



Hospice Services

Last Revision/Review Date: November 14, 2018

P&P # C.12.01

A. Documentation Required

To facilitate the authorization process referral requests must include the following:

1. Documentation that the individual's medical prognosis includes a life expectancy of six months or less if the terminal illness runs its normal course.
2. Specific clinical findings and other related documentation supporting a life expectancy of six months or less.

B. Criteria for Medical Necessity

Hospice services are medically necessary if **ALL** the following criteria are met:

1. Treating physician and the hospice Medical Director both certify terminal illness with a life expectancy of six months or less.; **AND**
2. The prescribed plan of care does not include any potentially curative treatment for the terminal illness; **AND**
3. The hospice services are provided by a certified/accredited agency, with care available 24 hours per day, seven days per week.

Covered hospice services: When the above criteria are met, the following hospice care services are generally considered to be part of the hospice treatment plan and to be included in the agreed-upon contracted or negotiated rates as approved by Medical Management Department:

- Physician services
- Intermittent skilled nursing services
- Home health aide services
- Physical and/or occupational therapy
- Speech therapy services to address dysphagia/feeding therapy
- Medical social services
- Counseling services (e.g. pastoral and bereavement)
- Short-term inpatient care
- Prescription drugs for symptom control and pain relief, and prescribed drugs that relate to the hospice diagnosis
- Durable medical equipment
- Consumable medical supplies (e.g. bandages, catheters) used by the hospice team, according to the terms and requirements of the member's benefit certificate

Levels of hospice service coverage: When a member meets criteria for initial hospice services, and with each subsequent review, the RN case manager determines and authorizes coverage for the appropriate level of hospice services, based on review of information provided by the hospice agency involved (**see Appendix A for details of RN case manager role and the four levels of coverage**). The RN case manager will review the level of hospice care that is appropriate at least monthly.

NOTE:

- 1) Eligibility for, or election of, hospice services does not require the patient have a do-not-resuscitate order, a living will, or that any specific intervention such as tube-feedings, transfusions, or chemotherapy be terminated.
- 2) Coverage under hospice may continue beyond six months, if the treating physician recertifies terminal illness.
- 3) Concurrent enrollment in clinical trials does not automatically disqualify a patient from receiving hospice services. Requests will be evaluated on a case by case basis and discussed with the Medical Director.

C. Indications considered Not Medically Necessary as Hospice Care: *(Not an all-inclusive list)*

1. Services for individuals no longer considered terminally ill.
2. Services, supplies or procedures that are directed towards curing the terminal condition.
3. Services to primarily aid in the performance of activities of daily living.
4. Nutritional supplements, vitamins, minerals and non-prescription drugs.
5. Medical supplies unrelated to the palliative care to be provided.
6. Services for which any other benefits apply.

NOTE: Acute services for an injury or illness not related to the terminal illness necessitating hospice services will be covered under the members medical benefits; not under the hospice benefit.

REFERENCES:

CMS Pub. 100-02 Medicare Benefit Policy Manual, Chapter 9: Coverage of Hospice Services Under Hospital Insurance, Rev. 309, 05-08-15.

Hospice Foundation of America: End-of-Life Care Resources for Professionals, Patients and Families, 2014 (<http://www.Hospicefoundation.org/providers>).

National Hospice and Palliative Care Organization, 2014 (<http://www.nhpc.org>).

Shepperd S, Gonçalves-Bradley DC, Straus SE, Wee B. Hospital at home: home-based end-of-life care. Cochrane Database of Systematic Reviews 2016, Issue 2. Art. No.: CD009231. DOI: [10.1002/14651858.CD009231.pub2](https://doi.org/10.1002/14651858.CD009231.pub2).