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| <b>CMS Manual System</b>                     | <b>Department of Health &amp; Human Services (DHHS)</b>   |
| <b>Pub 100-04 Medicare Claims Processing</b> | <b>Centers for Medicare &amp; Medicaid Services (CMS)</b> |
| <b>Transmittal 4211</b>                      | <b>Date: January 25, 2019</b>                             |
|  | <b>Change Request 11090</b>                               |

**SUBJECT: Update to Publication (Pub.) 100-04 Chapter 11 to Provide Language-Only Changes for the New Medicare Card Project**

**I. SUMMARY OF CHANGES:** This Change Request (CR) contains language-only changes for updating the New Medicare Card Project-related language in Pub 100-04, chapter 11. There are no new coverage policies, payment policies, or codes introduced in this transmittal. Specific policy changes and related business requirements have been announced previously in various communications.

**EFFECTIVE DATE: February 26, 2019**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: February 26, 2019**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)**

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

| <b>R/N/D</b> | <b>CHAPTER / SECTION / SUBSECTION / TITLE</b>     |
|--------------|---|
| R            | 11/20.1.1/Notice of Election (NOE)                |
| R            | 11/20.1.2/Notice of Termination/Revocation (NOTR) |
| R            | 11/20.1.3/Change of Provider/Transfer Notice      |
| R            | 11/20.1.4/Cancellation of an Election             |
| R            | 11/20.1.5/Change of Ownership Notice              |

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Business Requirements  
Manual Instruction**



# Attachment - Business Requirements

|                    |                          |                               |                              |
|--------------------|--------------------------|-------------------------------|------------------------------|
| <b>Pub. 100-04</b> | <b>Transmittal: 4211</b> | <b>Date: January 25, 2019</b> | <b>Change Request: 11090</b> |
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**SUBJECT: Update to Publication (Pub.) 100-04 Chapter 11 to Provide Language-Only Changes for the New Medicare Card Project**

**EFFECTIVE DATE: February 26, 2019**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: February 26, 2019**

## I. GENERAL INFORMATION

**A. Background:** The Centers for Medicare & Medicaid Services (CMS) is implementing changes to remove the Social Security Number (SSN) from the Medicare card. A new number, called the Medicare Beneficiary Identifier (MBI), will be assigned to all Medicare beneficiaries. This Change Request contains language-only changes for updating the New Medicare Card Project language related to the MBI in Pub 100-04, chapter 11.

**B. Policy:** The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires removal of the SSN-based Health Insurance Claim Number (HICN) from Medicare cards within four years of enactment. There are no new coverage policies, payment policies, or codes introduced in this transmittal. Specific policy changes and related business requirements have been announced previously in various communications.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

| Number  | Requirement   | Responsibility |   |   |     |                           |   |   |   |       |
|---------|---|----------------|---|---|-----|---------------------------|---|---|---|-------|
|         |   | A/B MAC        |   |   | DME | Shared-System Maintainers |   |   |   | Other |
|         |   | A              | B | H |     | F                         | M | V | C |       |
|         |   |                | H | M | I   | C                         | M | W |   |       |
|         |   |                | H | A | S   | S                         | S | F |   |       |
|         |   |                | C | S |     |                           |   |   |   |       |
| 11090.1 | The Medicare Administrative Contractors (MACs) shall be aware of the updated language for the New Medicare Card Project in Pub. 100 - 04, chapter 11. |                |   | X |     |                           |   |   |   |       |

## III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility |   |   |     |    |
|--------|-------------|----------------|---|---|-----|----|
|        |             | A/B MAC        |   |   | DME | CE |
|        |             | A              | B | H |     |    |
|        |             |                | H | M | I   |    |
|        |             |                |   | A | C   |    |

| Number | Requirement | Responsibility |   |             |             |                  |
|--------|-------------|----------------|---|-------------|-------------|------------------|
|        |             | A/B<br>MAC     |   |             | D<br>M<br>E | C<br>E<br>D<br>I |
|        |             | A              | B | H<br>H<br>H |             |                  |
|        | None        |                |   |             |             |                  |

**IV. SUPPORTING INFORMATION**

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

| X-Ref Requirement Number | Recommendations or other supporting information: |
|--------------------------|--|
|                          |  |

