# Attending Physician PC.A40

Regulation(s): CMS Program Memorandum A-03-053 (CR 2750); SEC 408(A) MMA of 2003

(Pub. L. 108-173); 42 CFR 418.52(c)(4), 418.64(a); 79 FR 50509, Aug. 22, 2014

**L-Tag(s):** 515, 590

**POLICY:** Hospice patients have the right to choose an attending physician to provide initial and ongoing management of the medical component of the patient's care.

### **DEFINITIONS:**

### An attending physician is:

- a. a doctor of medicine or osteopathy authorized to practice medicine by the State in which s/he performs that function; **or**
- b. a Nurse Practitioner (NP) who meets the training, education, and experience requirements as described in Section 410.75(b) of 42 CFR 410; and
- c. is identified by the individual, at the time s/he elects to receive hospice care, as having the most significant role in the determination and delivery of the individual's medical care.

#### PROCEDURE:

- 1. At the time of admission to hospice, the patient is encouraged to designate an attending physician who will have the most significant role in the determination and delivery of the patient's medical care.
- 2. If permitted by State laws and regulations, a nurse practitioner may perform the duties of an attending physician, except for signing a patient's certification or recertification of terminal illness.
- 3. The patient may designate the hospice's Medical Director or other hospice physician as his/her attending physician.
- 4. The patient's choice of attending physician is clearly indicated on the signed hospice election statement and enough information is provided to clearly identify the individual designated to serve as attending physician.
- 5. The patient's attending physician (if there is one) is responsible for:
  - a. management of the patient's medical care, particularly those areas not related to the terminal illness;
  - signing the initial certification of terminal illness form stating the patient has a prognosis of 6 months or less if the illness follows its normal course (provided the attending is a physician, not a nurse practitioner);

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- c. consulting with the interdisciplinary group (IDG) regarding the completion of the comprehensive assessment and its updates;
- d. participating in the development and review of the patient's plan of care;
- e. providing verbal and signed orders within time frames required by laws and regulations; and
- f. sharing information as needed to facilitate the continuity of care.
- 6. The hospice nurse or designee notifies the attending physician of all changes in the patient's condition.
- 7. Consultation with the attending physician is documented in the clinical record and may occur by telephone, email, facsimile or whichever HIPAA compliant method the attending physician prefers.
- 8. Whenever a physician or nurse practitioner is designated as an attending physician, the Office of the Inspector General's List of Excluded Individuals and Entities (LEIE) is checked to ensure s/he is not included on the list.

## **Change of Attending Physician**

- 1. To change the designated attending physician, the patient (or representative) must file a signed form "Change of Attending Physician Form" (see attached PC.A40.1) with the hospice that states that s/he is changing his/her attending physician.
- 2. This statement:
  - a. clearly identifies the new attending physician, including address and/or NPI;
  - b. includes the date the change is to be effective and the date signed by the individual (or legal representative);
  - c. includes an acknowledgement that the change in the attending physician is the patient's or the legal representative's choice.
- 3. The effective date of the change in attending physician cannot be before the date the statement is signed.

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