



Starting the Hospice Billing Process

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Today's Presenter

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Objectives

- Discuss hospice benefit background
- Review different transactions hospice providers may submit to Medicare

Agenda

- Hospice benefit background
- Transactional billings
 - 8XA –NOE
 - 8XB –NOTR
 - 8XC – NOC
 - 8XD – notice of cancel
 - 8XE – notice of change of ownership

Hospice Benefit Background

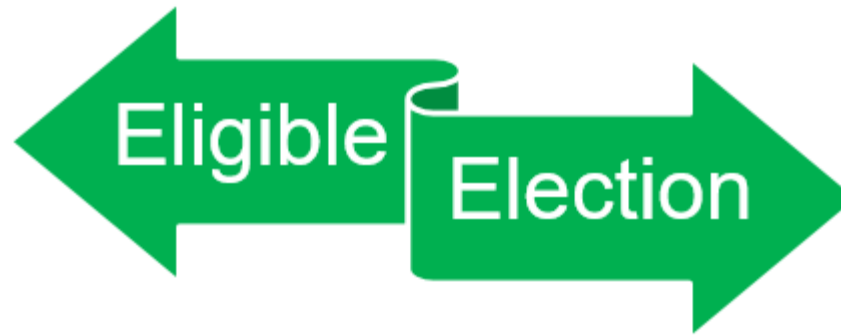


Hospice Benefit

- Hospice benefit began in 1983
 - Under the Part A Hospital Insurance Program
- Medicare beneficiary must:
 - Be entitled to Part A
 - Have a terminal illness with a life expectancy of 6 months or less
 - Receive care from a Medicare-certified hospice agency

Hospice Coverage

- Entitled to Part A
- Certification of terminal illness

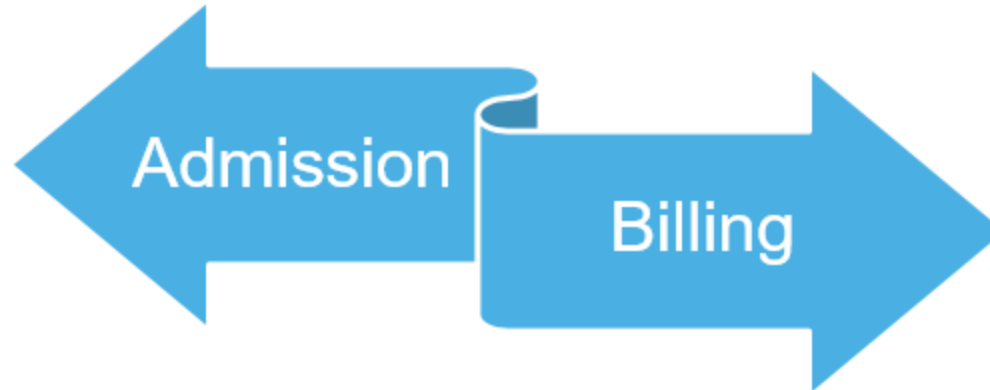


Beneficiary
election
statement

Admitting to Hospice

Beneficiary
Election
Statement
PCTI
Plan of Care

**Initial
Assessment
Comprehensive
Assessment**



Notice of
Election
(TOB 8XA)

Filing
Claims

Hospice Benefit

- Two 90-day periods (followed by)
- Unlimited 60-day periods
- Beneficiary may voluntarily terminate hospice care at any time during any benefit period
- Beneficiary may change their hospice provider once per benefit period

Hospice Election

- Beneficiary or authorized representative must elect the hospice benefit
 - Election statement filed with the hospice will be maintained in CWF
- All traditional Medicare Part A and Part B benefits waived for services related to treatment and management of terminal illness
 - Exception: services provided by the individual's attending physician, who may be a NP or a PA, if that physician, NP or PA is not an employee of the designated hospice or receiving compensation from the hospice for those services

Note: Medicare services for a condition unrelated to the terminal condition for which hospice was elected can be paid by Medicare, if the patient is eligible for such care.

