



Policy Key: Hospice

TriWest Clinical Operations – TRICARE West

SCOPE

This Policy Key provides criteria to use during medical necessity review for hospice services.

For Active-Duty Service Members (ADSM) and TRICARE Prime Remote (TPR) beneficiaries, reviewers must first apply guidance outlined in TRICARE Operations Manual Chapter 17, Section 3, Supplemental Health Care Program (SHCP). If a service is excluded under ADSM/TPR provisions, no further policy review is required under this or any other Policy Key. ^[5]

NOT COVERED

Any indication not listed under the coverage criteria

COVERAGE CRITERIA

General Information

- The hospice benefit is designed to provide palliative care to individuals with prognoses of less than six months to live if the terminal illness runs its normal course. The benefit is based upon a patient and family-centered model where the patient's and family or friends opinions figure predominantly in the care decisions. Since this type of care emphasizes supportive services, such as pain control and home care, rather than cure-oriented treatment, the hospice benefit is exempt from those limitations on custodial care and personal comfort items currently in force under the Basic Program. ^[1]
- A beneficiary who elects to receive care under a hospice program cannot receive other Basic Program services/benefits (curative treatment related to the terminal illness unless the hospice care has been formally revoked), except for beneficiaries under the age of 21. ^[1]
- If preauthorized, pharmaceutical agents (e.g., injectables) not appropriate for self-administration may be obtained through the TRICARE Pharmacy benefit and administered by the physician, other appropriate clinician, or in the home if it is an appropriate setting. ^[1]
- Beneficiaries under the age of 21 who have a diagnosis of a terminal illness with a life expectancy of six months or less if the terminal illness runs its normal course are eligible for medically necessary curative treatment (i.e., treatment covered under the TRICARE Basic Program) related to the illness in addition to palliative care provided under the hospice benefit. ^[3]



Initial Level of Review may approve when the following are received: [1,2,4]

- Beneficiary election of hospice services with a Medicare certified hospice
- Certification of terminal illness with a life expectancy of less than six (6) months from the hospice physician.

DEFINITIONS

NA

CODES

HCPCS, Q5001-Q5010

REFERENCES

[1] TRICARE Reimbursement Manual 6010.64-M, April 2021, Change 14 (November 29, 2024), Chapter 11, Section 1, Hospice Reimbursement-General Overview, <https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-11-29/AsOf/TRT5/C11S1.html>

[2] TRICARE Reimbursement Manual 6010.64-M, April 2021, Change 14 (November 29, 2024), Chapter 11, Section 2, Hospice Reimbursement - Coverage/Benefits, <https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-11-29/AsOf/TRT5/C11S2.htm>

[3] TRICARE Reimbursement Manual 6010.64-M, April 2021, Change 14 (November 29, 2024), Chapter 11, Section 5, Hospice Reimbursement - Concurrent Hospice Services And Curative Care For Pediatric Beneficiaries, <https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-11-29/AsOf/TRT5/c11s5.html#FM100478>

[4] CMS.Gov, Hospice, Retrieved December 13, 2024, <https://www.cms.gov/medicare/payment/fee-for-service-providers/hospice>

[5] TRICARE Operations Manual (TOM) 6010.62-M, Chapter 17, Section 3 — Supplemental Health Care Program (SHCP) Contractor Responsibilities, Retrieved 01/02/2026 <https://manuals.health.mil/pages/DisplayManualHtmlFile/2025-12-19/AsOf/TOT5/C17S3.html>