

Hospice Documentation Checklist

Claim Information	Initial DOS:	
	SOC:	

Documentation of Beneficiary Election

An individual (or his/her authorized representative) must elect hospice care to receive it. The initial election is for a 90-day period. An individual may elect to receive Medicare coverage for two 90-day periods and unlimited number of 60-day periods. If the individual (or authorized representative) elects to receive hospice care, he or she must file an election statement with a particular hospice. Hospices obtain election statements for the individual and file a Notice of Election (NOE) with the Medicare Contractor, which transmits to the Common Working File (CWF) in electronic format. Once the initial election is processed, CWF maintains the beneficiary in hospice status until a final claim indicates a discharge (alive or due to death), or until an election termination (revocation) is received.

Beneficiary Election Statement <input type="checkbox"/>	Identification of which hospice will be providing care	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Beneficiary acknowledgement of palliative versus curative treatment is on the statement of election	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Beneficiary acknowledgement of waiving traditional Medicare benefits to elect hospice	<input type="checkbox"/> YES <input type="checkbox"/> NO
	The effective date the beneficiary or representative wants the hospice election to begin	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Designated attending physician (if the beneficiary has one), with enough information to identify the physician (i.e., office address, office phone #, NPI). *note – beneficiary is not required to have an attending physician	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Beneficiary acknowledgment statement the attending physician is the beneficiaries choice	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Beneficiary or authorized representative has signed and dated the NOE. Best practice tip: State the date, so the beneficiary/representative writes the correct date.	<input type="checkbox"/> YES <input type="checkbox"/> NO

HOSPICE DOCUMENTATION CHECKLIST

Documentation of Physician Certification of Terminal Illness (CTI)

The Initial Certification is the first 90-day period of hospice coverage. For Medicare payment, the initial certification must contain two physician signatures if the beneficiary has designated an attending physician. The beneficiary is not required to have an attending physician in order to participate in the Medicare hospice benefit. There is only one initial certification period (the first 90-day period of hospice coverage). All other benefit periods are called subsequent benefit periods.

Note: a hospice agency or documentation vendor may request as part of their internal policy that two physician signatures are obtained at the start of care for each benefit period. This is not a Centers for Medicare & Medicaid Services (CMS) mandate, it is an internal policy. See the [Centers for Medicare & Medicaid Services \(CMS\) Internet-Only Manual \(IOM\) Publication 100-02, Medicare Benefit Policy Manual, Chapter 9, Section 20.1](#) for an initial certification period.

Initial Certification of Terminal Illness (CTI) <input type="checkbox"/>	Was the initial physician certification of terminal illness (CTI) statement signed by the attending (if applicable) and the hospice medical director or a hospice physician member of the IDG within two days of care being initiated (that is by the end of the third day), but no earlier than 15 days prior to the certification period? *note - a hospice attending physician is the beneficiaries choice and the beneficiary is not required to have an attending physician.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Did you document a verbal certification if the written CTI was not signed within two days of admission (that is by the end of the third day)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Did the physician(s) sign and date their signature on the CTI?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does the CTI contain the benefit period dates (from and thru date) on the certification? Example: 01/11-XX through 04/10/XX	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does the CTI contain a brief physician narrative? Note: The physician narrative must contain specific clinical findings that supports a life expectancy of less than six months.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does a statement appear directly above the physician signature attesting that by signing, the physician confirms that he/she composed the narrative?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does the CTI contain a statement that the individual's medical prognosis is six months or less should the disease run its normal course?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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Subsequent Physician Certification Terminal Illness (CTI)		
<p>A subsequent certification period, is any certification period that occurs after the initial 90-day election period of hospice care. Subsequent certifications may be completed up to 15 days before the next benefit period begins, but no later than two calendar days (that is by the end of the third day) after the first day of each period. The hospice must obtain written certification of terminal illness for each benefit period, even if a single election continues in effect</p> <p>Example: Admitted Friday, January 3rd December 19th (15 days prior) is the earliest the oral or written certification can be obtained. Must have an oral or written certification signed by the end of Sunday, January 5th (two days after the benefit period). Oral or written certification signed prior to December 19th or on and after Monday, January 6th are untimely.</p>		
Subsequent CTI <input type="checkbox"/>	Was the recertification statement signed by the hospice medical director or a hospice physician member of the IDG?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Was the CTI signed and dated within two days (by the end of the 3 rd day) of the certification period but no earlier than 15 days before the certification period?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does the CTI contain the benefit period dates (from and thru date) on the certification? Example: 01/11-XX through 04/10/XX	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does the CTI contain a physician narrative? Note: The physician narrative must contain specific clinical findings that supports a life expectancy of less than six months.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does a statement appear directly above the physician signature attesting that by signing, the physician confirms that he/she composed the narrative?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does the CTI contain a statement that the individual's medical prognosis is six months or less?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does the CTI contain a FTF (if a third or later benefit period) or a separate FTF addendum (if a third or later benefit period)?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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Oral Certification		
<p>CMS requires a written certification of terminal illness within two days (that is by the end of the third day), in order for a beneficiary to be eligible to elect hospice. If your agency is unable to obtain a written certification, then an oral certification must be documented in the medical records with two days (that is by the end of the third day). An oral certification is an interim certification until a written certification can be obtained. Once the oral certification is obtained and documented in the medical record, you have until you bill Medicare to obtain the written certification. You may not bill Medicare without a valid signed written physician certification of terminal illness.</p>		
Oral Certification <input type="checkbox"/>	Obtain within two calendar days after care was initiated and documented in the medical record when a written certification was not obtained within two days. Example: admission date of February 4 th must be signed by the end of the third day – which is February 6 th .	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Documentation identifying the physician giving the oral certification	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Statement that the individual's medical prognosis is six months or less	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Signed and dated by author	<input type="checkbox"/> YES <input type="checkbox"/> NO

