

# Submitting a Hospice Notice of Termination/Revocation of Election

## TOB 8XB

The Notice of Termination/Revocation (NOTR), Type of Bill (TOB) 8XB, is submitted when the hospice discharges the beneficiary or the beneficiary chooses to revoke the Medicare Hospice Benefit if the hospice has **not already filed a final claim**. The NOTR (8XB) or final claim (8X4) must be filed within five days of the effective date the beneficiary is discharged or revoked. Effective on or after July 1, 2018, the NOTR may be submitted to post a revocation date on an open election period established in the Common Working File (CWF). Hospices can submit the NOTR via the Direct Data Entry (DDE) system, Electronic Data Interchange (EDI) or hard copy (if applicable).

While it is preferred that you file a final claim instead of a NOTR, there are certain situations that may still require the NOTR. As an example, some final claim rejections or denials may not post the revocation on the Common Working File (CWF).

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

Hospices should note that NOTRs submitted via EDI are subject to all front-end edits and may be rejected if all required data is not submitted or does not meet the required elements as outlined in the companion guide provided with Change Request (CR) 10064. Electronically filed NOTRs 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 NOTR is subject to the batching process, which means it may be one to two days before the hospice will see the NOTR in DDE if it was accepted. Once the NOTR 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 NOTR in DDE to ensure they make any corrections that may be necessary should the NOTR be Returned to the Provider (RTP) for correction.

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

### NOTR SUBMISSION TO ESTABLISH A DISCHARGE

FIELD DESCRIPTOR	DDE	EDI	UB-04 by Field Locator (FL)	DESCRIPTION/VALID VALUES
Provider Name, Address and Telephone Number	<b>X</b>	<b>X</b>	<b>X</b> (FL 1)	The DDE system will auto-populate this information based on the NPI that is used for submission of the NOTR.  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	<b>X</b> (MID) Claim Page 01	<b>X</b>	<b>X</b> (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	<b>X</b> (TOB) Claim Page 01	<b>X</b>	<b>X</b> (FL 4)	Enter the type of bill for the NOTR. Valid values are: <ul style="list-style-type: none"> <li>• 81B (Freestanding hospice: '81' is system generated)</li> <li>• 82B (Hospital-based hospice: provider keyed)</li> </ul>



