

CO Medicaid Hospice

Billing Guide

Prepared for

myUnity Essentials Financial



Netsmart

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Table of Contents

Overview.....	1
One Time Setup	1
Create 0650 Early Routine Revenue Code.....	1
SIA Charge Code Setup.....	1
Routine Charge Code Setup	2
Continuous Charge Code Setup.....	3
Respite Charge Code Setup.....	3
Inpatient Charge Code Setup	3
SN and MSW Charge Code Setup	3
Insurance Setup.....	4
Configure the Billing Option Sets.....	4
Billing Process	5
Create Level of Care and SIA Charges	5

Overview

Colorado Medicaid Hospice is billed in the UB04 Institutional format (no HCPCS are used). Following the CMS payment method, Routine Home Care is reimbursed at a higher rate for the first 60 days of hospice care and a lower rate for days 61 and after. Service Intensity Add-On (SIA) payments are made for services provided by an RN or Social Worker during the last seven days of a patient’s life. The payment applies to services provided under Routine Care (not Continuous, Inpatient or Respite) and for a maximum of four hours per day, billed in 15-minute increments. The instructions in this document provide the setup steps needed in myUnity Essentials Financial to meet these requirements. For detailed billing instructions and regulatory compliance information, visit the Colorado Department of Healthcare website:

<https://hcpf.colorado.gov/hospice-billing-manual>

One Time Setup

Create 0650 Early Routine Revenue Code

Go to **File>File Maintenance>Category**. Press the **Change Type** button and set to **Revenue Code**.

Press **Add** to add the Early Routine revenue code.

Code: 0650

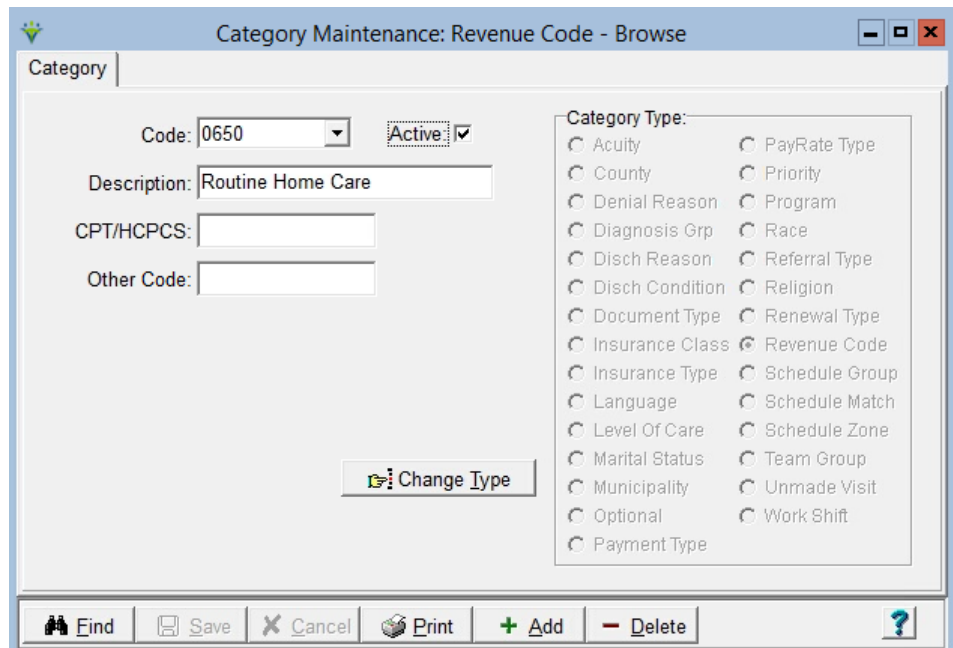
Description: Routine Early (1-60 Days)

CPT/HCPCS: leave blank

Other Code: leave blank

The 0651 Routine Revenue code for the late Routine (61+ days) is automatically populated to the claims at the time of the electronic claim file generation.

