



Hospice Modifiers Fact Sheet

Definitions:

- **GV** - Attending physician not employed or paid under agreement by the patient's hospice provider.
- **GW** - Service not related to the hospice patient's terminal condition
- **Q5** - Service furnished by a substitute physician under a reciprocal billing arrangement
- **Q6** - Service furnished by a locum tenens physician

Facts

- Modifiers are billed when a patient is enrolled in a Hospice.
- Modifier GW is used when a provider of service (physician, ambulance supplier, etc.) is performing services not related to the hospice diagnosis.
- Modifier GV is used when the physician performing services is not employed by the hospice and is designated as the attending physician.
- Not used by independent labs
- Certain Medicare beneficiaries can choose hospice benefits instead of Medicare for treatment and management of their terminal condition.
- The beneficiary waives all rights to Medicare Part B payments for services except for professional services of an "attending physician." (In this case "attending physician" is defined as a doctor of medicine or osteopathy who is identified as having the most significant role in the determination and delivery of their medical care.)
- The professional services of an attending physician are not considered hospice services.
- The services of the attending physician are billed to Medicare Part B with modifier **GV modifier** *Attending physician not employed or paid under agreement by the patient's hospice provider* as long as the provider does not have a payment arrangement with the hospice. In the latter case the services are billed by the hospice to Medicare Part A.
- If a substitute or locum tenens physician provides services, the designated attending physician bills the services using modifier GV and either the Q5 or Q6 modifier.