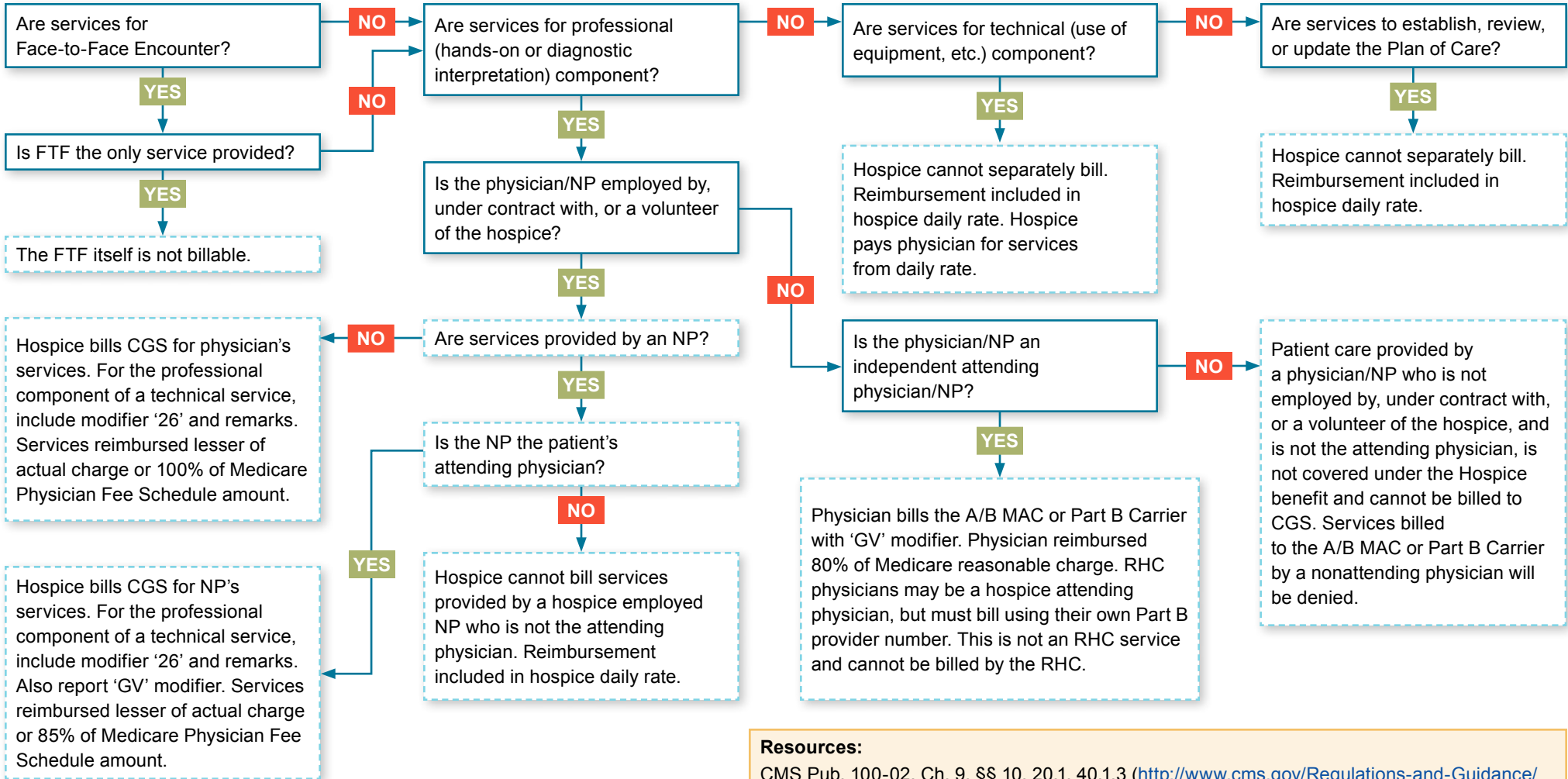


# Billing Hospice Physician and Nurse Practitioner (NP) Services (Related to Terminal Diagnosis)



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

### Resources:

- CMS Pub. 100-02, Ch. 9, §§ 10, 20.1, 40.1.3 (<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c09.pdf>)
- CMS Pub. 100-04, Ch. 11, § 40 (<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c11.pdf>)
- CMS Pub. 100-04, Ch. 12, §180 (<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf>)

# Billing Hospice Physician and Nurse Practitioner (NP) Services

## (Related to Terminal Diagnosis)

When appropriate, physician/NP services can be billed on an **initial hospice claim** (81X or 82X), along with the levels of care and discipline visits. If the physician/NP services are not included on the initial hospice claim, an **adjustment claim** (817 or 827) can be submitted to add the services.