Hospice Care

- Services can be covered by hospice if:
 - They are reasonable and necessary for the palliation or management of the terminal illness and related conditions
 - The beneficiary (or authorized representative) elects the hospice benefit
 - There is a CTI completed by the patient's attending physician (if they have chosen one), and the Medical Director or a physician member of the IDG
 - Nurse practitioners or physician assistants serving as the attending physician **may not** certify or recertify the terminal illness
 - There is a plan of care established before any services are provided

Hospice Care

- Combination of home and inpatient care of the terminally ill that combines medical, spiritual bereavement and psychosocial services
- Designed to help both the patient and the family
- “Whole person care” (physical, emotional, social, spiritual) with emphasis on pain control, symptom management, and emotional support rather than life-sustaining measures

Hospice Services

- Depending on the terminal illness and related conditions, the plan of care created by the hospice team can include any (or all) of the following services:
 - Doctor services
 - Nursing care
 - Medical equipment, like wheelchairs or walkers
 - Medical supplies, like bandages or catheters
 - Prescription drugs for symptom control or pain relief
 - Hospice aide and homemaker services
 - Physical therapy services
 - Occupational therapy services
 - Speech-language pathology services

Hospice Services (cont.)

- Social work services
- Dietary counseling
- Grief and loss counseling for the patient and family
- Short-term inpatient care for pain and symptom management
- Short term respite care – if the usual caregiver (e.g., family member) needs a rest, patient can receive inpatient respite care in a Medicare-approved facility (like a hospice inpatient facility, hospital, or nursing home)
 - Arranged by hospice provider
 - Stay can last up to five days each time the patient is in respite care
 - Respite care can be provided more than once; however, it can only be provided on an occasional basis
- Any other Medicare-covered services needed to manage pain and other symptoms related to the terminal illness and related conditions, as recommended by the patient's hospice team

Noncovered Services

- Medicare will not cover any of the following once a beneficiary elects the Medicare hospice benefit:
 - Treatment intended to cure the terminal illness (the beneficiary always has the right to stop hospice care at any time by revoking the benefit)
 - Prescription drugs to cure the terminal illness (rather than for symptom control or pain relief)
 - Care from any hospice provider that wasn't set up by the hospice medical team
 - Room and board (Medicare does not cover room and board. However, if the hospice team determines that the beneficiary needs short-term inpatient or respite care services that they arrange, Medicare will cover the stay in the facility. Beneficiaries may have to pay a small copayment for the respite stay.)
 - Care in an emergency room, inpatient facility care, or ambulance transportation, unless it's either arranged by the hospice team or is unrelated to your terminal illness

Certifications/Recertifications

- In order to receive reimbursement, a hospice **must** obtain written certification of terminal illness
 - If written CTI cannot be obtained timely, verbal certification can be used; however the written certification must be on file prior to claim submission
- Certifications and Recertifications:
 - Required at the start of every hospice benefit period
 - Must be obtained no later than two calendar days after the first day of each period, i.e., the certification must be obtained by the end of the third calendar day

Face-to-face Encounter

- A hospice physician or hospice nurse practitioner must have a face-to-face encounter with each hospice patient prior to the beginning of the patient's third benefit period, and prior to each subsequent benefit period
 - Must occur no more than 30 calendar days before the third benefit period recertification and each subsequent recertification
 - May occur on the first day of the benefit period and still be considered timely

FTF

- When a required FTF encounter does not occur timely, the recertification is considered incomplete and therefore Medicare will not cover and pay for hospice services
- If failure to meet the FTF requirements is the only reason the patient ceases to be eligible for the Medicare hospice benefit, Medicare would expect the hospice to discharge the patient from the hospice benefit but continue to care for the patient (at its own expense) until the FTF occurs
 - This will reestablish Medicare eligibility
 - Hospice will readmit the patient once the FTF is complete and the patient (or their representative) files an election statement