Revenue codes for Continuous, Inpatient and Respite are pre-loaded in the database



SIA Charge Code Setup

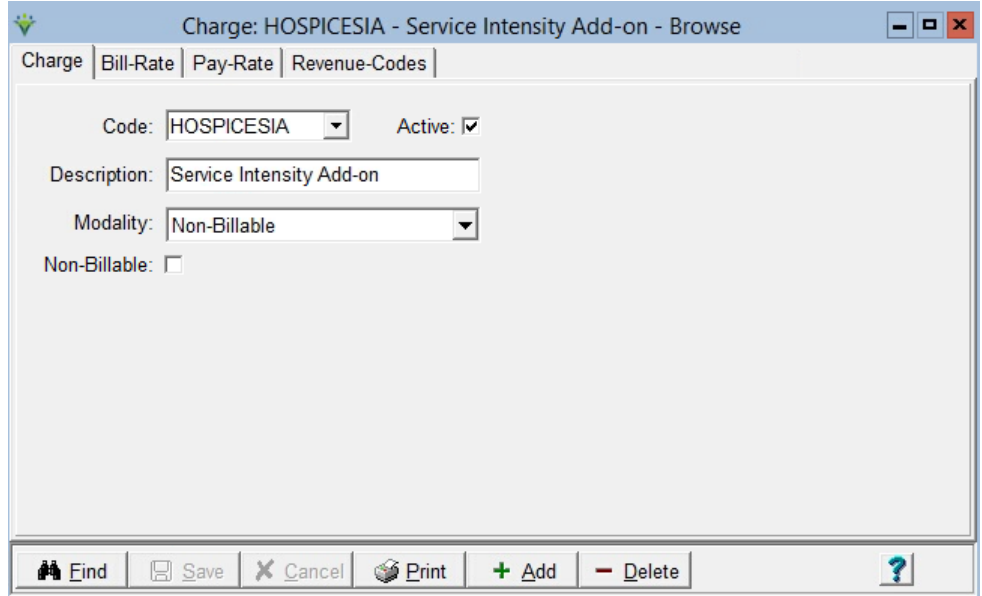
Go to **File>File Maintenance>Charge Code**. Press Find and search for the Service Intensity Add-On charge code.

Charge Code tab:

Modality: set to Non-Billable

Non-Billable: uncheck this box.

(Note: this will not adversely affect Medicare hospice claims because they are not set to include Non-Billable modality charges).



Revenue-Codes tab:

Press **Add** to add a row and enter the following information:

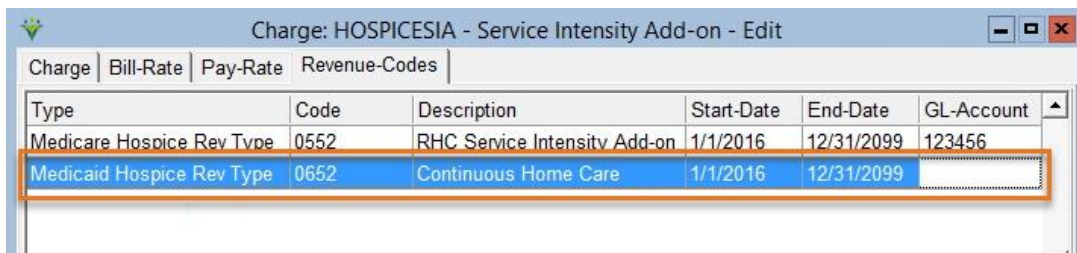
Type: Medicaid Hospice Rev Type

Code: 0652 (Colorado Medicaid uses Continuous revenue code 0652 for SIA)

Start Date: enter the earliest date for which SIA amounts will be billed

End Date: enter 12/31/2099

Press **Save** when done.



Routine Charge Code Setup

Go back to the **Charge** tab. Press **Find** and select the **Routine** charge code. Go to the **Revenue-Code** tab and press **Add** to add a row.

