

# 2011 Medicare Hospice: Face-to-Face Encounter Rules Finalized

## Q&A

### What you need to know.

As part of a final rule promulgated in accordance with the Patient Protection and Affordable Care Act (PPACA) new requirements have been set forth for hospices to adopt some eligibility recertification recommendations designed to increase accountability for hospices and certify physicians for hospice patients with long lengths of stays. This includes a requirement for a hospice physician or nurse practitioner to have a face-to-face visit with patients prior to the 180th-day recertification and to attest that such a visit took place in order to determine continued eligibility. The Centers for Medicare & Medicaid Services (CMS) have named this new requirement as a “fourth component” to hospice certification requirements already in effect.

### Who is impacted by this new requirement?

- Any Medicare beneficiaries who are receiving hospice services.
- Hospice patients who are covered by other payers or who have no coverage other than themselves are NOT affected by this rule.

### What are the Certification Requirements?

- The actual certification may only be performed by a physician however a nurse practitioner may make the face-to-face encounter and provide clinical findings from the encounter to the physician for the recertification action.
- The face-to-face encounter with each hospice patient, whose total length of stay across all hospices is anticipated to reach the 3rd benefit period, no more than 30 calendar days prior to the 3rd benefit period recertification.
- A face-to-face encounter is also required no more than 30 calendar days prior to every recertification thereafter to determine continued eligibility for hospice services.
- Physicians are allowed to dictate and transcribe their patient encounter notes and narratives, but documentation may be requested to ensure integrity of the process.
- The use of electronic or digital signatures and dates are permitted, but must comply with standards and requirements approved by CMS.

## Who can perform the face-to-face encounters?

- The actual encounter must be performed by a “hospice physician or hospice nurse practitioner.” The hospice physician can either be employed by or under contracted arrangement with the hospice.
- A hospice nurse practitioner employed or working under contract for the hospice is allowed to perform these encounters.
- If residents and fellows are employed or working under contract for the hospice, they may be considered “hospice physicians” and allowed to perform face-to-face encounters.
- Physician assistants, nurse clinicians or other healthcare providers may not perform the face-to-face encounters, as the statute does not allow for this.

## Are there changes to billing considerations?

- The face-to-face encounter is part of an administrative certification process and therefore is not reimbursable.
- If the physician performs reasonable and necessary services in addition to the face-to-face encounter then these services should be billed for and will be reimbursed accordingly.
- Nurse practitioners acting as the attending physician and performing non-administrative services during a face-to-face encounter may bill for those services but must have adequate documentation to support the level of services provided.

## Are there other considerations to be followed?

- The face-to-face encounter may take place anywhere. An attending may travel to see the patient, or the patient may travel to see the provider.
- For a patient who transfers to a new hospice in the 3rd or greater period, the new hospice must recertify the patient, but a face-to-face encounter for that current period does not need to be performed if proof was completed during the previous hospice stay.
- A hospice may consider discharge for cause if a patient or family refuses the required face-to-face encounter since this action could be considered a hindrance in providing the appropriate care.

## How is hospice history determined?

Hospices are responsible for verifying eligibility of the patient’s benefit period. This can be accomplished by:

- Query the Common Working File (CWF)
- Query the Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS)
- Inquiring directly with the patient and/or responsible parties for history of prior hospice care.

For more information visit the Centers for Medicare and Medicaid Services: CMS Hospice Services



Butler Square  
100 North 6<sup>th</sup> St.  
Suite 900A  
Minneapolis MN, 55403  
P 612.277.3941 | F 612.460.4343  
[www.abilitynetwork.com](http://www.abilitynetwork.com)