

Servicing provider checklist: Blue Shield Home-Based Palliative Care Program

Member eligibility and enrollment in the Program

- 1. Receive or suggest a member referral for the Program. [Verify Eligibility](#) to confirm Blue Shield coverage.
- 2. Complete Step 1 on the *Palliative Care Patient Eligibility Screening Tool*.
- 3. If Step 1 criteria are met, complete Step 2 on the screening tool, including the PPS rating.
- 4. If all necessary criteria are met and the member consents, enroll the member in the Program.
- 5. Within 3 business days of completing the assessment, email the member's Program status to BSCPalliativeCare@blueshieldca.com. If a Blue Shield case manager referred the member, email the member's status to the case manager.
- 6. Document and retain all components of the member evaluation.

After enrollment in the Program

- 7. Within 3 business days of enrolling the member in the program, email required member data.

Required member data	Contact(s)
First/last name; DOB; Blue Shield member ID # with alpha-prefix; DX; DX Code (ICD10); PC CM or Physician; Enrollment date; Referral Date; Referral Source; Advanced Directive on File; POLST on File; diagnosis; statement confirming patient is not in hospice	BSCPharmacyOperation@blueshieldca.com BSCPalliativeCare@blueshieldca.com

- 8. Contact the member's treating provider(s) for coordination on the patient.
- 9. Submit initial expedited medical and/or pharmacy authorization requests if needed.

Type	Submit via:
Medical	Use AuthAccel for submitting medical authorization requests online OR submit by phone or fax (medical prior auth fax forms) .
Pharmacy	Use AuthAccel for submitting pharmacy authorization requests online OR submit by fax at (818) 697-8122 (pharmacy prior auth fax forms).

- 10. If appropriate, transition case management from Blue Shield or another organization to your team.
- 11. Establish the member's IDT and care plan, integrating the treating provider into both.
 - Invite the Blue Shield Clinical Program Manager to the member's monthly IDT meetings
- 12. Submit clinical notes on a monthly basis to the Blue Shield clinical program manager

Initial and ongoing billing

- 13. Submit invoice for the member's palliative care assessment/consultation using CPT 99497 and 99498.
 - Use case rate CPT S0311 beginning the day following member enrollment and then ongoing.
 - Code and bill for member's Annual Wellness Visit per usual practice.
 - Facilities: Submit claims via a UB-04 form, like when billing for hospice services, and use a revenue code.
- 14. Submit claims monthly and use a diagnosis code for which the patient is receiving palliative care.

Ongoing engagement of treating provider(s)

- 15. Provide chart notes and advance care planning documents after each visit, and results on all outpatient orders.
- 16. Collaborate to identify medications that optimally manage symptoms.
- 17. Offer to include in palliative care conversations via audio or videoconferencing.
- 18. Document and retain records on all interactions.

Member disenrollment from the Program

- 19. Notify BSCPalliativeCare@blueshieldca.com and BSCPharmacyOperations@blueshieldca.com within 3 business days of disenrollment; include date and reason.