Type: Medicaid Hospice Rev Type

Code: set to 0650

Start Date: enter the earliest date for which Routine Care will be billed

End Date: enter 12/31/2099

Press **Save** when done.

(The Routine Home Care for days 61+ revenue code will be generated at the time of claim creation so there is no need to set it up here; only the revenue code for Routine days 1-60 is setup here).

Continuous Charge Code Setup

Go back to the **Charge** tab. Press **Find** and select the **Continuous** charge code. Go to the **Revenue-Code** tab and press **Add** to add a row.

Type: Medicaid Hospice Rev Type

Code: set to 0652

Start Date: enter the earliest date for which Continuous Care will be billed

End Date: enter 12/31/2099

Press **Save** when done.

Respite Charge Code Setup

Go back to the **Charge** tab. Press **Find** and select the **Respite** charge code. Go to the **Revenue-Code** tab and press **Add** to add a row.

Type: Medicaid Hospice Rev Type

Code: set to 0655

Start Date: enter the earliest date for which Respite Care will be billed

End Date: enter 12/31/2099

Press **Save** when done.

Inpatient Charge Code Setup

Go back to the **Charge** tab and **Find** and select the **Inpatient** charge code. Go to the **Revenue-Code** tab and press **Add** to add a row.

Type: Medicaid Hospice Rev Type

Code: set to 0656

Start Date: enter 1/1/2016 (or the earliest date for which Inpatient Care will be billed)

End Date: enter 12/31/2099

Press **Save** when done.

SN and MSW Charge Code Setup

For all Skilled Nursing and Medical Social Worker charge codes, add the Medicaid Hospice Revenue Type to the Revenue-Codes tab if not currently present. These are needed for proper SIA charge generation even if they are not included on claim output.

Insurance Setup

Go to **File > File Maintenance > Entity**, press **Change Type** and set to **Insurance**.

Press **Find** and select the Medicaid Hospice insurance.

Go to the Insurance Tab.

Insurance Type: Medicaid Hospice Rev Type

Financial Class: Medicaid Hospice

Bill Type: UB04

Payor/Submitter#: enter the 5-digit payer ID for electronic claims (provided by the payer or clearinghouse).

Bill Method: Hospice

Payor Type: 3-Medicaid (Fee for Service).

Billing Unit Overrides: Set the Non-Billable (for SIA charges) and Continuous Care modalities to "Hours."

#	Modality	Units
9	Non-Billable	*1/4 Hrs
10	Room and Board	N/A
11	Routine	N/A

On the **Ins-Rate** tab, add the Per Diem and SIA charges with the appropriate percentage amount for Colorado Medicaid and include the 2% sequestration amount if in effect. A Blanket Rate for zero dollars covered should be present. **Ex:**

Configure the Billing Option Sets

Go to **Billing > Electronic Claims** and in the **Option Set Selection** drop-down, select the **Colorado Medicaid Hospice** option set. If one isn't present, copy the Medicare Hospice Option set to a new one and make the following changes.

Click **Options** and using the Locator dropdown, select the following:

0100.06 Interchange Sender ID: enter your agency Medicaid submitter ID

0100.08 Interchange Receiver ID: enter the Medicaid receiver ID or clearinghouse receiver ID per their companion guide

1000.39 Insurance Receiver ID: Insurance Submitter Number

2300.65 Value Code Amount A: Bypass this Data Element

2300.66 Value Code Amount B: Bypass this Data Element

2300.70 Condition Code 1: Bypass this Data Element

2300.74 Occurrence Code/Date B: Bypass this Data Element

2300.78 Occurrence Date Span: Bypass this Data Element

2390.12 Charge Itemized Consolidation Options: Hospice LOC No-Q-Codes

2390.15 Charge Itemizations: set the Non-Billable modality to 'Use Modality' with Service-Units = ¼ Hours and Itemizations to 'Visit. Check Use Modality for Routine, Continuous, Respite & Inpatient with Service-Units = Units and Itemization set to N/A. All other modalities should have Use Modality unchecked.

