

# Change Request 8877: Diagnosis Reporting, and Timely Filing of NOEs and NOTRs

Ask-the-Contractor Teleconference (ACT)

September 24, 2014



A CELERIAN GROUP COMPANY



## CR 8877: Overview

“Hospice Manual Update for Diagnosis Reporting and Filing Hospice Notice of Election (NOE) and Termination or Revocation of Election”, <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8877.pdf>

Effective for **dates of service on/after October 1, 2014**

1. Prohibits use of “Symptoms, Signs, and Ill-defined Conditions” diagnosis codes as principal diagnosis
2. Clarification of Q5003 and Q5004
3. Mandates filing of Notice of Election (NOE) **within 5 calendar days after** hospice admission date
4. Must submit Notice of Termination/Revocation (NOTR) **within 5 calendar days after** effective date of live discharge/revocation

## CR 8877: Overview

### Frequently Asked Questions: General Questions about CR 8877

1. The effective date of this Change Request is October 1, 2014. Does that apply only to new admissions?
2. How does a Medicare Secondary Payer (MSP) situation affect the requirements in CR 8877?
3. Are hospice transfers and the billing of 81C or 82C subject to the 5-day timely filing requirement?

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## CR 8877: Diagnoses

### Codes prohibited as principal diagnosis

- 799.3 and 780.79 (Debility)
- 783.7 (Adult failure to thrive)
- Multiple dementia codes - see CR 8877 Attachment A

Claims with prohibited codes will be returned to provider (RTPd) with reason code 30727

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## CR 8877: Diagnoses

### Frequently Asked Questions: Diagnosis Codes

1. Effective for dates of service October 1, 2014, we understand that certain diagnosis codes will no longer be permitted as a primary diagnosis. Will there be editing to ensure the diagnosis codes on our claim match our NOE?
2. Do we need to change the diagnosis code on our NOEs that were submitted prior to October 1, 2014?
3. Attachment A includes the dementia ICD-9 code 294.20 which is an accepted diagnosis code. The CMS MLN Matters article MM8877 mentions ICD-9 code 294.10, but that code is not listed on CR 8877 Attachment A. Please clarify if both of these codes are unacceptable or if there is a typo.

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## CR 8877: Q5003 vs. Q5004

### Q5003 vs. Q5004

- **Q5004** used in 4 situations:
  1. Beneficiary receiving hospice care in solely-certified SNF
  2. Beneficiary receiving general inpatient care in SNF
  3. Beneficiary in SNF receiving SNF care under Medicare SNF benefit for condition unrelated to terminal illness/related conditions and under hospice routine home care (rare)
  4. Beneficiary receiving inpatient respite care in SNF
- **Q5003** used when beneficiary received care in nursing facility that doesn't meet situations above

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## CR 8877: Q5003 vs. Q5004

### Frequently Asked Questions: Q5003/Q5004 Situations

1. How does the hospice provider know/verify if a facility is "solely certified" as a SNF?

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## CR 8877: Timely Filing of NOEs

Timely filing of NOEs **defined:**

- NOE is **submitted to and accepted by** the Medicare contractor within **5 calendar days after** the hospice admission date
- NOE must be free of billing errors and eligibility issues
- To determine "timeliness" the **receipt date** in FISS is used

**Important:** An NOE that is returned to the provider (RTPd) **does not** constitute an "accepted" NOE

- When NOE is corrected (F9'd) out of RTP, it gets **new receipt date**
  - New receipt date used to determine timely filing of NOE

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## CR 8877: Timely Filing of NOEs

### Providers need to consider

- Staff availability
  - Vacations, unexpected absences, staffing changes/turnover
- Written step-by-step work instructions
  - Easy to follow – laymen's terms
- Multiple staff access to FISS
  - New users must complete EDI Application, [http://www.cgsmedicare.com/medicare\\_dynamic/edi\\_application/index.asp](http://www.cgsmedicare.com/medicare_dynamic/edi_application/index.asp)
  - CGS EDI 1.877.299.4500 (Option 2)
- QA process to ensure accuracy of submission of NOE
- Monitor status/processing of NOEs in FISS using Option 12

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## CR 8877: Timely Filing of NOEs

### Example of 5-day NOE calculation

- Admission date (Day 0) = 10/10/14
- Day 1 = 10/11/14
- Day 2 = 10/12/14
- Day 3 = 10/13/14
- Day 4 = 10/14/14
- Day 5 = 10/15/14 **NOE "due date"**
- Day 6+ = 10/16/14 or after **NOE is untimely**

### If NOE untimely, days are noncovered

- From admission date until date NOE submitted/accepted
- Provider liable

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## CR 8877: Timely Filing of NOEs

