

CMS Publishes New Rule for Hospice Coverage



The two biggest reasons why [Nelson Hardiman](#) and other

healthcare law firms are called upon to defend Medicare recovery audits are, in reverse order, inadequate understanding of Medicare coverage requirements and suboptimal documentation practices. Among the many sectors of healthcare with confusing reimbursement requirements, hospice services are perhaps the most complicated and confusing for providers.

Many patients and providers assume that hospice care will automatically be covered by Medicare whenever a patient is terminally ill, *i.e.* in his or her last six months of life. In fact, Medicare guidelines require hospices and the physicians they work with to chart carefully the very specific qualifying criteria, along with specific and sometimes confusing timing requirements for certification and re-certification. One of the most confusing set of criteria has been the complicated diagnostic formulas for covered terminal illnesses, which sometimes result in very sick people

This week, the Centers for Medicare and Medicaid Services (CMS) has published a new rule that attempts to clarify several aspects of the hospice reimbursement requirements.

<http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2014-Fact-sheets-items/2014-05-02.html>

Hospice providers should review the proposal and provide comment by July 1.

Hospice providers who are interested in submission of their comments through Nelson Hardiman should contact Aaron Lachant at alachant@nelsonhardiman.com.