* INPATIENT HOSPICE BILLING CHANGE FOR MOUNTAIN STATE BLUE CROSS BLUE SHIELD*

Read this bulletin on-line via NaviNet

May 1, 2009       MS-HOSPC-2009-001

TO:       (1) CHIEF FINANCIAL OFFICER
          (2) ADMINISTRATOR
          (3) DIRECTOR/MANAGER OF PATIENT ACCOUNTS
          (4) BILLING OFFICE STAFF

FROM:     MOUNTAIN STATE BLUE CROSS BLUE SHIELD
          OFFICE OF PROVIDER CONTRACTING AND REIMBURSEMENT

SUBJECT:  INPATIENT HOSPICE BILLING CHANGE FOR MOUNTAIN STATE BLUE CROSS BLUE SHIELD (MSBCBS) CLAIMS

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THIS BULLETIN APPLIES TO THE FOLLOWING PRODUCTS:

- Traditional/Indemnity
- PPO/POS
- FEP
- WVSBP
- HHIC FreedomBlue
- STEEL

PURPOSE

This bulletin provides updated billing instructions for inpatient hospice commercial claims.

This bulletin superseded previously published bulletin MS-HOSPC-2007-001, dated November 30, 2007.

BILLING INSTRUCTIONS

Billing for Inpatient Hospice Accommodations

At this time, and until otherwise notified, facilities are instructed to incorporate the billing instructions provide in this bulletin. The enclosed instructions are current and they are meant to replace past bulleting instructions.

For all inpatient hospice claims submitted to MSBCBS for both BlueCard and local members, please note that revenue code 0120 and an accommodation rate will no longer be accepted in
In conjunction with revenue codes 0655 or 0656. Inpatient hospice claims for MSBCBS and BlueCard members are to be reported via revenue code 0655 (Inpatient Respite Care) or revenue code 0656 (General Inpatient Care) only.

Facilities failing to follow requirements described in this bulletin for both local and BlueCard business will experience claim rejection.

Reminders:
- When reporting the number of days of inpatient care, the day of discharge is not eligible for reimbursement. This clarification aligns the provider billing with MSBCBS system processing requirements and is effective June 1, 2009.
- Revenue code 0652 is not an allowed code and will be rejected.

**IMPACT**

Hospice providers are requested to make whatever changes are necessary to comply with these billing instructions.

**TIME FRAME**

The requirements discussed in this bulletin are current and effective as of April 6, 2009. If any claims have been submitted on or after April 6 and have rejected, please submit a corrected claim to comply with the billing instructions above.

**ASSISTANCE**

**This Bulletin**
Questions regarding this bulletin may be directed to the Office of Provider Relations, at 1-304-424-7795 or 1-800-798-7768, or your External Provider Relations Representative.

**Inquiries About Eligibility, Benefits, Claim Status or Authorizations**
For inquiries about eligibility, benefits, claim status or authorizations, Mountain State Blue Cross Blue Shield encourages providers to use the electronic resources available to them – NaviNet and the applicable HIPAA transactions – prior to placing a telephone call to the appropriate Customer Service Department.

**Bulletin Updates**

Bulletin updates may be accessed via the News & Bulletins section of the Provider Drop down Box on the Mountain State Blue Cross Blue Shield website at www.msbcbs.com.