Example of **timely NOE**: ADM DT=101014 REC DT 101114

MAP1741 XXXXXXX	SC	CGS J15 MAC - HHH REGION CLAIM SUMMARY INQUIRY NPI XXXXXXXXXXXX	ACPFA052 MM/DD/YY C201433P HH:MM:SS
HIC XXXXXXXXXXXA	PROVIDER	S/LOC	TOB 81A
OPERATOR ID XXXXXXXX	FROM DATE	TO DATE	DDE SORT
MEDICAL REVIEW SELECT			
HIC	PROV/MRN	S/LOC	TOB
ADM DT	FRM DT	THRU DT	REC DT
SEL LAST NAME	FIRST INIT	TOT CHG	PROV REIMB PD DT
XXXXXXXXXXA	XXXXXX	P B9997	81A 101014
PATIENT	A	102314	37200

Example of **untimely NOE**: ADM DT=101014 REC DT 101614

MAP1741 XXXXXXX	SC	CGS J15 MAC - HHH REGION CLAIM SUMMARY INQUIRY NPI XXXXXXXXXXXX	ACPFA052 MM/DD/YY C201433P HH:MM:SS
HIC XXXXXXXXXXXA	PROVIDER	S/LOC	TOB 81A
OPERATOR ID XXXXXXXX	FROM DATE	TO DATE	DDE SORT
MEDICAL REVIEW SELECT			
HIC	PROV/MRN	S/LOC	TOB
ADM DT	FRM DT	THRU DT	REC DT
SEL LAST NAME	FIRST INIT	TOT CHG	PROV REIMB PD DT
XXXXXXXXXXA	XXXXXX	P B9997	81A 101014
PATIENT	A	102814	37200

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## CR 8877: Timely Filing of NOEs

If the NOE is untimely, provider must **submit claim** with:

- An **occurrence span code 77** with **noncovered dates**
  - Noncovered dates = admission date to day before NOE received

Example of **untimely NOE**: ADM DT=101014 REC DT 101614

MAP1711 XXXXXXX	SC	CGS J15 MAC - HHH REGION INST CLAIM ENTRY	ACPFA052 MM/DD/YY C201433P HH:MM:SS
HIC	TOB 811	S/LOC S B0100 OSCAR	SV: UB-FORM
NPI	TRANS HOSP PROV	PROCESS NEW HIC	
PAT.CNTL#:	TAX#/SUB:	TAXO.CD:	
STMT DATES FROM	TO	DAYS COV	N-C CO LTR
LAST	FIRST	MI	DOB
ADDR 1		2	
3	4		
5	6		
ZIP	SEX	MS	ADMIT DATE
COND CODES 01	02	03	04
OCC CDS/DATE 01	02	03	04
06	07	08	09
SPAN CODES/DATES 01 77 101014 101514			
04	05	06	07
08	09	10	FAC.ZIP

Admit date = 101014  
NOE submitted/accepted  
on 101614

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## CR 8877: Timely Filing of NOEs

If the NOE is untimely, provider must **submit claim** with:

- Noncovered level of care days on separate revenue code line from covered days

MAP1712	PAGE 02	CGS J15 MAC - HHH REGION	ACPFA052 MM/DD/YY
XXXXXXXX	SC	INST CLAIM ENTRY	C201433P HH:MM:SS
		REV CD PAGE 01	
HIC	TOB 811	S/LOC S B0100	
CL	REV	HCPC MODIFS	TOT COV
0651	Q5001		6 600.00
0651	Q5001		16 1600.00
0551	Q0154		2 50.00

Admit date = 101014

Date NOE submitted/accepted = 101614

“Noncovered” discipline visits and drugs reported as noncovered

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## CR 8877: Timely Filing of NOEs

Four exceptional circumstances

- Fires, flood, earthquakes, or other unusual events that inflict extensive damage to hospice’s ability to operate
- An event that produces a data filing problem due to CMS or contractor system issues, beyond control of hospice
- Newly Medicare-certified hospice that is notified of certification after Medicare certification date, or awaiting user ID from Medicare contractor; or
- Other circumstances determined by Medicare contractor or CMS to be **beyond hospice’s control**

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## CR 8877: Timely Filing of NOEs

CR 8877 provides examples of circumstances that do/don't qualify provided in "Section IV. Supporting Information" section

- 8877.3 – Example: **Valid exceptional circumstances**
  - Sequential billing requirements that required 2<sup>nd</sup> provider to remove timely-filed NOE and claims to allow previous provider to bill
- 8877.4 - Example: **Invalid exceptional circumstances**
  - Hospice personnel issues
  - Internal IT system issues
  - Lack of knowledge of requirements
  - Failure to have back-up staff to submit NOE

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## CR 8877: Timely Filing of NOEs - Exception Process

To request an exception, report '**KX**' modifier on earliest dated level of care line (0651, 0652, 0655, 0656)

