

Documentation Requirements for the Hospice Physician Certification/Recertification

In order to be eligible to elect hospice care under Medicare, an individual must be entitled to Part A of Medicare and be certified as being terminally ill. A valid physician certification or recertification is required for each benefit period that the beneficiary is on the Medicare hospice benefit. This article is intended to provide guidance on the requirements for a valid physician certification and recertification.

Note: Any examples provided in this article are for illustration purposes only and do not in any way imply this is the only acceptable format. Hospice providers may choose to design their own forms or format, however, all requirements of a valid physician certification must be met, and the requirements must be fulfilled as directed by the Centers for Medicare & Medicaid Services (CMS) in the Internet-Only Manuals (IOMs).

Listed below are specific elements that are required on a physician certification and recertification as stated in the [CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 9, Section 20.1 – Timing and Content of Certification](#).

A written certification must be on file in the hospice beneficiary's record prior to submission of a claim to the Medicare contractor. Clinical information and other documentation that support the medical prognosis must accompany the certification and must be filed in the medical record with the written certification.

Initially, the clinical information may be provided verbally, and must be documented in the medical record and includes as part of the hospice's eligibility assessment.

Content of Written Certifications, Including Initial and Subsequent Certifications

A complete written certification must include:

1. The statement that the individual's medical prognosis is that the beneficiary's life expectancy is six months or less if the terminal illness runs its normal course;

Guidance: A simple statement on the certification/recertification that states the beneficiary has a medical prognosis of six months or less if the terminal illness runs its normal course.

2. Patient-specific clinical findings and other documentation supporting a life expectancy of six months or less;

Guidance: The certification should give specific clinical findings which may include signs, symptoms, laboratory testing, weights, anthropomorphic measurements, oral intake, etc. The National Government Services [Local Coverage Determination \(LCD\) Hospice - Determining Terminal Status \(L33393\)](#) can be used as a guideline for documentation requirements to support terminal prognosis.

3. The signatures of the physician(s), the date signed and the benefit period dates that the certification or recertification covers (for more on signature requirements, see the [CMS IOM Publication 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.3.2.4](#) [607 KB]).

Guidance:

Physician signature and date signed – the physician must sign and make an appropriate date entry for his/her signature. *John Smith M.D.* MM/DD/YY. If the physician signature is not legible, you may type or print the name below the signature. Another alternative to ensure a legible signature is to submit a signature log with the physicians printed name and signature. Also, note that the location of the physician signature for the narrative and attestation is important. See the example below regarding the physician signature.

Certification/ Recertification benefit period: make an entry on the certification that give the specific “from” and “to” date for example, Benefit period date MM/DD/YY to MM/DD/YY. Simply stating benefit period 3 is not acceptable documentation. The “from” and “through” date must appear on the certification.

4. As of 10/1/2009, the physician’s brief narrative explanation of the clinical findings that supports a life expectancy of six months or less as part of the certification and recertification forms, or as an addendum to the certification and recertification forms;
 - If the narrative is part of the certification or recertification form, then the narrative must be located immediately above the physician’s signature.
 - If the narrative exists as an addendum to the certification or recertification form, in addition to the physician’s signature on the certification or recertification form, the physician must also sign immediately following the narrative in the addendum.
 - The narrative shall include a statement directly above the physician signature attesting that by signing, the physician confirms that he/she composed the narrative based on his/her review of the patient’s medical record or, if applicable, his or her examination of the patient. The physician may dictate the narrative.
 - The narrative must reflect the patient’s individual clinical circumstances and cannot contain check boxes or standard language used for all patients. The physician must synthesize the patient’s comprehensive medical information in order to compose this brief clinical justification narrative.

Guidance: According to the [CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 9, Section 20.1 – Timing and Content of Certification](#), the regulations state if the narrative is part of the certification or recertification form, then the narrative must be located immediately above the physician signature. As part of the narrative, the narrative shall include a statement directly above the physician signature attesting that by signing, the physician confirms that he/she composed the narrative based on his/her review of the patient’s medical record or, if applicable, his or her examination of the patient. It would not be acceptable to have any other language such as the certification from and through dates, the attestation of a face-to-face, or any other documentation located between the narrative and the physicians signature.

