Hospice Care Program

The National Hospice Organization (NHO) defines Hospice as “a medically-directed nurse-coordinated program providing a continuum of home and inpatient care for the terminally ill patient and family. It employs an interdisciplinary team acting under the direction of an autonomous hospice administration. The program provides palliative and supportive care to meet the special needs arising out of the physical, emotional, spiritual, social and economic stresses that are experienced during the final stages of illness and during dying and bereavement.”

Hospice services are available in both the home and an inpatient setting. Home care is provided on a part-time, intermittent, regularly scheduled basis and is available to the family. Admission to a hospice program of care is based on patient and family need.

Hospice care is offered as a medical alternative to traditional forms of medical and nursing care. A major focus of hospice care is on the relief and control of pain and the physical and psychological symptoms associated with terminal illness.

The goal of hospice care is to enable dying persons to live at home or in some other comfortable setting around their families and friends and important possessions, as free as possible from the pain and other symptoms of terminal illness and the fear of their recurrence.

Equally important is the availability of a comprehensive range of support services designed to help both patient and family cope with the stress, trauma and exhaustion that usually accompany terminal illness. Key among these are personal counseling for patient and family members, help with housekeeping chores and other duties, and hospice staff visits or other contact with family members for a period after the patient’s death.

Hospice care is primarily home care but can also be provided through a hospital-based or skilled nursing facility-based program.

General Coverage Criteria

- Patient must be under the care of a physician who provides written certification that the patient is terminally ill with a life expectancy of 6 months or less.
- The patient will no longer benefit from curative therapies or has selected to receive hospice care rather than curative care.
- Care must provide both physical and emotional support to a terminally ill patient and family, and services necessary for symptom management and pain relief.
- Hospice care may be provided in the home, hospital-based or skilled nursing facility-based programs, and freestanding hospice facilities.
Specific benefits and exclusions should be determined for each subscriber by accessing NDAS Online or by calling the Provider Telecommunications Center (PTC) at (800) 972-8088.

**Covered Services include:**

- Skilled and Unskilled Nursing Care
- Physical, Occupational, Speech, Respiratory Therapy
- Medical Supplies
- Medications
- Social and Spiritual Services
- Physician visits
- Pain Management Services
- Dietary counseling

**Non-Covered Services**

- Ambulance or medical transport (unless stated in member’s contract)
- Durable Medical Equipment (DME) (unless stated in member’s contract)
- Home-delivered meals/meal prep.
- Homemaker services
- Non-medical personal, legal or financial services
- Respite Care
- Traditional curative care services for treatment of the terminal illness, condition, disease or injury

**Precertification**

Precertification is required by some employer groups. Always check NDAS Online or call the PTC to verify precertification requirements.

**Note: HMO Member Precertification**

All services must have Medical Group/IPA approval. The Primary Care Physician (PCP) must authorize all referrals to facilities or specialists and must refer the patient to a hospice within the HMO contracted network. A hospice that wishes to participate contractually as an HMO provider must have achieved accreditation from a nationally recognized accrediting organization and be licensed by the state.

**Claim Submission**

Hospice Care program claims should be billed on a UB-04 claim form. See Billing Example on page 4.

**Mailing Address for claims**

Blue Cross and Blue Shield of Illinois
PO Box 805107
Chicago, IL 60680-4112

To obtain information on EMC billing, contact the E-Commerce Center at (800) 746-4614.
### Hospice Billing Example

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<td>123 Main Street</td>
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<tr>
<td>123 Main Street</td>
<td>P.O. Box 123</td>
<td>Anytown, IL 60000</td>
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<td>Anytown, IL 60000</td>
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**Patient Name:** Doe, Jane M  
**Patient Address:** 456 Main Street, Anytown, IL 60000  
**DOB:** 01/01/1942  
**Gender:** F  
**ID Number:** 040108  
**Ref Date:** 04/01/08  
**Reason Code:** 1  
**Admit Date:** 01/01/08  
**Discharge Date:** 01/30/08  
**Admit to Discharge:** 1  
**Accredited:** Yes  
**Utilization:** 0  
**Covered/Copay:** 822  
**Ref #:** 360000  
**Start Date:** 04/01/08  
**End Date:** 04/30/08

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**Service:** Routine Home Care  
**Status:** 30  
**Cover Amount:** 6000.00

**Total NPI:** XOP123456789  
**Employer:** Good Company  
**Provider Number:** 00000  
**Group Name:**  
**Insurance Group No.:**

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**Code:** 000 determination  
**Procedure:**  
**CPT Code:**  
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