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Palliative Care Member Benefit

2022 Provider Training



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What is Palliative Care?

- **“Palliative Care”** is patient- and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and facilitating patient autonomy, access to information, and choice.
- Palliative Care is NOT Hospice (which serves the terminally ill); it can precede Hospice within the continuum of care as a member is facing a life-threatening illness.
- Palliative Care can be provided in-addition to curative care or therapeutic efforts - it does not signal an end to curative treatment. Member may improve and no longer require!

What are the goals of Palliative Care?

- Home- and telephonic-based support equals less travel, greater comfort
- Outpatient-driven benefit: lower avoidable inpatient and ER utilization
- Mental, emotional, and spiritual support
- Advance Care Planning supports patient choice and informed outcomes

Who qualifies for Palliative Care?

- **Medi-Cal benefit for Adult Members**

- General criteria for their disposition and intent
- AND one of four specific diagnoses: Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), Advanced Stage Cancer (III or IV), or Advanced Liver Disease
- CenCal Health has additional “CenCal-only” diagnostic criteria.
- *Detailed in the Provider Manual (Section E15)*

- **Medi-Cal benefit for Pediatric Members**

- Same as adult benefit but with broader diagnostic criteria.
- Detailed in the Provider Manual

What does the benefit include?

- Advance Care Planning
- Palliative Care Assessment and Consultation (with MD, NP, or SW)
- Plan of Care
- Access to Palliative Care Team
 - MD or DO trained or certified in Palliative Care
 - RN, NP, LVN
 - Social Worker
 - Spiritual Care (Chaplain)
- Pain and Symptom Management
- Coordination of Care
- Mental Health and Medical Social Services
 - Specialty Mental Health or Severe Mental Illness directed to appropriate providers

How does CenCal Health pay for it?

T2024: Palliative Care Initial Assessment and Consultation, billed once

- TAR (auto-approved)
- 7-day Global Period, includes all services provided to member during the first week exploring the benefit.
- After the initial consult, the Member elects OR declines to enroll in ongoing benefit (“Go or No-Go”)
- Standard rate: \$200.00

99497: Add-on payment for completion of POLST form (“Physician Orders for Life Sustaining Treatment” aka Advance Directives)

- No TAR required
- Standard rate: \$200.00

How does CenCal Health pay for it?

T2025 – Ongoing Palliative Care Services, billed every two weeks

- TAR required, UM review for eligibility. Approved every six months.
- 14-day Global Period: one face-to-face visit required every two weeks.
- No face-to-face visit = cannot bill for that two week period.
- Includes all services under the benefit* (with exclusions)
- Standard rate: \$300.00

*Items **NOT** included in the Palliative Care global payment:

- PCP and Specialist Care (other than Palliative Care – eg, Oncology)
- Inpatient facility fees
- Physical, Occupational, and Speech Therapy (separate auth and visit if provided by the same Home Health/Hospice provider)
- DME
- Home Infusion (also separate auth if provided by same provider)

Network Providers & Resources



- **Visiting Nurse & Hospice Care (South SB County)**
- **Dignity Home Health**
- **Wilshire Home and Community Services**

Provider Directory:

[Home Page - Provider Directory \(cencalhealth.org\)](http://cencalhealth.org)

Provider Manual Resource (Section E15):

[Provider Manuals | CenCal Health Insurance Santa Barbara and San Luis Obispo Counties](#)



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