

Marketplace National Regional Benefit Interpretation Document

Benefit Name	HOSPICE SERVICES
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses hospice and respite care.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member’s EOC/SOB, the member’s EOC/SOB provision will govern.</p> <p>Essential Health Benefits for Individual and Small Group</p> <p>For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits (“EHBs”). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>A. FEDERAL/STATE MANDATED REGULATIONS</p> </div> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p>CALIFORNIA:</p> <p style="text-align: center;">California Health and Safety Code 1368.2 Hospice Care Coverage</p>

1300.68.2 BARCLAYS OFFICIAL [CALIFORNIA CODE OF REGULATIONS 28 CCR § 1300.68.2](#)

KENTUCKY:

[Ky. Rev. Stat. § 304.17A-250\(6\)](#): Hospice coverage
[806 Ky. Admin. Regs. 17:490](#): Hospice benefit requirements
[Department of Insurance Advisory Opinion 2014-04](#): Hospice benefits in health plans

MICHIGAN:

[MCL500.3406c](#)- Hospice Care

WASHINGTON:

[WA 284-96-500. Alternative Care-General Rules as to Minimum Standards](#)

[RCW 48.44.320](#) Home Health Care, Hospice Care, Optional Coverage Required-Standards, Limitations, Restrictions-Rules-Medicare Supplemental Contracts Excluded

[WAC 284-43-5642](#)

[WAC 284-44-500](#) Alternative Care-General Rules as to Minimum Standards

[WAC 284-46-500](#) Alternative Care-General Rules as to Minimum Standards

B. STATE MARKET PLAN ENHANCEMENTS

None

C. COVERED BENEFITS

IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

HOSPICE SERVICES

CALIFORNIA, FLORIDA:

Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services and a semi-private room in a hospice facility.

IDAHO:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Molina also covers respite care as an alternative to hospice care (for 7 days per occurrence)

ILLINOIS:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services and a semi-private room in a hospice facility.

The following services are covered:

- Coordinated Home Care;
- Medical supplies and dressings;
- Medication;
- Skilled and non-Skilled Nursing;
- Occupational and Physical Therapy;
- Pain management services;
- Physician visits;
- Social and spiritual services;
- Respite Care Service (7 days per occurrence)

KENTUCKY:

Hospice Services: Passport covers hospice services for Members who are terminally ill (a life expectancy of 6 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Covered services for hospice care will not be less than the hospice care benefits provided by Medicare.

MICHIGAN:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services. Hospice care in a semi-private room in a hospice facility limited to 45 days per calendar year. Molina also covers respite care (up to 7 days per occurrence).

MISSISSIPPI:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services and a semi-private room in a hospice facility limited to six months per lifetime. Molina also covers respite care.

NEW MEXICO:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 6 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services and a semi-private room in a hospice facility. Molina also covers respite care for up to seven days per occurrence.

OHIO:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 6 months or less). Covered Services will continue if the Member lives longer than six months. Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services and a semi-private room in a hospice facility. Molina also covers respite care for up to 7 days per occurrence.

SOUTH CAROLINA:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services and a semi-private room in a hospice facility. Coverage includes palliative care. Molina also covers respite care up to seven days per occurrence. Respite is short-term inpatient care provided in order to give relief to a person normally providing care.

TEXAS:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services and a semi-private room in a hospice facility.

UTAH:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services and a semi-private room in a hospice facility limited to 45 days per calendar year. Molina also covers respite care up to fourteen days per lifetime.

WASHINGTON:

Hospice Services (Fourteen (14) day limit): Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services and a semi-private room in a hospice facility. Molina also covers respite care up to 14 days per lifetime, which can be delivered on an inpatient basis in a hospital or skilled nursing facility.

WISCONSIN:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services and a semi-private room in a hospice facility limited to 6 months in a 3-year period. Molina also covers respite care for up to 7 days per occurrence.

RESPITE CARE

CALIFORNIA, FLORIDA, IDAHO, ILLINOIS, KENTUCKY, MICHIGAN, MISSISSIPPI, NEW MEXICO, OHIO, SOUTH CAROLINA, TEXAS, WISCONSIN:

Molina and Passport also cover respite care for up to 7 days per occurrence. Respite is short-term inpatient care provided in order to give relief to a person normally providing care.

UTAH, WASHINGTON:

Molina covers respite care up to 14 days per lifetime

LIMITATIONS FOR HOSPICE:

MICHIGAN: semi-private room in a hospice facility limited to 45 days per calendar year.

MISSISSIPPI: semi-private room in a hospice facility limited to 6 months per lifetime.

UTAH: semi-private room in a hospice facility limited to 45 days per calendar year; covers respite care up to fourteen days per lifetime

WASHINGTON: covers respite care up to 14 days per lifetime

WISCONSIN: semi-private room in a hospice facility limited to 6 months in a 3 year period

ADDITIONAL:

NEW MEXICO: Benefits for Inpatient and in-home Hospice services are Covered if you are terminally ill.

UTAH: Requires Pre-authorization and Medical Case Management

D. NOT COVERED

Refer to the member’s Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

HOSPICE SERVICES
ALL STATES:

Services provided by volunteers and housekeeping services are NOT covered

E. DEFINITIONS

[See Glossary](#)

F. POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
4/15/2021	<ul style="list-style-type: none"> Added KY 2022 Drafted Language
5/14/2021	<ul style="list-style-type: none"> Added IL 2022 Drafted Language
6/29/2021	<ul style="list-style-type: none"> Added ID 2022 EOC

**Procedure Codes
(Internal Use
Only)**

BI Policy Configuration Hospice

Coding Disclaimer: Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT[®]), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.

**Prior
Authorization**

For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:
a. Covered and No PA Required

	<p>b. Not Covered</p> <p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p>PA Lookup Tool</p>			
Approval	Departments	Product	CIM	Clinical Management
	Date	1/26/2021	3/31/2021	4/7/2021
	Revised (for 1/1/2022)	11/2/2021	3/18/2022	11/5/2021
	Revised (for 1/1/2023)	11/18/2022		11/10/2022