Palliative care

We define palliative care as compassionate, patient-centered, family-oriented, specialized medical care for people living with serious illness or significant injury. It is focused on providing relief from symptoms and stress, and its goal is to improve quality of life for both the patient and their loved ones.

Our goal is to support the health care needs of our members and their families at any stage of life or health status.

Palliative care benefit

Most of our health plans include coverage for palliative care through our Personalized Care Support program. The benefit covers:

- **Goals of care/advance care planning (ACP) conversations**: Provider reimbursement
- **Home health medical**: Assistance with activities of daily living
- **Home health psychosocial support**: Family, marriage and end-of-life counseling
- **Specialized palliative care case management**: Adult and pediatric care
- **Caregiver support**: Case managers work with any member’s caregiver even if the caregiver is not an Asuris member

Verify your patients’ eligibility and benefits using the Availity Provider Portal, availity.com. You can refer patients to the program by calling 1 (866) 543-5765 or by using the online Care Management Referral Request form available on our provider website at asuris.com: Library>Forms.

Reimbursement for goals of care/ACP conversations

Your goals of care/ACP conversations with Asuris members are reimbursable. The benefit covers members of any age and any health status up to one conversation per day with no annual limit. Conversations can be about:

- Current medical status and prognosis
- Designating a medical decision maker
- Management of physical/psychological symptoms
- Social, cultural, and/or spiritual strengths, values, practices, concerns and goals
- Discussing advance care planning documents (e.g. advance directives, Durable Power of Attorney, POLST) with or without completing these and/or relevant legal forms
Submit claims using CPT 99497 or 99498 with the appropriate modifier or revenue code:

- **Medicare Advantage**: Modifier 33
- **Commercial**: Revenue 0691
- **Virtual care**: Modifier GT

**Note**: For Medicare Advantage members, there is no patient copay if you add this activity to your patient’s telehealth (conducted via audio and video) or in-person visit and submit CPT 99497 or 99498 separately from other services for that visit.

Our members’ short-term and long-term health goals and preferences are documented in their medical records. A document does not need to be produced or given to the patient.

**Important reminders about goals of care/ACP conversations**

- Goals of care/ACP conversations are valuable for patients at any age and health status.

- The Conversation Project, [theconversationproject.org](http://theconversationproject.org), offers free resources anyone can view, download and print.

- Having goals of care/ACP conversations lets patients know their wishes will be honored, so they can focus on their health and what matters to them. The conversations do not need to be depressing!

- Goals of care/ACP conversations are a process occurring over a period of weeks, months or years. Providers are not required to have one conversation that covers multiple topics and documents in a single visit.

- The benefit covers one ACP conversation per day with no annual limit regardless of the visit type or place of service.

- Goals of care/ACP conversations can be the sole reason for the visit or a conversation can occur during any office visit for other treatments.

- Goals of care/ACP conversations are not role-specific. We reimburse any provider who bills CPT 99497 and 99498 in addition to other services during the patient’s visit.

  - Our provider credentialing requirements must be met and incident-to billing procedures must be followed.

- **Medicare Advantage providers**: Participating Medicare Quality Incentive Program (QIP) providers who have goals of care/ACP conversations (CPT 99497) with at least 10% of their Asuris Medicare Advantage attributed members in a year can earn an additional incentive of $50 per attributed member.

**Learn more and review billing guidelines**

Learn more on our website: [Programs>Medical Management> Personalized Care Support](http://example.com).

The Additional Resources section includes:

- A high-level summary of the codes eligible for reimbursement in the Personalized Care Support Member Benefit Summary

- Links to our reimbursement policies for incident to and virtual care services