

## **HEALTH CARE PRACTITIONER BILLING GUIDELINES FOR PATIENTS ENROLLED IN HOSPICE**

Whenever a physician or nurse practitioner provides care to a patient enrolled in Talbot Hospice, he or she is able to receive reimbursement for the services provided. If the patient is covered by private insurance or Medicaid, the health care provider should bill for services as he or she would normally do. If the patient is covered by Medicare, the Federal government has established the following billing guidelines set out below:

### **Attending Physician or Nurse Practitioner Services**

When a Medicare beneficiary elects their hospice benefit, they are required to designate an Attending Physician or Nurse Practitioner. A hospice patient can have only one Attending Health Care Professional at a time. However, the patient has the right to change their designation at any time.

### **Hospice Related Health Care Practitioner Services**

Professional services rendered by the Attending Health Care Practitioner for the treatment and management of a hospice patient's terminal illness are billed directly by you to your Medicare Part B Contractor. The Attending Health Care Practitioner codes the bill using a GV modifier. The GV modifier informs Medicare that the services provided are by the Attending Health Care Practitioner who is not an employee of the hospice and is treating the patient for services related to the terminal diagnosis. The Medicare Part B contractor pays the Health Care Practitioner based on the payment and deductible that are applicable.

### **Non-Hospice Related Health Care Practitioner Services**

Services not related to the patient's terminal diagnosis should be billed using the GW modifier. This modifier informs Medicare that the service is not related to the patient's terminal diagnosis.

### **Covering Physician**

In the event of an Attending Health Care Practitioner's absence and there is a covering health care provider, the Attending Health Care Provider bills for the services of the substituting provider under the reciprocal or locum tenens billing instructions. The Attending Health Care Provider uses the GV (related service) or GW (not related) modifier in conjunction with the Q5 or Q6 modifier.