

# Overview of Change Request 8877

Diagnosis Reporting, and Timely Filing of Notices of Election (NOEs)  
and Notices of Election Termination/Revocation (NOTRs)

September 11, 2014



# CR 8877

## Overview of Changes

# CR 8877

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“Hospice manual Update for Diagnosis Reporting and Filing Hospice Notice of Election (NOE) and Termination or Revocation of Election”, <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3032CP.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: Diagnoses

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## 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 for complete list

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

Note: Edits will be updated with implementation of ICD-10

# CR 8877: Q5003 vs. Q5004

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## 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

# CR 8877

## Timely Filing of NOEs

# CR 8877: Timely Filing of NOEs

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## Timely filing of NOEs

- Defined: An NOE that is **submitted to and accepted by** the Medicare contractor **within 5 calendar days after** the hospice admission date
- Providers need to consider
  - Staff availability to submit NOEs timely
  - QA process to ensure accuracy of submission of NOE
- **Important point:** An NOE that is returned to provider (RTPs) **does not** constitute an “accepted” NOE
  - When NOE is corrected (F9’d) out of RTP, it gets **new receipt date**; this will be the receipt date **used to determine timely filing of NOE**
- Untimely NOEs will still process and post beneficiary’s hospice election

# CR 8877: Timely Filing of NOEs

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## Example of timely/untimely NOE calculation

- Admission date = 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 **This is the NOE “due date”**

If NOE received and accepted on/after 10/16/14, it is untimely

- Medicare will not cover/pay for days of care from admission to date NOE submitted/accepted
- Provider is liable for these “noncovered” days
  - Cannot bill the beneficiary



# CR 8877: Timely Filing of NOEs

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## Determining “submitted to and accepted by” date using FISS

- Choose Inquiry option (Option 01)
- Select Claim Summary option (Option 12) to access MAP1741
- Enter NPI, HIC and type of bill (81A, 82A) to view NOE
- Look at date that appears in “REC DT” field
  - If REC DT is 5 days or less after ADM DT, NOE is timely
  - If REC DT is more than 5 days after ADM DT, NOE is untimely

# CR 8877: Timely Filing of NOEs

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

MAP1741	CGS J15 MAC - HHH REGION				ACPFA052	MM/DD/YY	
XXXXXXX	SC	CLAIM SUMMARY INQUIRY				C201433P	HH:MM:SS
NPI XXXXXXXXXXXX							
HIC	XXXXXXXXXA	PROVIDER	S/LOC		TOB 81A		
OPERATOR ID	XXXXXXX	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	CAN DT REAS NPC #DAYS	
	XXXXXXXXXA	XXXXXX	P B9997	81A	101014	101014 101114	
PATIENT		A		102314		37200	

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

MAP1741	CGS J15 MAC - HHH REGION				ACPFA052	MM/DD/YY	
XXXXXXX	SC	CLAIM SUMMARY INQUIRY				C201433P	HH:MM:SS
NPI XXXXXXXXXXXX							
HIC	XXXXXXXXXA	PROVIDER	S/LOC		TOB 81A		
OPERATOR ID	XXXXXXX	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	CAN DT REAS NPC #DAYS	
	XXXXXXXXXA	XXXXXX	P B9997	81A	101014	101014 101614	
PATIENT		A		102814		37200	

# 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	PAGE 01		CGS J15 MAC - HHH REGION			ACPFA052 MM/DD/YY		
XXXXXXX	SC		INST CLAIM ENTRY			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		101014	HR		
COND CODES	01	02	03	04	05	06		
OCC CDS/DATE	01		02		03			
	06		07		08			
SPAN CODES/DATES		01	77	101014	101514	02		
04		05			06			
08		09			10	FAC.ZIP		

Admit date = 101014  
NOE submitted/accepted  
on 101614

# 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					
XXXXXXX	SC	INST CLAIM ENTRY	C201433P HH:MM:SS					
			REV CD PAGE 01					
HIC	TOB 811	S/LOC S B0100						
CL	REV	HCPC MODIFS	TOT RATE UNIT	COV UNIT	TOT CHARGE	NCOV CHA	SERV DATE	RED IND
0651	Q5001		6		600.00	600.00	101014	
0651	Q5001		16	16	1600.00		101614	
0551	Q0154		2	2	50.00		101014	

