

**TOC not required****240.110 Routine Home Care****1-1-16**

- A. The Routine Home Care adjusted prospective rate is a daily rate.
- B. The Medicaid Program reimburses Hospice providers at the applicable Routine Home Care rate for each day of an authorized election period which is not reimbursed at the applicable prospective rate for another Hospice category of care.
- C. Routine Home Care includes core and supplemental services as detailed in the plan of care.
  1. Medicaid pays for Routine Home Care regardless of the amount (if less than eight hours in a calendar day), the frequency or the type of service provided on a given day, but only if on that day the Hospice provider is fulfilling the requirements of the beneficiary's authorized Hospice plan of care.
  2. Medicaid pays for Routine Home Care as described in subpart C.1 and in accordance with an authorized Hospice plan of care, for a nursing facility or ICF/IID resident who has elected Hospice home care in that setting.
  3. Medicaid pays the Hospice provider for Routine Home Care as described in subpart C.1 for a day of the election period during which a patient with an authorized Hospice plan of care receives outpatient services for conditions related or unrelated to his or her terminal illness.
  4. Effective January 01, 2016, Routine Home Care will have a higher base rate for the first 60 days of hospice care and a reduced base payment rate for days 61 and after. A beneficiary may choose to leave or change hospice providers or may be discharged from a provider's care; this is termed a "live discharge." If the beneficiary is readmitted or chooses to come back under care of any hospice provider within 60 days of discharge, or if a provider bills revenue code 0652 (continuous home care), the count of days for routine home care will continue from the last date used while under care and not start over.
  5. Effective January 01, 2016, a new Service Intensity Add-on (SIA) payment can be billed for a home visit by an RN or Clinical Social Worker during the last seven days of life. This is in addition to the Routine Home Care rate. Date of death must be present for the SIA payment to be paid.

**250.210 Hospice Revenue Codes****1-1-16**

The following revenue codes must be used to bill for the six categories of Medicaid Hospice care and for Hospice Nursing Facility or ICF/IID Room and Board.

| Revenue Code | Description                                | Unit of Service |
|--------------|--|-----------------|
| 0651         | Routine Home Care                          | 1 Day           |
| 0652         | Continuous Home Care                       | 1 Hour          |
| 0655         | Inpatient Respite Care                     | 1 Day           |
| 0656         | General Inpatient Care                     | 1 Day           |
| 0658         | Nursing Facility or ICF/IID Room and Board | 1 Day           |

| Revenue Code | Description                         | Unit of Service |
|--------------|-------------------------------------|-----------------|
| 0659         | Home Style Facility                 | 1 Day           |
| G0155        | Services of Clinical Social Workers | 15 Min          |
| G0299        | Services of Registered Nurse        | 15 Min          |

PROPOSED