

# Palliative Care Benefit Summary

This document provides a high-level summary of the billing codes and limitations for services that are associated with the Asuris palliative care benefit.

This section will help you better understand how Asuris defines palliative care and also provides some extra information about our palliative care benefit.

## Palliative care

We define palliative care as compassionate, patient-centered, family-oriented, specialized medical care for people living with serious illness or significant injury from birth to natural end of life.

Palliative care focuses on relieving symptoms and stress and improving quality of life for patients, families and caregivers.

## Goals of care/advance care planning (ACP) conversations

Goals of care/ACP conversations can be about short-term and long-term care goals. Asuris values and reimburses providers and non-physician providers (NPP) for each of these important conversations, up to once per day with no annual limit. Sub-bullets are indented and look like this

## Home health

The palliative care benefit covers medically necessary services provided and billed by a licensed home health agency for medical treatment of a member who is using the palliative care benefit. These services must be part of a treatment plan written by the provider.

## Eligibility

Verify members' eligibility and benefits via the Availity Provider Portal at [availity.com](https://www.availity.com).

The palliative care benefit is embedded in most of our standard plans.

Exceptions include:

- Medicare Pledge (Medigap)
- Medicare Retiree Group (MRG, formerly known as EGWP)

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## Reimbursement

View the following policies on our provider website at [asuris.com](http://asuris.com):

[Library>Policies and Guidelines>Reimbursement Policy.](#)

- Palliative Care 'Incident To' Services (Administrative #136)
- Palliative Care 'Incident To' Services (Medicare Advantage Administrative #136)
- Virtual Care (Administrative #132)

## Additional benefit information

- The benefit is not diagnosis-specific.
- The illness does not need to be terminal.
- No homebound requirement.
- Pre-authorization through our Physical Medicine program is waived for physical (PT), occupational (OT), speech (ST) and massage therapies and acupuncture and chiropractic treatments when available in the member's plan.

## Medicare Advantage HMO and PPO members

1. Medicare pays for the physician supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plan oversight through HCPCS G0181. The additional plan oversight codes listed on the next page are included to make it easier to bill for these services.
2. When the Medicare Advantage member is designated in our systems as using the palliative care benefit:
  - The homebound requirement for palliative care home health services is waived when a skilled need is demonstrated and CPT 1150F - *Documentation that a patient has a substantial risk of death within 1 year* is included.
  - Medicare Advantage members are entitled to unlimited palliative care home health visits for assistance with the services listed above when a skilled need is demonstrated and CPT 1150F is included. In this case, these procedure codes pay 100% under the palliative care benefit.

## Medicare Advantage palliative care benefit

**Note:** If 1150F is not included, these procedure codes will pay under the Mental health/Office visit benefit, but not as a palliative care benefit.

CPT code	Also use	Description	
99366	1150F	Medical team conference, Direct (Face-to-Face) Contact with Patient and/or Family	
99367	1150F	Medical team conference, without Direct (Face-to-Face) Contact with Patient and/or Family	
99374 / 99375	1150F	Care Plan Oversight Services: Physician supervision (nursing facility setting)	
99379 / 99380	1150F	Care Plan Oversight Services: Physician supervision (home health)	
90832 / 90834	1150F	Psychotherapy, 30 / 45 minutes with patient and/or family member	
99341–99345	1150F	New patient home visit, typically 20 / 30 / 45 / 60 / 75 minutes	
99347–99350	1150F	Established patient home visit, typically 15 / 25 / 40 / 60 minutes	
99509	1150F	Palliative Care Home Health Aide visit	<p>Unlimited home health visits for Medicare Advantage.</p> <p>No homebound requirement.</p> <p>Billing provider type: In-network home health agency</p>
99510	1150F	Palliative Care Medical Social Services visit	
99497 / 99498	Modifier 33	Advance care planning, 30 minutes / additional 30 minutes	<p>Per Medicare, the CPT codes for advance care planning conversations (ACP) are valid in all places of service.</p> <p>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. The benefit covers one ACP conversation per day with no annual limit.</p>

## Group and Individual members

### Commercial palliative care benefit

**Billing provider type:** In-network provider or other eligible non-physician practitioner (NPP) via “incident-to” billing

CPT code	Description	Notes
99497 / 99498	Advance care planning, 30 minutes / additional 30 minutes	This benefit is included in the standard medical benefits for all eligible plans.  Asuris does not require documentation beyond notation in the medical record that the conversation occurred.
99509	+ Rev Code 0691 Palliative Care Home Health Aide visit	<p><b>These CPT codes accrue to the palliative care benefit when billed with revenue code 0691.</b> If revenue code 0691 is not included or any other revenue code is used, the claim will be not be associated with the palliative care benefit and may be denied, and the member would be responsible to pay for the service.</p> <p><b>Limit of 30 total visits per calendar year these codes.</b> Rehabilitative care for maintenance rather than for corrective therapies is also covered for palliative care under Home Health benefits, but no additional visits are included with the palliative care benefit. Unused visits do not carry over from year to year. All codes billed by the same provider with the same date of service on the same claim count as one visit.</p> <p><b>Billing provider type:</b> In-network home health agency</p>
99510	+ Rev Code 0691 Palliative Care Medical Social Services visit	

#### Verify eligibility and benefits

Verify members’ eligibility and benefits on the Availity Portal at [availity.com](https://www.availity.com).