CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 4254	**Date: March 13, 2019**
	Change Request 11049

Transmittal 4187, dated December 28, 2018, is being rescinded and replaced by Transmittal 4254, dated, March 13, 2019 to add FISS responsibility to BR 11049.1.1 and to clarify the first bullet of BR 11049.1. All other information remains the same.

SUBJECT: Ensuring Only the Active Billing Hospice Can Submit a Revocation

I. SUMMARY OF CHANGES: This Change Request creates a new Common Working File (CWF) edit to ensure that the provider identifier on Type of Bill (8xB) matches the most recent provider identifier on a hospice benefit period.

EFFECTIVE DATE: July 1, 2019 - Claims received on or after this date.
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: July 1, 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.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	11/20.1.2/Notice of Termination/Revocation (NOTR)

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

Pub. 100-04	Transmittal: 4254	Date: March 13, 2019	Change Request: 11049

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I. GENERAL INFORMATION

A. Background: Recently, Original Medicare implemented the systems and operational changes needed to redesign how the Common Working File (CWF) stores and updates hospice election and benefit period information. Generally, the redesign ensured that election and revocation date information are separate from benefit period information, so the two types of information can be updated independently. Since the implementation date of the redesign, Medicare contractors identified processing scenarios that call for additional changes. CR 10967, implemented April 1, 2019, resolved several of these. This CR resolves another.

Currently, CWF will allow Notices of Revocation/Termination (NOTR - Type of Bill (TOB) 8xB) if the provider identifier on the NOTR matches the provider on the hospice election period. This occurs even if transfer notice (8xC) or a change of ownership notice (8xE) has changed the billing provider on a benefit period within that election. To prevent errors, an edit is needed in CWF to ensure that only the active billing provider can submit a revocation. The requirements below create such an edit.

B. Policy: This CR contains no new policy. It revises Medicare systems to administer existing hospice benefit policy more efficiently.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
11049.1	The contractor shall reject an incoming TOB 8xB if: • the provider CMS Certification Number (CCN) matches the CCN on the hospice election period or matches a previous transfer or change of ownership CCN that is not the latest, and • transfer or change of ownership dates are present on a hospice benefit period, and								X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	• no claims have processed within the benefit period after the revocation date, and • the CCN does not match the CCN associated with the latest transfer or change or ownership date on the hospice benefit period. **NOTE**: This requirement shall apply to both original NOTRs and submissions with action code '2.'									
11049.1.1	Upon receipt of the reject described in requirement 11049.1, the contractor shall return to the 8xB to the provider with a message stating that the active billing provider on the hospice benefit period must submit the revocation.			X		X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
11049.2	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.			X		

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): Wil Gehne, wilfried.gehne@cms.hhs.gov

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

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
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ATTACHMENTS: 0

Medicare Claims Processing Manual
Chapter 11 - Processing Hospice Claims

20.1.2 - Notice of Termination/Revocation (NOTR)
(Rev.4254, Issued: 03-13-19, Effective: 07-01-19 – Claims received on or after this date, Implementation: 07-01-19)

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)

The hospice submits the From date on an NOTR differently in the following scenarios:

- 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.

In all cases, the Admission Date on the NOTR must match the From date.

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, incorrect revocation date using occurrence code 56. Medicare systems use the original, incorrect date to find the election record to be corrected, then replaces that revocation date with the corrected information.

If a revocation date was submitted entirely in error (for instance, the beneficiary actually transferred to another hospice, rather than revoking their hospice benefit), the hospice can remove the revocation date via Direct Data Entry by submitting TOB 8xB with zeroes in the Through date. The hospice reports the original, incorrect revocation date on the NOTR using occurrence code 56 and indicate the NOTR is a correction by adding condition code D0.

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. *Medicare systems ensure that the provider number submitted on the NOTR is the currently active billing provider (e.g. the provider number matches that on the hospice election period or the most recent transfer date or change of ownership date on any benefit period). If any other provider number is submitted, the NOTR is returned.*

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 Health Insurance Claim/Identification Number

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 HICN. 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.