Hospice

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17.1 Enrollment

CSHCN Services Program enrolls hospice organizations and home health agencies licensed to provide hospice services. These agencies must be actively enrolled in the Texas Medicaid Program, have a valid provider agreement with the CSHCN Services Program, have completed the CSHCN Services Program enrollment process, and comply with all applicable state laws and requirements. Out-of-state hospice providers must meet all these conditions, and be located in the United States, within 50 miles of the Texas state border.

Important: CSHCN Services Program providers are responsible for knowing, understanding, and complying with the laws, administrative rules, and policies of the CSHCN Services Program and the Texas Medicaid Program.

By enrolling in the CSHCN Services Program, providers are charged not only with knowledge of the adopted CSHCN Services Program agency rules published in Title 25 of the Texas Administrative Code (TAC), but also with knowledge of the adopted Medicaid agency rules published in Title 1 of the TAC, Part 15, and specifically including the fraud and abuse provisions contained in Chapter 371.

CSHCN Services Program providers also are required to comply with all applicable laws, administrative rules, and policies that apply to their professions. Specifically, it is a violation of program rules when a provider fails to provide health-care services or items to recipients in accordance with accepted medical community standards and standards that govern occupations, as explained in 1 TAC §371.1617(a)(6)(A) for Medicaid providers, which also applies to CSHCN Services Program providers as set forth in 25 TAC §38.6(b)(1). Accordingly, CSHCN Services Program providers can be subject to sanctions for failure to, at all times, deliver health-care items and services to recipients in full accordance with all applicable licensure and certification requirements. These include, without limitation, requirements related to documentation and record maintenance, such that a CSHCN Services Program provider can be subject to sanctions for failure to create and maintain all records required by his/her profession, as well as those required by the CSHCN Services Program and the Texas Medicaid Program.

Refer to: Section 3.1, “Provider Enrollment,” on page 3-2 for more detailed information about CSHCN Services Program provider enrollment procedures.

17.2 Benefits and Limitations

The CSHCN Services Program may reimburse for hospice services for clients.

Hospice care includes palliative care for clients with a prognosis of six months or less.

Services must be related to palliative care for the terminal diagnosis and may include any or all of the following services: direct care, respite, durable medical equipment, supplies, and medications prescribed for the terminal illness.

Direct care services may include:

- Skilled nursing services.
- Social work services.
- Home health aide services.
- Pastoral care services.
- Medical supervision by the Hospice medical director.
- Physical therapy and occupational therapy.
- Speech language pathology services.
- Dietitian services.

The hospice benefit does not cover curative care for the terminal diagnosis.

Coverage for conditions unrelated to the terminal illness is unaffected.

17.3 Prior Authorization Requirements

Prior authorization is required for admission to hospice services. TMHP-CSHCN Services Program medical review staff will review requests for each client receiving hospice services. Hospice services may be prior authorized up to a maximum of six months per request.
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Providers must submit the “CSHCN Services Program Prior Authorization Request for Hospice Services” form or the provider’s plan of care (POC) if it includes the same information as the “CSHCN Services Program Prior Authorization Request for Hospice Services” form and the provider and physician signatures; all fields of the prior authorization form must be completed. A copy of the POC signed and dated by a physician must be maintained by the physician and the hospice provider in the client’s medical record. A copy of the “CSHCN Services Program Prior Authorization Request for Hospice Services” form available in Appendix B, B-10.

If the client requires hospice care beyond the initial six-month period, authorization for additional six-month periods may be considered with a new request that includes the following documentation:

- An updated “CSHCN Services Program Prior Authorization Request for Hospice Services” form or a POC that includes the same information as the “CSHCN Services Program Prior Authorization Request for Hospice Services” form and the provider and physician signatures.
- An updated description of all direct care, durable medical equipment, supplies, and medications anticipated for the care of the client.

17.4 Claims Information

Claims for hospice services must include revenue codes 651, 652, 655, or 656. Hospice services must be submitted to TMHP in an approved electronic format or on the UB-04 CMS-1450 claim form. Providers may purchase UB-04 CMS-1450 claim forms from the vendor of their choice. TMHP does not supply the forms.

When completing a UB-04 CMS-1450 claim form, all required information must be included on the claim, as information is not keyed from attachments. Superbills, or itemized statements, are not accepted as claim supplements.

Refer to: Chapter 33, “TMHP Electronic Data Interchange (EDI),” on page 33-1, for information about electronic claims submissions.
Chapter 5, “Reimbursement and Claims Filing,” on page 5-1, for general information about claims filing.
Chapter 5, “Instructions for Completing the UB-04 CMS-1450 Claim Form,” on page 5-25, for instructions on completing paper claims. Blocks that are not referenced are not required for processing by TMHP and may be left blank.

17.5 Reimbursement

Hospice services may be reimbursed at a per diem rate at the lower of the billed amount or the amount allowed by the Texas Medicaid Program up to the maximum allowed per diem rate. The per diem rate does not cover care for conditions or illnesses unrelated to the terminal diagnosis.

If nutritional supplements are the client’s sole source of nutrition, the supplements are included in the per diem rate.

Total parenteral nutrition (TPN) provided to a client on hospice may be reimbursed separately according to the TPN policy.

Hospice and home health services may not be reimbursed on the same date of service, with the exception of the initial date of service when the client is being discharged from home health service and admitted to hospice service.

17.6 TMHP-CSHCN Services Program Contact Center

The TMHP-CSHCN Services Program Contact Center at 1-800-568-2413 is available Monday through Friday, from 7 a.m. to 7 p.m., Central Time, and is the main point of contact for the CSHCN Services Program provider community.