



# J6 Hospice Nursing Documentation

Supporting Terminal Prognosis

# Today's Presenters

Corrinne Ball, RN, CPC, CAC, CACO

Provider Outreach and Education Consultant



# Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the CMS website at <http://www.cms.gov>.



# No Recording

Attendees/providers are **never** permitted to record (tape record or **any** other method) our educational events

- This applies to our webinars, teleconferences, live events and any other type of a National Government Services educational event

# Acronyms

Acronyms used in this presentation can be viewed on the [NGSMedicare.com](https://www.ngsmedicare.com) website. On the **Welcome** page, click on **Provider Resources > Acronyms**.

# Today's Presentation

## Presentation is available on our website

- Go to <http://www.NGSMedicare.com>
- In the **About Me** drop down box, select your provider type and applicable state, click on **Next, accept the Attestation**. On the Welcome page, click the **Training** tab, then **Webinars, Teleconferences & Events** tab
- Under the **Register** button for this event, you will see the **Presentation** link

# Objectives

The objectives of this session are to review the coverage requirements for the Medicare hospice benefit and provide information on nursing documentation to support terminal prognosis

# Agenda

Hospice coverage

Why hospice? Why now?

Supporting the prognosis

Local Coverage Determination

Nursing documentation scenario

Questions and answers



# Hospice Coverage

To be eligible to elect hospice care under Medicare, an individual must be entitled to Part A of Medicare and be certified as being terminally ill.

An individual is considered to be terminally ill if the medical prognosis is that the individual's life expectancy is six months or less if the illness runs its normal course.

\*CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 9, Section 10, "Requirements- General"

# Beneficiary Notice of Election (NOE)

- Identification of the particular hospice that will provide care to the individual;
- The individual's or representative's (as applicable) acknowledgment that the individual has been given a full understanding of hospice care, particularly the palliative rather than curative nature of treatment;
- The individual's or representative's (as applicable) acknowledgment that the individual understands that certain Medicare services are waived by the election;
- The effective date of the election, which may be the first day of hospice care or a later date, but may be no earlier than the date of the election statement. An individual may not designate an effective date that is retroactive; and
- The signature of the individual or representative.

# Physician Certification of Terminal Illness (CTI)

- A written certification must be obtained no later than 2 calendar days after hospice care is initiated (that is, by the end of the third day)
- If the hospice cannot obtain a written certification within 2 calendar days, it must obtain an oral certification within 2 calendar days

# Oral Physician Certification Documentation

An oral statement documented in the patients medical record needs to include:

- A statement that the patient is terminally ill, with a prognosis of 6 months or less
- Signature and date of author
- Hospice diagnosis (suggested)
- Statement the patient will be admitted into hospice care (suggested)

# Wikipedia Definition of Nursing

Nursing is a healthcare profession focused on the care of individuals, families, and communities so they may attain, maintain, or recover optimal health and quality of life from birth to death

# Documenting the Hospice Appropriate Patient

Answering the question? “Why hospice, why now?”

- History, progression of illness, recent changes, current status
- Should show acuity or trajectory that supports the six-month prognosis
- Documentation should support the physician’s certification of terminal illness

# Why Now?

What triggered the hospice referral at this time?

- Hospitalization
- Symptoms exacerbation
- Changes in condition
- Needs for additional care
- Comorbidities

# General Terms that Do Not Support Decline

- Appears to be “losing weight”
- Ate 50% of meal
- Shows “slow decline”
- “Stable”
- “Eating well”



# How do you know?

Anytime you use a description like:

- Cachectic, anorexic, nonambulatory, dyspnea (at rest or on exertion), weight loss, poor appetite, fragile, failing, weaker...

