

Submitting a Hospice Notice of Cancellation

TOB 8XD

Cancellation of a Medicare Hospice Election or Benefit Period

Although rare, there are times when an NOE must be canceled. A Notice of Cancellation (8XD) is submitted when one of the following situations occur:

- When a hospice election is established out of order, the NOE must be canceled.
 - **Example:** The patient was with Hospice ABC from June through July. In October, the patient elects the hospice benefit with Hospice XYZ. Hospice XYZ checks the CWF and does not see a previous election. Therefore, they submit their hospice NOE for the admission in October. Later that month, Hospice ABC contacts Hospice XYZ to cancel their NOE so that Hospice ABC can submit their NOE and claims for the June through July services.
- When the beneficiary will not be receiving services from the hospice, but the NOE has already been submitted and posted to the Common Working File (CWF).

Note: There may be times where the patient's attending physician or primary diagnosis may change after the patient has elected the hospice benefit. If the patient's attending physician NPI and/or primary diagnosis code submitted on the NOE was correct at the time the NOE was submitted, the NOE would **NOT** need to be canceled.

Steps to cancel an NOE

Before canceling the NOE, the provider must cancel all processed claims (bill types 8X1, 8X2, 8X3, 8X4) within the election. Once all claims are canceled, submit the notice of void/cancel (type of bill [TOB] 8XD) to remove the notice of election (TOB 8XA).

Do not submit TOB 8X8 or 8XB to remove the notice of election as these TOBs will not remove the election period from CWF.

Steps to cancel a Benefit Period

In addition to canceling the NOE and your claims, you may also need to submit an 8XD to remove sequential benefit periods from CWF. The chart below includes additional information to cancel CWF benefit periods. The system does not always remove the benefit periods from the CWF records when the cancellation claim(s) is processed. To determine whether or not the benefit periods also need to be canceled, providers should check the patient's eligibility records to ensure that the benefit periods have also been removed.

Submitting the 8XD

Hospices can submit the Notice of Cancellation (8XD) via the Direct Data Entry (DDE) system, Electronic Data Interchange (EDI) or hard copy (if applicable).

For EDI submissions, Medicare encourages hospices to submit batch transmissions with groups of NOEs separate from batch transmissions with groups of claims. This practice may reduce the risk that translator-level rejections related to Notices of Cancellation, if they occur, that could impact payments to the hospice.

Hospices should note that Notices of Cancellation submitted via EDI are subject to all front-end edits and may be rejected if all required data elements are not submitted or do not meet the required elements as outlined in the companion guide provided with Change Request (CR) 10064. Electronically filed Notices of Cancellation will receive a 999 acknowledgment within minutes of submission if accepted. Thus, hospices should also ensure that they monitor their acceptance reports (277CA and 999) at regular intervals. In addition, hospices should be aware that the Notice of Cancellation is subject to the batching process, which means it may be one to two days before the hospice will see the Notice of Cancellation in DDE if it was accepted. Once the Notice of Cancellation is accepted into FISS, processing time may vary as it is subject to all FISS and CWF edits. Therefore, providers are encouraged to also monitor the status of the Notice of Cancellation in DDE to ensure they make any corrections that may be necessary should the Notice of Cancellation be Returned to the Provider (RTP) for correction.



To complete the 8XD in DDE, select menu option '49' from the claims entry menu. For submission of the Notice of Cancellation via EDI, follow your software instructions. The table below provides the fields that must be completed when submitting the Notice of Cancellation via DDE, EDI, or hard copy (if applicable). **Note:** There are additional fields that will be required when submitting the Notice of Cancellation via EDI.

