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**CHAPTER 5: PROFESSIONAL SERVICES**

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**Hospice**

Hospice care is an alternative treatment based on the recognition of impending death and requires a change from curative treatment to palliative care for the terminally ill recipient and support for the family. Palliative care focuses on comfort care and the alleviation of physical, emotional and spiritual suffering. Instead of hospitalization, hospice care shall focus on maintaining the terminally ill recipient at home with minimal disruptions in normal activities and with as much physical and emotional comfort as possible.

A recipient must be terminally ill in order to receive Louisiana Medicaid funded hospice care. A recipient shall be considered terminally ill when the medical prognosis and life expectancy is six months or less, if the illness runs its normal course.

**Election of Hospice Services**

An election statement must be filed with a particular hospice provider for the recipient who meets the eligibility requirements of hospice services. The election must be filed by the recipient or by a person authorized by law to consent to medical treatment for the recipient.

**Payment of Medical Services Related to the Terminal Illness**

Once a recipient elects to receive hospice services, the hospice agency is responsible for either providing or paying for all covered services related to the recipient's terminal illness.

For the duration of hospice care, the recipient waives all rights to Medicaid payments for:

- Hospice care provided by a hospice agency other than the hospice agency designated by the recipient or a person authorized by law to consent to medical treatment for the recipient.
- Any Medicaid services related to the terminal condition for which hospice care was elected OR for a related condition OR Medicaid services that are equivalent to hospice care, except for services provided by:
  - the designated hospice,
  - another hospice under arrangements made by the designated hospice, or
  - the recipient's attending physician if that physician IS NOT an employee of the designated hospice or receiving compensation from the hospice for those services.

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**Payment for Medical Services Not Related to the Terminal Illness**

Any claim for services submitted by a provider other than the elected hospice agency will be denied if the claim does not have attached justification that the service was medically necessary and WAS NOT related to the terminal condition for which hospice care was elected. If documentation is attached to the claim, the claim will pend for medical review. Documentation may include:

- A statement/letter from the physician confirming the service was not related to the recipient's terminal illness, or
- Documentation of the procedure and diagnosis illustrating why the service was not related to the recipient's terminal illness.

If the information does not justify that the service was medically necessary and unrelated to the terminal condition for which hospice care was elected, the claim will be denied. If review of the claim and attachments justifies the claim for a covered service not related to the terminal condition for which hospice care was elected, the claim will be released for claims processing.

**NOTE:** If prior authorization or precertification is required for any covered Medicaid service not related to the treatment of the terminal condition, that prior authorization/precertification is required and must be obtained just as in any other case.

Once a claim from a non-hospice provider is denied by the Medical Review staff, resubmitted for reconsideration and denied a second time, the only recourse for appeal of the decision is through the official appeals process. The appeal request must include an explanation of the reason for the request, the claim(s) in question, and supporting documentation. (See Appendix A for information on where to file appeals)

**NOTE:** Claims for prescription drugs will not be denied but will be subject to post-payment review.

**Revocation of Hospice Services**

The recipient or his/her representative may revoke the election of hospice care at any time during an election period. The recipient's or the authorized representative's signature is required whenever a recipient revokes hospice.