

Chapter 11

Section 4

Hospice Reimbursement - Guidelines For Payment Of Designated Levels Of Care

Issue Date: February 6, 1995
Authority: 38 CFR 159.145g
Revision: C-6, October 20, 2017

1.0 APPLICABILITY

This policy is mandatory for reimbursement of services provided by either network or non-network providers. However, alternative network reimbursement methodologies are permitted when approved by the Defense Health Agency (DHA) and specifically included in the network provider agreement.

2.0 ISSUE

To establish procedural guidelines for reimbursement of hospice care.

3.0 POLICY

3.1 Hospice Program Reimbursement

Hospice care will be reimbursed at one of four predetermined national Medicare rates (refer to the tables in Addendums B (urban) and C (rural)) based on the type and intensity of services furnished to the beneficiary. The labor-related portions of each of these rates are adjusted by the wage index applicable to the hospice program providing the care (refer to [paragraph 3.1.2](#), for further explanation). A single rate is applicable for each day of care except for continuous home care where payment is based on the number of hours of care furnished during a 24-hour period.

3.1.1 Levels Of Reimbursement

TRICARE will use the national Medicare hospice rates for reimbursement of each of the following levels of care provided by or under arrangement with an approved hospice program:

3.1.1.1 Routine Home Care (RHC)

The hospice will be paid an RHC rate for each day the patient is at home, under the care of the hospice, and not receiving continuous care. Payment for RHC (i.e., revenue code 6510) will be based on the geographic location at which the service is furnished as opposed to the location of the hospice.

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