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## Documentation Requirements for the Hospice Physician Certification/Recertification

### Provider Types Affected

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This special edition MLN Matters article is intended for hospices and for physicians who prepare certifications or recertifications for benefit periods for Medicare beneficiaries electing the hospice benefit.

### What You Need to Know

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This article provides information on specific elements that are required for a physician certification and recertification as stated in the “Medicare Benefit Policy Manual,” [Chapter 9](#), Section 20.1- Timing and Content of Certification. This article is intended to provide guidance on the requirements for a valid physician certification and recertification. The article is informational only and does not convey any new or revised policy. In addition, any examples provided in this article are for illustration purposes only and do not in any way imply this is the only acceptable format. Hospice providers may choose to design their own forms or format, so long as all requirements of a valid physician certification are met.

### Background

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In order to be eligible to elect hospice care under Medicare, an individual must be entitled to Part A of Medicare and be certified as being terminally ill. A valid physician certification or recertification is required for each benefit period that the beneficiary is on the Medicare

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hospice benefit. This article is intended to provide guidance on the requirements for a valid physician certification and recertification.

A written certification must be on file in the hospice beneficiary's record prior to submission of a claim to your Medicare Administrative Contractor (MAC). Clinical information and other documentation that support the medical prognosis must accompany the certification and must be filed in the medical record with the written certification. Initially, the clinical information may be provided verbally, but must be documented in the medical record and included as part of the hospice's eligibility assessment.

## Content of Written Certifications, including Initial and Subsequent Certifications

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A complete written certification must include:

**1.** The statement that the individual's medical prognosis is that the beneficiary's life expectancy is 6 months or less if the terminal illness runs its normal course

**Guidance:** A simple statement on the certification/recertification that states, the beneficiary has a medical prognosis of 6 months or less if the terminal illness runs its normal course.

**2.** Patient-specific clinical findings and other documentation supporting a life expectancy of 6 months or less

**Guidance:** The certification should give specific clinical findings, for example, signs, symptoms, laboratory testing, weights, anthropomorphic measurements, oral intake.

**3.** The signature(s) of the physician(s), the date signed, and the benefit period dates that the certification or recertification covers (for more on signature requirements, see the "Medicare Program Integrity Manual," [Chapter 3](#), Section 3.3.2.4).

**Guidance:**

**Physician signature and date signed:** The physician must sign and make an appropriate date entry for his/her signature, for example, John Smith M.D. MM/DD/YY. If the physician signature is not legible, you may type or print the name below the signature. Another alternative to ensure a legible signature is to submit a signature log with the physician's printed name and signature. Also, note that the location of the physician signature for the narrative and attestation is important. See the example below regarding the physician signature.

**Certification/ Recertification benefit period:** Make an entry on the certification that gives the specific "from" and "through" dates, for example, benefit period date MM/DD/YY to MM/DD/YY. Simply stating benefit period 3 is not acceptable documentation. The "from" and "through" dates must appear on the certification.

**4.** As of October 1, 2009, the physician's brief narrative explanation of the clinical findings that supports a life expectancy of 6 months or less is part of the certification and recertification forms, or is an addendum to the certification and recertification forms.

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- If the narrative is part of the certification or recertification form, then the narrative must be located immediately above the physician's signature.
- If the narrative exists as an addendum to the certification or recertification form, in addition to the physician's signature on the certification or recertification form, the physician must also sign immediately following the narrative in the addendum.
- The narrative shall include a statement directly above the physician signature attesting that by signing, the physician confirms that he/she composed the narrative based on his/her review of the patient's medical record or, if applicable, his or her examination of the patient. The physician may dictate the narrative.
- The narrative must reflect the patient's individual clinical circumstances and cannot contain check boxes or standard language used for all patients. The physician must synthesize the patient's comprehensive medical information in order to compose this brief clinical justification narrative.

