[redacted]	
PAYMENT POLICY	
SUBJECT: PALLIATIVE CARE	**DEPARTMENT**: Coding Compliance
ORIGINAL EFFECTIVE DATE: : 08/2013	**DATE(S) REVIEWED / REVISED:** 08/13, 01/14, 01/15, 09/15, 08/16, 01/17, 01/18, 09/18, 01/19, 01/20
APPROVED BY: [redacted]	**NUMBER:** 86.0 **PAGE:** 1 of 4

DEFINITION:
Palliative care is a model of care devoted to achieving the best possible quality of life for the patient and the patient's family throughout the course of a life-threatening illness by providing relief of suffering and control of symptoms. Such relief requires comprehensive assessment and management of the physical, psychological, social, and spiritual needs of patients and their families. Palliative care helps the patient and family face the prospect of death assured that comfort will be a priority, values and decisions will be respected, spiritual and psychosocial needs will be addressed, and practical support will be available**.**

POLICY:
[redacted] will reimburse palliative care visits for members with a chronic or life-limiting illness when performed by:

- Physician (MD or DO)
- Nurse Practitioner (NP)
- Physician Assistant (PA)
- Licensed Clinical Social Worker (LCSW) who has received training in palliative care, is appropriately credentialed, and is practicing within the legal scope of his or her license. The LCSW is required to have Advance Certification in Hospice or Palliative Care (ACHP).

GOALS OF PALLIATIVE CARE:

- Provide education for the patient and family regarding disease progression, symptom management and treatment options.
- Identify and address physical, psychological, spiritual, and social issues during treatment.
- Assess the patient's pain and symptom management issues.
- Guide and support the patient and family toward developing realistic goals.
- Encourage patient and family to consider social, financial and legal issues, including advance directives.

APPLIES TO:
All Lines of Business

REFERENCE:
Center to Advance Palliative Care (CAPC)
Palliative Care Policy Center (PCPC)

PROCEDURE:
Reimbursement for palliative care will be made to qualified practitioners on a fee-for-service basis. See "*Billing and Coding Guidelines*" in this policy.

CRITERIA:
Palliative care will be allowed for patients with progressive debilitating illness. One or more of the following criteria may apply:

- Declining ability to complete activities of daily living
- Cachexia
- Multiple hospitalizations
- Difficulty controlling physical or emotional symptoms related to serious medical illness
- Uncertainty on the part of patient, family, or physician regarding prognosis
- Uncertainly on the part of patient, family, or physician regarding goals of care
- Requests by family for futile care
- Conflicts over "do not resuscitate" (DNR) order
- Use of tube feeding or TPN in cognitively impaired or seriously ill patients
- Limited social support and a serious illness (e.g. homeless, chronic mental illness)
- Request by patient, family, or physician for information regarding hospice care
- Moderate to severe dementia

ONCOLOGY CRITERIA:
Additional criteria for patients with a diagnosis of metastatic cancer, locally advanced cancer progressing despite systemic treatments, or a new diagnosis of cancer with poor prognosis (less than one year), with or without weight loss and functional decline:

- More than one hospital admission or emergency department visit within the previous two months for a cancer diagnosis, particularly for symptom management or multiple co-morbidities.
- Difficult-to-control physical or psychological symptoms (pain, dyspnea, nausea, pleural or pericardial effusions).
- Rapid functional decline.
- Failure of first- or second-line therapy.

- Severe prolonged pancytopenia in the setting of an untreatable hematological problem (e.g., relapsed leukemia).

CLINICAL HIGHLIGHTS AND RECOMMENDATIONS:

- Palliative care is most effective when provided as soon as possible after the patient is diagnosed with a progressive, debilitating illness.
- Health care providers are encouraged to initiate palliative care conversations with their patients.
- Health care providers are encouraged to complete a systematic review and document patients' goals for care and advance directives.
- In the delivery of palliative care, aggressive interventions may continue with an increased focus on symptom management.

BILLING AND CODING GUIDELINES

Documentation must include the total time of the visit, the amount of time spent counseling, and the details of discussion and coordination of care, to include a statement of the patient's goals of care and the medical treatment options chosen. The provider may include the time spent counseling the patient's family regarding the treatment and care of the patient. The provider may not include time spent counseling the family where the focus of the counseling is emotional support for the family.

	Base Procedure Code (All Patients)	Prolonged Service Procedure Code **(PHP Only)**	Diagnosis Codes
	List *one* code based on patient status & location	List *in addition* to base code	
Palliative Care Patient	**99205** Office/outpatient, new patient, 60 minutes	**99354-99357 Prolonged Service With Direct Patient Contact** **99358-99359 Prolonged Service Without Direct Patient Contact**	1st Patient's primary diagnosis 2nd Z51.5 Encounter for palliative care
	99215 Office/outpatient, established patient, 40 minutes		
	99345 Home, new patient, 75 minutes		
	99350 Home, established patient, 60 minutes		
LCSW	**96156** Health and Behavior Assessment	**No additional code**	

Once a member enrolls in hospice they are no longer eligible for coverage of palliative care visits pursuant to this rule through [redacted], but providers may continue to bill through Medicare.

PLACE OF SERVICE:

Palliative care may take place in the hospital, SNF, patient's home, or physician's office.