



SENIOR & LONG TERM CARE DIVISION

COMMUNITY SERVICES BUREAU

Medicaid Hospice Policy Manual

Title: Hospice Policy 505
Section: ELIGIBLE SERVICES
Subject: Special Requirements for Hospice Pre-election Evaluation and Counseling Services
Reference: ARM 37.40.806, 42 CFR 418.205
Supersedes: Policy 505, October 2016

PRE-ELECTION EVALUATION AND COUNSELING SERVICE

Payment for hospice pre-election evaluation and counseling services may be made to a hospice on behalf of a Medicaid beneficiary if the requirements of this section are met. The beneficiary must:

1. Have been diagnosed as having a terminal illness as defined in Hospice Policy 003;
2. Have not made a hospice election; and
3. Have not previously received hospice pre-election evaluation and consultation services specified under this section.

SERVICES PROVIDED

The hospice pre-election services include an evaluation of a member's need for pain and symptom management and counseling regarding hospice and other care options. In addition, the services may include advising the member regarding advanced care planning.

PROVISION OF PRE-ELECTION HOSPICE SERVICES

The physician furnishing the services must:

1. Be an employee or medical director of the hospice billing for this service; and
2. The services cannot be furnished by hospice personnel other than employed physicians, such as but not limited to nurse practitioners, nurses, or social

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- workers, physicians under contractual arrangements with the hospice or by the beneficiary's physician, if that physician is not an employee of the hospice; and
3. If the beneficiary's attending physician is also the medical director or a physician employee of the hospice, the attending physician may not provide, nor may the hospice bill for this service because that physician already possesses the expertise necessary to furnish end-of-life evaluation and management, and counseling services.

REQUIRED DOCUMENTATION

If the member's physician initiates the request for services of the hospice medical director or physician, appropriate documentation is required. Documentation is required as follows:

1. The request or referral must be in writing, and the hospice medical director or physician employee is expected to provide a written note on the member's medical record.
2. The hospice agency employing the physician providing these services is required to maintain a written record of the services furnished.
3. If the services are initiated by the beneficiary, the hospice agency is required to maintain a record of the services and documentation that communication between the hospice medical director or physician and the beneficiary's physician occurs, with the beneficiary's permission, to the extent necessary to ensure continuity of care.