Patient meets eligibility criteria for hospice services (enrolled in Medicare Part A and prognosis of 6 months or less if the disease follows its normal course).

Patient chooses to pursue/continue dialysis treatment.

What is the terminal hospice diagnosis?

Hospice physician determines terminal diagnosis is caused or exacerbated by ESRD.

Hospice admits and cares for the patient per Hospice Medicare Benefit.

Hospice physician determines diagnoses that contribute to the terminal prognosis are not caused or exacerbated by ESRD or ESRD treatment.

Hospice admits and cares for the patient per Hospice Medicare Benefit for all non-kidney terminal diagnoses that contribute to the terminal prognosis. The patient can continue to receive dialysis paid for by the Medicare Part B ESRD benefit.

Hospice admits and cares for the patient per Hospice Medicare Benefit for the ESRD primary diagnosis, and the hospice organization is financially responsible for dialysis costs. (Dialysis is not separately covered under the Medicare Hospice Benefit.)

OR

Hospice can return the patient to the referral source. Palliative care service should be considered.

Coalition for Supportive Care of Kidney Patients

Medicare Hospice Benefit & ESRD Patients

www.kidneysupportivecare.org

**DOCUMENTATION IS NECESSARY IN ALL CASES!**

The physician narrative statement and the clinical record are the appropriate documentation locations for the certifying physician to reference the principal hospice diagnosis, related diagnoses, patient prognosis, and eligibility.

Decision made on case-by-case, patient-by-patient basis, AND decisions about relatedness can change as patient's condition changes.

If and when the hospice physician determines that the ESRD contributes to the terminal prognosis, the patient is no longer eligible for the Medicare Part B ESRD benefit.

(Reference: Medicare Benefit Policy Manual, Chapter 11 End-Stage Renal Disease 40.8 pg. 370 - Coverage under the Hospice Benefit Rev. 214 01-13-16)