Admit date = 101014

Date NOE submitted/accepted = 101614

“Noncovered” discipline visits and drugs may be reported as noncovered, but not required

# CR 8877: Timely Filing of NOEs

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## Four exceptional circumstances

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

# CR 8877: Timely Filing of NOEs

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

- 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

# CR 8877: Timely Filing of NOEs

To request an exception:

- Report 'KX' modifier on earliest dated level of care line (0651, 0652, 0655, 0656)

MAP1712	PAGE 02	CGS J15 MAC - HHH REGION	ACPFA052	MM/DD/YY					
XXXXXXX	SC	INST CLAIM ENTRY	C201433P	HH:MM:SS					
			REV CD	PAGE 01					
HIC	XXXXXXXXXA	TOB 811	S/LOC S B0100	PROVIDER					
CL	REV	HCPC MODIFS	TOT RATE	UNIT	COV UNIT	TOT CHARGE	NCOV CHARGE	SERV DATE	RED IND
0651	Q5001	KX	6			600.00	600.00	101014	
0651	Q5001		16	16		1600.00		101614	
0551	Q0154		2	2		50.00		101014	

# CR 8877: Timely Filing of NOEs

When a KX modifier is reported:

- CGS will generate non-medical review Additional Development Request (non-MR ADR)
  - Claim will move to S B6001, with reason code 39701

MAP1741	CGS J15 MAC - HHH REGION				ACPFA052	MM/DD/YY	
XXXXXXXX	SC	CLAIM SUMMARY INQUIRY			C201433P	HH:MM:SS	
NPI XXXXXXXXXXXX							
HIC	PROVIDER		S/LOC	S B6001	TOB		
OPERATOR ID	XXXXXXXX	FROM DATE	TO DATE	DDE SORT			
MEDICAL REVIEW SELECT							
HIC	PROV/MRN	S/LOC	TOB	ADM DT	FRM DT	THRU DT	
SEL	LAST NAME	FIRST INIT	TOT CHG	PROV REIMB PD DT	CAN DT	REAS NPC	#DAYS
XXXXXXXXXXA	XXXXXX		S B6001	811	101014	103114	111114
PATIENT	A	####.##				39701	

- Provider needs to ensure ADRs are being checked at least weekly
- FISS Guide Chapter Three: Inquiry menu, [http://www.cgsmedicare.com/hhh/education/materials/pdf/chapter\\_3-inquiry\\_menu.pdf](http://www.cgsmedicare.com/hhh/education/materials/pdf/chapter_3-inquiry_menu.pdf)



# CR 8877: Timely Filing of NOEs

## Example: FISS Page 07

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REPORT: 001                     MEDICARE PART A 15004             PVDR NO : XXXXXXXXXXXX
DATE  : MM/DD/CCYY   ADDITIONAL DEVELOPMENT REQUEST           BILL TYPE: 811
CASE ID: 15004XXXXXXXXXXXXXXXXXIIAR0PR
                          A HOSPICE AGENCY
                          123 MAIN ST

                          ANYWHERE                     IA 50309 1234

WE HAVE REVIEWED THIS CLAIM RECORDS AND FOUND THAT ADDITIONAL DEVELOPMENT
WILL BE NECESSARY BEFORE PROCESSING CAN BE FINALIZED. TO ASSIST YOU IN
PROVIDING THE REQUIRED INFORMATION, WE HAVE ASSIGNED REASON CODES TO THE
AFFECTED CLAIM RECORD (SEE BELOW) FOR YOUR REVIEW. PLEASE REFER TO THE
ACCOMPANYING LIST FOR EXPLANATION OF THE ASSIC
THE REQUESTED INFORMATION BEFORE THE DUE DATE

                          CGS J15 MAC
                          J15 - HHH CORRESPONDENCE
                          P O BOX 20014
                          NASHVILLE                     TN 37202