**Section B: All other recommendations and supporting information: N/A**

**V. CONTACTS**

**Pre-Implementation Contact(s):** Tracey Mackey, 410-786-5736 or Tracey.Mackey@cms.hhs.gov , Kim Davis, 410-786-4721 or kimberly.davis@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

**VI. FUNDING**

**Section A: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 0**

# Medicare Claims Processing Manual

## Chapter 11 - Processing Hospice Claims

### 20.1.1 - Notice of Election (NOE)

*(Rev.4211, Issued: 01-25-19, Effective: 02-26-19, Implementation: 02-26-19)*

*The term Medicare beneficiary identifier (Mbi) is a general term describing a beneficiary's Medicare identification number. For purposes of this manual, Medicare beneficiary identifier references both the Health Insurance Claim Number (HICN) and the Medicare Beneficiary Identifier (MBI) during the new Medicare card transition period and after for certain business areas that will continue to use the HICN as part of their processes.*

When a Medicare beneficiary elects hospice services, hospices must complete form locators identified below for the Uniform (Institutional Provider) Bill (Form CMS-1450), which is an election notice.

Timely-filed hospice NOEs shall be filed within 5 calendar days after the hospice admission date. A timely-filed NOE is a NOE that is submitted to the A/B MAC (HHH) and accepted by the A/B MAC (HHH) within 5 calendar days after the hospice admission date. While a timely-filed NOE is one that is submitted to and accepted by the Medicare contractor A/B MAC (HHH) within 5 calendar days after the hospice election, posting to the CWF may not occur within that same time frame. The date of posting to the CWF is not a reflection of whether the NOE is considered timely-filed. In instances where a NOE is not timely-filed, Medicare shall not cover and pay for the days of hospice care from the hospice admission date to the date the NOE is submitted to, and accepted by, the A/B MAC (HHH). These days shall be a provider liability, and the provider shall not bill the beneficiary for them. The hospice shall report these non-covered days on the claim with an occurrence span code 77, and charges for all claim lines reporting these days shall be reported as non-covered, or the claim will be returned to the provider.

If a hospice fails to file a timely-filed NOE, it may request an exception which, if approved, waives the consequences of filing a NOE late. The four circumstances that may qualify the hospice for an exception to the consequences of filing the NOE more than 5 calendar days after the hospice admission date 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 A/B MAC (HHH) 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 A/B MAC (HHH); or,
4. other circumstances determined by the A/B MAC (HHH) or CMS to be beyond the control of the hospice.

If one of the four circumstances described above prevents a hospice from filing a timely-filed NOE, the hospice may request an exception which, if approved, would waive the consequences of filing the NOE late.

When an NOE is submitted within the five day timely filing period, but the NOE contains inadvertent errors (such as a beneficiary identifier that has recently changed), the error does not trigger the NOE to be immediately returned to the hospice for correction. In these instances, the hospice must wait until the incorrect information is fully processed by Medicare systems before the NOE is returned to the hospice for correction.

There are other NOE errors, such as an incorrect admission date, that will not be returned for correction and instead must be finalized and posted by the Medicare systems before the hospice can correct the NOE. Only the hospice is aware of the error. Such delays in Medicare systems could cause the NOE to be late.

Delays due to Medicare system constraints are outside the control of the hospice and may qualify for an exception to the timely filing requirement.

Medicare contractors shall grant an exception for the late NOE if the hospice is able to provide documentation showing:

- (1) When the original NOE was submitted;
- (2) When the NOE was returned to the hospice for correction or was accepted and available for correction and;
- (3) Evidence the hospice resubmitted the returned NOE within two business days of when it was available for correction or cancelled an accepted NOE within two business days and submitted the new NOE within two business days after the date that the cancellation NOE finalized.

The hospice shall provide sufficient information in the Remarks section of its claim to allow the contractor to research the case. If the remarks are not sufficient, Medicare contractors shall request documentation. Documentation should consist of printouts or screen images of any Medicare systems screens that contain the information shown above.

Medicare contractors shall not grant exceptions if:

- the hospice can correct the NOE without waiting for Medicare systems actions
- the hospice submits a partial NOE to fulfill the timely-filing requirement, or
- hospices with multiple provider identifiers submit the identifier of a location that did not actually provide the service

In the great majority of cases, the five day timely filing period allows enough time to submit NOEs on a day when Medicare systems are available (i.e. the period allows for ("dark days"). Additionally, the receipt date is typically applied to the NOE immediately upon submission to Medicare systems, so subsequent dark days would not affect the determination of timeliness. However, if the hospice can provide documentation showing an NOE is submitted on the day before a dark day period and the NOE does not receive a receipt date until the day following the dark days, the contractor shall grant an exception to the timely filing requirement. CMS expects these cases to be very rare.

