Hospice Guidelines for the Advance Beneficiary Notice of Noncoverage (ABN) (CMS-R-131)

Hospice Appropriateness
Does the beneficiary meet Medicare’s “terminally ill” definition?

- NO
- YES

Level of Care
Is the hospice level of care (i.e. GIP, routine, etc.) reasonable and medically necessary to manage their terminal illness?

- NO
- YES

Are hospice services still going to be provided at this level of care?

- NO
- YES

Other Services
Are the items/services that are billed separate from the hospice payment (i.e. physician services) reasonable and medically necessary?

- NO
- YES

Are these hospice services (i.e. physician services) still going to be provided?

- NO
- YES

The Hospice ABN is not required.
The Hospice ABN is required.

Other situations in which a Hospice ABN is NOT required:
- Revocations
- Respite care exceeding five consecutive days*
- Transfers
- Un timely Face to Face Encounter
- Room and board for nursing facilities
- Services unrelated to the terminal diagnosis
- Providers are encouraged to give the ABN as a voluntary notice in these cases.

Note: The ABN can also be issued voluntarily in place of the Notice of Exclusion of Medicare Benefits (NEMB) for care that is never covered by Medicare.

For more information, go to:

Hospice Guidelines for the Expedited Determination (ED) Process
Using the Notice of Medicare Non-Coverage (NOMNC) (CMS-10123) and Detailed Explanation of Non-Coverage (DENC) (CMS-10124)

Are all Medicare-covered hospice services ending?

- NO
- YES

Are the hospice services ending due to beneficiary revocation?

- NO
- YES

The Notice of Medicare Non-Coverage (NOMNC) (CMS-10123) is not required.
The NOMNC (CMS-10123) is required.

Are the hospice services ending due to a hospice transfer?

- NO
- YES

The NOMNC (CMS-10123) is required.
The NOMNC (CMS-10123) is not required.

Did the QIO notify you the beneficiary requested an expedited determination?

- NO
- YES

The NOMNC (CMS-10123) is required no later than 2 days before all covered services end, or the 2nd to last day of service (if care is not provided daily).

A Detailed Explanation of Non-Coverage (DENC) (CMS-10124) must be given to the beneficiary by close of business on the day QIO notified you.

No additional action is necessary.

For more information, go to: