ISSUED: 04/15/12 REPLACED:

## CHAPTER 24:HOSPICESECTION:TABLE OF CONTENTS

## PAGE(S) 5

## CHAPTER 24 HOSPICE TABLE OF CONTENTS

SUBJECT	SECTION
OVERVIEW	24.0
Criteria for Hospice Care	
<b>RECIPIENT REQUIREMENTS</b>	24.1
Medicare and Medicaid (Dual Eligibles)	
ELECTION OF HOSPICE	24.2
<b>Reporting the Election of Hospice Care</b>	
Pending Medicaid Eligibles	
Attending Physician	
Election Statement Requirements	
Legal Representatives	
Definition of Relatives	
Election Periods	
Duration of Election	
Change of Designated Hospice	
Waiver of Other Medicaid Covered Services	
Waiver Slots	
Service Coordination	
Long Term-Personal Care Services	
Community Choices Waiver	
The Program of All-Inclusive Care for the Elderly	
COVERED SERVICES	24.3
Core Services	
Physician Services	
Nursing Services	
Medical Social Services	
Counseling Services	
Dietary Counseling	
Bereavement Counseling	

ISSUED: 04/15/12 REPLACED:

CHAPTER 24: HOSPICE **SECTION: TABLE OF CONTENTS** PAGE(S) 5 **Other Covered Services** Pastoral Care Short-Term Inpatient Care Medical Appliances and Supplies Hospice Aide and Homemaker Services **Therapy Services Other Items and Services Hospice Agency Service Requirements** Waiver of Service Requirements **Levels of Care** SERVICE LIMITATION 24.4 Services Unrelated to Terminal Illness **Determining Hospice Liability Required Documentation Review of Documentation PROVIDER REQUIREMENTS** 24.5 Licensure **Provider Responsibilities Interdisciplinary Group Plan of Care Physician Certification and Narrative Nurse Practitioners as Attending Physician Certification of Terminal Illness** Certification of Initial period Verbal Certification Sources of Certification **Face-to-Face Encounters BHSF Written Notice of Hospice Decision Disaster Operations** PRIOR AUTHORIZATION PROCESS 24.6 **Electronic Prior Authorization Required Documentation Prior Authorization – 60 Day Period** Written Notice of Prior Authorization Decision Reconsideration

LOUISIANA MEDICAID PROGRAM

ISSUED: 04/15/12 REPLACED:

CILADTED 24.		
CHAPTER 24:		
SECTION:	TABLE OF CONTENTS	PAGE(S) 5
HOSPICE REV	OCATION, DISCHARGE AND TRANSFER	24.7
Revocatio	,	
Required	Statement of Revocation	
-	n of Hospice	
Discharge	-	
	on for Discharge	
	amentation of Discharge	
	harge/Revocation Due to Hospital Admit	
	ice Availability upon Revocation or Discharge	
Notice of 7	Transfer	
RECORD KEE	PING	24.8
Contract		2100
	State and Federal Agencies	
•	ative Files	
Personnel	Records	
Recipient	Clinical Records	
-	iality and Protection of Records	
REIMBURSEM	TNT	24.9
Claim For		24.9
Levels of		
	ine Home Care (Revenue Code 651)	
	inuous Home Care (Revenue Code 652)	
	tient Respite Care (Revenue Code 655)	
·	eral Inpatient Care (Revenue Code 656)	
Payment f	or Physician Services	
Prov	ision of Physician Services	
	nding Physician	
	sulting Physician	
•	or Long Term Care Facility Residents	
	ider of First Choice	
	gency Transportation for Non-Hospice Related	Medical
Appointm		
-	y Transportation for Non-Hospice/Hospice Rela	ted Medical
Condition	-	
	Coinsurance	
Drug	s and Biologicals Coinsurance (Dual Eligibles)	

LOUISIANA MEDICAID PROGRAM

ISSUED: 04/15/12 REPLACED:

	REPLACED:	
CHAPTER 24:	HOSPICE	
SECTION:	TABLE OF CONTENTS	PAGE(S) 5
-	pite Care Coinsurance (Dual Eligibles)	
-	e Calls and Consultations	
Non-cover	•	
Hospice S	ervices to Medicaid/Medicare/Veteran's Elig	gible Beneficiaries
CLAIMS RELA	<b>ATED INFORMATION</b>	24.10
Diagnosis	Codes	
Revenue (	Codes	
Frequency	y of Billing	
Claims Su	Ibmission for Recipients Residing In the Hor	ne
	Ibmissions for Recipients Residing In a Long	
Facility		-
Claims Su	bmissions for Schedule (Room and Board O	NLY)
Levels of	Care Billing	
Third Par	ty Liability	
Timely Fi	ling Guidelines	
PROGRAM MO	ONITORING	24.11
	'Medical Eligibility	
	n Review Visits	
Requests	for Clinical Records	
APPEALS		24.12
ADMINISTRA	<b>FIVE SANCTIONS</b>	24.13
	of Administrative Sanctions	
Delegated	<b>Responsibility for Administrative Actions</b>	
•	for Sanctioning Providers	
	Administrative Actions and Sanctions	
ACRONYMS/D	<b>EFINITIONS/TERMS</b>	24.14
<b>RECIPIENT N</b>	OTICE OF	
<b>ELECTION/RE</b>	<b>CVOCATION/DISCHARGE/TRANSFER</b>	<b>APPENDIX</b> A
Purpose o	f Form	
-	ons and Type of Bill	
	ns for Completing the BHSF Form Hospice-	Notice of Election

LOUISIANA MEDICAID PROGRAM	ISSUED: 04/15/12 REPLACED:
CHAPTER 24: HOSPICE	
SECTION: TABLE OF CONTENTS	PAGE(S) 5
CERTIFICATE OF TERMINAL ILLNESS	APPENDIX B
DIAGNOSIS CODES	APPENDIX C
<b>CONTACT/REFERRAL INFORMATION</b>	APPENDIX D
UB-04 FORM AND INSTRUCTIONS Blank UB-04	APPENDIX E
<b>UB-04 Instructions for Hospice Providers</b>	
UB-04 Sample for Hospice	
<b>UB-04 Samples for Long Term Care (LTC) Pr</b>	oviders
Nursing Facilities	
Intermediate Care Facilities	