

ELIMINATING COST-SHARING FOR PALLIATIVE CARE SERVICES

Palliative care is a high-value service, and should be made available to all health plan members with serious illness without barriers, including deductibles and co-payments. However, because it is difficult to recognize encounters delivered by palliative care professionals via claims, the Center to Advance Palliative Care has collected the following recommendations from pioneering health plans.

Advance Care Planning

- Do not subject the advance care planning codes – submitted by any provider – to a deductible or co-payment
 - CPT codes 99497 and 99498
- Allow use of the preventive service modifier -33 to be billed for advance care planning independent of the Annual Wellness Visit
- The elimination of cost-sharing for these codes should be for all enrollees, not just those with serious illness
- In addition, consider quality incentives for all primary care providers and palliative care providers built around utilization of these codes

Specialty Palliative Care Encounters

- Cost-sharing elimination claims processing rules should be applied to encounters that include **Z51.5** as a diagnosis code
- Maintain network payment policies that palliative care encounters must include Z51.5 as a secondary or tertiary diagnosis in the claim
- Some plans combine requirements in a “pair to pay” approach – certain encounter codes (new or established patient in an office, skilled nursing, or home setting) together with certain selected diagnoses and the inclusion of the Z51.5 code

Identification of Network Palliative Care Providers

Because palliative care is a sub-specialty, credentialing systems may not always capture who in the network is a palliative care provider. Recommendations to address this include:

- Encourage palliative care provider to identify themselves to your plan by including “hospice and palliative care” as their sub-specialty
 - Consider a process that identifies providers with frequent claims including Z51.5
- Cost-sharing elimination claims processing rules should be applied to all claims submitted by the identified palliative care providers
- Consider classifying palliative care providers as “primary care,” rather than “specialty care”
- Encourage palliative care provider to bill for palliative care services utilizing the pre-hospice/palliative care revenue codes in the 069x revenue code set

Case Rates for Palliative Care

- Plans that pay for palliative care on a per-enrolled member per month (or on a time-bound episode) can process a professional claim using S0311 and facility claim using the 069x revenue code set
- Do not subject claims with that code to deductibles or cost-sharing