### PURPOSE

### To ensure physician certification of terminal illness and authorization for hospice services are in accordance with applicable state and federal regulations and payer requirements

### Policy

At the time a patient and family/caregiver choose hospice care, the Hospice Medical Director and the patient’s attending physician, if any, will certify the patient’s terminal illness.

When certifying the patient as terminally ill, the hospice Medical Director must consider the diagnosis of the terminal condition of the patient, other health conditions, whether related or not to the terminal condition, and current relevant information supporting the diagnosis.

Patients who elect the hospice Medicare or Medicaid benefit will be certified as terminally ill, with a prognosis of six (6) months or less life expectancy if the disease runs its normal course, by the attending physician and the hospice Medical Director. Hospice services will be provided in two (2) 90-day periods and an unlimited number of 60-day periods if the patient is recertified at the beginning of each benefit period.

### PRocEDURE

* 1. At the time of admission to hospice, the hospice Medical Director or the patient's attending physician will complete a certification narrative that reflects the patient’s individual circumstances based on: his/her review of the patient’s medical record or, if applicable, examination of the patient. The hospice Medical Director and the patient’s attending physician will sign the certification of terminal illness and authorization for hospice services forms. The certification may be completed no more than fifteen (15) calendar days prior to the effective date of the hospice election statement.
	2. If written certification cannot be obtained within two (2) calendar days following the start of care, verbal certification must be obtained and documented in the clinical record within two (2) days following initiation of care and written certification must be obtained before the hospice submits a claim for payment.
	3. Clinical information and other documentation that support the medical prognosis must accompany the certification and must be filed in the clinical record with the written certification. Initially, the clinical information may be provided verbally, and must be documented in the clinical record and included as part of the hospice’s eligibility assessment.
	4. Both the attending physician (if any) and Medical Director sign and date initial certification forms. The form must be on file prior to billing the first claim.
	5. A subsequent recertification, at the beginning of each new benefit period, will be signed by the Hospice Medical Director and may be signed by the attending physician (if any). At recertification, the hospice Medical Director must compose and sign the narrative based on a review of the patient’s medical record or, if applicable, examination of the patient. A verbal or written certification statement will be obtained from the Medical Director, and may include the attending physician’s signature, no more than fifteen (15) calendar days prior or two (2) calendar days after the first day of each period. The signed and dated certification must be present prior to billing for each recertification period.
	6. The hospice physician or nurse practitioner must have a face-to-face encounter with the patient within the 30 days prior to the third benefit period recertification and within 30 days prior to each subsequent recertification period thereafter.
	7. All physician certification and authorization for hospice services and the certification of terminal illness forms will be filed in the patient's permanent clinical record.
	8. A patient who is not eligible for the Medicare/Medicaid hospice benefits may be certified for services according his/her specific payer requirements.
	9. Tools such as the fiscal intermediary's Local Coverage Determinations, along with other supporting documentation, can be used to provide guidance in determining and documenting terminal prognosis.