

# **SOONERCARE HOSPICE COVERAGE**

October 2025



# CLASS DESCRIPTION

This class will provide an in-depth look at hospice benefits for children and adults. Attendees will learn more about the policy, prior authorizations and submitting claims.

## Recommended Audience

Providers and billing staff who provide services and submit claims.

# DISCLAIMER

- SoonerCare policy is subject to change.
- The information included in this presentation is current as of Oct. 1, 2025.
- Find the latest information on the OHCA website at [oklahoma.gov/ohca](https://oklahoma.gov/ohca).

# AGENDA

- Hospice Coverage
  - Adults with the Healthy Adult Program (HAP) and TXIX
  - Children
- Eligibility
- Prior Authorization
  - Initial documentation requirements – initial 90-day certification period
  - Documentation requirements for continuation of services – subsequent 90-day certification period and 60-day certification periods
- Claims Submission
- Resources
- Questions

# **HOSPICE COVERAGE**

# ADULTS

- Adults, ages 19 to 64, with the Healthy Adult Program (HAP).
- Adults with TXIX, ages 21 and up.
- Prior authorization is required.
- Adults residing in long-term care (LTC) facilities, including nursing facilities (NF) and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), may receive hospice services. NF and ICF/IID room and board per diem rates are reimbursed to the in-home hospice provider at a rate equal to 95% of the facility's per diem rate. Hospice providers are responsible for passing the room and board payment through to the NF or ICF/IID. **This will not apply if the member has Medicare. If the member has Medicare, the LTC facility will continue to bill.**


# CHILDREN


- Ages 0 to 20 with TXIX
- Ages 19 to 20 with HAP
- Prior authorization is required

**ELIGIBILITY**



# SOONERCARE ELIGIBILITY

Eligibility 		
Coverage	Effective Date	End Date
Mental Health and Substance Abuse	07/06/2021	07/06/2021
Expansion Healthy Adult Program	07/06/2021	07/06/2021

Eligibility 		
Coverage	Effective Date	End Date
SoonerCare Choice	07/01/2021	07/01/2021
Non Emergency Transportation	07/01/2021	07/01/2021
Mental Health and Substance Abuse	07/01/2021	07/01/2021
Title 19	07/01/2021	07/01/2021

# SOONERSELECT ELIGIBILITY

Eligibility <span>-</span>		
Coverage	Effective Date	End Date
Mental Health and Substance Abuse	01/01/2024	01/23/2024
SoonerSelect	01/01/2024	01/23/2024
SoonerDental	01/01/2024	01/23/2024
Expansion Healthy Adult Program	01/01/2024	01/23/2024
TPL <span>+</span>		

Managed Care Information <span>-</span>			
Provider Name	Provider Phone	Health Plan Name	Health Plan Phone
John Doe	111-111-1111		

SoonerSelect members are managed by our partners: [Aetna Better Health of Oklahoma](#), [Humana Healthy Horizons in Oklahoma](#) and [Oklahoma Complete Health](#). Please contact the member's plan directly for assistance.

# **PRIOR AUTHORIZATION**

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[Prior authorization requirements](#) are posted online.

- Revenue code 651: routine hospice care.
- Revenue code 652: continuous home care.
- Revenue code 655: inpatient respite care.
- Revenue code 656: general inpatient care.
- Service intensity add-on.
- Revenue code 658: room and board hospice.

# PRIOR AUTHORIZATION (PA)

- Processing for the service intensity add-on payment requires the provider to submit an amendment form for the most recent PA approved for a member's hospice care. The amendment should contain documentation of visit(s) performed by hospice registered nurses and/or social workers (MSWs), including time and services performed. The PA will be updated to include any approved Service Intensity Add-on (SIA) reimbursement. SIA is reimbursed per hour, up to 4 hours per day for the last 7 days of a member's life.
- Up to 10-day retro allowed on the PA request date.

