

Hospice

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plans supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

Molina Healthcare provides hospice care services tailored to patients who are facing terminal illnesses. Hospice care is a specialized approach dedicated to enhancing the quality of life for individuals dealing with life-limiting conditions. Our hospice services prioritize the well-being of patients and their families, encompassing comprehensive pain management, symptom alleviation, emotional assistance, and spiritual guidance. These supportive hospice services are accessible to our members who have a life expectancy of six months or less. Hospice care is available for two 90-day periods and an unlimited number of 60-day periods during the remainder of the hospice patient's lifetime if approved by a physician.

Reimbursement Guidelines

When a member chooses to access hospice benefits, all services pertaining to the terminal illness/condition(s) should be invoiced to and compensated by the assigned and/or rendering Hospice Agency, unless otherwise specified in the contract.

When hospice care is chosen, other healthcare providers can only bill for services under specific circumstances. For instance, if a hospice patient receives services from their primary care provider (PCP), and the services are directly related to the terminal illness and/or condition, those services will be covered by the assigned and/or rendering Hospice Agency, and not by Molina Healthcare.

In Home Hospice Overlapping

Hospice overlapping with other provider types:

Hospices should not encounter overlapping situations with other provider types as hospice care can be provided in any location the beneficiary/patient resides whether temporarily or permanently.



Once enrolled in the hospice Medicare benefit, the hospice is responsible for managing the patient's care that is related to the terminal illness. All services related to the terminal illness are to be billed to Medicare by the hospice agency. The hospice should also coordinate with other providers for services that are not related to the terminal illness to ensure accurate billing of non-related services.

Hospice Overlapping Room and Board:

Providers of all kinds whose claims overlap with a hospice election should reach out to the hospice agency to determine if the services are connected to the terminal illness. If they are related, payment arrangements should be coordinated with the hospice provider. Services unrelated to the terminal illness should be invoiced with a 07 Condition Code. If a member is receiving inpatient care at a hospice facility, no separate claims for room and board at another facility should be submitted. Claims that are not submitted in accordance with the guidelines provided in the documents linked below may be subject to denial or recovery of incorrectly paid claims.

Termination of Hospice Benefits:

If a member decides to revoke their hospice benefits election, the Hospice Agency must notify Molina Healthcare within 24 to 72 hours of the member's termination status.

Hospice Overlapping Reimbursement:

Molina Healthcare will assess and recover any services that overlap, in terms of rendering, billing, and reimbursement, between the initial and final days of the member's Hospice Election.

Supplemental Information

Definitions

Term	Definition
CMS	The Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards.

State Exceptions

State	Exception
TX	<p>Texas Medicaid Hospice provides palliative care to all eligible clients, regardless of age, who elect hospice services and are certified by a physician with a prognosis of six months or less to live. Clients aged 21 and older who choose hospice waive rights to other Medicaid services related to their terminal illness. Clients under 21 who elect hospice retain rights to concurrent care for their terminal illness and continue to receive Medicaid services for unrelated conditions.</p> <p>Direct policy questions about the hospice program to Texas Health and Human Services Commission at 1-512-438-3161. Direct all other general questions related to the hospice program, such as billing, claims, rate key issues, and authorizations to Texas Health and Human Services Commission at 1-512-438-2200.</p>

Documentation History

Type	Date	Action
Initial Creation Date	09/11/2023	New Policy
Revised Date	02/19/2025	Added state exception for TX
Revised Date	07/31/2025	Updated Template

References

References This policy was developed using:

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

Reference	Link
CMS- DME Equipment billing during hospice	0114-Durable Medical Equipment Billed during Hospice Period: Unbundling CMS
CMS- Benefit policy	Medicare Benefit Policy Manual (cms.gov)
CMS- Ambulance Service Billed During Hospice	https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program/Approved-RAC-Topics-Items/0163-Ambulance-Services-Billed-during-Hospice-Unbundling#:~:text=Ambulance%20transports%20of%20a%20hospice,responsibility%20of%20the%20hospice%20provider
CMS- Chapter 9 - Coverage of Hospice Services Under Hospital Insurance	CMS IOM, Pub. 100-02, Chapter 9, section 20.1
CMS- Medicare Claims Processing Manual Chapter 11 - Processing Hospice Claims	Medicare Claims Processing Manual
CMS- Non-Invasive Abdominal / Visceral Vascular Studies	LCD - Non-Invasive Abdominal / Visceral Vascular Studies (L35755) (cms.gov)

Novitas Solutions	Interactive voice response unit (IVR) Part A - [all other questions]
Novitas- Hospice Modifiers GV and GW	https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00003600
AZ- Section 310- Covered Services	https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/NotEffective/300/310J.pdf
CA- Hospice Services and Medi-Cal Managed Care	https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2007/MMCDAPL07014.pdf
FL- FL Medicaid Hospice Manual	https://ahca.myflorida.com/medicaid/review/Specific/59G-4.140_Hospice_Coverage_Policy.pdf
IL- IL Medicaid Hospice Manual	https://www2.illinois.gov/hfs/SiteCollectionDocuments/hospicehandbook.pdf
KY- Title 907 Ch 001, Regulation 340 - Reimbursement for Hospice Services	https://apps.legislature.ky.gov/Law/KAR/titles/907/001/340/ https://www.chfs.ky.gov/agencies/dms/dpo/bpb/Pages/hospice.aspx
MA-130 MCR: Hospice Services	130 CMR 437 (mass.gov)
MI- MI Medicaid Provider Manual	https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf
MI- Hospice 101	https://www.michigan.gov//media/Project/Websites/mdhhs/Folder3/Folder98/Folder2/Folder198/Folder1/Folder298/Hospice_101_2021.pdf?rev=2ba95edea8bf489e8d7ccd6559a505a8
MS- Hospice Care Service	https://medicaid.ms.gov/programs/hospice/
NM- Hospice Care Service	https://www.srca.nm.gov/parts/title08/08.325.0004.html https://www.hsd.state.nm.us/providers/provider_packets/
NY- NY Therapy	https://www.health.ny.gov/health_care/medicaid/program/longterm/hospice.htm#:~:text=H
NY- NY Hospice Manual	https://www.emedny.org/ProviderManuals/Hospice/PDF/Hospice%20Manual%20Policy%20Section.pdf
OH- OH Laws & Administrative Rules	https://codes.ohio.gov/ohio-administrative-code/rule-5160-56-05
SC- Hospice Care Service	https://www.scdhhs.gov/internet/pdf/manuals-archive/Hospice/Manual.pdf
TX- Hospice Care Service	https://www.hhs.texas.gov/handbooks/medicaid-elderly-people-disabilities-handbook/a-5000-texas-medicaid-hospice-program
TX- Hospice Care State Exclusions	TMPPM.book – p. 15
UT- Hospice Care Service	https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Hospice/Hospice.pdf
WA- Hospice Care Service	https://www.hca.wa.gov/assets/billers-and-providers/Hospice-bg-20200101.pdf
WI- Hospice Care Service	https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Print.aspx?ia=1&p=1&sa=40&ss=5&c=30&nt=#:~:text=Nursing%20Home%20Room%20and%20Board%20for%20Hospice%20Members&text=For%20hospice%20members%20who%20permanently%20disabled%20or%20developmentally%20disabled%20resident.



***CODING DISCLAIMER.** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.