



Implementation of the GV Modifier for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) for Billing Hospice Attending Physician Services

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Note: We revised this Article to reflect a revised CR 12357. The CR revision didn't impact the substance of the Article. We did change the CR release date, transmittal number, and the web address of the CR. All other information is the same.

Provider Types Affected

This MLN Matters Article is for RHCs and FQHCs billing hospice attending physician services to Medicare Administrative Contractors (MACs) on behalf of Medicare patients.

Provider Action Needed

Make sure your billing staff knows to report the GV modifier on claims when billing for hospice attending physician services during a patient's hospice election.

Background

Beginning January 1, 2022, an RHC or FQHC can bill and get payment under the RHC All-Inclusive Rate (AIR) or FQHC Prospective Payment System (PPS), respectively, when their employed and designated attending physician provides services during a patient's hospice election.

To get the RHC AIR or payment under the FQHC PPS:

- RHCs must report the GV modifier on the claim line for payment (along with the CG modifier) each day they provide a hospice attending physician service
- FQHCs must report the GV modifier on the claim line with the payment code (G0466 – G0470) each day they provide a hospice attending physician service

This applies when a physician, Nurse Practitioner (NP), or Physician Assistant (PA), working for or is under contract to an RHC or FQHC, provides hospice attending physician services to a Medicare patient who has elected hospice. This is effective for dates of service on or after

January 1, 2022.

The hospice attending physician services are subject to coinsurance and deductibles on RHC claims and only coinsurance on FQHC claims.

When the RHC or FQHC provides a hospice attending physician service that has a technical component (TC), the provider giving the TC would go to the hospice for payment as we discuss in [Chapter 11 of the Medicare Claims Processing Manual](#).

More Information

We issued [CR 12357](#) to your MAC as the official instruction for this change.

For more information, contact your [MAC](#).

Document History

Date of Change	Description
September 30, 2021	We revised the Article to reflect a revised CR 12357. The CR revision didn't impact the substance of the Article. We did change the CR release date, transmittal number, and the web address of the CR. All other information is the same.
August 11, 2021	Initial article released.

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