

Department:	Medical Management	Original Approval:	05/26/2015
Policy No:	MM163	Last Approval:	01/28/2022
Policy Title:	Hospice Care, Pediatric Concurrent Care, and Pediatric Palliative Care Clinical Coverage Criteria		
Approved By:	UM Medical Subcommittee		
Applicable Line(s) of Business	<input checked="" type="checkbox"/> Washington Apple Health (Medicaid) <input type="checkbox"/> Behavioral Health Services Only <input checked="" type="checkbox"/> Medicare Advantage <input checked="" type="checkbox"/> Medicare Special Needs Plan <input checked="" type="checkbox"/> Cascade Select		

This policy applies to Community Health Plan of Washington (CHPW) Apple Health Integrated Managed Care and Medicare and to Community Health Network of Washington (CHNW) Cascade Select.

Required Clinical Documentation for Review

Medical records showing the patient's problems, history, prior treatments, response to treatment, imaging and laboratory studies, details of the skilled needs, details of any specific needs related to risk/trauma/cultural etc., assessment and plan.

Background

This guideline applies to Hospice Care in multiple settings, Pediatric Concurrent Care and Pediatric Palliative Care.

Definitions

Hospice Care: Hospice is a program of care and support for people who are terminally ill. Among its major responsibilities, the interdisciplinary hospice team:

1. Manages the patient's pain and symptoms;
2. Assists the patient with the emotional and psychosocial and spiritual aspects of dying;
3. Provides needed drugs, medical supplies, and equipment;
4. Coaches the family on how to care for the patient;
5. Delivers special services like speech and physical therapy when needed;
6. Makes short-term inpatient care available when pain or symptoms become too difficult to manage at home, or the caregiver needs respite time; and

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7. Provides bereavement care and counseling to surviving family and friends.

Hospice Services: Hospice Services include services for adults and children and may be provided in Skilled Nursing Facilities/Nursing Facilities, hospitals, hospice care centers and the member's place of residence. Hospice services include Pediatric Concurrent Care and Pediatric Palliative Care.

Pediatric Concurrent Care: The medical treatment (inpatient or ambulatory) of a terminal condition in a child. By selecting hospice or palliative care, a member age twenty years of age and younger is not required to forgo life-prolonging services that the member is entitled to under Title XIX Medicaid and Title XXI Children's Health Insurance Program (CHIP). Pediatric Concurrent Care is not limited to care that is curative and does not require prior authorization.

Pediatric Palliative Care: Pediatric Palliative Care is medical care and treatment for children age 20 years and younger who are not enrolled in Hospice and have a serious and chronic illness that requires pain relief symptom management rather than a cure. While Palliative Care may be provided by a hospice agency, it differs from Hospice Care.

The following are among the services included under Pediatric Palliative Care:

1. Hospice covered services as described in WAC 182-551-1210
2. Private duty nursing, massage therapy, physical therapy, occupational therapy, or acupuncture
3. Services related to symptom management, i.e. medications for pain, nausea, and anxiety; and equipment and related supplies
4. Ancillary services, i.e. medical transportation

Indications/Criteria

Indications/Criteria for CHPW AH-IMC, MA, and CHNW Cascade Select Members

Initial Hospice Certification Documentation to show medical necessity includes:

1. Certification requirement = a written and signed document by the member's provider certifying the member has a terminal illness with a life expectancy of six (6) months or less if the disease follows its usual course.
2. Member or member's representative or legal guardian elects to receive hospice care and agrees to hospice election statement.

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- a. Hospice election statement should include ALL of the following:
 - i. Name and address of the hospice agency providing the care;
 - ii. Documentation that the member or member's representative or legal guardian is fully informed and understands hospice care;
 - iii. An acknowledgment of the member or member's representative or legal guardian that they understand certain Medicaid and/or Medicare services are waived by the election (not applicable to children ages twenty and younger);
 - iv. The effective date of the election, which must be filed in the client's hospice medical record within two calendar days following the day the hospice care begins;
 - v. Certification of hospice eligibility by the hospice medical director/hospice physician
 - vi. Hospice provider Plan of Care (POC); and
 - vii. Signature of the member or the member's authorized representative or legal guardian.

Updated POC Hospice election IS required for the Hospice and Concurrent Care benefit for member's age 20 years and younger.

Hospice election IS NOT required for Pediatric Palliative Care, though care can be provided by certified Hospice agencies.

