

PROVIDERALERT



To: AmeriHealth Caritas Louisiana Hospice Providers

Date: January 24, 2020

Subject: Reminder: Hospice Billing Requirements

Summary: AmeriHealth Caritas Louisiana’s Hospice provider billing requirements in accordance with Louisiana Department of Health.

AmeriHealth Caritas Louisiana requires Hospice providers to bill their claims in accordance with the billing requirements set forth in the Louisiana Department of Health’s Hospice manual and UB-04 Hospice instructions listed on www.lamedicaid.com.

Hospice providers are required to submit claims for payment for hospice care based on the geographic location where the service(s) was provided. The Value Code and Core Based Statistical Area (CSBA) code/rural state codes for each service are required for correct claim payment in 39-41 field locator of the UB-04.

Value codes must be entered horizontally across the line to **match the corresponding revenue codes listed vertically in Field 42**. In other words, enter fields 39a, 40a, 41a before fields 39b, 40b, 41b, and so forth. The first line of ‘a’ codes is used before entering information in ‘b’ codes.

Enter value code 61 in the ‘code’ section of the field; the CBSA code/rural state code in the dollar portion of the ‘amount’ section of the field; and double zeros (00) in the ‘cents’ portion of the ‘amount’ section of the field.

To enter multiple occurrences of the same service you should enter the value codes/CBSAs multiple times if there are multiple occurrences of the same service during the same month.

Example:

39		40		41	
CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
a 61	10780.00	61	10780.00	61	10780.00
b 61	10780.00	61	10780.00	61	10780.00
c 61	10780.00	61	10780.00		
d					

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1 651	ROUTINE HOME CARE		010119	5	400.00		1
2 651	ROUTINE HOME CARE		011819	3	80.00		2
3 652	CONTINUOUS HOME CARE		010619	18	1800.00		3
4 656	GENERAL INPATIENT CARE		010719	4	500.00		4
5 657	PHYSICIAN SERVICES	99231	010719	1	75.00		5
6 659	SERVICE INTENSITY ADD-ON	G0299	011819	4	200.00		6
7 659	SERVICE INTENSITY ADD-ON	G0155	011919	3	150.00		7
8 659	SERVICE INTENSITY ADD-ON	G0299	012019	6	300.00		8

Claims are subject to denial if not billed according to the Hospice billing requirements outlined in the UB-04 Hospice billing instructions on www.lamedicaid.com.

Questions:

Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana's Provider Services department at 1-888-922-0007 or your [Provider Network Management Account Executive](#).

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