# PRIOR AUTHORIZATION — GENERAL

- Hospice services are designed to be provided in the member's home, but for purposes of the Medicaid hospice benefit, a nursing facility or intermediate care facility for individuals with intellectual disabilities (ICF-IID) may be considered a member's home.
- Members under age 21: Hospice services are available to eligible members without forgoing any other service to which the member is entitled under SoonerCare for curative treatment of the terminal illness. Hospice providers are not responsible for curative treatments for members that elect such services while on hospice. The member or authorized representative must sign an election statement of hospice care. This does not waive curative treatment of the condition for which a diagnosis of terminal illness has been made, in addition to the hospice care.

# PRIOR AUTHORIZATION — GENERAL

- Adult members: Choose hospice care in lieu of curative care for the terminal illness. The member or authorized representative must sign an election statement, and by doing so waives his or her right to other Medicaid benefits, except for care not related to the terminal illness and care provided by the attending physician.
- Services covered under hospice must be provided by a participating hospice program that meets Medicare certification requirements and has a valid OHCA Medicaid provider agreement.
- Services must have prior authorization. A written plan of care must be established before services are provided. The plan of care should be submitted with the prior authorization request.

# PRIOR AUTHORIZATION — INDICATIONS

- Eligibility for hospice care under Medicaid requires physician certification that the participant is terminally ill and includes a medical prognosis with a life expectancy of six months or less if the illness runs its normal course. The terminal prognosis must be supported by clinical information in the medical record.
- Hospice care includes nursing care; physician services; medical equipment and supplies; drugs for symptom control and pain relief; home health aide services and personal care services; physical, occupational and/or speech therapy; medical social services; dietary counseling; and grief and bereavement counseling to the member and/or family. Services must have prior authorization.



# PRIOR AUTHORIZATION — FREQUENCY

- Hospice care is available for two 90-day certification periods and an unlimited number of 60-day certification periods during the remainder of the member's lifetime.
- Each certification period requires a new prior authorization.

# ROOM AND BOARD HOSPICE

Effective Jan. 1, 2025, OHCA added coverage for revenue code 658. Additionally, to achieve consistency with PA requirements for other hospice revenue codes, OHCA added a requirement for prior authorization for revenue code 658 for TXIX and HAP programs. It will begin with the date of service of Oct. 1, 2025.

# INITIAL DOCUMENTATION REQUIREMENTS

(INITIAL 90-DAY CERTIFICATION PERIOD)

# REVENUE CODE 0651 (ROUTINE HOSPICE CARE)

- **Order for Hospice Care.** The order for hospice care must be signed by a treating provider (physician, physician assistant or nurse practitioner).
- **Certification of Terminal Illness.** A certification that the individual is terminally ill must be completed and signed by either the medical director of the hospice or the physician member of the hospice interdisciplinary group (IDG) and the member's attending physician (if applicable).

# REVENUE CODE 0651 (ROUTINE HOSPICE CARE)

- **Election of Hospice Care.** The member must elect hospice benefits by completing an Election of Hospice Benefits form. The form must be completed, dated and signed by the member or their legal representative.
- **Interdisciplinary Team (IDT) Plan of Care.** Every member must have a written plan of care developed by the hospice IDT. All covered hospice care must be consistent with the plan of care. The plan of care must be signed and dated by the attending physician or medical director of the hospice and all applicable members of the IDT team.

# **REVENUE CODE 0652 (CONTINUOUS HOME CARE)**

Must meet the same requirements as revenue code 0651 and the request for specialized hospice care needs to include:

- The scope of care provided.
- The length of time provided.
- Submitted clinical documentation must include at least 51% of covered care documented by nursing.

# **REVENUE CODE 0655 (INPATIENT RESPITE CARE)**

Must meet the same requirements as revenue code 0651 and the respite care request must include:

- The start and stop date.
- The scope of respite care and facility respite care to be performed, which should include all orders of care for the member.

# **REVENUE CODE 0656 (GENERAL INPATIENT CARE)**

Must meet the same requirements as revenue code 0651 and the request must include:

- The admission date through the discharge date.
- The services ordered for the member.



