

HEALTH PLAN POLICY

Title: Authorization for Hospice Care

Number: MUM02

Revision: H

- Medications
- Physical Therapy, Occupational Therapy and Speech Therapy for symptom control or to maintain basic functional skills

The Utilization Management Nurse may authorize outpatient services in six-month increments except when hospice services are requested for the following diagnoses:

- Failure to Thrive
- Alzheimer's Disease
- Dementia

The request for the above diagnoses is submitted to the licensed and board-certified Medical Director 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 the licensed and Board-certified Medical Director 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. Requests for additional days must be referred to the licensed, Board-certified Medical Director or designee for review and determination.

REFERENCES:

- National Hospice and Palliative Care Organization, [Regulatory & Compliance Center | NHPCO](#)
- 2021 TRICARE Reimbursement Manual, T5 Edition

RELATED DOCUMENTS:

None

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REVISION HISTORY:

Revision	Date	Description of Change	Approval 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
H	05/13/2024	Annual review. Updated definitions, references, and formatting. Added verbiage in section B, C, and D for clarity.	Executive Leadership