**Inside Hospice Tip Sheet**

**The Role of Nurse Practitioners in Hospice Care**

Nurse practitioners are a valuable member of the hospice team. It is important to understand when their services are considered physician services and when they are considered nursing services. Following is a compilation of information related to the utilization of nurse practitioners (NPs) extracted from several sources.

**Regulations**

- **Employment:** Must be employed by the hospice as a W-2 employee or volunteer – cannot be utilized under contract as a hospice employee

- **Certification:** Cannot certify terminal illness. This is addressed in the Medicare Benefit Policy Manual, Chapter 9, Coverage of Hospice Services Under Hospital Insurance, Section 40.1.3 as follows: “Nurse practitioners cannot certify a terminal diagnosis or the prognosis of 6 months or less, if the illness or disease runs its normal course, or re-certify terminal diagnosis or prognosis. In the event that a beneficiary’s attending physician is a nurse practitioner, the hospice medical director and/or physician designee may certify or re-certify the terminal illness.”

- **Physician Narrative:** Cannot complete the required physician narrative since this is part of the certification of terminal illness form

- **Face-to-Face:** Can complete the face-to-face visit to assess continued eligibility for hospice before recertification of the 3rd and subsequent benefit periods for Medicare patients, or for Medicaid patients in North Carolina. The NP must report findings to the hospice physician to be utilized in composing the narrative. (Reference: Medicare Benefit Policy Manual, Section 20.1(5), items b. and c.)

- **IDG Meetings:** Cannot take the place of the hospice physician at the interdisciplinary group meetings (Reference: Medicare Benefit Policy Manual, Section 40)

- **On-Call:** Can cover on-call but there also must be a physician available because the Medicare Conditions of Participation require that physician services be available 24/7 (Reference: §418.100(c)(2))
• **Attending Physician:** Can serve as the attending physician. The patient must be given a choice of their attending physician and must choose the NP as their attending. This choice must be documented. The hospice medical director or physician designee can certify terminal illness for the nurse practitioner. (Reference: Medicare Benefit Policy Manual, Section 40.1.3.2)

**Billing for NP Services**

• Physician services provided by NPs are billable to Medicare only if the following criteria are met:
  o Nurse practitioner is the beneficiary's designated attending physician
  o Services are medically reasonable and necessary
  o Services are performed by a physician in the absence of the nurse practitioner
  o Services are not related to the certification of terminal illness
  (Reference: Medicare Benefit Policy Manual, Section 40.1.3.2)

• Billing codes are the same as those that a physician would use for initial and subsequent visits. Also, they have to meet the same CPT criteria in their documentation to justify those codes as outlined in the CMS Documentation Guidelines for Evaluation and Management (E/M) Services.

• Reimbursement is at 85% of what you would have received for a physician visit per the Medicare Physician Fee Schedule.

• If the NP is not the attending MD, the services of the NP are included under nursing care and may not be billed. The following are examples of some services that would be provided by a RN in the absence of a NP, and thus are non-billable:
  o Assessment of a patient with complaints of leg pain.
  o Assessment of pain and or symptoms for the determination for the need of medications, other treatments, or a change in level of care
  o Administration of medications through intravenous or other means
  o Family counseling that could be provided by a RN, SW or counselor

**Resources**

