

Hospice

- Members are eligible for 2-90 day periods in their lifetime and then subsequent 60-day periods base on certification criteria
- Each certification requires a NEW PA
- When the member is on hospice services, the hospice agency is responsible for all DME and medications related to the hospice diagnosis
- Members are able to seek curative treatment for their hospice diagnosis while on hospice care

CODES:

Hospice Revenue Codes	Descriptions
651	Routine Hospice Care
652	Continuous Home Care (special conditions apply to certification)
655	Inpatient Respite Care (special conditions apply to certification)
656	General Inpatient Care (special conditions apply to certification)

- Codes 652, 655 and 656 require certain conditions for the member to be eligible.
- Continuous care cannot be billed for the active dying process as this is considered a component of the Routine Hospice Care.

INITIAL DOCUMENTATION FOR 651:

- Order for hospice care
 - Signed and dated by attending physician
- Certification of terminal illness
 - Signed and dated by attending physician or Medical Director at hospice
- Completed and signed election of hospice care
 - Signed and dated by parents or legal care givers
- Completed and signed inter disciplinary team (IDT) plan of care
 - Signed and dated by attending physician or Medical Director at hospice and all applicable members of the IDT

INITIAL DOCUMENTATION FOR 652: (continuous care is for short-term period, less than 24 hours, and does not cover active death. An example would be unresolved pain, abandonment by caregiver, etc.)

- Same requirements as 651; **AND**
- Order from physician for specialized hospice care to include...
 - Scope of care provided
 - Length of time provided
- Clinical documentation submitted must include at least 51% of covered care documented by nursing

INITIAL DOCUMENTATION FOR 655

- Same requirements as 651; **AND**
- Respite care order, which must include...
 - Start and stop date
 - Scope of respite care and facility respite care to be performed which should include all orders of care for the patient

INITIAL DOCUMENTATION FOR 656

- Same requirements as 651; **AND**
- Order from the physician to include...
 - Date admitted through discharge date
 - What services are being ordered for the patient