Introduction

The goal of hospice care is to provide the highest quality of life possible to people who have progressive life-threatening conditions that cannot be cured and are in the last phases of life. It is not intended to prolong life by pursuing diagnostic work-up or aggressive therapy with the goal of reversing or curing the underlying disease process.

Admission to an inpatient facility (acute care hospital or acute inpatient hospice facility) may be recommended to provide active management of pain and/or other symptoms associated with a patient’s medical condition that cannot be managed in lower level care settings. This acute symptom management is intended to be a short stay, until the medical conditions can again be managed in a less intensive setting.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs providers about when a service may be covered.
This guideline outlines criteria to determine the appropriateness of admission to an acute inpatient level of hospice care for members who have chosen to use the Hospice benefit at the end of life.

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage Criteria</th>
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| Admission to acute inpatient hospice | Must meet BOTH the severity of medical condition criteria and the intensity of care criteria:  

**Severity of Medical Condition (at least ONE of the following):**
- The patient is near imminent death or in the active dying process with life expectancy of 7 days or less, evaluated and documented by the medical practitioner who is treating the patient
  
  OR
- The patient is currently in a hospice lower level of care with escalating symptoms that cannot be successfully managed, requiring daily medical practitioner management and 24-hour nursing to manage medications and monitor symptoms

**AND meets all four of the following:**
- The patient’s diagnosis is known, and treatment regimen has been established
- Clinical findings are worsening or not improving in the last 24 hours with the established treatment regimen
- The patient and family understand goals of hospice and accept hospice intervention and management
- Both the multidisciplinary care team and family are actively participating in care management

**AND**

**Intensity of Care (at least ONE of the following):**
- The patient is acutely decompensating requiring frequent monitoring and management of active symptoms for purpose of comfort
  
  OR
- The patient requires frequent change of medications and daily medical practitioner management
  
  OR
- The patient requires complex and frequent medication administration, and the route and/or frequency cannot be
Service | Coverage Criteria
--- | ---
delivered at a lower level of care setting<br>AND<br>• A multidisciplinary care team and family is actively participating in care planning, including discharge planning to lower level of care setting when symptoms have improved and can be managed in a less acute setting

Continued stay in acute inpatient hospice | Must meet the following Intensity of Care (at least ONE of the following) criteria:<br>• The patient is acutely decompensating requiring frequent monitoring and management of active symptoms for purpose of comfort<br>OR<br>• The patient requires frequent change of medications and daily medical practitioner management<br>OR<br>• The patient requires complex and frequent medication administration, and the route and/or frequency cannot be delivered at a lower level of care setting<br>AND<br>• A multidisciplinary care team and family is actively participating in care planning, including discharge planning to lower level of care setting when symptoms have improved and can be managed in a less acute setting

Documentation Requirements

The medical records submitted for review should document that medical necessity criteria are met.

For admission to acute inpatient hospice, clinical documentation must support BOTH severity and intensity of care criteria below:

A. Severity of Medical Condition:<br>• Patient is near imminent death or in active dying process, expected to live in 7 days or less<br>OR<br>• The patient is currently in a hospice lower level care, but patient’s worsening
Documentation Requirements

- Symptoms can no longer be successfully managed at a lower level of care
  - AND ALL of the following:
  - The patient’s diagnosis is known, and treatment regimen has been established
  - The treatment had been helping until now, but the patient has gotten worse within the last 24 hours
  - The patient and the patient’s loved ones know that treatment in an acute inpatient hospice is only for supportive care, not to try to cure the condition
  - The patient, loved ones, and medical professionals make care decisions together

B. Intensity of Care (at least ONE of the following):
   - Patient’s worsening condition requiring frequent monitoring and management of symptoms for comfort care
     - OR
     - Patient needs frequent change of medications and daily medical practitioner management
     - OR
     - Patient’s complex and frequent medication needs cannot be delivered at a lower level of care setting
       - AND
       - The member, loved ones, and medical professionals make care decisions together including discharge planning to lower level of care setting when symptoms have improved and manageable in a less acute setting

For continued stay in acute inpatient hospice, the member must continue to meet Intensity of Care, criteria B above.

Coding

N/A

Related Information
Definition of Terms

**Actively dying:** The hours or days preceding imminent death during which time the patient’s physiologic functions wane.\(^6\)

**Comfort care:** A type of care that helps or soothes a person who is dying. The goal is to prevent or relieve suffering as much as possible while respecting the dying person’s wishes.\(^7\)

**Hospice:** A comprehensive model of care designed to meet the needs of people and their families whose goals of care are focused on quality of life rather than cure while facing a life-limiting illness. Hospice focuses on comfort care and emotional support to help enhance coping with the transition at end of life, using the patient’s wishes as a primary guide. Hospice care helps to ease disease symptoms such as pain, nausea, and breathing problems, while helping to address the emotional, mental and spiritual needs of the patient and family and friends.\(^8\)

**Hospice team:** Includes medical practitioner, nurse, social worker, chaplain, pharmacist, hospice aid, and volunteer.

**Imminent death:** Sudden physiologic changes resulting in symptoms such as: loss of appetite, excessive fatigue and sleep, increased physical weakness, mental confusion or disorientation, labored breathing, social withdrawal, changes in urination, swelling in feet and ankles, coolness in the tips of fingers and toes, or mottled veins.

**Palliative care:** Palliative care means patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice.\(^1\)

Benefit Application

Benefit limits may exist for inpatient or home hospice. Refer to appropriate plan coverage.

Evidence Review

N/A
References


12. National Consensus Project for Quality Palliative care

History

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
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<tbody>
<tr>
<td>12/22/14</td>
<td>New Utilization Management Guideline addressing transition of level of care guidelines for inpatient in hospice. Considered medically necessary when criteria in this guideline are met. Guideline effective date is January 1, 2015.</td>
</tr>
<tr>
<td>12/08/15</td>
<td>Annual Review. Policy updated with clarification of medical necessity criteria.</td>
</tr>
<tr>
<td>09/01/16</td>
<td>Annual Review, approved August 9, 2016. Guideline extensively rewritten. Title changed to Acute Inpatient Hospice, previously &quot;Inpatient Hospice – Admission and</td>
</tr>
<tr>
<td>Date</td>
<td>Comments</td>
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<tr>
<td>10/28/16</td>
<td>Formatting update. Moved hyperlinks menu.</td>
</tr>
<tr>
<td>06/01/17</td>
<td>Annual Review, approved May 23, 2017 Policy coverage guideline statement unchanged.</td>
</tr>
<tr>
<td>06/01/18</td>
<td>Annual Review, approved May 3, 2018. UM guideline statement unchanged.</td>
</tr>
<tr>
<td>04/01/19</td>
<td>Annual Review, approved March 5, 2019. Guideline statement unchanged.</td>
</tr>
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Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2020 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.
Discrimination is Against the Law

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  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

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If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

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PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592. TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)


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This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost.

Call 800-722-1471 (TTY: 800-842-5357).

Arabic (Arabic):

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Premera Blue Cross. قد تكون هناك تأثيرات على
العلاقة التي تحدد الحصول عليها من خلال
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800-722-1471 (TTY: 800-842-5357)

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Este aviso contém informações importantes. Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do Premera Blue Cross. Poderão existir dados importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde ou ajuda de custos. Você tem o direito de obter esta informação e ajuda em seu idioma e sem custos. Ligue para 800-722-1471 (TTY: 800-842-5357).

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