



**BlueCross BlueShield
of Illinois**

Blue Cross and Blue Shield of Illinois Provider Manual

HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Hospice Care

Benefit

Hospice care is a benefit for terminally ill members with a life expectancy of less than one year who are receiving palliative rather than curative therapy, and for whom such services are appropriate. The physician must document both life expectancy estimate and appropriateness of hospice care.

Interpretation

Hospice care is a coordinated program of palliative and supportive services. It provides physical, psychological, social and spiritual care for dying persons and their families. Hospice care is available in hospital, nursing facility and home health settings.

For hospice services to be in benefit, the following conditions should be documented:

- The physician certifies that the member has a terminal illness and a life expectancy of less than one year.
- The member will not benefit from curative medical care or has chosen to receive hospice rather than curative care.
- A family member, friend, or caretaker is able to provide appropriate custodial care if services are provided in the home setting.

The following services are covered under the Hospice Care Program:

- Coordinated Home Care Program
- Medical supplies and dressings
- Medication
- Nursing Services: Skilled and non-skilled
- Occupational Therapy
- Pain management services
- Physical Therapy
- Physician visits
- Social and spiritual services
- Respite Care Services

The following services are generally not covered under the Hospice Care Program but may remain a covered benefit – see note below.

- Durable medical equipment
- Home delivered meals
- Homemaker services
- Traditional medical services provided for the direct care of the terminal illness, disease or condition
- Transportation, including but not limited, to Ambulance Transportation

Notwithstanding the above, there may be clinical situations (e.g. treatment of a fracture) when short episodes of traditional care would be appropriate even when the member remains in the hospice setting. While these traditional services are not eligible under this Hospice Care Program section, they may be Covered Services under other sections of the medical coverage.

Benefits are subject to the same provisions and day limitations as specified in the Benefit Matrix, depending upon the particular Provider involved (Hospital, Skilled Nursing Facility, Coordinated Home Care Program or Physician).

Hospice service days are counted against the Utilization Management Fund in accordance with the usual UM Fund charge for the type of facility in which hospice services are rendered (inpatient, SNF, home health care.)

Paid by	Professional Charges	IPA
	Facility Charges	HMO