Always follow up with “as evidenced by..” to fully describe what you see

# Documenting Objective Measures

## Measurable objectives:

- Weights
  - Mid arm circumference
  - Abdominal girths
- Food and fluid intake
- Labs
- Signs and symptoms

# Supporting Prognosis: Course of Care

Visit notes must:

- Continuously and consistently support the terminal prognosis
- Contain vital signs, weights, body mass measurements, food intake, lab values and/or other objective data
- Refer to goals identified in the plan of care

# Local Coverage Determination



# Local Coverage Determination (LCD)

## Hospice Determining Terminal Status (L25678)

- [www.ngsmedicare.com](http://www.ngsmedicare.com)
- Medical Policy Center
- Active LCDs

# LCD L25678 Hospice

# Determining Terminal Status

Part I. Decline in Clinical Status Guidelines

Part II. Non-Disease Specific Baseline Guidelines  
(both A and B should be met)

Part III. Disease Specific Guidelines

# Part I

Progression of disease as documented by worsening:

- Clinical status
- Symptoms
- Signs
- Laboratory results

# Part I – Clinical Status

## Clinical Status:

- Recurrent or intractable serious infections such as pneumonia, sepsis or pyelonephritis;
- Progressive inanition as documented by:
  - Weight loss of at least 10% body weight in the prior six months, not due to reversible causes such as depression or use of diuretics
  - Decreasing anthropomorphic measurements (mid-arm circumference, abdominal girth), not due to reversible causes such as depression or use of diuretics



# Part I – Clinical Status (cont.)

## Clinical Status (continued)

Progressive inanition as documented by:

- Observation of ill-fitting clothes, decrease in skin turgor, increasing skin folds or other observation of weight loss in a patient without documented weight
- Decreasing serum albumin or cholesterol
- Dysphagia leading to recurrent aspiration and/or inadequate oral intake documented by decreasing food portion consumption

# Part I - Symptoms

## Symptoms:

- Dyspnea with increasing respiratory rate
- Cough, intractable
- Nausea/vomiting poorly responsive to treatment
- Diarrhea, intractable
- Pain requiring increasing doses of major analgesics more than briefly

# Part I - Signs

## Signs:

- Decline in systolic blood pressure to below 90 or progressive postural hypotension
- Ascites
- Venous, arterial or lymphatic obstruction due to local progression or metastatic disease
- Edema
- Pleural/pericardial effusion
- Weakness
- Change in level of consciousness

# Part I – Laboratory Results

## Laboratory Results (*when available*):

*NOTE: Lab testing is not required to establish hospice eligibility*

- Increasing pCO<sub>2</sub> or decreasing pO<sub>2</sub> or decreasing SaO<sub>2</sub>
- Increasing calcium, creatinine or liver function studies;
- Increasing tumor markers (e.g. CEA, PSA)
- Progressively decreasing or increasing serum sodium or increasing serum potassium

# Part I – Laboratory Results (cont.)

- Decline in Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS) due to progression of disease
- Progressive decline in Functional Assessment Staging (FAST) for dementia (from 7A on the FAST)
- Progression to dependence on assistance with additional activities of daily living (see Part II, Section 2)
- Progressive stage 3-4 pressure ulcers in spite of optimal care
- History of increasing ER visits, hospitalizations, or physician visits related to the hospice primary diagnosis prior to election of the hospice benefit

# Baseline Guidelines (both A and B should be met)

- Physiologic impairment of functional status as demonstrated by: Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS) < 70%

*NOTE: two of the disease specific guidelines (HIV Disease, Stroke and Coma) establish a lower qualifying KPS or PPS*

- Dependence on assistance for two or more activities of daily living (ADLs):
  - Ambulation
  - Continence
  - Transfer
  - Dressing
  - Bathing
  - Feeding

# Baseline Guidelines (both A and B should be met)

- Co-morbidities – although not the primary hospice diagnosis, the presence of disease such as the following, the severity of which is likely to contribute to a life expectancy of six months or less, should be considered in determining hospice eligibility.
  - Chronic obstructive pulmonary disease
  - Congestive heart failure
  - Ischemic heart disease
  - Diabetes mellitus
  - Neurologic disease (CVA, ALS, MS, Parkinson's)
  - Renal failure
  - Liver Disease
  - Neoplasia
  - AIDS
  - Dementia
  - AIDS/HIV
  - Refractory severe autoimmune disease (e.g., Lupus or Rheumatoid)

# Baseline Guidelines (both A and B should be met)

- See Part III for disease-specific guidelines to be used with these baseline guidelines
- The baseline guidelines do not Independently qualify a patient for hospice coverage



# Part III – Disease-Specific Guidelines

- Cancer Diagnoses
- Non-Cancer Diagnoses
  - Amyotrophic Lateral Sclerosis
- Dementia due to Alzheimer’s Disease and Related Disorders
- Heart Disease
- HIV Disease
- Liver Disease

