



## How to Bill for Services

### Who to Bill

All *attending physician* services must be billed directly to Medicare Part B as you have always done. The attending physician will not be billing Hospice for these services.

Please note: Hospice can only reimburse for services that have been authorized in the patient's Hospice Plan of Care. The Plan of Care is a comprehensive document detailing all services provided for the patient and services authorized for the patient.

## Attending Physician Services Qualified for Reimbursement

### Care Plan Oversight

Every Hospice patient has a comprehensive and individualized Plan of Care. The attending physician must sign off on any change that the hospice team makes to the Plan of Care.

You can bill for:

- Time spent providing this oversight (phone consultations, etc)
- Visits made to treat the patient's hospice diagnosis in any setting, hospital, nursing home, or in the home, wherever the patient is receiving hospice care

*As with all reimbursable services, the key is excellent, thorough documentation.*

## Care Unrelated to the Hospice Diagnosis

If a Hospice patient asks you to treat a medical problem unrelated to the hospice diagnosis, you can still bill regular Medicare. While the patient is receiving services under the Hospice Medicare Benefit, coverage for any services unrelated to the hospice diagnosis remains in effect. There is no loss of coverage.

## Services Not Covered by the Medicare Hospice Benefit

- Will not pay for any curative services directed at the patient's life-limiting illness.
- Care not related to the terminal diagnosis is not covered under the Hospice Benefit. These would be covered by the routine Medicare benefit.

## Attending Physicians (Office, Home, Hospital, and Nursing Home Visits/Treatments by an Attending Physician)

- Use Billing Form HCFA 1500 Box 24D (See attached)
- If you are the Attending Physician you may bill Medicare Part B for your services.

- Related Visits

If you are not a hospice employee and provide Visits or Treatments Related to a Hospice Patient's Terminal Condition, the new language for box 19 is "Attending physician not employed or paid under agreement by the patient's hospice provider." Also place a "GV" modifier in Box 24D (on the right side).

If someone in your call rotation (a Physician with whom you have a reciprocal billing arrangement and who is not a hospice employee) provides Visits or Treatments Related to a Hospice Patient's Terminal Condition, place a "Q5" modifier in Box 24D in addition to the "GV" modifier.

- Unrelated Visits

If you are not a hospice employee and provide Visits or Treatments that is NOT Related to a Hospice Patient's Terminal Condition, the Box 19 language should state: "Service not related to the hospice patient's terminal condition. Place a "GW" modifier in Box 24D.