



Medicare Hospice Certification and Recertification Compliance Guide

§ 418.22 Certification of Terminal Illness



This document provides guidance about the components that are required for Medicare hospice certification of terminal illness. Each component that is required on the certification and recertification form is outlined with suggested text (in red) for a provider's certification/recertification form.

DISCLAIMER

This compliance guide has been gathered and interpreted by NHPCO from various resources and is provided for informational purposes only. It should not be viewed as official guidance from CMS or Medicare Administrative Contractors (MACs). It is always the provider's responsibility to determine and comply with applicable CMS, MAC, and other payer requirements. Further, this guide does not constitute legal advice and is not intended to take the place of legal advice.

COMPLIANCE FOR
HOSPICE PROVIDERS
Revised November 2021

*National Hospice
and Palliative
Care Organization*

CONTENTS

- A. Components at a glance**
- B. Overview**
- C. Certifications**
 - a. Components and What They Need to Contain
 - b. When/Timeframes
 - c. Who
- D. Narrative and Attestation**
 - a. Components and What They Need to Contain
 - b. When/Timeframes
 - c. Who
- E. Face-to-Face Encounter (Visit) and Attestation**
 - a. Components and What They Need to Contain
 - b. When/Timeframes
 - c. Who
- F. Signatures**
- G. Late Face-to-Face Encounters**
- H. Transfers**
- I. References**

A. COMPONENTS AT A GLANCE

COMPONENT	WHAT	WHEN/TIME FRAMES	WHO
Certification Statement	<ol style="list-style-type: none"> 1. Statement of life expectancy of 6 months or less should the terminal illness run its normal course 	<ol style="list-style-type: none"> 2. If cannot obtain written within 2 days after election/start of benefit period, hospice must obtain a verbal (oral) certification within 2 days. 3. Can obtain up to 15 days before election/start of benefit period. 4. Written certification statement before the hospice can bill 	<ol style="list-style-type: none"> 1. Hospice physician 2. Attending (1st period only) if they have one 3. If attending chosen is a NP or PA, no attending certification is allowed
Narrative	<ol style="list-style-type: none"> 1. Brief explanation of clinical findings that supports a life expectancy of 6 months or less 2. Uses findings of F2F (for 60 day periods) 3. Attestation that the physician composed the narrative. Located above the signature and date line. 	<ol style="list-style-type: none"> 1. After the F2F (for 60 day periods). 2. Must have before hospice can bill. 	<ol style="list-style-type: none"> 1. Hospice physician who also certifies (certifying physician)
Face-to-Face (F2F) Visit for any 60 day benefit period (3rd and on)	<ol style="list-style-type: none"> 1. Visit (encounter) made to gather clinical findings to determine continued eligibility. 2. Attestation that visit was completed and date it was completed. 3. Signature under attestation. 	<ol style="list-style-type: none"> 1. No more than 30 days before the benefit period starts. 2. Can occur on same day as new benefit period. 3. Attestation and signature before billing. 	<ol style="list-style-type: none"> 1. Hospice employed NP or hospice employed or hospice contracted physician. 2. Attestation by hospice employed NP or hospice employed or hospice contracted physician who made the visit.

B. OVERVIEW

In order to be eligible to elect hospice care under Medicare, an individual must be entitled to Part A of Medicare and certified as being terminally ill. Initial certification must be made by the medical director/hospice physician and the patient's attending physician, if the patient has one. Nurse practitioners and physician assistants are not permitted to provide initial certification or recertification. The medical director/hospice physician in conjunction with the Interdisciplinary Group must determine recertification (any period other than the first 90 days) for continued hospice care. A hospice face-to-face encounter must occur prior to recertification for any 60 day period.

All components of the certification (certification, narrative and hospice face-to-face encounter for those in the 3rd and subsequent benefit periods) must be completed according to the regulatory requirements to have a complete and completed certification or recertification.

Hospice Medicare Benefit Periods

- 1st benefit period is 90 days
- 2nd Benefit period is 90 days
- Unlimited 60 day benefit periods

The periods are only available in the order listed above.



