# Palliative Care

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This section contains information about the palliative services available to adult and pediatric beneficiaries and palliative care billing policy.

## Adult Recipients

Medi-Cal providers may bill for medically necessary palliative care services for eligible Medi-Cal recipients diagnosed with a serious and/or life-threatening illness, as determined and documented by the recipient's treating health care provider. Substantiating documentation shall be made available to the Department of Health Care Services (DHCS) upon request. Medi-Cal covered palliative care services rendered in an inpatient, outpatient and community setting or in the patient's home include, but are not limited to:

- Advance care planning
- Palliative care assessment and consultation
- Pain and symptom management
- Plan of care
- Care coordination
- Nursing services
- Psychosocial services
- Discharge planning
- Physical or occupational therapy
- Palliative care team

## Pediatric Beneficiaries

A Medi-Cal recipient under 21 years of age may be eligible for palliative care and hospice services concurrently with curative care under the Patient Protection and Affordable Care Act Section 2302, as detailed in Centers for Medicare & Medicaid Services (CMS) Letter 10-018.

The Pediatric Palliative Care (PPC) Waiver, which was originally approved by CMS in 2008, ended on December 31, 2018. To ensure the continuity of palliative care services provided on or after January 1, 2019, for recipients under the age of 21 who transition from the PPC Waiver, palliative care services are covered through Medi-Cal's fee-for-service system or a Medi-Cal Managed Care Plan (MCP), as applicable. Pediatric palliative care services are covered under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Medi-Cal benefit. EPSDT services are existing Medi-Cal benefits that provide comprehensive, preventive, diagnostic and treatment services to eligible participants under the age of 21, as specified in Section 1905(r) of the Social Security Act. For more information, refer to the EPSDT section of the *Medi-Cal Provider Manual*.

Under the EPSDT benefit, eligible recipients under 21 years of age diagnosed with a serious and/or life-threatening illness, as determined and documented by the recipient's treating health care provider, are entitled to medically necessary services in an inpatient, outpatient, and community setting or in the recipient's home, including the following services that were originally covered under the PPC Waiver:

- Advance care planning
- Palliative care assessment and consultation
- Pain and symptom management
- Plan of care
- Care coordination
- Mental health and medical social services
- Palliative care team consultation

Medi-Cal recipients assigned a mandatory aid code and who are transitioning from Medi-Cal fee-for-service into an MCP have the right to request continuity of care in accordance with state law as well as the MCP contract, subject to some limited exceptions. All Medi-Cal MCP recipients who make a continuity of care request to an MCP must be given the option to continue treatment for up to 12 months with an out-of-network Medi-Cal provider. These eligible Medi-Cal MCP recipients may require continuity of care for services they have been receiving through Medi-Cal fee-for-service or through another Medi-Cal MCP.

# Palliative Care Billing Policy

## Billing Codes

Medi-Cal providers, including hospice agencies that are compliant with the provisions of *California Code, Health and Safety Code* 1747.3, may provide palliative care services and bill using the codes that reflect the appropriate level of care. Below is a table of palliative care services with corresponding billing codes and Place of Service codes where each service is expected to be rendered. Inpatient (I), outpatient (O) and home (H) services are appropriately designated.

**Table of Palliative Care Billing and Place of Service Codes**

| Palliative Care Services | Billing Codes | Place of Service Code |
|---|---|---|
| Advance Care Planning | 99497, 99498 | 12,13, 21, 31, 32, 34 |
| Care Coordination (H) | 99490 | 12 |
| Discharge Planning (I) | 99238 and 99239 | 21, 31, 32, 34 |
| Discharge Planning (H) | 99341 thru 99345, and 99347 thru 99350 | 12 |
| Nursing Services (H) Home Health Aide | G0299, G0162, G0300, and G0156 | 12 |
| Occupational therapy (H/Hospice) | G0152 | 12, 34 |
| Pain and Symptom management (H) | Pharmacy benefit | 12 |
| Pain and Symptom management (I/O) | Pharmacy benefit | 21, 31, 32, 34 |
| Palliative Care Assessment and Consultation (H) | 99341-99345, 99347 thru 99350 | 12 |
| Palliative Care Assessment and Consultation (I/O) | 99251 thru 99255 | 11, 21, 31, 32, 34 |
| Palliative Care team (I/O)-qualified health professional (QHP) | 99366, 99368 | 13, 21, 31, 32, 34 |

**Table of Palliative Care Billing and Place of Service Codes (Continued)**

| Palliative Care Services | Billing Codes | Place of Service Code |
|---|---|---|
| Physical therapy (H/Hospice) | G0151, G0159 | 12, 34 |
| Plan of Care (H) | 99341, 99342, 99344, 99345, and 99347 thru 99350 | 12 |
| Plan of Care (I/O) | 99252 thru 99255 | 11, 21, 31, 32, 34 |
| Psychosocial Services | CPT® code 90832 should be used for psychotherapy services<br>HCPCS G0155 should be billed for clinical social worker | 12, 13, 21, 31, 32, 34 |

A current list of Place of Service codes, and their definitions, may be found on the Place of Service Code Set page, on the Centers for Medicare & Medicaid Services (CMS) website.

## Required Modifiers:

Modifier HA is required when billing for palliative care for a child. Modifier HB is required when billing for palliative care for an adult.

## Required Diagnosis Code:

ICD-10-CM diagnosis code Z51.5 is required when billing for all palliative care services.

## Frequency Limitation:

CPT code 99497 is reimbursable twice a year. CPT code 99498 is reimbursable once a year. A *Treatment Authorization Request* (TAR) may override these frequency limitations.

# Legend

Symbols used in the document above are explained in the following table.

| Symbol | Description |
|---|---|
| ‹‹ | This is a change mark symbol. It is used to indicate where on the page the most recent change begins. |
| ›› | This is a change mark symbol. It is used to indicate where on the page the most recent change ends. |