Hospice Documentation

Supporting the Terminal Prognosis
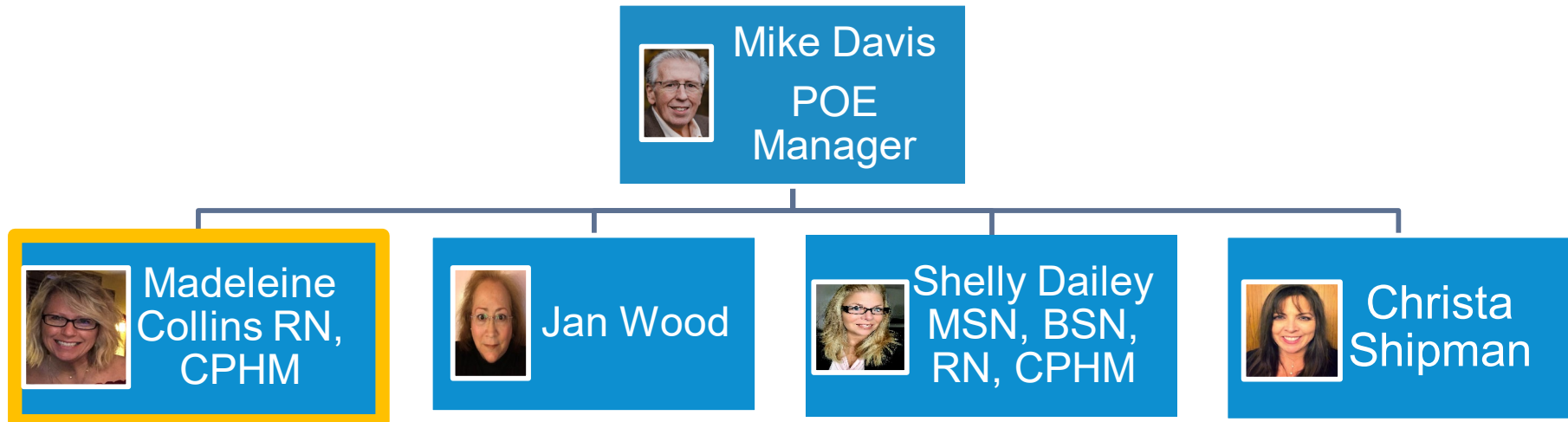
1/25/2022

Today's Presenters

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- Once you are connected to the webinar, select Handouts

- Select the PowerPoint to download the presentation
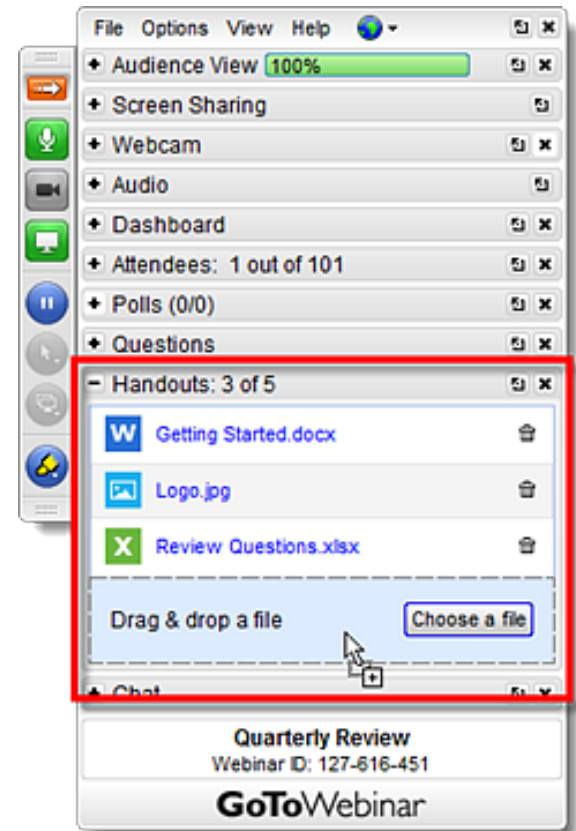
Objectives