FIELD DESCRIPTOR	DDE	EDI	UB-04 by Field Locator (FL)	DESCRIPTION/VALID VALUES
Provider Name, Address and Telephone Number	X	X	X (FL 1)	The DDE system will auto-populate this information based on the NPI that is used for submission of the NOE. For electronic submission through EDI, check with your software vendor to determine where this information is stored or if you will need to manually enter the information on the claim.
Beneficiary/ Patient's Medicare Number	X (MID) Claim Page 01	X	X (FL 60)	Enter beneficiary's Medicare ID number. For claims submitted via EDI, this field may vary depending on your software. Check with your vendor if assistance is necessary.
Type of Bill	X (TOB) Claim Page 01	X	X (FL 4)	Enter the type of bill for the Notice of Cancellation. Valid values are: <ul style="list-style-type: none"> • 81D (Freestanding hospice) • 82D (Hospital-based hospice)
Statement Covers Period ('FROM' Date)	X (STMT DATES FROM) Claim Page 01	X	X (FL 6)	To cancel the NOE, enter the effective date of hospice enrollment in MMDDYY format. The date should match the date submitted on the NOE. This date must match the Admit Date. To cancel the benefit period, enter the 'start' date of the benefit period that is being canceled in MMDDYY format.
Statement Covers Period ('THROUGH' Date)	X (STMT DATES TO) Claim Page 01	X	X (FL 6)	This field is only required when submitting the Notice of cancellation through EDI or when canceling a benefit period. When canceling an NOE via EDI, the date must match the "FROM" date. When canceling a benefit period enter the end date of the benefit period being canceled.
Patient's Name	X (Last, First, MI) Claim Page 01	X	X (FL 8)	Enter the patient's name as shown on the eligibility file with the surname first, first name, and middle initial (optional), if any.
Patient's Birth Date	X (DOB) Claim Page 01	X	X (FL 10)	Enter the patient's date of birth in MMDDYYYY format.
Patient's Address	X (ADDR 1 – 6 & ZIP) Claim Page 01	X	X (FL 9)	Enter the patient's full mailing address including street name and number, post office box number or RFD, city, State, and ZIP code.
Patient's Sex	X (SEX) Claim Page 01	X	X (FL 11)	Enter the patient's sex. Valid Values are: <ul style="list-style-type: none"> • M (Male) • F (Female)
Admission Date	X (ADMIT DATE) Claim Page 01	X	X (FL 12)	When canceling the NOE, enter the hospice admission date. This date must match the date that was submitted on the NOE, which also matches the 'FROM' date in the Statement Covers Period. When canceling the benefit period, enter the 'start' date of the benefit period being canceled in MMDDYY format.
Type of Admission		X		Enter a valid Type of Admission Code (1 – 9).
Admission Source Code		X		Enter the Source of Admission with the default value of '1.'
Patient Status Code		X		Enter the patient discharge status code with the default value of '30.'
Occurrence Codes and Dates				This field is not required on the 8XD.
N/A	X (FAC. ZIP) Claim Page 01			The entire nine-digit ZIP code must be entered and should match the facility's master address in the provider enrollment record (usually the facility's physical location).

FIELD DESCRIPTOR	DDE	EDI	UB-04 by Field Locator (FL)	DESCRIPTION/VALID VALUES
Provider Number	X (NPI) Claim Page 01	X	X (FL 56)	Enter the National Provider Identifier (NPI) associated with the OSCAR (Online Survey, Certification and Reporting) number.
N/A	X (OSCAR) Claim Page 01			The system will automatically pre-fill the Medicare OSCAR number (the six-digit number assigned by Medicare) when logging on to the DDE system.
Revenue Code		X		Enter the default revenue code 0650.
HCPCS		X		Enter the default HCPCS code Q5009.
Service Date		X		Enter the service date that matches the 'FROM' date in the Statement Covers Period.
Total Units		X		Enter the default total units of '1.'
Total Charges		X		Enter zeros (0.00)
Payer ID Code	X (CD) Claim Page 03	X		Line A – 'Z' is system generated in DDE; Claims submitted via EDI will depend upon the software being used. If the software does not auto-populate this field, enter the 'Z' to reflect Medicare as the payer source
Payer	X (PAYER) Claim Page 03	X	X (FL 50)	Line A – 'Medicare' is system generated in DDE. Claims submitted via EDI will depend upon the software being used. If the software does not auto-populate this field, enter 'Medicare.'
Insured's Name	X Claim Page 03	X	X (FL 58)	Enter the beneficiary's name on line A as it appears on the beneficiary's Medicare card. Note: All Notices of Cancellation are submitted with Medicare as the primary payer.
Release of Information	X (RI) Claim Page 03	X	X (FL 52)	The Release of Information Certification Indicator indicates whether the provider has on file, a signed statement permitting the provider to release data to other organizations in order to adjudicate the claim. Valid values are: <ul style="list-style-type: none"> • I - Informed consent to release medical information for condition or diagnoses regulated by Federal Statutes, • Y - Yes, provider has a signed statement permitting release of information.
Principal Diagnosis Code	X (DIAGNOSIS CODE 01 – 09) Claim Page 03	X	X (FL 66)	Enter all diagnoses as appropriate.
Attending Physician I.D.	X (ATT PHYS) Claim Page 03	X	X (FL 76)	Enter the NPI and name of the physician or NPP (non-physician practitioner) 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.	X (REF PHYS) Claim Page 03	X (Referring)	X (FL 78)	Enter the NPI and name of the hospice physician responsible for certifying the patient's terminal illness. Note: When the hospice physician is the attending and certifying physician, only the attending physician NPI is required to be reported.
Remarks	X Claim Page 04	X	X	Enter the reason that the NOE or benefit period is being canceled.
Provider Representative Signature and Date			X (FL 80)	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.

References:

- Change Request 10064 (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R3866CP.pdf>)
- CMS IOM, Publication 100-04, Chapter 11, Section 20.1.4 (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c11.pdf>)