

Part B Insider (Multispecialty) Coding Alert

Physician Notes: CMS Reminds Practices of 'GW, GV' Modifier Requirements

Plus: Physicians allegedly took kickbacks as incentives to use cardiac products.

Recent RAC audits revealed a disturbing trend that CMS would like to see end soon, and it involves physicians billing for care of hospice patients. The topic is outlined in new MLN Matters article SE1321, issued last week.

Background: Services related to your care of a hospice patient's terminal diagnosis are included in the hospice payment, and are not separately billable. Part B will deny any claims submitted for the patient's terminal care because the payment is already bundled into the payments CMS makes to the hospice.

If, however, you are not employed by the hospice or your services are unrelated to the terminal diagnosis, you can bill separately, if you use the appropriate modifier.

If the provider is not employed or paid by the hospice provider even though the services are related to the patient's terminal diagnosis, you can use modifier GV (Attending physician not employed or paid under arrangement by the patient's hospice provider) to bill separately for your claims. If, however, your services are completely unrelated to the terminal prognosis, you should opt instead for modifier GW (Service not related to the hospice patient's terminal condition).

For example: A hospice patient with pancreatic cancer presents to an orthopedic surgeon for treatment of a metatarsal fracture. The orthopedist can report 28470-GW to reflect that his services were unrelated to the patient's cancer.

Resource: To read the complete article, visit

www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1321.pdf.