# Part III – Disease-Specific Guidelines (cont.)

- Pulmonary Disease
- Renal Disease
- Acute Renal Failure
- Chronic Kidney Disease
- Stroke and Coma

# Scenario

Fran is an 88-year-old female with a diagnosis of Alzheimer's. Fran was hospitalized on 6/5/2014 for pneumonia. Fran weighed 85 lbs. upon hospital admission. Hospice admission weight was 82.5 lbs. After discharge from the hospital, Fran returned home with her daughter and was admitted into hospice on 6/10/2014. All necessary paperwork was completed and met CMS requirements. Fran's daughter is her primary caregiver.

# Poor Documentation to Support Terminal Prognosis

Documentation reviewed for 10/1/2014-10/31/2014 shows:

- Hospice admission weight was 82.5 lbs. (hospital weight 85 lbs.)
- Has poor appetite
- Appears thin, clothes are loose fitting
- Totally dependent for all ADLs
- Incontinent of urine and feces
- Nonconversive
- Sleeps most of the time

# Qualitative Visit Notes

10/1/2014-10/31/2014 documentation shows:

- Has poor appetite, eating 3 to 4 bites of pureed food with difficulty
- Drinks 2-3 sips of thickened liquids and aspirates easily
- Daughter reports Fran sleeps 19 of 24 hours
- Totally dependent for all ADLs
- Daughter reports that Fran refuses any supplement shakes
- Blood sugars run between 36-220 mg/dl
- Stage III decubitus on coccyx treatment rendered without any improvement in the past 3 months
- Hospitalized 6/5/2014 for pneumonia

# CERT A/B MAC Outreach & Education Task Force



# CERT A/B MAC Outreach & Education Task Force

- A joint collaboration of the A/B MACs to communicate national issues of concern regarding improper payments to the Medicare Program
- Shared goal of reducing the national improper payment rate as measured by the CERT program
- Partnership to educate Medicare providers on widespread topics affecting most providers and complement ongoing efforts of CMS, the MLN and the MACs individual error-reduction activities within its jurisdictions

## Disclaimer

The CERT A/B MAC Outreach & Education Task Force is independent from the CMS CERT team and CERT contractors, which are responsible for calculation of the Medicare fee-for-service improper payment rate.

# Participating Contractors

- Cahaba Government Benefit Administrators, LLC/J10
- CGS Administrators, LLC/J15
- First Coast Service Options, Inc./J9
- National Government Services, Inc./J6 and JK
- Noridian Healthcare Solutions, LLC/JE and JF
- Novitas Solutions, Inc./JH and JL
- Palmetto GBA/J11
- Wisconsin Physicians Service Insurance Corporation/J5 and J8



# CERT A/B MAC Outreach & Education Task Force

The CERT Task Force educates on common billing errors and contributes educational Fast Facts to the CMS website

- CMS MLN Provider Compliance Fast Facts web page
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html>
- In addition, the CERT Task Force section on the NGS Medicare.com website provides a link to the CMS MLN Provider Compliance Fast Facts

# CERT A/B MAC Outreach & Education Task Force

## CERT Task Force Web Page

- Go to our website, <http://www.NGS Medicare.com>; in the **About Me** drop down box, select your provider type and applicable state, click on **Next**, accept the Attestation. Choose the **Medical Policy & Review** tab, then choose **CERT**, the **CERT Task Force** link is located to the right of the web page.

## Task Force Scenario's

- Insufficient documentation
- Documenting therapy and rehabilitation services

Look for new articles added to this page and provided in your Email Updates

# CERT A/B MAC Outreach & Education Task Force

CMS works closely with the CERT A/B MAC Task Force and the CERT DME MAC Outreach & Education Task Force

- CMS has a web page dedicated to education developed by the CERT A/B MAC Outreach & Education Task Force
  - <http://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/CERT-Outreach-and-Education-Task-Force.html>

# Email Updates

Subscribe to receive the latest Medicare information.

