PriorityHealth

MEDICAL POLICY
No. 91520-R6

HOSPICE CARE

Effective Date: November 29, 2017	**Review Dates: 12/06, 8/07, 8/08, 8/09, 8/10, 8/11, 8/12, 8/13, 8/14, 8/15, 8/16, 8/17, 8/18**
Date Of Origin: December 13, 2006	**Status: Current**

I. POLICY/CRITERIA

A. Hospice care is a covered benefit for terminal conditions (defined as: if the natural course of the disease is followed, it would lead to a life expectancy of six months or less) as follows:

1. Home hospice care: Routine intermittent skilled hospice services are covered in the member's home for the member and his/her family.
2. Hospice care in a nursing home or residential facility, including hospice facilities: Routine intermittent skilled hospice services are covered. Room and board is not a covered benefit.
3. Inpatient care: Short-term inpatient care is covered when necessary for skilled nursing needs that cannot be provided in other settings. Inpatient hospice care provided either in an acute care facility, hospice facility, or skilled nursing facility is subject to the "Skilled Nursing/Rehabilitation/ Inpatient Hospice" benefit maximum days. Prior authorization is required.
4. Respite care is a covered benefit limited to 5 days per 90 day period. The service can be provided at a skilled nursing facility, hospital or hospice facility.

B. Other Hospice Services

The following services are not skilled nursing care services and are not a covered benefit if billed, but may be included in the per diem agreement with the hospice organization.

1. Bereavement counseling
2. Pastoral counseling
3. Homemaker or caretaker services, and any services or supplies not solely related to the care of the member, including, but not limited to, sitter or companion services for the member who is ill or other members of the family, transportation, housecleaning, and maintenance of the house.
4. Custodial care without a skilled need.

C. Non-Covered Services

1. Funeral arrangements
2. Financial or legal counseling

3. Room and board charges in facilities, including nursing homes and hospice facilities, unless there are skilled nursing needs as defined in section A3.

II. HOSPICE CARE FOR MEDICAID/HEALTHY MICHIGAN PLAN MEMBERS

A. Coverage

Priority Health provides benefits for necessary hospice care in either an inpatient or outpatient setting. Hospice is a health care program designed to meet the needs of terminally ill individuals when the individual decides that the physical and emotional toll of curative treatment is no longer in their best interest. These individuals choose palliative care, which is not a cure, but ensures comfort, dignity, and quality of life. Hospice care is intended to meet the full range of needs of the individual with a terminal illness, while also considering family needs. Care should be consistent with the individual's values.

The focus of hospice programs is to enable terminally ill patients to remain, for as long as they can, in the familiar surroundings of their home.

Hospice care is not necessarily appropriate for everyone who has a terminal illness. In order to qualify for entry into a hospice program, the patient, the family and the attending physician must all accept the inevitability of the death process and relinquish all prospects of medical treatment that might aggressively prolong life, including artificial life support systems.

B. Benefit Language

Hospice care is covered when a physician informs Priority Health that you are terminally ill and you could benefit from hospice services. Inpatient Hospice care, must be prior authorized. Routine Home Hospice Care for Medicaid/Healthy Michigan Plan members beyond 182 days also requires prior authorization.

The decision to cover inpatient hospice services will be based on our determination of medical/clinical necessity and appropriateness.

C. Covered Services

1. General inpatient care is covered when necessary for skilled nursing needs that cannot be provided in other settings. For the purposes of the hospice benefit management of intractable pain related to a terminal condition is considered a skilled nursing need. (Please see later section for examples of

skilled nursing services.) General inpatient care is defined as short-term inpatient care provided in a hospice facility.

2. Hospice services are covered in the member's home for the member and his/her family.
3. Hospice benefits may be covered when a member resides in an acute care facility, hospice facility or skilled nursing facility (SNF) if it is prior authorized by Priority Health. That stay must also meet skilled nursing criteria to be covered.
4. If the beneficiary is eligible for hospice but does not have a family or friends to provide the necessary home care, the beneficiary may live in a residential setting such as an Adult Foster Care, boarding home, Home for the Aged or assisted living facility. Medicaid does not pay for room and board in these settings.
5. If the beneficiary lives in a SNF because there is no family member or friend who can provide the necessary care in the home, room and board is reimbursed to Hospice at 95% of the Medicaid rate.
6. All core services determined by Michigan Medicaid provided by a Hospice Care agency.
7. Physician services for consultation and case management.
8. Inpatient Respite Care
   Inpatient respite care is defined as short-term inpatient care to relieve the primary caregiver(s) providing at-home hospice care for the beneficiary. Hospice care may be provided in a hospice-owned nursing facility, hospital, or nursing facility meeting hospice standards for staffing and patient areas. The length of stay may not exceed five consecutive days.

D. Limitations

Based on hospice eligibility criteria, the duration of hospice services is generally six months or less. A change in the member's prognosis could eliminate the need for hospice care. A member may cancel his enrollment in the hospice at any time and without cause.

E. Non-Covered Services

1. Funeral arrangements
2. Bereavement and pastoral counseling (are not reimbursable separately, they are part of the Hospice per diem rate)
3. Financial or legal counseling
4. Homemaker or caretaker services, and any services or supplies not solely related to the care of the member, including, but not limited to, sitter companion services for the member who is ill or other members of the family, housecleaning, and maintenance of the house. Aides are part of the Medicaid Hospice services in addition to Core services.
5. Custodial care without a skilled need.

F. Skilled Nursing Services

The purpose of this section is to clarify what are considered skilled needs versus non-skilled needs.

