

PALLIATIVE CARE**Effective Date:** June 1, 2025**Review Dates:** 8/09, 4/10, 4/11, 4/12, 4/13, 5/14, 5/15,
5/16, 5/17, 5/18, 5/19, 5/20, 5/21, 5/22, 5/23, 5/24, 5/25**Date Of Origin:** August 12, 2009**Status:** Current**Summary of Changes**

- Deletion: I.A.D. Table 1.

I. POLICY/CRITERIA

A. Priority Health covers palliative care, including the following services:

1. Palliative care consultation.
2. Potentially curative treatments.
3. Palliative care in the home: Routine intermittent skilled services are covered in the member's home for the member and his/her family.
4. Palliative care in a basic nursing home or residential facility: Routine intermittent skilled services are covered. Room and board is not a covered benefit.
5. 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.

B. The following services are not skilled nursing care services and are not a covered benefit if billed, but they may be included in the per diem agreement with the palliative care organization/provider.

1. 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.
2. Respite care.
3. Home health aide or custodial care without a skilled need.

C. Non-covered services:

1. Room and board charges in facilities, including basic nursing homes, unless there are skilled nursing needs as defined in section A5.
2. Experimental and investigational care or services.

II. MEDICAL NECESSITY REVIEW

Prior authorization for certain drug, services, and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service, or procedure is medically necessary. For more information, please refer to the [Priority Health Provider Manual](#).

III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS) and/or the Evidence of Coverage (EOC); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

IV. DESCRIPTION

The National Hospice and Palliative Care Organization (NHPCO) defines palliative care as 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. No specific therapy is excluded from consideration. The test of palliative care lies in the agreement between the individual, physician(s), primary caregiver, and the care team, that the expected outcome is relief from distressing symptoms, the easing of pain, and/or the enhancing of the quality of life. The National

Comprehensive Cancer Network states that palliative care only becomes the main focus of care when disease-directed, life-prolonging therapies are no longer effective, appropriate, or desired

Palliative care may be provided in the home, hospitals, skilled nursing facilities, or nursing homes by palliative care teams, hospice organizations, palliative care specialists or subspecialists who work alongside a patient's primary treating clinicians, such as internists, family medicine physicians, cardiologists, or oncologists. Unlike hospice care, palliative care may include potentially curative treatments and there is no requirement for life expectancy parameters.

V. CODING INFORMATION

ICD-10 Diagnosis Codes: *not specified – list primary condition*

CPT/HCPCS Codes:

Bill appropriate Evaluation and Management CPT code for the setting where the care takes place.

99202 – 99215, 99242 – 99245	Office
99221 – 99239, 99252 – 99255	Hospital
99304 – 99316	Other facility setting
99341 – 99350	Home

Revenue Codes:

See policy 91023

Not Covered

0690	Pre-hospice/Palliative Care Service - General
0691	Pre-hospice/Palliative Care Service - Visit Charge
0692	Pre-hospice/Palliative Care Service - Hourly Charge
0693	Pre-hospice/Palliative Care Service - Evaluation
0694	Pre-hospice/Palliative Care Service - Consultation and Education
0695	Pre-hospice/Palliative Care Service -Inpatient Care
0696	Physician Services
0697	Reserved for Use by the NUBC
0698	Reserved for Use by the NUBC
0699	Pre-hospice/Palliative Care Service - Other

VI. REFERENCES

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