- To assist providers with a greater understanding of the federal Medicare hospice benefit regulations regarding medical record documentation that will support terminal prognosis

Agenda

- Medicare Hospice Coverage
- Physician Certification of Terminal Illness (PCTI)
- Hospice Nursing Documentation
- Use of Local Coverage Determinations (LCDs)

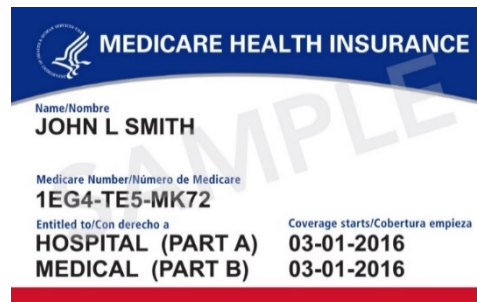# Eligibility Requirements
Certification and Recertification

Medicare Hospice Coverage
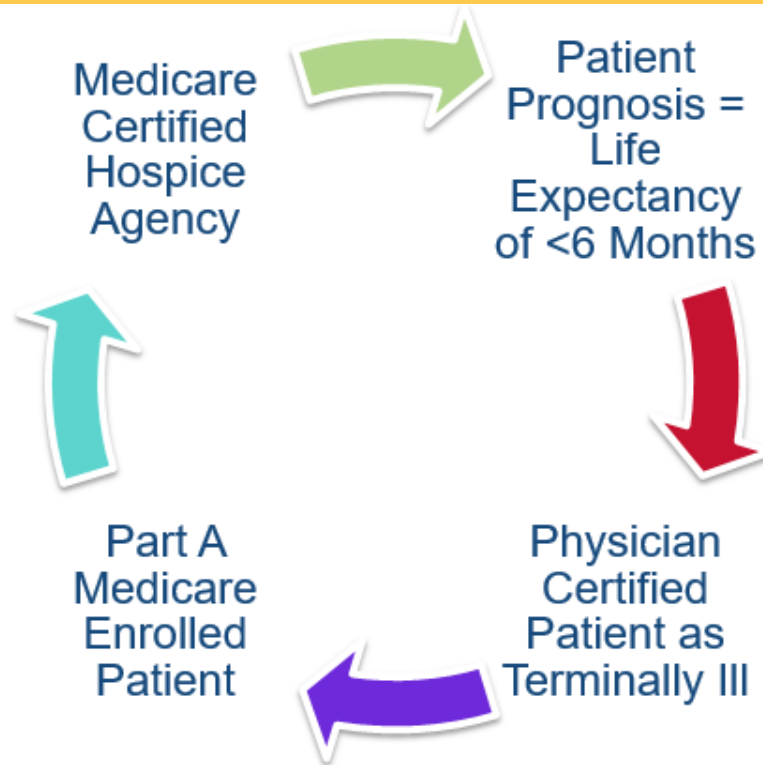
CMS IOM Publication 100-02, *Medicare Benefit Policy Manual,* Chapter 9

Eligibility for the Medicare Hospice Benefit

- An individual (or his authorized representative) must elect hospice care to receive it

- If the individual (or authorized representative) elects to receive hospice care, he or she must file an election statement with a particular hospice

- Benefit is organized into two 90-day benefit periods followed by an unlimited number of 60-day periods as long as the individual meets the above criteria

Physician Certification of Terminal Illness

The hospice

- Must obtain written certification of terminal illness for each of the periods

- Must obtain the written certification before it submits a claim

  - Certifications may be completed no more than 15 calendar days prior to the effective date of election

  - Recertifications may be completed no more than 15 calendar days prior to the start of the subsequent benefit period

Physician Certification of Terminal Illness

- Must be provided by a physician no later than two calendar days after hospice care is initiated or by the end of the third day

