Physician Billing Guide
VALOR DOCTORCARE™ PROGRAM

CALL: 877.615.3996

As part of our Valor DoctorCare™ Program, we are providing procedure and diagnosis coding and reimbursement information for physician services in palliative and hospice care. Coding for physician services, whether the patient is enrolled under the Medicare hospice benefit or receives health care services through other funding mechanisms, almost always uses the same coding techniques. Physicians code for their service to an individual patient in two parts: 1) a procedure or service code and 2) a diagnosis code. Please ensure adequate documentation is included.

PRIMARY (ATTENDING) PHYSICIAN
How to Bill Services for Hospice Patients for Services Related to Any Diagnosis

Bill Medicare Part B or applicable intermediary using your usual electronic system and the applicable CPT E & M code for the service. Include the GV modifier, which indicates the services are related to the terminal diagnosis. Concurrent care is permitted on the same day, as long as coding differences are documented. *The Physician cannot be associated with the hospice in medical director or hospice medical director capacities (even voluntary).*

If you are authorized by hospice to give medication or perform a procedure, bill the medication and the technical component to the hospice and the professional component to your Medicare Part B carrier. For specific instructions and approval of any care, call the hospice claims specialist. For Valor HospiceCare patients, call Corporate Administration at 520.615.3996.

You will be paid 80% of the Medicare allowable and may bill the patient or their secondary insurance for the remaining 20%.

CONSULTING (OR SECOND) PHYSICIAN
How to Bill for Hospice Patients for Services Related to the Hospice Diagnosis

You must sign a Services Agreement with the hospice for each patient under your care. Contact the nurse case manager for your patient. For Valor HospiceCare patients, contact Corporate Administration at 520.615.3996 to obtain the contract. *This also applies for any other Physicians associated with the hospice (even volunteers).*

Bill the hospice with the applicable CPT codes for both professional and technical components using the HCFA 1500. The hospice will be reimbursed for your services through Medicare Part A.

You will be paid 100% of the Medicare allowable and will not bill the patient or a secondary insurance for any component of the bill.

ATTENDING AND CONSULTING PHYSICIANS
How to Bill for Hospice Patients for Any Diagnosis Other Than the Hospice Diagnosis

Bill Medicare Part B or applicable intermediary using your usual electronic system and the applicable CPT E & M code for your service. Include the GW modifier, which indicates the services are not related to the terminal diagnosis.

If you receive a denial because the patient is on hospice, request a "denial letter" from the hospice medical claims specialist. For Valor HospiceCare patients, call Corporate Administration at 520.615.3996. Include this letter with your submission.

You will be paid 80% of the Medicare allowable and may bill the patient or their secondary insurance for the remaining 20%.

HOSPICE MEDICAL DIRECTOR

As an employee, administrative and supervisory activities are included in Medicare *per diem* rate.

For any direct patient care services, Physician bills hospice for fee-for-service on a HCFA 1500 or hospice supplied form. Hospice submits codes for reimbursement under Medicare Part A and is paid at 100% of the usual and customary fee reimbursed under Medicare Part B schedules.