



POLICY AND PROCEDURE MANUAL

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| Policy Title: Palliative Care | Policy Number: B.11 |
| Primary Department: Medical Management | NCQA Standard: N/A |
| Affiliated Department(s): | URAC Standard: N/A |
| Last Revision Date: 11/2018 | Next Review Date: 12/2019 Review Dates: 12/20/2016; 12/13/2017; 12/19/2018 |
| Revision Dates: 11/2016; 10/2017; 11/2018 | |
| Effective Date: 12/20/2016 | |
| Applicable Lines of Business: <input type="checkbox"/> MeridianCare <input checked="" type="checkbox"/> MeridianHealth <input type="checkbox"/> MeridianComplete <input checked="" type="checkbox"/> MeridianChoice | |
| Applicable States: <input type="checkbox"/> All <input checked="" type="checkbox"/> MI <input checked="" type="checkbox"/> IL <input type="checkbox"/> OH <input type="checkbox"/> _____ <input type="checkbox"/> _____ | |
| Applicable Programs: <input checked="" type="checkbox"/> All <input type="checkbox"/> Other _____ | |
| Policy is to be published: Internally Only <input type="checkbox"/> Internally & Externally <input checked="" type="checkbox"/> | |

Definitions:

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| Palliative Care | 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. |
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Policy: Palliative care is a multidisciplinary approach that improves the quality of life of patients and their families or caregivers (if applicable) facing the problem(s) associated with life-threatening illness, through the prevention and relief of suffering by means of early identification, thorough assessment, treatment of pain and other problems and a focus on physical, psychosocial and spiritual care. The following features characterize palliative care philosophy and delivery:

- Care is provided and services are coordinated by an interdisciplinary team;
- Patients, families, palliative and non-palliative health care providers collaborate and communicate about care needs;
- Services are available concurrently with or independent of curative or life-prolonging care;
- Patient and family hopes for peace and dignity are supported throughout the course of illness, during the dying process, and after death

Procedure:

Criteria for Coverage:

1. **Meridian Health Plan covers palliative care, including the following services:**
 - a) Palliative care consultation and plan of care creation
 - b) Potentially curative treatments

- c) Palliative care in the home: Routine intermittent skilled services are covered in the member's home for the member and his/her family
- d) Palliative care in a basic nursing home or residential facility: Routine intermittent skilled services are covered.
- e) Inpatient care: Short-term inpatient care is covered when necessary for skilled nursing needs that cannot be provided in other settings. Inpatient care provided either in an acute care facility, or skilled nursing facility is subject to the “Skilled Nursing/Rehabilitation/Inpatient Hospice” benefit maximum days. Prior authorization is required.

2. The following services are not skilled nursing care services and are not indicated for palliative care, but they may be included in the per diem agreement with the palliative care organization/provider.

- a) Homemaker or caretaker services, and any services or supplies not solely related to the care of the member, including, but not limited to, sitter or companion services for the member who is ill or other members of the family, transportation, housecleaning, and maintenance of the house
- b) Respite care
- c) Home health aide or custodial care without a skilled need

3. Non-covered services:

- a) Experimental and investigational care or services

4. Conditions that may prompt the initiation of palliative care discussions include these (this is not intended to be an all-inclusive list) (Please note that referrals can be made via Meridian’s own internal process of HRA/Care Coordination/Intensive Case Management/Meridian Pathways team as well as from our credentialed primary care physicians/oncologists/pain specialists for consideration and procedural review/authorization).

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| Debility/Failure to Thrive | <ul style="list-style-type: none"> • Greater than three chronic conditions in patient over 75 years old • Functional decline • Weight loss • Patient/family desire for low-yield therapy • Increasing frequency of outpatient visits, emergency department visits, hospitalizations |
| Cancer | <ul style="list-style-type: none"> • Uncontrolled symptoms due to cancer or treatment • Introduced at time of diagnosis – if disease likely incurable • Introduced when disease progresses despite therapy |
| Heart Disease | <ul style="list-style-type: none"> • Stage III or IV heart failure despite optimal medical management • Angina refractory to medical or interventional management • Frequent emergency department visits or hospital admissions • Frequent discharges from implanted defibrillators despite optimal device and antiarrhythmic management |
| Pulmonary Disease | <ul style="list-style-type: none"> • Oxygen-dependent, O2 sats less than 88% on room air • Unintentional weight loss • Dyspnea with minimal to moderate exertion • Other pulmonary diagnoses, e.g., pulmonary fibrosis, pulmonary hypertension |
| Dementia | <ul style="list-style-type: none"> • Refractory behavioral problems • Feeding problems – weight loss • Caregiver stress – support needed • Frequency of emergency department visits |

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| | <ul style="list-style-type: none"> Increased safety concerns |
| Liver Disease | <ul style="list-style-type: none"> Increased need for paracentesis for removal of ascitic fluid Increased confusion (hepatic encephalopathy) Symptomatic disease |
| Renal Disease | <ul style="list-style-type: none"> Dialysis Stage IV or Stage V kidney disease |
| Neurologic | <ul style="list-style-type: none"> Stroke Parkinson's ALS – amyotrophic lateral sclerosis MS – multiple sclerosis |

Line of Business Applicability:

This policy applies to Michigan Medicaid, Illinois Medicaid, and Individual plans.

For **Medicaid/Medicaid Expansion Plan** members, this policy will apply. Coverage is based on medical necessity criteria being met and the codes being submitted and considered for review being included on either the Michigan Medicaid Fee Schedule (located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html), or the Illinois Medicaid Fee Schedule (located at: <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/default.aspx>). If there is a discrepancy between this policy and either the Michigan Medicaid Provider Manual (located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html), or the Illinois Medicaid Provider Manual (located at: <http://www.illinois.gov/hfs/MedicalProviders/Handbooks/Pages/default.aspx>) the applicable Medicaid Provider Manual will govern.

For **Individual** members, consult the individual insurance policy. If there is a discrepancy between this policy and the individual insurance policy document, the guidelines in the individual insurance policy will govern.

State specific special instructions:

None:

MI: Medicaid: Requests outside of the Meridian Pathways program must use this policy to review requests for palliative care. Palliative care is authorized via a Home Care authorization with a Palliative Care service type.

IL: Medicaid: Requests outside of the Meridian Pathways program must use this policy to review requests for palliative care. Palliative care is authorized via a Home Care authorization with a Palliative Care service type.

OH:

References:

- WHO. "WHO Definition of Palliative Care". <http://www.who.int/cancer/palliative/definition/en/>
- National Hospice and Palliative Care Organization. "An Explanation of Palliative Care". <http://www.nhpco.org/palliative-care-4>
- Michigan Medicaid Provider Manual. "Hospice". Version Date: October 1, 2017
- Illinois Medical Provider Handbook. Chapter 200. "Hospice Agencies". Version Date 10/2008.

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| State Letters/Bulletins | | | | | |
| CMS National/Local Coverage Determination (NCD/LCD) | | | | | |
| Medicare Managed Care Manual: | | | | | |
| Medicaid CFR: | | | | | |
| State Administrative Codes: | | | | | |

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| Contract Requirements: | | | | | |
| Related Policies: | | | | | |