5. Face-to-Face Encounter and Attestation.

For recertification’s on or after 1/1/2011, a hospice physician or hospice nurse practitioner must have a face-to-face encounter with each hospice beneficiary prior to the beginning the beneficiary’s third benefit period, and prior to each subsequent benefit period. The face-to-face (when applicable) is a part of the recertification.

For additional information and guidance on the face-to-face to please refer to [CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 9, Section 20.1 – Timing and Content of Certification](#) (600 KB) and the article [Documenting the Face-to-Face Encounter and Attestation](#) on the National Government Services website under the job aids and manuals.

Example of the Narrative for a Physician Certification

The examples below were prepared as a tool to the public and it not intended to grant rights or impose obligations. The information provided is only intended to be a general guide. It is not intended to take the place of either written law or regulations. The examples below provide guidance for the instructions found in the CMS IOMs on the [CMS website](#) for the physician certification requirements.

Example 1

INITIAL CERTIFICATION OF TERMINAL ILLNESS

(With narrative included)

I certify that **John Doe** is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Certification period dates: 1/1/20XX to 3/30/20XX

Brief narrative statement: (Review the individual's clinical circumstances and synthesize the medical information to provide clinical justification for admission to the hospice services)

78 y.o. male with a diagnosis of stage 4 lung cancer. Completed three rounds of chemotherapy but cancer has metastasized to the liver and bone. Patient no longer wants to continue chemotherapy and states he wants comfort measures only. Increased dyspnea and pain over past two weeks. Is now oxygen dependent with 2LNC and requires morphine every six hours for bone pain and shortness of breath.

Attestation:

I confirm that this narrative was composed by me and is based on y review of the patient's medical record and/ o examination of the patient (circle one).

Physician (printed name): Dr. Marcus Welby

Physician (signature): Dr. Marcus Welby **Date:** 1/1/20XX

Attending physician (printed name): May leave blank if no attending or document no attending physician

Attending physician (Signature): _____ **Date:** _____

Note: Attending physician signature if the patient has an attending physician.

Example 2

INITIAL CERTIFICATION OF TERMINAL ILLNESS

(Narrative as an addendum)

I certify that **John Doe** is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course

Certification period dates: 1/1/20XX to 3/30/20XX

Narrative: See my note dated 12/31/20XX (must identify which note physician is referencing)

Physician (printed Name): Dr. Marcus Welby

Physician (Signature): Dr. Marcus Welby **Date:** 1/1/20XX

Attending physician (printed name): May leave blank if no attending or document no attending physician

Attending physician (Signature): _____ **Date:** _____

Note: Attending physician signature if the patient has an attending physician.

***Please note:** Physician Narrative Addendum below. Physician Narrative Addendum must accompany the Initial Certification of Terminal Illness when the Narrative is not included on the certification.

PHYSICIAN NARRATIVE ADDENDUM

(Must accompany Certification/Recertification Form if not included in the CTI)

Date: 12/31/20XX

Name of beneficiary: John Doe

Certification period dates: 1/1/20XX to 3/30/20XX

Brief narrative statement: (Review the individual's clinical circumstances and synthesize the medical information to provide clinical justification for admission to the hospice services)

78 y.o. male with a diagnosis of stage 4 lung cancer. Completed three rounds of chemotherapy but cancer has metastasized to the liver and bone. Patient no longer wants to continue chemotherapy and states he wants comfort measures only. Increased dyspnea and pain over past two weeks. Is now oxygen dependent with 2LNC and requires morphine every six hours for bone pain and shortness of breath.

Attestation:

I confirm that this narrative was composed by me and is based on your review of the patient's medical record and/ or examination of the patient (circle one).

