

Hospice Notice of Change of Ownership

Background

When a hospice agency changes ownership and a new Medicare provider number (also known as a PTAN or OSCAR number) is issued, the Medicare Contractor must be notified to update the provider number in the hospice benefit period. This notification is completed by submitting a notice of change of ownership to the Medicare Contractor, which transmits the information to the Common Working File (CWF). This will avoid mistaking the change as a beneficiary-elected transfer.

The notice of change of ownership should be filed as soon as possible after a provider number change has occurred. By submitting the notice timely, you avoid rejections due to inaccuracies in the provider number on the claim.

The notice of change of ownership must be submitted and processed prior to submitting the first hospice claim to Medicare under the new provider. The notice of change of ownership is an abbreviated claim; therefore, only a few of the many form locators (FL) on the UB-04 are required. Also, payment is not applied to this notice.

Submitting Last Claim Under Old Provider Number

When a change of ownership occurs, the last claim under the old provider number has to be submitted prior to submitting a notice of change of ownership.

In addition to the basic claim information that is required on all claims, the last claim under the old provider number must include the following:

Claim Page One	
Field	Description/Valid Values
TOB	Valid Values: <ul style="list-style-type: none"> ▪ 813 - Freestanding hospice: continuing interim claim ▪ 823 - Hospital-based hospice: continuing interim claim
STAT	Valid Value: <ul style="list-style-type: none"> ▪ 30 - Still patient
Do NOT include an occurrence code 42 as this would discharge the patient from the hospice benefit.	

Submitting Notice of Change of Ownership via Fiscal Intermediary Standard System (FISS)/Direct Data Entry (DDE)

Steps

1	From the FISS Main Menu , Key 02 in the <i>ENTER MENU SELECTION</i> field
2	< Enter > The Claims and Attachments Entry Menu will be displayed

Screen

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MAP1703          NATIONAL GOVERNMENT SERVICES, INC.
                  CLAIM AND ATTACHMENTS ENTRY MENU
                  CLAIMS ENTRY
                  INPATIENT                20
                  OUTPATIENT              22
                  SNF                     24
                  HOME HEALTH             26
                  HOSPICE                  28
                  NOE/NOA                  49
                  ROSTER BILL ENTRY       87
                  ATTACHMENT ENTRY
                  HOME HEALTH             41
                  DME HISTORY             54
                  ESRD  CMS-382 FORM      57

ENTER MENU SELECTION: 49
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
    
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Steps

1	Key 49 in the <i>ENTER MENU SELECTION</i> field
2	< Enter > The INST Claim Entry Menu will be displayed

Claim Page One

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MAP1711 PAGE 01 NATIONAL GOVERNMENT SERVICES, INC.
XXX1111 SC INST CLAIM ENTRY
HIC 123456789A TOB 8XE S/LOC S B0100 OSCAR XX15XX UB-FORM
NPI XXXXXXXXXX TRANS HOSP PROV PROCESS NEW HIC
PAT. CNTL#: TAX#/SUB: TAXO.CD:
STMT DATES FROM 070511 TO 000000 DAYS COV N-C CO LTR
LAST PATIENT FIRST IMA MI DOB 011632
ADDR 1 1234 ANYSTREET DR 2 ANYTOWN NY
3 4
5 6
ZIP XXXXXXXXXX SEX M MS ADMIT DATE 060811 HR TYPE SRC D HM STAT
COND CODES 01 02 03 04 05 06 07 08 09 10
OCC CDS/DATE 01 02 03 04 05
06 07 08 09 10
SPAN CODES/DATES 01 02 03
04 05 06 07
08 09 10 FAC.ZIP XXXXXXXXXX
DCN
VALUE CODES - AMOUNTS - ANS I MSP APP IND
01 02 03
04 05 06
07 08 09
<== REASON CODES
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF8-NEXT
    
