

FREQUENTLY ASKED QUESTIONS

Q: How does a physician order hospice care?

The physician must certify an individual terminally ill, defined as a "medical prognosis" stating the individual's life expectancy is six months or less if the illness runs its normal course. (*Medicare Benefit Policy Manual–Hospice, Ch.9 Sec.10*)

Q: What if a patient lives longer than six months?

"Predicting life expectancy is not always exact. The fact that a patient lives longer than expected ... is not cause to terminate benefits." (*Medicare Benefit Policy Manual–Hospice, Ch.9 Sec.10*)

Q: What are hospice benefit periods?

"The periods consist of two 90-day periods, and an unlimited number of 60-day periods." (*Medicare Benefit Policy Manual–Hospice, Ch.9 Sec.10*)

Q: What does Medicare say about certifying the terminal diagnosis?

"The Medicare program recognizes that terminal illnesses do not have entirely predictable courses... thus there is no reason for physicians to be concerned about certifying individuals for hospice care that they believe are terminally ill." (*Physician Executive, March-April 2002*)

Q: Is hospice and nursing facility care a duplication of services?

No. "A Medicare patient who resides in an extended care facility (ECF) may elect the hospice benefit." (*Medicare Benefit Policy Manual–Hospice, Ch.9 Sec. 20.3*)

Q: Are patients eligible to receive Medicare Part A benefits while enrolled in hospice?

Yes. "A patient could be in an extended care facility under the (ECF) benefit for a condition unrelated to the terminal condition and simultaneously be receiving hospice for the terminal condition." (*Medicare Benefit Policy Manual–Hospice, Ch.9 Sec. 20.3*)



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