- If the agency cannot obtain a written certification, it must obtain an oral certification within that same time frame

JANUARY 2018

	1	2	3	4	5	6
7	8	9 Care Initiated	10 Calendar DAY ONE	11 Calendar DAY TWO	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Certification Due

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Physician Certification of Terminal Illness

- The hospice admits a patient only on the recommendation of the medical director in consultation with, or input from, the patient's attending physician

- In reaching a decision to certify that the patient is terminally ill, the hospice medical director must consider at least the following information:

  ✓ Diagnosis of the terminal condition of the patient

  ✓ Other health conditions, whether related or unrelated to the terminal condition

  ✓ Current clinically relevant information supporting all diagnoses

Physician Certification of Terminal Illness

- Documentation of Receipt of an "**Oral Certification**"

  - Statement that the patient is being admitted into hospice care (best practice suggestion)

  - Hospice diagnosis (best practice suggestion)

  - A statement that the patient is terminally ill with a prognosis of less than six months to live

  - **Entry Authentication**

    - Hospice staff signs and dates their entry for documenting the oral certification

    - The oral certification from a physician **does not** require a physician signature

Physician Certification of Terminal Illness

A complete written certification must include

- The statement that the individual's medical prognosis is that the beneficiary's life expectancy is 6 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 6 months or less if the terminal illness runs its normal course

Physician Certification of Terminal Illness

- Patient-specific clinical findings and other documentation supporting a life expectancy of 6 months or less

  - Guidance: The certification should give specific clinical findings, for example, signs, symptoms, laboratory testing, weights, anthropomorphic measurements, oral intake

- The signature(s) of the physician(s), the date signed, and the benefit period dates that the certification or recertification covers

Physician Certification of Terminal Illness

The narrative

- **Must** reflect the patient's individual clinical circumstances and cannot contain check boxes or standard language used for all patients

- **Must** include an explanation of why the clinical findings of the face-to-face encounter support a life expectancy of six months or less (with the 3rd benefit period recertification and every subsequent recertification)

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Example 1: Initial Certification of Terminal Illness

- 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**: 1/1/2016 to 3/30/2016

- **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 year old male with a diagnosis of stage four 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**

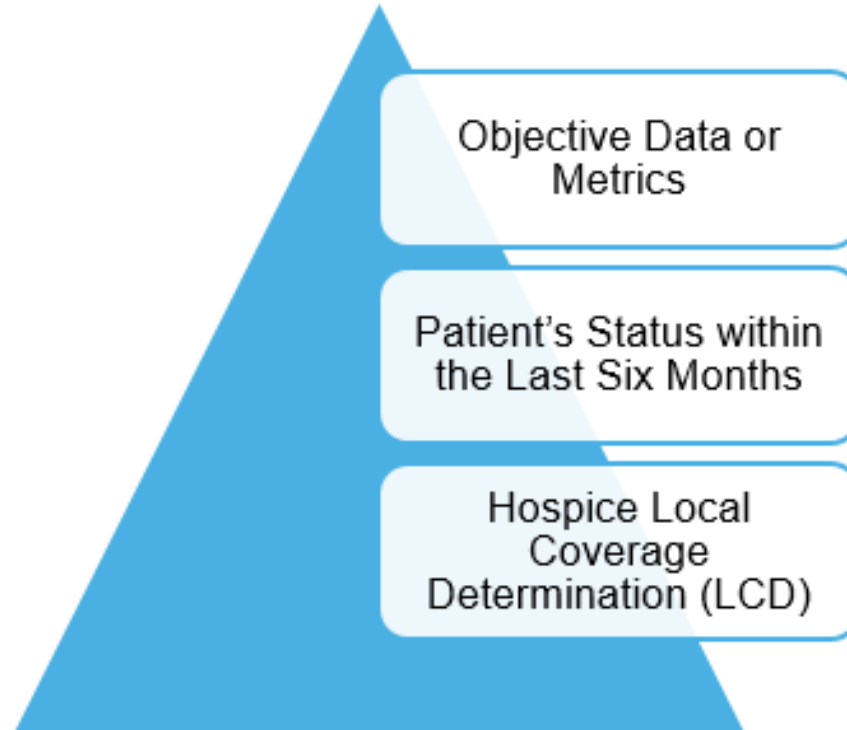# Physician Certification of Terminal Illness

