

Palliative Care Consultation Payment Policy

Policy

The Plan covers palliative care consultations for plan members with acute or chronic, life-threatening or life-limiting conditions, for whom the palliative care specialist has been asked to:

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

Once a member enrolls in hospice they are no longer eligible for coverage for palliative care consults.

To be considered a consultation, the palliative care specialist must complete an evaluation and communicate the findings/recommendations to the Primary Care Provider (PCP).

Definitions

Palliative care is comprehensive treatment of the pain/discomfort, symptoms, and stress of serious illness. It does not replace primary treatment; palliative care works together with the primary treatment. The goal of palliative care is to prevent and ease suffering and improve quality of life. Palliative care is available at any time during a serious illness. A person does not have to be in hospice or at the end of life to receive palliative care. People in hospice always receive palliative care, but to qualify for hospice programs, patients must no longer be receiving curative treatment.

Reimbursement

Reimbursement for palliative care consultations will be made to the contracted palliative medicine physician on a fee-for-service basis. Reimbursement for consults provided by the licensed and credentialed nurse practitioner or physician assistant will be conducted in accordance with the Plan's Nurse Practitioner or Physician Assistant Payment Policy.

The member is responsible for a copayment for this service.

During a palliative care consultation, no direct medical care is provided (such as ordering pain medication or laboratory or radiology services, etc.).

The Plan will not cover related services when ordered by the palliative care physician. Rather, the palliative care physician will communicate the results of the consultation with recommendations for pain management, symptom control, and plan of care back to the referring Primary Care Provider (PCP).

The Plan will credential the palliative care physician, and the nurse practitioner and physician assistant working under the supervision of a physician specializing in palliative care.

Referral/notification/prior authorization requirements

PCP referrals are required for palliative care consultations for most Plan products. For a description of products and services requiring a PCP referral, please refer to the PCP referral and preauthorization grid located in the Managing Patient Care section of the Provider Manual under PCP Referral and Plan Preauthorization Process.

Fallon Health Weinberg, and Navicare® models of care are based on patient care coordination; therefore, we encourage referring providers to contact the member's designated navigator if there

are questions or concerns prior to prescribing tests, supplying equipment, or any other additional appointments or services that may not routinely be authorized or require prior authorization.

Summit ElderCare® is based on member care coordination; therefore, the referring Summit ElderCare PACE site must be contacted for approval, prior to coordinating and/or rendering services.

Billing/coding guidelines

Services should be submitted using industry standard forms or HIPAA standard electronic formats.

Palliative care consultations should be billed with the appropriate CPT code depending on the place of service, i.e., office, inpatient, home. The ICD-10 code Z51.5 should be billed as a secondary diagnosis in conjunction with the member's primary diagnosis.

Place of service

Hospice and Palliative Medicine consults may take place in a hospital, skilled nursing facility, home, or physician's office.

Policy history

Origination date:	09/26/2007
Previous revision date(s):	N/A
	05/01/2010- moved to new template, updated description and definition of the service and changed policy name to Palliative Care Consultation.
	01/01/2011 - removed consultation code range from policy.
	03/01/2014 - Updated to include ICD-10 code to be used for services on or after October 1, 2014.
	11/01/2016- Annual review and moved to new Plan template.
Connection date & details:	September 2016 – Annual review.
	November 2017 – Annual review, no updates.
	October 2018 – Annual review, no updates.
	October 2019 – Annual review, no updates.
	April 2021 – Annual review, no updates.

The criteria listed above apply to Fallon Health plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.