

# Billing and Reimbursement

Home health/hospice



## General billing information

Hospice providers are required to list the hours of continuous care in field 46 on the UB-04 claim form.

## Additional billing information for Geisinger commercial and Geisinger Gold plans only

### Bill only 1 unit for per diem services

Home Health agencies should bill 1 unit for services to coincide with the updated per diem interpretation of the HHH-1 fee schedule. Multiple units should not be billed on a single claim. This applies to services provided for your Geisinger Health Plan commercial and Geisinger Gold patients.

If claims are billed with more than 1 unit, allowed payment will reflect only the 1 unit per diem rate on the adjudicated claim.

### Revenue code 572 has been added

Revenue code 572 (Home Health Aide/Hour) was added to the HHH-1 fee schedule in August 2020. Revenue code 572 should be used in place of 571 to bill for home health aide hourly services for your Geisinger Gold patients' hourly home health aide benefit.

### All Gold claims are to be billed with bill type 329

Electronic and paper claims submitted by HH providers without bill type 329 will be considered incomplete and subject to denial 0Q – "deny RAP payment made on final HH claim". A corrected bill type claim will need to be submitted within the appropriate timely filing limits.

Note that the following 33x bill type codes are no longer valid per CMS guidelines; 332, 333, 334, 335 and 337.

### PDGM codes are required to be on the claim

Providers should submit claims with the generated grouper-produced HIPPS code when submitting the claim for payment. The applicable revenue code is required as with the prior payment methodology.

### Who to call

If you have questions or want to check on the status of an existing claim, dial **800-447-4000**. Say "provider", then "claims" to connect with our Provider Care team.

[Type here]

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*Geisinger Health Plan, Geisinger Indemnity Insurance Company and Geisinger Quality Options, Inc. are collectively referred to as “GHP” in this summary.*

*All rights, duties and responsibilities of participating providers will be applied according to the following document order: 1) member’s benefit document; 2) the participating provider’s contract agreement, 3) the GHP Family Provider Guide; and 4) the Geisinger Health Plan Provider Guide.*

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