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Claim Page One	
Field	Description/Valid Values
HIC (Required)	Enter the beneficiary's Health Insurance Claim Number (HICN)
TOB (Required)	Valid Values: <ul style="list-style-type: none"> 81E (Freestanding hospice) 82E (Hospital-based hospice)
OSCAR (System)	The Medicare provider number (OSCAR number) is system generated.
NPI (Required)	Enter the National Provider Identifier (NPI) associated with the OSCAR number.
STMT DATES FROM (Required)	Enter the date of the ownership change in the MMDDYY format.
PATIENT DATA (Required)	Enter the beneficiary's last name, first name, date of birth (MMDDCCYY), full mailing address, zip code, and gender.
ADMIT DATE (Required)	Enter the date of the hospice election in the MMDDYY format.
FAC. ZIP (Required)	Enter the facility zip code of the provider (five- or nine-digit).

Claim Page Three

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MAP1713 PAGE 03 NATIONAL GOVERNMENT SERVICES, INC.
XXX1111 SC INST CLAIM ENTRY
HIC XXXXXXXXXXXA TOB 8XE S/LOC S B0100 OSCAR XX15XX

OFFSITE ZIPCD:
CD ID PAYER OSCAR RI AB PRIOR PAY EST AMT DUE
A Z Medicare Y 0.00 0.00
B 0.00 0.00
C 0.00 0.00
DUE FROM PATIENT 0.00 0.00

MEDICAL RECORD NBR COST RPT DAYS NON COST RPT DAYS
DIAGNOSIS CODES 1 XXXXX 2 3 4 5
6 7 8 9
ADMITTING DIAGNOSIS E CODE HOSPICE TERM ILL IND
IDE
PROCEDURE CODES AND DATES 1 2
3 4 5 6
ESRD HOURS 00 ADJUSTMENT REASON CODE REJECT CODE NONPAY CODE
ATTENDING PHYS NPI XXXXXXXXXXXX LN DOCTOR FN IMA MI
OPERATING PHYS NPI LN FN MI
OTHER PHYS NPI XXXXXXXXXXXX LN PHYSICIAN FN ISA MI
<== REASON CODES

PRESS PF3-EXIT PF7-PREV PAGE PF8-NEXT PAGE
    
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Claim Page Three	
Field	Description/Valid Values
CD (System)	"Z" is system generated. Do not change. Notices of change of ownership should be submitted with Medicare as the primary payer.
PAYER (System)	"Medicare" is system generated. Do not change. Notices of change of ownership should be submitted with Medicare as the primary payer.
RI (Required)	Enter the release of information indicator. Valid values are: <ul style="list-style-type: none"> "Y" to indicate you have a signed statement on file permitting you to release data to other organizations to adjudicate claims. "R" to indicate the release is limited or restricted. "N" to indicate there is no release is on file.
DIAGNOSIS CODES (Required)	Enter the hospice diagnosis code, including all five digits where applicable.
ATTENDING PHYS NPI/LN/FN (Required)	Enter the National Provider Identifier (NPI) and the name of the attending physician designated by the patient at the time of election as having the most significant role in the determination and delivery of the patient's medical care.
OTHER PHYS NPI/LN/FN (Situational)	Enter the NPI and name of the hospice physician responsible for certifying/recertifying that the patient is terminally ill if the certifying physician differs from the attending physician. NOTE: For electronic claims using version 5010 or later, this information is reported in Loop ID 2310F - Referring Provider Name.

Submitting Notice of Change of Ownership Hardcopy

The following data elements must be completed by the hospice on the Form CMS-1450 for the notice of change of ownership when submitted via hardcopy claim submission.