Example narrative seen on medical review

Cased discussed at IDT. Care and meds approved. Patient died xx/xx/xxxx.
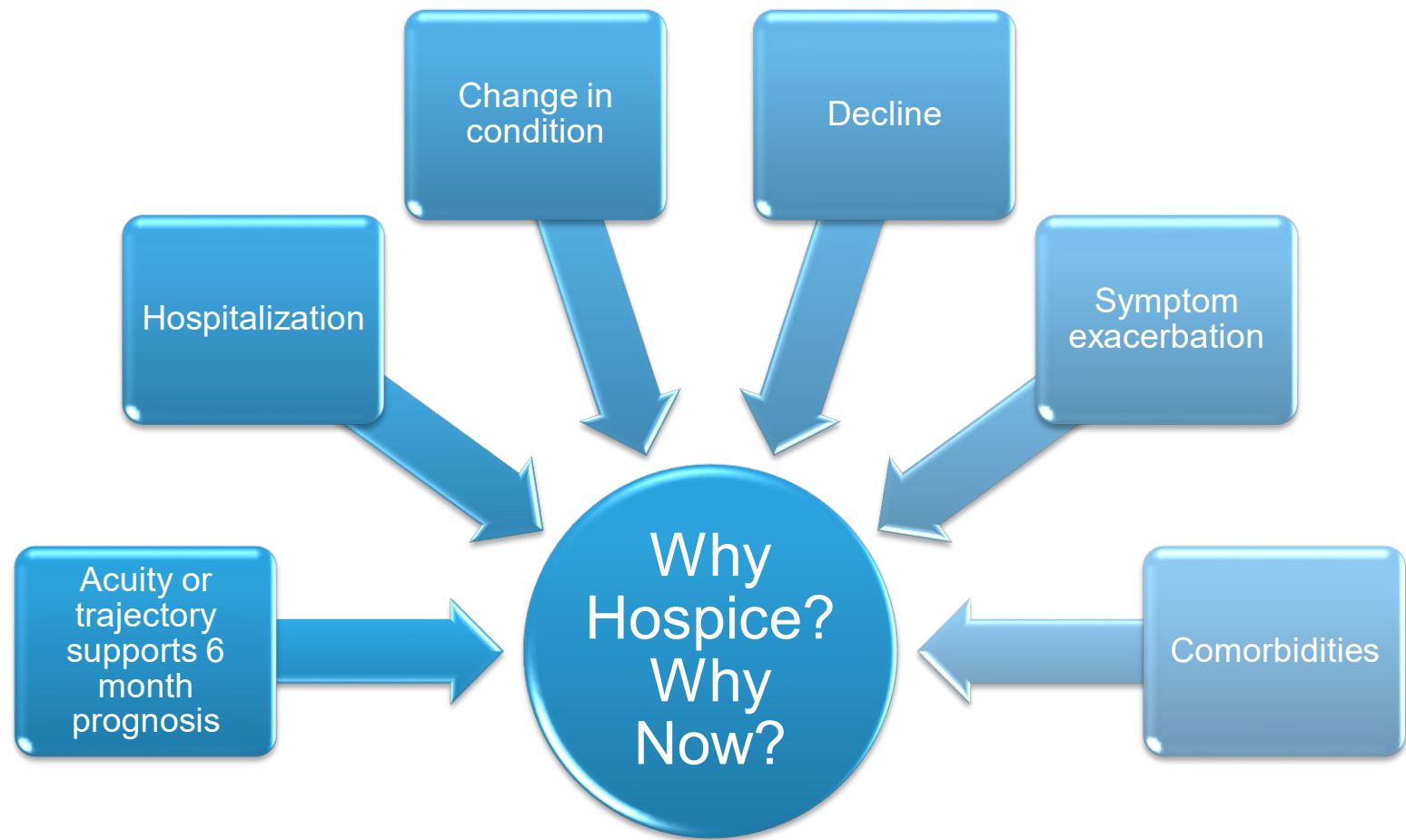
Physician Certification of Terminal Illness

