
Medicare Hospice Manual

Department of Health &
Human Services (DHHS)
Centers for Medicare &
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REFER TO CHANGE REQUEST 2556

<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
230.3 – 230.3	2-9 (1 p.)	2-9 (1 p.)

NEW/REVISED MATERIAL--*EFFECTIVE DATE: April 1, 2003*
IMPLEMENTATION DATE: April 1, 2003

Section 230.3, Special Coverage Requirements, is revised to add language to clarify the requirements for continuous home care.

DISCLAIMER: The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

These instructions should be implemented within your current operating budget.

230.3 Special Coverage Requirements.--

A. Continuous Home Care.--Provide continuous home care only during a period of crisis. A period of crisis is a period in which a patient requires continuous care which is primarily nursing care to achieve palliation or management of acute medical symptoms. If a patient's caregiver has been providing a skilled level of care for the patient and the caregiver is unwilling or unable to continue providing care, this may precipitate a period of crisis because the skills of a nurse may be needed to replace the services that had been provided by the caregiver.

Provide a minimum of 8 hours of care during a 24-hour day, which begins and ends at midnight. This care need not be continuous, i.e., 4 hours could be provided in the morning and another 4 hours in the evening. The care must be predominantly nursing care provided by either a registered nurse (RN) or licensed practical nurse (LPN). In other words, at least half of the hours of care are provided by the RN or LPN. Homemaker or home health aide services may be provided to supplement the nursing care.

Care by a home health aide and/or homemaker may not be discounted or provided "at no charge" in order to qualify for continuous home care. The care provided by all members of the interdisciplinary and/or home health team must be documented in the medical record regardless if that care does or does not compute into continuous home care.

NOTE: When fewer than 8 hours of nursing care are required, the services are covered as routine home care rather than continuous home care.

Nursing care in the hospice setting can include skilled observation and monitoring when necessary and skilled care needed to control pain and other symptoms.

Continuous home care is covered only as necessary to maintain the terminally ill individual at home.

B. Respite Care.--Respite care is short term inpatient care provided to the individual only when necessary to relieve the family members or other persons caring for the individual at home. Respite care may be provided only on an occasional basis and may not be reimbursed for more than five consecutive days at a time.

C. Bereavement Counseling.--Bereavement counseling consists of counseling services provided to the individual's family after the individual's death. Bereavement counseling is a required hospice service, but it is not separately reimbursable.

D. Special Modalities.--Chemotherapy, radiation therapy, and other modalities may be used for palliative purposes if you determine that these services are needed for palliation. This determination is based on the patient's condition and your care giving philosophy. No additional Medicare payment may be made regardless of the cost of the services.