



## Medica Central Coverage Policy

**Policy Name:** Hospice Services MP9299

**Effective Date:** 07/01/2025

### Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

### Coverage Policy

#### Hospice Services

1. Hospice Services **are covered** when the member meets **ALL** of the following:
  - a. 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**
  - b. Member has elected to receive no curative treatment and requests medical intervention for symptom relief only, **AND**
  - c. Documentation supports hospice eligibility and may include **ONE OR MORE** of the following:
    - i. 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
    - ii. Physical exam documentation that is focused on evidence of disease severity and specific disease criteria listed in the National Hospice Care Palliative Organization (NHCPO) guidelines
    - iii. Indication of the members physical functioning (e.g., Karnofsky Performance Status Scale score of 50% or less), ability to ambulate, and ability to complete activities of daily living
    - iv. Nutritional indicators of disease severity are recommended but no required to confirm hospice eligibility
    - v. Mental status assessment, particularly for members with dementia

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2. Short Term Acute Inpatient Hospice Services are covered when the member meets **ONE OR MORE** of the following criteria:
  - a. Intractable Pain when adequate pain control cannot be achieved in the home by caregivers or hospice staff
  - b. Other Symptom Management – Symptoms have not effectively responded to active medical management within the home or residential setting including, but not limited to:
    - i. Severe respiratory distress
    - ii. Intractable nausea and vomiting despite intravenous (IV) medication management
  - c. Frequent complex care required by trained personnel and documentation that any and all caregiver(s) cannot be trained to administer:
    - i. Respiratory suctioning and/or trach care
    - ii. Parenteral medication administration
    - iii. Management of drainage from body orifices and/or fistulas
    - iv. Monitoring of unstable medical conditions that are negatively impacting quality of life, (e.g., hemorrhage, severe anemia, severe hypertension, unstable diabetes, severe electrolyte disturbances)
    - v. 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 member in the home setting.
  - d. Active management of symptoms for members whose death is imminent for achieving member comfort and family coping.
  - e. 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. In addition to standard symptom relief (e.g., analgesics, antiemetics), the following services **are covered** when the goal is medical intervention for symptom relief only and not curative:
  - a. Radiation therapy
  - b. Intravenous (IV) hydration
  - c. Enteral nutrition
  - d. Transfusion of blood products
4. If the hospice member elects to pursue any curative treatment services, the following applies:
  - a. Hospice care is considered terminated immediately upon initiation of curative therapy or active treatment with investigational therapies.
  - b. If the member wishes to resume hospice care, the criteria outlined under 1.0 must be met based on re-assessment of the member's current medical status.
5. Scheduled home visits by a Hospice Medical Director are covered when **ALL** of the following criteria are met:

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- a. Services are unable to be provided by member's primary care provider or treating specialist; **AND**
- b. Services are unable to be provided in a clinic or hospital setting; **AND**
- c. Services are medically necessary to address the member's immediate care needs.

#### **Respite Care and Residential Care**

1. Respite care and residential care coverage at a hospice inpatient facility is subject to the terms, conditions, and limitations of the applicable benefit plan. In most member benefit certificates these services are excluded, therefore **not covered**.
  - a. If member is enrolled in hospice programs, the Health Plan reimburses at the current outpatient hospice per diem rate toward residential or respite services.
  - b. The member and/or family are responsible for any remaining charges.

#### **Custodial Care**

1. Custodial care (non-medical care that helps people with activities of daily living [ADLs]) is specifically excluded in most member benefit certificates, therefore **not covered**. Custodial care includes but is not limited to:
  - a. Bathing, dressing, or eating
  - b. Getting out of bed
  - c. Maintenance of bowel and bladder function
  - d. Preparing special diets
  - e. Taking medications
  - f. 24 hr. supervision for potentially unsafe behavior related or unrelated to mental status changes
  - g. Ostomy care
  - h. Tube and gastrostomy feedings

#### **Description**

- **Hospice care:** Hospice is a type of medical care and support for people who are terminally ill (with a life expectancy of 12 months or less if the illness runs its normal course) and their families. Here are some important facts about hospice:
  - The focus is on comfort (palliative care), not curing an illness.
  - Services typically include physical care, counseling, drugs, equipment, and supplies for the terminal illness and related conditions.
  - A specially trained team of professionals and caregivers provide care for the "whole person," including physical, emotional, social, and spiritual needs.
  - Care is generally given in the home.
  - Family caregivers can get support.
  - Hospice is not only for people with cancer.

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.

- **Palliative care:** Palliative care is the part of hospice care that focuses on helping people who

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are terminally ill and their families to maintain quality of life. Palliative Care attends to the physical, functional, intellectual, psychological, social, and spiritual consequences of a serious illness. Palliative care supports the member independence, access to information, and ability to make choices about health care.

- **Respite care:** Short-term care services provided to a person when their primary caregiver is absent or needs relief. Respite care can take place at home, in a health care facility, or at an adult day care center.
- **Residential care:** Residential care refers to long-term care given to an individual who stay in a residential setting rather than in their own home or family home.
- **Custodial care:** Custodial care is a type of long-term non-medical care that help individuals with chronic illnesses or disabilities with their activities of daily living (ADLs), such as bathing, dressing, walking, eating, using the bathroom, and getting in and out of bed. Custodial care essentially is personal care that does not require the continuing attention of trained medical or paramedical personnel.

### Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

### Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

### CPT Codes

Use the current applicable CPT/HCPCS code(s).



## Medica Central Coverage Policy

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