PATIENT CNTRL NBR:
MEDICAL REC NO:                 DCN: XXXXXXXXXXXXXXXX
HIC: XXXXXXXXXXXX   PATIENT NAME: AVERY PATIENT
FROM DATE: 10/10/2014   THRU DATE: 10/31/2014   OPR/MED
TOTAL CHARGES:     ####.##   ORIG REQ DT: MM/DD/CCYY
PRESS PF3-EXIT   PF5-SCROLL BKWD   PF6-SCROLL FWD
    
```

Due Date = day 45  
 Documentation should be  
 mailed 15 days prior to this date

DUE DATE: MM/DD/CCYY

Orig Req Dt = day 1  
 Documentation should  
 be mailed no later than  
 30 days after this date

ORIG REQ DT: MM/DD/CCYY

# CR 8877: Timely Filing of NOEs

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## FISS Page 08

- Indicates ADR edit code **78877**
- Provides ADR narrative, indicating need to submit documentation to support exceptional circumstance
  - **NOTE:** Only documentation related to exceptional circumstance required
- Lists methods to submit supporting documentation
  - US Mail
  - FAX
  - esMD

## Submit documentation **as soon as possible**

- No later than day 30
- Prompt receipt of documentation will facilitate timely processing of claim

# CR 8877: Timely Filing of NOEs

## Example: FISS Page 08

REASONS: 78877

REASON CODE NARRATIVES FOR HIC/DCN: XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXIAR

78877 MEDICARE NEEDS TO RECEIVE THE RETURNED ADR INFORMATION BY THE 30TH DAY. THIS ALLOWS FOR MAIL TIME AND FOR US TO MOVE THE CLAIM INTO THE STATUS/LOCATION S M87DR ONCE THE DOCUMENTATION HAS BEEN RECEIVED. IF DOCUMENTATION IS NOT RECEIVED WITHIN 45 DAYS, IT WILL BE RELEASED ON DAY 46 AND PROCESS WITH PROVIDER SUBMITTED NONCOVERED CHARGES. TO SUPPORT YOUR REQUEST FOR AN EXCEPTIONAL CIRCUMSTANCE, SEND THE FOLLOWING INFORMATION:

- \* DOCUMENTATION TO SUPPORT A FIRE, FLOOD, EARTHQUAKE OR OTHER UNUSUAL EVENT WHICH CAUSED EXTENSIVE DAMAGE TO YOUR AGENCY'S ABILITY TO OPERATE.
- \* DOCUMENTATION OF AN EVENT THE PRODUCED A CMS OR CGS DATA FILING PROBLEM WHICH WAS BEYOND YOUR AGENCY'S CONTROL.
