HEALTH PLAN POLICY

<table>
<thead>
<tr>
<th>Policy Title: Prior Authorization for Hospice Care</th>
<th>Policy Number: MUM02</th>
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<tr>
<td><strong>Department:</strong> Medical Management</td>
<td><strong>Sub-Department:</strong> Utilization Management</td>
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<td>Applies to Product Lines:</td>
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<td>☉ Children’s Health Insurance Plan</td>
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<td>Origination/Effective Date: 08/26/2014</td>
<td>Revision Date(s): 03/04/2016, 06/01/2017, 09/20/2018, 01/16/2020</td>
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<td>Reviewed Date(s):</td>
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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.
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 6010.58-M, February 1, 2008 Chapter 11

**RELATED DOCUMENTS:**

None
HEALTH PLAN POLICY

Policy Title: Authorization for Hospice Care  
Policy Number: MUM02  
Revision: D

Nancy Horstmann  
Chief Executive Officer Health Plans

David Engleking, M.D.  
Medical Director Health Plans

1/27/20  
Date

1/27/20  
Date

REVISION HISTORY:

<table>
<thead>
<tr>
<th>Revision</th>
<th>Date</th>
<th>Description of Change</th>
<th>Committee</th>
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<td>New</td>
<td>08/26/2014</td>
<td>Initial Release</td>
<td>Board of Directors</td>
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<tr>
<td>A</td>
<td>03/04/2016</td>
<td>Yearly review – updated to current template. Added all</td>
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<td></td>
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<td>product lines. Made minor edits to grammar.</td>
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<tr>
<td>B</td>
<td>06/01/2017</td>
<td>Annual Review. Changed signatory from Anita Leal,</td>
<td>Board of Directors</td>
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<td></td>
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<td>Executive Director to Nancy Horstmann, CEO</td>
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<tr>
<td>C</td>
<td>09/20/2018</td>
<td>Annual review - product lines updated</td>
<td>Executive Leadership</td>
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<td>D</td>
<td>01/16/2020</td>
<td>Annual review, Updated References.</td>
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