The Billing Process

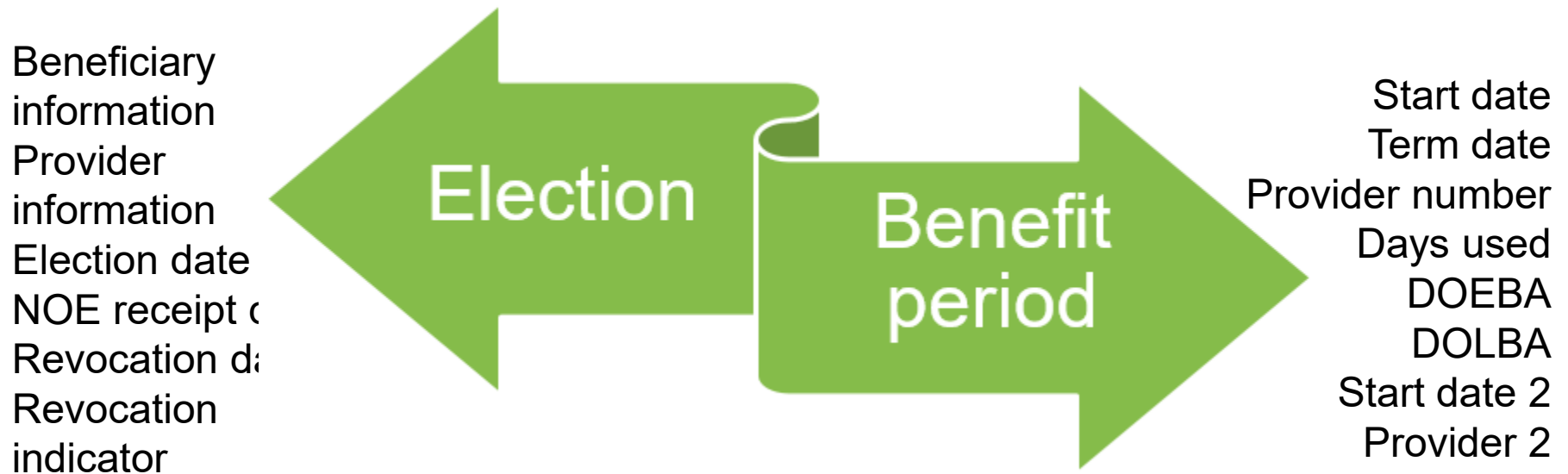
Billing Overview

- In order to successfully bill Medicare, there are transactions/claims that may have to be submitted
- Medicare requires providers submit two types of billing transactions under the hospice benefit: the NOE and the claim
- Providers are also required to submit a NOTR within five calendar days after the date of discharge or revocation IF the final claim cannot be submitted within this timeframe
- There are also other billing transactions that are used to report situations to Medicare such as transfers, corrections to the CWF, and change of ownership

Terms used in Hospice

- **Benefit period**
 - Two 90 day periods
 - Unlimited 60 day periods
 - Starts with an election of the benefit and ends with completion of the benefit period, a discharge or revocation
- **Election period**
 - Encompasses one or more benefit periods in which the beneficiary has not revoked or discharged
- **Episode of hospice care**
 - Encompasses one or more benefit periods that are not separated by more than 60 days

Hospice Election and Benefit Periods



Election Period Information

- **Period number**
 - A sequential number assigned to each election period
- **Elect date**
 - The date of the election reported in the “from” date of the NOE
- **Receipt Date**
 - The receipt date of the NOE that created the election period
- **Revoc Date**
 - The revocation date reported in the Through date of the NOTR or of a discharge claim
- **Revoc Ind**
 - A revocation indicator assigned when the revocation date is recorded
- **Provider**
 - The CMS Certification Number (CCN) of the hospice that submitted the NOE
- **NPI**
 - The National Provider Identifier of the hospices that submitted the NOE

Benefit Period Information

- **Start Date 1**
 - The start date of the benefit period
- **Term Date 1**
 - The end date of the benefit period
- **Prov 1**
 - The CCN of the hospice whose claims created the benefit period
- **Inter 1**
 - A number identifying the Medicare Administrative Contractor service Prov 1
- **DOEBA**
 - Date of earliest billing activity, the first date billed in the period
- **DOLBA**
 - Date of latest billing activity, the “Through” date of the last claim processed in the period

Benefit Period Information

- Days Used
 - The number of days in the period used to date
- Start Date 2
 - The effective dates of a transfer during the period
- Prov 2
 - The CCN of the hospice from the 8XC transfer notice
- Inter 2
 - A number identifying the Medicare Administrative Contractor serving Prov 2
- Revocation Ind
 - No longer used (see the election period screen)

Hospice Information in FISS DDE Beneficiary/CWF option, 2nd Page

```
MAP1752          NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 04/16/18
MXG9282   SC          ELIGIBILITY DETAIL INQUIRY           C201821P 14:38:26
RI 1    MAMMO DT  00000000

                        PART B DATA

SRV YR 16   MEDICAL EXPENSE   166.00      BLD DED REM 3   PSY EXP
SRV YR      BLD DED                      CSH DED

                        PLAN DATA

ID CD      OPT CD      EFF DT      CANC DT
ID CD      OPT CD      EFF DT      CANC DT
ID CD      OPT CD      EFF DT      CANC DT

                        HOSPICE DATA
PERIOD      1ST DT      PROVIDER      INTER
OWNER CHANGE ST DT      PROVIDER      INTER
2ND ST DT      PROVIDER      INTER      TERM DT
OWNER CHANGE ST DT      PROVIDER      INTER
1ST BILL DT      LST BILL DT      DAYS BILLED

PROCESS COMPLETED --- PLEASE CONTINUE
PRESS PF3-EXIT  PF7-PREV PAGE  PF8-CWF INQUIRY
```

