

## Hospice Care

### Benefit Coverage

Hospice services by a participating hospice agency contracted with Blue Shield are covered for a member with a terminal illness as determined by the treating physician. The member must request and be formally admitted to an approved hospice program. Blue Shield's Medical Care Solutions department and the delegated IPA/medical group's utilization management department must approve admission to the hospice program through the prior authorization process.

Terminal illness is defined as medical condition resulting in a prognosis of life of one year or less if the disease follows its natural course.

The following covered services are available on a 24-hour basis to the extent necessary to meet the needs of the member for care that is reasonable and necessary for the palliation and management of terminal illness and related conditions:

1. Pre-hospice consultative visit by Hospice provider regarding pain and symptom management, hospice and other care options including care planning. Note: Members do not have to be enrolled in a Hospice Program to receive this benefit.
2. Interdisciplinary team care with development and maintenance of an appropriate plan of care and management of terminal illness and related conditions.
3. Skilled nursing services, certified health aide services, and homemaker services under the supervision of a qualified registered nurse.
4. Bereavement counseling.
5. Social services/counseling services with medical social services provided by a qualified social worker. Dietary counseling by a qualified provider, when needed.
6. Medical direction with the hospice medical director being also responsible for meeting the general medical needs for the terminal illness of the members to the extent that these needs are not met by the Primary Care Physician.
7. Volunteer services.
8. Short-term inpatient care arrangements.
9. Pharmaceuticals, medical equipment, and supplies that are reasonable and necessary for the palliation and management of terminal illness and related conditions.
10. Physical therapy, occupational therapy, and speech-language pathology services for purposes of symptom control, or to enable the enrollee to maintain activities of daily living and basic functional skills.

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### Benefit Coverage *(cont'd.)*

11. Respiratory therapy.
12. Nursing care services on a continuous basis for as much as 24-hours a day during periods of crisis as necessary to maintain a member at home and achieve palliation or management of acute medical symptoms. Either homemaker services or home health aide services or both may be covered on a 24-hour continuous basis during periods of crisis, but the care provided during these periods must be predominantly nursing care.
13. Short-term inpatient care arrangements when palliation or management of acute medical symptoms cannot be achieved at home.
14. Occasional respite care services (no more than five consecutive days at a time). Respite care services are short-term inpatient services covered only when necessary to relieve the family members or other caregivers.

### Copayment

See the member's *Evidence of Coverage (EOC)* and *Summary of Benefits* for member copayments.

### Benefit Exclusion

Hospice services provided by a non-participating hospice agency are not covered. See exceptions below.

### Benefit Limitations

Members are allowed to change their participating hospice agency only once during each period of care. Members may receive care for a 30, 60, or 90-day period, depending on their diagnosis. The care continues through another period of care if the Primary Care Physician recertifies that the member is terminally ill.

Hospice care received out of the IPA/medical group service area (e.g., member moves to a relative's household in another part of California or out of state) will not be covered unless authorized in advance by Blue Shield's Medical Care Solutions Department. Contact Blue Shield for more information.

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### Exceptions

Hospice services provided by a non-participating hospice agency are not covered except in certain circumstances in counties in California in which there are no participating hospice agencies. Such services must be approved in advance by the Blue Shield Medical Care Solutions Department. Contact Blue Shield for more information.

### Examples of Covered Services

- Pre-hospice consultative visit by Hospice providers
- Continuous home care provided during a period of crisis
- Short-term inpatient care arrangements
- Inpatient respite care to relieve the family or other caregivers for no more than five consecutive days at a time
- Interdisciplinary home care plan

### Examples of Non-Covered Services

- Respite care for more than five consecutive days
- Services by the hospice agency to treat conditions not related to the terminal illness
- Treatment by the hospice agency intended to cure a terminal illness rather than provide palliative care
- Care received from a non-hospice agency provider that duplicates care received from the hospice

### References

*Evidence of Coverage – Group*

*Evidence of Coverage and Health Service Agreement – IFP*

*Blue Shield HMO IPA/Medical Group Procedures Manual*

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Blue Shield of California  
HMO Benefit Guidelines

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