Billing Hospice Physician and Nurse Practitioner (NP) and Physician Assistant (PA) Services (Related to Terminal Diagnosis)

Are services for Face-to-Face (F2F) Encounter? PA cannot perform F2F.

Is F2F the only service provided?

YES

F2F is not billable.

NO

Are services for professional component?

YES

Are services provided by a physician?

YES

Hospice bills HHH MAC for physician's services. For the professional component of a technical service, include CPT modifier 26 and remarks. Services reimbursed lesser of actual charge or 100 percent of Medicare Physician Fee Schedule amount.

NO

Are services provided by an NP/PA?

YES

Hospice bills HHH MAC for NP/PA's services. For the professional component of a technical service, report HCPCS GV and CPT 26 modifiers and include remarks. Services reimbursed lesser of actual charge or 85 percent of Medicare Physician Fee Schedule amount.

NO

Is NP/PA the patient's attending physician?

YES

Hospice cannot bill services provided by a hospice employed NP/PA who is not the attending physician. Reimbursement included in hospice daily rate.

NO

Hospice cannot separately bill. Reimbursement included in hospice daily rate. Hospice pays physician for services from daily rate.

Are services for technical component?

YES

Hospice cannot separately bill. Reimbursement included in hospice daily rate.

NO

Are services to establish, review or update the Plan of Care?

YES

Hospice cannot separately bill. Reimbursement included in hospice daily rate.

NO

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.

Patient care provided by a physician/NP/PA who is not employed by, under contract with or a volunteer of the hospice, and is not the attending physician, is not covered under the Hospice benefit and cannot be billed to the HHH MAC. Services billed to the A/B MAC by a nonattending physician will be denied.

Are services provided by an NP/PA?

YES

Physician bills A/B MAC with HCPCS modifier GV. Physician reimbursed 80% of Medicare reasonable charge. Effective January 1, 2022, RHC or FQHC physicians are not required to bill with their own Part B provider number. The RHC or FQHC may bill for the service.

NO

Are services provided by a physician?

YES

Is physician/NP/PA an independent attending physician/NP/PA?

YES

Hospice cannot bill services provided by a hospice employed NP/PA who is not the attending physician. Reimbursement included in hospice daily rate.

NO

Are services for technical component?

YES

Hospice cannot separately bill. Reimbursement included in hospice daily rate.

NO

Are services for professional component?

YES

Hospice cannot separately bill. Reimbursement included in hospice daily rate.

NO

Are services to establish, review or update the Plan of Care?
Billing Hospice Physician, Nurse Practitioner (NP) and Physician Assistant (PA) Services (Related to Terminal Diagnosis)

When medically necessary, you may bill physician/NP/PA services on hospice claims (81X or 82X), along with the levels of care and discipline visits. If a processed claim does not include the physician/NP/PA services, submit an adjustment claim (817 or 827) to add the services. Do not bill the physicians’ administrative and general supervisory activities separately since the hospice payment rates include payment for those services.

<table>
<thead>
<tr>
<th>Initial Hospice Claim (81X or 82X) with Physician/NP/PA Services</th>
<th>Adjustment Claim (817 or 827) to Add Physician/NP/PA Services</th>
<th>Using Fiscal Intermediary Standard System (FISS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Bill all usual field locators (FLs)</td>
<td>1. Choose FISS option 03 (Claims Correction)</td>
<td>Bill all usual field locators (FLs) as billed on original claim except:</td>
</tr>
<tr>
<td>2. In FL42 (Revenue Code), enter 0657</td>
<td>2. Choose FISS option 35 (Hospice Adjustments)</td>
<td>1. In FL4 (TOB), enter TOB ending in 7 (e.g., 817 or 827)</td>
</tr>
<tr>
<td>3. In FL43 (Description), enter Physician Services or Nurse Practitioner Services</td>
<td>3. Enter your NPI in the NPI field</td>
<td>2. In FL18-28 (Condition Code), enter claim change reason code D9</td>
</tr>
<tr>
<td>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).</td>
<td>4. Enter HIC/MBI number for the patient’s claim you are adjusting in the MID field</td>
<td>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.</td>
</tr>
<tr>
<td>5. In FL45 (Service Date), enter date the physician/ NP/PA’s service was provided</td>
<td>5. If you are a hospital-based hospice, change your type of bill (TOB) to 82. If you are not hospitalbased, leave the TOB as 81.</td>
<td>4. In FL42 (Revenue Code), enter 0657 in addition to the original revenue codes</td>
</tr>
<tr>
<td>6. In FL46 (Service Units), enter appropriate units</td>
<td>6. Press Enter to access claims matching your criteria. Tab to select the claim needing adjustment.</td>
<td>5. In FL43 (Description), enter Physician Services or Nurse Practitioner Services</td>
</tr>
<tr>
<td>7. In FL47 (Total Charges), enter appropriate charge for physician/ NP/PA’s services</td>
<td>7. In the COND CODES field on FISS Page 01, enter claim change reason code D9</td>
<td>6. In FL44 (HCPCS/Rates), enter appropriate HCPCS code for service provided. For NP/PA services, also include HCPCS modifier GV</td>
</tr>
<tr>
<td>8. Total the Total Charge column (FL47, on the 0001 revenue code line), including the physician/NP/PA’s services</td>
<td>8. In the REV field on FISS Page 02, enter 0657 below the 0001 line</td>
<td>7. In FL45 (Service Date), enter the date the physician/ NP/PA’s service was provided</td>
</tr>
<tr>
<td>9. In FL42 (Revenue Code), enter 0657</td>
<td>9. In the HCPC field on FISS Page 02, enter appropriate HCPCS code for service provided. For NP services, also include HCPCS modifier GV</td>
<td>8. In FL46 (Service Units), enter appropriate units being billed in addition to the original units</td>
</tr>
<tr>
<td>10. In the TOT UNIT and COV UNIT fields on FISS Page 02, enter appropriate units</td>
<td>10. In the TOT UNIT and COV UNIT fields on FISS Page 02, enter appropriate units</td>
<td>9. On the subtotal line (0001) in FL42, total the Total Charge column (FL47) including the physician/NP/PA’s services</td>
</tr>
<tr>
<td>11. In the TOT CHARGE field on FISS Page 02, enter appropriate charges. Reminder: The TOT CHARGE field on the 0001 line must also be updated to reflect the additional services.</td>
<td>11. In the TOT CHARGE field on FISS Page 02, enter appropriate charges. Reminder: The TOT CHARGE field on the 0001 line must also be updated to reflect the additional services.</td>
<td>10. In FL80 (Remarks), add a remark indicating adjustment to add physician/NP/PA services</td>
</tr>
<tr>
<td>12. In the SERV DATE field on FISS Page 02, enter date the physician/NP/PA’s service was provided</td>
<td>12. In the SERV DATE field on FISS Page 02, enter date the physician/NP/PA’s service was provided</td>
<td></td>
</tr>
<tr>
<td>13. In the ADJUSTMENT REASON CODE field on FISS Page 03, enter RM</td>
<td>13. In the ADJUSTMENT REASON CODE field on FISS Page 03, enter RM</td>
<td></td>
</tr>
<tr>
<td>14. On FISS Page 04, enter remarks indicating reason for adjustment</td>
<td>14. On FISS Page 04, enter remarks indicating reason for adjustment</td>
<td>15. In the ADJUSTMENT REASON CODE field on FISS Page 03, enter RM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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**

**Disclaimer:** This job aid is not a legal document and is a collaboration between CGS, NGS, and Palmetto GBA.