



**Division of Medical Services**  
**Program Development & Quality Assurance**

P.O. Box 1437, Slot S295 · Little Rock, AR 72203-1437  
501-320-6428 · Fax: 501-404-4619  
TDD/TTY: 501-682-6789



**TO:** Arkansas Medicaid Health Care Providers – Hospice  
**EFFECTIVE DATE:** January 1, 2016  
**SUBJECT:** Provider Manual Update Transmittal HOSPICE-1-16

**PROPOSED**

**REMOVE**

Section	Effective Date
240.110	12-1-07
250.210	1-25-10

**INSERT**

Section
240.110
250.210

Effective Date
1-1-16
1-1-16

**RECEIVED**

**NOV 29 2016**

**Explanation of Updates**

Section 240.110 is updated to add new billing policies to Routine Home Care.

Section 250.210 is updated to add new Hospice Revenue Codes.


The paper version of this update transmittal includes revised pages that may be filed in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you have questions regarding this transmittal, please contact the Hewlett Packard Enterprise Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

If you need this material in an alternative format, such as large print, please contact the Program Development and Quality Assurance Unit at (501) 320-6429.

Arkansas Medicaid provider manuals (including update transmittals), official notices, notices of rule making and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: [www.medicaid.state.ar.us](http://www.medicaid.state.ar.us).

Thank you for your participation in the Arkansas Medicaid Program.

  
Dawn Stehle  
Director

**BUREAU OF  
LEGISLATIVE RESEARCH**

*TOC not required***240.110 Routine Home Care**

1-1-16

- A. The Routine Home Care adjusted prospective rate is a daily rate.
- B. The Medicaid Program reimburses Hospice providers at the applicable Routine Home Care rate for each day of an authorized election period which is not reimbursed at the applicable prospective rate for another Hospice category of care.
- C. Routine Home Care includes core and supplemental services as detailed in the plan of care.
1. Medicaid pays for Routine Home Care regardless of the amount (if less than eight hours in a calendar day), the frequency or the type of service provided on a given day, but only if on that day the Hospice provider is fulfilling the requirements of the beneficiary's authorized Hospice plan of care.
  2. Medicaid pays for Routine Home Care as described in subpart C.1 and in accordance with an authorized Hospice plan of care, for a nursing facility or ICF/IID resident who has elected Hospice home care in that setting.
  3. Medicaid pays the Hospice provider for Routine Home Care as described in subpart C.1 for a day of the election period during which a patient with an authorized Hospice plan of care receives outpatient services for conditions related or unrelated to his or her terminal illness.
  4. Effective January 01, 2016, Routine Home Care will have a higher base rate for the first 60 days of hospice care and a reduced base payment rate for days 61 and after. A beneficiary may choose to leave or change hospice providers or may be discharged from a provider's care; this is termed a "live discharge." If the beneficiary is readmitted or chooses to come back under care of any hospice provider within 60 days of discharge, or if a provider bills revenue code 0652 (continuous home care), the count of days for routine home care will continue from the last date used while under care and not start over.
  5. Effective January 01, 2016, a new Service Intensity Add-on (SIA) payment can be billed for a home visit by an RN or Clinical Social Worker during the last seven days of life. This is in addition to the Routine Home Care rate. Date of death must be present for the SIA payment to be paid.

**250.210 Hospice Revenue Codes**

1-1-16

The following revenue codes must be used to bill for the six categories of Medicaid Hospice care and for Hospice Nursing Facility or ICF/IID Room and Board.

Revenue Code	Description	Unit of Service
0651	Routine Home Care	1 Day
0652	Continuous Home Care	1 Hour
0655	Inpatient Respite Care	1 Day
0656	General Inpatient Care	1 Day
0658	Nursing Facility or ICF/IID Room and Board	1 Day

Revenue Code	Description	Unit of Service
0659	Home Style Facility	1 Day
G0155	Services of Clinical Social Workers	15 Min
G0299	Services of Registered Nurse	15 Min

**PROPOSED**