

## Hospice Care Billing Codes

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This section includes the billing codes and select maximum reimbursement rates for hospice care services. For additional hospice care billing information, refer to the *Hospice Care: General Billing Instructions* section in this manual.

Services for each level of hospice care – including services rendered in an inpatient facility, special physician services, room and board in a Nursing Facility Level B (NF-B), Nursing Facility Level A (NF-A), Intermediate Care Facility – Developmentally Disabled (ICF/DD), Intermediate Care Facility for the Developmentally Disabled, Nursing (ICF/DD-N), Intermediate Care Facility for the Developmentally Disabled, Habilitative (ICF/DD-H) and coinsurance for dually eligible recipients – must be billed by hospice providers on the *UB-04* claim in the outpatient format.

### «Revenue Codes»

Revenue Code	Description
0552	Routine home care (service intensity add-on [SIA] rate)
0650	Routine home care (high rate)
0652	Continuous home care
0655	Inpatient respite care
0656*	General inpatient care (no respite)/hospice general care
0657	Physician's services
0659	Routine home care (low rate)

**Note:** Providers billing hospice care revenue codes 0552, 0650, 0652, 0655, 0656, 0657 or 0659 for Medi-Cal recipients who are entitled to Medicare, but not eligible for Part A coverage on the date of service, may bill Medi-Cal directly. Medicare denial documentation is not required with these claims.

## **Room and Board Codes: Revenue Code 0658**

Revenue code 0658 must be used to bill for hospice room and board services.

As stipulated by the following federal regulations, the hospice provider must “pass-through” these payments to the long term care (LTC) facility. The federal regulations below are binding for Medi-Cal providers.

- Title 42, CFR sections 418.100, 418.108 and 418.112 of the Center for Medicare and Medicaid Services (CMS)
- Medicare Benefits Policy Manual, Chapter 9 – Coverage of Hospice Services under Hospital Insurance, section 20.3, Election of Skilled Nursing Facility (SNF) and Nursing Facilities (NFs) Residents and Dually Eligible Beneficiaries
- Social Security Act Section 1905 paragraph (o)(3)

### **Reimbursement**

To bill a room and board charge for a hospice patient residing in an LTC facility, the hospice provider must bill with revenue code 0658. Hospice providers are reimbursed at 95 percent of the Medi-Cal Nursing Facility (NF) rate of the facility where the recipient resides.

Revenue code 0658 may be billed with either revenue code 0552 (routine home care, SIA rate), 0650 (routine home care, high rate), 0659 (routine home care, low rate) or revenue code 0652 (continuous home care) for the same recipient and same date of service.

**Note:** For hospice recipients residing in a nursing facility, the hospice provider may not bill for facility room and board when the recipient is on leave of absence (for example, visiting relatives).

The nursing facility may bill for bed hold days when the recipient is on leave of absence.

## Claim Completion

Revenue code 0658 is to be entered on the *UB-04* claim in the *Revenue Code* field (Box 42). The National Provider Identifier (NPI) number of the facility in which the recipient resides must be included in the *Operating* field (Box 77). The facility type entered in the *Type of Bill* field (Box 4) must be appropriate to the type of facility. To obtain the correct facility type, providers should contact the facility where the hospice recipient resides.

For code 0658 to be reimbursed, the facility type on the claim must be one of the following:

Facility Type	Description
25†	Skilled Nursing – Intermediate Care Level II/NF-A
26†	Skilled Nursing – Intermediate Care Level II/NF-B
28	Skilled Nursing – Swing Beds
65	Intermediate Care – Intermediate Care Level I/Developmentally Disabled, Habilitative
81	Special Facility – Hospice (non-hospital based)
86	Special Facility – Residential Facility/Intermediate Care Facility – Developmentally Disabled, Nursing

## Authorization

For information about authorization, refer to the *Hospice Care: General Billing Instructions* section of this manual.

**«Legend»**

Symbols used in the document above are explained in the following table.

<b>Symbol</b>	<b>Description</b>
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
*	Revenue code 0656 must be billed in conjunction with HCPCS code T2045. A <i>Treatment Authorization Request (TAR)</i> is required.
†	Facility type 25 also is known as NF-A – Intermediate Care Facility and facility type 26 is known as NF-B – Skilled Nursing Facility.