Determination of Hospice Medication Coverage

NHPCO
Leading Person-Centered Care

Evaluate each medication and relationship to TERMINAL PROGNOSIS

Does the medication manage or palliate a diagnosis or symptom arising from the PRINCIPAL HOSPICE DIAGNOSIS? — Yes → Related

No ↓

Irrespective of the PRINCIPAL HOSPICE DIAGNOSIS, are there medications that manage or palliate a diagnosis or symptom arising from a RELATED CONDITION. — Yes → Related

No ↓

Does the medication manage or palliate a diagnosis or symptom caused or exacerbated by treatment of a RELATED CONDITION? — Yes → Related

No ↓

Does the medication have a dual use for RELATED and UNRELATED CONDITION? — Yes → Related

Related

Is the medication appropriate and clinically necessary?

- Yes → Is a therapeutic or formulary alternative appropriate?
  - Yes → Therapeutic or formulary alternative accepted?
    - Yes → **Hospice to pay**
    - No → Document in clinical record conversation with patient that therapy is not consistent with hospice plan of care.
      No other Medicare payer (like Part D) will cover the medication and costs will be assumed by the patient.
      Coordinate benefit with another payer and with the patient.*
  - No → **Hospice to pay**
- No → Consider de-prescribing?
  - Yes → **Discontinue medication**
  - No → Document in clinical record conversation with patient that therapy is not consistent with hospice plan of care.
    No other Medicare payer (like Part D) will cover the medication and costs will be assumed by the patient.
    Coordinate benefit with another payer and with the patient.*

Patient to pay

Not Related

Is the medication appropriate and clinically necessary? → Consider de-prescribing?

- · If pt requests, provide election statement addendum (admission and then any time there is a change).
- · Document medication unrelated status. Coordinate benefits with other payers.

Pharmacy to bill medication to non-hospice payer

Hospice physician evaluates available information to:

· Identify all related and unrelated diagnosis. Note: a diagnosis is <u>considered to be related</u> unless the hospice physician documents in the hospice clinical record why that diagnosis is not related.

· Identify the current indication and/or current need for each medication.

Note: Hospice is responsible to cover medications needed to manage or palliate conditions identified in the hospice plan of care. CMS states drugs unrelated to the terminal illness and related conditions are exceptional and unusual and, in general, the hospice will be providing virtually all care.

Determining relatedness is a continuous process by the hospice physician which takes into account changes in the patient's condition. Inclusion or exclusion on a formulary does not determine relatedness.

Advance Beneficiary Notice

***Note:** If the hospice has not previously provided the medication, the hospice is not obligated to provide an Advance Beneficiary Notice (ABN).

If the hospice provides the medication even though it is not reasonable and necessary, the hospice must issue an ABN in order to charge the beneficiary for the medication.

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