



PROVIDER BULLETIN

BT 200372

DECEMBER 15, 2003

To: All Hospice Providers

Subject: Changes to the Hospice Authorization Process

Overview

The Indiana Health Coverage Programs (IHCP) is implementing changes to *IndianaAIM* that will permit the hospice authorization process to mirror IHCP prior authorization (PA) for other programs. These system changes result in an automated process of authorizing hospice services by consolidating several functions in *IndianaAIM*. The anticipated system changes are effective February 1, 2004. This bulletin explains the exact nature of the system changes and provides directions on how providers must complete a hospice authorization for dually-eligible Medicare and IHCP hospice members residing in nursing facilities and IHCP-only hospice members.

Explanation of System Changes

The current hospice authorization process allows the Health Care Excel (HCE) hospice analyst to enter a hospice level of care for each hospice benefit period. However, there is not a PA window to assign a authorization number to each hospice authorization to permit the HCE hospice analyst, or other IHCP contracted staff, to enter internal text, and to allow each hospice authorization to suspend or deny systematically like the other assignment codes that require Medicaid PA.

The system changes result in administrative simplification for the HCE Prior Authorization Unit and for hospice providers because all correspondence to the hospice provider and the member about approval, denial, or suspension of hospice authorization is system-generated similar to other IHCP PAs by consolidating all functions through *IndianaAIM*.

The system change permits the HCE hospice analyst to enter a hospice revenue code in the PA window to approve hospice authorizations, and to permit hospice claims to process like these claims currently are, except the claims processing system will look for the PA window in addition to the hospice level of care for each hospice benefit period. Hospice providers are required to use hospice revenue code 651 on the *Indiana Prior Review and Authorization Request Form*. The *Indiana Prior Review and Authorization Request Form* serves as a cover sheet for all hospice authorization requests. For reference, a copy of the *Indiana Prior Authorization Request Form* is attached to this bulletin. This form can be found on the IHCP Web site at www.indianamedicaid.com under the forms/publications link at the top of the home page, or the form link at the right side of the home page.

Hospice Authorization Request for Dually-Eligible Medicare and IHCP Hospice Member Residing in a Nursing Facility

The following steps for the hospice authorization of a dually-eligible Medicare and IHCP hospice member residing in a nursing facility should be completed by hospice providers:

- Obtain a copy of the *Indiana Prior Authorization Request Form* and complete the following fields:
 - **Requesting Provider Number:** On the top left side of the form, enter the IHCP hospice provider number, hospice agency name, complete address, and telephone number.
 - **Member Information:** On the top right side of the form, enter the member identification (RID) number, date of birth, name, and complete address.
 - Leave all other information blank up to the box requiring dates of service and service code information because the IHCP hospice forms for IHCP-only members provides the necessary information for hospice authorization.
 - **Dates of Service and Service Code:** Please complete the following fields on the authorization request form:
 - **Dates of Service:** Enter the start date and end date of the hospice benefit period
 - **Service Code:** Enter hospice revenue code 651 only (**required**). If any other revenue code is used, the HCE hospice analyst will return the request to the provider for correction
 - **Modifier:** Leave blank
 - **Requested Service:** Enter **hospice**
 - **Taxonomy:** Leave blank
 - **POS:** Leave blank
 - **Units:** Leave blank
 - **Dollars:** Leave blank
 - **Clinical Summary:** Leave this section blank, because the HCE hospice analyst must refer the attached *State Form 51098 (3-03)* for required hospice authorization information
 - **Signature of Requesting Provider:** The individual hospice staff member completing this sheet should sign for the agency
 - **Date:** Enter the date signed
- **State Form 51098 (3-03) – Hospice Authorization Notice for Dually-Eligible Medicare/Medicaid Nursing Facility Residents:** Complete this form as previously instructed in IHCP provider bulletin, BT200331, and attach it to the *Indiana Prior Review and Authorization Request Form*. The *Indiana Prior Review and Authorization Request Form* should serve as a cover sheet to the *State Form 51098*, and a copy of the hospice agency form showing the Medicare hospice election date should be placed behind *State Form 51098*.

Completion of The Hospice Authorization Request for IHCP-only Members

Hospice providers should take the following steps to complete the hospice authorization for an IHCP-only hospice member:

- Obtain a copy of the *Indiana Prior Authorization Request Form* and complete the following fields:
 - **Requesting Provider Number:** On the top left side of the form, enter the IHCP hospice provider number, hospice agency name, complete address, and telephone number.

- **Member Information:** On the top right side of the form, enter the RID number, date of birth, name, and complete address.
- Leave all other information blank up to the box requiring dates of service and service code information because the IHCP hospice forms for IHCP-only members provide the necessary information for hospice authorization.
- **Dates of Service and Service Code:** Please complete the following fields:
 - **Dates of Service:** Enter the start date and end date of the hospice benefit period
 - **Service Code:** Enter hospice revenue code 651 only (**required**). If any other revenue code is used, the HCE hospice analyst will return the request to the provider for correction
 - **Modifier:** Leave blank
 - **Requested Service:** Enter **hospice**
 - **Taxonomy:** Leave blank
 - **POS:** Leave blank
 - **Units:** Leave x blank
 - **Dollars:** Leave blank
- **Clinical Summary:** Leave this section blank because the HCE hospice analyst must refer to the IHCP hospice forms for required hospice authorization information for each hospice benefit period
- **Signature of Requesting Provider:** The individual hospice staff member completing this sheet should sign for the agency.
- **Date:** Enter the date signed
- **Hospice Authorization Paperwork for First Hospice Benefit Period:** Complete the IHCP hospice election form, the IHCP physician certification form, and the IHCP hospice plan of care as outlined in IHCP provider bulletin, *BT200331*, and Sections 3 and 5 of the *IHCP Hospice Provider Manual*. The *Indiana Prior Review and Authorization Request Form* should be the cover sheet to these three IHCP hospice forms.
- **Hospice Authorization Paperwork for Subsequent Hospice Benefit Periods:** Complete the IHCP physician certification form and the IHCP hospice plan of care as outlined in IHCP provider bulletin, *BT200331*, and Sections 3 and 5 of the *IHCP Hospice Provider Manual*. The *Indiana Prior Review and Authorization Request Form* should be the cover sheet to these two IHCP hospice forms.

Completion of Other Hospice Authorization Forms

There are four IHCP hospice forms that can be submitted following current procedures and **do not** require the *Indiana Prior Review and Authorization Request Form* be used as a cover sheet. However, IHCP hospice providers are asked to write in at the top right hand corner of each of these forms the corresponding PA number as if completing a system update.

The IHCP is not requesting that providers use a separate form at this time in an effort to simplify this administrative change in the hospice authorization process. In 2004, the IHCP will review these hospice forms to develop a section to enter the corresponding PA number.

Providers should submit the following four forms using the procedures previously listed:

- *Hospice Provider Change Request Between Hospice Providers State Form 48733 (R 12-02)/OMPP 0009*
- *Change in Status of Medicaid Hospice Patient State Form 48732 (4/98)/OMPP 0010*
- *Medicaid Hospice Revocation Form – State Form 48735 (4/98)/OMPP 0007*
- *Medicaid Hospice Discharge Form – State Form 48734 (R/ 12-02)/OMPP 0008*

Additional Information

Direct questions about the IHCP hospice benefit to the Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

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