Components of the Medicare Hospice Certification and Recertification Form

Compliance for Hospice Providers

This document provides guidance about the components that are required for Medicare hospice certification of terminal illness. Each component that is required on the certification and recertification form is outlined with suggested text (in red) for a provider’s certification/recertification form.

First and second 90-day certification periods

- Component #1: Verbal certification
  - If the hospice cannot obtain written certification within 2 calendar days, it must obtain oral certification within 2 calendar days after the start of care.
  - Content of the verbal certification should include:
    - Statement of terminal illness - suggested text below:
      I certify that (Beneficiary’s Name) is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.
    - Certification period dates - suggest that dates appear as “from and through” dates; suggested text below:
      Certification period dates: ___/___/____ to ___/___/____
  - Staff signature
    - The hospice staff member documenting the verbal certification from the physician should print, sign, and date their name under the verbal certification statement
    - A physician signature is not required for the verbal certification
  - The verbal certification can be documented separately or on the written certification form

- Component #2: The written certification of terminal illness form
  - First 90-day certification period
    - The patient’s attending physician (if any) and the hospice medical director/hospice physician are required to certify the patient’s terminal illness.
    - Each physician should certify the patient’s terminal illness on a separate certification form.
    - If the hospice physician is also the patient’s chosen attending physician, then the hospice physician signs the certification in each role.
  - Second 90-day certification period
• This is a recertification.
• Only the hospice medical director/ hospice physician is required to certify the patient’s terminal illness.
• If the hospice physician is also the patient’s chosen attending physician, then the hospice physician signs the certification in each role.

o The certification of terminal illness must include:
  ▪ Statement of terminal illness - suggested text below:

    I certify that (Beneficiary’s Name) is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

  ▪ Certification period dates - suggest that dates appear as “from and through” dates; suggested text below:

    Certification period dates: ___/___/____ to ___/___/____

  ▪ Optional additions on certification form
    - Effective date of certification: ___/___/____
    - Terminal diagnosis: _____________________________

• Component #3: Brief physician narrative statement and attestation

  o The narrative statement must be composed by the certifying physician per federal hospice regulations. (§418.22 Certification of Terminal Illness, 2010)
  o NHPCO recommends that the hospice medical director/ hospice physician compose the narrative statement versus the attending physician for the first 90-day certification period. The hospice medical director/hospice physician is more knowledgeable about the wording requirements in the narrative statement.
  o The physician is required to review the individual’s clinical circumstances and synthesize the medical information to provide written clinical justification for admission to hospice services in the form of a physician narrative.
  o Content of the physician narrative should include reference to applicable LCDs, prognostic indicators, and/or symptom management scale outcomes.
  o The narrative statement can be part of the certification of terminal illness form or it can be an addendum to the certification form.
    ▪ If the narrative statement is an addendum, indicate that it is an addendum on the certification of terminal illness form.
  o An attestation statement must be included with the physician narrative statement. NHPCO suggested text follows:

    ▪ Physician narrative attestation: I confirm that I composed this narrative statement and that it is based on my review of the patient’s medical record and/or examination of the patient.

• Physician signature
  o The certifying physician’s printed name, signature, and date should appear below the attestation statement.
  o If the physician forgets to date the certification, a notarized statement or some other acceptable documentation can be obtained to verify when the certification was obtained.
First and subsequent 60-day certification periods

- **Component #1: Verbal certification**
  - If the hospice cannot obtain written certification within 2 calendar days, it must obtain oral certification within 2 calendar days of the start of care.
  - The verbal certification can be documented separately or on the written certification form.
  - Content of the verbal certification should include:
    - Statement of terminal illness - suggested text below:
      
      I certify that *(Beneficiary’s Name)* is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.
    - Certification period dates - suggest that dates appear as “from and through” dates; suggested text below:
      
      Certification period dates: ___/___/___ to ___/___/___
  - Staff signature
    - The hospice staff member documenting the verbal certification from the physician should print, sign, and date their name under the verbal certification statement.
    - A physician signature is not required for the verbal certification

- **Component #2: The written certification of terminal illness form**
  - This is a recertification.
  - For the first and subsequent 60-day certification periods, only the hospice medical director/ hospice physician is required to certify the patient’s terminal illness.
  - The certification of terminal illness must include:
    - Statement of terminal illness - suggested text below:
      
      I certify that *(Beneficiary’s Name)* is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.
    - Certification period dates - suggest that dates appear as “from and through” dates; suggested text below:
      
      Certification period dates: ___/___/___ to ___/___/___
    - Optional additions on certification form
      - Effective date of certification: ___/___/___
      - Terminal diagnosis: ____________________________

- **Component #3: Face-to-face encounter**
  CMS added the face-to-face encounter requirement for recertification of terminal illness with the third benefit period recertification and every subsequent recertification as part of the Home Health Payment Rule, posted on November 2, 2010. The face-to-face process is explained in detail in the following NHPCO resources.
Recertification of the Hospice Terminal Illness (Available at http://www.nhpco.org/regulatory/nhpco-developed-tools-and-resources

