



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 19 No. 52

October 2009

TO: New Jersey Hospice Providers

SUBJECT: N.J.A.C. 10:53A Hospice Services Manual
Basis for Medicaid Reimbursement of Hospice Services is the Point of Care

DATE: November 2, 2009

EFFECTIVE: May 1, 2009

PURPOSE: This Newsletter is intended to notify Hospice providers of implemented reimbursement changes for hospice services utilized by Medicaid fee- for-service beneficiaries

BACKGROUND: In accordance with **N.J.A.C. 10:53A-4.2(d) (1)-(5) Basis of hospice payment-hospice providers:** Medicaid reimbursement for hospice services will be based on the geographic location at which a service is provided (place of service), rather than the geographic location of the service provider's business office.

Effective May 1, 2009, claims pricing for four (4) hospice procedure codes: T2042 (routine home care); T2043 (continuous home care); T2044 (inpatient respite care) and T2045 (general inpatient care) is in accordance with N.J.A.C. 10:53A. The pricing logic applies to hospice services provided in a beneficiary's residence, skilled nursing facility (S.N.F.) or institutional setting for claims with dates of service on or after May 1, 2009. **This new method of reimbursement applies to both electronic HIPAA and paper claims with dates of service on and after May 1, 2009.**

Medicaid reimbursement for hospice services with dates of service prior to May 1, 2009 is based on Medicaid's previous pricing logic.

ACTION:

Hospice claims pricing for Medicaid beneficiaries receiving care at home is based on the beneficiary's county code of residency for procedure codes T2042 (routine home care) and T2043 (continuous home care). The pricing for these claims is based on the address of the beneficiary's home. The referring provider information is not required when the hospice service is rendered in the beneficiary's residence. When completing a claim, the referring provider field should be left blank. The place of service field should contain a '2' for services rendered in the beneficiary's home and a '4' for services rendered in a boarding home. Edit 1314 will post if the place of service field is incomplete.

For procedure codes T2042 and T2043, edit 0390 will post if:

the recipient's county of residence is not within the range of 01 to 21 (accepted county codes for Hospice services), or
the place of service is incomplete.

Hospice claims for procedure codes T2042 and T2043 will price based on the referring provider's address when a Medicaid beneficiary resides in a skilled nursing facility (SNF). The SNF's Medicaid provider number must be entered in the referring provider field. Edit 0390 will post for procedure codes T2042 and T2043 if:

the referring provider number is incomplete;
the referring provider's number is not on the Medicaid provider file; and/or
the referring provider's address (county) is not in the range of 01 - 21.

In addition, the place of service field on the claims must be a '3' if the beneficiary resides in a SNF. Edit 1314 will post if the place of service field is not equal to '3'.

When hospice care is provided to a Medicaid beneficiary residing in a SNF or hospital setting, hospice claims pricing for procedure codes T2044 (inpatient respite care) and T2045 (general inpatient care) is based on the referring provider's address. The SNF's or Hospital's Medicaid provider number must be entered in the referring provider field. Edit 390 will post for procedure codes T2044 and T2045 if:

the referring provider number is incomplete;
the referring provider's number is not on the Medicaid provider file; and/or
the referring provider's address (county) is not in the range of 01 - 21.

The place of service field on the claim should contain a '3' for hospice services rendered in an inpatient hospital and a '5' for services rendered in a SNF. Edit 1314 will post if the place of service field is not equal to '3' or '5'.

Paper and electronic claims for hospice services should be submitted to UNISYS for processing. If there are questions pertaining to Medicaid hospice claims processing, Provider Services at UNISYS can be reached at 1-800-776-6334.

If you have any questions regarding the Medicaid hospice reimbursement policy, please contact Marcia Harrison in the Division of Medical Assistance and Health Services' Office of Reimbursement at 609-588-4693. Thank you for your cooperation.