'KX' modifier will generate non-medical review Additional Development Request (non-MR ADR)

- Claim will move to **S B6001**, with reason code **39701**
- FISS Page 07 identifies original request date (day 1) and due date (day 45)
  - Documentation should be mailed by day 30
- FISS Page 08 indicates ADR edit code **78877**
  - Indicates need to submit documentation
  - **Only documentation to support exceptional circumstance needed**
  - Documentation can be submitted via US mail, fax, or esMD

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## CR 8877: Timely Filing of NOEs - Exception Process

Submit documentation **as soon as possible**

- If mailing, send to:  
CGS J15 MAC  
J15 – HHH Claims  
PO Box 20019  
Nashville, TN 37202
- FAX: 515-471-7582
- Prompt receipt of documentation will facilitate timely processing of claim

Once documentation received, claim moved to S M87DR pending review

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## CR 8877: Timely Filing of NOEs - Exception Process

If documentation is not received by day 30, claim will be moved to status/location **S M8877**

If documentation is not received by day 46, claim will be released to process as billed (with noncovered days)

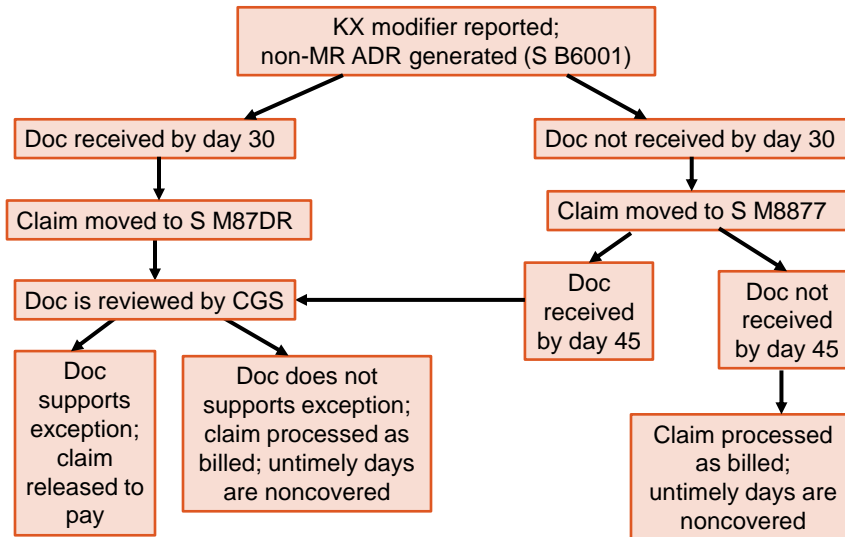
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## CR 8877: Timely Filing of NOEs - Exception Process



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## CR 8877: Timely Filing of NOEs - Exception Process

If exception request denied, remit shows remark code N211 (you may not appeal this decision)

- Applied in error
- Days are appealable
- Will be corrected in future Change Request

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## CR 8877: Timely Filing of NOEs - Exception Process

### Frequently Asked Questions: Exception Process for Untimely NOEs

1. When a patient is discharged and readmitted several days later, the NOE will RTP if the previous benefit period is still open. Will the “readmit” NOE be considered untimely? Would this be an exceptional circumstance?
3. If we are requesting an exceptional circumstance for an untimely NOE, what documentation is needed to support the exception?
6. What is the anticipated time for CGS to review the exception documentation submitted in response to the non-medical ADR?
7. Would issues with sequential billing be a valid exceptional circumstance for late filing of an NOE?

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## CR 8877: Timely Filing of NOTRs

Timely filing of Notice of Election Termination/Revocation (NOTR) defined:

- NOTR is **submitted to and accepted by** the Medicare contractor within **5 calendar days after** effective date of live discharge/revocation
  - Unless final claim already filed

Submitted as **81B** or **82B** type of bill

- Entered direct data entry (DDE), using Claims Entry Option 28 – Hospice
  - Currently unable to submit using NOE/NOA option (Option 49)

Processed NOTR will post “revocation indicator” to show discharge/revocation

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## CR 8877: Timely Filing of NOTRs

Billing requirements for NOTR are similar to NOEs (8XA) except:

- **Type of bill** (TOB) = 81B or 82B
- **From date** = start date of hospice benefit period in which termination/revocation occurred
- **Admit date** = start date of hospice benefit period in which termination/revocation occurred
- Hour of admission, type of admission, sources of admission and patient status code not required

Note: FISS Page 03 entered as usual (payer code, diagnoses, physician info)

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## CR 8877: Timely Filing of NOTRs

