

HOSPICE FACE-TO-FACE (FTF) *Encounters for Recertification*

Effective Date:	Required for patients who enter their 3rd or later hospice benefit period on/after January 1, 2011.
Who – Performed by:	A physician employed, volunteer or under arrangement (contract) with the hospice agency, or a hospice employed nurse practitioner (full-time, part-time, or per diem) must perform the FTF.
When - Timeframe:	FTF must occur within 30 calendar days prior to start of 3rd benefit period and all subsequent recertifications, unless an exceptional circumstance is met and documented as such. For example: an emergency weekend admission or CMS data systems are unavailable.
Where - Location:	<ul style="list-style-type: none"> • FTF may occur at the patient’s home or the patient may come to physician/NP. However, a patient’s travel should not compromise their comfort, or the goals and needs of the patient and their family. • Telehealth visits are not allowed.
What - Documentation Requirements:	<ul style="list-style-type: none"> • The physician/NP conducting the FTF must gather and document clinical findings to determine continued hospice eligibility. • If the hospice NP/non-certifying physician performs the FTF, they must share the clinical findings with the certifying physician. • The NP cannot sign the recertification, even though she/he provided the FTF. • The physician/NP who performs the FTF encounter must attest in writing that he or she had the FTF encounter, including the date of the visit. When an NP performs the FTF, the attestation must also state that the clinical findings were provided to the certifying physician. The FTF attestation must be signed and dated by the individual who performed the visit and must be a separate distinct section of the certification, or a clearly titled addendum to the certification. • If the patient, in a 3rd or later benefit period, transfers to another hospice, the receiving hospice is not required to do a FTF for the benefit period if it can verify the FTF was provided by the previous hospice. • The written certification, including the narrative and FTF, must be signed prior to billing the claim.
Additional Information:	<ul style="list-style-type: none"> • Hospice certifications may be completed up to 15 days prior to the effective date of the election and each subsequent benefit period. • Hospice certifications/recertifications must contain the dates of the benefit period.
Billing Information:	<ul style="list-style-type: none"> • The FTF visit is an administrative component of the recertification process and not separately billable. • If medically necessary professional services are provided, such as symptom management, this component can be billed on the hospice bill. • NP professional services are only billable if the NP was designated by the beneficiary as the attending physician.
Resources:	<ul style="list-style-type: none"> • Medicare Benefit Policy Manual (CMS Pub. 100-02), Ch. 9, §20.1 http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c09.pdf • MM7337 “Hospice Benefit Policy Manual Update: New Certification Requirements and revised Conditions of Participation” https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7337.pdf • November 17, 2010 “Home Health Prospective Payment System Rate Update for Calendar Year 2011” Final Rule, pgs 70435-70454, http://www.gpo.gov/fdsys/pkg/FR-2010-11-17/pdf/2010-27778.pdf • August 4, 2011, “Medicare Program: Hospice Wage Index for Fiscal Year 2012” Final Rule, http://www.gpo.gov/fdsys/pkg/FR-2011-08-04/pdf/2011-19488.pdf • MM7478, “Hospice Claims Processing Procedures When Required Face-to-Face Encounters Do Not Occur Timely” https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7478.pdf

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Frequently Asked Questions (FAQs) about the Hospice FTF Encounter

<p>What if the FTF is not done prior to the start of the 3rd or later benefit period?</p>	<p>Per MM7478, if the FTF is not done timely, the patient would cease to be eligible for the Medicare Hospice Benefit, unless one of the exceptional circumstances was met. CMS expects the hospice to continue to care for the patient at its own expense. Once the required encounter occurs, the hospice can readmit the patient, provided the patient meets all of the eligibility requirements and the patient files an election statement.</p>
<p>Can the physician/NP that conducts the FTF bill for his/her services?</p>	<p>The FTF encounter is part of a hospice's administrative services and is not billable. However, if the physician or NP (who was identified by the patient as their attending physician) provides services that are medically reasonable and necessary while conducting the FTF, that portion of the visit can be billed by the hospice (see CMS. Pub. 100-04, Ch. 11, §40 at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c11.pdf).</p> <p>Reminder: The NP must be a W-2 employee of the hospice.</p>
<p>Can the hospice use Occurrence Span Code (OSC) 77 to indicate the noncovered days due to an untimely FTF?</p>	<p>No, OSC 77 is not used when the FTF is untimely. OSC 77 is defined as "provider liability – utilization charged" and is used to identify days of care that are noncovered by Medicare due to an untimely physician recertification.</p>
<p>Can the FTF encounter be done on the same day/immediately prior to the patient's admission to hospice?</p>	<p>Yes, the FTF can be done earlier in the day of admission.</p>
<p>Can the patient's attending physician do the FTF if they are not employed, contracted, or a volunteer of the hospice?</p>	<p>No, the regulation requires that the FTF be done by a physician who is employed, contracted, or a volunteer of the hospice.</p>
<p>What documentation is required for the FTF encounter if the claim is selected for Medical Review?</p>	<p>The hospice physician/NP that does the FTF must attest in writing that he/she had the FTF encounter with the patient, and include their signature and the date of the encounter.</p>
<p>How can a hospice verify whether a patient is being admitting to a 3rd or later benefit period?</p>	<p>Hospice providers can utilize ELGA or ELGH, or the HIPAA Eligibility Transaction System (HETS) to determine which benefit period to beneficiary is entering. For more information on ELGA/ELGH, refer to Chapter 2: Checking Beneficiary Eligibility (https://www.cgsmedicare.com/hhh/education/materials/pdf/Chapter_2-Checking_Beneficiary_Eligibility.pdf) of the FISS Guide. Refer to the Checking Beneficiary Eligibility Web page at https://www.cgsmedicare.com/hhh/claims/checking_bene_eligibility.html for other resources used to check benefit periods.</p>
<p>If a patient is admitted in the 3rd or later benefit period, then revokes hospice, and is readmitted to hospice within 30 days, is the prior FTF still valid?</p>	<p>No, a new FTF would be required for the readmission.</p>