Hospices must send the Form CMS-1450 Election Notice to the A/B MAC (HHH) by mail, electronic data interchange (EDI), or direct data entry (DDE) depending upon the arrangements with the A/B MAC (HHH). The NOE should be filed as soon as possible after a patient elects the hospice benefit.

If a patient enters hospice care before the month he/she becomes entitled to Medicare benefits, e.g., before age 65, the hospice should not send the election notice before the first day of the month in which he/she becomes 65.

Hospices complete the following data elements when submitting an NOE.

Provider Name, Address, and Telephone Number

The minimum entry for this item is the provider's name, city, State, and ZIP code. The post office box number or street name and number may be included. The State may be abbreviated using standard post office abbreviations. Five or 9-digit ZIP codes are acceptable. Use the information to reconcile provider number discrepancies. Phone and/or FAX numbers are desirable.

## Type of Bill

Enter the appropriate 3-digit numeric type of bill code, according to the following code structure:

81A - Hospice (Nonhospital-Based) Initial Election Notice

82A - Hospice (Hospital-Based) Initial Election Notice

## Statement Covers Period (From-Through)

The hospice enters the From date of this hospice election. A Through date is not required on NOEs.

## Patient's Name

The patient's name is shown with the surname first, first name, and middle initial, if any.

## Patient's Address

The patient's full mailing address including street name and number, post office box number or RFD, city, State, and ZIP code.

## Patient's Birth Date

Show the month, day, and year of birth numerically as MM-DD-YYYY.

## Patient's Sex

Show an "M" for male or an "F" for female. This item is used in conjunction with diagnoses and surgical procedures to identify inconsistencies.

## Admission Date

The hospice enters the admission date, which must be the start date of the benefit period. When a new hospice admission occurs after a hospice revocation or discharge that resulted in termination of the hospice benefit, the new admission date cannot be the same as the revocation or discharge date of the previous benefit period.

The date of admission may not precede the physician's certification by more than 2 calendar days, and is the same as the certification date if the certification is not completed on time.

## EXAMPLE

The hospice election date (admission) is January 1, 2014. The physician's certification is dated January 3, 2014. The hospice date for coverage and billing is January 1, 2014. The first hospice benefit period ends 90 days from January 1, 2014.

Show the month, day, and year numerically as MM-DD-YY.

## Condition Codes

Condition codes are not required on an original NOE. If the hospice is correcting an election date using occurrence code 56, the hospice reports condition code D0. If the two codes are not reported together, the NOE will be returned to the hospice.

## Occurrence Codes and Dates

The hospice reports occurrence code 27 and the date of certification. This date must match the FROM date and ADMIT DATE.

Hospices may submit an NOE that corrects an election date previously submitted in error. In this case, the hospice reports the correct election date in the From and Admission Date fields and reports the original election date using occurrence code 56.

#### Release of Information

Valid values are:

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

Send all NOEs with Medicare as the primary payer. Enter the beneficiary's name on line A. Show the name exactly as it appears on the beneficiary's HI card.

#### Certificate/Social Security Number and *Medicare beneficiary identifier*

On the same lettered line (A, B, or C) that corresponds to the line on which Medicare payer information is shown enter the patient's *Medicare beneficiary identifier*. For example, if Medicare is the primary payer, enter this information. To ensure accuracy and prevent a delay in posting the hospice notice of election, hospices should validate this information using the Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS). Only in the event that the HETS data is not available should the hospice show the number as it appears on the patient's HI Card, Social Security Award Certificate, Utilization Notice, EOMB, Temporary Eligibility Notice, etc., or as reported by the SSO.

#### Principal Diagnosis Code

CMS accepts only HIPAA approved ICD-9-CM or ICD-10-CM/ICD-10-PCS codes, depending on the date of service. The official ICD-9-CM codes, which were updated annually through October 1, 2013, are posted at <http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html>

The official annual updates to ICD-10-CM and ICD-10-PCS codes are posted at <http://www.cms.gov/Medicare/Coding/ICD10/index.html> .

