

HOSPICE DENIAL FACT SHEET

Denial Reason 5PTER: Six-Month Terminal Prognosis Not Supported

What is the six-month terminal prognosis?	<p>To be eligible for the hospice benefit, the patient must be considered to be terminally ill. Terminally ill means that the patient's life expectancy is 6 months or less, if the illness runs its normal course.</p> <p>As a condition of payment under the Medicare hospice benefit, the six-month terminal prognosis must be supported in the medical record. The physician's clinical judgment must be supported by clinical information and other documentation that provides a basis for the six-month prognosis. Diagnosis alone may not support terminal prognosis; therefore, documentation in the medical record must support the terminal status.</p>
What should be documented to clearly support the six-month terminal prognosis?	<p>Documentation is essential in "painting the picture", especially for patients that:</p> <ul style="list-style-type: none"> • Have remained on the hospice benefit for a long period of time; or • Have chronic illnesses with a more general decline. <p>Documentation to support the terminal prognosis at the time of the hospice admission may include:</p> <ul style="list-style-type: none"> • Changes in condition to initiate the hospice referral • Diagnostic documentation to support terminal illness • Physician assessments and documentation • A date of diagnosis • A course of the illness • The patient's desire for palliative, curative care • Records that show a trajectory of decline <p>Documentation to support the terminal prognosis throughout the hospice election:</p> <ul style="list-style-type: none"> • Changes in the patient's weight • Diagnostic lab results • Changes in pain (type, location, frequency) • Changes in responsiveness • Skin condition (turgor) • Changes in the level of dependence for ADLs • Changes in anthropomorphic measurements (abdominal girth, upper arm measurements) • Changes in vital signs (RR, BP, pulse) • Changes in strength • Changes in lucidity • Changes in intake/output • Increasing ER visits or hospitalizations <p>Things to remember:</p> <ul style="list-style-type: none"> • Documentation to support terminal prognosis should be objective and include quantifiable values/measures (ex. Pounds, 4 on a scale of 1-5, inches, etc.) • Documentation must "paint a picture" of the patient, their conditions and symptoms which support a life expectancy of 6 months or less. • Avoid the use of vague statements such as: "disease progressing" or "slow decline"

Where do I find more information?

- CGS's "Suggestions for Improved Documentation to Support Medicare Hospice Services" Quick Resource Tool: http://www.cgsmedicare.com/hhh/education/materials/pdf/Hospice%20Documentation%20Tool_H-021-01_07-2011.pdf
- CGS's Appropriate Clinical Factors to Consider During Recertification of Medicare Hospice Patient's" Quick Resource Tool: http://www.cgsmedicare.com/hhh/education/materials/pdf/Hospice%20Clinical%20Factors%20Recert%20Tool_H-020-01_07-2011.pdf
- Medicare Benefit Policy Manual (CMS Pub. 100-02), Ch. 9 §20.1: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c09.pdf>
- Hospice Local Coverage Determination (LCD), "Determining Terminal Status": [http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=32015&ContrId=236&ver=11&ContrVer=2&CntrctrSelected=236*2&Cntrctr=236&name=CGS+Administrators%2c+LLC+\(15004%2c+HHH+MAC\)&LCntrctr=236*2&bc=AgACAAIAQAAA](http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=32015&ContrId=236&ver=11&ContrVer=2&CntrctrSelected=236*2&Cntrctr=236&name=CGS+Administrators%2c+LLC+(15004%2c+HHH+MAC)&LCntrctr=236*2&bc=AgACAAIAQAAA)