Examples of skilled nursing services include:

1. Overall management and evaluation of a complex care plan.
2. Observation and assessment of the patient's changing condition.
3. Patient education services to teach self-maintenance or self-administration of care.
4. Intravenous, intramuscularly or subcutaneous injections (self-administered injections, e.g., insulin, do not require skilled services).
5. New intravenous, Levine tube, or gastrostomy feedings to teach patient or non-medical caregiver appropriate maintenance plan.
6. Nasopharyngeal and tracheotomy aspiration.
7. Insertion and sterile irrigation and replacement of catheters.
8. Application of dressings involving prescription medications and aseptic techniques.
9. Treatment of extensive decubitus ulcers or other widespread skin disorder.

Examples of non-skilled services include, but are not limited to:

1. Administration of routine medications, eye drops, and ointments.
2. General maintenance care of colostomy and ileostomy.
3. Routine services to maintain satisfactory functioning of indwelling bladder
4. Changes of dressings for non-infected postoperative or chronic conditions.
5. Prophylactic and palliative skin care, including bathing and application of creams or treatment of minor skin problems.
6. Routine care of incontinent patients, including use of diapers and protective sheets.
7. General maintenance care in connection with a plaster cast.
8. Routine care in connection with braces and similar devices.
9. Use of heat as a palliative and comfort measure, such as whirlpool and hydrocollator.
10. Routine administration of medical gases after a regimen of therapy has been established.
11. Assistance in dressing, eating, and going to the bathroom.
12. Periodic turning and repositioning in bed.
13. General supervision of exercises that have been taught to the patient, including the carrying out of maintenance programs through the performance of repetition exercises to improve gait or maintain strength or endurance.
14. Custodial care.

III. HOSPICE CARE FOR MEDICARE MEMBERS

Medicare hospice benefit information can be found @ http://phin.internal.priority-health.com/insideph/dept/senior-markets/operations/medicare-cs/medicare-benefits/h/hospice-coverage. Additional resources can be accessed from this link.

IV. MEDICAL NECESSITY REVIEW

☒ Required for inpatient hospice care ☐ Not Required ☐ Not Applicable
☒ Required for Medicaid members for Routine Home Hospice after 182 days

V. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- **HMO/EPO:** ***This policy applies to insured HMO/EPO plans.***
- **POS:** ***This policy applies to insured POS plans.***
- **PPO:** ***This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.***
- **ASO:** ***For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.***
- **INDIVIDUAL:** ***For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.***
- **MEDICARE:** ***Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.***
- **MEDICAID/HEALTHY MICHIGAN PLAN:** ***For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.***

VI. BACKGROUND

Hospice is a concept of care that involves health professionals and volunteers who provide medical, psychological, and spiritual support to terminally ill patients and their loved ones. Hospice stresses quality of life—peace, comfort, and dignity. A principal aim of hospice is to control pain and other symptoms so the patient can

remain as alert and comfortable as possible. Hospice services are available to persons who can no longer benefit from curative treatment; the typical hospice patient has a life expectancy of 6 months or less. Hospice programs provide services in various settings: the home, hospice centers, hospitals, or skilled nursing facilities. Patients' families are also an important focus of hospice care, and services are designed to provide them with the assistance and support they need. (National Cancer Institute).

The National Hospice and Palliative Care Organization (NHPCO) reports the following for 2014: an estimated 1.6 to 1.7 million patients in the United States received hospice services; median length of hospice service was 17.4 days, average length of stay was 71.3 days; 58.9% of hospice patients died at "home" (private residence, nursing home or residential facility), 31.8% at hospice inpatient facility and 9.3% in a hospital; 63.4% of hospice admissions were for non-cancer diagnoses.

VII. CODING INFORMATION

For UB92 billing format

Revenue Codes:

0551 Skilled Nursing - Visit Charge *(Pre-hospice visit-commercial plans only)*
0561 Medical Social Services - Visit Charge

0651 Hospice Service - Routine Home Care (per diem) – *auth required after 182 days for Medicaid)*
0652 Hospice Service - Continuous Home Care (per hour)
0657 Hospice Service - Physician Services *(Hospice Physician Service, bill with appropriate E&M CPT code; excludes routine management by hospice physician which is included in per diem reimbursement.)*

Authorization required:

0655 Hospice Service - Inpatient Respite Care
0656 Hospice Service - General Inpatient Care (Non-Respite)
0658 Hospice Service - Room & Board - Nursing Facility

Not payable

0690 Pre-hospice/Palliative Care Service - General
0691 Pre-hospice/Palliative Care Service - Visit Charge
0692 Pre-hospice/Palliative Care Service - Hourly Charge
0693 Pre-hospice/Palliative Care Service - Evaluation
0694 Pre-hospice/Palliative Care Service - Consultation and Education
0695 Pre-hospice/Palliative Care Service - Inpatient Care
0696 Physician Services
0697 Reserved for Use by the NUBC
0698 Reserved for Use by the NUBC
0699 Pre-hospice/Palliative Care Service - Other

VIII. REFERENCES

National Cancer Institute
http://www.cancer.gov/cancertopics/factsheet/Support/hospice (September 18, 2008)
National Hospice and Palliative Care Organization
http://www.nhpco.org/files/public/Statistics_Research/NHPCO_facts-and-figures_Nov2007.pdf (September 18, 2008 & June 20,2011) & @ http://www.nhpco.org/sites/default/files/public/Statistics_Research/2013_Facts_Figures.pdf (Retrieved June 11, 2014)
NHPCO's Facts and Figures *Hospice Care in America 2015 Edition@ https://www.nhpco.org/research* (Retrieved June 29, 2017)