Use full diagnosis codes including all applicable digits, up to five digits for ICD-9-CM and up to seven digits for ICD-10-CM.

#### Attending Physician I.D.

For notice of elections effective prior to January 1, 2010, the hospice enters the National Provider Identifier (NPI) and name of the physician currently responsible for certifying the terminal illness, and signing the individual's plan of care for medical care and treatment.

The reporting requirement, optional for notice of elections effective on or after January 1, 2010, and required reporting on or after April 1, 2010, establishes that the hospice enters the 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 Physician I.D.

The hospice enters the 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. Note: Both the attending physician and other physician fields should be completed unless the patient's designated attending physician is the same as the physician certifying the terminal illness. When the attending physician is also the physician certifying the terminal illness, only the attending physician is required to be reported.

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.

## **20.1.2 - Notice of Termination/Revocation (NOTR)**

*(Rev.4211, Issued: 01-25-19, Effective: 02-26-19, Implementation: 02-26-19)*

*The term Medicare beneficiary identifier (Mbi) is a general term describing a beneficiary's Medicare identification number. For purposes of this manual, Medicare beneficiary identifier references both the Health Insurance Claim Number (HICN) and the Medicare Beneficiary Identifier (MBI) during the new Medicare card transition period and after for certain business areas that will continue to use the HICN as part of their processes.*

NOTR is used when the hospice beneficiary is discharged alive from the hospice or revokes the election of hospice services. An NOTR should not be used when a patient is transferred.

If a hospice beneficiary is discharged alive or if a hospice beneficiary revokes the election of hospice care, the hospice shall file a timely-filed Notice of Election Termination / Revocation (NOTR), unless it has already filed a final claim. A timely-filed NOTR is a NOTR that is submitted to the A/B MAC (HHH) and accepted by the A/B MAC (HHH) within 5 calendar days after the effective date of discharge or revocation. While a timely-filed NOTR is one that is submitted to and accepted by the A/B MAC (HHH) within 5 calendar days after the hospice election, posting to the CWF may not occur within that same timeframe. The date of posting to the CWF is not a reflection of whether the NOTR is considered timely-filed.

Type of Bill

Enter the appropriate 3-digit numeric type of bill code, according to the following code structure:

81B- Hospice (Nonhospital-Based) NOTR

82B- Hospice (hospital-Based) NOTR

Statement Covers Period (From-Through)

On a Notice of Termination/Revocation (NOTR), the hospice enters the start date of the hospice benefit period in which the notice is effective in the "From" date field. The hospice enters the date the termination/revocation is effective in the "Through" date field.

Note: If the beneficiary transferred to your hospice during the benefit period, the From date should reflect the date of transfer.

Patient's Name

The patient's name is shown with the surname first, first name, and middle initial, if any.

#### Patient's Address

The patient's full mailing address including street name and number, post office box number or RFD, city, State, and ZIP code.

#### Patient's Birth Date

Show the month, day, and year of birth numerically as MM-DD-YYYY.

#### Patient's Sex

Show an "M" for male or an "F" for female. This item is used in conjunction with diagnoses and surgical procedures to identify inconsistencies.

#### Admission Date

The hospice enters the admission date, which must be the start date of the benefit period in all cases except when a transfer occurs.

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 MM-DD-YY.

#### Facility Zip Code

Enter the hospice's ZIP code (9-digit). The ZIP code entered must match the ZIP code in the Master Address field of the provider's address file.

#### Condition Codes

Condition codes are not required on an original NOTR. If the hospice is correcting a revocation date using occurrence code 56, the hospice reports condition code D0. If the two codes are not reported together, the NOTR will be returned to the hospice.

#### Occurrence Codes and Dates

Hospices may submit an NOTR that corrects a revocation date previously submitted in error. In this case, the hospice reports the correct revocation date in the Through Date field and reports the original revocation date using occurrence code 56.

#### Release of Information

Valid values are:

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

Send all NOEs with Medicare as the primary payer. Enter the beneficiary's name on line A. Show the name exactly as it appears on the beneficiary's HI card.

#### Certificate/Social Security Number and *Medicare beneficiary identifier*

On the same lettered line (A, B, or C) that corresponds to the line on which Medicare payer information is shown enter the patient's *Medicare beneficiary identifier*. For example, if Medicare is the primary payer, enter this information. To ensure accuracy and prevent a delay in posting the hospice notice of election, hospices should validate this information using the Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS). Only in the event that the HETS data is not available should the hospice show the number as it appears on the patient's HI Card, Social Security Award Certificate, Utilization Notice, EOMB, Temporary Eligibility Notice, etc., or as reported by the SSO.

