



Advanced Care Planning and Palliative Care

State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other:	LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid
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Enterprise Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determination are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Advance care planning/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. Advance care planning and palliative care help 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.

Criteria

PacificSource Health Plans (Commercial, Medicare and Oregon Medicaid) 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) or relevant other attestation of proficiency in facilitating patient and family consultations for goals of care (See attachment). Codes 96150-96151 may be used by an LCSW to report palliative care, or the LCSW may bill codes 99497 and 99498.

- Any individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service (i.e. a service “incident to” a service rendered by a physician or other qualified healthcare professional) who has received training in palliative care and has a relevant attestation of proficiency in facilitating patient and family consultations for goals of care may bill advance care planning/palliative care codes 99497 and 99498 “incident to” a physician or physician extender consistent with CMS “Incident to” policies and procedures.

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.

Procedure:

Reimbursement for palliative care will be made to qualified practitioners on a fee-for-service basis.

Criteria:

Palliative care is allowed for patients with progressive debilitating illness of any nature. One or more of the following types of illness and/or these 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
- Uncertainty 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

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. If forms are completed, this should be noted in the documentation. 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.

The following CPT codes are used to report palliative care visits:

99497: Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate.

99498: Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure).

When criteria listed in this Policy are met, an LCSW may bill palliative care "incident to" a physician or physician extender using codes 99497/99498 or may use the following codes:

96150: Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment.

96151: Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment.

Note: Codes 99497/99498 may not be reported with codes 96150/96151 within the same 12-month period for the same patient.

Diagnosis Codes:

First: ICD-10 code for patient's primary diagnosis

Second: Z51.5 Encounter for palliative care

Place of Service: Advance care planning and palliative care may take place in the patient's home, or physician's office.

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

Application

Attestation of Palliative Care Clinical Social Worker Competency

Part 1 (to be filled out by the applicant)

Social Worker Name:

Basic Qualifications:

1. License Clinical Social Worker Number: _____ State: _____
2. Have you already achieved Certified Hospice and Palliative Social Worker status? Yes No
3. Do you have three or more years (or the equivalent thereof for less than full-time employment) of paid professional experience in hospice or palliative care which has occurred within the five years predating the attestation application.
 Yes, If so, how many years _____ No
4. Are you a member of NASW, NHCPP or AOSW¹? Yes No
5. If yes, do you agree to abide by their respective standards of practice? Yes

_____ **Signature**

_____ **Date**

Part 2 (This should be completed by preferably a **CHP-SW** or a Licensed Clinical Social Worker authorized by the My Care Directions program)

Attestation of Competencies:

1. I have observed this LCSW facilitate at least _____ goals of care discussions
2. This candidate has demonstrated the ability to conduct an effective goals of care conference.

Authorizing Sponsor:

Title:

¹ NASW=National Association of Social Workers. NHCPP=National Council of Hospice and Palliative Care Professionals, AOSW=Association of Oncology Social Workers

_____ Signature

_____ Date

References

Center to Advance Palliative Care (CAPC)

Palliative Care Policy Center (PCPC)

Appendix

Policy Number: [Policy Number]

Effective: 1/20/2020

Next review: 1/20/2021