Tips to Strengthen the Hospice Physician Narrative Summary

Objective Data or Metrics

Patient's Status within the Last Six Months

Hospice Local Coverage Determination (LCD)

Physician Certification of Terminal Illness

Change in condition

Decline

Hospitalization

Symptom exacerbation

Acuity or trajectory supports 6 month prognosis

Why Hospice? Why Now?

Comorbidities

Determining Terminal Status: Documentation Guidelines

- LCDs

- Functional Performance
  - PPS
  - FAST
  - NYHA

- Nutritional Status
  - Weights
  - BMI
  - MAC

- Cognitive measurement
  - Mini-Mental Exam
  - FAST

- Pain Measurement
  - Numeric
  - Faces
  - Non-verbal

- Rapid Decline

- Diagnostic Studies

Determining Terminal Status: Documentation Guidelines

Consider and document

- Patient's end stage disease trajectory

- Comorbid & related secondary conditions & impact on the terminal prognosis

- Any relevant laboratory and other test values

- Decline in performance status, amount of assistance required for ADLs

- Decline in nutritional status

- Any changes in status / condition over time

Hospice Nursing Documentation

Hospice Nursing Documentation

- The hospice plays a vital role from the early stages of the hospice admissions process until the final steps of a patient's end-of-life journey.

- This includes many of the day-to-day patient care activities, e.g., administering medications, providing ongoing wound care, or carefully documenting patient vital signs.

Hospice Nursing Documentation

- Focus on patient deterioration and decline
- Must support PCTI that the patient has a life expectancy <six months
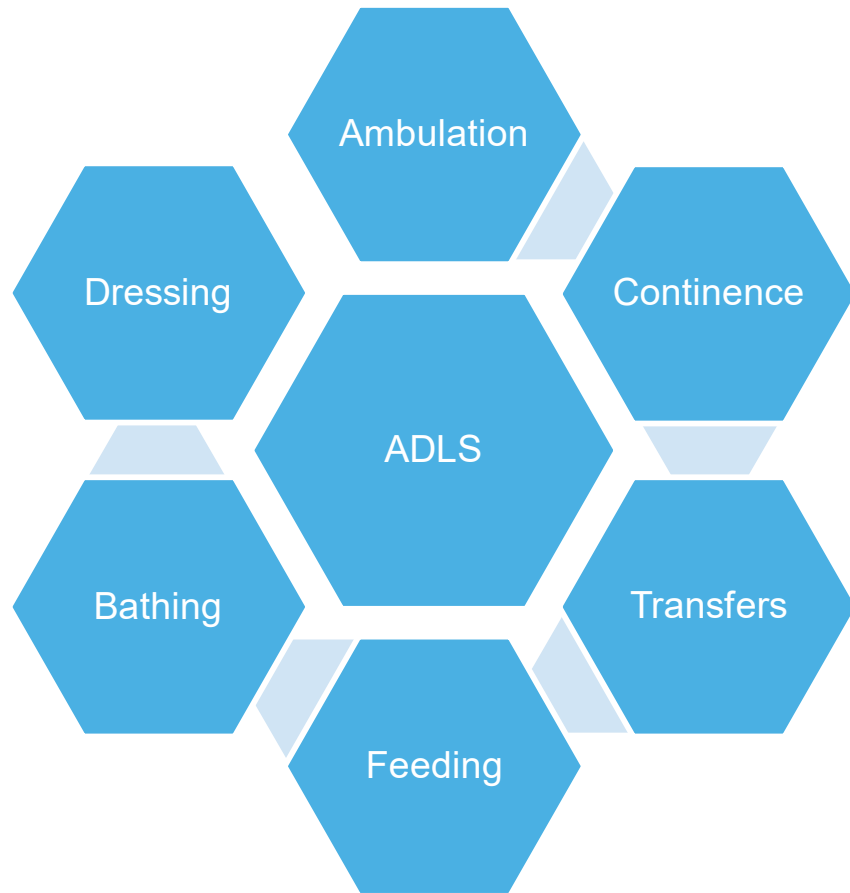- Good objective data