[Home](#) [ENROLLMENT](#) [CLAIMS & APPEALS](#) [MEDICAL POLICY & REVIEW](#) [EDUCATION](#) [Overpayment](#) [Cost Reports](#) [Provider Resources](#)

## EMAIL UPDATES


Welcome to the National Government Services email updates page! Here you can join electronic mail groups/lists and manage your subscriptions. To get started, join the desired electronic mail group(s) and create your profile so you can manage your subscriptions.


### *Email Updates Password Requirements*


- Eight (8) character minimum length
- Must use at least three of the following:
  - uppercase letters
  - lowercase letters
  - numbers
  - special characters (with the exception of <, >, and |)

---

- [Subscribe](#)
- [Manage Account](#)
- [Unsubscribe](#)

*Also from*  **NGSCONNEX**  
Claims information & appeals



 **MEDICARE UNIVERSITY**  
Online, self-paced learning

 **CMS LINKS**  
Access to CMS.gov items

Copyright 2014 - National Government Services | [About Us](#) | [Get Adobe Reader](#) | [Privacy Policy](#) | [Site Feedback](#) | [Site Map](#) | [People with Medicare](#) | [Congressional Offices](#)

# Website Survey

This is your chance to have your voice heard—Say “yes” when you see this pop-up so National Government Services can make your job easier!


✕

**WE'D WELCOME YOUR FEEDBACK!**

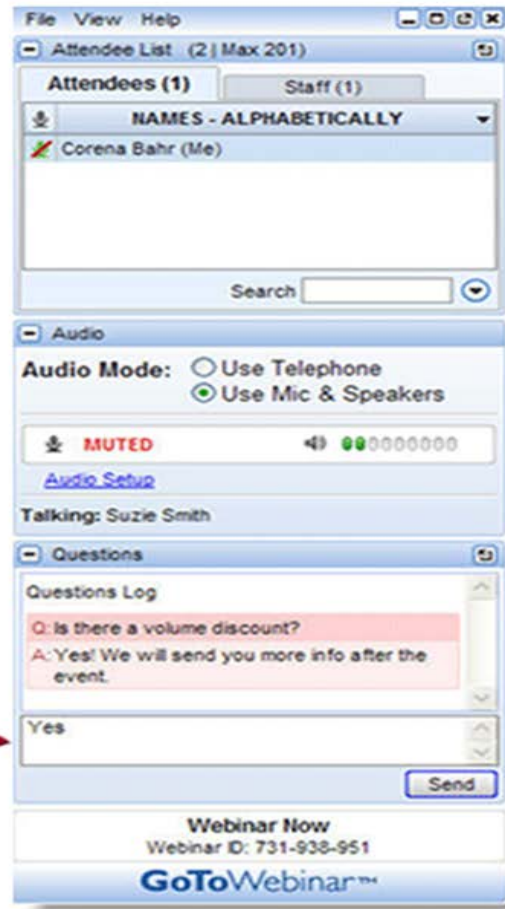
Thank you for visiting the National Government Services Medicare website. You have been selected to participate in a brief customer satisfaction survey to let us know how we can improve your experience.

The survey is designed to measure your entire experience, please look for it at the conclusion of your visit.

This survey is conducted by an independent company ForeSee, on behalf of the site you are visiting.



# To Ask a Question Using the Question Box



Type questions here

Then click Send

# Medicare University

Interactive online system available 24/7

Educational opportunities available

- Computer-based training courses
- Teleconferences, webinars, live seminars/face-to-face training

Self-report attendance

Website

- <http://www.MedicareUniversity.com>

# Medicare University

## Self-Reporting Instructions

Log on to the National Government Services Medicare University site at <http://www.MedicareUniversity.com>

- Topic = **Enter title of webinar**
- Medicare University Credits (MUCs) = **Enter number**
- Catalog Number = To be provided
- Course Code = To be provided
- Visit our website for step-by-step instructions on self-reporting. Click on the **Education** tab, then the **Get Credit** link. This will open the **Get Credit for Completed Courses** web page.



# Continuing Education Credits

All National Government Services Part A and Part B Provider Outreach and Education attendees can now receive one CEU from AAPC for every hour of National Government Services education received.

If you are accredited with a professional organization other than AAPC, and you plan to request continuing education credit, please contact your organization not National Government Services with your questions concerning CEUs.

# Thank You!

## Follow-up email

- Attendees will be provided a Medicare University Course Code

## Questions?