

Hospice Medical Director (HMD)

WHAT THE REGS SAY

The hospice must designate a physician to serve as medical director. The medical director must be a doctor of medicine or osteopathy who is an employee, or is under contract with the hospice. When the medical director is not available, a physician designated by the hospice assumes the same responsibilities and obligations as the medical director. These are often called Hospice Physicians.

WHAT THIS MEANS

An expert in hospice medicine should oversee the patient's hospice care.

CAN DO:

- Can provide Initial Certification of Terminal illness
- Can recertify terminal illness
- Can conduct Face to Face Visits
- Can bill for professional services
- Can serve as physician member of the IDT
- Can communicate with the attending and other providers involved in the care of the patient

CANNOT DO:

Cannot delegate their work to a NP or PA practicing under their license.

BILLING

Direct, hands-on care (professional services) provided by a physician who is employed, contracted or a volunteer of the hospice are separately billable by the hospice agency. Reimbursement for these services, which must be related to the terminal diagnosis and related conditions, is the lesser of the actual charge or 100% of the Medicare rate.

Hospice Attending Physician (AP)

WHAT THE REGS SAY

The AP is a doctor of medicine or osteopathy who is legally authorized to practice medicine or surgery by the state in which he or she performs that function, a NP, or PA, and **is identified by the individual**, at the time he or she elects to receive hospice care, as having the most significant role in the determination and delivery of the individual's medical care.

WHAT THIS MEANS

The doctor who knows the patient best should remain involved in the patient's end of life care to provide a **longitudinal perspective** on the patient's course of illness, care preferences, psychosocial dynamics, and generally assist in assuring **continuity of care as the patient moves from the traditional curative care model to hospice's palliative care model. The attending physician is not meant to be a person offered by, selected by, or appointed by the hospice when the patient elects to receive hospice care.**

It is the patient's choice, and influencing this selection for the convenience of the hospice or other providers is a violation of patient's rights. If the patient has no physician they want as an attending, or if their choice refuses, **they do not have to have an AP**—the hospice physician can oversee their medical needs.

CAN DO:

- Can provide Initial Certification of Terminal Illness
- Can provide input into the patients plan of care
- Can prescribe medications for the patient
- Can provide professional services

CANNOT DO:

- Cannot serve as physician member of the IDT

BILLING

As long as he or she is not an employee of the hospice*, the AP can continue to bill Part B for visits, and using a special modifier.

- GW modifier: for service not related to the hospice patient's terminal condition.
- GV modifier: for service related to the hospice patient's terminal condition.
- The AP can also bill for Care Plan Oversight.
- If the AP is an employee of the hospice, he or she would bill the hospice for services in the same manner as the HMD, see above

Consulting Physician (CP)

WHAT THE REGS SAY

A physician selected by the hospice team to provide services and documentation to the patient. The physician or group must have a contract with the hospice.

WHAT THIS MEANS

Care related to the terminal illness and related conditions should not be limited to the HA and the HMD if the team determines that another physician should be involved.

Remember, CMS has been clear that for hospice patients, virtually all care is to be considered related.

CAN DO:

- Can provide professional services
- Can prescribe medication
- Can provide information to the hospice regarding the consultation

CANNOT DO:

- Cannot bill the hospice unless a contract is in place
- Cannot bill Medicare Part B as usual if the care is related to the terminal diagnosis and related conditions
- Cannot certify/recertify patients as terminally ill

BILLING

The CP bills the hospice directly for services at a contracted rate (typically 80%). The hospice pays the physician, and then bills Medicare Part A to recoup the money.

Any physician NP or PA can provide care to a hospice patient for conditions unrelated to the terminal diagnosis and related conditions and bill Medicare as usual. The hospice is responsible for the professional case management of all care provided to their patient, and should be aware of it and in communication with the providers. *Remember, CMS has been clear that for hospice patients, virtually all care is to be considered related.*

Only professional services are billable. Technical services (chemo, radiation, PET scans etc.) would be paid out of the hospice's daily rate, thus should be agreed upon by advance and performed under agreement and as part of the Plan of Care.

Nurse Practitioner (NP)

WHAT THE REGS SAY

A NP is defined as a registered nurse who performs such services as legally authorized to perform (in the state in which the services are performed) in accordance with State law (or State regulatory mechanism provided by State law) and who meets training, education, and experience requirements described in 42 CFR 410.75.

