Hospice Care (for Louisiana Only)

Guideline Number: CS147LA.E
Effective Date: July 1, 2019

Instructions for Use

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Application

This Coverage Determination Guideline only applies to the state of Louisiana.

Coverage Rationale

Hospice Care is an alternative treatment approach that is based on recognition that impending death requires a change from curative treatment to palliative care for the terminally ill individual and support for the family. For recipients under the age of 21, please check the federal, state or contractual requirements for benefits coverage.

- Palliative care focuses on treatment and relief of a life-threatening medical condition in order to help an individual and their family maintain their normal activities with minimal disruptions and with as much physical and emotional comfort as possible.
- Terminally ill is defined as a medical prognosis of limited expected survival, of six months or less at the time of referral to a hospice, of an individual who is experiencing an illness for which palliative care is appropriate.

Recipients Over Age 21 Receiving Hospice and Concurrent Care

Before using this guideline, check the federal, state or contractual requirements for benefit coverage.
Once an individual elects the hospice benefit, that individual has chosen to end curative treatment for his terminal illness. UnitedHealthcare Community Plan (UHCCP) will not pay for curative services, including drugs, relating to the treatment of the individual's terminal illness unless the individual is a child under the age of 21.

UHCCP will continue to pay for other services for illnesses not related to the terminal illness unless the individual is a child under the age of 21. Members must select a participating UHCCP Hospice. (LA)

Recipients Under Age 21 Receiving Hospice and Concurrent Care

Before using this guideline, check the federal, state or contractual requirements for benefit coverage.
Recipients under the age of 21 years are not required to forego curative treatment as a result of their hospice election and may continue to receive medically necessary covered services.

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Benefit Periods

Many states define their own benefit periods associated with claim handling. Please refer to the specific state contracts for payment information.

Covered Hospice Services

Covered services provided through hospice include core hospice services such as physician services, nursing care, medical social services, and counseling services in addition to special coverage services such as continued home care, respite care, bereavement counseling and general inpatient care. All personnel must meet applicable state and federal licensing/certification requirements.

Clinical Review

Hospice providers are expected to maintain a Hospice Certification of Terminal Illness (CTI) form and appropriate documentation of the treatment plan, available upon request. Terminally ill is defined as a medical prognosis of limited expected survival, of six months or less at the time of referral to a hospice, of an individual who is experiencing an illness for which palliative care is appropriate.

Providers may be required to submit an updated CTI form with a physician narrative documenting continued qualification for hospice services.

If an individual improves or stabilizes sufficiently over time while in hospice such that he/she no longer has a prognosis of six months or less from the most recent recertification evaluation or definitive interim evaluation, that individual should be considered for discharge from the hospice benefit. Such individuals can be re-enrolled for a new benefit period when a decline in their clinical status is such that their life expectancy is again six months or less. Individuals in the terminal stage of their illness who originally qualify for the hospice benefit but stabilize or improve while receiving Hospice Care, yet have a reasonable expectation of continued decline for a life expectancy of less than six months, remain eligible for Hospice Care.

Definitions

Check the definitions within the member benefit plan document that supersede the definitions below.

Curative Care: Medical treatment and therapies provided with the intent to improve symptoms and cure. Its focus is on curing an underlying disease and the providing medical treatments to prolong or sustain life. Examples of curative treatments are antibiotics, chemotherapy, radiation, or a cast for a broken limb. Curative treatment does not include home health services, durable medical equipment, personal care services, extended home health or contracting with another provider for the performance of these services.

Hospice Care: An integrated program that provides comfort and support services for the terminally ill. Hospice Care includes physical, psychological, social and spiritual care for the terminally ill person and short-term grief counseling for immediate family members while the Covered Person is receiving Hospice Care.