HETS

271 Segment	HETS Returned Values
The following segments illustrate Part A Hospice Episodes	Medicare Part A. Only returned if STC=45 is requested on 270 and beneficiary is Part A entitled. HETS returns up to a maximum of forty (most recently) billed Hospice episodes on the 271 response.
EB*X**45*MA**26~	N/A
DTP*292*D8*20181115	DTP01 = HETS returns '292' for Hospice period start and/or end dates (including NOE periods) DTP02 = D8 value indicates this is a Hospice Notice of Election (NOE) DTP03 = Start Date for the Hospice NOE
MSG*Revocation Code - 0~	MSG01 = "Revocation Code " + Hospice Revocation Code of "0"
LS*2120~	N/A

HETS

271 Segment	HETS Returned Values
NM1*1P*2*****XX*1234567890~	NM109 = Hospice Provider NPI
LE*2120~	N/A
EB*X**45*MA**26~	N/A
HSD*DY*61~	Hospice Days Used returned for up to fifty Hospice episodes within the last four years only HSD02 = Hospice Days Used in the billed episode
DTP*292*RD8*20180203-20180404~	DTP01 = Value indicates Hospice episode Effective & Termination Dates . HETS returns '292' for Hospice period start and/or end dates (including NOE periods) DTP02 = RD8 value indicates a billed Hospice episode DTP03 = Hospice Effective Date through Hospice Termination Date
DTP*435*RD8*20180203-20180404~	Hospice episode DOEBA-DOLBA returned for up to fifty Hospice episodes within the last four years only DTP01 = Value indicates Hospice DOEBA-DOLBA DTP02 = RD8 value indicates a billed Hospice episode DTP03 = Hospice episode DOEBA-DOLBA

HETS

271 Segment	HETS Returned Values
MSG*Revocation Code - 1~	MSG01 = “ Revocation Code “ + Hospice Revocation Code of “1”
LS*2120~	N/A
NM1*1P*2*****XX*1234567893~	NM109 = Hospice Provider NPI
LE*2120~	N/A

Hospice Billing Transactions

- Transactions
 - Abbreviated claims to notify or update the Medicare claims processing system of change
- Types of transactions
 - 8XA – NOE
 - 8XB – NOTR
 - 8XC – NOC
 - 8XD – notice of cancel
 - 8XE – notice of change of ownership

NOE
TOB 8XA

Notice of Election

- Purpose
 - Notify the contractor and CWF of the start date of the beneficiary's election to the hospice benefit
 - Prevent erroneous payments from other provider types for a hospice diagnosis
 - Must be submitted and processed prior to submitting first hospice claim
 - TOB 8XA
- Payment is not applied
 - Known as a transaction and not a claim
- Uses only a few of the many form locators

The Notice of Election 8XA

- The NOE can be filed
 - FISS/DDE
 - Electronically
 - [Filing an Electronic Notice of Election \(Type of Bill 8XA\)](#)
 - Provider should follow their software instructions as field prompts are different than FISS/DDE

NOE Submission

- Provider logs into FISS/DDE to access the Main Menu
 - Key 02 in the ENTER MENU SELECTION field and <Enter>
 - Key 49 in the ENTER MENU SELECTION field and <Enter>
 - INST Claim Entry Menu will be displayed

NOE Required Information

Field	Description/Valid Values
MID	Beneficiary's Medicare Beneficiary Identifier *1/1/2020 system will not accept a HICN
TOB	<ul style="list-style-type: none"> • 81A Hospice (Nonhospital-Based) Initial Election Notice • 82A Hospice(Hospital-Based) Initial Election Notice
NPI	The NPI associated with the OSCAR number
STMT DATES FROM	The date of the hospice election in the MMDDYY format * A "through" date is not required on NOEs.
PATIENT DATA	Beneficiary's last name, first name, date of birth (MMDDCCYY), full mailing address, ZIP code and gender
ADMIT DATE	The date of the hospice election in the MMDDYY format. (Note: The ADMIT DATE and the STMT DATES FROM date should match.) The admission may not precede the physician's certification by more than two calendar days, and is the same as the certification date if the certification is not completed on time.

