Patient Notification of Hospice Non-Covered Items, Services, and Drugs

Completed Sample - Training Example Only

Patient Name:	Jane Doe	**Patient MRN:**	1234567
Hospice Agency Name:	ABCDE Hospice Services, LLC	**Date Furnished:**	03/17/26
Election Start Date:	03/15/2026		

Purpose of Issuing this Notification

This addendum is being provided as part of the hospice election process in accordance with 42 CFR 418.24.

The purpose of this addendum is to notify the requesting Medicare beneficiary, in writing, of those conditions, items, services, and drugs not covered by the hospice because the hospice has determined they are unrelated to the terminal illness and related conditions.

Addendum Version	Date Issued	Reason for Update
Initial		Election
Revision 1		Change in diagnosis/coverage determination

Diagnoses Related to Terminal Illness and Related Conditions

Metastatic pancreatic cancer	Cachexia
Cancer-related abdominal pain	Adult failure to thrive
Cancer-related nausea and vomiting	Debility and progressive weakness
Severe protein-calorie malnutrition	Anxiety related to terminal illness

☐ At the time of election, the hospice has determined that there are no conditions, items, services, or drugs unrelated to the terminal illness and related conditions.

Diagnoses Unrelated to Terminal Illness and Related Conditions

Primary open-angle glaucoma	Refractive vision disorder
Seasonal allergic rhinitis	Environmental allergies
Stable chronic dry eye syndrome	Benign skin nevus

History of cataract surgery	History of tonsillectomy

Items, Services, and Drugs Determined by Hospice to be Unrelated to Terminal Illness and Related Conditions

These items, services, and drugs will not be covered under the hospice benefit because the hospice has determined they are unrelated to the terminal illness and related conditions.

Items/Services/Drugs	Reason for Non-Coverage
Latanoprost ophthalmic drops	Medication used for stable glaucoma. Glaucoma is not caused by, contributing to, or resulting from the terminal diagnosis of metastatic pancreatic cancer and is not required for palliation or symptom management of terminal illness symptoms.
Routine ophthalmology follow-up	Routine monitoring of stable glaucoma and vision status. This service is unrelated to the terminal illness and related conditions and is not needed for hospice symptom management.
Refraction testing / eyeglass prescription update	Service is for visual acuity correction and not for palliation or management of terminal cancer-related symptoms.
Artificial tears	Used for chronic dry eye syndrome. Dry eye is not related to the terminal illness or related conditions and is not needed for palliation of terminal illness symptoms.
Cetirizine 10 mg daily	Medication used for seasonal allergic rhinitis/environmental allergies. Allergic rhinitis is unrelated to the terminal diagnosis and related conditions.
Allergy specialist visit	Evaluation/treatment of seasonal allergies is unrelated to terminal prognosis and not part of the hospice plan of care.
Allergy skin testing	Diagnostic testing for environmental allergies is unrelated to terminal illness and does not manage terminal illness symptoms.
Dermatology evaluation of benign skin nevus	Routine evaluation of a benign skin finding unrelated to metastatic pancreatic cancer and not required for palliation or symptom control.

Clinical Explanation and Required Notice

The hospice makes individual patient-specific decisions as to whether conditions, items, services, and drugs are related to the terminal illness and related conditions. The unrelated conditions and associated items listed above are not part of the patient's terminal illness, are not caused by or contributing to the terminal prognosis and are not needed for palliation or symptom management of metastatic pancreatic cancer or related conditions. The beneficiary should share this list and clinical explanation with other health care providers from whom items, services, or drugs unrelated to the terminal illness and related conditions are sought.

References to Relevant Clinical Practice, Policy, or Coverage Guidelines

- Medicare hospice benefit relatedness requirements
- Medicare Benefit Policy Manual, Chapter 9 - Coverage of Hospice Services
- CMS Hospice Election Statement Addendum requirements
- Patient-specific hospice plan of care and medication profile

Right to Immediate Advocacy

As a Medicare beneficiary, you have the right to contact the Medicare Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO) to request Immediate Advocacy if you or your representative disagree with the hospice agency's determination that the listed items, services, or drugs are unrelated to your terminal illness and related conditions.

BFCC-QIO Name:	Livanta
BFCC-QIO Phone:	1-877-588-1123
Website / Medicare Resource:	www.livantaqio.cms.gov; 1-800-MEDICARE (1-800-633-4227); TTY 1-877-486-2048

Acknowledgment of Receipt

Signing this notification or its updates is only acknowledgment of receipt of this notification or its updates and does not constitute agreement with the hospice determinations.

Signature of Beneficiary:	Jane Doe
Signature of Beneficiary Representative:	Not Applicable - beneficiary able to sign
Date Signed:	03/17/2026
Date Furnished:	03/17/2026

Sample only - not for use as an actual patient record without agency/legal review and patient-specific completion.