Hospice Services Codes

*Note: Due to possible changes in Indiana Health Coverage Programs (IHCP) policy or national coding updates, inclusion of a code on the code tables does not necessarily indicate **current** coverage. See IHCP Bulletins and IHCP Fee Schedules for updates to coding, coverage and benefit information.*

For information about using these code tables, see the Hospice Services provider reference module.

Revenue Codes for Hospice Billing

Reviewed/Updated: July 1, 2024

Revenue Code	IHCP Description	Explanation
650	Routine home hospice care delivered in a nursing facility	Used for billing routine home hospice care delivered in a nursing facility (NF). The hospice provider is paid at the routine home care rate for each day the member is in an NF under the care of the hospice provider, and not receiving continuous home hospice care. The rate is paid without regard to the volume or intensity of routine home hospice care service on any given day. In addition, the IHCP pays the hospice provider 95% of the lowest NF case-mix rate to cover room-and-board costs incurred by the contracted NF. The additional room and board *per diem* is 95% of the NF case mix rate.
651	Routine home hospice care delivered in the home	Used for billing routine home hospice care delivered in the home (residential environments other than nursing facilities). The hospice provider is paid at the routine home care rate for each day the member is at home, under the care of the hospice provider, and not receiving continuous home hospice care. This rate is paid without regard to the volume or intensity of routine home hospice care services on any given day.
652	Continuous home hospice care delivered in the home	Used for billing continuous home hospice care delivered in the home (residential environments other than nursing facilities). Continuous home hospice care is provided only during a period of crisis. A period of crisis occurs when a patient requires continuous care, which is primarily nursing care, to achieve palliation and management of acute medical symptoms. A minimum of eight hours of care must be provided during a 24-hour day that begins and ends at midnight. A registered nurse (RN) or licensed practical nurse (LPN) must provide care for over half the total period of time. This care need not be continuous and uninterrupted. If less skilled care is needed on a

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Revenue Code	IHCP Description	Explanation
		continuous basis to enable the member to remain at home, this is covered as routine home hospice care. The continuous home care *per diem* rate is divided by 24 hours to calculate an hourly rate. For every hour or part of an hour of continuous care furnished, the hourly rate is reimbursed to the hospice provider for up to 24 hours a day.
655	Inpatient respite hospice care	Used for billing inpatient respite hospice care. Respite care is an occasional, short-term inpatient care provided to hospice members to relieve caregivers. Respite care is available to members residing in private homes. The hospice provider is paid at the inpatient respite care rate for each day the member resides in an approved hospice facility, hospital or nursing facility and receives respite care. Payment for respite care is for a maximum of five consecutive days per stay. Payment for the sixth day and subsequent days is at the routine home care rate.
656	General inpatient hospice care	Used for billing for general hospice care during an inpatient stay. The hospice provider is paid at the general inpatient hospice rate for each day the member is in an approved hospice facility, hospital or skilled nursing facility (SNF) and is receiving general inpatient hospice care for pain control or acute or chronic symptom management that cannot be managed in other settings. This code is not to be used for inpatient respite care.
658	Continuous home hospice care delivered in a nursing facility	Used for billing continuous home hospice care delivered in a nursing facility (NF). The continuous home care rate is divided by 24 hours in order to calculate an hourly rate. For every hour or part of an hour of continuous care furnished, the hourly rate is reimbursed to the hospice provider up to 24 hours a day. All the limitations listed for the private home setting also apply to the NF setting. In addition, the IHCP pays the hospice provider 95% of the lowest NF case-mix rate to cover room-and-board costs incurred by the contracted NF. The additional room and board *per diem* is 95% of the NF case mix rate.
659	Medicare/Medicaid dually eligible nursing facility members only	Used for billing the room-and-board portion of home hospice services delivered in a nursing facility (NF) for dually eligible (Medicare and Medicaid) members. The hospice provider must bill Medicare for the hospice services and then bill IHCP for the room and board portion of the hospice *per diem* rate. This revenue code is used for Medicare and Medicaid dually eligible members residing in an NF. This code represents the room-and-board portion of the hospice *per diem* rate. The IHCP pays the hospice provider 95% of the lowest NF case-mix rate to cover room-and-board costs incurred by the contracted NF. The room-and-board portion of the hospice *per diem* rate is 95% of the single NF case mix rate. Revenue code 659 must not be billed with other hospice-related revenue codes 650, 651, 652, 655, 656 and 658 designated for Medicaid-only hospice members because this results in the hospice claim denying or suspending appropriately.