**Example:** FISS Page 01 for NOTR

Benefit period 04/16/14-06/14/14, revocation effective 5/31/14

MAP1711	PAGE 01	CGS J15 MAC	052	MM/DD/YY
XXXXXX	SC	INST CLAIM	33P	HH:MM:SS
HIC	XXXXXXXXXA	TOB	81B	S/LOC
NPI	XXXXXXXXXX	TRANS HOSE		UB-FORM
PAT.CNTL#:		TAX# / COB:		S NEW HIC
STMT DATES FROM	041614	TO	053114	DAYS COV
LAST PATIENT		FIRST	AVERY	MI
ADDR 1	123 MAIN ST	2	ANYTOWN IA	DOB
				MMDDCCYY
ZIP	50309 1234	SEX	F	MS
COND CODES	01 02 03 04 05 06 07 08 09 10	ADMIT DATE	041614	HR
OCC CDS/DATE	01 02 03 04 05 06 07 08 09 10			TYPE SRC D HM STAT
SPAN CODES/DATES	01 02 03 04 05 06 07 08 09 10			
DCN				FAC.ZIP
				50309 4321
VALUE CODES	02 03 04 05 06 07 08 09	AMOUNTS		ANSI MSP APP IND

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## CR 8877: Timely Filing of NOTRs

### Frequently Asked Questions: Notice of Termination/Revocation (NOTR)

1. Should a hospice submit an NOTR even if the final claim is not ready to be submitted due to drug report?
2. Will the submission of an 8XB (NOTR) prohibit a final claim from being submitted/processed at a later date?
4. What is the consequence for non timely filing of NOTR?
6. What information must be reported on an NOTR (type of bill 81B or 82B)?
7. What if the NOTR (8XB) is submitted in error, or submitted with an incorrect date? How do you correct an 81B?
8. Does an NOTR (8XB) need to be submitted for a patient that dies?

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## CR 8877 Resources

Change Request 8877, <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3032CP.pdf>

“Change Request 8877” webpage,

<http://www.cgsmedicare.com/hhh/education/materials/cr8877.html>

Hospice Claims Filing webpage,

[http://www.cgsmedicare.com/hhh/education/materials/hospice\\_cf.html](http://www.cgsmedicare.com/hhh/education/materials/hospice_cf.html)

Notice of Election Termination/Revocation (NOTR) webpages

- ‘NOTR Claim Page 01’ webpage, [http://www.cgsmedicare.com/hhh/education/materials/notr\\_claim\\_page\\_1.html](http://www.cgsmedicare.com/hhh/education/materials/notr_claim_page_1.html)
- ‘NOTR Claim Page 03’ webpage, [http://www.cgsmedicare.com/hhh/education/materials/notr\\_claim\\_page\\_3.html](http://www.cgsmedicare.com/hhh/education/materials/notr_claim_page_3.html)

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## CR 8877

CGS HHH Medicare Bulletins,

[http://www.cgsmedicare.com/hhh/pubs/mb\\_hhh/index.html](http://www.cgsmedicare.com/hhh/pubs/mb_hhh/index.html)

CGS ListServ messages

- 'Recent News' webpage,  
<http://www.cgsmedicare.com/hhh/pubs/news/index.html>
- Join/Update Listserv,  
[http://www.cgsmedicare.com/medicare\\_dynamic/ls/001.asp](http://www.cgsmedicare.com/medicare_dynamic/ls/001.asp)

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## Questions

CGS HHH Provider Contact Center

1.877.299.4500 (Option 1)

