CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 13172	**Date: April 17, 2025**
	Change Request 14007

SUBJECT: Modifying Editing for Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) Hospice Physician Services When the Beneficiary has Medicare Advantage

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to adjust the editing process for RHC and FQHC claims that include a GV modifier. This is particularly important when billing for hospice attending physician services provided by designated RHC or FQHC practitioners during a patient's hospice election, especially for beneficiaries enrolled in a Medicare Advantage plan. CMS previously issued CR 12357, titled "Implementation of the GV Modifier for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) for Billing Hospice Attending Physician Services." CMS has been made aware of an issue where claims are being rejected for beneficiaries with Medicare Advantage Plans. Consequently, this CR is being developed to rectify this problem.

EFFECTIVE DATE: January 1, 2022
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: October 6, 2025

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:
For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

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II. GENERAL INFORMATION

A. Background: Prior to January 1, 2022, RHCs and FQHCs were not authorized under the statute to serve in the role of a hospice attending physician. However, a physician, Nurse Practitioner (NP), or Physician Assistant (PA) who worked for an RHC or FQHC could provide hospice attending physician services during a time when they were not working for the RHC or FQHC (unless prohibited by their RHC or FQHC contract or employment agreement). The physician, NP, or PA would bill for these services under Part B using their national provider identifier.

Section 132 of the Consolidated Appropriations Act, 2021 (CAA, 2021) amended section 1834(o) of the Act and added a new section 1834(y) to the Act, to provide the authority for both FQHCs and RHCs, respectively, to receive payment for hospice attending physician services.

CMS implemented CR 12357, Transmittal 11200 issued on January 12, 2022, to effectuate this policy. However, since implementation, we have become aware that claims are incorrectly rejecting when the hospice patient is a Medicare Advantage (MA) enrollee.

B. Policy: As described in regulations at 42 CFR 417.531 and 417.585 and in Chapter 9, Section 20.4 of the Medicare Benefit Policy Manual, once an MA enrollee has elected hospice, all of his or her Medicare benefits revert to Fee-for-Service (FFS), though the enrollee remains on MA for any additional benefits provided by his or her plan. The Medicare hospice benefit, through FFS Medicare, covers all hospice care from the effective date of election to the date of discharge or revocation. During the election, FFS Medicare also covers attending physician services and all care unrelated to the terminal illness. As such, in accordance with section 132 of the CAA, 2021, when the RHC or FQHC provides hospice attending services, payment for MA enrollees is made under FFS to the RHC/FQHC.

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
14007.1	Medicare contractors shall bypass hospice overlap edits when the type of bill is 71X or 77X and a service line contains modifier "GV" during a hospice election period, hospice enrollment and Health Maintenance Organization (HMO) Plan. For example, edit 5235 should be bypassed along with any other applicable edits found as necessary. Note: This CR is an update to CR 12357 for a beneficiary with an HMO plan; all other criteria remain the same.								X	
14007.1.1	Medicare contractors shall make the edits overrideable.								X	

IV. PROVIDER EDUCATION

None

Impacted Contractors: None

V. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

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