#### Principal Diagnosis Code

CMS accepts only HIPAA approved ICD-9-CM or ICD-10-CM/ICD-10-PCS codes, depending on the date of service. The official ICD-9-CM codes, which were updated annually through October 1, 2013, are posted at <http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html>

The official annual updates to ICD-10-CM and ICD-10-PCS codes are posted at <http://www.cms.gov/Medicare/Coding/ICD10/index.html>.

Use full diagnosis codes including all applicable digits, up to five digits for ICD-9-CM and up to seven digits for ICD-10-CM.

#### Attending Physician I.D.

For notice of elections effective prior to January 1, 2010, the hospice enters the National Provider Identifier (NPI) and name of the physician currently responsible for certifying the terminal illness, and signing the individual's plan of care for medical care and treatment.

The reporting requirement, optional for notice of elections effective on or after January 1, 2010, and required reporting on or after April 1, 2010, establishes that the hospice enters the 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 Physician I.D.

The hospice enters the 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. Note: Both the attending physician and other physician fields should be completed unless the patient's designated attending physician is the same as the physician certifying the terminal illness. When the attending physician is also the physician certifying the terminal illness, only the attending physician is required to be reported.

NOTE: for electronic claims using version 5010 or later, this information 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.

### **20.1.3 - Change of Provider/Transfer Notice**

*(Rev.4211, Issued: 01-25-19, Effective: 02-26-19, Implementation: 02-26-19)*

*The term Medicare beneficiary identifier (Mbi) is a general term describing a beneficiary's Medicare identification number. For purposes of this manual, Medicare beneficiary identifier references both the Health Insurance Claim Number (HICN) and the Medicare Beneficiary Identifier (MBI) during the new Medicare card transition period and after for certain business areas that will continue to use the HICN as part of their processes.*

If the beneficiary is transferred to another hospice (discharge status codes 50 or 51) the claim does not terminate the beneficiary's current hospice benefit period. The admitting hospice submits a transfer Notice of Election (type of bill 8xC) after the transfer has occurred and the beneficiary's hospice benefit is not affected. The 8XC does not get submitted until after the other provider has finalized their billing.

#### Type of Bill

Enter the appropriate 3-digit numeric type of bill code, according to the following code structure:

81C - Hospice (Nonhospital-Based) Change of provider

82C - Hospice (Hospital-Based) Change of provider

#### Statement Covers Period (From-Through)

The "From" date would be the date the change is effective. No through date is required.

#### Patient's Name

The patient's name is shown with the surname first, first name, and middle initial, if any.

#### Patient's Address

The patient's full mailing address including street name and number, post office box number or RFD, city, State, and ZIP code.

#### Patient's Birth Date

Show the month, day, and year of birth numerically as MM-DD-YYYY.

#### Patient's Sex

Show an "M" for male or an "F" for female. This item is used in conjunction with diagnoses and surgical procedures to identify inconsistencies.

#### Admission Date

The hospice enters the admission date, which must be the start date of the benefit period in all cases except when a transfer occurs. In transfer situations, the receiving hospice should use their own admission date. When a new hospice admission occurs after a hospice revocation or discharge that resulted in termination of the hospice benefit, the new admission date cannot be the same as the revocation or discharge date of the previous benefit period.

Show the month, day, and year numerically as MM-DD-YY.

#### Occurrence Code/Date

An occurrence code 27 is not required on a transfer NOE, unless the date of transfer is also the first day of the next benefit period.

## Release of Information

Valid values are:

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

Send all NOEs with Medicare as the primary payer. Enter the beneficiary's name on line A. Show the name exactly as it appears on the beneficiary's HI card.

## Certificate/Social Security Number and *Medicare beneficiary identifier*

On the same lettered line (A, B, or C) that corresponds to the line on which Medicare payer information is shown enter the patient's *Medicare beneficiary identifier*. For example, if Medicare is the primary payer, enter this information. To ensure accuracy and prevent a delay in posting the hospice notice of election, hospices should validate this information using the Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS). Only in the event that the HETS data is not available should the hospice show the number as it appears on the patient's HI Card, Social Security Award Certificate, Utilization Notice, EOMB, Temporary Eligibility Notice, etc., or as reported by the SSO.

