may be provided at a hospice residence or extended care facility (ECF). The hospice agency will be paid the room and board rate for each day authorized in addition to, the "Routine Hospice Home Care Per Diem" for all identified services.
- Members with Medicare as their primary insurance and a Harvard Pilgrim commercial product as secondary insurance are eligible for Harvard Pilgrim covered services that are not covered under the Medicare hospice benefit, such as room and board.

Harvard Pilgrim Does *Not* Reimburse

HMO/POS/PPO

- Drugs that are obtained from a pharmacy by the Member or their designee, and drugs that are self-administered unrelated to the terminal illness when the member does not have the prescription drug rider.
- Inpatient care other than the services described above.

Member Cost-Sharing

Services subject to applicable member out-of-pocket cost (e.g., co-payment, coinsurance, deductible).

Provider Billing Guidelines and Documentation

Coding[2]

Code	Description	Comment
0651	Hospice Service—Routine Home Care, Per Diem	• Use for billing fewer than 8 hours of care • Enter number of days in UB-04 Form Locator 46 of the paper UB-04 or segment SV2, data element SV205 with UN qualifier in SV204 of loop 2400 of the 837I • Bill in conjunction with revenue code 0658, Room & Board, as appropriate, when providing authorized residential hospice
0652	Hospice Service—Continuous Home Care, Per Diem	Enter number of units in UB-04 Form Locator 46 of the paper UB-04 or segment SV2, data element SV205 with UN qualifier in SV204 of loop 2400 of the 837I
0655	Hospice Service—Inpatient Respite Care, Per Diem	
0656	Hospice Service—Inpatient General Care (non-respite), Per Diem	

Code	Description	Comment
0657	Hospice–Physician Services, Per Diem	Detailed coding is required
0658	Hospice Service—Room & Board, Per Diem	• Enter number of days in UB-04 Form Locator 46 of the paper UB-04 or segment SV2, data element SV205 with UN qualifier in SV204 of loop 2400 of the 837I • Bill in conjunction with revenue code 0651, Routine Home Care, appropriate when authorized

Other Information

- Coding requirements may vary based on contractual agreement. Please refer to your contract for information regarding specific coding requirements.
- Submit only one revenue code per date of service, unless billing for authorized residential hospice where both revenue codes 0658 and 0651 should be billed.
- Submit individual dates on each service line.
- Type of Bill TOB 081X and 082X are defined as outpatient and must include date of service for each revenue code billed.
- Date ranging is only allowed when a one-line claim is submitted, and the count submitted matches the number of days in the date range. EDI claims must submit a start date of service and may also submit an end date; paper claims must submit a start date.
- Enter the Harvard Pilgrim authorization number in Form Locator 63 of the UB04 or loop 2300, REF segment, data element REF02 with a G1 qualifier in REF 01 of the electronic 837I.
- All services must be billed on a UB-04 or electronic 837I.

Related Policies

Payment Policies

- Ambulance Transport
- Durable Medical Equipment (DME)
- Home Health Care
- Home Infusion Therapy
- Inpatient Acute Medical Admissions
- Interim Billing

Clinical/Authorization Policies

- Home Health Care Authorization
- Medical Transportation

Referral, Notification & Authorization

- Prior Authorization Policy

Billing & Reimbursement

- Claims Submission Guidelines

PUBLICATION HISTORY

11/01/01	original documentation
01/01/03	added inpatient admissions for unrelated illnesses
01/01/04	annual review; First Seniority disclaimer added; residential hospice added; levels of care clarified; related policies added
01/01/05	annual review, clarified reimbursement and prerequisite language for First Seniority
10/31/05	annual review, clarified general inpatient hospital care
07/31/07	annual review, added clarifying language under continuous care
01/31/08	annual review; effective 03/01/08, UB-04 billing form required
07/31/08	annual review; added clarifying language for reimbursement for MD and radiation services
10/31/08	annual review, minor edits for clarity

07/15/09	annual review; no changes
06/15/10	annual review; removed First Seniority Freedom language; minor edits for clarity
11/15/10	policy update; updated billing guidelines for revenue code 0651 and 0658
06/15/11	annual review; minor edits for clarity
01/01/12	removed First Seniority Freedom information from header
06/15/12	annual review; minor edits for clarity
07/15/13	annual review; added drugs obtained from a pharmacy to does not reimburse section
06/15/14	added *Connecticut Open Access HMO* referral information to prerequisites
07/15/14	annual review; added chemotherapy and transportation to covered services
07/15/15	annual review; administrative edits
07/15/16	annual review; added Ambulance Transport to related policies
07/15/17	annual review; for clarification, added drugs not related to terminal illness obtained from a pharmacy and covered under prescription drug rider; added EDI information for clarification
01/01/18	updated Open Access Product referral information under Prerequisites
08/01/18	annual review; administrative edits; removed rev code 659; added related medical policy
08/01/19	annual review; clarified general inpatient hospital care
08/03/20	annual review; administrative edits; removed version 5010 to clarify claims submission guidelines
08/01/21	annual review; administrative changes

[1]This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

[2]The table may not include all provider claim codes related to hospice care.