BILLING HOSPICE PHYSICIAN, NURSE PRACTITIONER (NP) AND PHYSICIAN ASSISTANT (PA) SERVICES (RELATED TO TERMINAL DIAGNOSIS)





Are services for Face-to-Face (F2F) Are services for professional Are services for technical Are services to establish, review encounter? PA cannot perform F2F. component? or update the Plan of Care? component? Hospice cannot separately Hospice cannot separately bill. Is physician/NP/PA employed by, Is F₂F the only service provided? under contract with (physician bill. Reimbursement included Reimbursement included in in hospice daily rate. Hospice only option) or a volunteer of hospice daily rate. pays physician for services the hospice? from daily rate. F₂F is not billable Is physician/NP/PA an Hospice bills HHH MAC for Are services Are services Patient care provided by a physician/NP/PA who is physician's services. For the provided by independent attending provided by physician/NP/PA? not employed by, under professional component of a a physician? an NP/PA? contract with or a volunteer technical service, include CPT of the hospice, and is not the modifier 26 and remarks. Services attending physician, is not reimbursed lesser of actual covered under the Hospice charge or 100 percent of Medicare Physician bills A/B MAC with HCPCS Is NP/PA the patient's attending Physician Fee Schedule amount. GV modifier. Physician reimbursed benefit and cannot be billed to physician? 80 percent of Medicare reasonable the HHH MAC. Services billed to charge. Effective January 1, 2022, the A/B MAC by a nonattending Hospice bills HHH MAC for NP/ physician will be denied. RHC or FQHC physicians no longer PA's services. For the professional must bill using their own Part B Hospice cannot bill services component of a technical service, provider number. It may be billed provided by a hospice employed \ report HCPCS GV and CPT 26 by the RHC or FQHC. NP/PA who is not the attending modifiers and include remarks. physician. Reimbursement included Services reimbursed lesser of in hospice daily rate. actual charge or 85 percent of Medicare Physician Fee Schedule amount.

Special Notes:

- 1. NPs and PAs as attending physicians must be permitted to perform such services as legally authorized to perform (in the state in which the services are performed) in accordance with State law (or State regulatory mechanism provided by State law).
- 2. Effective January 1, 2019, PAs are recognized as designated hospice attending physicians.

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When medically necessary, physician/NP/PA services can be billed on hospice claims (81x or 82x), along with the levels of care and discipline visits. If the physician/NP/PA services are not included on the hospice claim, an adjustment claim (817 or 827) can be submitted to add the services. Payment for physicians' administrative and general supervisory activities is included in the hospice payment rate and shall not be billed separately.

INITIAL HOSPICE CLAIM (81X OR 82X) WITH PHYSICIAN/NP/PA SERVICES

Bill all usual field locators (FLs)

- 2. In FL₄₂ (Revenue Code), enter o657
- 3. In FL43 (Description), enter Physician Services or Nurse Practitioner Services
- 4. In FL44 (HCPCS/Rates), enter appropriate HCPCS code for the service provided. For NP/PA services, also include HCPCS modifier GV. For the professional component of a technical service, include CPT modifier 26 (and remarks in FL 80).
- 5. In FL45 (Service Date), enter date the physician/ NP/PA's service was provided
- 6. In FL46 (Service Units), enter appropriate units
- 7. In FL47 (Total Charges), enter appropriate charge for physician/NP/PA's services
- 8. Total the Total Charge column (FL47, on the 0001 revenue code line), **including** the physician/NP/PA's services

NOTE: For physician services **unrelated** to terminal diagnosis, the physician bills the claim with a GW HCPCS modifier and is reimbursed by the A/B MAC.

Resources:

CMS Medicare Benefit Policy Manual, Chapter 9
CMS Medicare Claims Processing Manual,
Chapters 11, 12

ADJUSTMENT CLAIM (817 OR 827) TO ADD PHYSICIAN/NP/PA SERVICES

Using Fiscal Intermediary Standard System (FISS)

- 1. Choose FISS option 03 (Claims Correction)
- 2. Choose FISS option 35 (Hospice Adjustments)
- 3. Enter your NPI in the NPI field
- 4. Enter MBI number for the patient's claim you are adjusting in the MID field
- 5. If you are a hospital-based hospice, change your type of bill (TOB) to 82. If you are not hospital-based, leave the TOB as 81.
- 6. Press Enter to access claims matching your criteria. Tab to select the claim needing adjustment.
- 7. In the COND CODES field on FISS Page 01, enter claim change reason code D9
- 8. In the REV field on FISS Page 02, enter 0657 below the 0001 line
- In the HCPC field on FISS Page 02, enter appropriate HCPCS code for service provided. For NP services, also include HCPCS modifier GV
- 10. In the TOT UNIT and COV UNIT fields on FISS Page 02, enter appropriate units
- 11. In the TOT CHARGE field on FISS Page 02, enter appropriate charges
 - **Reminder:** The TOT CHARGE field on the ooo1 line must also be updated to reflect the additional services.
- 12. In the SERV DATE field on FISS Page 02, enter date the physician/NP/PA's service was provided
- 13. In the ADJUSTMENT REASON CODE field on FISS Page 03, enter RM
- 14. On FISS Page 04, enter remarks indicating reason for adjustment

USING PAPER UB-04 OR 5010 SOFTWARE

Bill all usual field locators (FLs) as billed on original claim **except**:

- 1. In FL4 (TOB), enter TOB ending in 7 (e.g., 817 or 827)
- 2. In FL18-28 (Condition Code), enter claim change reason code *D*9
- 3. In FL64, enter Document Control Number (DCN) of claim being adjusted. The DCN can be found on your remittance advice or by viewing MAP171D of FISS Page 02 of the original processed claim.
- 4. In FL42 (Revenue Code), enter 0657 in addition to the original revenue codes
- 5. In FL43 (Description), enter Physician Services or Nurse Practitioner Services
- 6. In FL44 (HCPCS/Rates), enter appropriate HCPCS code for service provided. For NP/PA services, also include HCPCS modifier GV
- 7. In FL45 (Service Date), enter date the physician/ NP/PA's service was provided
- 8. In FL46 (Service Units), enter appropriate units being billed in addition to the original units
- 9. On the subtotal line (0001) in FL42, total the Total Charge column (FL47) **including** the physician/NP/PA's services
- 10. In FL80 (Remarks), add a remark indicating adjustment to add physician/NP/PA services