

Summary:

Medi-Cal Hospice LOC services are billed on the UB04 form. Starting with an implementation date of 5/1/2018, Medi-Cal has unique requirements for high/low Routine Homecare and Service Intensity Adjustments (SIA) charges. Changes are retroactive for dates of service 1/1/2016 and after. The below instructions detail how to fulfil these requirements. For detailed billing instructions and regulatory compliance information, visit the Medi-Cal website: http://www.medi-cal.ca.gov/

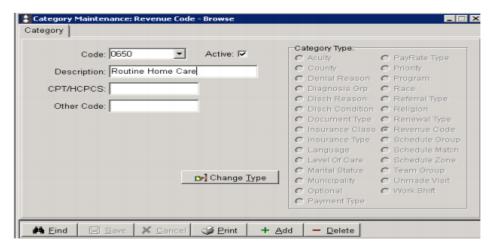
How To:

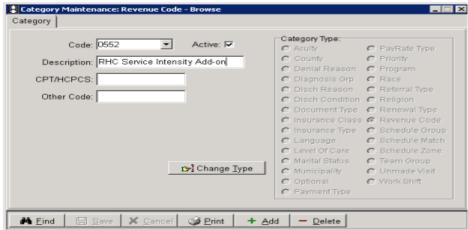
ONE TIME SETUP

ADD 0650 AND 0552 REVENUE CODES

Go to File>File Maintenance>Category. Click 'Change Type' and set to Revenue Code.

Press the 'Add' button to add the new 0650 Routine and 0552 SIA revenue codes (the 0659 Late Routine Revenue code does not need to be created as this code is automatically populated to the claims at the time of the electronic claim file generation).









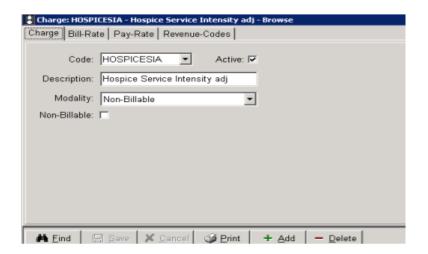
ASSIGN NEW REVENUE CODES TO CHARGE CODES

Go to File>File Maintenance>Charge Code.

Click the Find button and select the HOSPICESIA (Hospice Service Intensity adjustment) charge.

Modality: Non-Billable

Non-Billable: Un-check this option (Note: this will not adversely affect Medicare hospice claims because they are not set to include Non-Billable modality charges).



Go to the Revenue-Codes tab.

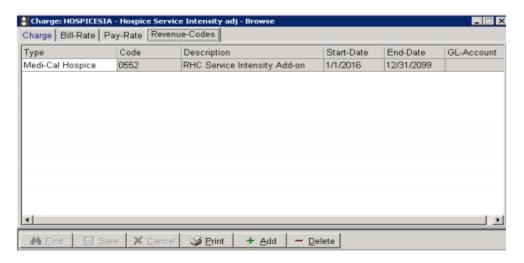
Click 'Add' to add a new row.

Type: Choose your Medi-Cal Hospice Revenue Type (your agency's description may differ from this example).

Code: 0552.

Start Date: Enter 1/1/2016 (if billing retroactively) or 5/1/2018.

Save changes.

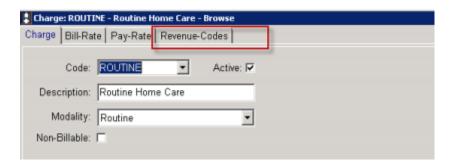




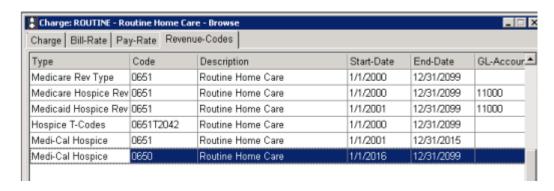


Go to the Charge tab.

Click the Find button and select the ROUTINE charge.



Go to the Revenue-Codes tab



Enter an End-Date for the Medi-Cal Hospice Type (use 12/31/2015 if billing retroactively or 4/30/2018).

Click 'Add' to add a new row.

Type: Medi-Cal Hospice Revenue Type (your agency's description may differ from this example)

Code: 0650.

Start Date: Enter 1/1/2016 (if billing retroactively) or 5/1/2018.

For Skilled Nursing and Medical Social Worker charge codes, add the Medi-Cal Hospice Revenue Type to the Revenue-Codes tab if not currently present. Revenue codes are needed for SIA charge generation.

MEDI-CAL INSURANCE SET-UP

Go to File > File Maintenance > Entity. Click 'Change Type' and set to Insurance.

Press the 'Find' button to locate the Medi-Cal Hospice insurance.