Medicare Advantage Members

When Medicare Advantage members elect the Medicare Hospice Benefit, Original Medicare covers those hospice services. Neither Original Medicare nor CHPW Medicare Advantage covers room and board for hospice care for members living in a nursing home or a hospice inpatient residential facility. Facility coverage is provided by Original Medicare when under the General Inpatient benefit for members with symptoms out of control that cannot be managed in the home setting or for short general Inpatient stays when the patient is actively dying and a home death is not desired by the family for cultural/religious reasons. Original Medicare covers brief caregiver respite facility stays when approved by the hospice agency.

Medicare Hospice Coverage Options

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If the MA member elects Hospice Care with Original Medicare, then, CHPW covers the medically necessary care that is not Hospice related and Original Medicare covers the Hospice care.

If the MA member elects Hospice care through CHPW, then CHPW covers all Hospice care.

WA Apple Health Members

For criteria for clients 20 years of age and younger who request either Pediatric Hospice and Concurrent Care benefit, or the Pediatric Palliative Care benefit, select the most recent HCA Hospice Services Billing Guide from the list in the following link:

[HCA Hospice Services Billing Guide](#)

Special Considerations

For CHPW AH-IMC members 21 and older only, if the life-prolonging treatment provided by Concurrent Care includes non-covered services per WAC 182-501-0070, the provider may request an exception to rule in accordance with WAC 182-501-0160. Members under age 21 do not need to request an exception to the rule because all requests will be evaluated for medical necessity for EPSDT members.

Limitations/Exclusions

Please see link to member coverage documents below:

Line of Business	Link to Member Coverage Documents
Medicare Advantage Plans (Including D-SNP)	https://medicare.chpw.org/ Select the appropriate plan from the “Plans” drop down on the top navigation bar.
CHPW Apple Health Integrated Managed Care	https://www.chpw.org/for-members/benefits-and-coverage-imc/
CHNW Cascade Select	

List of Appendices

None.

Citations & References

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CFR	WAC 182-551-1860; WAC 182-551-1200; WAC 182-551-1530; WAC 182-501-0070; WAC 182-551-1210	
WAC		
Line of Business and Contract Citation	<input checked="" type="checkbox"/> WAHIMC	§ 1.141; § 1.177; § 11.1; § 11.4; § 5.19.3.3.7; § 16.5.1; § 17.1.10.19; § 17.1.25; § 17.1.26; § 17.1.26.1
	<input type="checkbox"/> BHSO	
	<input checked="" type="checkbox"/> MA	Medicare Managed Care Manual (MMCM) CH 4 Benefits & Beneficiary Protections Section 110.1.1 and 40.1.1; Part C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance Section 10.4.2 Local Coverage Determination (LCD): HOSPICE - Determining Terminal Status (L33393)
	<input checked="" type="checkbox"/> CS	
Other Requirements		
NCQA Elements	UM 2, UM	
References		

Revision History

Revision Date	Revision Description	Revision Made By
05/19/2015	Created	Kate Brostoff, MD
05/26/2015	Approved	MMLT
06/06/2016	Updated language to 2016 AH Contract; links and references checked	Kate Brostoff, MD
06/28/2016	Approved	MMLT
06/14/2017	Updated definitions and coverage to align with	Cyndi Stilson, RN
06/15/2017	Changed 'means' to 'is' under Pediatric Palliative Care definition	LuAnn Chen, MD
06/16/2017	Approval	MMLT
04/07/2018	Updated HCA Billing Link. Removed all references to Prior Auth as no longer required. Clarified that pediatric concurrent care does is not limited to curative services.	Justin Fowler, RN
04/20/2018	Transferred to new template; changed from UM326 to MM326	Cindy Bush
04/24/2018	Clarified definitions of Hospice, Palliative and Concurrent Care. Waiving of services is not	LuAnn Chen, MD

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	applicable to children. Removed all reference to prior authorization for concurrent care. Updated links for the HCA hospice billing guide.	
4/25/2018	Approval	UM Medical Subcommittee
02/24/2019	Added information about Medicare members being able to elect hospice care either through Original Medicare or through CHPW.	LuAnn Chen, MD
03/01/2019	Approval	UM Medical Subcommittee
02/12/2020	WAH-IMC and MA Contract Citations updated	LuAnn Chen, MD
02/13/2020	Approval	UM Medical Subcommittee
04/03/2020	Added required documentation	LuAnn Chen, MD
04/09/2020	Approval	UM Medical Subcommittee
03/08/2021	Clarified that ETR only applies to AH-IMC members 21 and older and is not needed for EPSDT members.	LuAnn Chen, MD
03/11/2021	Approval	UM Medical Subcommittee
01/14/2022	Updated citations.	LuAnn Chen, MD
01/28/2022	Approval	UM Medical Subcommittee

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