Add-On Payments

Revenue Code	IHCP Description	Explanation
193	Special Care Unit residents with Alzheimer's or dementia	Used for billing an add-on payment for specialized Alzheimer's or dementia care services provided in a special care unit (SCU) of a qualifying nursing facility (NF). Hospice providers must bill this code in addition to hospice revenue code 650, 658 or 659. Use of revenue code 193 will trigger payment of the SCU add-on of $12 per eligible Medicaid resident day for qualifying residents in qualifying facilities. Hospice providers must pass this add-on payment on to the NF, along with the room-and-board pass-through, per their contract.
199	Ventilator-dependent residents	Used for billing an add-on payment for services provided to a ventilator-dependent resident in a qualifying nursing facility (NF). Hospice providers must bill this code in addition to hospice revenue code 650, 658 or 659. Use of revenue code 199 will trigger payment of the SCU add-on of $80 per eligible Medicaid resident day for qualifying residents in qualifying facilities. Hospice providers must pass this add-on payment on to the NF, along with the room-and-board pass-through, per their contract.
551	RN service intensity add-on payment	Used for billing the service intensity add-on (SIA) payment for services provided by a registered nurse (RN) during the last seven days of a member's life. The payment amount is calculated using the continuous home care hourly rate adjusted by the regional wage index. The SIA payment is limited to 16 units or four hours per day.
561	Social worker service intensity add-on payment	Used for billing the service intensity add-on (SIA) payment for services provided by a social worker during the last seven days of a member's life. The payment amount is calculated using the continuous home care hourly rate adjusted by the regional wage index. The SIA payment is limited to 16 units or four hours per day.
657	Hospice direct care physician services	Used for billing physician services provided by a physician who is an employee of the hospice provider or by arrangement of the hospice provider. These physician services are reimbursed outside the per diem rate, on a fee-for-service basis. These services are billed by the hospice provider, under the hospice provider number. Revenue code 657 can be billed on the same day as other hospice revenue codes.

Nursing Facility Bed-Hold Days		
Revenue Code	**IHCP Description**	**Explanation**
180	Nursing facility bed-hold nonpaid revenue code	Used by hospice providers to bill for bed-hold days for members residing in a nursing facility (NF) when the NF occupancy is less than 90%. Revenue code 180 is nonpaid and, when billed, will generate an IHCP claim denial allowing the facility to charge a resident or legal guardian for nonreimbursed bed-hold days.
183	Nursing facility bed-hold for hospice therapeutic leave days	Used by hospice providers to bill for bed-hold days for therapeutic leaves for members residing in a nursing facility (NF) when the NF occupancy rate is at least 90%. The hospice provider receives 50% of the 95% of the NF *per diem* rate to cover the NF room and board associated with therapeutic leave of absence days. A total of 18 therapeutic leave of absence days are allowed per patient per calendar year. This revenue code is used to bill for bed-hold days when a member is hospitalized for the terminal illness. The room and board portion of the hospice *per diem* rate is 95% of the NF case mix rate. Hospice providers should not bill the IHCP using this revenue code when the NF occupancy rate is below 90% pursuant to *405 IAC 5-34-12(e)*.
185	Nursing facility bed-hold for hospitalization for services unrelated to the terminal illness of the hospice member	Used by hospice providers to bill for bed-hold days for hospitalization leaves for members residing in a nursing facility (NF) when the NF occupancy rate is at least 90%. The hospice provider receives 50% of the 95% of the lowest NF *per diem* rate to cover NF room and board associated with each hospitalization up to 15 days per occurrence. This revenue code is used to bill for bed-hold days when a member's hospitalization is unrelated to the terminal illness. The room and board portion of the hospice *per diem* rate is 95% of the NF case mix rate. Hospice providers should not bill the IHCP using this revenue code when the NF occupancy rate is below 90% pursuant to *405 IAC 5-34-12(e)*.

Table Revision History

July 1, 2024, update:

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