Physician (printed name): Dr. Marcus Welby

Physician (signature): Dr. Marcus Welby **Date:** 1/1/20XX

Example 3

RECERTIFICATION OF TERMINAL ILLNESS

(At 90 days and each subsequent 60 days)

(With narrative included)

I certify that John Doe is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Certification period dates: 3/31/20XX to 6/28/20XX

Brief narrative statement: (Review the individual's clinical circumstances and synthesize the medical information to provide clinical justification for admission to the hospice services)

78 y.o. male with a diagnosis of stage 4 lung cancer who has been receiving hospice services since 1/1/20XX. Oxygen dependent and has been increased to 6LNC. Increasing somnolence and is only out of bed for short periods of time with max assist. Poor appetite and is only taking small sips of water and broth. Evident cachexia. Receiving morphine every two hours for pain.

Attestation:

I confirm that this narrative was composed by me and is based on my review of the patient's medical record and/ or examination of the patient (circle one).

Physician (printed name): Dr. Marcus Welby

Physician (signature): Dr. Marcus Welby

Date: 1/1/20XX

For 3rd and subsequent benefit periods: N/A (not the third or subsequent benefit period): ☒

Face-to-face encounter Hospice Physician Attestation:

I confirm that I had a face-to-face encounter with (Beneficiary's Name) on ___/___/___ (date) and that I used the clinical findings from that encounter in determining continued eligibility for hospice care.

Hospice medical director/hospice physician/ NP (Printed Name): _____

Hospice medical director/hospice physician/NP (Signature): _____

Date: _____

Example 4

RECERTIFICATION OF TERMINAL ILLNESS

(At 90 days and each subsequent 60 days)

(With narrative as addendum)

I certify that John Doe is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Certification period dates: 3/31/20XX to 6/28/20XX

Physician (printed name): Dr. Marcus Welby

Physician (Signature): Dr. Marcus Welby

Date: 3/30/20XX

PHYSICIAN NARRATIVE ADDENDUM

(Must accompany Certification/Recertification Form if not included in the CTI)

Name of Beneficiary: John Doe

Certification period dates: 3/31/20XX to 6/28/20XX

Brief narrative statement: (Review the individual's clinical circumstance and synthesize the medical information to provide clinical justification for admission to hospice services)

78 y.o male with a diagnosis of stage 4 lung cancer who has been receiving hospice services since 1/1/20XX. Oxygen dependent and has been increased to 6LNC. Increasing somnolence and is only out of bed for short periods of time with max assist. Poor appetite and is only taking small sips of water and broth. Evident cachexia. Receiving morphine every two hours for pain.

Attestation:

I confirm that this narrative was composed by me and is based on my review of the patient's medical record and or examination of the patient (circle one).

Physician (printed name): Dr. Marcus Welby

Physician (signature): Dr. Marcus Welby

Date: 3/30/20XX

Example 5

RECERTIFICATION OF TERMINAL ILLNESS

(At 90 days and each subsequent 60 days)

(With narrative and Face-to-Face attestation included)

I certify that Jane Smith is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Certification period dates: 6/29/20XX to 8/27/20XX

Brief narrative statement: (Review the individual's clinical circumstances and synthesize the medical information to provide clinical justification for admission to hospice services).

83 y.o. female with end-state CHF, NYHA Class IV. Dyspnea at rest. Bilateral 2+ pitting edema in feet, calves and thighs not responsive to diuretic therapy. Increasing episodes of angina. Was ambulatory one month ago but is now bedbound and sleeps most of the time. Is arousable but with increasing confusion. Taking only small sips of water. Patient has been under hospice services since 1/1/20XX.

Attestation:

I confirm that this narrative was composed by me and is based on my review of the patient's medical record and/or examination of the patient (circle one)

Physician (printed name): Dr. Marcus Welby

Physician (Signature): Dr. Marcus Welby

Date: 6/28/20XX

Attestation of Face-to-Face Encounter (For 3rd and subsequent benefit periods):

N/A (not the third or subsequent benefit period): ☐

Conducted by certifying physician: ☐

I confirm that I had a face-to-face encounter with (Beneficiary's Name) on (___/___/___ date) and that I used the clinical findings from that encounter in determining continued eligibility for hospice care.

