

Hospice Certifying Physician Condition of Payment

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On May 1, 2024 a new hospice claims edit will be implemented. This edit, associated with the condition of payment finalized in the [Fiscal Year \(FY\) 2024 Hospice Wage Index final rule](#) which requires that the hospice certifying physician(s) be enrolled in Medicare or have a valid opt-out on file, has caused quite a stir with hospices and Electronic Health Record (EHR) companies. This is because there are many questions and concerns about the implementation of the edit due to lack of clarity and conflicts in instructions and guidance. Some issues have been addressed in the most recent instructions from the Centers for Medicare & Medicaid Services (CMS) which were posted on April 17.

NAHC and NHPCO conducted a [webinar](#) earlier this month that explains the condition of payment and the questions and concerns about it and the claims processing edit. We have been actively engaged on these evolving issues and have been awaiting this most recent instruction from CMS which is [Transmittal 12586 / Change Request \(CR\) 13531 – Additional Implementation Edits on Hospice Claims for Hospice Certifying Physician Medicare Enrollment](#). This CR builds upon the previous instructions in [Transmittal 12339 / CR 13342](#). These CRs provide instruction to the Medicare Administrative Contractors (MACs) – NGS, CGS and Palmetto GBA – on validating physician enrollment in hospice claims processing.

In addition to the instructions to the MACs, CMS also updated the [Hospice Certification Requirements](#) in a recent MLN Payment Processing Update. This update includes new guidance for how to complete the Attending Physician field on the hospice claim that contradicts instructions in Chapter 11 of the Medicare Claims Processing Manual (Manual). Specifically, it states that hospices should complete the Attending Physician field differently for the initial benefit period claim and subsequent benefit period claims. The Manual does not distinguish between claims for initial and subsequent benefit periods. This is causing great confusion for providers and Electronic Health Record (EHR) companies, not to mention the MACs.

Regardless, **two key points for hospices to know at this time are:**

- **As long as the Attending Physician field on the claim contains the NPI of a physician that is enrolled or validly opted-out, the edit that goes into effect on May 1 will allow the claim to process and be paid.**

- **The edit that goes live on May 1 will only verify the physician listed in the Attending Physician field on the claim. On October 7, 2024, a new edit will go live that will verify the physician listed in the Attending Physician field on the claim *and* the physician listed in the Referring Physician (Other Physician) field on the claim.**

CR 13531 updates Chapter 11 of the Medicare Claims Processing Manual effective 4/18/2024 with the following instructions for the Attending Physician field:

The hospice enters the name and provider identifier of the attending physician designated by the patient at the time of election as having the most significant role in the determination and delivery of the patient's medical care. The patient's designated attending physician could be an independent physician, hospice physician, a nurse practitioner, or physician assistant. If there is no attending physician listed, then the hospice shall report the hospice certifying/recertifying physician.

The edit that goes live on May 1 will bypass a nurse practitioner (NP) or physician assistant (PA), if entered in the Attending Physician field. This will continue under the new edit that will be implemented on October 7.

Questions and concerns about the new condition of payment and how claims will be processed and paid under this new requirement remain. May 1 is only 13 calendar days and nine working days away. We continue to engage with CMS on outstanding issues and will provide updates as they are made. **Until then, below are additional key points hospices should be aware of:**

- **The condition of payment requires that the certifying physician(s) be enrolled or validly opted out at the time of certification or recertification. They need not remain enrolled/opted-out during the patient's entire certification and benefit period and, if they become unenrolled and non-opted-out, the hospice need not secure a new certification to replace the one the previously enrolled/opted-out physician signed.**
- **It is the use of Occurrence Code 27 on the claim that identifies the date of certification/recertification. The use of this code is mandatory on all hospice claims that include the certification or recertification date but is only optional on other claims. *We recommend that hospices use Occurrence Code 27 on all claims.***
 - **When Occurrence Code 27 and its associated date are present, the edit will allow the claim to process and pay when the Occurrence Code 27 date falls on or after the physician's effective date but before the termination date, if present, on the PECOS Hospice O/R – Attending Physician file.**

- **If Occurrence Code 27 and its associated date is not present on the claim, the edit will allow the claim to process and pay when the claim Statement From Date falls on or after the physician's effective date but before the termination date, if present, on the PECOS Hospice O/R – Attending Physician file.**
- **The edit will only assign on Medicare hospice fee for service claims with a Statement From Date on or after May 1, 2024.** This means that hospice claims with a prior date of service, even if submitted after May 1, 2024, will not be impacted by claims edits.

NAHC and NHPCO are working on a Frequently Asked Questions document and plan to publish this in the near future.