



## Resource for Providers: Hospice Certifying Physician Edit Clarification

On June 3, 2024, the Centers for Medicare & Medicaid Services (CMS) implemented a new requirement and a hospice claims edit for the hospice certifying physician, leading to widespread confusion among hospice providers, nurse practitioners (NPs), and physician assistants (PAs) regarding the role of the NP and PA in hospice care. The requirement mandates that the *certifying* physician(s) for all Medicare hospice beneficiaries must be enrolled in or validly opted out of Medicare at the time of certification/recertification of hospice services. CMS enforces this requirement by checking certain field locators on the Medicare hospice claim.

NPs have reported hearing from some providers that CMS no longer allows Medicare hospice patients to designate an NP or PA as their attending physician and that this new requirement prohibits the hospice from accepting orders from NPs or PAs. Neither of these statements is accurate.

To unravel the complexity of this new requirement for Medicare-certified hospices, we need to begin with the CMS definitions for the hospice attending physician and the hospice certifying physician, as specified in [Chapter Nine](#) of the Medicare Benefit Policy Manual, “Coverage of Hospice Services.” CMS defines the attending physician as a *“doctor of medicine or osteopathy who is legally authorized to practice medicine or surgery by the state in which he or she performs that function, a nurse practitioner, or physician assistant, and is identified by the individual, at the time he or she elects to receive hospice care, as having the most significant role in the determination and delivery of the individual’s medical care.”*

In outlining the hospice certification requirements, CMS specifies that *“No one other than a medical doctor or doctor of osteopathy can certify or re-certify an individual as terminally ill, meaning that the individual has a medical prognosis that his or her life expectancy is 6 months or less if the illness runs its normal course. Nurse practitioners and physician assistants cannot certify or re-certify an individual as terminally ill. In the event that a beneficiary’s attending physician is a nurse practitioner or a physician assistant, the hospice medical director or the physician member of the hospice IDG certifies the individual as terminally ill.”*

It is important to note that under the new requirement, these definitions and descriptions have not changed.

**Nurse practitioners can continue to do the following for hospice patients (to the extent permitted by state law):**

- **Fulfill the role of the designated attending physician for hospice care**
- **Write orders for the hospice plan of care**
- **Refer patients to hospice care**

**Physician assistants can continue to do the following for hospice patients (to the extent permitted by state law):**

- **Fulfill the role of the designated attending physician for hospice care**
- **Write orders for the hospice plan of care if they are the patient's designated attending physician and are not employed by or under contract with the hospice**
- **Refer patients to hospice care**

NPs and PAs have never been able to certify/re-certify a hospice patient and are still not able to do so. The new hospice certifying physician enrollment requirement has changed the following:

- The hospice is not able to accept a certification/re-certification from any physician (doctor of medicine (MD) or osteopathy (DO)) unless the physician is enrolled in Medicare or validly opted out at the time of certification/recertification.
- How the hospice reports the certifying physician(s) and designated attending physician on the Medicare hospice claim.

Hospices must complete the Medicare hospice claim form with information about the hospice patient's attending physician as well as the certifying physician. There is significant confusion about where this information should be recorded on the claim. Specifically, CMS requires the "Attending Physician" and "Referring/Other Physician" fields on the claim form to include information on the *certifying/recertifying* physician. Only in certain circumstances should the hospice include information about the designated attending physician on the claim form.

- In some circumstances, the "Attending Physician" and "Referring/Other Physician" fields on the claim form can contain the name and national provider identifier (NPI) of the NP or PA who has been designated by the patient as the attending physician. However, the NP or PA does not have to be listed on the claim form.



- As of November 18, 2024, CMS is implementing new claims edit logic that will bypass an NP or PA listed in either the “Attending Physician” or “Referring/Other Physician” field.
  - In these situations, the NP or PA can be listed on the claim form.

There may be confusion between the prohibition on the NP or PA in the “Attending Physician” field of the claim and the allowance for the NP or PA to be designated as the attending physician and provide orders for care.

It is important to note that the presence or absence of the NP or PA on the hospice claim form has no bearing on the ability of the NP or PA to submit and have a claim paid for their services under Part B Medicare.

Hospices can reach out to the [National Alliance for Care at Home](#) (the Alliance), American Association of Nurse Practitioners (AANP), American Academy of Physician Associates (AAPA), Gerontological Advanced Practice Nurses Association (GAPNA), Hospice and Palliative Nurses Association (HPNA), or Physician Associates in Hospice & Palliative Medicine (PAHPM) for clarification and information by sending an email to:

- The Alliance: [Katie@nahc.org](mailto:Katie@nahc.org) or [regulatory@nhpco.org](mailto:regulatory@nhpco.org)
- AANP: [governmentaffairs@aanp.org](mailto:governmentaffairs@aanp.org)
- AAPA: [sdepalma@aapa.org](mailto:sdepalma@aapa.org).
- GAPNA: [dwolffbaker@gmail.com](mailto:dwolffbaker@gmail.com)
- HPNA: [advocacy@hpna.org](mailto:advocacy@hpna.org)
- PAHPM: [info@pahpm.org](mailto:info@pahpm.org)

For more information, please see the accompanying frequently asked questions (FAQs) below.



## Frequently Asked Questions (FAQs)

Below are some FAQs that may be of help in understanding the recent change for hospices:

**Q:** Can a hospice patient choose a nurse practitioner (NP) or physician assistant (PA) as their attending physician?

**A:** Yes. The NP or PA cannot certify/recertify but *can* still be the attending physician. Only physicians may certify/recertify hospice care.

**Q:** Must the NP or PA be enrolled in or validly opted out of Medicare in order to fulfill the role of the patient's attending physician or give orders for hospice care?

**A:** For Medicare hospice billing purposes, there is not a requirement for the NP or PA to be enrolled or validly opted out of Medicare.

**Q:** Can an NP or PA still refer patients for hospice care?

**A:** Yes. In fact, anyone can refer a patient for hospice care. An order from a professional is not needed for a referral.

**Q:** What can I do if a hospice tells a patient I, as an NP or PA, am not able to fulfill the role of the attending physician for hospice care?

**A:** We recommend reaching out to the hospice directly to discuss and share the information above. You could also recommend that the hospice contact the National Alliance for Care at Home for further clarification.

**Q:** If the NP or PA is not listed on the hospice claim form, will they still be able to bill for services under Medicare Part B?

**A:** Yes. The presence or absence of the NP or PA information on the hospice claim form has no bearing on the processing of Medicare Part B claims. CMS does not edit the Part B claim against the hospice's Part A claim.

**Q:** When an NP or PA is the designated attending physician for hospice and/or providing orders for the hospice plan of care, is it necessary for the hospice to obtain a co-signature from an MD/DO?

**A:** There is not a federal requirement for hospices to obtain co-signatures from an MD/DO. Hospice providers and practitioners should look to their state practice acts and regulations for guidance.