Hospice Medical Director (Printed name): _____

Hospice Medical Director (Signature): _____

Date: _____

Conducted by Allowed Provider Type: ☒

I confirm that a face-to-face encounter occurred with Jane Smith on 6/27/20XX (date) and the clinical findings of that visit were provided to the certifying physician, for use in determining whether the patient continues to have a life expectancy of six months or less, should the illness run its normal course.

Hospice physician/NP (printed name): Mary Jones, CRNP

Hospice physician/NP (Signature): Mary Jones, CRNP

Date: 6/27/20XX

Example 6

RECERTIFICATION OF TERMINAL ILLNESS

(At 90 days and each subsequent 60 days)

(With narrative but without face-to-face attestation included)

I certify that **Jane Smith** is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Certification period dates: 6/29/20XX – 8/27/20XX

Brief narrative statement: (review the individual's clinical circumstances and synthesize the medical information to provide clinical justification for admission to hospice services)

83 y.o female with end-state CHF, NYHA Class IV. Dyspnea at rest. Bilateral 2+ pitting edema in feet, calves and thighs not responsive to diuretic therapy. Increasing episodes of angina. Was ambulatory one month ago but is now bedbound and sleeps most of the time. Is arousable but with increasing confusion. Taking only small sips of water. Patient has been under hospice services since 1/1/20XX.

Attestation:

I confirm that this narrative was composed by me and is based on my review of the patient's medical record and/or examination of the patient (circle one).

Physician (printed name): Dr. Marcus Welby

Physician (Signature): Dr. Marcus Welby

Date: 6/28/20XX

Example 6

**NURSE PRACTITIONER/HOSPICE PHYSICIAN
ATTESTATION OF FACE-TO-FACE ENCOUNTER WITH
BENEFICIARY**

(For 3rd and subsequent benefit periods)

Hospice Nurse Practitioner/Noncertifying Hospice Physician Attestation:

I confirm that I had a face-to-face encounter with Jane Smith on 6/27/20XX (date) and that the clinical findings of that encounter have been provided to the certifying physician for use in determining continued eligibility for hospice care.

Hospice nurse practitioner (NP)/Physician (Printed name): Mary Jones CRNP

Hospice Nurse Practitioner (NP)/Physician (Signature): Mary Jones CRNP **Date:** 6/27/20XX

Example 7

RECERTIFICATION OF TERMINAL ILLNESS

(At 90 days and each subsequent 60 days)

(With narrative and face-to-face attestation included)

I certify that Jane Smith is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Certification period dates: 6/29/20XX – 8/27/20XX

Brief narrative statement: (Review the individual's clinical circumstances and synthesize the medical information to provide clinical justification for admission to hospice services)

83 y.o female with end-state CHF, NYHA Class IV. Dyspnea at rest. Bilateral 2+ pitting edema in feet, calves and thighs not responsive to diuretic therapy. Increasing episodes of angina. Was ambulatory one month ago but is now bedbound and sleeps most of the time. Is arousable but with increasing confusion. Taking only small sips of water. Patient has been under hospice services since 1/1/20XX.

Attestation:

I confirm that this narrative was composed by me and is based on my review of the patient's medical record and/or examination of the patient (circle one).

Physician (printed name): Dr. Marcus Welby

Physician (Signature): Dr. Marcus Welby

Date: 6/28/20XX

Attestation of Face-to-Face Encounter (For 3rd and subsequent benefit periods):

N/A (not the third or subsequent benefit period): ☐

Conducted by certifying physician: ☒

I confirm that I had a face-to-face encounter with Jane Smith on 6/27/20XX (date) and that I used the clinical findings from that encounter in determining continued eligibility for hospice care.

Hospice Medical Director (Printed name): Dr. Marcus Welby

Hospice Medical Director (Signature): Dr. Marcus Welby

Date: 6/28/20XX

Conducted by Allowed Provider Type: ☐

I confirm that a face-to face encounter occurred with (**Beneficiary's Name**) on ___/___/___ (date) and the clinical findings of that visit were provided to the certifying physician, for use in determining whether the patient continues to have a life expectancy of 6 months or less, should the illness run its normal course.

Hospice physician/NP (Printed Name): _____

Hospice physician/NP (Signature): _____

Date: _____