



## Community Physician Billing While A Patient is on Hospice

**Fact or Fiction:** *“When my patient enters hospice care, they can’t see other doctors because Medicare won’t pay for the visits”.*

**Fiction:** Medicare allows ongoing care for both problems related to the patient’s hospice diagnosis and for unrelated problems as well. To get paid, please refer to the modifiers below.

**Fact or Fiction:** *“I have to have a contract with the hospice company before I can see my patient who is on hospice care.”*

**Fiction:** I do not need to have a contract with the hospice in order to get paid. Services provided will be billed on a part B claim using one of the modifiers listed below.

## Billing Hospice of the Piedmont While Patient is on Hospice

### **If you are the provider and not the attending:**

When a patient is on Hospice and you are not the attending provider, and you are seeing the patient for a visit that is related to the terminal illness, professional services can be submitted directly to Hospice of the Piedmont for reimbursement. Prior to delivering professional services or ordering diagnostic tests or procedures to a patient on hospice when you are not the attending provider, please call Hospice of the Piedmont at 434-817-6900 and ask for the clinical manager or medical director of your patient’s team to discuss whether these services are included in the patient’s plan of care and payable by Hospice of the Piedmont.

**Where to submit billing:** Claims can be emailed to [Accounts.Payable@hopva.org](mailto:Accounts.Payable@hopva.org)

**Who to contact for billing questions:** Questions can be emailed to [Billing@hopva.org](mailto:Billing@hopva.org), or call 434-817-6900 and ask to be transferred to the billing department.

## Coding Modifiers

When billing Medicare for the care of patients who have elected their hospice benefit, there are two coding modifiers that can be used. These indicate the relation of the physician to the patient and the nature of the condition being treated, whether related or unrelated to the hospice diagnosis. The coding modifiers are:

**GV:** This modifier is **only used by the attending physician** not employed or paid under the arrangement of hospice. When billing Medicare B for any care provided to the patient, it does not matter if the treatment is **related or unrelated to the terminal condition**. This modifier identifies the physician as a hospice attending of record that is not the patient's hospice medical director and allows routine Medicare B billing.

**GW:** Regardless of the provider, care that is **not related to the terminal illness** is billed as usual through Medicare B even though the patient is receiving hospice care. The GW modifier indicates that the condition being treated is not related to the hospice diagnosis. In the case of the hospice attending of record a GW will be used in conjunction with GV when appropriate.

Examples:

- Dr. Jones is Mr. Smith's attending physician during his period of hospice care. Dr. Jones, who is not employed by the hospice bills Medicare for a home visit related to the hospice diagnosis and adds modifier GV to the appropriate visit code regardless if the visit was related or unrelated to the terminal condition.
- Mrs. Brown a Medicare beneficiary receiving hospice care, falls from her bed and suffers a head laceration. Dr. White, who is not the attending, closes the wound with two stitches. Dr. White adds modifier GW to the appropriate visit code to signify that the service is payable outside of the hospice benefit because the service was not related to Mrs. Brown's terminal condition.