**Guidance:** According to the "Medicare Benefit Policy Manual," Chapter 9, Section 20.1, Timing and Content of Certification, the regulations state if the narrative is part of the certification or recertification form, then the narrative must be located immediately above the physician signature. As part of the narrative, the narrative shall include a statement directly above the physician signature attesting that by signing, the physician confirms that he/she composed the narrative based on his/her review of the patient's medical record or, if applicable, his or her examination of the patient. It would not be acceptable to have any other language such as the certification from and through dates, the attestation of a face-to-face, or any other documentation located between the narrative and the physicians signature.

**5. Face-to-Face Encounter and Attestation.** For recertification's on or after 1/1/2011, a hospice physician or hospice nurse practitioner must have a face-to-face encounter with each hospice beneficiary prior to the beginning the beneficiary's third benefit period, and prior to each subsequent benefit period. The face-to-face encounter (when applicable) is a part of the recertification. For additional information and guidance on the face-to-face encounter, refer to the "Medicare Benefit Policy Manual," Chapter 9, Section 20.1.

## Examples of the Narrative for a Physician Certification

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### **Example 1:** Initial Certification of Terminal Illness (With narrative included)

I certify that John Doe is terminally ill with a life expectancy of 6 months or less if the terminal illness runs its normal course. Certification period dates: 1/1/2016 to 3/30/2016

**Brief narrative statement:** (Review the individual's clinical circumstances and synthesize the medical information to provide clinical justification for admission to the hospice services) 78 year old male with a diagnosis of stage 4 lung cancer. Completed three rounds of chemotherapy, but cancer has metastasized to the liver and bone. Patient no longer wants to continue chemotherapy and states he wants comfort measures only. Increased dyspnea and pain over past 2 weeks. Is now oxygen dependent with 2LNC and requires morphine every 6 hours for bone pain and shortness of breath.

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Attestation: I confirm that I composed this narrative and it is based on my review of the patient's medical record and/or examination of the patient (circle one).

Physician (printed name): Dr. Marcus Welby

Physician (signature): Dr. Marcus Welby

Date: 1/1/2016

**Example 2:** Initial Certification of Terminal Illness (Narrative as an addendum)

I certify that John Doe is terminally ill with a life expectancy of 6 months or less if the terminal illness runs its normal course. Certification period dates: 1/1/2016 to 3/30/2016

Physician (printed Name): Dr. Marcus Welby

Physician (Signature): Dr. Marcus Welby

Date: 1/1/2016

Please note: Physician Narrative Addendum below. (Physician Narrative Addendum must accompany the Initial Certification of Terminal Illness (CTI) when the Narrative is not included on the certification).

Example 2 Physician Narrative Addendum

Name of beneficiary: John Doe

Certification period dates: 1/1/2016 to 3/30/2016

Brief narrative statement: (Review the individual's clinical circumstances and synthesize the medical information to provide clinical justification for admission to the hospice services) 78 year old male with a diagnosis of stage 4 lung cancer. Completed three rounds of chemotherapy but cancer has metastasized to the liver and bone. Patient no longer wants to continue chemotherapy and states he wants comfort measures only. Increased dyspnea and pain over the past two weeks. Is now oxygen dependent with 2LNC and requires morphine every 6 hours for bone pain and shortness of breath.

Attestation: I confirm that I composed this narrative and it is based on my review of the patient's medical record and/or examination of the patient (circle one).

Physician (printed name): Dr. Marcus Welby

Physician (signature): Dr. Marcus Welby

Date: 1/1/2016

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**Example 3: Recertification of Terminal Illness (At 90 days and each subsequent 60 days)  
(With narrative included)**

I certify that John Doe is terminally ill with a life expectancy of 6 months or less if the terminal illness runs its normal course.

Certification period dates: 3/31/2016 to 6/28/2016

Brief narrative statement: (Review the individual's clinical circumstances and synthesize the medical information to provide clinical justification for admission to the hospice services) 78 year old male with a diagnosis of stage 4 lung cancer who has been receiving hospice services since 1/1/2016. Oxygen dependent and has been increased to 6LNC. Increasing somnolence and is only out of bed for short periods of time with max assist. Poor appetite and is only taking small sips of water and broth. Evident cachexia. Receiving morphine every 2 hours for pain.