NOE Required Information

Field	Description/Valid Values
OCC CDS/DATE	Provider must enter occurrence code 27 along with the date of certification in the MMDDYY format
RI	<p>Provider must enter a release of information indicator. Valid values are:</p> <ul style="list-style-type: none"> • I – Informed consent to release medical information for conditions or diagnoses regulated by federal statutes • Y – Yes, provider has a signed statement permitting release of information
Insured's Name	All NOEs must be submitted with Medicare as the primary payer. The beneficiary's name is entered on line A. The name should be entered exactly as it appears on the beneficiary's health insurance card.
Certificate/Social Security Number and Health Insurance Claim/Identification number	On the same lettered line (A, B, C) that corresponds to the line on which Medicare payer information is shown, the provider enters the patient's MBI.

NOE Required Information

Field	Description/Valid Values
DIAGNOSIS CODES	Hospice diagnosis code, including all five digits where applicable
ATTENDING PHYS NPI/LN/FN	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	NPI and the 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, this is reported in Loop ID 2310F - Referring Provider Name
Provider Representative Signature and Date	A hospice representative must make sure the required physician's certification, and a signed hospice election statement, are in the records before signing the Form CMS -1450. A stamped signature is acceptable.

The Notice of Election 8XA

- Must be submitted and processed prior to submitting first hospice claim
 - Status/location P B9997
- Timely NOEs shall be filed within five calendar days after the hospice admission date
 - To be timely, the NOE must have a receipt date within five calendar days after the hospice admission date, and the NOE must subsequently process and finalize in status/location P B9997

NOE Timeliness Example

- Admit date: 0706XX
- NOE submitted 0708XX
- NOE processes to PB9997 on 0718XX
- NOE receipt date will be 0708XX and considered timely
- NOE will update the election screen
 - NOE will not update the benefit screen

NOE Untimeliness Example

- Admitted to hospice on 7/6/20XX
- Submits NOE 7/8/20XX
- Returns to provider on 7/15/20XX
- Re-processed on 7/18/20XX
- Finalizes to PB9997 on 7/25/20XX
- Receipt date is 7/18/20XX

Tips For Providers When Submitting an 8XA

- Statement Covers Period (From and Through)
 - Through not required when entered in FISS/DDE
- Admission date
 - Admission date cannot be the same date as a discharge or revocation date from a previous election
- Condition codes
 - Not required on the original submission of an NOE

Tips For Providers When Submitting an 8XA

- Occurrence code 27
 - Must report the OC 27 and the date of the physician certification
 - Date must match the From and Admission date
- Insured Name
 - The beneficiary's name must match exactly as it appears on the Medicare card
- Send all NOEs as Medicare primary

Tips For Providers When Submitting an 8XA

- Hospice agencies do not need to cancel and resubmit the NOE for
 - Incorrect or changed diagnosis code
 - Corrected diagnosis code should be submitted on the claim
 - Incorrect or changed attending physician number
 - Corrected attending physician number should be submitted on the claim
 - If the attending physician changes after the NOE is sent, the new attending NPI should be submitted on the claim

Correcting an Admission Date on 8XA

- Enter a new TOB 8XA
- Enter the correct date in the admission field
- Enter the occurrence code 56 with the erroneous date
- Enter the condition D0 (zero)
 - OC 56 and CC D0 must both appear on the NOE or the NOE will RTP
- *This correction process will not change the original submission date
- CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 11, Section 20.1.1 - Notice of Election (NOE)

Resources for Filing a Notice of Election

- NGS Job Aids

- [Notice of Election: Timely Filing and Guidelines for Exceptional Circumstance](#)
- [Notice of Election: Timely Filing of Hospice Elections](#)
- [Filing an Electronic Notice of Election \(Type of Bill 8XA\)](#)
- [Filing an Appeal for Claims Rejected for an Untimely Hospice Notice of Election](#)
- [Untimely Filed Notice of Election Circumstance Exception: Medicare Beneficiary is Granted Retroactive Medicare Entitlement](#)

NOTR
TOB: 8XB

NOTR

- The purpose of the NOTR is to notify the MAC and CWF the hospice beneficiary is discharged alive from the hospice or revokes the election of hospice services
- TOB 8XB
- Payment is not applied
- Uses only a few of the many form locators

NOTR Submission

- Provider logs into FISS/DDE to access the DDE Main Menu
 - Key 02 in the ENTER MENU SELECTION field and <Enter>
 - Key 49 in the ENTER MENU SELECTION field and <Enter>
 - INST Claim Entry Menu will be displayed

Step-by-step guidance is provided in the [Hospice Notice of Election Termination/Revocation](#) job aid.

