

# Hospice Provider Guidelines



This reference sheet is designed to provide clarity on authorizations and billing guidelines for services related to hospice care.

**Documentation required for authorizations: (Does Not include 658- see update below)**

- 1<sup>st</sup> authorization must include the Certificate of Terminal Illness (CTI).
- Subsequent authorizations (**for Revenue Codes 651, 652, 655, 656**) must include recent clinical information. Can be a nursing or provider note or order.

**Billing/Claims:**

- ITC hospice authorization, billing, and claims is based on Revenue Code only.
- If provider requests a CPT, we will also add the associated Revenue Code.
- The hospice diagnosis MUST be in the 1<sup>st</sup> position on the claim form.

| Use this chart if patient ONLY has Iowa Total Care coverage |                                  |   |  |                                     |
|---|----------------------------------|---|--|-------------------------------------|
| Revenue Code  | Procedure Code                   | Authorization Waiver  | Subsequent authorizations  | Notes                               |
| 651<br>Home care  | T2042<br>Q5001<br>Q5002          | No authorization for 1st 90 days  | Authorization for 2nd 90 days, then every 60 days                                    |                                     |
| 652<br>Hourly home care                                     | T2043<br>Q5003<br>Q5004<br>Q5005 | No authorization for 1st 90 days  | Authorization for 2nd 90 days, then every 60 days                                    | Minimum 8 hours/24 hours            |
| 655<br>Inpatient Respite                                    | T2044<br>Q5006<br>Q5007          | No authorization required<br>*Maximum of 5 days/admission<br>*Not allowed if member in a nursing facility<br>*Limit of 15 days/lifetime for Iowa Health and Wellness plan |  |                                     |
| 656<br>General Inpatient Hospice                            | T2045<br>Q5008<br>Q5009<br>Q5010 | No authorization for 1st 7 days   | Authorization for 2nd 7 days, then every 7 days                                      |                                     |
| 658<br>Room and Board-Update                                | T2046<br>Q5003                   | No authorization or notification required   | <b>Must authorize Rev Code 651 by the 90<sup>th</sup> day and then every 60 days</b> | Not covered for Health and Wellness |



NOTE: If patient has other commercial insurance (NOT Medicare) – if patient’s primary insurance covers the service, no authorization from Iowa Total Care is required. For any services not covered by primary insurance, use the chart above.

| Use this chart if patient has Medicare + Iowa Total Care coverage |                                  |  |                           |  |
|---|----------------------------------|--|---------------------------|--|
| Revenue Code  | Procedure Code                   | Authorization Waiver                                     | Subsequent authorizations | Notes                                  |
| 651<br>Home care  | T2042<br>Q5001<br>Q5002          | No authorization required – Medicare covers this service |                           |  |
| 652<br>Hourly home care   | T2043<br>Q5003<br>Q5004<br>Q5005 | No authorization required – Medicare covers this service |                           |  |
| 655<br>Inpatient Respite  | T2044<br>Q5006<br>Q5007          | No authorization required – Medicare covers this service |                           | Max of 5 days/admission                |
| 656<br>General Inpatient Hospice                                  | T2045<br>Q5008<br>Q5009<br>Q5010 | No authorization required – Medicare covers this service |                           |  |
| 658<br>Room and Board-<br><b>Update</b>                           | T2046<br>Q5003                   | No authorization or notification required                |                           | Not covered for Health & Wellness plan |

If you have questions about this information, please contact your Iowa Total Care Provider Relations Specialist.