

Medications: Determining Relatedness PC.M37

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Regulatory Citation(s): 42 CFR § 418.202(f)
L-Tag(s): None

POLICY: Lifesong Hospice and Palliative Care determines which medications are related or not related to the patient's terminal illness and related conditions in order to ensure accurate billing.

PROCEDURE:

1. The hospice physician determines the patient's principal hospice diagnosis, additional diagnoses and related conditions and symptoms that contribute to the patient's prognosis of six month or less.
2. Each medication prescribed for the patient is evaluated by the hospice physician to determine if it is used to manage or palliate an active diagnosis or symptom arising from the patient's principal hospice diagnosis or related condition.
3. Medications are classified into a four-category structure that defines relatedness and necessity. Medications can fall into any one of the following four categories: related and medically necessary, unrelated and medically necessary, related but not medically necessary, unrelated and not medically necessary.
4. Medications that are medically necessary and related to the patient's principal hospice diagnosis and related conditions are paid for by the hospice.
5. Medications that are considered clinically necessary but unrelated to the patient's principal hospice diagnosis or related condition are billed, as appropriate, to Medicare Part D or other insurance providers.
6. Medications that are not medically necessary, whether related or unrelated, do not need to be covered by the hospice and the hospice team should collaborate with the attending physician, patient and family to discontinue unnecessary medications to reduce polypharmacy and the risk of adverse drug interactions. If the family/physician insist on continuing unnecessary medications, payment for such medications becomes the financial responsibility of the patient/family and the hospice may administer and Advanced Beneficiary Notice (ABN).

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9/18	2/19		4/2019
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7. Unrelated conditions, treatments and medications are clearly defined by the hospice physician and the decision-making process is comprehensively documented by the hospice physician in the patient's clinical record.
8. Medication relatedness is monitored on an ongoing basis as the patient's condition and/or medication profile changes.

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