

Hospice and the Notice of Election

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Today's Presenter

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Objectives

- Review the NOE requirements and timely submission

Agenda

- The Hospice Benefit
- Notice of Election
- Exceptions to late-filed NOEs
- Submitting an NOE

The Hospice Benefit

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 six months or less
 - Receive care from a Medicare-certified hospice agency

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 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 Services

- Hospice aide and homemaker services
- Physical therapy services
- Occupational therapy services
- Speech-language pathology services
- Social work services
- Dietary counseling
- Grief and loss counseling for the patient and family
- Short-term inpatient care for pain and symptom management

Hospice Services (cont.)

- 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, other symptoms related to terminal illness and related conditions, as recommended by 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

Noncovered Services

- 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 the beneficiary's terminal illness

Certifications/Re-certifications

- 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 Re-certifications:**
 - 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

Face-To-Face Encounter

- When a required face-to-face 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

Notice of Election

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 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.

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
- 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

- Notifies contractor and CWF of the start date of the beneficiary's election to the hospice benefit
- Must be submitted and processed prior to submitting first hospice claim
 - Status/location P B9997
 - Payment is not applied

The Notice of Election

- 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
 - A patient is admitted on 5/8/20XX
 - NOE is submitted on 5/13/20XX and processes on 5/27/20XX
 - » To be timely, the NOE must have a receipt date of 5/13/20XX; and the NOE must subsequently process (P B9997)

Notice of Election

- If a NOE is not timely filed, Medicare shall not cover and pay for the days of hospice care from the admission date to the date the NOE is submitted and accepted
- Example (Untimely Filed)
 - Admission date: 0501XX
 - NOE receipt date: 0510XX - processed on 0518XX
 - Non-covered days: 0501XX through 0509XX

NOE Timeliness Examples

- Admitted 5/8/20XX
 - Submits NOE 5/10/20XX
 - Processed to P B9997 on 5/18/20XX
 - Receipt date is 5/10/20XX
 - **Timely** NOE
- Admitted 5/8/20XX
 - Submits NOE 5/10/20XX
 - RTPs on 5/18/20XX
 - Resubmitted on 5/19/20XX
 - Processed to P B9997 on 5/25/20XX
 - Receipt date is 5/19/20XX
 - **Untimely** NOE

Untimely Filed NOE

- If hospice has a late-filed NOE, the claim must be filed showing a late-filed NOE
 - OSC 77 with the dates that are noncovered

Note – the through date will be one day less than the receipt date

Code	DOS	Note
OSC 77	0508XX – 0518XX	All charges for these dates of service will be put in noncovered

Keep in mind...

- In the event a beneficiary transfers to another hospice agency, the receiving hospice must file a new NOE, however, the benefit period dates are unaffected.

Exceptions to Late-Filed NOEs

Hospice Timely NOE Exceptions

- If a hospice fails to file a timely NOE, it may request an exception which, if approved, waives the consequences of filing an NOE late

Hospice Timely NOE Exceptions

- The four circumstances for a possible exception are as follows:
 1. Fires, floods, earthquakes, or other unusual events that inflict extensive damage to the hospice's ability to operate
 2. An event that produces a data filing problem due to a CMS or Medicare contractor systems issue that is beyond the control of the hospice
 3. A newly Medicare-certified hospice that is notified of that certification after the Medicare certification date, or which is awaiting its user ID from its Medicare contractor; **or**
 4. Other circumstances determined by the Medicare contractor or CMS to be beyond the control of the hospice

Example: Hospice submits NOE timely, but the NOE cannot be processed due to sequential billing as the previous hospice has not finished their billing

Untimely Filed NOE With Exceptional Circumstance

- If the hospice has a late-filed NOE, the claim must show a late-filed NOE and include coding to show it meets an exceptional circumstance
 - OSC 77 with the dates that are noncovered
 - KX modifier appended to the first line item showing the Q-code and level of service
 - Add remarks
 - **Note** – the through date will be one day less than the receipt date

