

Avoid Denial of Claims With Proper Documentation: New Education Series on the Medicare Hospice Certification Requirement

The top reason Medicare denies hospice claims centers on [improper documentation](#), which is projected to result in [\\$2.9 billion in improper payments](#). In this new series, we'll share information, tips, videos, and continuing medical education trainings to help reduce claim denials. Starting with proper certification of terminal illness (CTI) is critical.

When is CTI needed?

For patients to receive hospice coverage under Medicare, providers must submit CTI documentation at these intervals:

- **Benefit period 1:** the first 90 days
- **Benefit period 2:** the next 90 days
- **Benefit periods 3+:** each subsequent 60-day period



What should be included in the CTI?

- **Statement of terminal illness:** simple statement that the patient's life expectancy is 6 months or less (≤ 6) if the terminal illness runs its normal course
- **Clinical findings that support terminal illness:** specific clinical findings (e.g., patient diagnosis and prognosis, laboratory results, rapid decline in patient status) to support a life expectancy of ≤ 6 months
- **Hospice benefit period(s):** specific "from" and "through" dates (i.e., MM/DD/YY to MM/DD/YY) for each period of hospice care
- **Narrative:** synthesis of the patient's *individual* clinical circumstances that support a life expectancy of ≤ 6 months and a statement attesting that the physician wrote the narrative based on their review of the patient's medical record or an examination
- **Physician signature and date:** legible physician signature and date (e.g., Chris Smith MD, MM/DD/YY) directly below the narrative; if illegible, type or print the name below the signature.
- **Face-to-face encounter and attestation:** face-to-face visit by a hospice physician or hospice nurse practitioner

What documentation do you need across benefit periods? (It varies!)

Documentation requirements vary across benefit periods. This chart breaks down those differences.

	Initial Certification		Recertifications
	Benefit Period 1	Benefit Period 2	Benefit Periods 3+
Number of Days	First 90 days	Next 90 days	Unlimited, subsequent 60-day periods

Signatures	1. Hospice medical director or physician member of the hospice interdisciplinary group (IDG)	Hospice medical director or physician member of the hospice IDG	
	2. Attending physician (if the patient has one)		
Face-to-face Encounter With Hospice Physician or Nurse Practitioner	Not required for benefit period 1	Not required for benefit period 2	Required before benefit period 3 and before each subsequent benefit period
When should hospices receive an oral or written CTI?	Up to 15 days before each benefit period or by the end of the third day of each benefit period		

Check out this [MLN Matters article](#) for more information about properly documenting CTI. And look out for our next installment for ***tips to avoiding Medicare hospice claim denials.***

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