Medicare Hospice Coverage Summary

A plain-language overview based on Medicare's hospice benefit information. Individual coverage depends on eligibility and the plan of care.

Who may qualify

- The patient has Medicare Part A.
- The hospice physician and attending physician, if applicable, certify a life expectancy of six months or less if the illness follows its expected course.
- The patient chooses comfort-focused care instead of treatment intended to cure the terminal illness and related conditions.
- The patient signs a Hospice Election Statement choosing the hospice benefit.

What the hospice benefit generally covers

- The individualized hospice plan of care and interdisciplinary team services.
- Nursing, physician, hospice aide, social-work, spiritual, counseling, and bereavement services as included in the plan.
- Medications, equipment, and supplies related to the terminal illness and related conditions.
- Hospice-arranged short-term inpatient care or respite care when requirements are met.

Potential patient costs

- Generally nothing for covered hospice services from a Medicare-approved hospice.
- Up to $5 for each outpatient prescription for pain and symptom management.
- Up to 5% of the Medicare-approved amount for inpatient respite care.
- Room and board is generally not covered in a private home or residential facility.
- Deductibles and coinsurance may apply to care unrelated to the terminal illness.

Important Care Coordination

Contact the hospice team before obtaining services related to the terminal illness unless the situation is an immediate emergency.

- Emergency-room or hospital care
- Ambulance transportation
- Medications, equipment, or supplies
- Services from another hospice or provider

Services not arranged by the hospice may become the patient's financial responsibility. The patient may continue seeing a regular physician or nurse practitioner when that clinician is selected as the attending medical professional.

Benefit periods

Medicare provides two initial 90-day benefit periods followed by an unlimited number of 60-day periods. Hospice may continue beyond six months when the patient remains eligible and the required recertification is completed.

Your right to clear information

Patients may request a written explanation of items, services, and drugs the hospice determines are unrelated to the terminal illness and related conditions and therefore not covered by the hospice benefit.

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Official Medicare information: medicare.gov/coverage/hospice-care and Medicare publication 02154, Medicare Hospice Benefits.

This summary is educational and does not replace Medicare rules, the Hospice Election Statement, the individualized plan of care, or coverage explanations provided at admission.