Hospice Nursing Documentation

Measurable Objectives

- ✓ Weights
- ✓ Mid arm circumference
- ✓ Abdominal girths
- ✓ Food and fluid intake
- ✓ Signs and symptoms
- ✓ Diagnostic studies
- ✓ Lab values

- Specific
- Objective
- Measureable
- Support the trajectory of decline related to the terminal diagnosis

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Hospice Nursing Documentation

Ambulation

Dressing

Continence

ADLS

Bathing

Transfers

Feeding

Amount of assistance required-describe

- Independent

- Uses device

- Personal assistance-how much?

Completely dependent

Determine the level of assistance needed for each ADL and any increase in need over the past 3 – 6 months

Be descriptive!

Hospice Nursing Documentation

Nutrition

- Malnutrition
- Diet
- BMI
- Dysphagia
- Muscle wasting
- MAC
- Albumin
- Appetite
- Hydration

Hospice Nursing Documentation

When writing the WHAT

- dyspnea
- cachexic
- weight loss
- poor appetite
- fragile
- Weaker

Don't forget the HOW

- as evidenced by…to fully describe what you see

Hospice Nursing Documentation

Avoid

- Same as last visit
- No change
- Stable

Use

- Descriptives
- Unchanged how? From what/when?
- Stable because of……
- Comparisons

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Hospice Nursing Documentation

Vague documentation

- Patient having dyspnea on exertion

Objective documentation

- Patient ambulates 10 feet between chair and bed before experiencing dyspnea and weakness; with one assist. One month ago, patient ambulated slowly from room to room with walker. Family reports that the patient is only able to sit up with family for 30 minutes before returning to bed.

Hospice Nursing Documentation

Vague documentation

- Overall weakness

Objective documentation

- Patient is unable to independently hold head up this visit which lasted 45 minutes.

- Patient is unable to dress or bathe self this week.

- Patient was able to assist with dressing last month.

- Patient fell last week; now needs to use walker.

Hospice Nursing Documentation

Vague documentation

- Poor appetite; eating less

Objective documentation

- Appetite declined from eating 50% of a sandwich one month ago, now eating 2-3 bites at a meal. Family is concerned that the patient refuses his favorite meal.

- Eating three to four bites of food with difficulty, last week was eating two full meals per day. Drinks two-three sips of thickened liquids and aspirates easily, last week was drinking two glasses per day.

Local Coverage Determination (LCD) Guidelines

LCD Guidelines

- Developed by the MACs

- Help providers determine when patients are appropriate for the Medicare Hospice benefit

- Use as guidelines for documenting terminal illness

- If a patient meets certain criteria, they are deemed eligible

- If a patient doesn't meet the LCD,

  o May still be eligible for the MHB,

  o But must document why (best done by a physician)

Determining Terminal Status

Remember:

- Physician's clinical judgment does not negate the fact that there must be a basis for a certification

- A hospice needs to be certain that the physician's clinical judgment can be supported by clinical information and other documentation that provide a basis for the certification of six months or less if the illness runs its normal course