C. CERTIFICATION

Components and What it Needs to Contain

1. Must specify that in the physician's clinical judgment, the patient's prognosis is for a life expectancy of 6 months or less if the terminal illness runs its normal course.
2. Certification is made based on clinical information and other documentation supporting eligibility contained within the medical record. The physician considers the following when making this determination:
 - a. The primary terminal condition;
 - b. Related diagnosis(es) if any;
 - c. Current subjective and objective medical findings;
 - d. Current medication and treatment orders;
 - e. Information about the medical management of any of the patient's conditions unrelated to the terminal illness.
3. Must contain the benefit period dates that the certification or recertification covers.

When/Timeframes

1. Obtain the verbal (oral) certifications no more than 15 days before or 2 days after admission. This allows billing for all days once written certifications are obtained.
2. Hospice staff must make an appropriate entry in the patient's medical record as soon as they receive a verbal (oral) certification. It is not necessary for the physician to sign the verbal (oral) certification.
3. If the verbal (oral) or written certifications are not obtained within the above specified time frames, the billable date is the date that the written certifications are obtained.
4. Written certification must be obtained prior to billing.

Example:

- a. Benefit period start date 9/15. Verbal (oral) or written certification obtained no earlier than 8/31 and no later than 9/17.

- b. Benefit period start date 9/15. Verbal (oral) obtained no earlier than 8/31 and no later than 9/17. Written certification before billing.
 - c. Benefit period start date 9/15. No verbal (oral) obtained. Written obtained 9/18. Billable dates start 9/18.
5. Note-a verbal (oral) certification is not a physician's order and may be taken by staff other than nurses if permitted by hospice policy and state regulations, if any.

Who

1. Hospice physician all periods (referred to as the certifying physician).
2. Attending physician (1st period only) if they have one as identified on the hospice election statement. Attending physician means a physician, nurse practitioner or physician assistant, who is identified by the patient at the time they elect their hospice benefit as having the most significant role in the determination and delivery of the patient's medical care. If identified attending physician is NP or PA, then there is no attending certification.
3. CMS clarified in March 2021: "If there is no attending physician designated, the original certification (first 90 day period) does not require the hospice medical director to sign in two places. The hospice physician could sign in both places if they are the designated 'attending physician.' Currently, policy does not state that the hospice physician is required to sign the certification/recertification as both the hospice director and attending physician." NHPCO Newsbriefs March 25, 2021



D. NARRATIVE AND ATTESTATION

Components and What They Need to Contain

1. Brief explanation of clinical findings that support the 6 month or less prognosis and attestation who composed the narrative.
2. The narrative statement can be part of the certification of terminal illness form, or it can be an addendum to the certification form. The narrative and attestation must be located immediately prior to the physician's signature. If the narrative statement is an addendum, indicate that it is an addendum on the certification of terminal illness form.
3. An attestation statement located directly above the physician signature must be included with the physician narrative statement. NHPCO suggested text follows:

Physician narrative attestation: *I confirm that I composed this narrative statement and that it is based on my review of the patient's medical record and/or examination of the patient.*

4. The certifying physician's printed name, signature, and date should appear below the attestation statement.
5. If the physician forgets to date the certification, a notarized statement or some other acceptable documentation can be obtained to verify when the certification was obtained.

When/Timeframes

1. After the Face-to-Face.
2. Before billing.

Who

1. The narrative statement must be composed by the certifying physician. This is the same physician who signs the certification statement.
2. NHPCO recommends that the hospice medical director/hospice physician compose the narrative statement versus the attending physician for the first 90-day certification period. The hospice medical director/hospice physician is more knowledgeable about the wording requirements in the narrative statement. Since only the hospice medical director/hospice physician provides certification for the 2nd 90 day and all 60 day periods, this means only the hospice medical director/hospice physician will compose the narrative.



E. FACE-TO-FACE ENCOUNTER (VISIT) AND ATTESTATION

Components and What They Need to Contain

Face-to-face (F2F) encounter and attestation (for 3rd and all subsequent benefit periods).