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ICD-9-CM	DESCRIPTION	ICD-10-CM	DESCRIPTION
290.0	Senile Dementia Uncomplicated	F03.90	Unspecified dementia w/o behav. Disturb
290.10	Presenile Dementia Uncomplicated	F03.90	Unspecified dementia w/o behav. Disturb
290.11	Presenile Dementia With Delirium	F03.90	Unspecified dementia w/o behav. Disturb
290.12	Presenile Dementia With Delusional Features	F03.90	Unspecified dementia w/o behav. Disturb
290.12	Presenile Dementia With Delusional Features	F05	Delirium d/t known physiological condition
290.13	Presenile Dementia With Depressive Features	F03.90	Unspecified dementia w/o behav. Disturb
290.20	Senile Dementia With Delusional Features	F03.90	Unspecified dementia w/o behav. Disturb
290.20	Senile Dementia With Delusional Features	F05	Delirium d/t known physiological condition
290.21	Senile Dementia With Depressive Features	F03.90	Unspecified dementia w/o behav. Disturb
290.3	Senile Dementia With Delirium	F03.90	Unspecified dementia w/o behav. Disturb
290.3	Senile Dementia With Delirium	F05	Delirium d/t known physiological condition
290.40	Vascular Dementia Uncomplicated	F01.50	Vascular Dementia w/o behav. Disturb.
290.41	Vascular Dementia With Delirium	F01.51	Vascular Dementia w/behav. Disturb.
290.42	Vascular Dementia With Delusions	F01.51	Vascular Dementia w/behav. Disturb.
290.43	Vascular Dementia With Depressed Mood	F01.51	Vascular Dementia w/behav. Disturb.
290.8	Other Specified Senile Psychotic Conditions	F03.90	Unspecified dementia w/o behav. Disturb
290.9	Unspecified Senile Psychotic Condition	F03.90	Unspecified dementia w/o behav. Disturb
293.0	Delirium Due To Conditions Classified Elsewhere	F05	Delirium d/t known physiological condition
293.1	Subacute Delirium	F05	Delirium d/t known physiological condition
293.81	Psychotic Disorder With Delusions In Conditions Classified Elsewhere	F06.2	Psychotic disorder w/delusions d/t known physiological conditions
293.82	Psychotic Disorder With Hallucinations In Conditions Classified Elsewhere	F06.0	Psychotic disorder w/hallucin. d/t known physiological condition
293.83	Mood Disorder In Conditions Classified Elsewhere	F06.3	Mood disorder d/t know physiological disorder
293.83	Mood Disorder In Conditions Classified Elsewhere	F06.30	Subcategories of F06.3
293.83	Mood Disorder In Conditions Classified Elsewhere	F06.31	Subcategories of F06.3
293.83	Mood Disorder In Conditions Classified Elsewhere	F06.32	Subcategories of F06.3
293.83	Mood Disorder In Conditions Classified Elsewhere	F06.33	Subcategories of F06.3
293.83	Mood Disorder In Conditions Classified Elsewhere	F06.34	Subcategories of F06.3
293.89	Other Specified Transient Organic Mental Disorders Due To Conditions Classified Elsewhere	F06.1	Catatonic disorder d/t know physiological condition
294.20	Dementia, Unspecified, Without Behavioral Disturbance	F03.90	Unspecified dementia w/o behav. Disturb
294.21	Dementia, Unspecified, With Behavioral Disturbance	F03.91	Unspecified dementia w/behav. Disturb
294.8	Other Persistent Mental Disorders Due To Conditions Classified Elsewhere	F06.0	Psychotic disorder w/hallucin. d/t known physiological condition
294.8	Other Persistent Mental Disorders Due To Conditions Classified Elsewhere	F06.8	Other specified mental disorders due to known physiological condition
310.0	Frontal Lobe Syndrome	F07.0	Personality Change D/T Known Physiological Condition
310.1	Personality Change Due To Conditions Classified Elsewhere	F07.0	Personality Change D/T Known Physiological Condition
310.2	Postconcussion Syndrome	F07.81	Postconcussional Syndrome
310.89	Other Specified Nonpsychotic Mental Disorders Following Organic Brain Damage	F07.89	Other Personality And Behavioral Disorders Due To Known Physiological Condition
310.9	Unspecified Nonpsychotic Mental Disorder Following Organic Brain Damage	F09	Unspecified Mental Disorder Due To Known Physiological Condition

# CHANGE REQUEST 8877 FREQUENTLY ASKED QUESTIONS

## General Questions about CR 8877

1. **The effective date of this Change Request is October 1, 2014. Does that apply only to new admissions?**

Based on the CR, the 5-day timely filing of the NOE applies to any new hospice admission that occurs on/after October 1, 2014. In addition, the 5-day timely filing of the NOTR applies to any live discharge/revocation that occurs on/after October 1, 2014.

2. **How does a Medicare Secondary Payer (MSP) situation affect the requirements in CR 8877?**

The requirements in CR 8877 still apply, even when a patient has another insurer that is primary to Medicare. This means that the NOE and NOTR must still be submitted timely as indicated in CR 8877. As a reminder, MSP information should not be submitted on an NOE or NOTR.

3. **Are hospice transfers and the billing of 81C or 82C subject to the 5-day timely filing requirement?**

No, a hospice transfer is a continuation of a hospice benefit period. Therefore, hospice transfers and the submission of 8XC transactions are not subject to the 5-day timely filing requirement mandated by Change Request 8877.

## Timely Filing of Notices of Election (NOE)

1. **How will a hospice know when the NOE/NOTR was 'accepted' by the MAC, i.e. the date of acceptance?**

When the NOE is submitted, FISS will assign a receipt date (REC DT) to the NOE. If, however, an error is identified on the NOE (billing/keying error), or the NOE edits against an open hospice benefit period, or other beneficiary eligibility information, it will be returned to the provider (RTPd) or rejected. If an NOE is RTPd, it will receive a new REC DT when it is corrected. This new REC DT will be the date used to determine whether the NOE was submitted timely.

