

Evidence Based Guideline

Hospice Care

File Name: hospice_care
Guideline Number: EBG.DME0140
Origination: 9/1998
Last Review: 6/2001

Active guideline, no longer scheduled for routine literature review.

Description of Procedure or Service

Hospice is a licensed program that offers an integrated set of services and supplies designed to provide comfort measures and supportive care to terminally ill patients and their families. It may include legal, financial, emotional, or spiritual counseling in addition to meeting the patient's immediate physical needs. Hospice care services are centrally coordinated through an interdisciplinary team directed by a doctor

Hospice care is a change in the treatment focus of a patient from [curative](#) to palliative. Palliative care means alleviation of symptoms and providing comfort measures, but not a cure. It is specialized health care that is supportive in nature, provided to a dying person. Hospice care is provided to the terminally ill patient so he/she can continue living in the home with minimal disruption to normal activities.

1. A hospice care program consists of but is not limited to the following:
 - a. Professional services of a registered nurse, licensed practical nurse, or licensed vocational nurse;
 - b. Physical therapy, occupational therapy, and speech therapy;
 - c. Medical and surgical supplies and durable medical equipment;
 - d. Prescribed drugs;
 - e. In-home laboratory services;
 - f. Medical social service consultations;
 - g. Inpatient hospice room, board, and general nursing service;
 - h. Inpatient respite care, which is short-term care provided to the Member only when necessary to relieve the family member or other persons caring for the individual;
 - i. Family counseling related to the Member's terminal condition;
 - j. Dietitian services;
 - k. Pastoral services
 - l. Bereavement services;
 - m. Educational services;
 - n. Home health aide services consisting primarily of a medical or therapeutic nature and furnished to a Member who is receiving covered nursing or therapy services. Home health aide services are not provided by a registered nurse, licensed practical nurse, or licensed vocational nurse.

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2. There are four levels of care provided by a licensed hospice program:
 - a. **Routine home care** is home care provided by the hospice program when the patient is not receiving one of the other levels of care. Fewer than 8 hours of care during a 24 hour period is necessary.
 - b. **Continuous home care** is care provided in the home during a period of crisis necessary to maintain the patient in the home setting. The patient requires mainly nursing care to achieve relief of acute medical symptoms. A minimum of 8 hours of care during a 24 hour period must be necessary to qualify for this level of care.
 - c. **Inpatient Respite Care** is when the patient is admitted to a hospice unit for no greater than 5 days to provide relief to the regular family caregivers. Respite Care may only be eligible for coverage as part of the hospice benefit or through Case Management (Check certificate for eligible benefits.)
 - d. **General Inpatient Care** is when the patient is admitted to a hospice unit for round-the-clock care. Inpatient care may be eligible for coverage when the patient's condition requires the support of an inpatient hospice facility. Examples of situations which may require general inpatient care include, but are not limited to, medication adjustment which cannot be provided in another setting, and stabilization of treatment. This level of care is short-term and is not intended to be a permanent solution when the patient doesn't have a caregiver in the home.

Evidence Based Guideline for Hospice Care

Hospice care services may be appropriate for the care of the terminally ill Member. The following criteria must be met:

1. Member life expectancy is six months or less;
2. The services must be provided according to a doctor-prescribed treatment plan;
3. All covered services must be performed by appropriately qualified/licensed personnel;
4. Continuity of care must be assured for the patient and family (considered a unit of care) regardless of setting (home, outpatient, or inpatient).
5. Hospice care shall be available 24 hours a day, seven days a week.

Medical Evidence regarding Hospice Care indicates it is not recommended in the following situations:

When the medical criteria and guidelines shown above are not met

Benefits Application

Please refer to certificate for availability of benefit. This guideline relates only to the services or supplies described herein. Benefits may vary according to benefit design; therefore certificate language should be reviewed before applying the terms of the policy.

Hospice benefits do not include medical care rendered by a doctor. No hospice benefits will be provided for homemaker services such as cooking and housekeeping, food or meals, or private duty nursing services.

The fact that a doctor may prescribe, order, recommend, or approve a service or supply does not, in and of itself, make it a covered service or medically necessary, even though it is not specifically listed as an exclusion in the Member's certificate.

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Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: G0337, Q5001, Q5002, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5009, S0255

Revenue Codes are 0651 (routine home care), 0652 (continuous home care), 0655 (inpatient respite care), and 0656 (general inpatient care)

Medical Term Definitions

Curative

treatment designed to overcome a disease and promote recovery.

Scientific Background and Reference Sources

BCBSNC Matrix Program

HCFA Publication 21

Consultant Review 10/97

Medical Policy Advisory Group - 12/99

Specialty Matched Consultant Advisory Panel - 6/2001

Specialty Matched Consultant Advisory Panel - 6/2003

Policy Implementation/Update Information

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| 9/98 | Original Policy |
| 9/99 | Reformatted, Description of Procedure or Service changed, Medical Term Definitions added. |
| 12/99 | Medical Policy Advisory Group |
| 4/01 | System changes. |
| 6/01 | Specialty Matched Consultant Advisory Panel review. No change in criteria. |
| 6/03 | Specialty Matched Consultant Advisory Panel review. Revised under Policy Guidelines, number 2.d. for clarification of general inpatient care. Policy status changed to: "Active policy, no longer scheduled for routine literature review." |
| 4/04 | Benefits Application and Billing/Coding sections updated for consistency. |
| 8/12/04 | HCPCS code S0255 added to Billing/Coding section. |
| 1/6/05 | First quarter HCPCS code G0337 added to Billing/Coding section. |
| 9/18/06 | Medical Policy changed to Evidence Based Guideline. 1/17/07 Added the following new 2007 HCPCS codes to the "Billing/Coding" section: Q5001, Q5002, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, and Q5009. |

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Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.