1. F2F encounter is to gather clinical findings to determine continued eligibility. It is not to determine eligibility.
2. The face-to-face encounter attestation statement is completed by the physician or nurse practitioner (NP) that completed the face-to-face encounter visit and must include the date of the visit (encounter).
3. The face-to-face encounter attestation statement can be part of the certification of terminal illness form or it can be an addendum to the certification form. If the face-to-face encounter attestation statement is an addendum that should be indicated on the certification of terminal illness form.
4. When a nurse practitioner or hospice physician who is not the certifying physician, completes the face to face encounter, the attestation must state that the clinical findings of that visit were provided to the certifying physician for use in determining whether the patient continues to have a life expectancy of 6 months or less, should the illness run its normal course.
5. Suggested face-to-face encounter attestation text:

I confirm that I had a face-to-face encounter with (Beneficiary's Name) on (_____ date) and that if I am not the certifying physician. The clinical findings were provided to the certifying physician for use in determining continued eligibility for hospice care.

When/Timeframes

1. No more than 30 days before 3rd and all subsequent benefit periods (any 60 day benefit period) starts and can occur on same day as new period starts.
2. Prior to written certification and narrative.
3. If a patient is admitted in the 3rd or subsequent benefit period, the face-to-face encounter must occur prior to admission unless an exceptional circumstance exists.
4. If exceptional circumstances prevent a face-to-face encounter to occur prior an admission of a patient in a third or later benefit period:
 - a. Complete the face-to-face encounter within 2 calendar days after admission
 - b. Document the exceptional circumstances.
 - c. Billing may occur from the date of admission.
 - d. For such documented exceptional cases, if the patient dies within 2 days of admission without a face-to-face encounter, the face-to-face encounter is deemed as complete.

Who

1. Hospice employed NP
2. Hospice employed or hospice contracted physician.



F. SIGNATURES

1. Physicians must sign and date the components of the certification themselves (stamped physician signatures are not acceptable).
2. The signatures must include "legible identifier" in the form of a handwritten or electronic signature.
3. Signature logs may be used that lists the typed or printed name of the author associated with initials or an illegible signature.

G. LATE FACE TO FACE ENCOUNTERS

1. If the face-to-face encounter is not completed prior to the beginning of the 3rd or subsequent benefit period (or on the first day of the period), it results in failure to meet recertification requirements and the patient ceases to be eligible for the Medicare Hospice Benefit the day the benefit period ended. The hospice discharges the patient from Medicare as payor and continues to care for the patient but the hospice assumes financial responsibility.
2. Once the face-to-face encounter occurs, the following must be completed to admit the patient back on the Medicare Hospice Benefit. Billing begins again the effective date of the election of benefits.
 - a. Election of benefit
 - b. Certification statement (and narrative) with new benefit period dates
 - c. Initial and comprehensive assessments
 - d. Plan of care

H. TRANSFERS

1. When a patient transfers from another hospice (Make note: can only occur once in a benefit period)
 - a. Although not a regulatory requirement, the new Hospice should obtain a certification and a narrative from the hospice physician regardless of where the patient is in their current benefit period. The current benefit period does not change (i.e., benefit period stays intact from the previous hospice).
 - b. Hospice should obtain the previous certifications, narratives and face-to-face encounters to ensure they were completed.
 - c. Refer to "Discharges, Transfers and Revocations" webpage for further guidance on the transfer process beyond the certification and recertification requirements.

I. REFERENCES

[Medicare Benefit Policy Manual Chapter 9](#) - Coverage of Hospice Services Under Hospital Insurance 20-Certification and Election Requirements; 20.1 - Timing and Content of Certification.

[Medicare Claims Processing Manual Chapter 11](#) - Processing Hospice Claims 20.1.1 - Notice of Election (NOE), 20.1.3 - Change of Provider/Transfer Notice, 30.3 - Data Required on the Institutional Claim to A/B MAC (HHH) M

[Medicare Program Integrity Manual \(cms.gov\) 3.3.2.4](#) (D) - Signature Requirements



NHPCO

Leading Person-Centered Care

1731 King Street
Alexandria, Virginia 22314

Tel. 703-837-1500