

# 2025 Provider Manual – Hospice

Confidential

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**Verification of benefits and/or approval of services after prior authorization or predetermination are not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, copayments, coinsurance and deductibles, supporting medical documentation and other terms, conditions, limitations and exclusions set forth in the member's policy certificate and/or benefits booklet and/or summary plan description as well as any pre-existing conditions waiting period, if any.**

## Hospice Care Program

*Hospice can be defined as: A medically-directed, nurse-coordinated program providing a continuum of home and inpatient care for the terminally ill patient and family. It employs an interdisciplinary team acting under the direction of an autonomous hospice administration. The program provides palliative and supportive care to meet the special needs arising out of the physical, emotional, spiritual, social and economic stresses that are experienced during the final stages of illness and during dying and bereavement.*

Benefits for hospice services may be available in both the home and an inpatient setting.

Hospice care is offered as a medical alternative to traditional forms of medical and nursing care. A major focus of hospice care is on the relief and control of pain and the physical and psychological symptoms associated with terminal illness.

The goal of hospice care is to enable persons who are at the end of their life to live at home or in another comfortable setting around their families, friends, and important possessions, as free as possible from the pain and other symptoms of terminal illness.

Equally important is the availability of a comprehensive range of support services designed to help both member and family cope with the stress, trauma and exhaustion that usually accompany terminal illness. Key among these are personal counseling for the member and family members, help with housekeeping chores and other duties, and hospice staff visits or other contact with family members for a period after the patient's death.

Hospice care is primarily home care but can also be provided through a hospital-based or skilled nursing facility-based program.

### General Benefit Criteria

- Member must be under the care of a physician who provides written certification that the patient is terminally ill with a life expectancy of six months or less; and,
- The member will no longer benefit from curative therapies or has selected to receive hospice care rather than curative care; and,
- Care must provide both physical and emotional support to a terminally ill member and family, and services necessary for symptom management and pain relief; and,
- Hospice care may be provided in the home, hospital-based or skilled nursing facility-based programs, and freestanding hospice facilities.

Specific benefits and exclusions should be determined for each member via the provider's preferred third party vendor portal, or by calling the Blue Cross and Blue Shield of Illinois Provider Telecommunications Center at 800-972-8088 to utilize the automated Interactive Voice Response phone system.

### Services Typically Considered Eligible as Hospice

- Skilled and unskilled nursing care
- Physical, occupational, speech, respiratory therapy
- Medical supplies
- Medications
- Social and spiritual services
- Physician visits
- Pain management services
- Dietary counseling

### Services Not Typically Considered Eligible as Hospice

- Ambulance or medical transport (unless stated in member's contract)
- Home-delivered meals/meal prep
- Homemaker services

- Non-medical personal, legal or financial services
- Respite care
- Traditional curative care services for treatment of the terminal illness, condition, disease or injury

## Prior Authorization

Prior Authorization is required by most member benefit plans. Providers should always verify prior authorization/pre-certification requirements via their preferred online vendor portal, or by calling the BCBSIL PTC to utilize the automated IVR phone system.

Please refer to the [Utilization Management page](#) located on the BCBSIL Provider website for additional information.

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## HMO Illinois<sup>®</sup>, Blue Advantage HMO<sup>SM</sup>, Blue Precision HMO<sup>SM</sup>, and BlueCare Direct<sup>SM</sup> Member Pre-certification

All services must have approval from the HMO member's Medical Group/Independent Practice Association. The Primary Care Physician must authorize all referrals to facilities or specialists and must refer the member to a hospice within the HMO contracted network. A hospice that wishes to participate contractually as an HMO provider must have achieved accreditation from a nationally recognized accrediting organization and be State licensed and Medicare certified.

### Claim Submission

Hospice care program claims should be billed electronically or on a UB-04 claim form. See Billing Example on page 5.

Institutional claims may be submitted electronically via the ANSI 837I transaction. Information on electronic Claim Submission is available in the Claims and Eligibility section of the BCBSIL website. Providers may also contact the Electronic Commerce Center at 800-746-4614 for assistance.

### Mailing Address for Paper

**Claims** Blue Cross and Blue Shield of  
Illinois PO Box 660603  
Dallas, TX 75266-0603

### Hospice Billing Example

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