

HOSPICE CARE**Effective Date:** May 7, 2020**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, 8/19, 8/20,
8/21, 8/22, 8/23, 8/24**Date Of Origin:** December 13, 2006**Status:** Current**I. POLICY/CRITERIA****A. Hospice Care**

Hospice care, defined as if the natural course of the disease is followed it would lead to a life expectancy of six months or less, is a covered benefit for terminal conditions 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:
 1. Routine intermittent skilled hospice services are covered.
 2. Room and board is not a covered benefit.
3. Short-term inpatient care is covered when necessary for skilled nursing needs that cannot be provided in other settings. Inpatient hospice care provided in an acute care facility, hospice facility, or skilled nursing facility is subject to the "Skilled Nursing/Rehabilitation/Inpatient Hospice" benefit maximum days when applicable.
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. Custodial care without a skilled need.
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. Pastoral counseling

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 I.A.3.

D. Medicaid/Healthy Michigan Plan Members

Priority Health provides benefits for necessary hospice care in either an inpatient or outpatient setting. Hospice care is covered when a physician informs Priority Health that a member is terminally ill and he/she could benefit from hospice services. The decision to cover inpatient hospice services will be based on Priority Health's determination of medical/clinical necessity and appropriateness.

1. Covered Services

- a. 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.
- b. Hospice services are covered in the member's home for the member and his/her family.
- c. 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.
- d. If the member is eligible for hospice but does not have a family or friends to provide the necessary home care, the member 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.
- e. If the member 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.
- f. All core services determined by Michigan Medicaid provided by a Hospice Care agency.
- g. Physician services for consultation and case management.
- h. 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.

2. Non-Covered Services

- a. Bereavement and pastoral counseling (are not reimbursable separately, they are part of the Hospice per diem rate)
- b. Custodial care without a skilled need.
- c. Financial or legal counseling
- d. Funeral arrangements
- e. 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.

3. 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 their enrollment in the hospice at any time and without cause.

4. 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:

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

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

- a. Administration of routine medications, eye drops, and ointments.
- b. Assistance in dressing, eating, and going to the bathroom.
- c. Custodial care.
- d. General maintenance care of colostomy and ileostomy.
- e. 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.

- f. Routine services to maintain satisfactory functioning of indwelling bladder.
- g. Changes of dressings for non-infected postoperative or chronic conditions.
- h. General maintenance care in connection with a plaster cast.
- i. Periodic turning and repositioning in bed.
- j. Prophylactic and palliative skin care, including bathing and application of creams or treatment of minor skin problems.
- k. Routine care of incontinent patients, including use of diapers and protective sheets.
- l. Routine administration of medical gases after a regimen of therapy has been established.
- m. Routine care in connection with braces and similar devices.
- n. Use of heat as a palliative and comfort measure, such as whirlpool and hydrocollator.

E. MEDICARE MEMBERS

Medicare hospice benefit information and additional resources can be accessed from this link:

<https://www.medicare.gov/coverage/hospice-care>

II. MEDICAL NECESSITY REVIEW

Prior authorization for certain drug, services, and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service, or procedure is medically necessary. For more information, please refer to the [Priority Health Provider Manual](#).

III. 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) and/or the Evidence of Coverage (EOC); 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.*

IV. 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.

V. CODING INFORMATION

For UB92 billing format

Revenue Codes:

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

- 0651 Hospice Service - Routine Home Care (per diem)
- 0652 Hospice Service - Continuous Home Care (per hour)
- 0655 Hospice Service - Inpatient Respite Care
- 0656 Hospice Service - General Inpatient Care (Non-Respite)
- 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.*)
- 0658 Hospice Service - Room & Board - Nursing Facility

HCPCS Codes:

- Q5001 Hospice or home health care provided in patient's home/residence
- Q5002 Hospice Care provided in assisted living facility

- Q5003 Hospice Care provided in nursing long-term care facility (LTC) or nonskilled nursing facility (NF)
- Q5004 Hospice care provided in skilled nursing facility (SNF)
- Q5005 Hospice care provided in inpatient hospital
- Q5006 Hospice care provided in inpatient hospice facility
- Q5007 Hospice care provided in long-term care facility
- Q5008 Hospice care provided in inpatient psychiatric facility
- Q5009 Hospice or home health care provided in place not otherwise specified (NOS)
- Q5010 Hospice home care provided in a hospice 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

VI. REFERENCES

- Centers for Medicare and Medicaid Services. Hospice. Available at <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospice>. (Accessed June 14, 2024).
- Michigan Department of Health and Human Services. Medicaid Provider Manual. Version April 1, 2024.
- National Hospice and Palliative Care Organization
NHPCO's Facts and Figures Hospice Care 2023 Edition@
<https://www.nhpc.org/hospice-care-overview/hospice-facts-figures/>
(Accessed August 26, 2024).

AMA CPT Copyright Statement:

All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion.

Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

The name "Priority Health" and the term "plan" mean Priority Health, Priority Health Managed Benefits, Inc. and Priority Health Government Programs, Inc.