

## **BIENVIVIR SENIOR HEALTH SERVICES**

### **MEDICAL DEPARTMENT**

MED: 2.07

EFFECTIVE 5/13/2025  
DATE:

REVISED -  
DATE:

CORRELATE: YES

### **SUBJECT: General Inpatient Hospice (GIP) Policy**

#### **POLICY:**

All services provided to Bienvivir participants require authorization and/or approval from the Interdisciplinary Team before services are rendered, unless the treatment meets the definition of emergent care. Bienvivir is responsible for conducting a utilization review of all inpatient services. This function is required to ensure appropriate care coordination is consistent with §460.102(c)(2)(ii) and §460.92(a)(3). Service authorization and approval will be based on the participant's current medical, physical, emotional, and social needs, current clinical practice guidelines, and professional standards of care applicable to the service consistent with §460.92(b)(1)(2). Consistent with §460.98(b)(4), authorized and approved services must be provided as expeditiously as the participant's health condition requires, considering the participant's medical, physical, emotional, and social needs.

As a PACE Program, Bienvivir covers all services offered under Medicare including general inpatient hospice when medical necessity is met. The purpose of this policy is to define the general conditions under which general inpatient hospice is covered. The guidelines offered below provide general information to support medical necessity decisions. Each request for general inpatient hospice will be reviewed for medical necessity and the guidelines below are not intended to be an all-inclusive definition, recognizing that each participant's clinical scenario is unique. General inpatient hospice admissions do require prior authorization and, due to the urgency, will be reviewed with a decision rendered as quickly as possible but not to exceed 72 hours upon receipt of complete clinical information.

#### **DEFINITIONS:**

**Participant:** The individual enrolled in and covered by Bienvivir.

**Medical Necessity:** 1. Reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member. 2. In accordance with generally accepted standards of medical practice.

## **PROCEDURE:**

Bienvivir covers general inpatient care which is for pain control and symptom management (see the details below that further outlines when Bienvivir would approve general inpatient hospice). General inpatient care (GIP) may only be provided in a Medicare participating hospital, SNF, or hospice inpatient facility. General inpatient care under the hospice benefit is not equivalent to a hospital level of care under the Medicare hospital benefit. For example, a brief period of general inpatient care may be needed in some cases when a participant or designated representative elects the hospice benefit at the end of a covered hospital stay. If a participant in this circumstance continues to need pain control or symptom management, which cannot be feasibly provided in other settings while the participant prepares to receive hospice home care, general inpatient care is appropriate.

**Bienvivir will coordinate all necessary arrangements to facilitate the participant's transfer to an appropriate care setting and will initiate Bienvivir Hospice Care services.**

**General inpatient hospice stays are considered medically necessary when both criteria are met:**

1. Participant care needs include **one or more** of the following:
  - Pain
  - Fatigue
  - Nausea, vomiting, or dehydration
  - Confusion or delirium
  - Large volume hemoptysis
  - Agitation
  - Respiratory distress or dyspnea
  - Severe psychiatric comorbidities (i.e. agitation, hallucinations)
  - Exhausted caregiver or no available caregiver
2. Participant's situation is unmanageable at any other level of care as indicated by **one or more** of the following:
  - Inpatient care that is needed for ALL of the following:
    - Unmanageable with continuous care at home
    - Unmanageable with continuous care at skilled nursing facility
  - Inpatient care warranted because of one or more of the following:
    - Death is imminent (24 – 72 hours)
    - Rapidly deteriorating condition despite course of optimal care
    - Treatment approach is performable only in inpatient setting (e.g. surgery or procedure planned)

- Participant can not medically tolerate transportation to alternative placement

**General Inpatient hospice stays are NOT considered medically necessary when ONE OR MORE of the following conditions are present:**

1. Presence of ventilatory support / intubation such that abrupt discontinuation of artificial respiratory support would result in participant death within minutes or up to 24 hours.
2. Current need for intravenous inotropic / pressor support such that abrupt discontinuation of this treatment would result in participant death within minutes or up to 24 hours.
3. Presence of intensive cardiac support (e.g. ECMO or intra-arterial balloon pump) such that discontinuation of this support would result in participant death within minutes or up to 24 hours.
4. Need for any other intensive life sustaining measures such that the abrupt discontinuation of such measures would result in participant death within minutes or up to 24 hours.

Procedure Reviewed: \_\_\_\_\_ Date: 5/13/2025  
--SELECT DEPARTMENT HEAD TITLE--

Procedure Reviewed: \_\_\_\_\_ Date: 5/13/2025  
Chief Executive Officer

### Review/Revision History

Designated Committee Approval	Procedures Revised	Statement Amended	Attachment Titles	Correlates
-------------------------------------	-----------------------	----------------------	----------------------	------------

-				
-				

-				
-				
-				

**BIENVIVIR SENIOR HEALTH SERVICES  
MEDICAL DEPARTMENT**

**POLICY:** MED:2.07

Approval: \_\_\_\_\_  
Choose an item.

Date:   [Date]  

Approval: \_\_\_\_\_  
Chief Executive Officer

Date:   [Date]  

Approval: \_\_\_\_\_  
--SELECT DEPARTMENT HEAD TITLE--

Date:   [Date]