NOTR Claim Page One

Field	Description/Valid Values
MID	Beneficiary's MBI
TOB	<ul style="list-style-type: none">• 81B Hospice (Nonhospital-Based) NOTR• 82B Hospice (Hospital-Based) NOTR
NPI	NPI associated with the OSCAR number
STMT DATES FROM	<p>The hospice submits the From date on an NOTR differently in the following scenarios:</p> <ul style="list-style-type: none">• When there is no change in the provider number during the election, the hospice must submit the start date of the election period as the From date on the NOTR• If the revocation follows a transfer, the From date on the NOTR must match the START DATE2 on the benefit period that initiated the transfer• If the revocation follows a change of ownership, the From date on the NOTR must match the OWNER CHANGE start date on the benefit periods. This process is to ensure that only the provider currently providing services to the beneficiary can submit the NOTR.

NOTR Required Information

Field	Description/Valid Values
PATIENT DATA	Hospice must enter the beneficiary's last name, first name, date of birth (MMDDCCYY), full mailing address, ZIP code and gender
ADMIT DATE	<p>The hospice enters the admission date, which must be the start date of the benefit period in all cases except when a transfer occurs.</p> <p>On a NOTR, the hospice enters the start date of the hospice benefit period in which the discharge or revocation is effective, not the initial hospice admission date. Show the month, day, and year numerically as MMDDYY.</p>
FAC. ZIP	The hospice's 9-digit facility ZIP code
RI	<p>Hospice must enter a release of information indicator. Valid values are:</p> <ul style="list-style-type: none">• Y – Yes, provider has a signed statement permitting release of information• I – Informed consent to release medical information for condition or diagnoses regulated by federal statutes

NOTR Required Information

Field	Description/Valid Values
Provider number	The hospice enters their NPI. Medicare systems ensure that the provider number submitted on the NOTR is the currently active billing provider. If any other provider number is submitted, the NOTR is returned.
Insured's Name	All NOTRs should be sent with Medicare as the primary payer. The beneficiary's name is entered on line A. The name should be entered exactly as it appears on the beneficiary's health insurance card.
Certificate/Social Security Number and Health Insurance	On the same lettered line (A, B, C) that corresponds to the line on which Medicare payer information is shown, the provider enters the patient's MBI.
Principal Diagnosis Code	The provider must use full diagnosis codes including all applicable digits, up to seven digits for ICD-10-CM.

NOTR Required Information

Field	Description/Valid Values
ATTENDING PHYS NPI/LN/FN	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	NPI and the 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, this is reported in Loop ID 2310F - Referring Provider Name
Provider Representative Signature and Date	A hospice representative must make sure the required physician's certification, and a signed hospice election statement are in the records before signing the Form CMS -1450. A stamped signature is acceptable.

Notice of Termination Revocation

- An NOTR must be submitted within five days of a revocation or a live discharge if a final claim cannot be submitted
- When an NOTR is submitted it will
 - Update the election screen to
 - Post a revocation date
 - Update the revocation indicator

Determining the From Date When Submitting the NOTR

- No change in the provider number
 - Must submit the start date of the election period as the From date on the NOTR
- Following a change of provider (transfer)
 - The from date on the NOTR must match the START DATE2 on the benefit period that initiated the transfer
- Following a change of ownership
 - The From date on the NOTR must match the owner change start date on the benefit periods

*In all cases, the admission date on the NOTR must continue to match the From date

NOTR - Correcting a Revocation Date

- Correct a revocation date on an NOTR
- Hospice submits a new NOTR with
 - Occurrence code 56 and Condition code D0
 - If both codes are not reported together, the NOTR will be returned to the provider
 - Report the correct revocation date in the “through” date field
 - The OC 56 date will be the incorrectly reported date of revocation
- CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 11, Section 20.1.2 - Notice of Termination/Revocation (NOTR)

NOTR Cancel

- NOTR (TOB 8XB) was submitted in error
- Correction
 - Must submit via DDE
 - Submit a new TOB 8XB
 - Put zero's in the "through" date
 - Must use condition code D0 and occurrence code 56
- CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 11, Section 20.1.2 - Notice of Termination/Revocation (NOTR)

NOTR Editing

- For claims submitted on or after 7/1/2019
 - CWF will not allow a NOTR (8XB) to be submitted by previous biller
 - System will edit to ensure that only the active billing provider can submit a revocation
 - This occurs even when an 8XC or 8XE is processed
 - Change Request 11049 Ensuring Only The Active Billing Hospice Can Submit a Revocation

