



COMMISSIONER
Jon Weizenbaum

October 21, 2015

To: Medicaid Hospice Providers

Subject: Information Letter No. 15-70
New Billing Codes and Payment Rates for Hospice Physician Directed Care Claims

Effective October 1, 2015, the Texas Department of Aging and Disability Services (DADS) implemented new billing codes and payment rates for Medicaid Hospice (Service Group 8) / Physician Direct Care services (Service Code 30). Each procedure code for physician directed care services has two new billing codes and payment rates. The new billing codes and payment rates are age-specific, one set of billing codes for services to individuals less than 21 years old and another for individuals 21 years of age and older.

For services delivered on and after October 1, 2015, providers must submit claims based on the age of the individual receiving the service by selecting a specific bill code for each procedure code. The new bill codes are in the long-term care bill code crosswalk and can be found at <http://www.dads.state.tx.us/providers/hipaa/billcodes/>.

Claims will be rejected if the billing code does not correspond with the individual's age. Two new Explanation of Billing (EOB) codes will inform the provider of the reason for the rejection:

- EOB Code, F0341, Incorrect Billing Code – the individual is 21 years of age or older
- EOB Code, F0342, Incorrect Billing Code – the individual is less than 21 years old

When an individual reaches the age of 21, the provider must submit a claim for the time period before the individual turns 21 years old and a claim for the time period starting on the 21st birthday and after.

Please address questions and requests for additional information to hospice@dads.state.tx.us.

Sincerely,

[signature on file]

Lisa Akers-Owen
Director
Community Services and Program Operations

LAO: slr