Attestation: I confirm that I composed this narrative and it is based on my review of the patient's medical record and/or examination of the patient (circle one).

Physician (printed name): Dr. Marcus Welby

Physician (signature): Dr. Marcus Welby

Date: 1/1/2016

For 3rd and subsequent benefit periods: N/A (not the third or subsequent benefit period):  
Face to face encounter Hospice Physician

Attestation: I confirm that I had a face-to-face encounter with (Beneficiary's Name) on \_\_\_/\_\_\_/\_\_\_ (date) and that I used the clinical findings from that encounter in determining continued eligibility for hospice care.

Hospice medical director/hospice physician/ NP (Printed Name): \_\_\_\_\_

Hospice medical director/hospice physician/NP (Signature): \_\_\_\_\_

Date: \_\_\_\_\_

**Example 4: Recertification of Terminal Illness (At 90 days and each subsequent 60 days)  
(With narrative as addendum)**

I certify that John Doe is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course. Certification period dates: 3/31/2016 to 6/28/2016

Physician (printed name): Dr. Marcus Welby

Physician (Signature): Dr. Marcus Welby

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Date: 03/30/2016

Physician Narrative Addendum (Must accompany Certification/Recertification Form if not included in the CTI)

Name of Beneficiary: John Doe

Certification period dates: 3/31/2016 to 6/28/2016

Brief narrative statement: (Review the individual's clinical circumstance and synthesize the medical information to provide clinical justification for admission to hospice services) 78 year old male with a diagnosis of stage 4 lung cancer who has been receiving hospice services since 1/1/2016. Oxygen dependent and has been increased to 6LNC. Increasing somnolence and is only out of bed for short periods of time with max assist. Poor appetite and is only taking small sips of water and broth. Evident cachexia. Receiving morphine every 2 hours for pain.

Attestation: I confirm that I composed this narrative and it is based on my review of the patient's medical record and or examination of the patient (circle one).

Physician (printed name): Dr. Marcus Welby

Physician (signature): Dr. Marcus Welby

Date: 3/30/2016

**Example 5:** Recertification of Terminal Illness (At 90 days and each subsequent 60 days) (With narrative & Face-to-Face attestation included)

I certify that Jane Smith is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Certification period dates: 6/29/2016 to 8/27/2016 Brief narrative statement: (Review the individual's clinical circumstances and synthesize the medical information to provide clinical justification for admission to hospice services).

83 year old female with end-state CHF, NYHA Class IV. Dyspnea at rest. Bilateral 2+ pitting edema in feet, calves and thighs not responsive to diuretic therapy. Increasing episodes of angina. Was ambulatory one month ago but is now bedbound and sleeps most of the time. Is arousable but with increasing confusion. Taking only small sips of water. Patient has been under hospice services since 1/1/2016.

Attestation: I confirm that I composed this narrative and it is based on my review of the patient's medical record and/or examination of the patient (circle one)

Physician (printed name): Dr. Marcus Welby

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Physician (Signature): Dr. Marcus Welby

Date: 06/28/2016

Attestation of Face-to-Face Encounter (For 3rd and subsequent benefit periods): N/A (not the third or subsequent benefit period):

Conducted by certifying physician: I confirm that I had a face-to-face encounter with (Beneficiary's Name) on (\_\_\_/\_\_\_/\_\_\_ date) and that I used the clinical findings from that encounter in determining continued eligibility for hospice care.

Hospice Medical Director (Printed name): John Doe, M.D.

Hospice Medical Director (Signature): John Doe

Date: 06/28/2016

Conducted by Allowed Provider Type: I confirm that a face-to-face encounter occurred with Jane Smith on 06/27/2016 (date) and the clinical findings of that visit were provided to the certifying physician, for use in determining whether the patient continues to have a life expectancy of 6 months or less, should the illness run its normal course.

