

	<b>Medicaid Hospice Services Prior Authorization Resource</b>	Applies to members enrolled in the following My Choice Wisconsin Medicaid health plan products:  <b>SSI and Partnership</b>
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#### Coverage rationale:

Wis. Admin. Code [DHS 107.31\(2\)\(a\)](#), defines hospice services as those services for people who are terminally ill and for their family members. Hospice care is designed to:

- Emphasize living one's remaining days as fully as possible.
- Affirm life and neither hastens nor postpones death.
- Provide relief from the physical and emotional pain that often accompanies a terminal illness.
- Provide patient-directed care for the terminally ill member and family.
- Provide grief support to the surviving family.

The following are basic conditions that must always be met before services provided by a Hospice agency can be covered by Medicaid (SSI Managed Care and Partnership Medicaid):

- The patient is an active member of My Choice Wisconsin's SSI Managed Care or Partnership Medicaid Program;
- The services are provided by an agency enrolled under [DHS 105.50](#);
- Medicaid is the appropriate payer (Federal law prohibits home health services that are covered by Medicare to be paid by Medicaid);
- Services are documented in a Hospice Plan of Care and comply with which are necessary for the palliation and management of terminal illness and related conditions. These services include supportive care provided to the family and other individuals caring for the terminally ill member; and
- The services billed are not excluded from payment.

Wisconsin Medicaid reimburses hospice providers for services provided to members based on the following categories of hospice care:

- Routine care, with a per diem rate for less than eight hours of care per day.
- Continuous care, with an hourly rate for eight to 24 hours of care per day. Care Wisconsin will reimburse a hospice for continuous care if a minimum of eight hours of care is provided on a date of service (DOS). A DOS begins and ends at midnight. The member may be at home or permanently residing in a nursing facility. Continuous care must include nursing care provided by either an RN or LPN for more than half of the minimum eight hours within a 24-hour period.
- Inpatient respite care in a hospital or SNF meeting SNF staffing, hourly, and environmental requirements.
- General inpatient care in a hospital or SNF.

HCPCS Code	Description of HCPCS Code
T2042	Hospice routine home care; per diem
T2043	Hospice continuous home care; per hour
T2044	Hospice inpatient respite care; per diem
T2045	Hospice general inpatient care; per diem

T2046	Hospice long term care, room and board only; per diem
G0299	Hospice routine home care service intensity add-on, services provided by RNs; per quarter hour
G0155	Hospice routine home care service intensity add-on, services provided by social workers; per quarter hour

### Core and Other Functions

Hospice services can either be provided directly by the hospice or by an organization under contract with the hospice. The following are descriptions of core functions (those services provided directly by the hospice) and other functions (those specialty services that may be provided by an organization under contract with the hospice). The hospice is required to maintain professional, financial, and administrative responsibility for both core and other functions.

Core functions required under [DHS 107.31\(2\)\(c\)](#), Wis. Admin. Code, must be provided directly by the hospice unless an emergency or extraordinary circumstance exists.

The following services are core functions that must be provided directly by hospice employees unless the member is receiving short-term institutional care:

- Nursing care by, or under the supervision of, an RN, including home health aide services.
- Administrative and supervisory physician services.
- Medical social services provided by a social worker under the direction of a physician. The social worker is required to have at least a Bachelor's degree in social work from a college or university accredited by the Council of Social Work Education.
- Counseling services, including, but not limited to, bereavement counseling, dietary counseling, and spiritual counseling. Counseling services must be available to the terminally ill and the family members or other persons caring for the individual at home.
- Volunteer services.

### Other Functions

Other functions related to the terminal illness are defined as those supplemental services required under [DHS 107.31\(2\)\(d\)](#), Wis. Admin. Code, for which a hospice may contract to meet unusual staffing needs when it is not practical to hire additional staff or to obtain physician specialty services. Other functions include:

- Physical Therapy (PT).
- Occupational Therapy (OT).
- Speech and Language Pathology (SLP).
- Durable Medical Equipment, Disposable Medical Supplies, and personal care items related to palliation or management of the member's terminal illness, provided by the hospice for use in the member's home while under hospice care, as part of the written POC.
- Drugs that are used primarily for the relief of pain and symptom control and related to the individual's terminal illness.
- Short-term inpatient care provided in a hospital or SNF for pain control, acute symptom management, and respite purposes.

*Note:* PT, OT, and SLP services may be provided for purposes of symptom control or to enable the member to maintain activities of daily living and basic functional skills.

### Additional Considerations:

#### Members 20 Years of Age or Younger Electing Hospice

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My Choice Wisconsin members who are 20 years of age or younger who elect hospice services may receive any medically necessary covered services concurrently with hospice care, as long as those services are not duplicative of services covered under the hospice benefit.

Members who are 20 years of age or younger who elect the hospice benefit are required to use the [Election of Hospice Benefit for Members 20 and Under form](#). Members who are 21 years of age or older are required to use the [Election of Hospice Benefit for Members 21 and Older form](#).

The hospice is responsible for notifying My Choice Wisconsin of the member's hospice election.

### **Nursing Home Room and Board**

When a resident of a Skilled Nursing Facility (SNF) elects to receive hospice care services, the hospice must contract with that facility to provide the member's room and board and the hospice assumes responsibility for the management of the individual's hospice care.

Room and board includes assistance in activities of daily living and personal care, socializing activities, administration of medications, maintaining cleanliness of the member's room, and supervising and assisting in the use of DME and prescribed therapies. In this situation, My Choice Wisconsin will reimburse the hospice for room and board charges and the hospice will pay the nursing facility.

My Choice Wisconsin will reimburse the SNF 95 percent of the nursing home's current rate for each date of service (DOS) on which room and board is provided. Room and board for an SNF resident is not reimbursed for the same DOS as inpatient respite or general inpatient care.

### **Personal Care and Supportive Home Services and the Hospice Benefit**

Members receiving personal care or supportive home care services who elect the hospice benefit may be eligible to continue receiving personal care or supportive home care services from the agency if those services are not directly related to the terminal illness. Renewal of authorization for personal care or supportive home care services may be granted up to, but not exceeding, the current level of service. Additional personal care or supportive home care needs resulting from the terminal illness are the responsibility of the hospice.

### **Requesting Prior Authorization:**

- Complete the [Home Health Prior Authorization Form](#)
- Include current Hospice Plan of Care, and physicians order
- Fax to 608-210-4050

### **Exclusions:**

#### **Services provided outside the Hospice Benefit**

My Choice Wisconsin will only reimburse services unrelated to the terminal illness that are otherwise medically necessary, covered benefits. This includes DME, oxygen-related services, or personal care services provided to a hospice member, but are not directly related to the care of the terminal illness. In these limited situations, providers of these services are required to follow My Choice Wisconsin's requirements for PA and claim submission.

Family Care Hospice benefits are administered through Forward Health.

For Dual Advantage and Partnership Dual Eligible, see the Medicare Hospice Prior Authorization Resource.

**Definitions:** None

**References:** [Forward Health Provider Handbook](#)

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