



Related MLN Matters Article #: MM3686

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Hospice Physician Recertification Requirements

Key Words

Hospital, Insurance, Terminal, Illness, Certified, Hospice, Span Code, Occurrence, MM3686, CR3686

Provider Types Affected

Hospices billing Medicare Regional Home Health Intermediaries (RHHIs)

Key Points

- Effective date of this instruction is July 1, 2005
- Medicare beneficiaries entitled to hospital insurance and have a terminal illness and a life expectancy of six months or less, have the option of electing hospice benefits in lieu of standard Medicare coverage for treatment and management of their terminal condition.
- Only care provided by a Medicare certified hospice is covered under the hospice benefit provisions.
- Hospice care is available for two 90-day periods and an unlimited number of 60-day periods during the remainder of the hospice patient's lifetime.
- Medicare hospice benefit requires that a written physician certification be on file in the Hospice patient's record prior to submission of a claim to the fiscal intermediary.
- Written physician recertification for continued periods of hospice care may not be received within the designated time limits, therefore, reimbursement for a portion of a billing period may not be provided for care given to beneficiaries during the timeframe prior to receipt of the recertification.
- Services provided during the billing period, prior to the receipt of the recertification, are non-covered.
- CR 3686 is directing that the Occurrence Span Code 77 be used for the non-covered days during the billing period to indicate provider liability for the indicated services.
- Following the initial benefit period, subsequent periods of hospice care require a written recertification no later than two calendar days after the first day of each period.
- The hospice must obtain a written recertification statement from the medical director of the hospice, or the physician member of the hospice's interdisciplinary team.
 - Receipt of the recertification must be obtained within two days of the start of care.

- If the hospice cannot obtain written certification within two calendar days, it must obtain oral certification within two calendar days.
- A written certification must be on file in the hospice patient's record prior to submission of a claim to the Medicare fiscal intermediary.

Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3686.pdf>