

# Hospice Overview

## Hospice Care

Hospice care provides palliative care for individuals with a terminal illness and life expectancy of less than six months. Palliative care provides symptom management (e.g., pain control), rather than curative treatment.

The TRICARE hospice benefit closely mirrors the Medicare hospice benefit and reimbursement methodology.

## Benefit Periods

Hospice care is provided in three benefit periods; each period requires a separate authorization.

1. First 90-day period
2. Second 90-day period
3. Unlimited number of 60-day periods

## Levels of Hospice Care

There are four levels of hospice care. All four levels are approved at the time of authorization of services. The hospice provider determines which level of care is appropriate for the patient. TriWest does not require notification when the patient moves to a different level of hospice care.

1. Routine home care
2. Continuous home care
3. General inpatient hospice
4. Inpatient respite care – up to five days per month

## Eligibility

All TRICARE beneficiaries are eligible for the hospice benefit.

## Costs

Copayments, deductible, cost-shares and catastrophic cap do not apply for services rendered under the hospice benefit. TRICARE pays the full cost of all covered services, except small cost-share amounts that may be collected by the hospice provider for outpatient drugs, biological or inpatient respite care.

## Exclusions

The following items are NOT covered under the TRICARE hospice benefit:

- Room and board charges for a patient receiving hospice services in the home
- Room and board when a patient is placed in a facility such as a rest home and the care is custodial
- Curative and diagnostic treatments in relation to the terminal illness unless hospice has been formally revoked (See Revocation of Services)



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## Hospice (cont.)

### Hospice Referral Process

To initiate hospice services for TRICARE beneficiaries:

1. The patient and their doctor will determine the right time for hospice care. The patient's family may also be involved.
2. The patient's physician will refer the patient to a network hospice provider. No referral or authorization request should be submitted to TriWest at this time. If a network hospice provider is not available, a TRICARE-certified non-network provider may be selected.
3. The hospice provider will schedule an evaluation visit with the patient. The initial hospice evaluation does not require an authorization; however, authorization is required to receive hospice services.
4. The hospice provider submits an authorization request to TriWest (after the patient elects hospice services).

### Hospice Authorizations

TriWest requires the following to be submitted at the time authorization or recertification is requested. It is the hospice provider's responsibility to provide the documentation to TriWest.

#### 1. Initial hospice authorization

- A. A completed TriWest authorization request should be submitted to TriWest. Hospice providers can register at [www.triwest.com/provider](http://www.triwest.com/provider) to submit their online authorization requests using the secure provider Web site. If submitting your authorization online is not an option, please go to [www.triwest.com/provider](http://www.triwest.com/provider), Find a Form tab, for the TRICARE Patient Hospice Referral/Authorization Form.
- B. A signed, dated patient hospice election form (also called hospice consent) should be submitted to TriWest. Note that TriWest does not supply this form; hospice providers have their own forms. This form can be scanned and sent electronically with the authorization request.

#### 2. Recertification: each benefit period requires a separate authorization.

A new TriWest authorization request must be submitted to TriWest. The patient hospice election form does not need to be re-submitted with the recertification request.

### Transfer to Another Hospice

The beneficiary may choose to transfer to another hospice provider. The benefit allows for one transfer during each election period. The current hospice provider must submit the signed and dated hospice transfer form to TriWest by fax at 866-269-5892. The patient remains in the current benefit period at the time of the transfer. The new hospice provider must submit a new authorization and patient election form to TriWest as noted in the initial hospitalization section above.

### Revocation of Services

Beneficiaries may choose to revoke or end hospice services at any time. They may decide to re-elect hospice at any time, but will forfeit the remaining days for the benefit period they are in at the time they revoke. Basic TRICARE coverage will be in effect following the revocation. The hospice provider must submit the patient's signed and dated revocation form to TriWest by fax at 866-269-5892.



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## Hospice (cont.)

### TRICARE For Life (TFL) Beneficiaries

For information on hospice for TFL beneficiaries, please call Wisconsin Physicians Service (WPS) at 1-866-773-0404.

