



**PROVIDER BULLETIN**  
#17-2013

**TO:** Participating hospice providers  
**FROM:** Carolyn McNaney  
Provider Contract Negotiator  
**DATE:** September 30, 2013  
**SUBJECT:** Hospice fee schedule changes

I am writing to inform you of revisions to the hospice fee schedule that are effective for dates of service on or after November 1, 2013. These changes are listed below:

Covered service	Revenue code	Rate	Frequency
Routine home hospice	651	██████	Per day
Continuous home hospice	652	██████	Per hour
Respite hospice	655	██████	Per day
Inpatient hospice	656	██████	Per day

Please note that coverage for all hospice services is determined by the member's benefits program and eligibility. If you have any questions about this bulletin, please contact your Network Coordinator.

**Confidentiality**

Please note that the confidentiality of fee schedule rates is governed by the terms and conditions of your participating provider agreement with Independence Blue Cross. Unauthorized distribution of this information by Provider to third parties is prohibited without the prior written consent of Independence Blue Cross. Please refer to your agreement for additional information.

**Not a guarantee of payment**

The codes listed are not a guarantee of payment. All claims are subject to the terms, conditions, limitations, and exclusions of the member's benefits program, as well as Independence Blue Cross medical and claim payment policy, claims processing guidelines, and other applicable policies and procedures. Some codes may be included in global facility fees and therefore are not eligible for separate reimbursement.

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**We encourage you to share this information with appropriate members of your staff.**

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