Palliative Care

> The purpose of this policy is to provide clarity and specificity for Palliative Care coverage under the IFP contract. Palliative care focuses on symptom relief, pain management and managing a chronic or life limiting condition. It does not limit ongoing diagnostic, preventive, or curative interventions. Palliative care is not the same as Hospice services. Members do not have to be homebound or discontinue treatment to receive Palliative Care services.

DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare's health plans. They are intended to serve only as a general reference regarding UCare's administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail).   Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan documents, the UCare plan documents prevail.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

Product Summary

This coverage policy applies to the following UCare products:

UCare product	Applies to
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	✔
UCare Medicare Plans, UCare Medicare with M Health Fairview & North Memorial Health, UCare Advocate Plus (HMO I-SNP), EssentiaCare	
UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP)	
UCare Connect + Medicare (HMO D-SNP)	
UCare Connect (SNBC)	
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	
Minnesota Senior Care Plus (MSC+)	

Benefit category:

Palliative Care

Definitions or summary

Palliative care is specialized medical care for members living with a serious illness or life-limiting condition. The goal is to improve quality of life for both the member and their family, providing essential support at any age or stage of serious illness or condition, often together with curative treatment.

Palliative care:
- Addresses physical, intellectual, emotional, social, and spiritual needs to facilitate patient autonomy, access to information, and choice.
- Focuses on the relief of pain and suffering for members living with a serious illness or condition.
  - Examples of serious illnesses may include, but are not limited to cancer, heart disease, lung disease, kidney disease, Alzheimer's, HIV/AIDS, amyotrophic lateral sclerosis (ALS), multiple sclerosis, Parkinson's.
- Uses team-based approach, providing essential support at any age or stage of serious illness or condition, often together with curative treatment.
- Helps match treatment options and choices to individual patients
- Focuses on patient's goals

Palliative Care interdisciplinary team may include the following types of healthcare providers:
- Palliative care physicians
- Nurses/Nurse Practitioners
- Social workers
- Pharmacists
- Mental health providers

Elements of palliative care may include:
- Partnering with primary or specialty healthcare provider
- Guidance regarding treatment options
- Assistance with advance care planning
- Caregiver support
- Patient and caregiver education
- Spiritual counseling
- Connecting with community resources

Coverage Policy

Covered

The Palliative Care Team completes a review of systems and documents a comprehensive pain and symptom assessment. Elements of the assessment generally includes:
- Diagnosis
- Presenting problems
- Current treatments and medication profile
- Current pain management regimen
- Patient concerns

- Patient/family preferences
- Spiritual, cultural beliefs and values that influence treatments
- Pain assessment upon time of initial assessment, and at regularly prescribed intervals after initiation of pain and symptom treatment plan.

The comprehensive pain and symptom management treatment plan includes, but is not limited to the following:
- Education of patient and family about disease process, pain, and symptom management.
- Provides instructions to the patient/family on any self-care procedures.
- Ongoing monitoring of the treatment plan and reassessment.
- Ongoing assessment of patient response that includes:
    o Response to medications
    o Pain relief measured on a consistently utilized pain scale
    o Side effects
    o Adverse events/ reactions
    o Patient and/or caregivers
    o Satisfaction with interventions
    o Palliative team modifies the plan based on ongoing assessment and patient response.

Not Covered

- Direct care services (*see applicable benefit section for Inpatient Hospital Services, Laboratory Services, Outpatient Facility, Home Health Services, Durable Medical Equipment, Prescription Drugs etc. related to treatment and other care support needs*)
- Financial and legal counseling services
- Housekeeping and meal services in the member's home
- Custodial care services

CPT/ HCPCS/ICD-10 Codes

Note: If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. This list may not be all-inclusive.

CPT®, HCPCS or ICD-10 CODES	Modifier	Narrative Description
V66.7		Encounter for palliative care; Assign as secondary diagnosis when treatment is focused on management of pain and symptoms in a patient with an incurable disease.

*CPT is a registered trademark of the American Medical Association.

Prior authorization

Prior Authorization may be required for some services recommended in the Palliative Care plan.

Related policies and documentation

References to other policies or documentation that may be relevant to this policy

Policy Number	Policy Description
CP-IFP21-006A	DME
CP-IFP20-003A	Home Health Services
CP-IFP20-005A	Home Hospice Services

References and source documents

Links to the UCare contracts, Center for Medicare and Medicaid Services (CMS), MHCP, Minnesota statute and other relevant documents used to create this policy

Individual & Family Plan

Center to Advance Palliative Care

JCAHO 2004 Standards and Palliative Care:

Coverage policy development and revision history

Version	Date	Note(s)
V1	Oct.1, 2021	New policy; original effective date
	Dec. 14,2021	Annual review; no changes
	Nov. 30,2022	Annual review: removed reference to when palliative care was added to the contract; no content changes
	Oct. 18, 2023	Annual review; no changes