



Related MLN Matters Article #: MM3585

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MMA - Hospice Pre-Election Evaluation and Counseling Services

Key Words

MM3585, CR3585, R386CP, R28BP, Hospice, Counseling, Pre-election, G0337, HCPCS

Provider Types Affected

Hospices, their medical directors, and physician employees

Key Points

- The effective date of the instruction is January 1, 2005.
- The implementation date is January 3, 2005.
- Section 512 of the Medicare Modernization Act of 2003 (MMA) amends Section 1812(a)(1)(5), 1814(i) and 1816(dd) of the Act to provide for a one-time payment to a hospice for evaluation and counseling services furnished by a physician who is either the medical director of or an employee of the hospice agency.
- To be eligible to receive this service, a beneficiary must:
 - Be determined to have terminal illness (which is defined as having a prognosis of six months or less if the disease or illness runs its normal course);
 - Not have made a hospice election; and
 - Not have previously received the pre-election evaluation and counseling services.
- Services under this benefit are comprised of:
 - Evaluation of the patient's need for pain and symptom management;
 - Counseling regarding hospice and other care options; and may include
 - Advice regarding advanced care planning.
- The evaluation and counseling service may not be initiated by the hospice (i.e., the entity receiving payment for the service).
- Payments by hospice agencies to physicians or others in a position to refer patients for services furnished under this provision may implicate the Federal anti-kickback statute.

- If the beneficiary's physician initiates the request, which must be in writing, then:
 - Determination of the terminal diagnosis should be included; however,
 - Certification of the terminal diagnosis is not required, since this provision is not a prerequisite or part of the hospice benefit.
- If the beneficiary initiates the request for the service, the hospice medical director or physician employee should:
 - Maintain a written record of the service; and
 - With the beneficiary's permission, communicate with the beneficiary's physician to the extent necessary to ensure continuity of care.
 - Healthcare Common Procedure Coding System (HCPCS) code G0337 will be used for these services, and the payment for these services will not be included in the hospice payment cap.
 - The national payment amount for this service for FY 2005 will be \$54.57.
 - The hospice should submit such claims to its **intermediary** using type of bill 81x or 82x with the G0337 code and a revenue code of 0657 as the **only** revenue code on the claim.
 - The provision of these services may not be delegated to any other hospice personnel (such as nurse practitioners, registered nurses, social workers, or others) and may not be furnished by a physician under contract with the hospice.

Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3585.pdf> on the CMS website.

The official instructions (CR3585) regarding this change may be viewed at

<http://www.cms.gov/Transmittals/downloads/R386CP.pdf> and
<http://www.cms.gov/Transmittals/downloads/R28BP.pdf> on the CMS website.

The two issuances of CR3585 include the actual revised sections of the *Medicare Claims Processing* and *Medicare Benefit Policy Manuals* resulting from this change.

If providers have questions regarding this issue, they may contact their fiscal intermediary at their toll free number, which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.