

# Hospice Documentation Requirements

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Oregon Hospice & Palliative Care Association

**Closed Captioning:** *Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.*

# Today's Presenter



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# Recording and objective

## Recording

- Attendees/providers are never permitted to record (tape record or any other method) our educational events. This applies to webinars, teleconferences, live events and any other type of Wellpoint Federal educational events. This includes the use of AI-assistant recording tools.

## Objective

- The purpose of this webinar is to strengthen attendees' understanding of hospice documentation requirements, highlight effective strategies and best practices, and provide practical guidance for preventing and resolving common denial issues to support ongoing Medicare compliance.



# Agenda

- [Hospice Requirements](#)
- [Best Practices and Documentation Tips](#)
- [Top Denial Reasons](#)
- [References and Resources](#)
- [Questions?](#)



# Hospice Requirements



# Supporting Terminal Prognosis

- Decline supported in notes continuously and consistently
- Patient specific objective data
  - Vital signs
  - BMI
  - Food intake
  - Labs
  - Relevant signs and systems
- Comparative quantitative data is easily measured from visit to visit
- New and acute changes in condition



# Supporting Terminal Prognosis

- Change or recommended changes to POC
- Medication changes/dosing changes
- Problem-based documentation
- Document to organ system that relates to diagnosis
- Don't rely on check box documentation



# Supporting Terminality Continued

- ADLs
  - Ambulation
  - Continence
  - Transfers
  - Feeding
  - Bathing
  - Dressing
- Amount of assistance required
  - Independent
  - Uses device
  - Requires personal assistance
  - Completely dependent

Determine amount needed for each ADL and any increase in need over past three - six months

\*Be descriptive



# Physician Certification of Terminal Illness

- Certification of terminal illness shall be based on
  - Clinical judgement of hospice medical director or physician member of interdisciplinary group and individual's attending physician (if applicable)
- No one other than MD or doctor of osteopathy (DO) can certify or recertify terminal illness

Note: Predicting life expectancy is not always exact. The fact that beneficiary lives longer than expected is not cause to terminate benefits



# CTI Required Elements

- Complete written certification must include
  - Statement that individual’s medical prognosis is life expectancy of 6 months or less if terminal illness runs its normal course
  - Specific clinical findings and other supporting documentation
  - Signature(s) of physician(s), date signed, and benefit period dates that certification or recertification covers
  - Physician’s brief narrative explanation of clinical findings that support life expectancy of 6 months or less
    - May be part of CTI form or as addendum, but with specific requirements
  - Attestation that face-to-face encounter occurred with hospice patient prior to third benefit period and each subsequent benefit period



# Hospice Beneficiary Election

- Election Statement completed at initiation of hospice services and remains in effect until beneficiary
  - Dies
    - Election remains in effect for duration of hospice services
  - Revokes hospice benefit
    - If revoked, new election must be obtained to start hospice again
  - Discharges
- Hospice will file NOE
  - Transmitted and maintained in CWF
  - Separate from election statement
  - NOE must be filed for any new election
    - Example: Election after prior revocation



# Election Statement Requirements Overview

- Individual must be entitled to Medicare Part A
- Certified as terminally ill (life expectancy of 6 months or less)
- Must choose Medicare-certified hospice provider
- Must sign election statement acknowledging care is palliative (comfort-focused), not curative
- Election of hospice waives traditional Medicare coverage for treatment of terminal illness
- A NOE must be filed within 5 days of hospice election



# Election Statement Requirements Overview

- Not required to be homebound
- Patients may continue seeing chosen attending physician
- May revoke hospice care any time and resume standard Medicare coverage
- Hospice must obtain written CTI for each benefit period
  - Applies even if single election remains in effect
- Must be documented in patient's hospice record
  - Must be completed before claim submission



# Hospice Election Statement Addendum

- Addendum must include
  - References to relevant clinical practice, policy or coverage guidelines
- Information on purpose of addendum
  - Right to immediate advocacy
    - With language that advocacy is available through BFCC-QIO if individual or representative disagrees with hospice's determination
- Name, signature and date of individual/representative
- Statement indicating signing addendum (or its update) is only acknowledgment of receipt of addendum and not necessarily on agreement with hospice's determination
- Date hospice furnished addendum
  - Date furnished must be within required timeframe



# Hospice Election Statement Addendum

- Addendum must be titled “Patient Notification of Hospice Non-covered Items, Services, and Drugs” and include
  - Name of hospice
  - Individual’s name and hospice medical record identifier
  - Identification of individual’s terminal illness and related conditions
  - List of individual’s conditions present on hospice admission
    - Or upon POC update
    - Associated items, services, and drugs not covered by Medicare
  - Written clinical explanation
    - In language individual/representative can understand
    - Why identified conditions, items or services and drugs are considered unrelated to individual’s terminal illness



