

Clinical Policy: Palliative Care

Reference Number: IL.CP.MP.553

Last Review Date: 06/24

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

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

Policy/Criteria

I. It is the policy of health plans affiliated with Centene Corporation® that palliative care is **medically necessary** for the indications listed in the table format below. Note that 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).

<p>Debility/Failure to Thrive</p>	<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
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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 • 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
Pediatric	<ul style="list-style-type: none"> • Cancer (i) for which there is no known effective treatment, (ii) that does not respond to conventional protocol, (iii) that has progressed to an advanced stage, or (iv) where toxicities or other complications limit the administration of curative therapies. • End-stage lung disease, including but not limited to cystic fibrosis, that results in dependence on technology, such as mechanical ventilation. • Severe neurological conditions, including, but not limited to, hypoxic ischemic encephalopathy, acute brain injury, brain infections and inflammatory diseases, or irreversible severe alteration of mental status, with one of the following co-morbidities: (i) intractable seizures or (ii) brainstem failure to control breathing or tother automatic physiologic functions • Degenerative neuromuscular conditions, including, but not limited to spinal muscular atrophy, Type I or II, or Duchenne Muscular

	<p>Dystrophy, requiring technological support.</p> <ul style="list-style-type: none"> • Genetic syndromes, such as, but not limited to, Trisomy 13 or 18, where the child has substantial neurocognitive disability with no expectation of long-term survival. • Congenital or acquired end-stage heart disease without adequate medical or surgical treatments available. • End-stage liver disease where (i) transplant is not a viable option or (ii) transplant rejection or failure has occurred. • End-stage kidney failure where (i) transplant is not a viable option or (ii) transplant rejection or failure has occurred. • Metabolic or biochemical disorders, including, but not limited to, mitochondrial disease, leukodystrophies, Tay-Sachs disease, or Lesch-Nyhan syndrome where (i) no suitable therapies exist or (ii) available treatments, including stem cell (“bone marrow”) transplant, have failed. • Congenital or acquired diseases of the gastrointestinal system, such as “short bowel syndrome” where (i) transplant is not a viable option or (ii) transplant rejection or failure has occurred. • Congenital skin disorders, including but not limited to epidermolysis bullosa, where no suitable treatment exists. • Any other serious illness that the Department, in consultation with interested stakeholders, determines to be appropriate. The definition of a serious illness shall not include a definitive time period due to the difficulty and challenges of prognosticating life expectancy in children. <p>(Source: P.A. 102-655.eff. 1-1-22.)</p>
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Criteria for Coverage:

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

1. Palliative care consultation and plan of care creation
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.
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 indicated for palliative care, 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. Experimental and investigational care or services

Coding Implications

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CPT®*	Description

HCPCS®*	Description

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code(s) requiring an additional character

ICD-10-CM Code	Description

Reviews, Revisions, and Approvals	Date	Approval Date
Original approval date		
Annual Review		06/22
Annual Review references were updated	04/23	06/23
Annual Review	06/24	06/24

References

1. WHO. “WHO Definition of Palliative Care”.
<http://www.who.int/cancer/palliative/definition/en/>
2. National Hospice and Palliative Care Organization. “An Explanation of Palliative Care”.
<http://www.nhpco.org/>
3. Michigan Medicaid Provider Manual. Chapter title “Hospice”. Version Date: April 1, 2023
4. Illinois Medical Provider Handbook. Chapter 200. “Hospice Agencies”. Issued November 2016
5. Illinois HFS manual
policy <https://www2.illinois.gov/hfs/SiteCollectionDocuments/hospicehandbook.pdf>
6. PUBLIC AID (305 ILCS 60/) Pediatric Palliative Care Act.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy,

contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

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