

HEALTH PLAN POLICY	
Policy Title: Prior Authorization for Hospice Care	Policy Number: MUM02 Revision: G
Department: Medical Management	Sub-Department: Utilization Management
Applies to Product Lines:	
<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	
Origination/Effective Date: 08/26/2014	
Reviewed Date(s):	Revision Date(s): 03/04/2016, 06/01/2017, 09/20/2018, 01/16/2020, 12/21/2020, 12/09/2021, 12/14/2022

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:

Revision	Date	Description of Change	Committee
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
G	12/14/2022	Annual review. No changes to policy.	Executive Leadership