

Model Example of “Patient Notification of Hospice Non-Covered Items, Services, and Drugs”

Patient Name: _____

Patient MRN: _____

Hospice Agency Name: _____ **Date Furnished:** _____

Purpose of Issuing this Notification

The purpose of this addendum is to notify the requesting Medicare beneficiary (or representative), in writing, of those conditions, items, services, and drugs not covered by the hospice because the hospice has determined they are unrelated to your terminal illness and related conditions. If you request this notification within 5 days of a hospice election, the hospice must provide this form within 5 days of your request. If you request this form at any point after the first 5 days of the start date of hospice care, the hospice must provide this form within 3 days of your request.

Diagnoses Related to Terminal Illness and Related Conditions:

1.	5.
2.	6.
3.	7.
4.	8.

Diagnoses Unrelated to Terminal Illness and Related Conditions:

1.	5.
2.	6.
3.	7.
4.	8.

Items, Services, and Drugs Determined by Hospice to be Unrelated to Your Terminal Illness and Related Conditions (these items, services, and drugs will not be covered under the hospice benefit):

Items/Services/Drugs	Reason for Non-coverage

Note: The hospice makes the decision as to whether or not conditions, items, services, and drugs are related for each patient. As the patient or representative, you should share this list and clinical explanation with other healthcare providers from which you seek items, services, or drugs, unrelated to your terminal illness and related conditions to assist in making treatment decisions. The hospice should provide its reasons for non-coverage under the hospice benefit in language that you (or your representative) can understand.

Right to Immediate Advocacy

As a Medicare beneficiary, you have the right to contact the Medicare Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO) to request for Immediate Advocacy if you (or your representative) disagree with the decision of the hospice agency on items not covered because the hospice has determined they are unrelated to your terminal illness and related conditions.

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Please visit this website to find the BFCC-QIO for your area: <https://qioprogram.org/locate-your-qio> or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Signing this notification (or its’ updates) is only acknowledgement of receipt of this notification (or its updates) and does not constitute your agreement with the hospice’s determinations.

Signature of Beneficiary: _____

Date Signed: _____

Beneficiary is unable to sign

Signature of Representative: _____

Date Signed: _____

Beneficiary and/or Representative refuses to sign

If the beneficiary and/or representative refuses to sign, the hospice must document on the addendum the reason the addendum is not signed and it becomes part of the beneficiary’s medical record.

Notes: