Hospice Per Diem Billing Guide

Almost all of Hospice is paid on a per diem rate, and uses the following setup:

- Employee numbers 0651 thru 0659 are reserved for the Hospice per diem charges, where the employee# matches the revenue code.
- Visit status code 065 is for the per diem charge.
- Job codes 051 - 059 are for the per diem charges, where job code 051 has revenue code 0651, code 055 has revenue code 0655, etc.
- The rates change every October (**Codes** > **Rates** > **Hospice Per Diem Rates**). Each program/payer/revenue code has a start date and rate.
- The perdiems are entered at **Billing** > **Other** > **Enter Hospice Perdiem Charges**, and are normally entered for each patient for a complete month.

Hospice job codes for the actual visits are set up like non-Hospice programs, with the correct revenue code for the discipline and the usual and customary charge for that discipline. When visits are entered, they use a visit status code that is set up as **Chargeable** = No, so the Visits table has no $ for those visits. **NOTE:** The charge amounts for these actual visits will still appear on the claim, but those charge amounts will be $0.00 when you go to the Visit Entry screen.

A new requirement is for social workers to enter visit times for their hospice-related phone calls to patients, using a special revenue code (0569).

Any time a hospice patient is not in their home, the type of facility must be identified. This is done at **Billing** > **Other** > **Enter Hospice Facility Dates**. If the patient lives in a nursing home, it is common to put a thru date that is several years out.

If the patient goes to a hospital, either for a non-hospice treatment, or for respite, this screen is used to identify those dates, and can be automatically saved to the **Referrals** > **Payers** > **Extra Billing Info** screen; saving the value code of G8 with the dollar amount = the CBSA code of the county where the hospital is.

Continuous Care Billing:

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Hospice can bill routine home care per diems to Medicaid, but that is not common. The most common scenario is to bill the routine home care per diems to Medicare, and if the patient lives in a nursing home, and has Medicaid, to also bill room and board per diems to Medicaid (rev code 0658 or 0659), and the agency pays the nursing home.

Knowledgebase
http://kb.barnestorm.biz/KnowledgebaseArticle50750.aspx