Initial Hospice Claim (81X or 82X) with Physician/NP Services	Adjustment Claim (817 or 827) to Add Physician/NP Services	
	Using Fiscal Intermediary Standard System (FISS)	Using Paper UB-04 or 5010 Software
<ol style="list-style-type: none"> <li>1. Bill all usual field locators (FLs).</li> <li>2. In FL42 (Revenue codes), enter "0657."</li> <li>3. In FL43 (Description), enter "Physician Services" or "Nurse Practitioner Services."</li> <li>4. In FL44 (HCPCS/Rates), enter the appropriate HCPCS code for the service provided. For NP services also include modifier "GV". For the professional component of a technical service, include modifier '26' (and remarks in FL 80).</li> <li>5. In FL45 (Service Date), enter the date the physician's/ NP's service was provided.</li> <li>6. In FL46 (Service Units), enter the appropriate units.</li> <li>7. In FL47 (Total Charges), enter the appropriate charge for the physician's/NP's services.</li> <li>8. Total the Total Charge column (FL 47) (on the 0001 revenue code line), <b>including</b> the physician's/NP's services.</li> </ol>	<ol style="list-style-type: none"> <li>1. Choose FISS Option 03 (Claims Correction).</li> <li>2. Choose FISS Option 35 (Hospice Adjustments).</li> <li>3. Enter your NPI in the "NPI" field.</li> <li>4. Enter the HIC number for the patient's claim you are adjusting in the "HIC" field.</li> <li>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".</li> <li>6. Press Enter to access claims matching your criteria. Tab to select the claim needing adjustment.</li> <li>7. In the COND CODES field on FISS Page 01, enter the claim change reason code "D9".</li> <li>8. In the REV field on FISS Page 02, enter "0657" below the 0001 line.</li> <li>9. In the HCPC field on FISS Page 02, enter the appropriate HCPCS code for the service provided. For NP services, also include modifier "GV".</li> <li>10. In the TOT UNIT and COV UNIT fields on FISS Page 02, enter the appropriate units.</li> <li>11. In the TOT CHARGE field on FISS Page 02, enter the appropriate charges. <b>Reminder:</b> The TOT CHARGE field on the 0001 line must also be updated to reflect the additional services.</li> <li>12. In the SERV DATE field on FISS Page 02, enter the date the physician's/NP's service was provided.</li> <li>13. In the ADJUSTMENT REASON CODE field on FISS Page 03, enter "RM".</li> <li>14. On FISS Page 04, enter remarks indicating the reason for the adjustment.</li> </ol> <p>For additional information on submitting an adjustment using FISS, refer to "Chapter 5: Claims Correction" of the FISS Guide, at <a href="http://www.cgsmedicare.com/hhh/education/materials/pdf/chapter_5-claims_correction_menu.pdf">http://www.cgsmedicare.com/hhh/education/materials/pdf/chapter_5-claims_correction_menu.pdf</a></p>	<ol style="list-style-type: none"> <li>1. Bill all the usual field locators (FLs) as billed on original claim <b>except:</b></li> <li>2. In FL4 (TOB), enter the TOB ending in "7" (e.g. 817 or 827).</li> <li>3. In FL18-28 (Condition code), enter the claim change reason code "D9".</li> <li>4. In FL64, enter the Document Control Number (DCN) of the 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.</li> <li>5. In FL42 (Revenue code), enter "0657" in addition to the original revenue codes.</li> <li>6. In FL43 (Description) enter "Physician Services" or "Nurse Practitioner Services".</li> <li>7. In FL44 (HCPCS/Rates), enter the appropriate HCPCS code for the service provided. For NP services, also include modifier "GV".</li> <li>8. In FL45 (Service Date), enter the date the physician's/ NP's service was provided.</li> <li>9. In FL46 (Service Units), enter the appropriate units being billed in addition to the original units.</li> <li>10. On the subtotal line (0001) in FL42, total the Total Charge column (FL47) <b>including</b> the physician's/NP's services.</li> <li>11. In FL80 (Remarks), add a remark indicating adjustment to add physician/NP services.</li> </ol>