

<b>HEALTH PLAN POLICY</b>	
<b>Policy Title:</b> Prior Authorization for Hospice Care	<b>Policy Number:</b> MUM02 <b>Revision:</b> F
<b>Department:</b> Medical Management	<b>Sub-Department:</b> Utilization Management
<b>Applies to Product Lines:</b>	
<input type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> USFHP
<input type="checkbox"/> Children's Health Insurance Plan	<input checked="" type="checkbox"/> Commercial Insured
<input checked="" type="checkbox"/> Health Insurance Exchange	<input checked="" type="checkbox"/> Non Insured Business
<input checked="" type="checkbox"/> Medicare	
<b>Origination/Effective Date:</b> 08/26/2014	
<b>Reviewed Date(s):</b>	<b>Revision Date(s):</b> 03/04/2016, 06/01/2017, 09/20/2018, 01/16/2020, 12/21/2020, 12/09/2021

**SCOPE:**

The purpose of this policy is to establish guidelines for the authorization of hospice care in outpatient, inpatient and respite care settings for the members that are terminally ill.

**DEFINITIONS AND ACRONYMS:**

- **Hospice care** – Hospice care is a team-oriented approach for patients with life limiting illness or injury, which includes expert medical care, pain management, emotional, and spiritual support tailored to patient's needs and wishes.

**POLICY:**

A. **Requirements for prior authorization** - The member's physician must submit:

- Attending physician statement that member has a terminal illness with life expectancy of six (6) months or less.
- Written certification statement from the medical director of the hospice. Initially, a verbal acceptance of care is permitted, but must be followed by written certification within five (5) business days.
- Primary hospice diagnosis.

B. **Outpatient hospice care** - Services include:

- skilled nursing,
- physician services,
- counseling,
- home health aide services,
- durable medical equipment,
- medications,
- physical therapy, occupational therapy and speech therapy for symptom control or to maintain basic functional skills

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The utilization management nurse may authorize outpatient services in six months increments except when hospice services are requested for the following diagnoses:

- Failure to Thrive
- Alzheimer's Disease
- Dementia

The request for above diagnoses is submitted to chief medical officer or designee for review and determination.

**C. Inpatient hospice care** – Inpatient hospice care is reserved for :

- Acute symptom control
- Acute pain management
- Imminent death

The utilization management nurse may authorize up to a maximum of five inpatient days with supporting clinical documentation, and stays beyond five days must be referred to chief medical officer or designee for review and determination.

**D. Respite care and hospice**

Respite care may be authorized to provide relief for family members or other persons caring for the member under outpatient hospice care. The utilization management nurse may authorize a maximum of five days in an inpatient facility.

**REFERENCES:**

- National Hospice and Palliative care organization
- TRICARE Reimbursement Manual 6010.61-M, April 1, 2015

**RELATED DOCUMENTS:**

None

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**REVISION HISTORY:**

<b>Revision</b>	<b>Date</b>	<b>Description of Change</b>	<b>Committee</b>
New	08/26/2104	Initial Release	Board of Directors
A	03/04/2016	Yearly review – updated to current template. Added all product lines. Made minor edits to grammar.	Board of Directors
B	06/01/2017	Annual Review. Changed signatory from Anita Leal, Executive Director to Nancy Horstmann, CEO	Board of Directors
C	09/20/2018	Annual review - product lines updated	Executive Leadership
D	01/16/2020	Annual review. Updated References.	Executive Leadership
E	12/21/2020	Annual review. No change to policy content.	Executive Leadership
F	12/09/2021	Annual review. Updated reference to TRICARE reimbursement manual.	Executive Leadership