## Principal Diagnosis Code

CMS accepts only HIPAA approved ICD-9-CM or ICD-10-CM/ICD-10-PCS codes, depending on the date of service. The official ICD-9-CM codes, which were updated annually through October 1, 2013, are posted at <http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html>

The official annual updates to ICD-10-CM and ICD-10-PCS codes are posted at <http://www.cms.gov/Medicare/Coding/ICD10/index.html> .

Use full diagnosis codes including all applicable digits, up to five digits for ICD-9-CM and up to seven digits for ICD-10-CM.

## Attending Physician I.D.

For notice of elections effective prior to January 1, 2010, the hospice enters the National Provider Identifier (NPI) and name of the physician currently responsible for certifying the terminal illness, and signing the individual's plan of care for medical care and treatment.

The reporting requirement, optional for notice of elections effective on or after January 1, 2010, and required reporting on or after April 1, 2010, establishes that the hospice enters the 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 Physician I.D.

The hospice enters the 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. Note: Both

the attending physician and other physician fields should be completed unless the patient's designated attending physician is the same as the physician certifying the terminal illness. When the attending physician is also the physician certifying the terminal illness, only the attending physician is required to be reported.

NOTE: for electronic claims using version 5010 or later, this information 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.

### **20.1.4 – Cancellation of an Election**

*(Rev.4211, Issued: 01-25-19, Effective: 02-26-19, Implementation: 02-26-19)*

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A notice of cancellation is used when the beneficiary will not be receiving services from the hospice, but the admission date has already been entered. The entered dates will be voided since the beneficiary never participated with the hospice.

#### Type of Bill

Enter the appropriate 3-digit numeric type of bill code, according to the following code structure:

81D - Hospice (Nonhospital-Based) Void/Cancel hospice election

82D - Hospice (Hospital-Based) Void/Cancel hospice election

#### Statement Covers Period (From-Through)

When cancelling an NOE, the hospice enters the statement covers period "from" date of the NOE that is being canceled.

Through Date-Not required

When cancelling a benefit period, the hospice enters the "start" date of the benefit period that is being canceled.

Through Date-A 'TO' date is required if a revocation indicator has been posted to the benefit period being canceled. The 'TO' date must reflect the termination date of the revoked benefit period.

#### Patient's Name

The patient's name is shown with the surname first, first name, and middle initial, if any.

#### Patient's Address

The patient's full mailing address including street name and number, post office box number or RFD, city, State, and ZIP code.

#### Patient's Birth Date

Show the month, day, and year of birth numerically as MM-DD-YYYY.

#### Patient's Sex

Show an "M" for male or an "F" for female. This item is used in conjunction with diagnoses and surgical procedures to identify inconsistencies.

#### Admission Date

Show the month, day, and year numerically as MM-DD-YY.

#### Release of Information

Valid values are:

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

Send all NOEs with Medicare as the primary payer. Enter the beneficiary's name on line A. Show the name exactly as it appears on the beneficiary's HI card.

#### Certificate/Social Security Number and *Medicare beneficiary identifier*

On the same lettered line (A, B, or C) that corresponds to the line on which Medicare payer information is shown enter the patient's *Medicare beneficiary identifier*. For example, if Medicare is the primary payer, enter this information. To ensure accuracy and prevent a delay in posting the hospice notice of election, hospices should validate this information using the Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS). Only in the event that the HETS data is not available should the hospice show the number as it appears on the patient's HI Card, Social Security Award Certificate, Utilization Notice, EOMB, Temporary Eligibility Notice, etc., or as reported by the SSO.

#### Principal Diagnosis Code

CMS accepts only HIPAA approved ICD-9-CM or ICD-10-CM/ICD-10-PCS codes, depending on the date of service. The official ICD-9-CM codes, which were updated annually through October 1, 2013, are posted at <http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html>

The official annual updates to ICD-10-CM and ICD-10-PCS codes are posted at <http://www.cms.gov/Medicare/Coding/ICD10/index.html> .

Use full diagnosis codes including all applicable digits, up to five digits for ICD-9-CM and up to seven digits for ICD-10-CM.