Attachment – NJAC 10:53A-2.5
NJ Hospice Liaisons

RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE

10:53A-2.5 Administrative policy for admission and discharge from room and board services in a nursing facility

(a) If a beneficiary of hospice services is admitted to a nursing facility (NF) from any location, or is changed from nursing facility status to hospice status (while residing in a nursing facility), or is discharged from the hospice or dies, the NF shall submit to the CBOSS and the DHSS field office, a completed Notification from Long-Term Care Facility of Admission or Termination of a Medicaid Patient LTC-2 (Form #9 in the Appendix, incorporated herein by reference) to prompt a change in the beneficiary's status. For SSI beneficiaries, the hospice shall be responsible for notifying the MACC of the beneficiary's death or discharge from the NF by completing FD-383 (Appendix Form #6). The MACC will be responsible for notifying the Social Security Administration of the beneficiary's change in status.

(b) If the beneficiary residing in an NF chooses hospice benefits, the NF shall submit to the fiscal agent, a completed Long Term Care Turnaround Document (TAD) (MCNH-117) (Form #11 in the Appendix herein incorporated by reference) to remove the beneficiary from the Long-Term Care Facility billing system. The following information shall be placed on the MCNH-117 in the REMARKS column (Field #38 on the bottom):

"DISCHARGED FROM NURSING FACILITY TO HOSPICE"

1. The hospice beneficiary is removed from the Long Term Care Facility billing system effective on the date the Election of Hospice Benefits Statement, FD-378 (Appendix Form #1) is signed. On that date and thereafter, the Medicaid/NJ FamilyCare fiscal agent will directly reimburse the hospice for services rendered to the hospice beneficiary and the NF will no longer be reimbursed for care beginning this date. The hospice shall be responsible for reimbursing the NF for room and board services provided under contract with the hospice.

2. If the beneficiary revokes hospice and returns to NF care, the NF shall complete and submit the Long Term Care Turnaround Document (TAD) (MCNH-117) form to the fiscal agent. The following information shall be placed on the MCNH-117 in the REMARKS column (Field #38 on the bottom):

"ADMITTED TO NURSING FACILITY AND DISCHARGED FROM HOSPICE"

3. The effective date of the change from hospice care to NF care is the date the Revocation of Hospice Benefits, FD-381 (Form #4 in the Appendix incorporated herein by reference) is signed. The NF will be reimbursed for care provided on this date and thereafter, and the hospice will no longer be reimbursed for care beginning on this date.

NJ Hospice Liaisons

Atlantic County

Barbara Paugh, Supervisor
Atlantic County Department of
Intergenerational Services
Medicaid Long Term Care Unit
101 Shore Road
Northfield, NJ 08225
(609) 645-7700, ext 4533
(609) 645-5907 FAX
bpaugh@oel.state.nj.us

Cape May

Lisa Douglas, HSS3
Cape May County Board of
Social Services
Social Services Building
4005 Rt. 9 South
Rio Grande, NJ 08242-1911
(609) 886-6200, ext 330
(609) 889-9332 FAX
lisadouglass@cmcbss.com

Bergen County

Nora Mikulski
Bergen County Board of
Social Services
216 Route 17 North
Rochelle Park, NJ 07662
(201) 368-4338
(201) 368-4200 MAIN
(201) 368-8706 FAX
nmikulski@bcbss.com

Cumberland County

Hospice Liaison
Kathy Rodriguez, Supervisor
Cumberland County Board of
Social Services
275 North Delsea Drive
Vineland, NJ 08360
(856) 691-4600, ext 444
(856) 563-1781 FAX
krodrigu@oel.state.nj.us

Burlington County

Jim Suszynski, Supervisor
Burlington Co. Bd. of Soc. Svcs.
Human Services Facility
795 Woodlane Road
Mount Holly, NJ 08060-3316
(609) 261-1000, ext 4930
(609) 518-1862 FAX
james.suszynski@bcbss.org

Essex County

Loy Tenyhwa, Supervisor
County of Essex, Div. of Welfare
Office of Medicaid Services
18 Rector St., 10th Floor
Newark, NJ 07102
(973) 645-7084
(973) 824-5712 FAX
ltenyhwa@oel.state.nj.us