2. **Is an NOE considered accepted when it reaches PB9997 or when it is submitted as long as it has no errors?**

An NOE does not need to reach P B9997 to be considered accepted. If the NOE is received in FISS within 5 calendar days after the hospice admission, and the NOE contains no errors (is not returned to the provider (RTPd) or rejected), the NOE is considered timely.

3. **CR 8877 says that the NOE must be submitted to and accepted by the Medicare contractor within 5 calendar days after the hospice admission date. What does "accepted" mean?**

To be accepted by the MAC, the NOE/NOTR must be free of any billing/keying errors. When an NOE/NOTR is received in the FISS system, it will receive a "receipt date". In general, this will be the date the NOE/NOTR was received. However, if an NOE/NOTR is returned to the provider (RTPd), the NOE/NOTR will receive a new receipt date when it is corrected. In these cases, the "new receipt date" will be used to determine timely filing of the NOE/NOTR.

4. **How should a provider handle a case where they must submit an NOE, but the prior hospice benefit period has not been terminated on CWF?**

Hospices should submit their NOE as soon as possible. If a prior hospice benefit period has not been terminated at CWF, the hospice should still submit the NOE timely. If the NOE cannot be processed because of a prior open benefit period, the hospice must still take the necessary steps to resolve the issues, which may include contacting the prior hospice agency, so the NOE can continue processing. Once the NOE has processed, and the provider is ready to submit the claim, if the provider believes the circumstance meets one



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of the exceptional circumstances, they can submit the claim with HCPCS modifier 'KX' and submit documentation, when requested by the MAC, to support the reason why the NOE was not submitted/accepted timely. Hospice may consider taking screenshots in these types of situations.

- 5. If an NOE is submitted timely (within 5 days after admission), but is subsequently returned for correction (RTPd) and not corrected until after day 5, which date will be used to determine timeliness?**

When an NOE is corrected out of the RTP file, it will receive a new receipt date. This new date will be used to determine timely submission of the NOE.

- 6. If we see that our NOE has an error and it will be past the 5th day before we can correct it, can we enter a new NOE with the corrections so we meet the 5 day rule?**

Yes, if an NOE is submitted, and the provider determines the NOE contained a billing error and will RTP, submit a new NOE with the corrected information so the NOE will be timely.

- 7. If an NOE was submitted timely, but information on the NOE is determined to be incorrect (physician name, diagnosis code, etc.) what action should be taken and will the NOE that was filed initially meet the timely filing requirement?**

If the information has simply changed (certifying physician changed or diagnosis code changed), you do not need to cancel the NOE.

If, however, the information on the processed NOE is truly incorrect (wrong doctor, wrong diagnosis code, etc.), the NOE should be canceled (type of bill 8XD). Once the NOE has been canceled, submit a new NOE with the correct information. Canceling and resubmitting the NOE will result in an untimely NOE. In this case, keep documentation of the action you took and why. If you choose to request an exception by submitting HCPCS modifier 'KX', the documentation can be submitted for consideration when determining whether it meets the CMS indicated exceptions. Note that for an exception to be granted, the documentation must show that the late filing of the NOE was beyond the control of the hospice.

- 8. If the NOE is submitted untimely, should the hospice bill from the election/cert date to the end of the month and the MAC will adjust for the liable days? Or should the provider report the days as "provider liable"?**

If the NOE is submitted untimely (more than 5 calendar days after the admission date), the level of care days from the date of admission to the date the NOE is received and accepted, are reported as noncovered. Report occurrence span code (OSC) 77 on the first hospice claim, along with the noncovered dates (admit date, to day before NOE was submitted and accepted by the MAC). In addition, the level of care days associated with the OSC 77 must be reported as noncovered.

Example: Admit date = 101014

NOE receipt date = 101614

The claim must be submitted with OSC 77 and dates 101014-101514.

The level of care days from 101014-101514 must be reported as noncovered.

- 9. Will the Fiscal Intermediary Standard System (FISS) be available for NOE/NOTR entries on Sundays?**

No, FISS is not available on Sundays or Federal holidays. Providers should consider this when calculating timely submission of the NOEs/NOTRs.

- 10. How long will it take to process an NOE, and is this processing time calculated in the 5-day timely filing of the NOE?**

The processing time of an NOE can differ based on various factors. However, the date being used to determine if the NOE is timely is the receipt date (REC DT) assigned by FISS. Typically, this is the date the NOE was submitted in FISS. However, if the NOE is returned to the provider for correction (RTPd) and then corrected, a new receipt date is

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assigned by FISS, and this “new receipt date” will be the date used to determine timeliness of the NOE.

- 11. When reporting the noncovered days associated with the occurrence span code 77 (OSC 77), does each day need to be billed on a separate revenue code line, or can all the noncovered days be reported on one line, and the covered days reported on another line?**

All noncovered days can be reported on a single revenue code line, unless there are multiple levels of care provided within the noncovered days.

