

Essential Elements of Medi-Cal Palliative Care Services: Reporting Requirements and Templates

This resource is part of “Section A: Define (or refine) the health care program” of the California Health Care Foundation publication *Essential Elements of Medi-Cal Palliative Care Services: Tips and Tools for Medi-Cal Managed Care Plans and Palliative Care Providers*.

Medi-Cal managed care plans and their palliative care provider partners shared information from their programs for this guide, including internal policies and procedures. CHCF is grateful for this leadership and willingness to contribute for the benefit of more people whose health and lives can be improved with high-quality palliative care.

MCP 1

COMPLETING THE CLAIM FORM, BILLING SPECIFICATIONS

This approach is provided as an example, not as the only appropriate way.

All claims must be submitted with dx code **Z51.5** to receive the appropriate payment. Please submit all claims electronically.

Case Rate Reimbursement

- Bill either **99497** or **99498** with dx code **Z51.5** on a **UB facility claim form**. Use the code that was submitted on the authorization request.
- Bill the appropriate revenue codes for palliative care: 651, 690–94, 697 & 699.
- Do not include any other service codes, as the case rate claim is considered an all-inclusive payment. Any other codes submitted on the same claim are not separately reimbursable.
- Only **ONE** claim should be submitted per member, per month for members enrolled.

Physician and Nurse Practitioner Visit Reimbursement

- Bill the applicable Medi-Cal service code with dx code **Z51.5**. Do not bill the case rate codes.
- Additional physician or nurse practitioner visits outside of the case rate should be billed on a **separate claim form by using a HCFA 1500** for professional services.

Please ensure that all past and present chronic conditions are assessed and evaluated during the visit with the member, and **all associated diagnoses are indicated on the claim form**.

MCP 2

This MCP provides a spreadsheet to palliative care providers to track the services provided to its referred members. Whether in a separate spreadsheet file to be updated and submitted periodically, or in a relational database accessible by both MCP and PC provider staff that keeps data current and captures the latest information in its reports, the provider team captures data on progress in services:

- Outreach attempts to referred members, number and dates of attempts
- Outreach outcome (declined, enrolled, unable to contact, enrolled in hospice, inpatient, other)
- Assessment scheduled date
- Assessment completed date
- Dates of required services achieved (care plan completed, advance directive/POLST, etc.).