TuftsMedicine

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.

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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:			,0	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.

IENT INFO	Hospice Diagnoses					
mographics sode Address	Search for diagnosis 🕂 Add					
ctions egivers	Hospice Diagnoses					
gious Affiliation	Enter a diagnosis (Alt+G) or move a selected diagnosis up (Alt+U) or down (Alt+W)					
ditional Pat Info tient History	Hospice Diagnosis	Code	Related		Remove	
avel/Exposure	Stage 4 chronic kidney disease (CMS/HCC)	N18.4	Related		3	
ections lations	Type 2 diabetes mellitus without complication, with long-term current use of insulin (C	E11.9, Z79.4	1		<mark>۶</mark> ۶	
cuments	😵 Referral Diagnoses		Title	Number	_	
INCIAL INFO	Diagnosis	Code	Related	2	Act/Remove	
ment Sources	 Stage 4 chronic kidney disease (CMS/HCC) 	N18.4	Onrelated	2		
SODE INFO	Type 2 diabetes mellitus without complication, unspecified whether long term insulin use	E11.9			+	
isode of Care isode Events	<u>∲</u> ≟ Problem List					
ferral Info	Problem	Code	Problem Status	Date Noted	Add/Remove	
spice Diagnoses spice Info	Type 2 diabetes mellitus (CMS/HCC)	E11.9	Active	5/29/2016	+	
ire 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

↔	lospice Intake							
Hospice	e Intake							?
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PATIENT INF Demograp	1251	Durable Medical Equipment					t	^
Episode A	ddress	Search for new DME	Add			Show: 🔽 Deleted	Historical	
Directions Caregivers		DME Start Dat	End Date	Hospice Coverage	Comments			
Religious A Additional Patient His Travel/Exp Infections Isolations Documents FINANCIAL II Enc Guar A Payment S EPISODE INF	Affiliation Pat Info story posure Is NFO & Cvgs Sources FO	Egg Crate Cushion DME Egg Crate Cushion Hospice Coverage Covered Not Covered Comments Commen	Start Date	End Date]	✓ <u>A</u> ccept 3	K <u>C</u> ancel	
Episode of Episode E	vents	✓ Close X Cancel				1 Previous	4 Next	
Referral In Hospice D Hospice In Care Tean Ancillary P	liagnoses nfo m							
DME								

6

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-Cove	ered Requests Communications			
Plan of Care				
♣ Start a New Plan				
Hospice Plan of Care				
Active				
Plan of Care 1				
Effective Dates 3/6/2023 - None set	Start a New	Plan		×
0 participants	Choose the P	lan's Type		
	O Hospice	Non-Covered Iter	ms, Drugs	, and Services
	O Hospice	Plan of Care		
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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/	/23		Dates	C A B ⊕ ♥ ⊅ 2 + 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 p	lan.		Iffactive From 5/22/2023 Ct Attachments (0) Participants Add Me + Add Camille-Hspcip Bernaise, RN Nurse Reviewer	Primary Diagnosis Stage 4 chronic kidney disease (CMS/HCC) Uncategorized Diagnoses Type 2 diabetes mellitus without complication, with long-term current use of insulin (CMS/HCC)
× Delete	Shar <u>e</u>	🖶 <u>P</u> rint	🔒 Einalize	C SmartLinks ✓ Accept Cancel

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.

	Hospice Intake 🕣 Discharge/Non-Admit 📳 Hospice Item Set Non-Covered Documentation 🗮 Request Tracking 👘 attent Station 🚝 Hospital Chart 🛛 🖉 My Reports 🔎 On-Call Finder 🦕 Refill Medication	CLASSROOM 5 CAMILLE-HSPCIP B. Dorothy
TB	Chart Review Plan of Care Non-Covered Requests Communications	- 1
Theodora-HSPCIP Bernaise	Non-Covered Requests	
Gender: Female, 88 y.o., 05/29/1934 Phone: 617-555-3278 MRN: 268644 CHHHIGH / 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	
Beds T BLOOD BANK Code: Assume Full (no ACP docs)		✓ <u>A</u> ccept X <u>C</u> ancel
O Search OVID-19 Vaccine: Unknown	(1) There is a request needing review and the non-covered documentation is not signed. Click to update the non-covered documentation.	
OVID-19: Unknown LLERGIES atex	Add a new request Patient During Election Perio Patient After Election Period Third Party	Show: Completed Requests
	Type Requestor Requested Delivery Due *2 Status *1 Patient Requested During Election Period Bernaise.Theodora-HSPCIP 3/6/2023 3/11/2023 Review Needed	Delivery Date

Go to Noncovered Documentation and Start a New Plan

←→	- Ohart Review Plan of Care		Non-Covered Requests	Communications	
Plan o	of Care				
+ <u>S</u> ta	art a New Plan				