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Hospice Script

Hospice is defined as the care of terminally ill patients, especially those with cancer, sometimes using narcotic drugs in carefully controlled doses for the relief of pain. Frequently, hospice care is provided by employees of a special "hospice" facility, or a group specially trained to provide this type of care. Facilities and groups who provide hospice care bill their services to Medicare Part A.

I am here today to discuss with you those instances whereby other services provided to hospice patients may be billed, but to Medicare Part B. In these circumstances, we will address individuals other than those affiliated with the hospice facility or group, who may provide services to hospice patients, and in what instances. In addition, we will offer direction as to correct Place of Service (POS) codes to use when billing for hospice services.

Hospice – Part B Providers

A portion of the CMS Internet-Only Manual (IOM) Publication 100-4, Chapter 11, Section 10 states:

"When hospice coverage is elected, the beneficiary waives all rights to Medicare Part B payments for services that are related to the treatment and management of his/her terminal illness during any period his/her hospice benefit election is in force, **except for professional services of an attending physician, which may include a nurse practitioner.** If the attending physician, who may be a nurse practitioner, is an employee of the designated hospice, he or she may *not* receive compensation from the hospice for those services under Part B. These physician professional services are billed to Medicare Part A by the hospice."

In addition, a portion of the CMS Internet-Only Manual (IOM) Publication 100-4, Chapter 11, **Section 40.1.3** goes on to say that:

"...the beneficiary waives all rights to Medicare Part B...except for (the) professional services of an "attending physician," who is not an employee of the designated hospice nor receives compensation from the hospice for those services."

Now, I would like to discuss with you some guidelines for billing hospice care to Medicare Part B, particularly those patients who receive hospice care in a facility.

Hospice – Place of Service (POS) 34

WPS Medicare recognizes that Current Procedural Terminology (CPT) codes do not include specific codes for hospice care. However, we also recognize that providers who are not employed by or under a financial arrangement with a hospice may need to bill for evaluation and management services for a hospice patient who is receiving respite care in a facility. Due to that fact, we would like to provide the following guidance for billing CPT codes and POS 34.

The WPS Medicare Part B system recognizes POS 34 with three types of inpatient codes. These codes are applicable when the patient is considered by the facility to be in a hospice **bed**. The codes are inpatient CPT codes (99221 - 99239), nursing facility CPT codes (99304 - 99318), or inpatient consultation codes (99251-99255). WPS Medicare's system does not recognize other outpatient and observation CPT codes with POS 34.

A provider needs to determine the type of facility in order to determine the correct CPT code



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and POS 34 to submit. In other words, as with other types of services billed to Medicare, there needs to be an appropriate procedure code and place of service code **combination**. If the hospice is certified by Medicare and is part of a hospital or facility, then it may be appropriate to bill the inpatient hospital CPT codes in POS 34. If the hospice is a free-standing hospice, or the patient is located in a skilled nursing facility hospice **bed**, or a domiciliary care facility hospice **bed**, the provider may want to bill the nursing facility codes (CPT codes 99304 - 99318) in POS 34.

If the patient is receiving hospice services in the home, the correct POS is 12 - Home, not POS 34. The Centers for Medicare & Medicaid Services (CMS) Internet Only Manual (IOM) 100-04, Chapter 26, Section 10.5 defines POS 34 as "A facility, **other than a patient's home**, in which palliative and supportive care for terminally ill patients and their families are provided." WPS Medicare does not accept CPT codes 99341 - 99350 (Home visits) when billed with POS 34, based on the definition in the IOM manual.

Similarly, WPS' Medicare Part B system does not recognize domiciliary care codes (CPT codes 99324 - 99340) to be billable in POS 34, as certification from Part A changes the bed designation from that of a domiciliary care **bed** to a **hospice care bed**. This type of certification from Part A is for a free-standing hospice facility and should follow the guidelines for that type of a facility.

Summary

In summary, the CMS guidelines allow separate payment for the services of an "attending physician" for a hospice patient for the treatment and management of his/her terminal illness. If the attending physician is employed by the hospice, he/she must look to Part A for payment. If the attending physician is not employed by the hospice, his/her claims are billed separately to Medicare Part B. (*The provider must append **modifier GV** to these services.*) The guidelines specifically state the attending physician can be a nurse practitioner; however, this is the *only* type of non-physician practitioner (NPP) mentioned in the guidelines that can qualify to be an attending physician. This means, for example, that a Physician Assistant (PA) cannot qualify to be an attending physician. If a PA provides services to a hospice patient relating to his/her terminal illness, WPS Medicare would not consider payment for the services.

Also, depending upon the type of service provided, providers should bill POS 34 for the three types of inpatient codes we previously outlined, when providing hospice services. However, just because a patient is receiving hospice benefits does not mandate the billing of POS 34. Services provided to hospice patients in the patient's home, for example, should be billed with the correct Home Visit code, **and** POS 12.

You may find details regarding this topic in CMS's Internet Only Manual (IOM) 100-4, Chapter 11, Sections 10 & 40.1.3, *and* at the Website listed on your screen:

<http://www.cms.hhs.gov/manuals/downloads/cim104c11.pdf>

Researching Resources:

<http://www.cms.hhs.gov/manuals/Downloads/bp102c09.pdf> (Entire Chapter Hospice Related)

http://www.wpsmedicare.com/part_b/policy/phys051.pdf (Retired)