UB04

1 ABC Hospice 123 South Main Street Anycity, NY XXXXX-XXXX	2		3a PAT. CNTRL # b. MED. REC. #		4 TYPE OF BILL 8XE	
5 FED. TAX NO. XX-XXXXXX			6 STATEMENT COVERS PERIOD FROM 070511			
8 PATIENT NAME Patient, Ima		9 PATIENT ADDRESS 1234 Anytstreet Drive, Anytown, NY XXXXX-XXXX				
10 BIRTHDATE 01161932		11 SEX M	12 DATE 060811	13 HR	14 TYPE	15 SRC
16 DHR	17 STAT	18	19	20	21	22
23	24	25	26	27	28	29 ACDT STATE
31 OCCURRENCE DATE	32 CODE	33 OCCURRENCE DATE	34 CODE	35 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
38	39 CODE	40 VALUE CODES AMOUNT	41 CODE	42 VALUE CODES AMOUNT	43 CODE	44 VALUE CODES AMOUNT
45	46	47	48	49	50	51
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
49	50	51	52	53	54	55

23	PAGE	OF	CREATION DATE	TOTALS	24	
50 PAYER NAME Medicare	51 HEALTH PLAN ID XX15XX	52 REL. INFO Y	53 ASC. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI XXXXXXXXXX
57 OTHER PRV ID	58 INSURED'S NAME Ima Patient	59 P. REL.	60 INSURED'S UNIQUE ID XXXXXXXXXA	61 GROUP NAME	62 INSURANCE GROUP NO.	63
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8						

UB04 (CMS-1450)

Form Locator (FL)	Description/Valid Values
FL 06 STATEMENT COVERS PERIOD- FROM	Enter the date of the ownership change in the MMDDYY format.
FL 08 PATIENT NAME	Enter the beneficiary's last name and first name in Line A.
FL 09 PATIENT ADDRESS	Enter the beneficiary's full mailing address, including street number and name, city, State, and ZIP Code.
FL 10 PATIENT BIRTHDATE	Enter the beneficiary's date of birth in the MMDDYY format.
FL 11 PATIENT SEX	Enter the beneficiary's gender. Valid values are: <ul style="list-style-type: none"> ▪ "M" (male) ▪ "F" (female)
FL 12 ADMISSION DATE	Enter the date of the hospice election in the MMDDYY format.
FL 50 PAYER IDENTIFICATION	Enter "Medicare". Notices of change of ownership should be submitted with Medicare as the primary payer.
FL 51 HEALTH PLAN ID	Enter the Medicare provider number (OSCAR number)
FL 52 RELEASE OF INFORMATION CERTIFICATION INDICATOR	Enter the release of information indicator. Valid values are: <ul style="list-style-type: none"> ▪ "Y" to indicate you have a signed statement on file permitting you to release data to other organizations to adjudicate claims. ▪ "R" to indicate the release is limited or restricted. ▪ "N" to indicate there is no release is on file.
FL 56 NPI	Enter the National Provider Identifier (NPI)
FL 58 INSURED'S NAME	Enter the beneficiary's name as shown on the Health Insurance card or other Medicare notice.
FL 60 INSURED'S UNIQUE ID	Enter the beneficiary's Health Insurance Claim Number (HICN).
FL 67 PRINCIPAL DIAGNOSIS CODE	Enter the hospice diagnosis code, including all five digits where applicable.
FL 76 ATTENDING-NPI/LAST/FIRST	Enter the National Provider Identifier (NPI) and the name of the attending physician designated by the patient at the time of election as having the most significant role in the determination and delivery of the patient's medical care.
FL 78 OTHER: NPI/LAST/FIRST (Situational)	Enter the NPI and name of the hospice physician responsible for certifying/recertifying that the patient is terminally ill if the certifying physician differs from the attending physician.

Resources

Information on billing as it specifically relates to hospice claims and notices can be found in the [CMS Internet-Only Manual \(IOM\) Publication 100-04, Medicare Claims Processing Manual, Chapter](#)

[11](#)
Information on general UB-04 billing instructions can be found in the [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 25](#) .

Information on the Medicare Hospice benefit can be found in the [42 Code of Federal Regulation \(CFR\), Chapter IV, Part 418--Hospice Care](#).

Disclaimer

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