Camden County

William Gensel, Supervisor
Camden Co. Bd. of Soc. Svcs.
Althea R. Wright Admin. Building
600 Market Street
Camden, NJ 08101
(856) 225-8240
(856) 225-8261 FAX
wgensel@oel.state.nj.us

Gloucester County

Sally Heide Supervisor
Gloucester County Div. of
Social Services
400 Hollydell Drive
Sewell, NJ 08080
(856) 256-2859
(856) 582-6587 FAX
sheide@oel.state.nj.us

Hudson County
Linda Guzman, Supervisor
Hudson County
Division of Welfare
100 Newkirk Street
Jersey City, NJ 07306
(201) 714-7803
(201) 459-2023 FAX
liguzman@oel.state.nj.us

Hunterdon County
Faye Carling, Supervisor
Hunterdon County Division of
Social Services
P.O. Box 2900
Flemington, NJ 08822-2900
(908) 788-1300
(908) 8064588 FAX
fcarling@oel.state.nj.us

Mercer County
Josephine Nese-Holbig, HSS IV
Mercer Co. Bd. of Soc. Svcs.
200 Woolverton St.
P.O. Box 1450
Trenton, NJ 08650-9976
(609) 989-4665
(609) 989-4344 FAX
jnese@oel.state.nj.us

Middlesex County
Virginia Nelson, Supervisor
Middlesex Co. Bd. of Soc. Svcs.
181 How Lane
P.O. Box 509
New Brunswick, NJ 08903
(732) 745-3546
(732) 745-6706 FAX
vnelson@oel.state.nj.us

Monmouth County
Jean Wolf, Asst. Admin. Super.
Monmouth Co. Div. of Soc. Svcs.
Kozloski Road
P.O. Box 3000
Freehold, NJ 07728
(732) 431-6232
(732) 577-5725 FAX
jwolf@oel.state.nj.us

Morris County
Susan Smith, Supervisor
Morris Cty. Off. of Temp. Assist.
340 W. Hanover Avenue
P.O. Box 900
Morristown, NJ 07963-0900
(973) 829-8022
(973) 829-8230 FAX
ssmith@co.morris.nj.us

Ocean County
Nancy D. Faulkner
Ocean County Board of
Social Services
1027 Hooper Avenue
P.O. Box 547
Toms River, NJ 08754
(732) 286-5808
nfaulkne@oel.state.nj.us

Passaic County
Mark Steven, Asst. Admin. Super.
Passaic County Board of
Social Services
80 Hamilton Street
Paterson, NJ 07505
(973) 881-3208
(973) 345-7125 FAX
msteven@pcbss.org

Salem County

Stephanie Molinari, HSS II
Salem County Board of
Social Services
147 South Virginia Avenue
Penns Grove, NJ 08069
(856) 299-7200 ext 233
(856) 351-0432
smolinari@oel.state.nj.us

Warren County

Susan Fishbough, Supervisor
Warren County T.A.S.S.
501 Second Street
Belvidere, NJ 07823
(908) 475-6301 or
(908) 475-6324
(908) 475-1533 FAX
sfishbou@oel.state.nj.us

Somerset County

Rita Amorosa, Supervisor
Somerset County Board of
Social Services
P.O. Box 936
Somerville, NJ 08876
(908) 203-5107
(908) 526-8096 FAX
ramorosa@oel.state.nj.us

Sussex County

Betsy Towle, Supervisor
Sussex Co. Div. of Soc. Svcs
83 Spring Street, Suite 203
P.O. Box 218
Newton, NJ 07860
(973) 383-3600 ext 5140
(973) 383-3627 FAX
martowle@oel.state.nj.us

Union County

Hank Eska
Union County Board of
Social Services
342 Westminster Avenue
Elizabeth, NJ 07208
(908) 965-3731
heska@oel.state.nj.us