

## VBID Medicare Hospice Transitional Services

Patient Information			
Patient Name		Patient ID# (HICN)	
Patient DOB	/ /	Admit Date	/ /
Patient Address		Patient Phone Number	
Hospice Pharmacy Benefit Manager (PBM)		From: Hospice Provider Information	
PBM Name		Hospice Name	
Phone #	( ) -	Address	
Fax #	( ) -	Phone #	( ) -
Secure E-Mail		Fax #	( ) -
Contact Name		National Practitioner Identifier (NPI)	
		Contact Name	

All transitional care services must be provided by Presbyterian Health Plan, Inc. (Presbyterian) contracted providers, following Presbyterian rules, with associated member cost-sharing. Services provided by out-of-network providers will be denied. See the following link for network providers in your area:

[www.phs.org/tools-resources/member/Pages/php-directory.aspx](http://www.phs.org/tools-resources/member/Pages/php-directory.aspx)

Supplemental services are only available to members who have elected hospice services from a contracted hospice provider. The hospice agency is responsible for the cost of agency-directed care that is not reported on this form.

Request for transitional care services and/or supplemental services must be submitted to Presbyterian within five days of the member's hospice election. Any request received after five days may require special permission.

Pharmacy Transitional Concurrent Care Coverage Request		Please submit request to fax # (505) 923-5540
Services		Description
<b>Oncology</b>	<input type="checkbox"/>	Palliative radiation treatments for symptomatic patients when radiation could help to improve their symptoms. Examples of situations in which radiation treatments are used include metastatic bone lesions, metastatic brain lesions and soft tissue lesions with associated mass effect on surrounding structures. These treatments are available during the first 30 days following election of hospice care.  - Appropriate radiation doses are concentrated into the least number
Diagnosis:		
Medication Name		

## VBID Medicare Hospice Transitional Services

**Pharmacy Transitional Concurrent Care Coverage Request      Please submit request to fax # (505) 923-5540**

Services		Description
Strength		<p>of fractions possible for patient comfort.</p> <p>Chemotherapy - Continue for 30 days following the election of hospice care.</p> <p>Studies, such as MRI or computerized tomography scan (CT), are often used to determine the efficacy of a treatment prior to the transition to hospice, often at the end of a cycle of treatment. As a result, these services would also be available for 30 days following election of hospice care.</p>
Dosing Schedule		
Qty/Month		
Rationale for Treatment		
Start Date	/ /	
Service Provider Name		
Service Provider NPI		
<b>Infusion Therapies</b>		
Diagnosis:		
Medication Name		
Strength		
Dosing Schedule		
Qty/Month		
Rationale for Treatment		
Start Date	/ /	
Service Provider Name		
Service		

## VBID Medicare Hospice Transitional Services

**Pharmacy Transitional Concurrent Care Coverage Request      Please submit request to fax # (505) 923-5540**

Services		Description
Provider NPI		
<b>Rheumatology</b>		<input type="checkbox"/> Biologics are available for rheumatology either as a primary or secondary diagnosis with continued therapy for up to 30 days after election of hospice care.
Diagnosis:		
Medication Name		
Strength		
Dosing Schedule		
Qty/Month		
Rationale for Treatment		
Start Date	/ /	
Service Provider Name		
Service Provider NPI		

**Medical Transitional Concurrent Care Coverage Request      Please submit request to fax # (505) 843-3047**

Services		Description
<b>Provider Visits</b>		<input type="checkbox"/> The hospice medical director usually serves as the primary care provider once a patient is admitted to hospice. Presbyterian will support the member's right to designate the hospice agency of their choice for hospice care. Specialist visits, when associated with transitional concurrent care, would also be covered.
Diagnosis:		
Start Date	/ /	
Service Provider Name		
Service Provider		

