Pediatric hospice/Curative monthly service and activity log

Concurrent hospice services and curative care

For beneficiaries under the age of 21 years old, TRICARE may cover medically necessary and appropriate curative services related to the treatment of the terminal illness for which hospice care is provided.

Hospice services shall continue to provide palliative services to support and help children and their families maintain life as normally as possible.

- Prior authorization is required for concurrent care provided to beneficiaries under the age of 21 year in order to ensure the coordination of care between hospice and outside providers (*TRICARE Reimbursement Manual (TRM), Ch. 11, Sec. 5, Par. 3.3*).
- Hospice providers must submit comprehensive (palliative and curative) signed treatment plan, with this log, to Humana Military case management each month a beneficiary under the age of 21 is receiving hospice services.
- Humana Military contact: _____

Submit the monthly treatment plan and this activity log to HumanaMilitary.com or fax to (877) 369-8027.

Please provide the following information each month as long as the patient is receiving hospice services:

Beneficiary name: _____ ID #: _____

DOB (mm/dd/yyyy): _____ Authorization # (if known): _____

Diagnosis: _____ Comorbidities: _____

Hospice Start of Care (SOC) date (mm/dd/yyyy): _____ Phone: _____

Hospice point of contact: _____

Primary case manager (nurse): _____ Phone: _____

Attending for hospice care (MD): _____ Phone: _____

Primary Care Manager (PCM): _____ Phone: _____

Staff categories providing services

Please specify type of personnel (i.e., MD, RN, MSW, chaplain), type of service and number of visits per service:

_____

_____

_____

_____

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Please specify **hospice only** curative/palliative services and brief details below:

Curative	Palliative	Service	Frequency	Brief description
☐	☐	Chemo		
☐	☐	Radiation		
☐	☐	Infusion		
☐	☐	Enteral feeds		
☐	☐	DME		
☐	☐	PT		
☐	☐	OT		
☐	☐	ST		
☐	☐	Labs/Diagnostics		
☐	☐	Procedures		
☐	☐	Other services		
☐	☐	Pediatric hospice/Curative medications **only**: Name, route, date discontinued		

Name of person completing this form: _____

Phone: _____ Date (mm/dd/yyyy): _____

Submit the monthly treatment plan and this activity log by fax to (877) 369-8027.

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