

## Hospice Certifying Physician Claims Edit Update

Source: The Alliance, October 1, 2024

- **After receiving clarification from CMS, we are updating the [NAHC Report article published on September 24, 2024](#) with this one dated October 1, 2024.**

The Centers for Medicare & Medicaid Services (CMS) has updated the [Hospice Certifying Enrollment Questions and Answers \(Q & A\) Document](#) and [Change Request \(CR\) 13531](#), both dealing with the hospice certifying physician enrollment requirement. This requirement, established via the [FY2024 Hospice Wage Index and Payment Rate Update final rule](#), conditions Medicare payment of hospice claims on the enrollment status of the certifying physician. Specifically, a certifying physician must be enrolled in or validly opted out of Medicare at the time the certification or recertification is made. (See end notes for previous NAHC Report coverage.)

CMS verifies the certifying physician(s) listed on the claim to ensure they meet the enrollment/opt out requirement. If this requirement is not met, the hospice claim will not be processed for payment. The edit was implemented on June 3, 2024, with a planned revision to the edit logic to be implemented on October 7, 2024. Some of these planned changes are being made on this date and others will be implemented on November 18, 2024 as outlined in the recently revised [CR 13531](#). The following should be noted about these changes:

- Beginning October 7, 2024 the edit will only be triggered on claims with occurrence code 27. Hospices must use this occurrence code on all claims that include the initial certification or a recertification date. On claims that do not include an initial certification or a recertification date, hospices may voluntarily include occurrence code 27. Beginning October 7, 2024, the edit will not trigger unless occurrence code 27 is on the claim.
- For claims containing the initial certification date, the occurrence code 27 date will match the admission date. This will also be true for situations where the patient is re-enrolling in the Medicare hospice benefit after a break in enrollment.
  - From October 7 through November 17, the edit will check only the physician in the ATT PHYS NPI field on the claim. During this time, hospices should ensure that this field is populated with the MD or DO that has certified the patient's terminal illness. Populating this field with an NP or PA that is the designated attending physician will result in a claim denial.

- Beginning November 18, 2024, the edit will check both the ATT PHYS NPI and REF PHYS NPI fields on the claim. If the attending and certifying physicians are different, the edits will be applied to both fields and will bypass an NP or PA listed in either field. The Medicare enrollment status of an MD or DO listed in either the ATT PHYS NPI or REF PHYS NPI field will be verified.
- For claims containing a recertification date, the occurrence code 27 date will not match the admission date.
  - Beginning October 7, 2024 the edit will check only the REF PHYS NPI field IF both the ATT PHYS NPI field and the REF PHYS NPI field are populated.
    - When only one physician is reported on recertification claims, hospices are to report the physician in the ATT PHYS NPI field. When only the ATT PHYS NPI field is completed, the edit will check the enrollment status of this physician.
    - Only physicians (MD/DO) are able to certify hospice care so only an MD or DO should be listed in the ATT PHYS NPI field when this is the only physician field being completed.

CMS made these revisions in response to concerns raised by the Alliance regarding the various issues arising from the initial implementation of the edit

In addition to the changes to the edit logic outlined above, the recently released CR updates Chapter 11 of the Medicare Claims Processing Manual with the following instructions for populating the physician fields on the hospice claim.

***Attending Physician I.D.*** 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.

NOTE: From October 7 through November 17, the edit will check only the physician in the ATT PHYS field on the claim when occurrence code 27 is on the claim and the date matches the admit date. During this time, hospices should ensure that this field is populated with the MD or DO that has certified the patient's terminal illness.

***Other Physician I.D.*** The hospice enters the name and provider identifier of the hospice physician responsible for certifying/recertifying that the patient is terminally ill, with a life

*expectancy of 6 months or less if the disease runs its normal course. For electronic claims, this information is reported in Loop ID 2310F – Referring Provider Name.*

*NOTE: Both the attending physician and other physician fields should be completed unless the patient's designated attending physician is the same as the physician certifying/recertifying the terminal illness. When the attending physician is also the physician certifying/recertifying the terminal illness, only the attending physician field is required to be populated, the other physician field would not need to be populated.*

CMS also updated the [Hospice Certifying Enrollment Q&A Document](#). Changes in the updated September 19, 2024 version are outlined below.

- **Q: For the enrollment/opt-out requirement, how should the claim form be completed and what will be validated?**

The response is reordered and references the Claims Processing Manual

- **ADDED:**

Q: When is occurrence code 27 and the date required?

A: The OC 27 code/date is only required on claims where initial certification or recertification occurs. CMS will not be conducting certifying/recertifying physician enrollment checks on physicians reported on claims that do not have occurrence code 27 and date reported.

- **REMOVED:**

Q: Does this certification requirement also apply regarding beneficiaries who had been previously discharged during a benefit period and are being certified for hospice care again to begin in a new benefit period?

Q: In light of the previous Q/A, can CMS further clarify and confirm the following: Instance #1: The edit that implements on October 7 is effective for any claims submitted on or after October 7 with dates of service June 3, 2024, or later. Is this correct?