Untimely Filed NOE With Exceptional Circumstance Claim Coding

Code	DOS	Notes
OSC 77	0510XX – 0518XX	
KX modifier	0510XX	Appended to the first line item with the level of service and Q-code

- Remarks – Must be entered to explain in detail which exceptional circumstance has been met

Notice of Election Billing

- TOB: 81A/82A
 - 81X: Free-standing hospice
 - 82X: Hospital-owned hospice

*Step-by-step guidance is provided in the Hospice
Notice of Election Job Aid*

Submitting an NOE

Submitting an NOE

- Submitting an NOE
 - Electronically
 - Do not batch with claims
 - Specific information requirements
 - CMS Companion guide
 - Suggest not submitting on day five
 - DDE
 - Manual entry
 - Specific information requirements

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 Required Information

- MID
- TOB
- NPI
- STMT DATES FROM
- PATIENT DATA
- ADMIT DATE
- OCC CDS/DATE
- RI
- INSURED'S NAME
- Certificate/SSN and Health Insurance Claim/Identification number
- DIAGNOSIS CODES
- ATTENDING PHYS NPI/LN/FN
- OTHER PHYS NPI/LN/FN
- Provider Representative Signature and Date

NOE Required Fields

- Date of the hospice election should be entered in the 'Admit' and 'From' date fields
 - OC 27 date should also match
- The principal diagnosis code is **required**
 - Defined as the condition established after study to be chiefly responsible for the patient's admission
- Always submit showing Medicare as the primary payer
 - MSP information will be submitted on the claim(s), not on the NOE

NOE Contains Error

- There are instances when a hospice can immediately submit a new NOE when there is an error
 - Patient's last name is incorrect or incorrectly spelled
 - The date of birth for the beneficiary is incorrect
 - The patient MBI is incorrect

NOE Billing Not Required

- New NOE does **not** need to be submitted if
 - The diagnosis has changed
 - The attending physician NPI has changed
- Attending physician NPI when no attending physician has been selected
 - Hospice medical director or hospice physician NPI should be reported

Hospice References and Resources

References and Resources

- [CMS Website](#)
 - [Internet Only Manuals](#)
 - [Medicare Benefit Policy Manual, Chapter 9](#)
 - Coverage of Hospice Services Under Hospital Insurance
 - [Medicare Claims Processing Manual, Chapter 11](#)
 - Processing Hospice Claims
 - [Hospice Educational Resources](#)

References and Resources

- CMS Resources

- [Hospice Educational Resources](#)

- Creating an Effective Hospice Plan of Care
 - Enhancing RN Supervision of Hospice Aide Services
 - Safeguards for Medicare Patients in Hospice Care
 - Provider Compliance Tips for Hospital Based Hospice
 - Hospice Payment System

