

Lifesong Hospice and Palliative Care

Eligibility for Hospice Care PC.E15

Regulation(s): 42 CFR 418.20
L-Tag(s): None

POLICY: Patients must meet eligibility requirements to be admitted to Lifesong Hospice and Palliative Care for Medicare-covered services.

PROCEDURE:

1. To be eligible to elect the Medicare Hospice Benefit, the patient must:
 - a. be entitled to Medicare Part A; and
 - b. be certified by the hospice physician and attending physician (if there is one) as being terminally ill (having a prognosis of six months or less if the illness follows its normal course).
2. The hospice admits a patient only on the recommendation of the hospice physician in consultation with, or with input from, the patient’s attending physician (if there is one).
3. Prior to admission, all patients are assessed for hospice appropriateness and eligibility using the Local Coverage Determinations (LCD) guidelines, published by the hospice’s Medicare Administrative Contractor (MAC), CGS administrators. Patients who meet the LCD guidelines are usually considered eligible for admission.
4. Failure to meet the LCD guidelines does not disqualify a patient for admission to Lifesong Hospice and Palliative Care. The hospice physician reviews patients who do not fully meet LCD guidelines to determine hospice appropriateness and eligibility. Additional documentation may be needed to support hospice eligibility. The admissions nurse and intake coordinator collaborate with the hospice liaison to obtain any supporting documentation for review by the hospice physician.
5. The team refers to protocol attachment PC.A20.1 Admission Eligibility Protocol for direction on difficult cases.
6. Hospice staff may use, among other instruments, the following assessment tools to measure and document functional status:
 - a. Palliative Performance Scale (PPS);
 - b. New York Heart Association (NYHA) Functional Classification;
 - c. Reisberg Functional Assessment Staging (FAST); and/or

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d. Karnofsky Performance Status Scale (KPS).

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7. Complete and timely documentation of the specific clinical factors that qualify a patient for the Medicare Hospice Benefit is provided in the patient's clinical record.
8. Documentation regarding the patient's eligibility for the Medicare Hospice Benefit is maintained, appropriately organized in legible form, and available for audit and review.
9. The final determination of hospice eligibility is the responsibility of the hospice physician.
10. The patient's clinical record contains complete documentation to support the initial and all subsequent recertifications of terminal illness. The Clinical Summary – Evaluation of Terminal Status form is completed on every admission and subsequent recertifications.
11. The hospice periodically evaluates its eligibility requirements and limitations with the goal of identifying and eliminating barriers to end of life palliative hospice care for eligible patients.
12. Lifesong Hospice and Palliative Care employs oversight mechanisms to ensure that the eligibility of every patient is verified and accurately documented.

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