



April 27, 2021

Dear Valued Provider,

This provider bulletin services as a reminder that Aetna Better Health® of Illinois follows the HFS guidelines set in place for Hospice Providers.

When billing hospice services, please remember that your covered days should match your statement days and your total unit count should not include discharge date.

As a reminder the discharge date also should not be included in your total number of days when billing value code 80.

Your claims will not adjudicate appropriately if you are **not** billing as directed in the Illinois Association of Medicaid Health Plans' guidelines.

For your reference, IAMHP has posted the billing guidelines on their website www.iamhp.net, the guidelines can be found [here](#).

See page 103 of the IAMHP Comprehensive Billing Manual, a snippet can be found below.

Form Locator Field	Explanation	Completion Needed	Comments
39-41	Value Codes	Required	<p>80=must equal covered days 81=any non-covered days</p> <p>G8=plus CBSA code where services were rendered for inpatient services (rev code 0655/0656) (right justified and to the left of the dollar/cent delimiter)</p> <p>61=plus CBSA code in location of where services were rendered for routine home care or continuous home care (rev codes 0651 and 0652). Right justified and left of the dollar/cents delimiter</p> <p>66= spend down liability with a dollar amount</p>

Thank you for your continued partnership.

Sincerely,

Aetna Better Health of Illinois