Implementation of the GV Modifier for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) for Billing Hospice Attending Physician Services

MLN Matters Number: MM12357
Related CR Release Date: August 10, 2021
Related CR Transmittal Number: R10907CP

Related Change Request (CR) Number: 12357
Effective Date: January 1, 2022
Implementation Date: January 3, 2022

Provider Types Affected

This MLN Matters Article is for RHCs and FQHCs billing hospice attending physician services to Medicare Administrative Contractors (MACs) on behalf of Medicare patients.

Provider Action Needed

Make sure your billing staff knows to report the GV modifier on claims when billing for hospice attending physician services during a patient’s hospice election.

Background

Beginning January 1, 2022, an RHC or FQHC can bill and get payment under the RHC All-Inclusive Rate (AIR) or FQHC Prospective Payment System (PPS), respectively, when their employed and designated attending physician provides services during a patient’s hospice election.

To get the RHC AIR or payment under the FQHC PPS:

- RHCs must report the GV modifier on the claim line for payment (along with the CG modifier) each day they provide a hospice attending physician service
- FQHCs must report the GV modifier on the claim line with the payment code (G0466 – G0470) each day they provide a hospice attending physician service

This applies when a physician, Nurse Practitioner (NP), or Physician Assistant (PA), working for or is under contract to an RHC or FQHC, provides hospice attending physician services to a Medicare patient who has elected hospice. This is effective for dates of service on or after January 1, 2022.
The hospice attending physician services are subject to coinsurance and deductibles on RHC claims and only coinsurance on FQHC claims.

When the RHC or FQHC provides a hospice attending physician service that has a technical component (TC), the provider giving the TC would go to the hospice for payment as we discuss in Chapter 11 of the Medicare Claims Processing Manual.

More Information

We issued CR 12357 to your MAC as the official instruction for this change.

For more information, contact your MAC.

Document History

<table>
<thead>
<tr>
<th>Date of Change</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 11, 2021</td>
<td>Initial article released.</td>
</tr>
</tbody>
</table>

Disclaimer: Paid for by the Department of Health & Human Services. This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2020 American Medical Association. All rights reserved.

Copyright © 2013-2021, the American Hospital Association, Chicago, Illinois. Reproduced by CMS with permission. No portion of the AHA copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816. You may also contact us at ub04@healthforum.com

The American Hospital Association (the “AHA”) has not reviewed, and is not responsible for, the completeness or accuracy of any information contained in this material, nor was the AHA or any of its affiliates, involved in the preparation of this material, or the analysis of information provided in the material. The views and/or positions presented in the material do not necessarily represent the views of the AHA. CMS and its products and services are not endorsed by the AHA or any of its affiliates.