

Arkansas Medicaid FFY 2021 Hospice Fee Schedule

This fee schedule does not address the various coverage limitations routinely applied by Arkansas Medicaid before final payment is determined (e.g., beneficiary and provider eligibility, benefit limits, billing instructions, frequency of services, third part liability, age restrictions, prior authorization, co-payments/coinsurance where applicable, etc.). Procedure codes and/or fee schedule amounts listed do not guarantee payment, coverage or amount allowed

Although every effort is made to ensure the accuracy of this information, discrepancies and time lag may occur. All information may be changed or updated at any time to correct a discrepancy and/or error. The reimbursement rate made on a claim will depend on the date of service, since our reimbursement rates are date of service effective. The fee schedule reflects only revenue codes that are currently payable.

Hospice services for routine home care and continuous home care are reimbursed based on the county reflected in Medicaid's records as the hospice patient's home address. For inpatient respite care and general inpatient care, reimbursement is based on the county in which the hospice provider is located.

The payment made to hospice providers is calculated as the claim is processed for payment. Each county is assigned a county wage factor. The revenue codes reimbursed each have a wage component subject to the index and a non-weighted amount. The rate is calculated applying the county wage factor to the wage component subject to index reflected in the chart below. The wage component subject to the index is added to the non-weighted amount equaling the payment rate for that service.

For a full explanation of the procedure code/modifiers, please refer to the information in your provider manuals and provider notices.

COUNTY CODE	COUNTY	COUNTY WAGE FACTOR
4	Benton	0.8405
13	Cleveland	0.8000
16	Craighead	0.8000
17	Crawford	0.8275
18	Crittenden	0.8670
23	Faulkner	0.8288
24	Franklin	0.8275
26	Garland	0.8197
27	Grant	0.8288
35	Jefferson	0.8000
40	Lincoln	0.8000
41	Little River	0.8558
43	Lonoke	0.8288
44	Madison	0.8405
46	Miller	0.8558
53	Perry	0.8288
56	Poinsett	0.8000
60	Pulaski	0.8288
62	Saline	0.8288
65	Sebastian	0.8275
72	Washington	0.8405
	All Others	0.8000

Days 1-60

LOCATION	REVENUE CODE	SERVICE DESCRIPTION	WAGE COMPONENT SUBJECT TO INDEX	NON-WEIGHTED AMOUNT
Patient Resides	0651	Routine Home Care	\$137.08	\$62.43
Patient Resides	0652	Continuous Home Care	\$41.02	\$18.69
Hospice Location	0655	Inpatient Respite Care	\$262.72	\$222.64
Hospice Location	0656	General Inpatient Care	\$669.33	\$376.33

Routine Home Care Calculation

Wage Component Subject to Index x's County Wage Factor + Non-weighted Amount = Medicaid Payment
 $(\$137.08 \times 0.8405) + \$62.43 = \$177.65$

Days 61 and over

Note for days 61 and over there is a revision in the wage component subject to the index and the non-weighted amount which will provide a reduced Medicaid payment.

LOCATION	REVENUE CODE	SERVICE DESCRIPTION	WAGE COMPONENT SUBJECT TO INDEX	NON-WEIGHTED AMOUNT
Patient Resides	0651	Routine Home Care	\$108.35	\$49.34
Patient Resides	0652	Continuous Home Care	\$41.02	\$18.69
Hospice Location	0655	Inpatient Respite Care	\$262.72	\$222.64
Hospice Location	0656	General Inpatient Care	\$669.33	\$376.33

Routine Home Care Calculation

Wage Component Subject to Index x's County Wage Factor + Non-weighted Amount = Medicaid Payment
 $(\$108.35 \times 0.8405) + \$49.34 = \$140.41$

Service intensity Add-on

Effective for hospice services with dates of service on and after January 1, 2016, a service intensity add-on payment will be made for a visit by a social worker or registered nurse (RN), when provided during routine home care in the last seven (7) days of life. The service intensity add-on payment is in addition to the routine home care rate.

The service intensity add-on payment will be equal to the Continuous Home Care, hourly rate multiplied by the hours of nursing or social work provided (up to 4 hours total) that occurred on the day of service. The hourly rate is \$59.71. Providers will be required to bill for the service intensity add-on service in fifteen (15) minute increments for a total of sixteen (16) units a day.

DESCRIPTION HOURLY RATE	WAGE COMPONENT SUBJECT TO INDEX	NON-WEIGHTED AMOUNT	HOURLY RATE
Service Intensity Add-on	\$41.02	\$18.69	\$59.71

Service Intensity Add-on Calculation

Wage Component Subject to Index x's County Wage Factor + Non-weighted Amount = Medicaid Payment
 $(\$41.02 \times 0.8405) + \$18.69 = \$53.17$

Calculation based on 15 minute increments: $\$53.17 / 4 = \13.29

New HCPC procedure codes have been established for billing the service intensity add-on services. These procedure codes are as follows:

G0155 – Services of clinical social worker in home health or hospice settings, each 15 minutes.

G0299 – Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes
