



OHIO MEDICAID

Policy Name	Policy Number	Date Effective
Hospice Services	AD-1065	08/01/2021-11/30/2021
Policy Type		
Medical	ADMINISTRATIVE	Pharmacy Reimbursement

by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment and disability. GureW*nBT8c(t)-21(i)2

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- Improve the quality of life of the patient and the patient's family
- Address the patient's physical, emotional, social, and spiritual needs
- Facilitate patient autonomy, access to information, and medical decision making

- **Pediatric Hospice Care** - a program operated by a person or public agency that provides inpatient respite care and related services to pediatric respite care patients, and pediatric respite care patients' families, in order to meet the physical, psychological, social, spiritual, and other special needs that are experienced during or leading up to the final stages of illness, dying, and bereavement.
- **Terminal illness** - a qualifying condition for which a prospective patient has received a diagnosis for a life expectancy of six months or less if the illness runs its normal course.

D. Policy

I. CareSource considers Hospice Services a covered service with the following requirements:

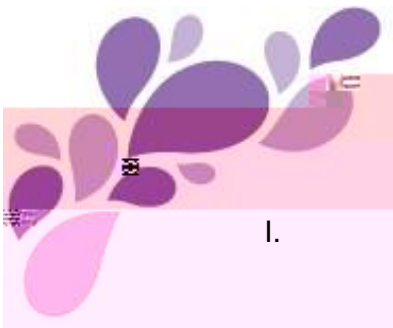
- A. Election of Hospice benefits form must be signed by the CareSource member and submitted.
- B. Provider must produce and submit a Certificate of Terminal Illness form.
- C. CareSource may request documentation to support medical necessity. Appropriate and complete documentation must be presented upon CareSource request to validate medical necessity.

D. Criteria for determination of terminal illness:

1. Hospice care is provided for two ninety-day periods followed by increments of sixty-day periods, as recertifications occur.
2. Patient must have a qualifying condition with a diagnosis of a life expectancy of six months or less if the illness runs its normal course.
3. At the start of the first ninety-day benefit period, the patient must be certified as terminally ill.
4. The patient must be recertified as terminally ill at the start of each benefit period following the first ninety-day period by the hospice physician.

E. Short-term inpatient care may be provided in hospital, hospice inpatient unit, or a participating Skilled Nursing Facility or Nursing Facility on an intermittent, non-routine basis:

1. For relief of the individual's caregivers, and/or
2. General inpatient care for the pine*nBT/F1 11.2 Tf1 0 0 1 144.2 209.83 Tm0 g0 G[G]-7(e)-14(n)



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