

Hospice Pricer Tool Quick Reference Tool

DCN

Cell B5*

CBSA #

Cell B6*

Area:

F5**

CBSA wage index

G6**

Cell B5-DCN is not required but helpful.

Cell B6-CBSA. Required field. Found in value code 61 and/or G8 or in the CBSA tab of this document. Enter the five-digit code.

Note: if cells F5 and G6 are not updated when the CBSA# is entered, there is an error in the entry. Double check, make sure there are no spaces and the correct CBSA# is being entered.

Color KEY

	Yellow cells indicate provider information needed/required*
	Blue cells indicate cells will auto-populate**

Level of care Revenue code	0651 Routine Home Care Days 1-60	0651 Routine Home Care Days 61+	0652 CHC per hour	0655 Inpatient Respite	0656 General Inpatient	0652 CHC per 24 HOUR DAY
Wage adjusted rates	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Rev code billed units	Cell C14*	Cell D14*	Cell E14*	Cell F14*	Cell G14*	Cell H14*
Payment per rev code	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A

Enter units billed for the month where applicable for the following:
 C14 – Enter units for RHC day 1–60
 D14 – Enter units for RHC days 61+
 E14 – Enter units for CHC per 15 min increments
 F14 – Enter units of respite care days
 G14 – Enter units for days of GIP
 H14 – Enter units for CHC (enter 1 unit for each 24 hours)

Cell B17**

Hospice pricer wage adjusted level of care payment calculations

Cell B18*

Additional payments for EOL SIA from cell C38 (if applicable)

Cell B19*

Additional payments for Physician Services from Cell H38 (if applicable) (leave blank if not applicable)

Cell B20**

Sequestration Reduction (value code 73)

Cell B21**

Provider Payment

Disclaimer: This is an estimate only and may not match exactly due to the rounding inconsistencies with the hospice pricer.

If applicable, enter additional payments:

Cell B 17 – Will auto-populate

Cell B18 – Enter the amount from cell C38 (if applicable)

To calculate **cell C38**: enter information in the line level payment calculation for EOL SIA starting at line A 25

Cell B19 – enter amount from H38 (physician service tool)

Entering information in B18 and B19 will auto populate

B 20 – Sequestration reduction

B 21 – Provider reimbursement

Effective 1/1/2016, Medicare implemented service intensity add-on (SIA) payments for hospice social worker and nursing visits provided during the end of life (EOL). The EOL SIA add-on payment applies to revenue code 055x with G0299 and/or rev code 056x (excludes 0569 and PM modifier), within seven days of the date of death provided during a routine home care (RHC) level of care. The EOL SIA payment is made in addition to the per diem rate for the RHC level of care and equals the continuous home care (CHC) hourly rate multiplied by the hours of nursing/social work service (for at least 15 minutes and up to four hours total) that occurred on a RHC day during the last seven days of life.

Date of death

Cell C24*

Cell C24 – enter the beneficiary's date of death using MM/DD/YY format (if applicable).

EOL span

Cell C25**

Cell C25 – The EOL span is automatically populated

Line level payment calculation for EOL SIA Payments				
DATE	UNITS	X CHC rate	2% reduction	Reimb pge 31
Cell A28*	Cell B28*	Cell C28**	0.00	0.00
Cell A29*	Cell B29*	Cell C29**	0.00	0.00
Cell A30*	Cell B30*	Cell C30**	0.00	0.00
Cell A31*	Cell B31*	Cell C31**	0.00	0.00
Cell A32*	Cell B32*	Cell C32**	0.00	0.00
Cell A33*	Cell B33*	Cell C33**	0.00	0.00
Cell A34*	Cell B34*	Cell C34**	0.00	0.00
Cell A35*	Cell B35*	Cell C35**	0.00	0.00
Cell A36*	Cell B36*	Cell C36**	0.00	0.00
Cell A37*	Cell B37*	Cell C37**	0.00	0.00
	0.00**	Cell C38**	0.00	0.00

Cells A28–A37 – Enter line item date for services eligible for add-on payment in MM/DD.

Important note: In the FISS system, the EOL SIA payment is displayed on the first applicable visit line for the date.

Cells B28–B37 – Enter units billed for services eligible for add-on payments. (Enter total for all eligible disciplines. Maximum units is 16 per date).

Cells C28–E37 – Will auto-populate on a line level basis and display the EOL SIA payment

Cell C38 – Is the wage adjusted SIA payment amount. Enter the amount from C38 into cell B18 (if applicable) to calculate the provider payment inclusive of the add-on.

Physician Services	
Include Sequestration	Excludes Sequestration
Cell G28*	
Cell G29*	
Cell G30*	
Cell G31*	
Cell G32*	
Cell G33*	
Cell G34*	
Cell G35*	
Cell G36*	
Cell G37*	
	Cell H38**

Cells G28-G37 – Enter the Medicare payment amounts for physician services on the claim.

Cell H38 – The cumulative total for physician service will auto-populate. Enter this amount in cell B19 to calculate the provider payment inclusive of the physician services.