Whenever a physician provides care to a patient enrolled in a hospice program, he/she is able to receive reimbursement for the services provided. If the patient is covered by private insurance or Medicaid, the physician should bill for services as he/she normally would do. If the patient is covered by Medicare, the Federal government has established some billing guidelines which are provided below:

Attending Physician Services
When a Medicare beneficiary elects their hospice benefit, they designate an Attending Physician. A hospice patient can have only one Attending Physician at any one time. However, the Attending Physician can change according to the patient’s designation.

Hospice-Related Physician Services
Professional services rendered by the Attending Physician for the treatment and management of a hospice patient’s terminal diagnosis are billed by you to your Medicare Part B Contractor. The Attending Physician codes the bill using a GV modifier. The GV modifier informs Medicare that the services provided are by the Attending Physician 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 Attending Physician based on the payment and deductible which are applicable.

Non-related Physician Services
Physician professional services not related to the patient’s terminal diagnosis should be billed to the carrier using the GW modifier. The GW informs Medicare that the service is not related to the patient’s terminal diagnosis.

Covering Physician
In the event of an Attending Physician’s absence and there is a covering physician providing professional services to the patient, the Attending Physician bills for the services of the substituting physician under the reciprocal or locum tenens billing instructions. The Attending Physician bills using the GV (related service) or GW (not related) modifier in conjunction with the Q5 or Q6 modifier.

Contractual Agreement with United Hospice of Rockland, Inc.
Medicare guidelines require UHR to have a written letter of agreement with consulting physicians providing services to hospice patients. (Refer to Medicare Hospice Manual, HCFA Publication #21.) If a physician does not have a written letter of agreement with United Hospice of Rockland, Inc., please contact the Director of Finance at UHR at 845.634.4974. We will be happy to send one to you for your review and execution.

Consulting Physician
Consulting Physicians are required to obtain a referral from the Hospice Medical Director or the Attending Physician to provide services for a hospice patient. Any Consulting Physician other than the Attending Physician who is providing services related to the terminal diagnosis as part of the patient plan of care should submit Medicare charges to UHR. UHR will bill Medicare. The Consulting Physician will be paid by UHR at the rate of 100% of Medicare approved charges. The Consulting Physician is prohibited from billing the patient or other insurance for any balance. The treatment plan or written evaluation of the Consulting Physician should be submitted with the bill.

Care Plan Oversight
The Attending Physician may bill Medicare Part B for care plan oversight. Please contact your Medicare Part B carrier. The Medicare contractor pays the Attending Physician based on the payment and deductible rules that are applicable.

United Hospice of Rockland
When time matters most.
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