

HOSPICE DENIAL FACT SHEET

Denial Reason 5PC09: Plan of Care

<p>What is a Plan of Care (POC)?</p>	<p>The plan of care is like a road map for the beneficiary's care. It includes problems, interventions, and goals to provide consistent care. It also supports the medical necessity of hospice services. The plan of care includes an assessment of the beneficiary's needs and identification of the services to be provided. This includes the management of any discomfort, along with symptom relief.</p>
<p>When is the POC established?</p>	<p>The plan of care must be established and dated before services are provided.</p>
<p>When must the plan of care be reviewed and/or updated?</p>	<p>The plan of care must be reviewed and updated by the interdisciplinary group (IDG) at least every 15 calendar days. It should be continually assessed to ensure the care received by the beneficiary meets their current conditions and needs. The POC should be updated if the beneficiary's conditions improves or deteriorates, or when the level of care changes. When the plan of care is revised, it must include information from the patient's updated comprehensive assessment and must note the patient's progress toward the outcomes and goals specified in the POC.</p>
<p>Who participates in the IDG reviews of the plan of care?</p>	<p>The interdisciplinary group or IDG must include, but is not limited to, the hospice physician, registered nurse (RN), social worker and pastoral or other counselor.</p>
<p>What plans of care need to be submitted with an ADR (Additional Development Request)?</p>	<p>All plans of care covering the dates of service under review must be submitted. This may include a plan of care meeting that was held prior to the dates of service under review.</p> <hr/> <p>Example: The claim's dates of service are April 1 through April 30. The plan of care was reviewed at the interdisciplinary group meetings held on March 20, April 3, April 17 and May 1. The plans of care for March 20, April 3 and April 17 should be submitted with the ADR. The May 1 plan of care does not need to be submitted because it addresses the meeting AFTER the dates of service.</p>
<p>Where do I find more information?</p>	<ul style="list-style-type: none"> CGS's Hospice Plan of Care Web page: http://www.cgsmedicare.com/hhh/coverage/Coverage_Guidelines/Plan_of_Care.html Medicare Benefit Policy Manual (CMS Pub. 100-02) Ch. 9 §40: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c09.pdf