



## Medicare Hospice Services Billing Grid

Relationship to Patient	Service Related to Terminal Diagnosis?	Service Type	You Should Bill?	Modifier Codes Needed	Notes
Attending of Record in Hospice Records <b>(Must have signed the Plan of Treatment)</b>	Yes	Professional (Visit Codes)	Medicare Part B	GV	
	Yes	CPO (Care Plan Oversight)	Medicare Part B	GV	Care plan oversight - Bill CPT/HCPCS code G0182-GV
	Yes	Technical (Procedures)	Hospice		Need a contract with hospice and procedure must be approved
	No	Any	Medicare Part B	GV and GW	Use both codes
Not Attending of Record in Hospice Records	Yes	Any	Hospice		Need a contract with hospice and visit/ procedure must be approved
	No	Any	Medicare Part B	GW	
Covering for Attending of Record Group Member in Financial Relationship	Yes	Professional (Visit Codes)	Medicare Part B with additional modifier	Q5	Add modifier to above described GV or GW situations
Covering for Attending of Record Not in Financial Relationship	Yes	Professional (Visit Codes)	Medicare Part B with additional modifier	Q6	Add modifier to above described GV or GW situations

### Modifiers for HCFA 1500:

<b>GV</b>	Indicates to Medicare that Attending Physician not employed by hospice providing care for terminal diagnosis	Used for hospice-related services
<b>GW</b>	Indicates to Medicare services unrelated to hospice terminal diagnosis	Used for services unrelated to hospice
<b>Q5</b>	Services furnished by substitute physician under reciprocal billing arrangement	Used for partners in a group practice
<b>Q6</b>	Services furnished by a locum tenens physician	Used when sole practitioner hires coverage for their patients

**G0182 Code Definition:**

Physician supervision of a patient under a Medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including phone calls) with other healthcare professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more.