

Network Notification – Humana Healthy Horizons in Indiana

Notice date: October 15, 2025
To: Humana Healthy Horizons® in Indiana provider network for Indiana PathWays for Aging
From: Humana Healthy Horizons in Indiana
Subject: Hospice provider notification

Hospice services

The purpose of the Hospice Authorization Notice for Dually Eligible Medicare/Medicaid Form is to enroll nursing facility residents who elect the Medicare hospice benefit in the Medicaid benefit to ensure payment of room and board services, as required under 405 IAC 1-16-4.

The hospice provider understands that the only time this enrollment form must be completed again is **if the individual re-elects hospice care following a hospice discharge or hospice revocation**. With the primary hospice nurse's signature on the bottom of this form, the hospice provider certifies that all medical documentation is complete according to the Medicare Conditions of Participation for Hospice Care and Medicaid program guidelines, and that all required Medicaid forms are included in the patient's medical chart with the hospice agency and contracted nursing facility.

Notification of hospice does not impact how a hospice provider bills for services rendered.

When billing for services rendered, please use the correct level of care for the member.

If you have additional questions or concerns, please refer to the Indiana Health Coverage Programs (IHCP) hospice provider module or contact your dedicated provider engagement representative.

Hospice services duals (Medicare/Medicaid) nursing facility residents

Hospice notification

Notification of hospice services is required when a member is moved to hospice care in a facility.

Changes in hospice levels-of-care (LOC) do not require notification.

Humana Healthy Horizons in Indiana is a Medicaid Product of Arcadian Health Plan, Inc.

737012IN0525 INHML2QEN

Humana Healthy Horizons in Indiana requires the following documentation for notification of hospice services:

- A complete IHCP universal prior authorization form, found at [Humana.com/INPA](https://www.humana.com/INPA)
 - Under the signature line of the IHCP universal prior authorization form, please enter the nursing facility name, National Provider Identifier (NPI) and Tax ID number
- Hospice election form

Humana Healthy Horizons requires the following Current Procedural Terminology (CPT®)/Healthcare Common Procedure Coding System (HCPCS) codes:

Notification of:	Notification type is:	If revenue code is:	Then use CPT code:
Hospice room and board only for dual-members	Outpatient	0659*	T2046

*As a reminder, please only bill 0659, hospice nursing facility room and board, for dual-eligible members.

Hospice services non-duals (Medicaid only) members in a nursing facility

Hospice notification

Notification of hospice services is required when a member is moved to hospice care in a facility.

Notification is required for hospice services for the non-dual (Medicaid only) nursing facility resident so Humana Healthy Horizons may pay the hospice per diem and the nursing facility room and board services.

Changes in hospice levels-of-care (LOC) do not require notification.

Humana Healthy Horizons requires the following documentation for notification of hospice services:

- A complete IHCP universal prior authorization form, found at [Humana.com/INPA](https://www.humana.com/INPA)
 - Under the signature line of the IHCP universal prior authorization form, please enter the nursing facility name, NPI and Tax ID number
- Hospice election form

Humana Healthy Horizons requires the following CPT/HCPCS codes:

Notification of:	Notification type is:	If revenue code is:	Use CPT code:
Routine hospice care delivered in a nursing facility	Outpatient	0650	T2046
Continuous home hospice care delivered in a nursing facility	Outpatient	0658	T2043

Hospice service at home

Hospice notification

Notification of hospice services is required when a member is moved to hospice care in a member's residence/home.

Humana Healthy Horizons requires the following documentation for notification of hospice services at the member's residence/home:

- A complete IHCP universal prior authorization form, found at [Humana.com/INPA](https://www.humana.com/INPA)
- Physician certification

Please note: At the time of hospice-at-home admission, Humana Healthy Horizons opens a notification case in our system when a hospice notification is submitted. Please include the CPT code for the hospice level of care the patient had at admission and use the appropriate revenue code for billing. Changes in hospice levels-of-care (LOC) do not require notification.

Humana Healthy Horizons requires the following CPT/HCPCS codes:

Notification of:	Notification type is:	If revenue code is:	Use CPT code:
Hospice routine home care	Outpatient	0651	T2042
Hospice continuous home care	Outpatient	0652	T2043

Hospice billing

Billing hospice service duals (Medicare/Medicaid) for a member in a nursing facility

Hospice providers should bill revenue code 0659 for dual members (Medicare/Medicaid).

Billing hospice service for non-dual (Medicaid only) for a member in a nursing facility

Hospice providers should bill revenue code 0650 and 0658 for non-dual (Medicaid only):

Revenue code	IHCP description	Explanation
0650	Routine hospice care delivered in a nursing facility	Used for billing routine home hospice care delivered in a nursing facility
0658	Continuous home hospice care delivered in a nursing facility	Used for billing continuous home hospice care delivered in a nursing facility

When billing revenue codes 0650 or 0658, the daily rate for the hospice per diem and the daily rate for the room and board should be included in the billed amount.

Please note: For Medicaid-only members in hospice care, recertification notification updates are required for Period I, II, III (90 days, 90 days, 60 days); notifications are left open-ended after Period IV.

Additional forms can be found on IHCP's [website](#).

When appropriate, please complete and submit the Medicaid Hospice Revocation form, Medicaid hospice discharge form, change in status of Medicaid hospice patient, and change in hospice provider form to Humana Healthy Horizons so that we can update our system. Please fax your completed form to 502-324-6376.



If you have questions or need assistance, please email INMedicaidProviderRelations@humana.com or call Provider Services at 866-274-5888 (TTY: 711), Monday – Friday, 8 a.m. – 8 p.m., Eastern time.