Short-Term Inpatient Care: Inpatient care may be required for procedures necessary for pain control or acute or chronic symptom management which cannot be controlled in other settings and may also be furnished to provide respites for the individual's family or other persons caring for the individual at home. Care for respite services must not exceed five days in any election period.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

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HCPCS Code	Description
T2042	Hospice routine home care; per diem
T2043	Hospice continuous home care; per hour
T2044	Hospice inpatient respite care; per diem
T2045	Hospice general inpatient care; per diem

Diagnosis Code	Description
0115	Hospice private
0125	Hospice 2 bed
0135	Hospice 3-4 bed
0145	Hospice private (deluxe)
0155	Hospice ward
0235	Hospice, incremental nursing unit
0650	Hospice general
0651	Hospice/RTN home
0652	Hospice/CTNS home
0655	Hospice IP Respite Care
0656	Hospice IP non-respite
0657	Hospice/physician
0658	Hospice room and board nursing facility
0659	Hospice other

References

Centers for Medicare & Medicaid Services Local Coverage Determination (LCD): Hospice Determining Terminal Status (L34538) at https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34538&ContrId=236&ver=3&ContrVer=2&CntrctrSelected=236*2&Cntrctr=236&name=CGS+Administrators%2c+LLC+(15004%2c+HHH+MAC)&DocType=Active%7cFuture&s=All&bc=AggAAAQAAAAAAA%3d%3d&. Accessed April 2, 2019.

Centers for Medicare & Medicaid Services Title 18, Section 1861 (dd) of the Social Security Act; Section 2302 of the Patient Protection and Affordable Care Act of 2010 at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Hospice/index.html. Accessed April 2, 2019.

Department of Health and Hospitals, Medicaid, Hospice Provider Manual, Chapter twenty-four of the Medicaid Services Manual, State of Louisiana Bureau of Health Services Financing at: http://www.lamedicaid.com/provweb1/Providermanuals/manuals/Hospice/Hospice.pdf. Accessed April 2, 2019.

Florida Administrative Code & Florida Administrative Register, Agency for Health Care Administration, Medicaid Division, Medicaid Policy Chapter, Hospice Services 59G-4.140 at: https://www.flrules.org/gateway/ruleno.asp?id=59G-4.140. Accessed April 2, 2019.

Medicare Benefit Policy Manual (Pub.100-2), Chapter 9 - Coverage of Hospice Services under Hospital Insurance at http://www.cms.hhs.gov/manuals/Downloads/bp102c09.pdf. Accessed April 2, 2019.

Medicare Claims Processing Manual (Pub. 100-4), Chapter 11 - Processing Hospice Claims at http://www.cms.hhs.gov/manuals/downloads/clm104c11.pdf. Accessed April 2, 2019.

Medicare Managed Care Manual (Pub. 100-16), Chapter 4 – Benefits and Beneficiary Protections, Section 10.2 Basic Rule at http://www.cms.gov/manuals/downloads/mc86c04.pdf. Accessed April 2, 2019.

Mississippi Division of Medicaid Administrative Code Title 23: Medicaid Part 205 Hospice Services at https://medicaid.ms.gov/wp-content/uploads/2014/01/Provider-Reference-Guide-205.pdf. Accessed April 2, 2019.

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TennCare, Division of Health Care Finance & Administration, Policy & Guidelines, TennCare Policy Manual, BEN 07-001 (Rev.7), Hospice at: https://www.tn.gov/content/dam/tn/tenncare/documents2/ben07001.pdf. Accessed April 2, 2019.

Guideline History/Revision Information

Date	Summary of Changes
04/01/2021	**Template Update** • Removed *Related Policies* and *CMS* sections • Updated *Instructions for Use*; replaced reference to "MCG™ Care Guidelines" with "InterQual® criteria"
02/01/2021	**Template Update** • Reformatted policy; transferred content to new template
11/01/2019	• Created state-specific policy version for Louisiana (no change to guidelines)

07/01/2019	**Title Change**
	• Previously titled *Hospice Care (for Florida, Louisiana, Mississippi and Tennessee)*
	Template Update
	• Reorganized policy template:
	  ○ Simplified and relocated *Instructions for Use*
	  ○ Removed *Benefit Considerations* section
	Application
	• Added language to indicate this policy applies to the states of Florida, Louisiana and Mississippi only; for the state of Tennessee, refer to the Coverage Determination Guideline titled Hospice Care (for Tennessee Only)
	Supporting Information
	• Updated *CMS* section to reflect the most current information
	• Archived previous policy version CS147.D

Instructions for Use

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this guideline, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Coverage Determination Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

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