

## Eli's Hospice Insider

### Hospice News: Avoid Issuing Unnecessary Hospice ABNs

Wondering what notice you need to give your hospice patient if you terminate care due to missing the face-to-face requirement? The answer may surprise you.

"If hospice care is terminated because there is no face-to-face, there is no notice requirement," Home Health & Hospice Medicare Administrative Contractor **CGS** says in its March newsletter to providers.

Why? Hospices don't have to furnish an expedited determination notice because it applies only to covered care. "Without the FTF, the care is not covered," CGS points out. And they don't have to furnish an advance beneficiary notice because an ABN "would only be appropriate for a hospice patient if the patient was going to pay out of pocket to receive care that is not covered," the **Centers for Medicare & Medicaid Services** told CGS when the MAC asked for clarification on the issue.

But remember CMS's instructions in Oct. 7, 2011 transmittal No. 2316, CGS says: "Where the only reason the patient ceases to be eligible for the Medicare hospice benefit is the hospice's failure to meet the face-to-face requirement, we would expect the hospice to continue to care for the patient at its own expense until the required encounter occurs, enabling the hospice to re-establish Medicare eligibility."

Resources: See CGS's article on the topic at [www.cgsmedicare.com/hhh/pubs/mb\\_hhh/2012/03\\_2012/index.html](http://www.cgsmedicare.com/hhh/pubs/mb_hhh/2012/03_2012/index.html). The transmittal is at [www.cms.gov/transmittals/downloads/R2316CP.pdf](http://www.cms.gov/transmittals/downloads/R2316CP.pdf).