# Addendum Not Required

- Addendum does not need to be provided
  - If the patient dies, revokes, or is discharged before the addendum is due
  - Hospice must document reason not furnished
- If provided but patient dies, revokes or is discharged before signing addendum
  - Signature not required for hospice to receive payment
  - Hospice must document reason addendum was not signed
- If completed, addendum must be included in patient's medical record



## Did You Know

- If hospice does not submit NOE within 5 days of election date
  - Medicare will not pay for care provided during that period
- Days become hospice's financial responsibility and
  - Patient cannot be billed
- CMS may waive penalties for
  - Natural disasters/major events
  - CMS/Medicare system issues
  - Delays for newly certified hospices
  - Other circumstances beyond hospice's control



# Best Practices and Documentation Tips



# Best Practices

- Utilize resources
- Access electronic systems for security, ease and convenience
- Accurate and detailed documentation
- Diligent and timely submission
- Internal communication and accountability
- Attentive claims monitoring
- Thorough research and reading of rationales



# Documentation Example 1

- Vague Documentation
  - Language fails to clearly identify conditions, items, services, or drugs are considered unrelated to terminal illness not covered by hospice
- Objective documentation
  - Chronic hypertension is considered unrelated to terminal stage-4 pancreatic cancer, as management of blood pressure is not required for symptom palliation and does not impact the 6-month prognosis



## Documentation Example 2

- Vague documentation
  - Overall weakness
- Objective documentation
  - Patient is unable to independently hold head up this visit which lasted 45 minutes
  - Patient is unable to dress or bathe self this week
  - Patient was able to assist with dressing last month
  - Patient fell last week; now using walker for assistance with ambulating



# Documentation Example 3

- Vague documentation
  - Poor appetite; eating less
- Objective documentation
  - Appetite declined from eating 50% of a sandwich one month ago, now eating two-three bites at a meal. Family is concerned that the patient refuses her favorite meal
  - Eating three to four bites of food with difficulty, last week was eating two full meals per day. Drinks two-three sips of thickened liquids and aspirates easily, last week was drinking two glasses per day



# Documentation Example 4

- Vague Documentation
  - Findings are consistent with a malignancy
  - Suspicious of relapse or
  - It appears to be progressing
- Objective Documentation
  - Pathology confirms biopsy-proven adenocarcinoma, which is refractory to chemotherapy



# Documentation Example 5

- Vague documentation
  - The disease is showing some activity
- Objective documentation
  - CT imaging shows multiple new metastatic lesions in liver, confirming Stage IV disease progression



# Documentation Verbiage Tips

- Avoid
  - Stable
  - No change
  - Same as last visit
- Use
  - Comparisons
  - Stable because of...
  - Unchanged how?
  - Descriptives



# Top Denial Reasons



# Hospice Denial Reason Code 56900

- Requested medical records were not received within 45-day time limit; therefore, we are unable to determine medical necessity of services billed and this claim has been denied
- Avoiding/correcting this error
  - Submit records to MAC if less than 120 days after denial notification
  - Do not resubmit claim



# Hospice Denial Reason Code 55H1L

- According to Medicare hospice requirements, information provided does not support terminal prognosis of six months or less
- Avoiding/correcting this error
  - Documentation must include
    - Decline in clinical status guidelines
    - Non-disease specific baseline guidelines
    - Disease specific guidelines
  - “Paint a picture” to indicate care is medically necessary



# Hospice Denial Reason Code 55H1S

- Documentation submitted does not support a valid face-to-face encounter occurred
- Avoiding/correcting this error
  - Include documentation to support valid face-to-face occurred
    - Signed clinical note(s)
    - Signed attestation statement
  - Be aware of timeliness requirements
    - Ensure visit is performed no more than 30 days before benefit period begins
    - Know when 3rd benefit period begins



# References and Resources



# NGS References

- [HHH Medicare Topics](#)
  - Hospice Billing
  - Hospice Documentation
  - New Provider Center
  - And more
- [Contact Us](#)
- [Manuals and Guides](#)



# CMS Resources

- CMS IOM
  - [Publication 100-04, Medicare Claims Processing Manual, Chapter 11](#)
  - [Publication 100-02, Medicare Benefit Policy Manual, Chapter 9, Coverage of Hospice Services Under Hospital Insurance](#)
- [Conditions of Participation: Hospice Care \(42CFR 418.3-418.22\)](#)
- [Medicare Learning Network](#)



# Online resources

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# Questions?





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