#### Attending Physician I.D.

For notice of elections effective prior to January 1, 2010, the hospice enters the National Provider Identifier (NPI) and name of the physician currently responsible for certifying the terminal illness, and signing the individual's plan of care for medical care and treatment.

The reporting requirement, optional for notice of elections effective on or after January 1, 2010, and required reporting on or after April 1, 2010, establishes that the hospice enters the 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 Physician I.D.

The hospice enters the 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. Note: Both the attending physician and other physician fields should be completed unless the patient's designated attending physician is the same as the physician certifying the terminal illness. When the attending physician is also the physician certifying the terminal illness, only the attending physician is required to be reported.

NOTE: for electronic claims using version 5010 or later, this information 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.

### **20.1.5 – Change of Ownership Notice**

*(Rev.4211, Issued: 01-25-19, Effective: 02-26-19, Implementation: 02-26-19)*

*The term Medicare beneficiary identifier (Mbi) is a general term describing a beneficiary's Medicare identification number. For purposes of this manual, Medicare beneficiary identifier references both the Health Insurance Claim Number (HICN) and the Medicare Beneficiary Identifier (MBI) during the new Medicare card transition period and after for certain business areas that will continue to use the HICN as part of their processes.*

A change of ownership notice is used when the beneficiary will remain with the same hospice, but the person or group running the hospice is changing. A Change of Ownership typically occurs when a Medicare provider has been purchased (or leased) by another organization.

#### Type of Bill

Enter the appropriate 3-digit numeric type of bill code, according to the following code structure:

81E - Hospice (Nonhospital-Based) Change of Ownership

82E - Hospice (Hospital-Based) Change of Ownership

#### Statement Covers Period (From-Through)

The "From" date would be the date the change is effective. No through date is required.

#### Patient's Name

The patient's name is shown with the surname first, first name, and middle initial, if any.

#### Patient's Address



The patient's full mailing address including street name and number, post office box number or RFD, city, State, and ZIP code.

#### Patient's Birth Date

Show the month, day, and year of birth numerically as MM-DD-YYYY.

#### Patient's Sex

Show an "M" for male or an "F" for female. This item is used in conjunction with diagnoses and surgical procedures to identify inconsistencies.

#### Admission Date

The hospice enters the admission date, which 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 2 calendar days, and is the same as the certification date if the certification is not completed on time.

#### EXAMPLE

The hospice election date (admission) is January 1, 2014. The physician's certification is dated January 3, 2014. The hospice date for coverage and billing is January 1, 2014. The first hospice benefit period ends 90 days from January 1, 2014.

Show the month, day, and year numerically as MM-DD-YY.

#### Release of Information

Valid values are:

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. When a hospice agency changes ownership and a new Medicare provider number issued, the A/B Medicare Administrative Contractor (MAC) must be notified to update the provider number in the hospice period. This will avoid mistaking the change as a beneficiary-elected transfer.

#### Insured's Name

Send all NOEs with Medicare as the primary payer. Enter the beneficiary's name on line A. Show the name exactly as it appears on the beneficiary's HI card.

#### Certificate/Social Security Number and *Medicare beneficiary identifier*

On the same lettered line (A, B, or C) that corresponds to the line on which Medicare payer information is shown enter the patient's *Medicare beneficiary identifier*. For example, if Medicare is the primary payer, enter this information. To ensure accuracy and prevent a delay in posting the hospice notice of election, hospices should validate this information using the Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS). Only in the event that the HETS data is not available should the hospice show the number as it appears on the patient's HI Card, Social Security Award Certificate, Utilization Notice, EOMB, Temporary Eligibility Notice, etc., or as reported by the SSO.

## Principal Diagnosis Code

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The official annual updates to ICD-10-CM and ICD-10-PCS codes are posted at <http://www.cms.gov/Medicare/Coding/ICD10/index.html> .

Use full diagnosis codes including all applicable digits, up to five digits for ICD-9-CM and up to seven digits for ICD-10-CM.

## Attending Physician I.D.

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The reporting requirement, optional for notice of elections effective on or after January 1, 2010, and required reporting on or after April 1, 2010, establishes that the hospice enters the 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 Physician I.D.

The hospice enters the 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. Note: Both the attending physician and other physician fields should be completed unless the patient's designated attending physician is the same as the physician certifying the terminal illness. When the attending physician is also the physician certifying the terminal illness, only the attending physician is required to be reported.

NOTE: for electronic claims using version 5010 or later, this information 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.