# **REVENUE CODE 0658 (ROOM AND BOARD)**

Must meet the same requirements as revenue code 0651 and proof of address that shows the member is in a nursing facility.

# DOCUMENTATION REQUIREMENTS FOR CONTINUATION OF SERVICES

(SUBSEQUENT 90-DAY CERTIFICATION PERIOD  
AND 60-DAY CERTIFICATION PERIODS )

# **CERTIFICATION OF TERMINAL ILLNESS**

For recertification, only the hospice medical director or the physician member of IDG is required to sign and date the certification. The member's attending physician is not required to sign and date the recertification.

# DOCUMENTATION REQUIREMENTS FOR CONTINUATION OF SERVICES

## Election of Hospice

This form must be completed, dated and signed by the member or their legal representative.

## Interdisciplinary Team (IDT) Plan of Care

The plan of care must be signed and dated by the attending physician or medical director of the hospice and all applicable members of the IDT team.

# DOCUMENTATION REQUIREMENTS FOR CONTINUATION OF SERVICES

## Re-evaluation by Physician or Nurse Practitioner

The hospice physician or nurse practitioner must have a face-to-face encounter with the member to determine if the member's terminal illness necessitates continuing hospice care services. The encounter must take place prior to the 180<sup>th</sup>-day recertification and each subsequent recertification thereafter and attests must be filed detailing that visits took place.

# **PRIOR AUTHORIZATION — ADDITIONAL INFORMATION**

- The member and/or the family may voluntarily terminate hospice services.
- The services will end upon revocation, allowing the member, if eligible, to resume Medicaid coverage of the benefits waived when hospice care was initially elected. A member may re-elect to receive hospice after a revocation at any time, provided the member is otherwise entitled to hospice care. Once hospice has been re-elected, a subsequent benefit period will ensue.

# **PRIOR AUTHORIZATION – ADDITIONAL INFORMATION**

The election of benefits stays in effect as long as the participant remains in hospice, does not revoke the election and is not discharged from hospice for other reasons. Reasons for hospice discharge may include: the participant is no longer considered terminally ill, the participant transfers to another hospice, the participant moves out of the hospice service area, or the participant is not receiving the required or expected care from the hospice provider.

# **CLAIMS SUBMISSION**



# CLAIMS SUBMISSION

- TXIX and adults with HAP: The claim type is UB-04 outpatient claim. It will be billed with the revenue codes on the approved prior authorization.
- You must bill the exact amount authorized per unit on the prior authorization.
- Claims must be billed to SoonerCare within six months of the date of service and, if you do this, you have up to one year from the date of service to resubmit your claim.

# RESOURCES

# HELPFUL PHONE NUMBERS

- OHCA Call Center  
800-522-0114 or 405-522-6205; option 1
- Internet Help Desk  
800-522-0114 or 405-522-6205; option 2, 1
- Electronic Data Interchange (EDI) Help Desk  
800-522-0114 or 405-522-6205; option 2, 2

# HELPFUL LINKS

- SoonerCare Website: [Oklahoma Health Care Authority](#)
- Medical Authorization Unit (MAU):
  - Website: [Medical Authorization Unit](#)
  - Email: [MAU@okhca.org](mailto:MAU@okhca.org)
- [Hospice PA Guidelines](#)
- [Provider Training](#)
- [Provider Enrollment](#)

# TRAINING RESOURCES

- Provider education specialists:
  - Education specialists provide education and training as needed for providers either virtually or telephonically.
  - Requests for assistance should be emailed to [SoonerCareEducation@okhca.org](mailto:SoonerCareEducation@okhca.org).
  - Requests should include the provider's name and ID, contact information and a brief description of the assistance needed.
- For immediate claims or policy assistance, please contact the OHCA provider helpline at 800-522-0114.

**QUESTIONS?**



**OKLAHOMA**  
Health Care Authority

## GET IN TOUCH

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105

[oklahoma.gov/ohca](http://oklahoma.gov/ohca)  
[MySoonerCare.org](http://MySoonerCare.org)

Agency: 405-522-7300  
Helpline: 800-987-7767

