Open Access Hospice/Concurrent Care

I. Policy

Hospice care and life prolonging therapy have been mutually exclusive care regimens in most circumstances in the past. University Health Alliance (UHA) endorses an “open access” model of hospice care in which palliative care and coordination can be undertaken while patients continue or initiate medical, surgical, radiologic, and other treatments (such as hemodialysis) for both life limiting and other medical conditions.

UHA will reimburse for hospice/concurrent care for terminally ill patients when it meets the criteria guidelines (subject to limitations and exclusions) indicated below.

II. Criteria/Guidelines

A. Open access/Concurrent Hospice care services are covered when the following criteria are met:
   1. Services are prescribed in writing by the prescribing physician.
   2. Hospice services are provided by a Medicare-certified hospice under contract with UHA.
   3. The patient carries the diagnosis of a disease which is active, progressive, and irreversible and which has resulted in a greatly reduced life expectancy.
   4. Interdisciplinary hospice care management is ongoing and documented.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members’ individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

III. Limitations/Exclusions

A. Interdisciplinary palliative and supportive care must be provided by a Medicare-certified Hospice under contract with UHA.

IV. Administrative Guidelines

A. Prior authorization is not required.

B. Documentation supporting the rationale for concurrent care must be maintained in the patient’s records and available for UHA to review upon request.

C. A certification/attestation of a life expectancy of less than or equal to six months is NOT required.
V. Policy History

Policy Number: MPP-0012-120101
Current Effective Date: 10/16/2018
Original Document Effective Date: 01/01/2012
Previous Revision Dates: 03/01/2015
PAC Approved Date: 01/01/2012