



## Billing Reminder for Hospice Services

UnitedHealthcare Community Plan wants to make it easier for our network care providers who provide hospice services to submit claims for reimbursement. To help, we've prepared this at-a-glance billing reminder.

### Revenue Codes

- Routine Home Care – revenue code 651
- Continuous Home Care – revenue code 652
- Inpatient Respite Care – revenue code 655
- General Inpatient Care – revenue code 656
- Direct Physician Care – revenue code 657
- Hospice Nursing Facility Room and Board – revenue code 658

### Reminders

- Claims can be billed on a UB-04 form or using an [electronic equivalent](#). Please mail paper claims to:  
UnitedHealthcare Community Plan  
Attention: Claims  
P.O. Box 5220  
Kingston, NY 12402-5220
- When a member has primary insurance, care providers must file Third Party Liability (TPL) information if the service billed is not listed on the Medicare non-covered list or defined as Pay and Chase per the State's TPL policy. Care providers are encouraged to bill TPL using an [electronic equivalent](#), but can also bill on paper. Please include the following payer information in the form fields:
  - 50a-c **Payer Identification – Primary:** Enter primary payer name and information
  - 54 – **Prior Payments:** Enter amount paid by primary payer
  - 55 – **Estimated Amount Due:** Enter the estimated primary payer co-pay, deductible and co-insurance amount
- No prior authorization is required for hospice services.
- Please follow correct ICD-10 coding guidelines when submitting claims and be sure to report the primary diagnosis for the terminal illness on the claim. A list of non-reimbursable ICD-10 diagnosis codes is available in the [Iowa Medicaid Hospice Provider Manual](#).
- Value codes should be reported in field(s) 39-41 "Value Codes and Amounts" of the UB-04 form. Enter the appropriate value code(s), followed by the number of covered or non-covered days in the billing period. If more than one value code is shown for a billing

period, they are shown in ascending order. The number of units billed in field(s) 39-41 must equal the number of units billed in field 46 "Units of Service".

- 80 Covered days
- 81 Non-covered days
  
- Hospice care providers are responsible for payment to nursing facilities for member room and board. Nursing facilities must not bill during the hospice election timeframe. When billing for hospice nursing facility room and board, enter the name of the facility and its National Provider ID (NPI) in field 80 "Remarks". Hospice care providers will be reimbursed for 95 percent of a nursing facility's daily room and board.

If you have questions, please contact your Provider Advocate or call Provider Services at **888-650-3462**. Thank you.