NOTR SUBMISSION TO ESTABLISH A DISCHARGE				
FIELD DESCRIPTOR	DDE	EDI	UB-04 by Field Locator (FL)	DESCRIPTION/VALID VALUES
Statement Covers Period ('FROM' Date)	<b>X</b> (STMT DATES FROM) Claim Page 01	<b>X</b>	<b>X</b> (FL 6)	Enter the start date of the hospice election period in which the discharge or revocation is effective in MM/DD/YY format. This would be the same "FROM" date as submitted on the Notice of Election (NOE), TOB 8XA if a transfer or Notice of Change did not occur after the beneficiary elected the Medicare hospice benefit.  If the beneficiary transferred after electing the Medicare hospice benefit, the date must match the Start Date 2 of the benefit period in which the transfer took place. This would be the same "FROM" date as submitted on the Notice of Transfer, TOB 8XC. If there was a Notice of Change of Ownership, TOB 8XE billed, then the "FROM" date would need to match the date on the 8XE.
Statement Covers Period ('THROUGH' Date)	<b>X</b> (STMT DATES TO) Claim Page 01	<b>X</b>	<b>X</b> (FL 6)	Enter the date of discharge/revocation in MM/DD/YY format.
Patient's Name	<b>X</b> (Last, First, MI) Claim Page 01	<b>X</b>	<b>X</b> (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	<b>X</b> (DOB) Claim Page 01	<b>X</b>	<b>X</b> (FL 10)	Enter the patient's date of birth in MMDDYYYY format.
Patient's Address	<b>X</b> (ADDR 1 – 6 & ZIP) Claim Page 01	<b>X</b>	<b>X</b> (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	<b>X</b> (SEX) Claim Page 01	<b>X</b>	<b>X</b> (FL 11)	Enter the patient's sex. Valid Values are: • M (Male) • F (Female)
Admission Date	<b>X</b> (ADMIT DATE) Claim Page 01	<b>X</b>	<b>X</b> (FL 12)	Enter the start date of the hospice election period in which the discharge or revocation is effective. This date should match the "FROM" date submitted on the NOE, TOB 8XA if the beneficiary did not transfer after electing the Medicare hospice benefit.  If the beneficiary transferred after electing the Medicare hospice benefit, enter the Start Date 2 of the benefit period in which the patient transferred. This date should match the "FROM" date submitted on the Notice of Change, TOB 8XC. If there was a Notice of Change of Ownership, TOB 8XE billed, then the "FROM" date would need to match the date on the 8XE.
Type of Admission		<b>X</b>		Enter a valid Type of Admission Code (1 – 9).
Admission Source Code		<b>X</b>		Enter the Source of Admission with the default value of '1.'
Patient Status Code		<b>X</b>		Enter the patient discharge status code with the default value of '30.'
Condition Codes	<b>X</b> (COND CODES 01 - 10) Claim Page 01	<b>X</b>	<b>X</b> (FL 18 – 28)	Enter D0 (the number zero) if the NOTR is correcting a discharge/revocation date. <b>Note:</b> When D0 is entered on the claim, Occurrence Code 56 and date must also be submitted. If both codes are not submitted on the NOTR, it will be returned to the provider.
Occurrence Codes and Dates	<b>X</b> (OCC CDS/Date 01 – 10) Claim Page 01	<b>X</b>	<b>X</b> (FL 31 – 34)	To correct a discharge or revocation date previously submitted on an NOTR in error, enter Occurrence Code (OC) 56 and the discharge/revocation date reported on the original NOTR in the 'THROUGH' date field.  *The 'THROUGH' date on a corrected NOTR will reflect the correct discharge/revocation date.  <b>Note:</b> When Occurrence Code 56 is submitted on the NOTR, Condition Code D0 must also be entered. If both codes are not on the NOTR, it will be returned to the provider.
N/A	<b>X</b> (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).
Provider Number	<b>X</b> (NPI) Claim Page 01	<b>X</b>	<b>X</b> (FL 56)	Enter the National Provider Identifier (NPI) associated with the OSCAR (Online Survey, Certification and Reporting) number.

NOTR SUBMISSION TO ESTABLISH A DISCHARGE				
FIELD DESCRIPTOR	DDE	EDI	UB-04 by Field Locator (FL)	DESCRIPTION/VALID VALUES
N/A	<b>X</b> (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		<b>X</b>		Enter the default revenue code 0650.
HCPCS		<b>X</b>		Enter the default HCPCS code Q5009.
Service Date		<b>X</b>		Enter the service date that matches the 'FROM' date in the Statement Covers Period.
Total Units		<b>X</b>		Enter the default total units of '1.'
Total Charges		<b>X</b>		Enter zeros (0.00)
Payer ID Code	<b>X</b> (CD) Claim Page 03	<b>X</b>		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	<b>X</b> (PAYER) Claim Page 03	<b>X</b>	<b>X</b> (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	<b>X</b> Claim Page 03	<b>X</b>	<b>X</b> (FL 58)	Enter the beneficiary's name on line A as it appears on the beneficiary's Medicare card. <b>Note:</b> All NOTRs are submitted with Medicare as the primary payer.
Release of Information	<b>X</b> (RI) Claim Page 03	<b>X</b>	<b>X</b> (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"> <li>I - Informed consent to release medical information for condition or diagnoses regulated by Federal Statutes,</li> <li>Y - Yes, provider has a signed statement permitting release of information.</li> </ul>
Principal Diagnosis Code	<b>X</b> (DIAG CODE 01 – 09) Claim Page 03	<b>X</b>	<b>X</b> (FL 66)	Enter all diagnoses as appropriate.
Attending Physician I.D.	<b>X</b> ATT PHYS NPI, L, F Claim Page 03	<b>X</b>	<b>X</b> (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.	<b>X</b> (REF PHYS) Claim Page 03	<b>X</b> (Referring)	<b>X</b> (FL 78)	Enter the NPI and name of the hospice physician responsible for certifying the patient's terminal illness. <b>Note:</b> When the hospice physician is the attending and certifying physician, only the attending physician NPI is required to be reported.
Remarks	<b>X</b>	<b>X</b>	<b>X</b> (FL 80)	Enter the reason for discharge. Include your initials and the date the remark was entered. You can use the discharge situations below to determine the appropriate remarks.
Provider Representative Signature and Date			<b>X</b> (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.