Certification and Recertification of Hospice Terminal Illness - Maps to Guide Hospice Admissions

- A face-to-face encounter attestation statement is required as a component of the certification for the first and every subsequent 60-day certification periods.
- The face-to-face encounter attestation statement can be part of the certification of terminal illness form or it can be an addendum to the certification form.
  - If the face-to-face encounter attestation statement is an addendum that should be indicated on the certification of terminal illness form.
- The face-to-face encounter attestation statement is completed by the physician or nurse practitioner (NP) that completed the face-to-face encounter visit.
  - The certifying physician or a physician other than the certifying physician may complete the face-to-face encounter visit. If a different physician completes the visit, she/he provided the clinical findings to the certifying physician.
- Suggested attestation text when the face-to-face encounter visit is completed by the certifying physician:
  
  I confirm that I had a face-to-face encounter with (Beneficiary’s Name) on (___/___/___date) and that the clinical findings of that encounter have been used in determining continued eligibility for hospice care.

- Suggested attestation text when the face-to-face encounter visit is completed by a physician other than the certifying physician or NP:
  
  I confirm that I had a face-to-face encounter with (Beneficiary’s Name) on (___/___/___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.

- Signature on the face-to-face encounter attestation statement
  - The date of the face-to-face encounter visit and the date the physician/ NP signs the face-to-face encounter attestation statement; do not need to be the same date.
  - The physician or NP’s printed name, signature, and date should appear below the face-to-face encounter attestation statement.

- Component #4: Brief physician narrative statement and attestation
  
  The narrative statement must be composed by the certifying physician per federal hospice regulations. (§ 418.22 Certification of Terminal Illness, 2010)
  
  NHPCO recommends that the hospice medical director/ hospice physician compose the narrative statement.
  
  The physician is required to review the individual’s clinical circumstances and synthesize the medical information to provide clinical justification for continued eligibility for hospice services.
Content of the physician narrative should include reference to applicable LCDs, prognostic indicators, and/or symptom management scale outcomes.

Physician should discuss diagnoses that contribute to the terminal prognosis. (diagnoses that are not related should not be discussed in the narrative statement)

The narrative statement can be part of the certification of terminal illness form or it can be an addendum to the certification form.

- If the narrative statement is an addendum, indicate that it is an addendum on the certification of terminal illness form.

An attestation statement must be included with the physician narrative statement. NHPCO suggested text follows:

- Physician narrative attestation: I confirm that I composed this narrative statement and that it is based on my review of the patient’s medical record and/or examination of the patient.

**Physician signature**

- The certifying physician’s printed name, signature, and date should appear below the attestation statement.
- If the physician forgets to date the certification a notarized statement or some other acceptable documentation can be obtained to verify when the certification was obtained.

**Certification of terminal illness form components at a glance - see page 6**

This chart provides a synopsis of the certification/recertification components in an easy to read format.

**Additional NHPCO resources:**

- Certification of Terminal Illness Audit Compliance Tool, Dec 2013 (Available at [http://www.nhpco.org/regulatory/nhpco-developed-tools-and-resources](http://www.nhpco.org/regulatory/nhpco-developed-tools-and-resources))
- Recertification of Terminal Illness Audit Checklist, Revised Dec 2013 (Available at [http://www.nhpco.org/regulatory/nhpco-developed-tools-and-resources](http://www.nhpco.org/regulatory/nhpco-developed-tools-and-resources))
### Certification of terminal illness form components at a glance

<table>
<thead>
<tr>
<th></th>
<th>1st 90-day period</th>
<th>2nd 90-day period</th>
<th>1st and subsequent 60-day periods</th>
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<td><strong>Verbal certification</strong></td>
<td>✓ If written certification is not obtained within 2 days of the start of care date</td>
<td>✓ If written certification is not obtained within 2 days of the start of care date</td>
<td>✓ If written certification is not obtained within 2 days of the start of care date</td>
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<tr>
<td></td>
<td>✓ No physician signature required</td>
<td>✓ No physician signature required</td>
<td>✓ No physician signature required</td>
</tr>
<tr>
<td><strong>Written certification form</strong></td>
<td>✓ Signed by attending physician and hospice medical director/ hospice physician</td>
<td>✓ Signed by hospice medical director/ hospice physician</td>
<td>✓ Signed by hospice medical director/ hospice physician</td>
</tr>
<tr>
<td></td>
<td>✓ Physician signature and date required</td>
<td>✓ Physician signature and date required</td>
<td>✓ Physician signature and date required</td>
</tr>
<tr>
<td><strong>Face-to-face encounter attestation statement</strong></td>
<td></td>
<td></td>
<td>✓ Face-to-face encounter attestation statement</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>✓ Physician/ NP signature and date required below attestation</td>
</tr>
<tr>
<td><strong>Physician narrative statement and attestation statement</strong></td>
<td>✓ Narrative statement</td>
<td>✓ Narrative statement</td>
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<tr>
<td></td>
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<td>✓ Physician signature required below attestation</td>
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Reference