NOC
TOB: 8XC

Hospice Transfer

- An individual may change, once in each election period, the designation of the particular hospice from which he or she elects to receive hospice care
- The Medicare beneficiary transfers from one hospice agency to another hospice agency without interrupting their hospice election or benefit period
- CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 9, Section 20.2.1 - Hospice Election

Notice of Change

- Purpose is to notify the MAC and CWF the hospice beneficiary has transferred from one hospice agency to another hospice agency without discharging from the benefit
 - TOB 8XC
- Changes the hospice provider billing information on the beneficiary's file
- Payment is not applied
- Uses only a few of the many form locators

8XC Required Information

Field	Description/Valid Values
MID	Beneficiary's MBI
TOB	81C (Freestanding hospice) 82C (Hospital-based hospice)
STMT DATES FROM	Date of the hospice transfer entered in MMDDYY format.
PATIENT DATA	Hospice must enter the beneficiary's last name, first name, date of birth (MMDDCCYY), full mailing address, zip code, and gender.
ADMIT DATE	Date of the hospice transfer entered in MMDDYY format. (Note: the ADMIT DATE and the STMT DATES FROM date should match.)
OCC CDS/DATE	An occurrence code 27 is not required on a transfer notice, unless the date of transfer is also the first day of the next benefit period.
FAC. ZIP	The hospice agency's 9-digit facility ZIP code.

8XC Required Information

Field	Description/Valid Values
Provider number	The hospice enters their NPI. Medicare systems ensure that the provider number submitted on the NOTR is the currently active billing provider. If any other provider number is submitted, the NOTR is returned.
Insured's Name	All NOTRs should be sent with Medicare as the primary payer. The beneficiary's name is entered on line A. The name should be entered exactly as it appears on the beneficiary's health insurance card.
Certificate/Social Security Number and Health Insurance	On the same lettered line (A, B, C) that corresponds to the line on which Medicare payer information is shown, the provider enters the patient's MBI.
Principal Diagnosis Code	The provider must use full diagnosis codes including all applicable digits, up to seven digits for ICD-10-CM.

8XC Required Information

Field	Description/Valid Values
RI	Release of information indicator. Valid values are: <ul style="list-style-type: none">• Y – Yes, provider has a signed statement permitting release of information• I – Informed consent to release medical information for condition or diagnosis regulated by Federal Statutes
ATTENDING PHYS NPI/LN/FN	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	NPI and the 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, this is reported in Loop ID 2310F - Referring Provider Name

8XC Claim Page Four

Field	Description/Valid Values
REMARKS	Remarks should be entered explaining the transfer including the name, address and provider number (if available) of the agency the patient is transferring from along with the effective date of the transfer.

NOC

- Notice of change TOB 8XC is submitted by the receiving hospice agency
- Only submitted after the transferring hospice agency has submitted their final bill
- Can only be submitted once in a benefit period
 - A transfer may only occur once in a benefit period

Notice of Change: Correcting a Date

- Correct an admission or discharge date on the NOC:
- Hospice reports occurrence code 56 and condition code D0
 - If both codes are not reported together, the notice will be returned to the provider
 - Report the correct date
 - Admission in the “From”
 - Discharge in the “Through”
 - The OC 56 date will be the incorrectly reported date of admission or date of discharge

Notice of Cancel

TOB: 8XD

Notice of Cancellation

- Purpose is to cancel a notice of election, notice of change, or notice of change of ownership in the Medicare claims processing system
 - TOB 8XD
- Payment is not applied
- Uses only a few of the many form locators

Notice of Cancellation (8XD)

- Used when the beneficiary will not be receiving services from the hospice, but the admission date has already been entered
- May be used to cancel
 - 8XA – Notice of Election
 - 8XC – Notice of Change
 - 8XE – Notice of Change of Ownership
- CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 11, Section 20.1.4 – Cancellation of an Election

8XD Required Information

Field	Description/Valid Values
MID	Beneficiary's MBI
TOB	81D (Freestanding hospice) 82D (Hospital-based hospice)
NPI	NPI associated with the OSCAR number.
STMT DATES FROM	<p>When there is no change in the provider number during the election, the hospice enters the election date of the election period that is being canceled. No through date is required. Any claims processed during the election must be cancelled before an election period can be removed.</p> <p>When there has been a transfer or change of ownership, the From date on the 8XD must match the corresponding transfer or change date to ensure those dates are removed correctly.</p>
PATIENT DATA	Hospice must enter the beneficiary's last name, first name, date of birth (MMDDYYYY), full mailing address, ZIP code and gender.

