

Payment Policy

Hospice Services

Purpose

The purpose of this payment policy is to define how Minuteman Health, Inc. (MHI) reimburses for Hospice Services.

Applicable Plans

- MHI MA Plans
- MHI NH Plans

Definitions

Hospice is a program of care and support for people who are terminally ill. For the purpose of this policy a person is considered terminally ill when a physician has certified that he or she has 6 months or less to live if an illness runs its normal course

Requirements

The hospice is responsible for providing any and all services indicated in the plan of care as necessary for the palliation and management of the terminal illness and related conditions.

MHI covers the following levels of care:

- **Routine Home Care-**
 - Up to six hours a day of skilled services including nursing and home health aide, physical, occupational and speech therapy, social worker and nutritional counseling.
 - Equipment, medication and supplies including durable medical equipment, respiratory equipment and therapies, prescription medication and biologicals for the treatment of symptoms or pain management of the terminal illness includes all modes of delivery.
- **Continuous Home Care-** Paid only during a period of crisis and only as necessary to maintain the terminally ill member at home. A minimum of eight hours must be provided and at least half of the hours of care are to be provided by a RN or LPN.
- **Inpatient Respite Care-** Respite care may be provided by a hospital, SNF or hospice facility and is limited to 5 days.

- **General Inpatient Care**- Inpatient Hospice can be provided by a hospital, SNF or hospice facility when a member requires monitoring or management of acute or chronic symptoms which cannot be monitored or managed in the home.

Authorization Requirements

Authorization is required for Commercial for all hospice settings.

Attachments

None

Important Note About This Reimbursement Policy

Providers are responsible for submission of accurate claims. All EDI claims must be submitted in accordance with HIPAA 5010 Standards and Paper claims must be submitted on either CMS1500 or CMS1450 (UB04) claim forms. MHI's reimbursement policy includes the use of Current Procedural Terminology (CPT^{®1}) guidelines from the Centers for Medicare and Medicaid Services (CMS), and other coding guidelines. Providers will be reimbursed based on the codes(s) that correctly describe the health care services provided.

MHI may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to MHI enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, the type of provider agreement and the terms of that agreement, the MHI Provider Manual, and/or the enrollee's benefit coverage documents.

MHI reserves the right to audit any provider and/or facility to ensure compliance with the guidelines stated in this payment policy in accordance with our provider review policy.

Resources

American Medical Association, Current Procedural Terminology (CPT[®]) and associated publications and services

MHI provider Manual

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c11.pdf>

History

Updated 11/1/2015, 11/01/2016

¹ CPT[®] is a registered trademark of the American Medical Association.