## VBID Medicare Hospice Transitional Services

**Medical Transitional Concurrent Care Coverage Request** **Please submit request to fax # (505) 843-3047**

NPI			
<b>Renal Disease</b>		<input type="checkbox"/>	<p>Patients already receiving dialysis treatment for a diagnosis of end-stage renal disease (ESRD) (either as their primary or a secondary diagnosis) will continue their current type of renal replacement therapy, with limits as described below while the patient continues to opt to remain in hospice status:</p> <ul style="list-style-type: none"> <li>- Hemodialysis - limited to 30 days after the initial election of the hospice benefit.</li> <li>- Peritoneal dialysis - limited to 30 days after the initial election of the hospice benefit.</li> </ul>
Diagnosis:			
Start Date	/ /		
Service Provider Name			
Service Provider NPI			
<b>Pulmonary</b>		<input type="checkbox"/>	<p>Bilevel Positive Airway Pressure (BiPAP) and continuous positive airway pressure (CPAP) in the home would continue to remain available to members electing hospice care.</p>
Diagnosis:			
Start Date	/ /		
Service Provider Name			
Service Provider NPI			
<b>End-Stage Liver Disease</b>		<input type="checkbox"/>	<p>Paracentesis performed at home, in an inpatient facility such as a hospice general inpatient care unit, or in an outpatient setting such as interventional radiology and are ongoing throughout the hospice admission for symptom management.</p> <p>Placement of an indwelling peritoneal drain, if medically appropriate, is available throughout the hospice care.</p>
Diagnosis:			
Start Date	/ /		
Service Provider Name			
Service Provider NPI			
<b>Rehabilitation</b> (Physical, Occupational or Speech Therapy or Cardiac Rehab)		<input type="checkbox"/>	<p>All rehabilitation services continue to be available to the members electing hospice for up to eight sessions or within the first 60 days of electing hospice care, whichever comes first.</p>

## VBID Medicare Hospice Transitional Services

**Medical Transitional Concurrent Care Coverage Request** **Please submit request to fax # (505) 843-3047**

Diagnosis:		
Start Date	/ /	
Service Provider Name		
Service Provider NPI		

**Supplemental Benefits** **Please submit request to fax # (505) 843-3047**

Services		Description
<b>Home and Bathroom Safety</b>	<input type="checkbox"/>	Home and bathroom modifications for safety within the first two calendar months of election of the hospice benefit, following a discharge from a hospital admission (i.e., remainder of the month in which elected and all of the second month after election). <ul style="list-style-type: none"> <li>Grab bars</li> <li>Raised toilet seat – standard/bariatric</li> <li>Shower chair – standard/bariatric</li> <li>Showerhead</li> <li>Transfer board – standard/bariatric</li> <li>Tub/stool bench</li> </ul>
Diagnosis:		
Start Date	/ /	
Service Provider Name		
Service Provider NPI		
<b>Meals</b>	<input type="checkbox"/>	Limit of 60 meals (one meal delivered per day) is available across the duration of the care within hospice, but they are not limited to a specific time period following a discharge from a hospital admission.
Diagnosis:		
Start Date	/ /	
Provider Name		
Provider Tax ID		
<b>Transportation</b>	<input type="checkbox"/>	Transportation is for ongoing hospice care that is given outside the home within the first two calendar months of election of the hospice benefit, following a discharge from a hospital admission (i.e., the remainder of the month in which elected and all the second month
Diagnosis:		
Start Date	/ /	

## VBID Medicare Hospice Transitional Services

**Medical Transitional Concurrent Care Coverage Request      Please submit request to fax # (505) 843-3047**

Service Provider Name			after election).
Service Provider NPI			

**Signature of Hospice Representative or Prescriber is required.**

Representative \_\_\_\_\_ Date    /    /   

Prescriber \_\_\_\_\_ NPI \_\_\_\_\_ Date    /    /   

**\*If the prescriber of the non-covered medication is unaffiliated with the hospice provider, then has the prescriber confirmed with the hospice provider that the medication is unrelated to the terminal illness or related conditions?**       YES       NO

\*This fax is intended for the use of the individual or entity to which it is addressed. It may contain confidential information that is privileged and exempt from disclosure under state and federal law. If you are not the intended recipient, then distribution or copying of this communication is strictly prohibited.