



Iowa Department of Human Services

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For Human Services use only:

General Letter No. 8-AP-430

Employees' Manual, Title 8
Medicaid Appendix

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HOSPICE MANUAL TRANSMITTAL NO. 15-2

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **HOSPICE MANUAL**, Chapter III, *Provider-Specific Policies*, pages 8, 9, and 10, revised; and page 8a, new.

Summary

The **HOSPICE MANUAL** is revised to align with current ICD-10 policies, procedures, and terminology.

Effective Date

October 1, 2015

Material Superseded

This material replaces the following pages from the **HOSPICE MANUAL**:

<u>Page</u>	<u>Date</u>
Chapter III 8-10	May 1, 2015

Additional Information

The updated provider manual containing the revised pages can be found at:

<http://dhs.iowa.gov/sites/default/files/Hospice.pdf>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at imeproviderservices@dhs.state.ia.us.



- ◆ A CAR form must be submitted with either the *Election of Medicaid Hospice Benefit* form or the *Revocation of Medicaid Hospice Benefit* form at the time of CFEU submission.
- ◆ If Medicare is the funding source for the member when hospice services begin, and if the member becomes Medicaid-eligible at a later date, the hospice provider must submit the *Election of **Medicare** Hospice Benefit* **and** the *Election of **Medicaid** Hospice Benefit* to the CFEU along with the CAR form.
- ◆ If a Medicaid member revokes or is discharged from the hospice benefit, any other Medicaid benefits for which the member is eligible will be initiated. The hospice provider must insure that notification to the CFEU is made for these changes.

Hospice for a member living in an ICF/ID requires the submission of a DHS exception to policy. The submission of forms, as described above for a hospice member living in an NF, applies to a hospice ICF/ID member. However, submit the CAR and the *Election of Medicaid Hospice Benefit* to the CFEU within the two working days requirement. Also, please note that reimbursement for time for a member living in an ICF/ID is also dependent on the timely submission of required forms to the DHS CFEU.

D. BASIS OF PAYMENT

1. Non-Reimbursable Diagnosis for Hospice

The hospice provider is to report diagnosis coding on the hospice claim required by ICD-9 and ICD-10 coding guidelines. The principal diagnosis reported on the claim is the diagnosis most contributory to the terminal prognosis.



A list of non-reimbursable ICD-9 codes is available below:

NOT REIMBURSABLE AS HOSPICE ICD-10 PRIMARY DIAGNOSES			
<i>10/1/2015</i>			
Coding Guideline	ICD-9 Code	ICD-10 Code	ICD-10 Diagnosis
Dementia – Code the associated neurological or physical condition as primary.	290.0	F0390	Unspecified dementia without behavioral disturbance
	290.10	F0390	Unspecified dementia without behavioral disturbance
	290.11	F0390	Unspecified dementia without behavioral disturbance
	290.12	F0391	Unspecified dementia with behavioral disturbance
	290.13	F0390	Unspecified dementia without behavioral disturbance
	290.20	F0390	Unspecified dementia without behavioral disturbance
			F05
	290.21	F0390	Unspecified dementia without behavioral disturbance
	290.3	F0390	Unspecified dementia without behavioral disturbance
			F05
	290.40	F0150	Vascular dementia without behavioral disturbance
	290.41	F0151	Vascular dementia with behavioral disturbance
	290.42	F0151	Vascular dementia with behavioral disturbance
	290.43	F0151	Vascular dementia with behavioral disturbance
	290.8	F0390	Unspecified dementia without behavioral disturbance
294.10	F0280	Dementia in other diseases classified elsewhere without behavioral disturbance	
294.11	F0281	Dementia in other diseases classified elsewhere with behavioral disturbance	



Coding Guideline	ICD-9 Code	ICD-10 Code	ICD-10 Diagnosis
Unspecified conditions	290.9	F0390	Unspecified dementia without behavioral disturbance
	294.20	F0390	Unspecified dementia without behavioral disturbance
	294.21	F0391	Unspecified dementia with behavioral disturbance
	428.9	I50.9	Heart failure, unspecified
	428.20	I50.20	Unspecified systolic heart failure
	428.30	I50.30	Unspecified diastolic heart failure
	428.40	I50.40	Unspecified combined systolic and diastolic heart failure
	585.9	N18.9	Chronic kidney disease, unspecified
	586	N19	Unspecified kidney failure
	518.81	J96.91	Respiratory failure, unspecified with hypoxia
	J96.92	Respiratory failure, unspecified with hypercapnia	
Acute respiratory failure – Acute is defined as a rapid onset and a short, severe course. Chronic respiratory required for terminal diagnosis.	518.51	J95821	Acute post procedural respiratory failure
	518.81	J9600	Acute respiratory failure, unspecified whether with hypoxia or hypercapnia
		J9601	Acute respiratory failure with hypoxia
		J9602	Acute respiratory failure with hypercapnia
	J9690	Respiratory failure, unspecified, unspecified whether with hypoxia or hypercapnia	
Chronic kidney disease – Renal failure required for terminal diagnosis.	585.1	N18.1	Chronic kidney disease, Stage I
	585.2	N18.2	Chronic kidney disease, Stage II (mild)
	585.3	N18.3	Chronic kidney disease, Stage III (moderate)
	585.4	N18.4	Chronic kidney disease, Stage IV (severe)
	585.5	N18.5	Chronic kidney disease, Stage V
Symptoms, signs and ill-defined conditions	780.01 – 799.9	R00.00 – R99	All codes included in ICD-10, Chapter 16, Symptoms, Signs, and Ill-Defined Conditions



2. Categories of Care

a. Methodology

Medicaid uses the same methodology as CMS uses to determine Medicare hospice rates. This method adjusts to disregard cost offsets attributable to Medicare coinsurance amounts and applies area wage adjustments for four categories of hospice care.

Hospice rates are prospective. There is not any retrospective adjustment.

Hospice rates are updated annually.

b. Description of Categories of Hospice Care and Assigned Revenue Codes

Medicaid provides a daily reimbursement for every day that a member is hospice eligible. The daily rate is one of the four categories of care. The categories of care are not based on the qualifications of the staff providing services. There may be a number of hospice staff who may support a hospice member during a day. Hospice staff supporting a member could include a:

- ◆ Nurse practitioner (NP),
- ◆ Registered nurse,
- ◆ Hospice aide,
- ◆ Medical social worker,
- ◆ Cleric,
- ◆ Volunteer, and
- ◆ Physical therapist.