

North Carolina Medicaid Special Bulletin



An Information Service of the
Division of Medical Assistance

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**Attention
All Hospice Providers**

**CBSA Codes and
Hospice Payment Reform**

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CBSA Codes

The Federal Fiscal Year (FFY) 2016 CBSA's delineations effective Oct. 1, 2015 have been updated and uploaded into NCTracks. Providers are encouraged to resubmit hospice claims that were previously denied for Core Based Statistical Areas (CBSA) Codes: 35100, 50103, 50104, 50105, 50106, 50107, 50108, 50109, 50110, 50111, and 50112 with a date of service on or after Oct. 1, 2015.

Hospice Payment Reform

The N.C. Division of Medical Assistance (DMA) also is currently reviewing Centers for Medicare & Medicaid Services (CMS) guidance issued on Hospice Payment Reforms. The reforms consist of service intensity add-on payments for hospice social worker and registered nurse visits provided during the last seven days of life when provided during routine home care. Payment reform also will include the implementation of two routine home care rates, paying a higher rate in the first 60 days of a hospice election and a lower rate for days 61 and later.

Although the effective date of the Hospice Payment Reform of Routine Home Care (RHC) rates is Jan. 1, 2016, system programming and policy development requirements will delay implementation of the reform until further notice.

Hospice providers are encouraged to continue to file claims using the [current hospice fee schedule](#) posted on DMA's website. Providers are encouraged to track episodes of care as well as visit data. When system updates have been completed, this type of tracking may assist provides with performing a reconciliation of their payments.

Additional information will be communicated when it becomes available. Those with questions should contact Michelle Counts in Provider Reimbursement at 919-814-0059.

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