



Understanding Palliative Care and Hospice Services

Palliative Care Program: Facts for Physicians

- The Palliative Care Program focuses on improving quality of life for patients and their families dealing with serious illness.
- Palliative care referral is appropriate at any stage of a serious illness, even from the point of diagnosis; a patient does not have to be terminal to receive palliative care.
- Patients receiving palliative care may continue to receive curative therapy.
- The Palliative Care Team consults and collaborates with the attending physician, an extra layer of support for the patient.
- The Palliative Care Team provides expert management of physical symptoms associated with serious illness while also focusing on the psychosocial and spiritual aspects of disease.
- The Palliative Care Program crosses the continuum of care to provide ongoing support for patients in Meridian's long term care and sub-acute rehabilitation facilities with a focus on symptom management and advance care planning.
- In collaboration with the attending physician, the Palliative Care Program will assist patients in the transition to hospice if and when appropriate.
- Palliative care services do not affect the patient's Medicare or other insurance benefits.

For additional information about palliative care call 732.202.8071, or e-mail kxhiggins@meridianhealth.com. Or visit us at MeridianCareJourney.com

Meridian Care JourneySM

Medicare Hospice Program: Facts for Physicians

- Hospice focuses on comfort of the patient in a soothing setting for patient and family. Hospice does not shorten a patient's life or hasten death.
- An independent attending physician that is designated by the patient as "attending physician" who is not a hospice employee or who does not receive compensation from the providing hospice for the same services, may furnish and bill for services related to the hospice diagnosis (modifier RV).
- When an "attending physician" furnishes a terminal illness related service that includes both a professional and technical component, only the professional component of the service should be billed to Medicare. The technical component is the responsibility of the providing hospice (eg Xrays).
- Professional services unrelated to the patient's terminal diagnosis should be billed to Medicare by the rendering provider (modifier GW).
- To qualify for the hospice general inpatient benefit (hospice inpatient-in hospital), the patient must require an intensity of care directed towards pain control and symptom management that cannot be managed in any other setting.
- Caregiver breakdown is the loss of the individual's support structure and should not be confused with the coverage requirements for medically reasonable and necessary care for pain and symptom management that cannot be managed in any other setting. Therefore, caregiver breakdown does not qualify the patient for general inpatient care (hospice inpatient-in hospital) unless the above coverage requirements for this level of care are met.
- Hospice Professionals provide 24 hour on-call triage and intervention for patients and families, reducing the office calls for non-emergent reasons.

For additional information on Meridian At Home hospice services, call 800-655-2555