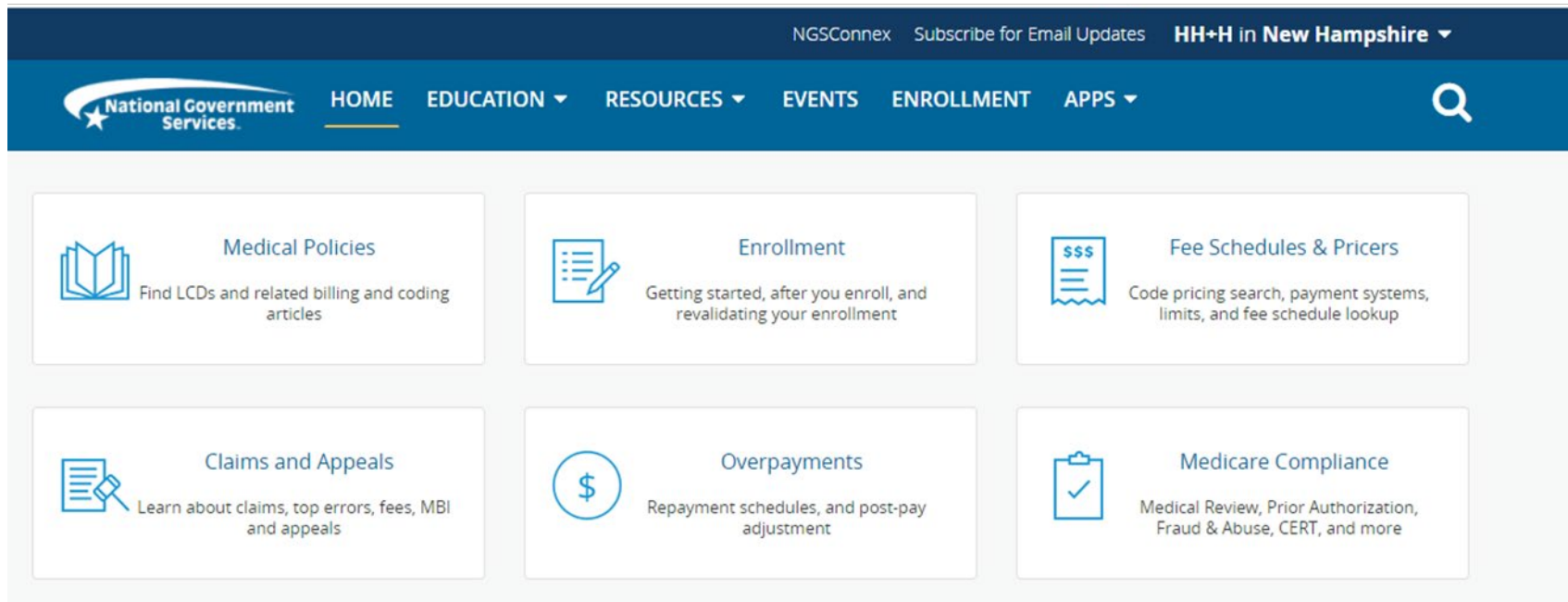
References & Resources

- [NGS Website](#)

- Education > Medicare Topics > Hospice Billing
- Resources > Medicare Compliance > Targeted Probe and Educate
- Resources > Medicare Compliance > Fraud and Abuse

NGS Email Updates

- Subscribe to receive the latest Medicare information





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1 Hospice Documentation - Painting the Picture of the Terminal Patient
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1:08:28

2 Hospice - General Inpatient Documentation
NGSMedicare.com
1:02:34

3 Home Health Eligibility Criteria - Documenting Homebound Status
NGSMedicare.com
44:12

4 Responding to a Home Health & Hospice ADR
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Medicare University

- Interactive online system available 24/7
- Educational opportunities available
 - Computer-based training courses
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- If you are accredited with a professional organization other than AAPC, and you plan to request continuing education credit, please contact your organization not National Government Services with your questions concerning CEUs

Provider Contact Center Procedures

- The Provider Contact Center should always be your first option when contacting National Government Services
 - Required to log and track all incoming inquiries
- Tiered system to respond accurately to all provider inquiries

Provider Contact Center

State/Region	Toll-Free Number	IVR	PCC Hours of Service
Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, Washington, American Samoa, Guam, Northern Mariana Island	866-590-6724 TTY Contact Information	866-277-7287	Monday-Friday* 8:00 a.m.-4:00 p.m. PT *Closed for training on the 2 nd and 4 th Friday of the month 9:00 a.m.-1:00 p.m. PT
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	866-289-0423 TTY Contact Information	866-275-7396	Monday-Friday* 8:00 a.m.-4:00 p.m. ET *Closed for training on the 2 nd and 4 th Friday of the month. 12:00-4:00 p.m. ET
Michigan, Minnesota, New York, New Jersey, Wisconsin, Puerto Rico, U.S. Virgin Islands	866-590-6728 TTY Contact Information	866-275-3033	Monday-Friday* 8:00 a.m.-4:00 p.m. CT 9:00 a.m.-5:00 p.m. ET *Closed for training on the 2 nd and 4 th Friday of the month. 11:00 a.m.-3:00 p.m. CT 12:00-4:00 p.m. ET

Thank You!

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

