HEALTH PLAN POLICY				
Title: Prior Authorization for Hospice Care	Number: MUM02 Revision: H			
Department:Medical ManagementSub-Department:Utilization Mana				
Applicable Lines of Business: Children's Health Insurance Plan Medicare				
	Insured Insured Business			
⊠ Health Insur	ance Exchange 🛛 USFHP			
□ Medicaid				
Effective Date: 08/26/2014				
Revision Date(s): 03/04/2016, 06/01/2017, 09/20/2018, 01/16/2020, 12/21/2020, 12/09/2021, 12/14/2022, 05/14/2023				

PURPOSE:

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:

- **Durable Medical Equipment (DME)** Refers to various types of medical equipment and supplies that are primarily used for medical purposes, are reusable, and are designed for long-term use. These items are typically prescribed by a healthcare professional to aid in the treatment or management of various medical conditions or disabilities.
- **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.
- **Prior Authorization** Health plan approval of coverage in advance to get services or certain drugs based on predetermined set of criteria.

POLICY:

- A. **Requirements for Prior Authorization** The member's physician must submit:
 - Attending physician statement that member has a terminal illness with a 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 (DME)

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, <u>Regulatory & Compliance Center | NHPCO</u>
- 2021 TRICARE Reimbursement Manual, T5 Edition

RELATED DOCUMENTS:

None

HEALTH PLAN POLICY

Title: Authorization for Hospice Care

Number: MUM02 Revision: H

REVISION HISTORY:

Revision	Date	Description of Change	Approval Committee
New	08/26/2104	Initial Release	Board of Directors
А	03/04/2016	Yearly review – updated to current template. Added all	Board of Directors
		product lines. Made minor edits to grammar.	
В	06/01/2017	Annual Review. Changed signatory from Anita Leal,	Board of Directors
		Executive Director to Nancy Horstmann, CEO	
С	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	Executive Leadership
		reimbursement manual.	
G	12/14/2022	Annual review. No changes to policy.	Executive Leadership
Н	05/13/2024	Annual review. Updated definitions, references, and	Executive Leadership
		formatting. Added verbiage in section B, C, and D for	
		clarity.	