

BILLING QUICK REFERENCE | HOSPICE PHYSICIANS

These pages are intended to be a quick reference tool, not a comprehensive resource to all applicable rules, regulations, policies and interpretations of the regulations and best practices. Remember that if state or agency regulations and policies are more stringent than the Medicare regulations, the most stringent rule applies.



Hospice Medical Director (HMD)

<p>WHAT THE REGS SAY</p> <p>The hospice must designate a physician to serve as medical director. The medical director must be a doctor of medicine or osteopathy who is an employee of, or under contract with, the hospice.</p> <p>When the medical director is not available, a physician designated by the hospice assumes the same responsibilities and obligations as the medical director. These are often called hospice physicians.</p>	<p>WHAT THIS MEANS</p> <p>An expert in hospice medicine should oversee the patient’s hospice care.</p>	<p>HMDs CAN:</p> <ul style="list-style-type: none"> • Provide initial certification of terminal illness • Recertify terminal illness • Conduct face-to-face visits • Bill for professional services • Serve as physician member of the IDT • Communicate with the attending and other providers involved in the care of the patient <p>HMDs CANNOT:</p> <p><i>Delegate their work to a NP or PA practicing under their license</i></p>	<p>BILLING</p> <p>Direct, hands-on care (professional services) provided by a physician who is employed by the hospice — or is contracted or a volunteer — are separately billable by the hospice agency.</p> <p>Reimbursement for these services, which must be related to the terminal diagnosis and related conditions, is the lesser of the actual charge or 100% of the Medicare rate.</p>
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Hospice Attending Physician (AP)

<p>WHAT THE REGS SAY</p> <p>The AP is either</p> <ul style="list-style-type: none"> • A doctor of medicine or osteopathy who is legally authorized to practice medicine or surgery by the state in which he or she performs that function • an NP • or a PA <p>The AP is identified by the individual, at the time he or she elects to receive hospice care, as having the most significant role in the determination and delivery of the individual’s medical care.</p>	<p>WHAT THIS MEANS</p> <p>The doctor who knows the patient best should remain involved in the patient’s end-of-life care to provide a longitudinal perspective on the patient’s course of illness, care preferences and psychosocial dynamics. The AP generally assists in assuring continuity of care as the patient moves from the traditional curative care model to hospice’s palliative care model. The attending physician is not meant to be a person offered by, selected by, or appointed by the hospice when the patient elects to receive hospice care. It is the patient’s choice, and influencing this selection for the convenience of the hospice or other providers is a violation of patient’s rights. If the patient has no physician they want as an attending, or if their choice refuses, they do not have to have an AP — the hospice physician can oversee their medical needs.</p>	<p>APs CAN:</p> <ul style="list-style-type: none"> • Provide initial certification of terminal illness • Provide input into the patient’s plan of care • Prescribe medications for the patient • Provide professional services <p>APs CANNOT:</p> <ul style="list-style-type: none"> • Serve as physician member of the IDT 	<p>BILLING</p> <p>As long as he or she is not an employee of the hospice, the AP can continue to bill Part B for visits using a special modifier.</p> <ul style="list-style-type: none"> • GW modifier: for service not related to the hospice patient’s terminal condition. • GV modifier: for service related to the hospice patient’s terminal condition. • The AP can also bill for Care Plan Oversight. • If the AP is an employee of the hospice, he or she would bill the hospice for services in the same manner as the HMD (see above).
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Consulting Physician (CP)

<p>WHAT THE REGS SAY</p> <p>The CP is the physician selected by the hospice team to provide services and documentation to the patient. The physician or group must have a contract with the hospice.</p>	<p>WHAT THIS MEANS</p> <p>Care related to the terminal illness and related conditions should not be limited to the HA and the HMD if the team determines that another physician should be involved.</p> <p>Remember, CMS has been clear that for hospice patients, virtually all care is to be considered related.</p>	<p>CPs CAN:</p> <ul style="list-style-type: none"> • Provide professional services • Prescribe medication • Provide information to the hospice regarding the consultation <p>CPs CANNOT:</p> <ul style="list-style-type: none"> • Bill the hospice unless a contract is in place • Bill Medicare Part B as usual if the care is related to the terminal diagnosis and related conditions • Certify/recertify patients as terminally ill 	<p>The CP bills the hospice directly for services at a contracted rate (typically 80%). The hospice pays the physician and then bills Medicare Part A to recoup the money.</p> <p>Any physician NP or PA can provide care to a hospice patient for conditions unrelated to the terminal diagnosis and related conditions and bill Medicare as usual. The hospice is responsible for the professional case management of all care provided to their patient and should be aware of it and in communication with the providers. Remember, CMS has been clear that for hospice patients, virtually all care is to be considered related.</p> <p>Only professional services are billable. Technical services (chemo, radiation, PET scans etc.) would be paid out of the hospice’s daily rate and thus should be agreed upon in advance and performed under agreement and as part of the Plan of Care.</p>
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Nurse Practitioner (NP)

