

**Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.**

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## Hospice Services

**MP9299**

**Covered Service:** Yes

### **Prior Authorization**

**Required:** Yes

**Additional Information:** If care is emergently needed, prior authorization must be obtained on the next business day

### **WellFirst Health Medical Policy:**

- 1.0 Hospice Services requires prior authorization through the Health Services Division and are medically necessary when the following criteria are met:
  - 1.1 Physician certification of terminal illness with a life expectancy of one year or less with the understanding that prediction of life expectancy is not exact; **AND**
  - 1.2 Patient has elected to receive no curative treatment and requests medical intervention for symptom relief only
  - 1.3 Documentation of hospice eligibility may include **ANY** of the following to support medical necessity of hospice services:
    - 1.3.1 History of recent progression of the disease, including treatment and indications of disease severity, decline in functioning, or increased need for emergency room visits or hospitalization;
    - 1.3.2 Physical exam documentation that is focused on evidence of disease severity and specific disease criteria listed in the National Hospice Care Palliative Organization (NHCPPO) guidelines
    - 1.3.3 Indication of the patients physical functioning (e.g. Karnovsky Performance Status Scale score of 50% or less), ability to ambulate, and ability to complete activities of daily living
    - 1.3.4 Nutritional indicators of disease severity are recommended but no required to confirm hospice eligibility
    - 1.3.5 Mental status assessment, particularly for members with dementia
- 2.0 Short term acute inpatient hospice services **requires** prior authorization through the Health Services Division and may be considered medically necessary when the patient meets **one or more** of the following criteria:

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- 2.1 Intractable Pain when adequate pain control cannot be achieved in the home by caregivers or hospice staff
- 2.2 Other Symptom Management– Symptoms have not effectively responded to active medical management within the home or residential setting including, but not limited to
  - 2.2.1 Severe respiratory distress
  - 2.2.2 Intractable nausea and vomiting despite intravenous (IV) medication management
- 2.3 Frequent complex care required by trained personnel and documentation that any and all caregiver(s) cannot be trained to administer:
  - 2.3.1 Respiratory suctioning and/or trach care
  - 2.3.2 Parenteral medication administration
  - 2.3.3 Management of drainage from body orifices and/or fistulas
  - 2.3.4 Monitoring of unstable medical conditions that are negatively impacting quality of life, (e.g. hemorrhage, severe anemia, severe hypertension, unstable diabetes, severe electrolyte disturbances)
  - 2.3.5 Coverage for Inpatient Hospice Services under Section 2.0 is with the understanding that the inpatient hospice services will be of short duration and specifically to train the designated home caregiver. Ongoing coverage for services in the Inpatient (IP) hospice setting will be considered custodial and/or respite if there is no indication of ongoing progress in training or attempts to learn the complex care required for the patient in the home setting.
- 2.4 Active management of symptoms for patients whose death is imminent for achieving patient comfort and family coping.
- 2.5 Inpatient hospice care is not covered when the member's needs are solely for custodial care. See 4.0 for examples of custodial care
- 3.0 Respite care and residential care at a hospice inpatient facility are **not** a covered benefit in most WellFirst Health member benefit certificates.
  - 3.1 If member is enrolled in hospice programs, WellFirst Health reimburses at the current outpatient hospice per diem rate toward residential or respite services.
  - 3.2 The patient and/or family are responsible for any remaining charges.
- 4.0 Custodial care is **not** covered. Custodial care is the type of care given when the basic goal is to help a person in the activities of daily living (ADLs), which includes but is not limited to:

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- 4.1 Bathing, dressing or eating
- 4.2 Getting out of bed
- 4.3 Maintenance of bowel and bladder function
- 4.4 Preparing special diets
- 4.5 Taking medications
- 4.6 24 hr. supervision for potentially unsafe behavior related or unrelated to mental status changes
- 4.7 Ostomy care
- 4.8 Tube and gastrostomy feedings
- 5.0 In addition to standard symptom relief (e.g.: analgesics, antiemetics), the following may be considered medically necessary if the goal is medical intervention for symptom relief only and not curative:
  - 5.1 Radiation therapy
  - 5.2 Intravenous (IV) hydration
  - 5.3 Enteral nutrition
  - 5.4 Transfusion of blood products
- 6.0 The hospice care provider will aim to prevent, identify and resolve ethical dilemmas related to specific interventions, such as withholding or withdrawing treatments (including nutrition and hydration), instituting Do Not Resuscitate (DNR) orders, and the use of sedation in palliative care.
- 7.0 If the hospice patient elects to pursue any curative treatment services, the following applies:
  - 7.1 Hospice care is considered terminated immediately upon initiation of curative therapy or active treatment with investigational therapies.
  - 7.2 If the patient wishes to resume hospice care, the criteria outlined under 1.0 must be met based on re-assessment of the patient's current medical status.
- 8.0 Scheduled home visits by a Hospice Medical Director requires prior authorization through the Health Services Division and may be considered medically necessary when **ALL** of the following criteria are met:
  - 8.1 Services are unable to be provided by member's primary care provider or treating specialist; **AND**
  - 8.2 Services are unable to be provided in a clinic or hospital setting; **AND**

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8.3 Services are medically necessary to address the member's immediate care needs.

	<b>Committee/Source</b>	<b>Date(s)</b>
<b>Document Created:</b>	Medical Policy Committee/Health Services Division	April 17, 2019
<b>Revised:</b>	Medical Policy Committee/Health Services Division	August 21, 2019
	Medical Policy Committee/Health Services Division	January 15, 2020
	Medical Policy Committee/Health Services Division	February 19, 2020
	Medical Policy Committee/Health Services Division	February 17, 2021
<b>Reviewed:</b>	Medical Policy Committee/Health Services Division	August 21, 2019
	Medical Policy Committee/Health Services Division	January 15, 2020
	Medical Policy Committee/Health Services Division	February 19, 2020
	Medical Policy Committee/Health Services Division	February 17, 2021

Effective: 03/01/2021