2400.02 HCPCS/Rate Code: Printing (Bypass)

9000.15 Clearing house: set to Bypass or RevConnect or Zirmed if used by your agency for Medicaid

Billing Process

Create Level of Care and SIA Charges

Go to **Charge > Hospice LOC Report** (or File > Report Groups if setup).

Report Detail: Check all options.

Billing Period: Select billing month/year

Hospice Insurance Type: Select the Medicaid Hospice Rev type

Report Type: All Records

Create/Fix LOC Charges: Check this option.

Preview the report and scroll or jump to the last page to generate the Per Diem and SIA charges.

After the charges have been created/updated, run for **Exceptions Found** and make necessary corrections. If changes are made that affect LOC days or SIA charges, run the report for All

Records with Create/Fix LOC Charges checked.

Note: Only 0650 Routine Charges will be generated but the high/low routine rates will be calculated correctly. The 0651 charges will be populated to the claim at the time of creating the electronic claim file.

After all exceptions have been corrected, run the report for **Ready to Bill**. After previewing the report, use the **Bill Audit** button to jump to and preview the **Billing Audit Report**.

Review and post the Billing Audit and generate electronic claims using the Colorado Medicaid Hospice Electronic Claim option set and submit per that payer's guidelines. Transmit the claim file to the payer's website or your clearinghouse.

Example of Electronic Claim Submission Report:

Note: Hard copy UB04 claims are not supported for Colorado Medicaid hospice claims at this time.

12/21/2021 4:48:29 PM	Electronic Claim Submission	Institutional	Page 1
0960 - CO Medicaid Hospice	Billed From: 11/30/2021 - 11/30/2021 CO_Medicaid_Hospice.X12	Home & Hospice Care Services	

Patient #	Patient Name	Admit Date	Bill Date	Bill Type	Payor
131678	Colorado, Callie	9/15/2021	11/30/2021	NonPPS	Colorado Medicaid Hospice
Adm-Src: 1 Status: 41		Statement From: 11/01/2021 To: 11/30/2021		Contract: 958928543	
TOB: 814 Unit: 02					
Diagnosis: 1:C7A.024					
Occurrences: 1:27*09/15/2021					
Order/Refer-Doctor: Devon Aarons 1111333333					
Bill-Notes: Expired at medical facility 11/30/2021					

Rev	Description	Code	Date	Units	Hours	Amount	Other
0650	Routine Home Care		11/01/21	10		2500.00	*
0652	Continuous Home Care		11/11/21	32		1408.00	*
0652	Continuous Home Care		11/12/21	32		1408.00	*
0650	Routine Home Care		11/13/21	1		250.00	*
0651	Routine Home Care	Routine	11/14/21	16	0.00	4000.00	*
0652	Continuous Home Care		11/29/21	16		1017.80	*
0651	Routine Home Care	Routine	11/30/21	1	0.00	250.00	*
0652	Continuous Home Care		11/30/21	12		572.49	*
0001	Total Charges			120		11406.29	

131223	Colper, Shelby	9/15/2021	11/30/2021	NonPPS	Colorado Medicaid Hospice
Adm-Src: 1 Status: 30		Statement From: 11/01/2021 To: 11/30/2021		Contract: 2156156415648	
TOB: 813 Unit: 05					
Diagnosis: 1:C7A.020 2:M93.242					
Occurrences: 1:27*09/15/2021					
Order/Refer-Doctor: Jason Alexander 1649313677					
Bill-Notes:					

Rev	Description	Code	Date	Units	Hours	Amount	Other
0650	Routine Home Care		11/01/21	13		3250.00	*
0651	Routine Home Care	Routine	11/14/21	17	0.00	4250.00	*
0001	Total Charges			30		7500.00	

Grand Totals:

Patients: 2	Claims: 2	Charges: 18906.29	Errors: 0
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