Hospice Provider Guidelines

iowa total care
ia health link Hawki

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

Documentation required for authorizations:

- **1st 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.**
- **Subsequent authorizations (for Revenue Code 658) should only include the Revenue Code and date span. No additional information is needed.**

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 the 1st position on the claim form.**

Use this chart if member ONLY has Iowa Total Care coverage				
Revenue Code	**Procedure Code**	**Authorization Waiver**	**Subsequent Authorizations**	**Notes**
651 Home care	T2042 Q5001 Q5002	No authorization for 1st 90 days	Authorization for 2nd 90 days, then every 60 days	
652 Hourly home care	T2043 Q5003 Q5004 Q5005	No authorization for 1st 90 days	Authorization for 2nd 90 days, then every 60 days	Minimum 8 hours/24 hours
655 Inpatient Respite	T2044 Q5006 Q5007	No authorization required Maximum of 5 days/admission; Not allowed if member in a nursing facility; Limit of 15 days/lifetime for Iowa Health and Wellness plan		
656 General Inpatient Hospice	T2045 Q5008 Q5009 Q5010	No authorization for 1st 7 days	Authorization for 2nd 7 days, then every 7 days	
658 Room and Board	T2046 Q5003	Notify ITC (with CTI) when switched to hospice (request outpatient Hospice authorization for Revenue Code 658) 651 – no authorization for 90 days	Contact ITC at 90 days, 90 days, then every 60 days **Must also authorize Rev Code 651 at same timeframes**	Custodial authorization is to the FACILITY – **need to notify ITC to change to the hospice agency** – can do via fax/portal – requesting outpatient Hospice authorization for Revenue Code 658. **Not covered for Health & Wellness plan**

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NOTE: If member has other commercial insurance (NOT Medicare) – if member'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 member has Medicare + Iowa Total Care coverage

Revenue Code	Procedure Code	Authorization Waiver	Subsequent Authorizations	Notes
651 Home care	T2042 Q5001 Q5002	No authorization required – Medicare covers this service		
652 Hourly home care	T2043 Q5003 Q5004 Q5005	No authorization required – Medicare covers this service		
655 Inpatient Respite	T2044 Q5006 Q5007	No authorization required – Medicare covers this service		Max of 5 days/admission
656 General Inpatient Hospice	T2045 Q5008 Q5009 Q5010	No authorization required – Medicare covers this service		
658 Room and Board	T2046 Q5003	Notify ITC (with CTI) when switched to hospice (request outpatient Hospice authorization for Revenue Code 658)	Contact ITC at 90 days, 90 days, then every 60 days	Custodial authorization is to the FACILITY – **need to notify ITC to change to the hospice agency** – can do via fax/portal – requesting outpatient Hospice authorization for Revenue Code 658. **Not covered for Health & Wellness plan**

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

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