Hospice physician/NP (printed name): Mary Jones, CRNP

Hospice physician/NP (Signature): Mary Jones, CRNP

Date: 06/27/2016

**Example 6:** Recertification of Terminal Illness (At 90 days and each subsequent 60 days) (With narrative but without face-to-face attestation included)

I certify that Jane Smith is terminally ill with a life expectancy of 6 months or less if the terminal illness runs its normal course.

Certification period dates: 06/29/2016 – 8/27/2016

Brief narrative statement: (review the individual's clinical circumstances and synthesize the medical information to provide clinical justification for admission to hospice services)

83 year old female with end-stage CHF, NYHA Class IV. Dyspnea at rest. Bilateral 2+ pitting edema in feet, calves and thighs not responsive to diuretic therapy. Increasing episodes of angina. Was ambulatory 1 month ago but is now bedbound and sleeps most of the time. Is arousable but with increasing confusion. Taking only small sips of water. Patient has been under hospice services since 1/1/2016.

Attestation: I confirm that I composed this narrative and it is based on my review of the patient's medical record and/or examination of the patient (circle one).

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Physician (printed name): Dr. Marcus Welby

Physician (Signature): Dr. Marcus Welby

Date: 06/28/2016

Nurse Practitioner/Hospice Physician Attestation of Face-to-Face Encounter with Beneficiary (For 3rd and subsequent benefit periods)

Hospice Nurse Practitioner/Non-certifying Hospice Physician Attestation: I confirm that I had a face-to-face encounter with Jane Smith on 06/27/2016 (date) and that the clinical findings of that encounter have been provided to the certifying physician for use in determining continued eligibility for hospice care.

Hospice nurse practitioner (NP)/Physician (Printed name): Mary Jones CRNP

Hospice Nurse Practitioner (NP)/Physician (Signature): Mary Jones CRNP

Date: 06/27/2016

**Example 7:** Recertification of Terminal Illness (At 90 days and each subsequent 60 days) (With narrative & face-to-face attestation included) I certify that Jane Smith is terminally ill with a life expectancy of 6 months or less if the terminal illness runs its normal course. Certification period dates: 06/29/2016 – 08/27/2016

Brief narrative statement: (Review the individual's clinical circumstances and synthesize the medical information to provide clinical justification for admission to hospice services) 83 year old female with end-state CHF, NYHA Class IV. Dyspnea at rest. Bilateral 2+ pitting edema in feet, calves and thighs not responsive to diuretic therapy. Increasing episodes of angina. Was ambulatory one month ago but is now bedbound and sleeps most of the time. Is arousable but with increasing confusion. Taking only small sips of water. Patient has been under hospice services since 1/1/2016.

Attestation: I confirm that I composed this narrative and it is based on my review of the patient's medical record and/or examination of the patient (circle one).

Physician (printed name): Dr. Marcus Welby

Physician (Signature): Dr. Marcus Welby

Date: 06/28/2016

Attestation of Face-to-Face Encounter (For 3rd and subsequent benefit periods): N/A (not the third or subsequent benefit period): Conducted by certifying physician: I confirm that I had a face-to-face encounter with Jane Smith on 06/27/2016 (date) and that I used the clinical findings from that encounter in determining continued eligibility for hospice care.

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Hospice Medical Director (Printed name): Dr. Marcus Welby

Hospice Medical Director (Signature): Dr. Marcus Welby

Date: 06/28/2016

Conducted by Allowed Provider Type: I confirm that a face-to face encounter occurred with (Beneficiary's Name) on \_\_/\_\_/\_\_\_\_ (date) and the clinical findings of that visit were provided to the certifying physician, for use in determining whether the patient continues to have a life expectancy of 6 months or less, should the illness run its normal course.

Hospice physician/NP (Printed Name): Marcus Welby, M.D.

Hospice physician/NP (Signature): Marcus Welby

Date: 06/28/2016

## Additional Information

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CMS acknowledges that this article is based on a product created by the National Government Services.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/>.

The "Medicare Benefit Policy Manual," Chapter 9, is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c09.pdf>.

The "Medicare Program Integrity Manual," Chapter 3, is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf>.

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