



**BlueCross BlueShield**  
of Illinois

# Blue Cross and Blue Shield of Illinois Provider Manual

## Hospice

Confidential

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

## TABLE OF CONTENTS

<b>Hospice Care Program .....</b>	<b>3</b>
General Benefit Criteria .....	3
Services Normally Considered Eligible .....	3
Services Not Normally Considered Eligible.....	3
Prior Authorization .....	4
Claim Submission .....	4
Mailing Address for Paper Claims .....	4
Hospice Billing Example .....	5

**Verification of benefits and/or approval of services after prior authorization or predetermination are not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, copayments, coinsurance and deductibles, supporting medical documentation and other terms, conditions, limitations and exclusions set forth in the member's policy certificate and/or benefits booklet and/or summary plan description as well as any pre-existing conditions waiting period, if any.**

## Hospice Care Program

*Hospice can be defined 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.*

Benefits for hospice services may be available in both the home and an inpatient setting.

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 member and family cope with the stress, trauma and exhaustion that usually accompany terminal illness. Key among these are personal counseling for the member 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 Benefit Criteria

- Member must be under the care of a physician who provides written certification that the patient is terminally ill with a life expectancy of six months or less
- The member 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 member 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 member via the provider's preferred third party vendor portal, or by calling the Blue Cross and Blue Shield of Illinois (BCBSIL) Provider Telecommunications Center (PTC) at 800-972-8088 to utilize the automated Interactive Voice Response (IVR) phone system.

### Services Normally Considered Eligible

- Skilled and unskilled nursing care
- Physical, occupational, speech, respiratory therapy
- Medical supplies
- Medications
- Social and spiritual services
- Physician visits
- Pain management services
- Dietary counseling

### Services Not Normally Considered Eligible

- Ambulance or medical transport (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

## Prior Authorization

Prior Authorization is required by most member benefit plans. Providers should always verify prior authorization/pre-certification requirements via their preferred online vendor portal, or by calling the BCBSIL PTC to utilize the automated IVR phone system.

Please refer to the [Utilization Management page](#) located on the BCBSIL Provider website for additional information.

**Verification of benefits and/or approval of services after prior authorization or predetermination are not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, copayments, coinsurance and deductibles, supporting medical documentation and other terms, conditions, limitations and exclusions set forth in the member's policy certificate and/or benefits booklet and/or summary plan description as well as any pre-existing conditions waiting period, if any.**

**Note: HMO Illinois<sup>®</sup>, Blue Advantage HMO<sup>SM</sup>, Blue Precision HMO<sup>SM</sup>, BlueCare Direct<sup>SM</sup> and Blue FocusCare<sup>SM</sup> Member Pre-certification**

All services must have approval from the HMO member's Medical Group/Independent Practice Association (MG/IPA). The Primary Care Physician (PCP) must authorize all referrals to facilities or specialists and must refer the member 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 State licensed and Medicare certified.

### Claim Submission

Hospice care program claims should be billed electronically or on a UB-04 claim form. See Billing Example on page 5.

Institutional claims may be submitted electronically via the ANSI 837I transaction. Information on electronic Claim Submission is available in the Claims and Eligibility section of the BCBSIL website. Providers may also contact the Electronic Commerce Center at 800-746-4614 for assistance.

### Mailing Address for Paper Claims

Blue Cross and Blue Shield of Illinois  
PO Box 660603  
Dallas, TX 75266-0603

Blue Cross<sup>®</sup>, Blue Shield<sup>®</sup> and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Reviewed 11/2023

# Hospice Billing Example

1 Caring Hospice 123 Main Street Anytown, IL 60000-5999 312-123-4567	2 Caring Hospice P.O. Box 123 Anytown, IL 60000-5999	3a PAT. CNTL # 03577	4 TYPE OF BILL 822
b PATIENT NAME a Doe, Jane M	9 PATIENT ADDRESS a 456 Main Street	5 FED. TAX NO. 360000	6 STATEMENT FROM 040119
b BIRTHDATE 10 01011962	b Anytown	7 PERIOD THROUGH 043019	c IL d 60000
11 SEX F	12 DATE 040119	13 HR	14 TYPE
15 SRC 1	16 DHR	17 STAT 30	18
31 OCCURRENCE DATE 27 040119	32 CODE	33 CODE	34 CODE
35 CODE	36 CODE	37	38
42 RE V. CD. 1 651	43 DESCRIPTION Routine Home Care	44 HCPCS /RATE /HIPPS CODE	45 SE RV. DATE
2 001	Total		
46 SE RV. UNITS 30	47 TOTAL CHARGES 6000 00	48 NON-COVERED CHARGES	49
22	PAGE 1 OF 1	CREATION DATE 050119	TOTALS 6000 00
50 PAYER NAME A Blue Cross 121	51 HEALTH PLAN ID	52 REL INFO	53 ASS BEN
54 PRIOR PAYMENTS	55 EST. AMOUNT DUE 9876054321	56 NPI	57 OTHER PRV ID
58 INSURED'S NAME A Doe, Mary	59 P. REL 01	60 INSURED'S UNIQUE ID XOP123456789	61 GROUP NAME Good Company
62 INSURANCE GROUP NO. P00000	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
66 DX C50.5	67	68	69
69 ADMIT DX C50.5	70 PATIENT REASON DX	71 PPS CODE	72 ECI
74 PROCEDURE CODE DATE	a. OTHER PROCEDURE CODE DATE	b. OTHER PROCEDURE CODE DATE	75
c. OTHER PROCEDURE CODE DATE	d. OTHER PROCEDURE CODE DATE	e. OTHER PROCEDURE CODE DATE	76 ATTENDING NPI 9876054321
80 REMARKS	81 CC a	77 OPERATING NPI	QUAL Michael
	b	LAST Smith	FRST
	c	LAST	FRST
	d	78 OTHER NPI	QUAL
		LAST	FRST
		79 OTHER NPI	QUAL
		LAST	FRST

UB-04 CMS-1450

APPROVED OMB NO. 0938-0997

NUBC National Uniform Billing Committee

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.