Most hospice care is provided in the patient’s residence, whether that is their private home or an extended care facility. Routine home care is not intended by the MHB to be an around-the-clock bedside service, though hospice must ensure that nursing, physician, and the medication services are available 24/7 to respond to a patient’s changing needs. If the medical condition warrants skilled care at the bedside, the MHB mandates the hospice be able to provide continuous home care for the time of the crisis. If the condition requires care that cannot be managed at home, the hospice may move the patient to an appropriate facility for short-term pain control and symptom management to provide general inpatient services. Finally, if family members become exhausted from caregiving, the MHB also includes a respite inpatient level of care to give families up to a five day break from caregiving.

The MHB has specific provisions to maintain and encourage the ongoing involvement of the attending physician, as identified by the patient. The non-hospice attending physician may continue to bill Medicare B, over and above the hospice payment, for care provided to the beneficiary, even if such care is related to the terminal illness. Ensuring that such claims include the “GV” modifier code helps proper processing. The attending also may bill Care Plan Oversight (CPO) for non-face-to-face management of the hospice patient.

Questions about how MHB works or how it can further benefit your patient? Please contact us. We are here 24/7/365.