SERVICE LIMITATIONS

Services Unrelated to Terminal Illness

Once a recipient elects to receive hospice services, the hospice agency is responsible for either providing or paying for all covered services related to the treatment of the recipient's terminal illness **and related conditions.** Though a patient may present with multiple medical conditions, the attending physician certifies that at least one has created a terminal condition with a life expectancy of less than six months. It is incorrect to state a patient can elect hospice for one diagnosis and not another. A patient is either enrolled in hospice for a terminal illness or not, simply stated. If the patient elects hospice, he/she has given up the option for therapeutic care for any and all of the related conditions. If the patient has cancer and chronic obstructive pulmonary disease (COPD) and wants active treatment for the COPD, he/she should not elect hospice. He/she should stay in regular Medicaid/Medicare. Patients (and more particularly providers) cannot pick and choose among their diagnoses for hospice election; it is the life expectancy related to the patient's overall terminal condition that is the controlling factor. "Clinical condition" is defined as: A diagnosis or a patient state that may be associated with more than one diagnosis or that may be as yet undiagnosed. Therefore, any claim for services submitted by a provider other than the elected hospice agency will be denied if the claim does not have attached justification that the service was medically necessary and was not related to the terminal condition for which hospice care was elected. However, claims for prescription drugs and home and community based waiver services will not deny but will be subject to post-payment review. If documentation is attached to the claim, then the claim will be pending review.

Determining Hospice Liability

Hospice providers are held liable for payments to non hospice providers in the following situations:

- The medical consultant with the fiscal intermediary (FI) determines which services rendered are actually hospice related.

- Services rendered to a patient on the same day an election for hospice is made.

- Charges incurred by patients who receive services while in an inpatient facility (hospital, long term care acute care facility, etc.) or other services (transportation) if the services are/were rendered on the same day a patient elects/elected hospice. The time of day is not factored in when patient information is processed and claims are submitted for payment. Hospice providers bill Medicaid for the whole day and not a partial day. Providers are reimbursed for date(s) of service.