PHYSICIAN BILLING FOR CONSULTATION SERVICES

Policy #: CP251

NHPCO Standard(s):  
BOD Approval/Review 05/08/18

Regulatory Citation(s): COPs 418.205 and 304(d) and (e)

POLICY

High Peaks Hospice (HPH) functions as a fiscal intermediary for physicians providing direct patient care services related to the terminal disease under arrangement (contract) with HPH. This policy is based upon the requirements that a consulting physician can only obtain direct reimbursement for such services through an intermediary, as per the Medicare guidelines.

Physicians may receive payment for pre-election evaluation and consultation services, which provides incentive for, and promotes increased collaboration with the physician and HPH.

PROCEDURE

1. The physician will forward original bills for pre-election evaluation and consultation services directly to the Administrative Office.

2. The Patient Care Coordinator (PCC) will approval payment of the bills and forward the bills to the Billing Coordinator (BC).

3. Upon receipt of the approved bills the BO will send a letter regarding the conditions for reimbursement to the physician for signature. (See Attachment A)

4. Upon receipt of the signed agreement, the BO will bill Medicare using the proper code for the service. Once payment is received, a check for reimbursement will be issued to the physician. This process will take no more than sixty (60) days.

5. A cover sheet indicating the charges billed for services, and the allowable reimbursement amounts received will accompany checks for reimbursement. The ED will approve information on the cover sheet. (See Attachment B)

6. This policy only addresses billing for pre-election evaluation and consulting services reimbursed by Medicare.

LAST REVIEW DATE: IDT 06/14/17, Clinical Comm 08/08/17, BOD 03/26/18
LAST UPDATED: Compliance Coord 05/17/17, 06/24/17, 05/08/18, 09/01/18
BOARD APPROVAL: May 8, 2018
A. **Patient Care Services.** Payment for physicians’ direct patient care services furnished by High Peaks Hospice (HPH) employees or under arrangement (contract) with HPH is made in the following manner:

1. Formulate a charge and bill the intermediary for these services.

2. The intermediary pays you at the lesser of actual charge or 100% of the Medicare reasonable charge for these services. This payment is in addition to the daily rates.

3. Payment for physicians’ services is counted with the payments made at the daily payment rates to determine whether the hospice Medicare cap amount has been exceeded. Payment for pre-election services does not count toward the hospice cap amount.

4. No payment is made for physician services furnished voluntarily. However, some physicians may seek payment for certain services while furnishing other services on a volunteer basis. Payment may be made for services not furnished voluntarily if you are obligated to reimburse the physician for the services. A physician must treat Medicare patients on the same basis as other patients in the hospice; a physician may not designate all services rendered to non-Medicare patients as volunteer and at the same time bill the hospice for services rendered to Medicare patients.

**Example:** Dr. Jones has a contract with a hospice to serve as its medical director on a volunteer basis. Dr. Jones does not furnish any direct patient care services on a volunteer basis. A Medicare beneficiary enters the hospice and designates Dr. Jones as her attending physician. When he furnishes a direct service to the beneficiary, he bills the hospice for this service and the hospice in turn bills the intermediary and is paid for the service. Dr. Jones may not bill Medicare Part B as an independent attending physician because as a volunteer he is deemed to be a hospice employee.

B. **Attending Physician Services.** Payment for patient care services rendered by a physician designated by the hospice patient as the attending physician is made in the following manner:

1. Patient care services rendered by an attending physician who volunteers services to the hospice is made in accordance with subsection B. (This is because physicians who volunteer services to the hospice are, as a result of this volunteer status, considered employees of the hospice in accordance with 42 CFR 418.3).
2. Patient care services rendered by an independent attending physician (a physician who is not considered employed or under contract with the hospice) are not part of the hospice benefit. These physicians bill the Medicare carrier directly. Payments for services to hospice patients are made directly by the carrier to the independent attending physician at 80% of the Medicare reasonable charge.

Only the independent attending physician’s personal professional services to the patient may be billed; the costs for services such as lab or x-rays are not to be included in the bill.

Attachment B

PHYSICIAN BILLING REIMBURSEMENT FOR HOSPICE PRE-ELECTION EVALUATION AND CONSULTATION SERVICES

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<table>
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<tr>
<th>Date of Service</th>
<th>Service Description</th>
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Approved by: __________________________________ Date: __________________

Executive Director