

Hospice Face-to-Face FAQ

Q: What happens if the face to face encounter does not occur within the required timeframes for hospice?

A: The law requires that a hospice physician or hospice nurse practitioner must have a face-to-face encounter with each hospice patient prior to the third recertification period and for every subsequent period. Unless one of the exceptional conditions described below is met, failure to meet the encounter timeframes results in a failure by the hospice to meet the patient's recertification of terminal illness eligibility requirement. At that point, the patient would cease to be eligible for the Medicare Hospice Benefit. The hospice may continue to serve the patient under hospice care, but in doing so assumes all financial responsibility for that care. The patient can be re-admitted when the eligibility criteria are met.

Exceptional circumstances: In cases where a hospice newly admits a patient who is in the third or later benefit period, exceptional circumstances may prevent a face-to-face encounter prior to the start of the benefit period. For example, if the patient is an emergency weekend admission, it may be impossible for a hospice physician or NP to see the patient prior to admission. Or, if CMS data systems are unavailable, the hospice may be unaware that the patient is in the third benefit period. In such documented cases, a face to face encounter which occurs within 2 days after admission will be considered to be timely. Additionally, for such documented exceptional cases, if the patient dies within 2 days of admission without a face to face encounter, a face to face encounter can be deemed as complete.

Q: Can the hospice bill using the occurrence span code 77 to reflect non-covered days when the face to face encounter occurs late, after the required timeframe?

A: No. The law requires that the encounter must occur prior to the start of the benefit period in order for eligibility to continue.

Q: What happens if the face to face encounter for hospice occurs timely, but the attestation is completed later?

A: The attestation can be completed after the benefit period begins, but must be completed prior to billing.