### Correcting the Discharge Date on a Previous Submitted NOTR

An erroneous discharge date on the NOTR can only be corrected for a discharge that occurred on or after January 1, 2018.

Below is an example of submitting a corrected NOTR. This example is for demonstration purposes only.

**Type of Bill (TOB):** 8XB  
**Statement Covers Period** Enter 0101XX in the 'FROM' date field  
**Statement Covers Period** Enter 0121XX in the 'THROUGH' date field (correct discharge date).

<b>Admission Date</b>	<ul style="list-style-type: none"> <li>If no change in the provider number has been made, the "FROM" date submitted on the NOTR will match the effective election date</li> <li>If the revocation/discharge date follows a transfer, the "FROM" date on the NOTR must match the "START DATE 2" on the benefit period that initiated the transfer</li> </ul>
<b>Condition Code</b>	Enter D0 (ensure that the number zero is entered)
<b>Occurrence Code and Date</b>	Enter Occurrence Code 56 and 0122XX (incorrect discharge date)

### Removing a Revocation Date Established by an NOTR Submitted in Error

There are also times when a provider may submit an NOTR in error, which will apply a revocation to the election. Hospice providers may remove a revocation date established from an NOTR submitted in error. The hospice must submit zeros in the "Through" date on an NOTR TOB and have occurrence code 56 and condition code D0 present (example below). The correction NOTR must be entered via DDE. This direction is for NOTRs submitted in error for discharge dates that occurred on or after January 1, 2018. Zeros in the "Through" date are not allowed in the 837I transaction (electronic submission). DDE is not an electronic submission.

**NOTE:** If a final claim (end of episode) creates a revocation, the final claim would need to be cancelled. The NOTR instructions to remove the revocation would not work.

\*Below is an example of removing an NOTR. This example is for demonstration purposes only.

The NOTR example added a revocation date of 01/22/XX to the election. It was submitted with a "FROM" and "ADMIT" date of 0103XX and "THROUGH" date of 01/22/XX. The hospice reports the below (in addition to the other required information) on an 8XB TOB to remove the revocation. The hospice reports the following:

<b>Type of Bill (TOB):</b>	8XB
<b>Statement Covers Period</b>	Enter 0103XX in the 'FROM' date field
<b>Statement Covers Period</b>	Enter 000000 in the 'THROUGH' date field (all zeros).
<b>Admission Date</b>	<ul style="list-style-type: none"> <li>If no change in the provider number has been made, the "FROM" date submitted on the NOTR will match the effective election date</li> <li>If the revocation/discharge date follows a transfer, the "FROM" date on the NOTR must match the "START DATE 2" on the benefit period that initiated the transfer</li> </ul>
<b>Condition Code</b>	Enter D0 (ensure that the number zero is entered)
<b>Occurrence Code and Date</b>	Enter Occurrence Code 56 and 0122XX (incorrect discharge date)

Remember, hard copy UB-04 claims may only be submitted by providers that are authorized to do so.

### References:

- Medicare Learning Network (MLN®) Matters article, MM10967, Redesign of Hospice Period – Additional Requirements (<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10967.pdf>)
- Change Request 10064 (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R3866CP.pdf>)
- CMS IOM, Publication 100-04, Chapter 11, Section 20.1.2 (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c11.pdf>)
- Special Edition Medicare Learning Network (MLN®) Matters article, SE18007, Recent and Upcoming Improvement in Hospice Billing and Claims Processing (<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNmattersArticles/downloads/se18007.pdf>)