LCD Guidelines

Claim denials related to NCDs and LCDs make up large percentage of denied claims

- Denials represent major expense to providers in terms of time and money
- To fix and prevent denials, providers must know how to access and correctly interpret Medicare NCDs, LCDs and policy articles

Determining Terminal Status

- Patient improves and/or stabilizes sufficiently over time while in hospice such that he/she no longer has a prognosis of six months or less from the most recent recertification evaluation or definitive interim evaluation, that **patient should be considered for discharge from the Medicare hospice benefit**

  - Such patients can be re-enrolled for a new benefit period when a decline in their clinical status is such that their life expectancy is again six months or less

- Patients in the terminal stage of their illness who originally qualify for the Medicare hospice benefit but stabilize or improve while receiving hospice care, yet have a reasonable expectation of continued decline for a life expectancy of less than six months, remain eligible for hospice care

Determining Terminal Status: Documentation Guidelines

- Documentation should "paint a picture" for the reviewer to clearly see why the patient is appropriate for hospice care and the level of care provided, i.e., routine home, continuous home, inpatient respite, or general inpatient. The records should include observations and data, not merely conclusions

- The amount and detail of documentation will differ in different situations

  - The patient with metastatic small cell CA may be demonstrated to be hospice eligible with less documentation than one with chronic lung disease. Patients with chronic lung disease, long term survival in hospice, or apparent stability can still be eligible for hospice benefits, but sufficient justification for a less than six-month prognosis should appear in the record
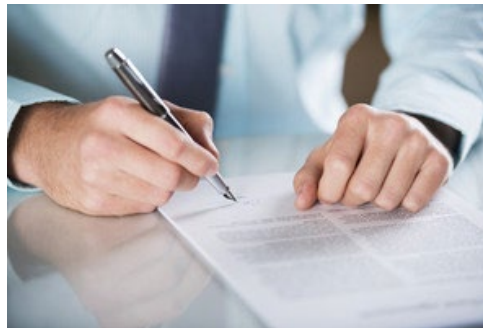
Documentation

Remember

- Good documentation = being paid for the good care you provide vs taking care of the patient for free

Hospice Resources

To Ask a Question
Using the Question Box

43

CMS Hospice Resources

- [CMS website, Hospice Center](#)
- [CMS website, Transmittals](#)
- [CMS website, Internet-Only Manuals](#)
  - CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*
    - Chapter 9 (Hospice Coverage)
  - CMS IOM Publication 100-04, *Medicare Claims Processing Manual*
    - Chapter 11 (Hospice Billing)
  - Code of Federal Regulations
    - [Part 418 Hospice Care](#)

National Government Services Website Hospice Resources

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- Available on our website

- Select your provider type and applicable state, click on enter.

- From the drop down menu, click on Education for manuals, Medicare Topics (formerly job aids) and Medicare University.

- From the drop down menu, click Events to view and register for upcoming webinars.

Materials from prior webinars are available on our website:

- Click on Events from the drop down, scroll towards the bottom of the page for past events.

NGS Local Coverage Determinations

- ## NGS Website

  - **Medical Policies tab**

    - LCD: Hospice – Determining Terminal Status (L33393)

National Government Services Local Coverage Determinations

Welcome to Medical Policies. Below you will find the LCDs, related billing & coding articles and additional medical policy topics. When entering criteria into the search box, the search results will be conducted within the LCDs and the Medical Policy Articles shown below. For additional Medical Policy Topics, refer to the bottom of the page.

