



# MLN Matters®



Information for Medicare Fee-For-Service Health Care Professionals

MLN Matters Number: MM3226

Related Change Request (CR) #: 3226

Related CR Release Date: September 24, 2004

Effective Date: December 8, 2003

Related CR Transmittal #: R304CP

**Implementation Date:** For providers billing Local Part B carriers, and Local Part B carriers, for all applicable requirements, June 28, 2004; For providers billing intermediaries, use of the GV modifier is to be implemented June 28, 2004, per the revised *Medicare Claims Processing Manual* (Pub. 100-04), Section 30.2 (Payment Rates); For intermediary billing and systems, for all other applicable requirements, October 4, 2004.

## MMA-Nurse Practitioners as Attending Physicians in the Medicare Hospice Benefit

**Note:** This article was updated on May 7, 2013, to reflect current Web addresses. This transmittal replaces Pub. 100-04, Transmittal 205, which was issued on June 15, 2004. The manual instruction has been modified in Chapter 11 (Processing Hospice Claims), Section 40.1.3 (Attending Physician Services). All other information remains the same.

### Provider Types Affected

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Nurse practitioners and hospices

### Provider Action Needed

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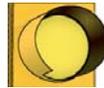


#### STOP – Impact to You

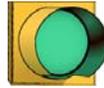
Nurse practitioners and hospices should note that nurse practitioners are being added to the definition of an attending physician for beneficiaries who have elected the hospice benefit.

#### Disclaimer

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**CAUTION – What You Need to Know**

Beginning December 8, 2003, Medicare pays for services provided by nurse practitioners to Medicare beneficiaries who have elected the hospice benefit and have selected a nurse practitioner as their attending physician.

**GO – What You Need to Do**

Refer to the *Background* and *Additional Information* sections of this instruction for more information regarding these changes.

## Background

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This instruction implements Section 408 of the Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA), which amends the Social Security Act (Section 1861(dd)(3)(B)) and (Section 1814(a)(7)) to include nurse practitioners in the definition of an attending physician for beneficiaries who have elected the hospice benefit.

Beginning December 8, 2003, Medicare pays for services, with the exception of certifying the terminal illness with a prognosis of 6 months or less, if the illness runs its usual course, provided by nurse practitioners to Medicare beneficiaries who have elected the hospice benefit and have selected a nurse practitioner as their attending physician. A physician will be required to certify the terminal illness and 6 month prognosis.

Hospice agencies will bill their Regional Home Health Intermediary (RHHI) for attending physician services performed by a nurse practitioner employed by or under contract to the hospice agency. Also, nurse practitioners providing attending physician services, who are not employed by or under contract with a hospice agency, will bill the Medicare Local Part B carrier.

Medicare Local Part B carriers and intermediaries will pay for these physician services rendered by nurse practitioners on or after December 8, 2003, at the lesser of actual charges or 85 percent of the physician fee schedule.

Instructions for care plan oversight for this provision will be provided under separate instruction.

## Implementation Instructions/Dates

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Medicare carriers have been instructed to search for and reopen denied claims for professional services of nurse practitioners serving as the hospice beneficiary's

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attending physician that were billed with the GV modifier and where the services were furnished on or after December 8, 2003.

Where such services were not billed with the GV modifier, Medicare carriers **will not reopen** the claims unless the nurse practitioner brings such claims to the attention of the carrier. If the nurse practitioner prefers, they can rebill such services rendered on or after December 8, 2003, with the GV modifier to have the claims reprocessed.

RHHIs will accept all claims for attending physician services performed by a nurse practitioner in a hospice on or after December 8, 2003.

Hospice agencies are no longer required to submit copies of Notices of Election (NOEs) to Medicare carriers; **however**, when such agencies bill RHHIs, the hospice agency should continue submitting the NOEs to the RHHIs.

The implementation date for this instruction is June 28, 2004 for providers who bill Local Part B carriers.

*For providers billing intermediaries, use of the GV modifier is also to be implemented on June 28, 2004, as presented in the Medicare Claims Processing Manual update in the transmittal, section 30.2, Form Locator (FL) 42, Revenue Code 0657.*

## Related Instructions

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The following Internet Only Medicare Manuals (IOM) have been edited with revised and new sections to reflect the requirements to implement section 408 of the MMA.

- The *Medicare Claims Processing Manual* (Pub. 100-4), Chapter 11 (Processing Hospice Claims)
- The *Medicare Benefit Policy Manual* (Pub. 100-2), Chapter 9 (Coverage of Hospice Services Under Hospital Insurance).

## Additional Information

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The official instruction (CR3226) issued to your carrier/intermediary regarding this change may be found by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R304CP.pdf> on the CMS website.

If you have any questions, please contact your carrier/intermediary at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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