8XD Required Information

Field	Description/Valid Values
ADMIT DATE	The month, day and year are entered numerically in MMDDYY format.
RI	Release of information indicator. Valid values are: <ul style="list-style-type: none">• I – Informed consent to release medical information for condition or diagnoses regulated by federal statutes,• Y – Yes, provider has a signed statement permitting release of information
Provider Number	The hospice enters their NPI
Insured's Name	Must be submitted with Medicare as the primary payer. The beneficiary's name is entered on line A. The name should be entered exactly as it appears on the beneficiary's health insurance card.
Certificate/Social Security Number and Health Insurance Claim	On the same lettered line (A, B, C) that corresponds to the line on which Medicare payer information is shown, the provider enters the patient's MBI.

8XD Required Information

Field	Description/Valid Values
Principal Diagnosis Code	Use full diagnosis codes including all applicable digits, up to seven digits for ICD-10-CM
ATTENDING PHYS NPI/LN/FN	NPI and 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	NPI and name of the hospice physician responsible for certifying that the patient is terminally ill, with a life expectancy of 6 months or less if the disease runs its normal course.
Provider Representative Signature and Date	A hospice representative must make sure the required physicians certification and a signed hospice election statement are in the records before signing the Form CMS 1450. A stamped signature is acceptable.

- *If there is no attending physician, the certifying physician is entered in this field

Steps to Cancel an Election Period

- Cancel all claims in the election period
 - Bill types: 8X1, 8X2, 8X3, 8X4
- Submit 8XD to cancel the NOE once claims have processed and finalized

Notice of Change of Ownership

TOB: 8XE



Notice of Change of Ownership

- Purpose is to notify the Medicare claims processing system the beneficiary will remain with the same hospice, but the person or group running the hospice is changing
 - TOB 8XE
- Payment is not applied
- Uses only a few of the many form locators

8XE Required Information

Field	Description/Valid Values
MID	Beneficiary's MBI
TOB	81E (Nonhospital-Based) Change of Ownership 82E (Hospital-Based) Change of Ownership
NPI	National Provider Identifier (NPI) associated with the OSCAR number
STMT DATES (From and Through)	The "From" date is the date the change is effective. No through date is required.
PATIENT DATA	Hospice must enter the beneficiary's last name, first name, date of birth (MMDDYYYY), full mailing address, ZIP code and gender
ADMIT DATE	The admission date must be the start date of the benefit period in all cases except when a transfer occurs. The date of admission may not precede the physician's certification by more than two calendar days, and is the same as the certification date if the certification is not completed on time.

8XE Required Information

Field	Description/Valid Values
RI	Release of information indicator. Valid values are: <ul style="list-style-type: none">• I – Informed consent to release medical information for condition or diagnoses regulated by federal statutes• Y – Yes, provider has a signed statement permitting release of information
Insured's Name	Must be submitted with Medicare as the primary payer. The beneficiary's name is entered on line A. The name should be entered exactly as it appears on the beneficiary's health insurance card.
Certificate/Social Security Number and Health Insurance Claim	On the same lettered line (A, B, C) that corresponds to the line on which Medicare payer information is shown, the provider enters the patient's MBI.

8XE Required Information

Field	Description/Valid Values
Principle Diagnosis Code	Use full diagnosis codes including all applicable digits, up to seven digits for ICD-10-CM
ATTENDING PHYS NPI/LN/FN	NPI and 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	NPI and name of the hospice physician responsible for certifying that the patient is terminally ill, with a life expectancy of 6 months or less if the disease runs its normal course.
Provider Representative Signature and Date	A hospice representative must make sure the required physicians certification and a signed hospice election statement are in the records before signing the Form CMS 1450. A stamped signature is acceptable.

- *If there is no attending physician, the certifying physician is entered this field

Notice of Change of Ownership: Correcting a Date

- Correct an admission or discharge date on change of ownership:
- Report occurrence code 56 and condition code D0
 - If both codes are not reported together, the notice will be returned to the provider
 - Report the correct date
 - Admission in the “from”
 - Discharge in the “through”
 - The OC 56 date will be the incorrectly reported date of admission or date of discharge

Thank You

- Follow-up email
 - Attendees will be provided a Medicare University Course Code

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