§ 418.116 Condition of participation: Compliance with Federal, State, and local laws and regulations related to the health and safety of patients.

The hospice and its staff must operate and furnish services in compliance with all applicable Federal, State, and local laws and regulations related to the health and safety of patients. If State or local law provides for licensing of hospices, the hospice must be licensed.

(a) Standard: Multiple locations. Every hospice must comply with the requirements of §420.206 of this chapter regarding disclosure of ownership and control information. All hospice multiple locations must be approved by Medicare and licensed in accordance with State licensure laws, if applicable, before providing Medicare reimbursed services.

(b) Standard: Laboratory services. (1) If the hospice engages in laboratory testing other than assisting a patient in self-administering a test with an appliance that has been approved for that purpose by the FDA, the hospice must be in compliance with all applicable requirements of part 493 of this chapter.

(2) If the hospice chooses to refer specimens for laboratory testing to a reference laboratory, the reference laboratory must be certified in the appropriate specialties and subspecialties of services in accordance with the applicable requirements of part 493 of this chapter.

Subpart E [Reserved]

Subpart F—Covered Services

§ 418.200 Requirements for coverage.

To be covered, hospice services must meet the following requirements. They must be reasonable and necessary for the palliation and management of the terminal illness as well as related conditions. The individual must elect hospice care in accordance with §418.24. 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 as set forth in §418.56. That plan of care must be established before hospice care is provided. The services provided must be consistent with the plan of care. A certification that the individual is terminally ill must be completed as set forth in section §418.22.

§ 418.202 Covered services.

All services must be performed by appropriately qualified personnel, but it is the nature of the service, rather than the qualification of the person who provides it, that determines the coverage category of the service. The following services are covered hospice services:

(a) Nursing care provided by or under the supervision of a registered nurse.

(b) Medical social services provided by a social worker under the direction of a physician.

(c) Physicians’ services performed by a physician as defined in §410.20 of this chapter except that the services of the hospice medical director or the physician member of the interdisciplinary group must be performed by a doctor of medicine or osteopathy.

(d) Counseling services provided to the terminally ill individual and the family members or other persons caring for the individual at home. Counseling, including dietary counseling, may be provided both for the purpose of training the individual’s family or other caregiver to provide care, and for the purpose of helping the individual and those caring for him or her to adjust to the individual’s approaching death.

(e) Short-term inpatient care provided in a participating hospice inpatient unit, or a participating hospital or SNF, that additionally meets the standards in §418.202 (a) and (e) regarding staffing and patient areas. Services provided in an inpatient setting must conform to the written plan of care. Inpatient care may be required for procedures necessary for pain control or acute or chronic symptom management.

Inpatient care may also be furnished as a means of providing respite for the individual’s family or other persons caring for the individual at home. Respite care must be furnished as specified in §418.108(b). Payment for inpatient care
will be made at the rate appropriate to
the level of care as specified in §418.302.

(f) Medical appliances and supplies, in-
cluding drugs and biologicals. Only drugs
as defined in section 1861(t) of the Act
and which are used primarily for the
relief of pain and symptom control re-
lated to the individual’s terminal ill-
ness are covered. Appliances may in-
clude covered durable medical equip-
ment as described in §410.38 of this
chapter as well as other self-help and
personal comfort items related to the
palliation or management of the pa-
tient’s terminal illness. Equipment is
provided by the hospice for use in the
patient’s home while he or she is under
hospice care. Medical supplies include
those that are part of the written plan
of care and that are for palliation and
management of the terminal or related
conditions.

(g) Home health or hospice aide services
furnished by qualified aides as designated
in §418.94 and homemaker services. Home
health aides (also known as hospice aides)
may provide personal care services as defined in §409.45(b) of this
chapter. Aides may perform household
services to maintain a safe and sanita-
tary environment in areas of the home
used by the patients, such as changing
bed linens or light cleaning and laun-
dering essential to the comfort and
cleanliness of the patient. Aide serv-
ices may include assistance in mainte-
nance of a safe and healthy environ-
ment and services to enable the indi-
vidual to carry out the treatment plan.

(h) Physical therapy, occupational
therapy and speech-language pathology
services in addition to the services de-
scribed in §409.33 (b) and (c) of this
chapter provided for purposes of symp-
tom control or to enable the patient to
maintain activities of daily living and
basic functional skills.

(i) Effective April 1, 1998, any other
service that is specified in the patient’s
plan of care as reasonable and nec-
essary for the palliation and manage-
ment of the patient’s terminal illness
and related conditions and for which

payment may otherwise be made under
Medicare.

[48 FR 56026, Dec. 16, 1983, as amended at 51
FR 41331, Nov. 14, 1986; 55 FR 50835, Dec. 11,
1990; 59 FR 65498, Dec. 20, 1994; 70 FR 70547,
Nov. 22, 2005; 73 FR 32220, June 5, 2008; 74 FR
39413, Aug. 6, 2009]

§418.204 Special coverage require-
ments.

(a) Periods of crisis. Nursing care may
be covered on a continuous basis for as
much as 24 hours a day during periods
of crisis as necessary to maintain an
individual at home. Either homemaker
or home health aide (also known as
hospice aide) services or both may be
covered on a 24-hour continuous basis
during periods of crisis but care during
these periods must be predominantly
nursing care. A period of crisis is a pe-
riod in which the individual requires
continuous care to achieve palliation
and management of acute medical
symptoms.

(b) Respite care. (1) 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.

(2) Respite care may be provided only
on an occasional basis and may not be
reimbursed for more than five consecu-
tive days at a time.

(c) Bereavement counseling. Bereave-
ment counseling is a required hospice
service but it is not reimbursable.

[48 FR 56026, Dec. 16, 1983, as amended at 55
FR 50835, Dec. 11, 1990; 74 FR 39413, Aug. 6,
2009]

§418.205 Special requirements for hos-
pice pre-election evaluation and
counseling services.

(a) Definition. As used in this section
the following definition applies.
Terminal illness has the same meaning
as defined in §418.3.

(b) General. Effective January 1, 2005,
payment for hospice pre-election eval-
uation and counseling services as speci-
fied in §418.304(d) may be made to a
hospice on behalf of a Medicare bene-
ficiary if the requirements of this sec-
tion are met.

(1) The beneficiary. The beneficiary:

(i) Has been diagnosed as having a
terminal illness as defined in §418.3.

(ii) Has not made a hospice election.