ELIMINATING COST-SHARING FOR PALLIATIVE CARE SERVICES

Palliative care is a high-value service, and should be made available to all health plan members with serious illness without barriers, including deductibles and co-payments. However, because it is difficult to recognize encounters delivered by palliative care professionals via claims, the Center to Advance Palliative Care has collected the following recommendations from pioneering health plans.

**Advance Care Planning**

→ Do not subject the advance care planning codes – submitted by any provider – to a deductible or co-payment  
  o CPT codes 99497 and 99498  
→ Allow use of the preventive service modifier -33 to be billed for advance care planning independent of the Annual Wellness Visit  
→ The elimination of cost-sharing for these codes should be for all enrollees, not just those with serious illness  
→ In addition, consider quality incentives for all primary care providers and palliative care providers built around utilization of these codes

**Specialty Palliative Care Encounters**

→ Cost-sharing elimination claims processing rules should be applied to encounters that include Z51.5 as a diagnosis code  
→ Maintain network payment policies that palliative care encounters must include Z51.5 as a secondary or tertiary diagnosis in the claim  
→ Some plans combine requirements in a “pair to pay” approach – certain encounter codes (new or established patient in an office, skilled nursing, or home setting) together with certain selected diagnoses and the inclusion of the Z51.5 code

**Identification of Network Palliative Care Providers**

Because palliative care is a sub-specialty, credentialing systems may not always capture who in the network is a palliative care provider. Recommendations to address this include:

→ Encourage palliative care provider to identify themselves to your plan by including “hospice and palliative care” as their sub-specialty  
  o Consider a process that identifies providers with frequent claims including Z51.5  
→ Cost-sharing elimination claims processing rules should be applied to all claims submitted by the identified palliative care providers  
→ Consider classifying palliative care providers as “primary care,” rather than “specialty care”  
→ Encourage palliative care provider to bill for palliative care services utilizing the pre-hospice/palliative care revenue codes in the 069x revenue code set

**Case Rates for Palliative Care**

→ Plans that pay for palliative care on a per-enrolled member per month (or on a time-bound episode) can process a professional claim using S0311 and facility claim using the 069x revenue code set  
→ Do not subject claims with that code to deductibles or cost-sharing