## Exception Process for Untimely NOEs

- 1. When a patient is discharged and readmitted several days later, the NOE will RTP if the previous benefit period is still open. Will the “readmit” NOE be considered untimely? Would this be an exceptional circumstance?**

In cases where a beneficiary is discharged and readmitted within the current benefit period, the NOE will likely RTP if the prior benefit period has not been terminated. In these cases, the hospice should still submit their “readmission” NOE timely. If the NOE does RTP due to the open benefit period, this could justify an exceptional circumstance. Report OSC 77 on the claim, along with HCPCS modifier ‘KX’ if you are requesting an exception. The decision on whether to grant the exception will be made once the documentation is reviewed.

- 2. For a newly certified agency, NOEs will likely be untimely. Will the new hospice have to go through the exception process?**

Yes, a newly certified hospice agency will need to submit their NOEs once they receive notification of the Medicare certification and security access to FISS. When submitting the initial claim for those beneficiaries who had untimely NOEs due to new certification, the provider would report occurrence span code 77 and HCPCS modifier ‘KX’ to indicate a request for an exceptional circumstance. The hospice will need to submit the letter they received showing their Medicare effective date.

- 3. If we are requesting an exceptional circumstance for an untimely NOE, what documentation is needed to support the exception?**

Send any documentation that supports the reason why the NOE was untimely. In cases where the NOE could not process because a prior hospice benefit period had not been terminated, submit a dated screenprint of the beneficiary’s eligibility record showing the open benefit period. In addition, any documentation to support your contact with, or attempts to contact, the prior hospice may also support the exceptional circumstance. In these cases, your documentation must show that the NOE was submitted timely, and subsequently RTPd or rejected because of the open hospice benefit period. If, upon review, CGS determines that the NOE was not initially submitted timely, the exception may not be granted.

- 4. A hospice claim is submitted and processed with occurrence span code 77, due to an untimely NOE. The hospice later determines that an exceptional circumstance occurred. Can the claim be adjusted (8X7) to report the HCPCS modifier ‘KX’ to request an exception?**

Yes, if the claim was processed without the HCPCS modifier ‘KX’, and the provider later determines an exceptional circumstance has occurred, an adjustment claim can be submitted to report HCPCS modifier ‘KX’. In these cases, a non-medical review additional development request (non-MR ADR) will be generated to request documentation to support the exceptional circumstance.

- 5. How is documentation to support the exceptional circumstance submitted to CGS?**

CGS will accept documentation to support the exceptional circumstance via US Mail, fax, or esMD. FISS Claim Page 08, which is available while the claim is in status/location

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S B6001, provides detailed information for submitting your documentation for exceptional circumstances.

**6. What is the anticipated time for CGS to review the exception documentation submitted in response to the non-medical ADR?**

CGS has 60 days to review the documentation submitted in response to the non-MR ADR request. However, documentation may be reviewed sooner than that. Documentation will be reviewed on a first come, first served basis. We encourage you to submit documentation as soon as possible.

**7. Would issues with sequential billing be a valid exceptional circumstance for late filing of an NOE? For example, if hospice #2 determines that hospice #1 has not terminated the prior hospice benefit period, should hospice #2 go ahead and file the NOE, knowing they may need to back it out later to allow hospice #1 to complete their billing? In these cases, can an exception be requested by hospice #2 since they had to back out their NOE?**

If hospice #2 determines that a termination/revocation has not yet been posted by the prior hospice (hospice #1), hospice #2 should contact the prior hospice to determine the status of their billing. To avoid having an untimely NOE, hospice #2 should submit their NOE within the required 5-days. If the NOE does not process, or if the NOE processes and must later be canceled to allow hospice #1 to bill, this could be a valid exceptional circumstance. In these cases, the hospice (hospice #2) would need to submit documentation support the timely submission of the NOE, and, if appropriate, documentation to support the need to cancel the NOE to allow the prior hospice to bill.

## Notice of Termination/Revocation (NOTR) Questions

**1. Should a hospice submit an NOTR even if the final claim is not ready to be submitted due to drug report?**

Yes, per CR 8877, a hospice should submit an NOTR within 5 calendar days after the live discharge/revocation. After the NOTR has processed, and drug information has been obtained for reporting purposes, the hospice claim can be submitted.

**2. Will the submission of an 8XB (NOTR) prohibit a final claim from being submitted/processed at a later date?**

The filing on an NOTR will not prevent a final claim from processing, assuming that the dates on the final claim are not beyond the termination/revocation date indicated on the NOTR.

