**Tufts**Medicine

# Hospice Non-Covered Items Addendum

**Hospice Inpatient Unit** 

Care at Home Hospice IP May 2023



#### Hospice Non-covered Items and Services Addendum

#### **Per Hospice Regulation:**

- The purpose of this addendum is to notify the requesting Medicare beneficiary (or representative), in writing, of those conditions, items, services, and drugs not covered by the hospice because the hospice has determined they are unrelated to your terminal illness and related conditions.
- If patient/HCP request this notification within 5 days of a hospice election, the hospice must provide this form within 5 days of request.
- If this form is requested at any point after the first 5 days of the start date of hospice care, the hospice must provide this form within 3 days of request.

### How to stay in compliance:

Hospice Providers must discuss what items will not be covered by Hospice and provide a printed list of those items **if** the patient requests a list.

- Items may include medications or DME not related to care for terminal illness. Services may include therapies, transportation and treatments not related to terminal care.
- All Diagnoses must be marked in the Medical Record as related or not related to the terminal illness.
- All Medications and DME must be marked as covered or not covered in the Medical Record.
- If you are not sure about coverage, contact your manager or Medical Director.
- Upon Election of Hospice, at Admission, a discussion must occur regarding any Items, drugs or services that may not be covered by Hospice.
- When Requested, a notification note with a list of non-covered items is created in the Plan of Care, then delivered to the patient.
- A copy must be signed by the patient and returned to the office, Hospice Team Scheduler, for scanning into the medical record.
- Another copy is left with the patient.
- In order to comply with the regulation, the printed list must be delivered and signed within 5 days of the request, when requested at Election and within 3 days when requested after election.

### 2

## **Medications**

When entering a new medication order add the coverage status.

When adding a Medication to the MAR, verify that the coverage status is set ad the Coverage Status if needed.

Priority:			,o	Routine
Hospice Coverage:	Covered	Not Covered		
➢ Additional Order Details				

If you are not sure if a medication should be covered, check with the Medical Direct or your clinical manager for guidance.

#### 2

#### Mark Diagnoses as Related or Not Related

From Hospice Intake, select Hospice Diagnoses.

Complete the related Column for each Hospice Diagnosis listed. \*Note that the Primary Diagnoses must be Related.

ENT INFO	Hospice Diagnoses					
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gious Affiliation	Enter a diagnosis (Alt+G) or move a selected diagnosis up (Alt+U) or down (Alt+W)					
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avel/Exposure	Stage 4 chronic kidney disease (CMS/HCC)	N18.4	Related		3	
ections lations	II Type 2 diabetes mellitus without complication, with long-term current use of insulin (C	E11.9, Z79.4	1		<mark>۶</mark>	
cuments	8 Referral Diagnoses		Title	Number		2
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are Team	Stage 4 chronic kidney disease (CMS/HCC)	N18.4	Active	11/29/2020	-	

#### Mark DME as Covered or Non-Covered

View and enter DME in Hospice Intake Add the Hospice Coverage Status

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DME								

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#### **Discuss Coverage**

### From the Admission Navigator:

- 1. From the Hospice Navigator, open the Hospice Non-Covered Documentation.
- 2. Click the **Request Tracking** link.
- 3. With the current episode selected, click **Accept**.
- 4. Click Coverage Discussion, then click Discussed at Election to indicate that you discussed the Non-Covered request at election.
- 5. Click **Requested** or **Not Requested**.
- 6. Update the Request Tracking section appropriate.
- 7. Click Accept.





### If the patient requests a printed list of Non-Covered Items, Create the Non-Covered Items Plan of Care

- Go to the Plan of Care and Click Start a New Plan.
- 2. Select Hospice Non-Covered, Items, Drugs and Services

Chart Review Plan of Care Non-Cover	ed Requests Communication	s		
Plan of Care				
➡ Start a New Plan				
Hospice Plan of Care				
Active				
Plan of Care 1				
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### **Complete the Non-Covered Items Note**

#### Select Create Note

Click through the note using the Yellow arrows or F2 to navigate and complete SmartText items in the Note.

Then Accept, Edit if needed. A reviewer will Finalize the plan.

Plan of Care				⑦ My Note
← All Plans Hospice Non-Covered Items, Drugs, and Services 05/22/2	23		i Dates	C 🛕 B 🕀 🍄 D 😰 🕈 Insert SmartText 🖻
Hospice Non-Covered Items, Drugs, and Services     Treate Note     No Hospice Non-Covered Items, Drugs, and Services note has been created for the current pla	n.		Effective From 5/22/2023	<ul> <li>Primary Diagnosis</li> <li>Stage 4 chronic kidney disease (CMS/HCC)</li> <li>Uncategorized Diagnoses</li> <li>Type 2 diabetes mellitus without complication, with long-term current use of insulin (CMS/HCC) - Reason:</li> <li>Hospice Diagnosis Non Covered Reasons •</li> <li>Coverage Not Set Drugs         <ul> <li>acetaminophen (Tylenol) tablet 650 mg</li> <li>ibuprofen (Motrin) tablet 400 mg</li> <li>HVDROcodone-acetaminophen (Norco) 5-325</li> <li>mg per tablet 1 tablet</li> <li>morphine (MSIR) tablet 15 mg</li> <li>oxyCODONE (Roxicodone) concentrated solution 10 mg</li> <li>oxyCODONE (Roxicodone) immediate release tablet 5 mg</li> <li>HYDROmorphone (Dilaudid) tablet 2 mg sennosides (Senokot) tablet 8.6 mg</li> </ul> </li> <li>Coverage Not Set Items         <ul> <li>Egg Crate Cushion</li> <li>Not Covered Services</li> <li>Services •</li> </ul> </li> </ul>
× Delete	🖾 Shar <u>e</u>	Brint	Einalize	C SmartLinks

### Requests for a list of Non-Covered Items after Admission

To make a request after the Admission, go to Request Tracking and Select Patient after Election Period.

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Gender: Female, 88 y.o., 05/29/1934 Phone: 617-555-3278 MRN: 268644 HHHIGH / HHF High Pointe PL	Coverage Discussion       Discussed with patient on election       Date discussed       Discussed with       Patient requested on election         Image: Discussed at Election       5/22/2023       Discussed with       Requested       Not Requested		ב
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Go to Noncovered Documentation and Start a New Plan

←→	Chart Review Plan of Care		Non-Covered Requests	Communications	
Plan o	of Care				
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