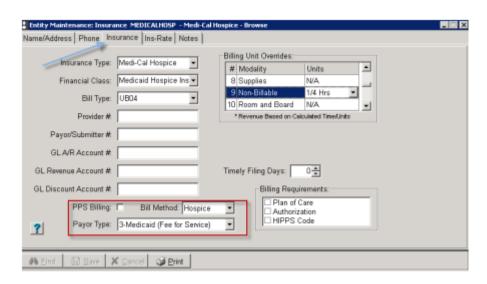
Go to the Insurance Tab.

Bill Method: Hospice

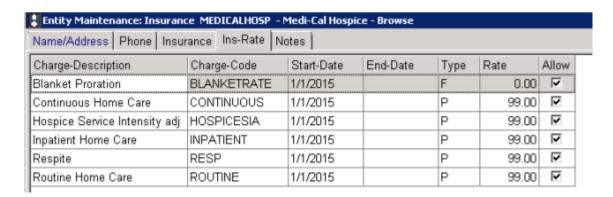
Payor Type: 3-Medicaid (Fee for Service).

Billing Unit Overrides: Set the NonBillable modality to "¼ hrs" (for SIA charges). Set the Continuous Care

modality to "Hours."



On the 'Ins-Rate' tab, add the LOC and SIA charges with the appropriate percentage amount. A Blanket Rate for zero dollars covered should be present



CONFIGURE THE MEDI-CAL OPTION SET(S).

Go to Billing > Electronic Claims and in the Option Set Selection, select the Baseline option set.

Click the Options button and in the Billing Options Wizard click Merge and merge into All Option Sets.

Press OK when done.

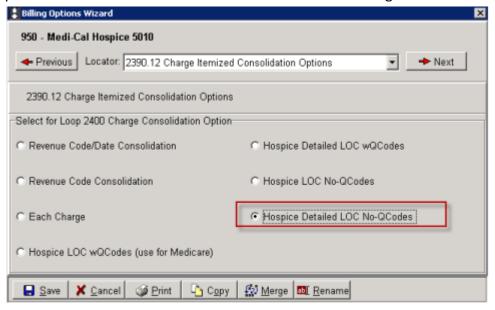




In the Option Set Selection, select the Option Set for Medi-Cal 837I.

Click Options and using the Locator dropdown, set the following:

2390.12: Set to Hospice LOC Detailed No-Qcodes to create claims with all charges itemized in date order



PROCESS

RUN THE HOSPICE LOC REPORT TO CREATE LOC AND SIA CHARGES

Go to Charge > Hospice LOC Report (or File > Report Groups if setup).

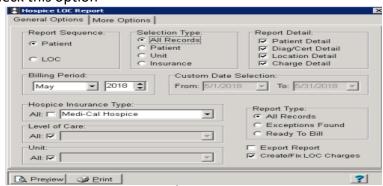
Report Detail: Check all options.

Billing Period: Select billing month/year

Hospice Insurance Type: Select the Medi-Cal Hospice type

Report Type: All Records

Create/Fix LOC Charges: Check this option





Preview the report and scroll or jump to the last page to generate the LOC and SIA charges.

After the charges have been created/updated, run for Exceptions Found and make necessary corrections. If changes are made that affect LOC days or SIA charges, run the report for All Records with Create/Fix LOC Charges checked.

Note: Only 0650 Routine Charges will be generated but the high/low routine rates will be calculated correctly. The 0659 charges will be populated to the claim at the time of creating the Medi-Cal electronic file.

After all exceptions have been corrected, run the report for Ready to Bill. After previewing the report, use the Bill Audit button to jump to and preview the Billing Audit Report.

Run, review and post the Billing Audit and generate electronic claims using the Medi-Cal Electronic Claim option set and submit per that payer's guidelines.

5/30/2018 9:29:11 AM 0950 - Medi-Cal Hospice 5010		Electronic Claim Submission 5/1/2018 - 5/31/2018 \tsclient\C\Users\Kristin\Desktop\0950.x12					Institutional Page Home Health Care Services	
Patie	ent # Patient Name	Admit I	Date	Bill Date Bill Ty		I Туре	Payor	
122	Caid, Callie	4/15/2	018	5/31/2018	NonPPS		Medi-Cal Hospi	ce
TOB: 814 Diagnosis: Values: 1:	1 Status: 40 1:101.0 41740 2:41740 Occurrences: 1:27* er-Doctor: Devon Aarons 118433333	04/15/2018	05/01/2018 To:	05/04/2018		Contract:	3423445df	
Rev 0650 0552 0650 0552 0650 0552 0659 0552 0001	Description Routine Home Care Hospice Service Intensity Total Charges	Code Routine Hospicesia Routine Hospicesia Routine Hospicesia Routine	Date 05/01/18 05/01/18 05/02/18 05/03/18 05/03/18 05/03/18 05/04/18	Units 1 16 1 16 1 16 1 16 1 16 68	Hours 0.00 4.00 0.00 4.00 0.00 4.00 0.00 4.00	Amount 225.30 190.02 225.30 190.02 225.30 190.02 176.96 190.02 1612.94	Other	
Grand T	otals:							

Charges:



Patients: 1

Claims: 1

1612.94

Errors: 0