

Palliative Care

CAP/C Billing for Hospice Providers

CAP Billing Information

- Submit Claims on CMS 1500 (837-P)
- Hospice Providers must enroll as CAP providers to bill for Palliative Care
- Provider Enrollment Information
 - Application Available Online: www.nctracks.gov
 - Call Center 1-866-844-1113
- Bill Usual and Customary Rate for Services

Procedure Codes for Palliative Care

S5108	Home care training to home care client, per 15 minutes	Palliative Care – Expressive Therapy
S5110	Home care training, family; per 15 minutes	Caregiver Training and Education
S5111	Home care training, family; per session; per visit, one time only	Palliative Care – Bereavement Counseling

Qualifications of Staff

- Licensed Clinical Social Worker (LCSW)
- Licensed Professional Counselor (LPC)
- Licensed Psychologist
- Experience working with clients with life limiting illnesses and their families

Expressive Therapist Qualifications

- Art Therapist
 - Masters Degree in Art Therapy, Art Education, or Psychology
- Music Therapist
 - Bachelor's Degree in Music Therapy
 - National Association for Music Therapy

Required Information on CAP Claims

- Recipient Name
- Medicaid ID (MID)
- Patient Account Number
- Provider Name
- National Provider Identifier (NPI)
- Billing Address
- Billing Taxonomy

- North Carolina
- Electronic Claims Subm
- Recipient Eligibility Veri
- Main Menu
 - Claims Entry
 - Dental
 - CMS-1500
 - UB
 - List Management
 - Reports
 - Claim Submission
 - Reference Materials
 - Recipient Eligibility

CMS-1500

Selection Criteria

Claim Type: CMS-1500 Claim ID: New

Save Cancel
Delete

Recipient Information

Recipient Last Name:

Recipient First Name:

Medicaid ID:

Date Field:

Recipient Date of Birth:

Patient weight (lbs):

Patient Account Number:

Medical Record Number:

Post OP from Date:

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Provider Information

Provider Last Name or Organization Name:	<input type="text"/>	...	Provider First Name:	<input type="text"/>
Medicaid Provider Number:	<input type="text"/>		National Provider ID:	<input type="text"/>
Billing Address:	<input type="text"/>		Billing Taxonomy:	<input type="text"/>
Billing State:	<input type="text"/>		Billing City:	<input type="text"/>
Referring Physician Provider No: (Carolina Access Physician Number)	<input type="text"/>		Billing ZIP:	<input type="text"/>
			CLIA Number:	<input type="text"/>

Required Information on CAP Claims, Continued

- Diagnosis Code(s)
- Place of Service (Home)
- Date of Service
- HCPCS Code
- Modifier (if applicable)
- Units
- Charge

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CMS-1500 Insurance Detail

Add/Edit Other Insurance

No Other Insurance

Diagnosis Codes

Principal: ...

Additional	1	<input type="text"/>	...	2	<input type="text"/>	...	3	<input type="text"/>	...	4	<input type="text"/>	...	5
	6	<input type="text"/>	...	7	<input type="text"/>	...	8	<input type="text"/>	...	9	<input type="text"/>	...	10
	11	<input type="text"/>	...										

CMS-1500 Detail

Add/Edit Details