**3. What happens if an NOTR was submitted and processed, resulting in a posted revocation/discharge, and it is later determined that the revocation/discharge was incorrect, or overturned by the QIO via the expedited determination process? What will happen if the hospice has sent an NOTR (timely) and then has to “reopen” the file based on the QIO decision? Will the hospice be able to continue to file claims or will the claims RTP?**

If an NOTR is submitted, and later needs to be canceled due to an expedited determination decision by the QIC, the hospice would need to cancel the benefit period in which the termination/revocation was posted, and adjust any processed claims to reflect the patient's continued status under the Medicare Hospice Benefit. Refer to the “Canceling a Hospice Notice of Election or Benefit Period” ([http://www.cgsmedicare.com/hhh/education/materials/cancel\\_hos\\_notice.html](http://www.cgsmedicare.com/hhh/education/materials/cancel_hos_notice.html)) Web page for additional information.

**4. What is the consequence for non timely filing of NOTR?**

There are no system or payment consequences for submitting the NOTR untimely. However, this is a CMS requirement, and is necessary to ensure prompt updating of the beneficiary's eligibility record to ensure they have access to medical care. Thus CGS may

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use data analysis to identify non-compliant providers. Providers who exhibit a pattern of non-compliance may be referred for education or further action.

**5. The FROM and TO dates on the NOTR will likely span one month. Will the current claim editing that prevents claims from spanning one month be applied to the NOTRs?**

No, the editing in place to ensure hospice claims are billed monthly does not apply to NOTRs.

**6. What information must be reported on an NOTR (type of bill 81B or 82B)?**

When submitting an NOTR, information must be entered on FISS Page 01 and Page 03. For information on the fields required and the data that must be entered, refer to the “Notice of Election Termination/Revocation (NOTRs) – 8XB” section of the Hospice Claims Filing Web page ([http://www.cgsmedicare.com/hhh/education/materials/hospice\\_cf.html](http://www.cgsmedicare.com/hhh/education/materials/hospice_cf.html)) on the CGS Home Health and Hospice website (<http://www.cgsmedicare.com/hhh/index.html>). Remarks, indicating the reason for discharge, are not required, but may be entered on FISS Page 04.

**7. What if the NOTR (8XB) is submitted in error, or submitted with an incorrect date? How do you correct an 81B?**

When an NOTR is submitted in error, or includes the wrong date of discharge/revocation, it will post an incorrect termination date on the beneficiary’s eligibility file. In these cases, the benefit period must be canceled to remove the incorrect termination date. To cancel a benefit period, refer to the “Canceling a Hospice Notice of Election or Benefit Period” ([http://www.cgsmedicare.com/hhh/education/materials/cancel\\_hos\\_notice.html](http://www.cgsmedicare.com/hhh/education/materials/cancel_hos_notice.html)) Web page.

**8. Does an NOTR (8XB) need to be submitted for a patient that dies?**

The billing requirements in CR 8877 for submitting an NOTR only apply to live discharges. This includes patients who are discharged from the Medicare hospice benefit by the hospice agency and beneficiary revocations. The NOTR billing requirements do not apply to a patient discharged due to death (patient status code 40, 41 or 42).

**9. If a patient terminates or revokes, and we submit the 81B to close the cert period, do we still have 12 months after the TO date to file the claim?**

Yes, the requirements in CR 8877 do not change the Federal Timely Filing Guidelines for submission of the claim. Hospices will still have one year, as of the TO date, to submit claims to Medicare.

## Q5003/Q5004 Situations

**1. How does the hospice provider know/verify if a facility is “solely certified” as a SNF?**

Hospices who are unsure how a facility is licensed or certified should contact the facility to determine this. In addition, the hospice may also contact the State Survey Agency to determine how a facility is licensed or certified.

## Diagnosis Codes

**1. Effective for dates of service October 1, 2014, we understand that certain diagnosis codes will no longer be permitted as a primary diagnosis. Will there be editing to ensure the diagnosis codes on our claim match our NOE?**

No, there is no editing to confirm the diagnoses reported on the NOE are the same as those submitted on the claim.

**2. Do we need to change the diagnosis code on our NOEs that were submitted prior to October 1, 2014?**

No, if an NOE was submitted for an admission prior to October 1, 2014, there is no need to go back and change the diagnosis that was reported on the NOE.

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- Attachment A includes the dementia ICD-9 code 294.20 which is an accepted diagnosis code. The CMS MLN Matters article MM8877 mentions ICD-9 code 294.10, but that code is not listed on CR 8877 Attachment A. Please clarify if both of these codes are unacceptable or if there is a typo.**

CR 8877 specifies that ICD-9 codes 294.10 and 294.11 are included in the existing Medicare Code Editor edits, which prohibits these diagnosis as the principal diagnosis. The diagnosis codes listed in Attachment A are new edits that will be implemented as a part of CR 8877. As a result, both 294.10 and 294.20 will be prohibited as a principal diagnosis.