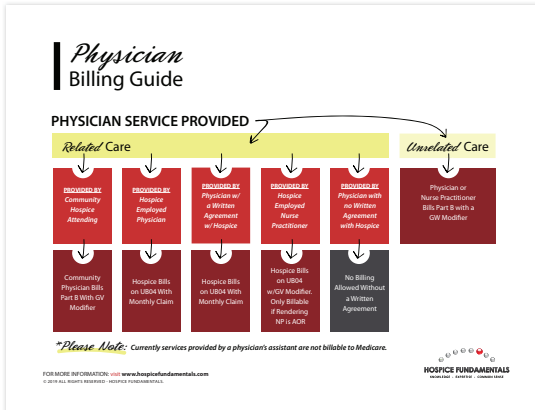




TOOL: Physician Billing Guide



WHAT: A visual reference tool to assist with when to bill for physician services or when to have the community physician submit their bill directly to Part-B.

WHY: Longstanding confusion around how to bill for physician services allowed above and beyond the per diem.

WHO MIGHT USE IT:

- Physician Staff Members
- Community Physicians
- Marketing / Education / Compliance
- Billing

WHEN IT MIGHT BE USED:

Any time a determination on when/how to bill for a physician service is needed.

Notes

- These categories are applicable to patients receiving care under the hospice Medicare benefit.
- A hospice should also have a broad policy outlining the process for billing of physician services.
- Medicare allows for billing of medically necessary patient care visits rendered by a physician and in certain instances a nurse practitioner.

Information Obtained From

1. CMS Internet Only Manuals

- a. Medicare Benefit Policy Manual, Chapter 7
- b. Medicare Claims Processing Manual, Chapter 11

- Hospices establish a charge and bill the *Medicare contractor* for these services *under Medicare Part A*.
- *The Medicare contractor* pays the hospice at the lesser of the actual charge or 100 percent of the Medicare physician fee schedule for physician services or 85 percent of the fee schedule amount for nurse practitioner services. This payment is in addition to the daily hospice rates.
- Payment for physician and nurse practitioner services is counted with the payments made at the daily payment rates to determine where the overall hospice cap amount has been exceeded.