



Understanding Palliative Care Billing- A Comprehensive Guide

Did you know? Over six million patients and carers have benefited from palliative services in community-based and hospital settings to date. Simultaneously, remarkable claims of cost savings and decreased resource utilization from large palliative care programs have solidified its position as a high-value, low-cost, patient-centered method to care for those with serious disease nearing the end of life.

Not only this, but palliative care physicians will be expected to stay on top of things, ensuring that services are properly billed, coded, and reimbursed. This necessitates the palliative care physicians to be knowledgeable about the concerns and obstacles of specialty-specific billing and coding. This improvement in understanding begins with recognizing frequent two errors in [palliative care coding](#) and applying realistic and targeted solutions which are as follows:

Confusing ICD and CPT Codes

Many practitioners are perplexed by ICD-9/ICD-10 codes and CPT codes, which can lead to ineffective conversations with insurers. CPT codes show what clinicians did (the service), whereas ICD codes explain why (often referred to as medical necessity).

Both sets of ICD codes (ICD-9/ICD-10 codes) enable billers and coders to convert qualitative information found in palliative care notes into numbers that can be transmitted to payers for service compensation. Billers then associate one or more ICD codes with a numerical procedure code (CPT) that informs the insurer about the clinician's treatment of their patient. *To provide the whole picture, this combines the "what we did" service information from CPT codes with the "for what condition" information from ICD codes. Keep in mind that D in ICD stands for disease and P in [CPT®](#) stands for procedure.*

Coding exclusively on time

Many physicians submit their invoices solely on the basis of face-to-face time (so-called "billing on time") in the hospital setting, which includes floor time, but not in the outpatient situation. This makes sense because complex medical decisions and goal setting can be lengthy. When a clinical encounter supports documentation that (1) notes that more than 50% of time was spent in counselling and/or care coordination,

(2) lists the minutes of total time spent, and

(3) describes specifically what was counselled or with whom care was coordinated, time-based billing is appropriate.

Counselling is sometimes perceived as “giving information to the patient,” such as addressing the risks and benefits of various treatment alternatives. Giving a patient’s history does not constitute counselling, although providing information about feeding tubes or prognosis does. Billing on time is not always the best method. In fact, “high risk” care and paying based on complexity rather than time may be acceptable in the HPM settings.

Understand how to bill by intensity as well as time. The majority of billings should, in general, be based on intensity.

Billing Guidelines for Palliative Care

Group Practice:

Keep in mind that, according to Medicare, physicians who belong to the same group and specialize in the same field as another physician. If you give palliative care services on the same day as a colleague in the group, charging both visits will result in one claim being denied. The combined paperwork from both visits could be used to determine the degree of service your group selects to bill for that calendar day.

Electing Hospice:

Before referring a patient to palliative care or providing such services yourself, you must confirm that the patient has chosen hospice. This has a direct impact on the services you can bill for and where you must submit claims. If a patient has chosen hospice and you are treating a disease unrelated to the patient’s terminal illness, Medicare requires you to add a modifier to the treatment you are reporting.

Outsource your Palliative Care Billing!

Palliative care services can be highly expensive as they require multiple team members and a significant amount of time to deliver. Capturing services correctly and receiving reimbursement to help program activities continue are key difficulties. You can work with a [professional medical billing business](#) like 24/7 Medical Billing Services to secure appropriate compensation for palliative care.

See also: [Hospital Billing Vs Professional Billing: What’s The Difference?](#)