

Hospice Physician Billing

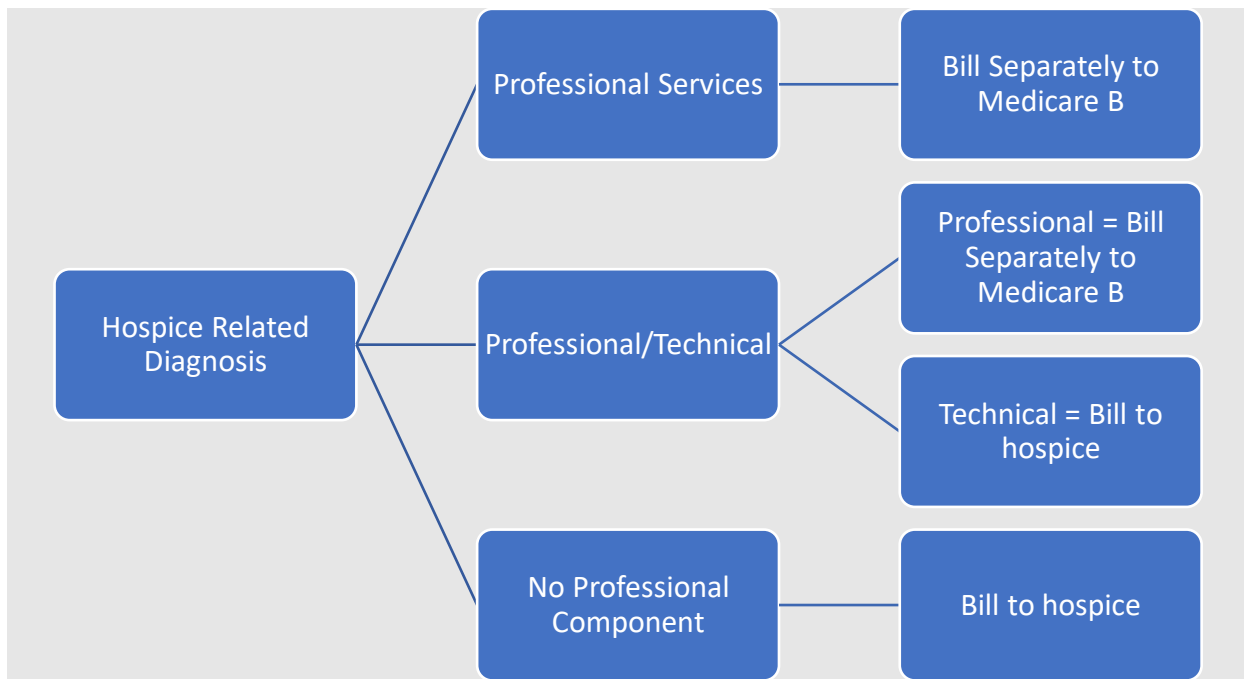
Billing Independent Attending Services

Hospice Related Diagnosis

For billing purposes, an attending physician must be designated by the patient at the time of enrolling in hospice coverage via the hospice election form. “Attending physicians” may be physicians, physician assistants, or nurse practitioners.

To bill as a separate provider, an independent attending physician cannot be employed by the hospice nor receive compensation from the hospice for professional services. A GV modifier (Attending physician not employed or paid under arrangement by the patient's hospice provider) should be added when billing any services independently for the attending physician and the above conditions are met.

If the provider is employed by the hospice, the services would be included in the charges submitted for reimbursement by the hospice and not reported separately



- The attending physician can bill for professional services such as evaluation and management visits related to a terminal illness through Medicare Part B.
- If the services provided included both the professional/technical component, the professional component would be billed to Medicare Part B and the technical component would be billed to the hospice (split billing).
- If services are provided by the attending physician for which there is no professional component, those services would be billed to the hospice.

Care Plan Oversight Codes

G0182

- Physician supervision of a patient under a medicare-approved hospice, 30 minutes or more within a calendar month

Care plan oversight is the physician supervision of a patient receiving complex and multi-disciplinary modalities. This code may be billed by the independent attending physician when the provider has coordinated an aspect of the patient's care with the hospice during the month the care plan oversight services are billed. These services are discussed in Medicare Claims Processing Manual [Chapter 12](#).

Billing requirements for care plan oversight involve time, provider, and activities.

- The physician must spend at least 30 minutes furnishing care plan oversight during the calendar month .
- The reporting provider must be the physician who developed and signed the hospice plan of care.
- The physician must have provided a face-to-face encounter to the patient within the preceding 6 months prior to the first care plan oversight service.
- The patient requires complex or multi-disciplinary care modalities with ongoing physician involvement in the patient's plan of care.

Activities	
Time Counted	Not Included in Time
<ul style="list-style-type: none"> ▪ Physician development and/or revision of care plans. ▪ Review of patient status reports. ▪ Review of related labs and studies. ▪ Communication with other health professionals involved in care (not in same practice). ▪ Integration of additional info into treatment plan. ▪ Adjustment of medical therapy. 	<ul style="list-style-type: none"> ▪ Time associated with patient/family discussions to adjust treatment/medication. ▪ Obtaining/filing charts. ▪ Travel. ▪ Phoning prescriptions into pharmacist, unless involving discussion of pharmaceutical therapies.

While not all of the above activities count towards the required time to report the Care Plan Oversight code, these activities may be required in providing care plan oversight.

Non-hospice related diagnosis

Any physician or QHP who provides services for a condition unrelated to the hospice associated terminal illness would also bill Medicare and report the services with a GW modifier.

Hospice Billing for Other Providers

Hospice related diagnosis

Any provider (other than the attending physician/QHP who provides services related to the hospice diagnosis) would have to bill the *hospice* under a payment agreement.

Services for non-hospice related diagnosis

When a patient is enrolled in hospice coverage, a physician who provides care not related to the hospice-related terminal illness must append modifier GW when billing Medicare Part B to indicate that the services are unrelated.

Resources

For additional reference, Medicare Claims Processing Manual covers hospice billing in [Chapter 11](#). “Attending Physician Services” are in sections 40.1.2 and 40.1.3.

[Novitas: Physician Care Plan Oversight](#)

[NGS Medicare Hospice Benefit](#)