[View Draft Policies | View Future Effective LCDs | View Future Effective Billing & Coding Articles | National Coverage Determinations]
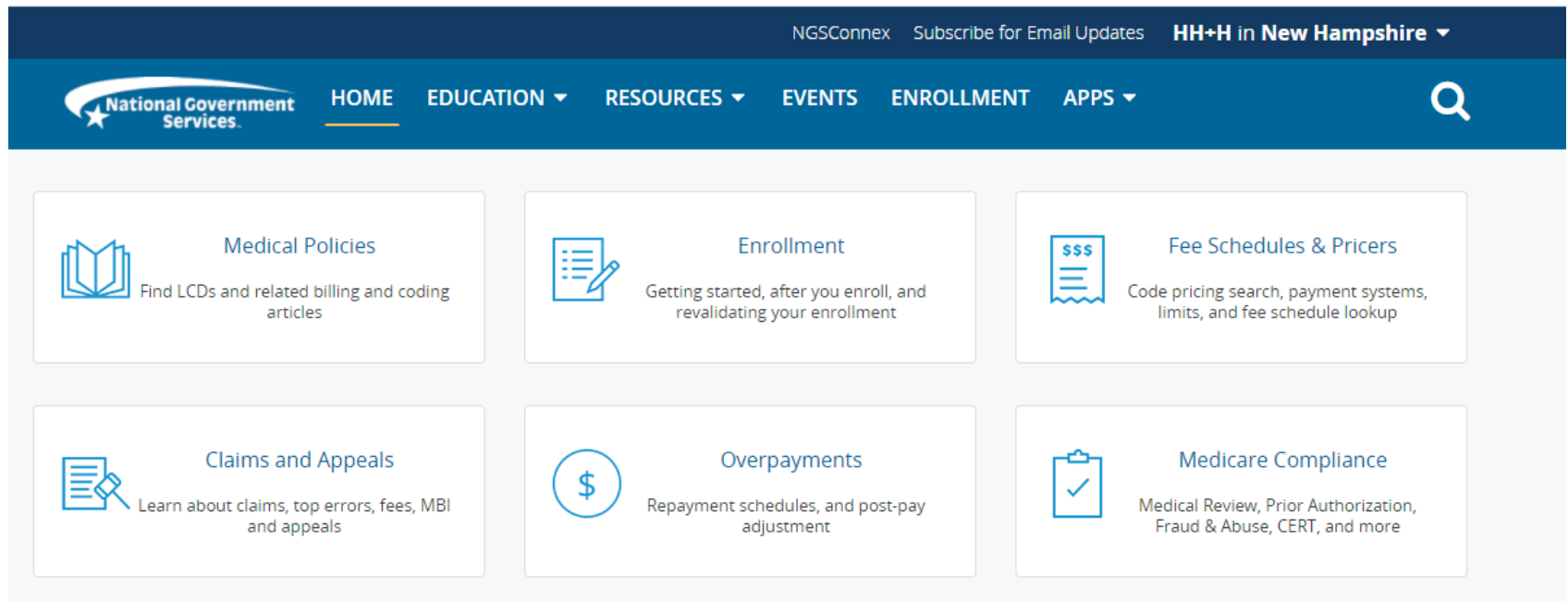
terminal

Local Coverage Determinations   Medical Policy Articles

Local Coverage Determinations

LCD	LCD #	Billing and Coding #	Response to Comments	Related CPT/HCPCS Codes
Hospice - Determining Terminal Status *Related terms: Decline, life expectancy*	L33393	A52830		

NGS Email Updates

- Subscribe to receive the latest Medicare information

National Government Services Website Contact information

Accessing contact information

- Available on [our website](#)

- Select resources, click on "Contact Us"

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Michigan, Minnesota, New York, New Jersey, Wisconsin, Puerto Rico, U.S. Virgin Islands	866-590-6728 Hearing impaired callers with TTY equipment only may call our TTY Line at 888-897-7523	866-275-3033	Monday-Friday* 8:00 a.m.-4:00 p.m. CT 9:00 a.m.-5:00 p.m. ET *Closed for training on the 2nd and 4th Friday of the month. 11:00 a.m.-3:00 p.m. CT 12:00-4:00 p.m. ET

Thank You!

- Follow-up email
  - Attendees will be provided a Medicare University Course Code
- Questions?

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