#### §418.1

#### **Subpart F—Covered Services**

- 418.200 Requirements for coverage.
- 418.202 Covered services.
- 418.204 Special coverage requirements.

### Subpart G—Payment for Hospice Care

- 418.301 Basic rules.
- 418.302 Payment procedures for hospice care.
- 418.304 Payment for physician services.
- 418.306 Determination of payment rates.
- 418.307 Periodic interim payments.
- 418.308 Limitation on the amount of hospice payments.
- 418.309 Hospice cap amount.
- 418.310 Reporting and recordkeeping requirements.
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## Subpart H—Coinsurance

- 418.400 Individual liability for coinsurance for hospice care.
- 418.402 Individual liability for services that are not considered hospice care.
- 418.405 Effect of coinsurance liability on Medicare payment.

AUTHORITY: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

Source: 48 FR 56026, Dec. 16, 1983, unless otherwise noted.

## Subpart A—General Provision and Definitions

## §418.1 Statutory basis.

This part implements section 1861(dd) of the Social Security Act. Section 1861(dd) specifies services covered as hospice care and the conditions that a hospice program must meet in order to participate in the Medicare program. The following sections of the Act are also pertinent:

- (a) Sections 1812(a) (4) and (d) of the Act specify eligibility requirements for the individual and the benefit periods.
- (b) Section 1813(a)(4) of the Act specifies coinsurance amounts.
- (c) Sections 1814(a)(7) and 1814(i) of the Act contain conditions and limitations on coverage of, and payment for, hospice care.
- (d) Sections 1862(a) (1), (6) and (9) of the Act establish limits on hospice coverage.

[48 FR 56026, Dec. 16, 1983, as amended at 57 FR 36017, Aug. 12, 1992]

#### §418.2 Scope of part.

Subpart A of this part sets forth the statutory basis and scope and defines terms used in this part. Subpart B specifies the eligibility requirements and the benefit periods. Subpart C specifies conditions of participation for hospices. Subpart D describes the covered services and specifies the limits on services covered as hospice care. Subpart E specifies the reimbursement methods and procedures. Subpart F specifies coinsurance amounts applicable to hospice care.

#### §418.3 Definitions.

For purposes of this part—

Attending physician means a physician who—

- (a) Is a doctor of medicine or osteopathy; and
- (b) Is identified by the individual, at the time he or she elects to receive hospice care, as having the most significant role in the determination and delivery of the individual's medical care.

Bereavement counseling means counseling services provided to the individual's family after the individual's death.

Cap period means the twelve-month period ending October 31 used in the application of the cap on overall hospice reimbursement specified in §418.309.

Employee means an employee (defined by section 210(j) of the Act) of the hospice or, if the hospice is a subdivision of an agency or organization, an employee of the agency or organization who is appropriately trained and assigned to the hospice unit. "Employee" also refers to a volunteer under the jurisdiction of the hospice.

Hospice means a public agency or private organization or subdivision of either of these that—is primarily engaged in providing care to terminally ill individuals.

*Physician* means physician as defined in §410.20 of this chapter.

Representative means an individual who has been authorized under State law to terminate medical care or to elect or revoke the election of hospice care on behalf of a terminally ill individual who is mentally or physically incapacitated.

Social worker means a person who has at least a bachelor's degree from a school accredited or approved by the Council on Social Work Education.

Terminally ill means that the individual has a medical prognosis that his or her life expectancy is 6 months or less if the illness runs its normal course.

[48 FR 56026, Dec. 16, 1983, as amended at 52 FR 4499, Feb. 12, 1987; 50 FR 50834, Dec. 11, 1990]

# Subpart B—Eligibility, Election and Duration of Benefits

### §418.20 Eligibility requirements.

In order to be eligible to elect hospice care under Medicare, an individual must be—

- (a) Entitled to Part A of Medicare; and
- (b) Certified as being terminally ill in accordance with §418.22.

## §418.21 Duration of hospice care coverage—Election periods.

- (a) Subject to the conditions set forth in this part, an individual may elect to receive hospice care during one or more of the following election periods:
  - (1) An initial 90-day period.
  - (2) A subsequent 90-day period.
  - (3) A subsequent 30-day period.
- (4) A subsequent extension period of unlimited duration during the individual's lifetime.
- (b) The periods of care are available in the order listed and may be elected separately at different times.
- [55 FR 50834, Dec. 11, 1990, as amended at 57 FR 36017, Aug. 12, 1992]

## § 418.22 Certification of terminal illness.

- (a) Timing of certification—(1) General rule. The hospice must obtain written certification of terminal illness for each of the periods listed in §418.21, even if a single election continues in effect for two, three, or four periods, as provided in §418.24(c).
- (2) Basic requirement. Except as provided in paragraph (a)(3) of this section, the hospice must obtain the written certification no later than two calendar days after the period begins.

- (3) Exception. For the initial 90-day period, if the hospice cannot obtain the written certifications within two calendar days, it must obtain oral certifications within two calendar days, and written certifications no later than eight calendar days after the period begins.
- (b) Content of certification. The certification must specify that the individual's prognosis is for a life expectancy of 6 months or less if the terminal illness runs its normal course.
- (c) Sources of certification. (1) For the initial 90-day period, the hospice must obtain written certification statements (and oral certification statements if required under paragraph (a)(3) of this section) from—
- (i) The medical director of the hospice or the physician member of the hospice interdisciplinary group; and
- (ii) The individual's attending physician if the individual has an attending physician.
- (2) For subsequent periods, the only requirement is certification by one of the physicians listed in paragraph (c)(1)(i) of this section.
- (d) Maintenance of records. Hospice staff must—
- (1) Make an appropriate entry in the patient's medical record as soon as they receive an oral certification; and
- (2) File written certifications in the medical record.

[55 FR 50834, Dec. 11, 1990, as amended at 57 FR 36017, Aug. 12, 1992]

## §418.24 Election of hospice care.

- (a) Filing an election statement. An individual who meets the eligibility requirement of §418.20 may file an election statement with a particular hospice. If the individual is physically or mentally incapacitated, his or her representative (as defined in §418.3) may file the election statement.
- (b) *Content of election statement.* The election statement must include the following:
- (1) Identification of the particular hospice that will provide care to the individual.
- (2) The individual's or representative's acknowledgement that he or she has been given a full understanding of