

Medicare Hospice Regulatory Conditions of Payment

42 C.F.R. § 418.200

The federal regulatory conditions of payment for hospice services can be found at 42 C.F.R. § 418.200.

To be covered, hospice services must meet the following six (6) requirements:

Medical Necessity	1. Services must be reasonable and necessary for the palliation and management of the terminal illness as well as related conditions.
Election	2. The individual must elect hospice care <u>in accordance with § 418.24</u> .
Plan of Care	3. A plan of care must be established and periodically reviewed by the attending physician, the medical director, and the interdisciplinary group of the hospice program <u>as set forth in § 418.56</u> . 4. A plan of care must be established before hospice care is provided. 5. The services provided must be consistent with the plan of care.
Certification	6. A certification that the individual is terminally ill must be completed <u>as set forth in § 418.22</u> .

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