<p>WHAT THE REGS SAY</p> <p>An NP is defined as a registered nurse who performs such services as legally authorized to perform (in the state in which the services are performed) in accordance with state law (or a state regulatory mechanism provided by state law) and who meets training, education and experience requirements described in 42 CFR 410.75.</p>	<p>WHAT THIS MEANS</p> <p>Patients often receive the majority of their medical care through an NP. In this case, the NP would be considered the provider who knows the patient best and would have an ongoing relationship with the patient whether they were under hospice care or not. This rule allows the patient to continue that relationship after enrolling in hospice. These Attending NPs do not have to be employees of the hospice. NPs can also be employed by the hospice to perform face-to-face visits.</p>	<p>NPs CAN:</p> <ul style="list-style-type: none"> • Conduct face-to-face visits • Serve as AP if the patient selects them • Prescribe medication • Provide consultation and care to patients • Conduct face-to-face visits “if employed as a w-2 employee of the hospice” <p>NPs CANNOT:</p> <ul style="list-style-type: none"> • Certify/recertify patients as terminally ill • Assume the work of the HMD in their absence • Bill for services that could have been performed by a registered nurse • Serve as a CP to the hospice patient <p>NOTE: Hospices should not encourage patients to select their employed NP as AP; if patient has no AP, the HMD or HP can meet the needs of the patient.</p>	<p>BILLING</p> <ul style="list-style-type: none"> • When the NP IS the patient’s AP, the services related to the terminal illness can be separately billed to and reimbursed by Medicare, just as for any AP. • When the NP is NOT the patient’s AP, services are included under nursing care and are not separately billable. • If the NP serving as AP is employed by the hospice, these services are billed by the hospice agency. Reimbursement is the lesser of the actual charge or 85% of the Medicare rate.
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Physician Assistant (PA)

<p>WHAT THE REGS SAY</p> <p>A PA is defined as a professional who has graduated from an accredited PA educational program who performs such services as he or she is legally authorized to perform (in the state in which the services are performed) in accordance with state law (or a state regulatory mechanism provided by state law) and who meets the training, education and experience requirements as the secretary may prescribe. The PA qualifications for eligibility for furnishing services under the Medicare program can be found in the regulations at 42 CFR 410.74 (c).</p>	<p>WHAT THIS MEANS</p> <p>Patients often receive the majority of their medical care through a PA. In this case, the PA would be considered the provider who knows the patient best and would have an ongoing relationship with the patient whether they were under hospice care or not. This rule allows the patient to continue that relationship after enrolling in hospice. These PAs should not be employees of the hospice.</p>	<p>PAs CAN:</p> <ul style="list-style-type: none"> • Provide consultation and care to patients • Serve as AP if the patient selects them • Prescribe medication if they are not employed by the hospice. <p>PAs CANNOT:</p> <ul style="list-style-type: none"> • Certify or re-certify an individual as terminally ill • Take the position of a physician as one of the required members of an interdisciplinary group • Prescribe medication if they are employed by the hospice • Prescribe hospice medications if they are employed by the hospice • Assume the duties of the HMD in his or her absence 	<p>BILLING</p> <p>May bill for services to hospice patients for whom they serve as attending</p>
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Hospitalist/Referring Physician (H/RP)

<p>WHAT THE REGS SAY</p> <p>The hospice regs do not address referrals because anyone can refer a patient to hospice — even a family member. You can even refer yourself to hospice.</p> <p>Often a doctor who does not know the patient well, and/or would not be chosen as the physician that will be involved in ongoing care, is the first person to suggest hospice to the patient and make a referral.</p>	<p>WHAT THIS MEANS</p> <p>While no referral order is required by the hospice regs, such an order is a best practice and sometimes required by the policies or regulations of a hospital or nursing home.</p> <p>A common error made by hospices is to assume the H/RP will serve as the AP, and so the hospice gets the H/RP to certify terminal illness and sign the plan of care. The AP, by definition, is the one chosen by the patient as having the most significant role in the determination and delivery of the individual’s medical care. This automatically precludes some referring physicians from being an AP as they will not be able to have a significant role in the patient’s care. A hospitalist, for instance, would have no reason to fulfill this role. Hospices can ask the H/RP if he or she will fulfill the role of the AP if the patient knows and requests them.</p>	<p>H/RPs CAN:</p> <ul style="list-style-type: none"> • Refer a patient to hospice and supply clinical information <p>NOTE: the H/RP is not necessarily the AP</p> <p>H/RPs CANNOT:</p> <ul style="list-style-type: none"> • Be automatically assigned as AP by the hospice 	<p>BILLING</p> <p>Whatever services the H/RP provides to a hospice patient before they enroll in hospice are billed as usual by them.</p>
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