### OHI (Other Health Insurance)

Other health insurance (OHI) is always primary to the TRICARE hospice benefit, except for Medicaid, the Indian Health Service, or other programs/plans identified by the TRICARE Management Activity (TMA).

- The hospice provider will first submit their authorization request to the OHI.
- Prior to the OHI hospice benefit being exhausted, the hospice provider should submit an authorization request to TriWest.
- The TRICARE hospice benefit does not supplement the OHI hospice benefit when it provides limitations on coverage (i.e., if there is a difference between the billed amount and the maximum amount the OHI will pay, TRICARE will not cover the difference.)

### Hospice Certification Requirements

Any Medicare-certified hospice provider can submit an authorization request to TriWest. If there is no network hospice provider available, a non-provider may be used. After submitting their first claim for payment, non-network providers will be asked to complete the Participation Agreement for Hospice Program Services form to become a TRICARE-certified provider. The non-certified hospice provider's claims will not process for payment until the completed form is submitted. The Participation Agreement for Hospice Program Services form is available under the Find a Form tab at [www.triwest.com/provider](http://www.triwest.com/provider).

### Hospice Reimbursement

TRICARE mirrors the national Medicare reimbursement rates, unless the hospice agency agrees to a discount. Updated annually and adjusted using the appropriate wage indices to reflect regional differences, the national payment rates are designed to reimburse the hospice for the costs of all covered services related to the treatment of the beneficiary's terminal illness, including the administrative and general supervisory activities performed by hospice-based physicians.

National Medicare hospice rates will be used for reimbursement of each of the following levels of care provided by, or under arrangement with, a Medicare-approved hospice program:

- Routine home care
- Continuous home care
- Inpatient respite care
- General inpatient care

TRICARE hospice reimbursement is for the amount applicable to the type and intensity of the level of care provided to the beneficiary on a particular day.



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## Hospice (cont.)

An all-inclusive per-diem rate is paid according to the level of care, except for continuous home care which is reimbursed based on the number of hours of continuous care furnished to the beneficiary during a 24-hour period on a given day.

The only amounts which will be allowed outside the locally adjusted national payment rates will be for direct patient care services rendered by either an independent attending physician or physician employed by, or under contract with, the hospice agency. A nurse practitioner may not certify the beneficiary as terminally ill.

The hospice should bill for its physician charges/services on a CMS 1450 UB-04 using the appropriate CPT codes. Payments for hospice-based physician services will be paid at the allowed CMAC or contracted rate and will be subject to the total hospice cap amount.

Independent attending physician services are not considered a part of the hospice benefit and are not figured into the cap amount calculations. The provider will bill for these services on a CMS 1500 using the appropriate CPT codes. These services will be subject to the standard TRICARE reimbursement and cost-sharing/deductible provisions. The definition of attending physician is expanded to include nurse practitioner for patient care.

### Claims

All claims should be submitted electronically. For more information on how to submit claims electronically, visit the EDI/Secure Web section of [www.triwest.com/provider](http://www.triwest.com/provider).

When filing claims, the hospice should adhere to the following:

- The hospice will use the CMS 1450 UB-04 claim form as an admission and election notice.
- When the beneficiary is admitted for hospice services, items 1,4,5,8,9,10,11,12,45 line 23, 58,60,67,76 and 78 must be completed by the hospice for which the beneficiary has elected to receive care. Hospices should submit the admission and election notice CMS 1450 UB-04 as soon as possible after admission.
- Billing for actual services rendered should be on a separate CMS 1450 UB-04.

The TRICARE Reimbursement Manual states that while inpatient billing is generally deferred until discharge, hospice programs may bill patient stays requiring longer than 30 days in 30-day intervals. This requirement applies to both the institutional and hospice-based physician claims.

If **electronic submission** is not available, claims may be mailed to:

WPS  
P.O. Box 77028  
Madison WI 53707-1028

For more information, go to [www.triwest.com/provider](http://www.triwest.com/provider) or call 1-888-TRIWEST (874-9378).



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