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Face-to-Face Encounter (if applicable) Required with all third and later benefit periods		
<p>A face-to-face (FTF) is required for all beneficiaries entering their third or later benefit period. A hospice physician or hospice nurse practitioner must have a FTF encounter with each hospice patient. The encounter must occur prior to the recertification for the third benefit period and each subsequent benefit period. The encounter must occur no more than 30 calendar days before the third benefit period recertification and each subsequent recertification. Failure to meet the FTF encounter requirements specified, results in a failure by the hospice to meet the patient's recertification of terminal illness eligibility requirement.</p> <p>Example: Start of the benefit period: 01/31/20XX. Thirty days prior – cannot occur any earlier than January 1, XX. May be performed on the first day of the next benefit period and still be timely, which is January 31, XX in this example.</p>		
FTF Encounter <input type="checkbox"/>	FTF Timeframe - Was timeframe of the encounter met? The FTF can occur no earlier than 30 days prior to the start of the benefit period up to and including the first day of the start of the benefit period.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Attestation of FTF Encounter - Did the noncertifying hospice physician or hospice nurse practitioner attest in writing that he or she had a FTF encounter with the patient and include the date of the FTF?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Attestation of Results - Is there an attestation that the results were given to certifying physician? Note: The attestation must state that the clinical findings of that visit were provided to the certifying physician.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	FTF Titled - Is the FTF clearly titled as the FTF in either a separate and distinct area of the CTI or as a separate addendum? Note: the FTF must be clearly titled the FTF and contain the FTF encounter date	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Physician Narrative - Is the physician narrative documented? 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. The physician must sign and date their documentation.	<input type="checkbox"/> YES <input type="checkbox"/> NO

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Documentation that Must Be Submitted in Response to an ADR	
NOTE: The documentation must support CMS guidelines and criteria for admission to hospice.	
ADR attached on top of the documentation	<input type="checkbox"/> YES <input type="checkbox"/> NO
Medical records are for the beneficiary identified in the ADR	<input type="checkbox"/> YES <input type="checkbox"/> NO
Beneficiary Election Statement Additional Resources: Documentation Requirements for the Medicare Hospice Election Statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Oral/Verbal physician certification (if applicable) *must have an oral/verbal certification if the written certification cannot be signed within two days.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Initial physician certification statement Additional Resources: Documentation Requirements for the Hospice Physician Certification/Recertification	<input type="checkbox"/> YES <input type="checkbox"/> NO
Any and all subsequent physician certification statements	<input type="checkbox"/> YES <input type="checkbox"/> NO
Plan of Care (Physician and IDT)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Interdisciplinary Team Notes	<input type="checkbox"/> YES <input type="checkbox"/> NO
Face-to-Face encounter (if applicable)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Additional documentation to support terminal prognosis (if applicable) Additional Resources: Local Coverage Determination (LCD 33393 Determining Hospice Terminal Prognosis)	<input type="checkbox"/> YES <input type="checkbox"/> NO

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Documentation that should be submitted to help demonstrate that the patient has a life expectancy of six months or less if the disease runs its normal course.	
Physician Progress notes	<input type="checkbox"/> YES <input type="checkbox"/> NO
Nursing Notes	<input type="checkbox"/> YES <input type="checkbox"/> NO
Social Worker and/or Clergy, Counselor notes/Hospice aide	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hospital admission or discharge summary	<input type="checkbox"/> YES <input type="checkbox"/> NO
Labs (applicable to the terminal diagnosis. Concurrent diseases and/or medication management)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Medication administration record	<input type="checkbox"/> YES <input type="checkbox"/> NO
Radiology exams	<input type="checkbox"/> YES <input type="checkbox"/> NO
Objective data (i.e., weights, mid-arm circumference, abdominal girths, PPS)	<input type="checkbox"/> YES <input type="checkbox"/> NO
History of system infections (recent or recurring)	<input type="checkbox"/> YES <input type="checkbox"/> NO

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