



PROVIDER REIMBURSEMENT GUIDANCE		
Hospice Services Payment Policy		
Original Date Approved	Effective Date	Revision Date
07/01/2024	11/04/24	08/28/2024
<b>Scope:</b> Commonwealth Care Alliance (CCA) Product Lines <input checked="" type="checkbox"/> Senior Care Options MA <input checked="" type="checkbox"/> Medicare Advantage MA Plans <input checked="" type="checkbox"/> One Care MA <input checked="" type="checkbox"/> Medicare Advantage RI Plans <input checked="" type="checkbox"/> DSNP RI		

**PAYMENT POLICY SUMMARY:**

Commonwealth Care Alliance® (CCA) covers member cost-sharing and supplemental benefits of claims unrelated to terminal illness for members who have elected hospice, in accordance with the member’s benefits, CMS, and/or Medicaid guidelines.

Please note that payment of hospice services for any Senior Care Options (SCO) member with a hospice election from 01/01/21 through 12/31/2021 shall be subject to the CCA Hospice VBID Provider Reimbursement Guidance.

**AUTHORIZATION REQUIREMENTS:**

CCA does not require a prior authorization for hospice. Applicable CCA notification and authorization policies and procedures apply. For more information on prior authorizations, please refer to the plan-specific provider manual’s prior authorization requirement section.

**REIMBURSEMENT GUIDELINES:**

**A Notice of Election (NOE) and Notice of Termination/Revocation (NOTR) is required and must be filed with both Medicare or Medicaid and CCA within 5 calendar days of the hospice admission election or termination for Senior Care Options and One Care prior to beginning hospice care or upon discharge.**

All notices (Notice of Election, Notice of Termination/Revocation, Notice of Transfer, Notice of Cancellation, and Change of Ownership notification) MUST be submitted to both Medicare or Medicaid **and** CCA via email to the CCA Eligibility Inbox: [Eligibility@commonwealthcare.org](mailto:Eligibility@commonwealthcare.org) with the Subject “NOTICE OF ELECTION (NOE)” or “NOTICE OF REVOCATION (NOTR)”. The Medicare or Medicaid and CCA submission to the CCA Eligibility Inbox may include data for more than one patient, however, all individual patient data should be submitted on a single line.

The Notice of Election (NOE) or Notice of Termination/Revocation (NOTR) form must be signed by the patient or their authorized representative. If the NOE or NOTR is not received timely by CCA, services outside of the hospice benefit may be denied. Claims that do not fit the timely filing exception criteria below should be submitted as non-covered with occurrence span code 77:



- Fires, floods, earthquakes, or other unusual events that inflict extensive damage to the hospice's ability to operate.
- An event that produces a data-filing problem due to a claims submission system issue that is beyond the control of the hospice.
- A newly Medicare-certified hospice that is notified of certification after the Medicare certification date, or is awaiting its User ID from its Medicare contractor; or
- Other circumstances determined by CMS to be beyond the hospice's control.

### **Massachusetts CCA One Care (Dually Eligible):**

Upon hospice election, Medicare becomes the primary payer for Medicare-covered hospice services, hospice medications, biologicals and treatments related to terminal illness. The Medicare fee-for-service Medicare Administrative Contractor (MAC) pays the hospice directly for hospice services as well as any Medicare-covered services unrelated to the terminal illness. If a member revokes their hospice election, Medicare-covered services will continue to be paid by the MAC until the last day of the month in which hospice was revoked.

- Rendering providers should send claims for Medicare-covered services unrelated to the terminal illness should be sent to the appropriate Medicare Administrative Contractor (MAC).
  - GW modifier – Service not related to the hospice member's terminal condition.
  - 07 condition code – Service unrelated to the treatment of the member's terminal illness.
  - In most cases, providers must first bill the MAC for payment of the claim and then submit an explanation of benefits (EOB) to CCA with the claim and the appropriate modifier.
- Hospice services provided by an attending provider not employed or paid under arrangement by the member's hospice provider should be billed to the MAC. Services may or may not be related to the terminal condition and should be billed with the appropriate modifier and/or condition code for consideration of payment.
  - GV modifier – Attending provider (M.D, D.O. or NP) not employed or paid under arrangement by the member's hospice provider.
- Hospice and non-hospice providers must submit the EOB from the primary payer with the claim when CCA is the secondary payer.

### **Massachusetts CCA Senior Care Options (Dually Eligible):**

Upon hospice election, Medicare becomes the primary payer for Medicare-covered hospice services, hospice medications, biologicals and treatments related to the terminal illness. The Medicare fee-for-service Medicare Administrative Contractor (MAC) pays the hospice directly for hospice services as well as any Medicare-covered services unrelated to the terminal illness. If a member revokes their hospice election, Medicare-covered services will continue to be paid by the MAC until the last day of the month in which hospice was revoked.



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- Hospice services provided by an attending provider not employed or paid under arrangement by the member’s hospice provider should be billed to the MAC. Services may or may not be related to the terminal condition and should be billed with the appropriate modifier and/or condition code for consideration of payment.
  - GV modifier – Attending provider (M.D, D.O. or NP) not employed or paid under arrangement by the member’s hospice provider.
  
- Hospice and non-hospice providers must submit the EOB from the primary payer with the claim when CCA is the secondary payer.

**Massachusetts CCA Senior Care Options (Medicaid-Only):**

Upon hospice election, CCA becomes the primary payer for Medicaid-covered hospice services, hospice medications, biologicals and treatments related to the terminal illness. CCA pays the hospice directly for hospice services as well as any Medicaid-covered services unrelated to the terminal illness. If a member revokes their hospice election, Medicaid-covered services will continue to be paid by CCA until the last day of the month in which hospice was revoked.

- Claims for services related to the terminal illness should be sent to the hospice agency, and the hospice agency should submit hospice claims to CCA.
  
- Claims for covered services unrelated to the terminal illness should continue to be billed to CCA, including medical care, long term support services (LTSS), room and board costs in a skilled nursing facility, and other medically necessary healthcare services by the agency or skilled nursing facility (SNF) providing the service. Hospice services should be billed to with the appropriate modifier for consideration of payment.
  - If the hospice facility where the services are provided is outside the member’s county, modifier TN must be appended to the claim.
  - After the 61st day of hospice care modifier UD must be appended.

**RELATED SERVICE POLICIES:**

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- Hospice VBID
- Nursing Facility



- Out of Network
- Overpayment
- Prior Authorization
- Skilled Nursing Facility

### **AUDIT and DISCLAIMER:**

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As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Please refer to CPT/HCPCS for complete and updated list of codes. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies, procedures, and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

### **REFERENCES:**

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- CCA Provider Manual, Hospice
- Section 1814(i) of the Social Security Act (the Act)
- Section 1814(i) of the Social Security Act § 418.22(b)(3)
- MassHealth Hospice Manual subchapter- 6: Hospice Service Codes
- MassHealth 130 CMR 437.000. Hospice Services
- Medicare Hospice Benefit manual 100-02 Chapter 9
- Medicare Claims Processing manual 100-04: Chapter 11

### **POLICY TIMELINE DETAILS:**

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1. Effective: July 2023
2. Revision: August 2024: Original policy was revised by separating Medicare Advantage from this policy focusing on Senior Care Options and One Care. Authorization section was updated. The reimbursement guidelines section was updated for clarity. Tables from the billing and coding section were removed. Updated related services policy section and policy timeline details.