WHAT THIS MEANS

Sometimes members of the community get most of their medical needs met by a NP, so that is the provider that knows them best and would have an ongoing relationship with the patient whether they were under hospice care or not. This rule allows the patient to continue that relationship after enrolling in hospice. These Attending NPs do not have to be employees of the hospice.

NPs can also be employed by the hospice to perform face to face visits.

CAN DO:

- Can conduct Face to Face visits
- Can serve as AP if the patient selects them
- Can prescribe medication
- Can provide consultation and care to patients
- Can conduct FTF visits "if employed as a w-2 employee of the hospice"

CANNOT DO:

- Cannot certify/recertify patients as terminally ill
- Cannot assume the work of the HMD in their absence
- Cannot bill for services that could have been performed by a registered nurse
- Cannot serve as a CP to the hospice patient

BILLING

- When the NP IS the patient's AP, the services related to the terminal illness can be separately billed to and reimbursed by Medicare, just like an AP does.
- When the NP is NOT the patient's AP services are included under nursing care and are not separately billable.
- If the NP serving as AP is employed, by the hospice, these services are billed by the hospice agency. Reimbursement is the lesser of the actual charge or 85% of the Medicare rate.

NOTE: Hospices should not encourage patients to select their employed NP as AP; if patient has no AP, the HMD or HP can meet the needs of the patient.

Physician Assistant (PA)

WHAT THE REGS SAY

A PA is defined as a professional who has graduated from an accredited PA educational program who performs such services as he or she is legally authorized to perform (in the State in which the services are performed) in accordance with State law (or State regulatory mechanism provided by State law) and who meets the training, education, and experience requirements as the Secretary may prescribe. The PA qualifications for eligibility for furnishing services under the Medicare program can be found in the regulations at 42 CFR 410.74 (c).

WHAT THIS MEANS

Just like NPs; sometimes members of the community get most of their medical needs met by a PA, so that is the provider that knows them best and would have an ongoing relationship with the patient whether they were under hospice care or not. This rule allows the patient to continue that relationship after enrolling in hospice. These PAs should not be employees of the hospice.

CAN DO:

- Can provide consultation and care to patients
- Can serve as AP if the patient selects them
- Can prescribe medication if they are not employed by the hospice.

CANNOT DO:

- Cannot certify or re-certify an individual as terminally ill.
- Cannot take the position of a physician as one of the required members of an interdisciplinary group
- Cannot prescribe medication if they are employed by the hospice
- Cannot prescribe hospice medications if they are employed by the hospice
- *Cannot assume the duties of the HMD in his or her absence*

BILLING

May bill for services to hospice patients for whom they serve as attending.

Hospitalist/Referring Physician (H/RP)

WHAT THE REGS SAY

The hospice regs do not address the referral of because anyone can refer a patient to hospice—even a family member. You can refer yourself to hospice!

Often a doctor that does not know the patient well, and/or would not be chosen as the physician that will be involved in ongoing care, is the first person to suggest hospice to the patient and make a referral.

WHAT THIS MEANS

While no referral order is required by the hospice regs, it is a best practice and sometimes required by the policies or regulations of a hospital or nursing home.

A common error made by hospices is to assume the H/RP will serve as the AP, and so the hospice gets the H/RP to certify terminal illness and sign the plan of care.

The AP, by definition, is the one chosen by the patient as having the most significant role in the determination and delivery of the individual's medical care. This automatically precludes some referring physicians from being an AP as they will not be able to have a significant role in the patient's care. A hospitalist, for instance, would have no reason to fulfill this role. Hospices can ask the H/RP if he or she will fulfill the role of the AP if the patient knows them and requests this.

CAN DO:

- Can refer a patient to hospice and supply clinical information
- NOTE: the H/RP is not necessarily the AP

CANNOT DO:

- Cannot be automatically assigned as AP by the hospice

BILLING

Whatever services the H/RP provides to a hospice patient before they enroll in hospice is billed as usual by them.



These few pages are intended to be a quick reference tool, not a comprehensive resource to all applicable rules, regulations, policies and interpretations of the regulations and best practices. Remember that if state or agency regulations and policies are more stringent than the Medicare regulations, the most stringent rule applies. See Tool Worksheet for links to other materials.