- \* DOCUMENTATION TO SUPPORT YOUR AGENCY WAS NEWLY CERTIFIED AND THAT YOU WERE NOTIFIED AFTER THE MEDICARE EFFECTIVE DATE. THIS MAY INCLUDE THE MEDICARE TIE-IN NOTICE THAT YOU RECEIVE FROM CMS.
- \* DOCUMENTATION TO SUPPORT ANY OTHER CIRCUMSTANCE THAT YOU FEEL WAS BEYOND YOUR CONTROL. THIS MAY INCLUDE, BUT IS NOT LIMITED TO, DOCUMENTATION SHOWING A PRIOR HOSPICE'S SUBMISSION OF AN UNTIMELY NOTICE OF TERMINATION/REVOCATION, OR SEND YOU TO REMOVE YOUR TIMELY-FILED BILL.

Press F6 to view additional instructions/ mailing address

# CR 8877: Timely Filing of NOEs

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ADR documentation for exceptional circumstance may be submitted:

- Via US Mail to: CGS J15 MAC  
J15 – HHH Claims  
PO Box 20019  
Nashville, TN 37202
- FAX: 515-471-7582
- esMD: <http://www.cgsmedicare.com/hhh/medreview/ESMD.html>

When documentation is received

- CGS will move claim to **S M87DR**
- Documentation will be reviewed
- Payment/non-payment determination made based on documentation

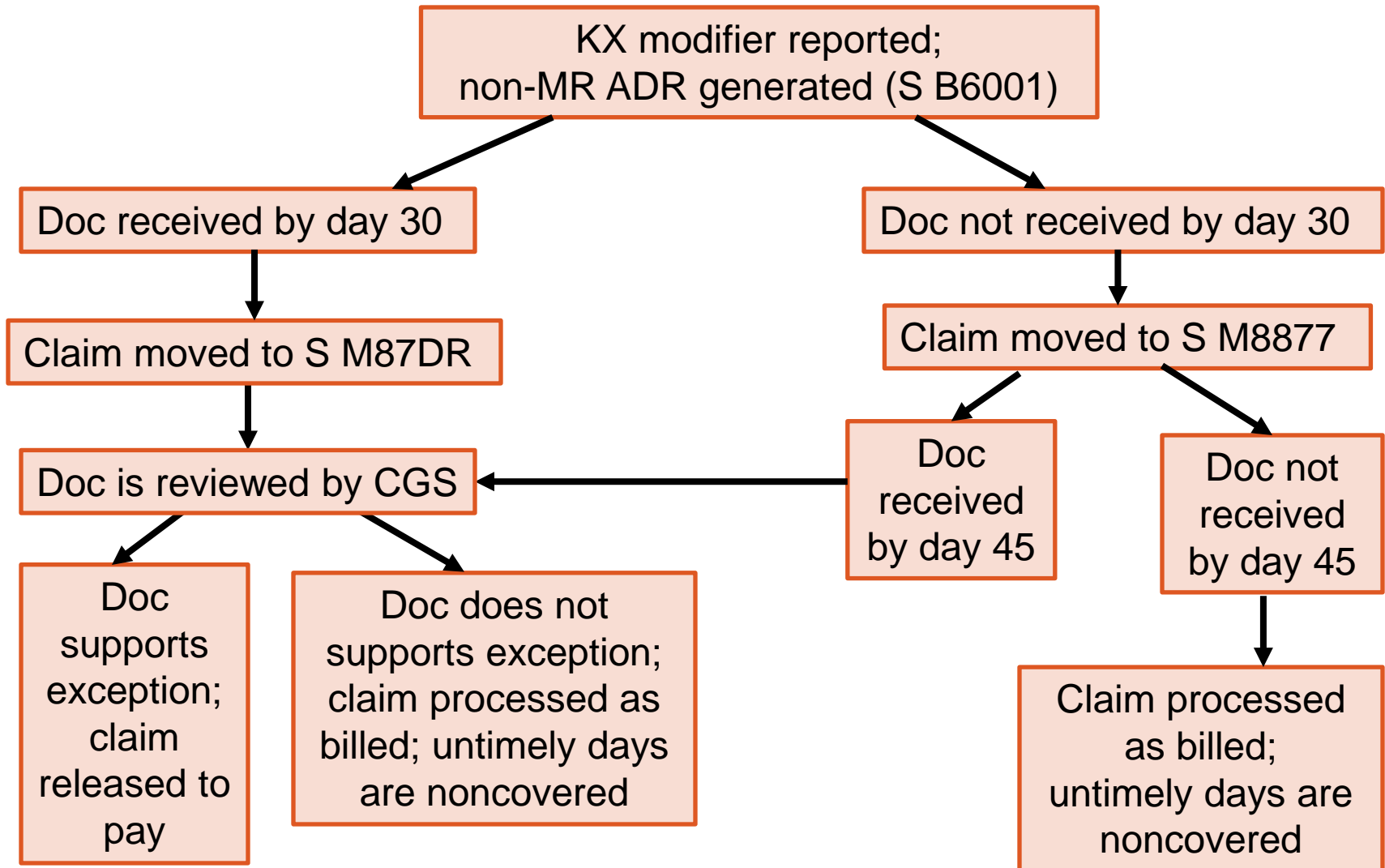
# CR 8877: Timely Filing of NOEs

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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)

# CR 8877: Timely Filing of NOEs – Non-MR ADR Process Flow



# CR 8877: Timely Filing of NOEs

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CGS will review exceptional circumstance documentation

## If documentation supports exception

- CGS will remove non-covered days, and pay for days associated with late-filed NOE

## If documentation does not support exception

- CGS will process claim as billed
  - With OSC 77 / dates
  - With noncovered days, units and charges
- Remit will show remark code N211 (you may not appeal this decision)
  - Applied in error
  - Days are appealable
  - Will be corrected in future Change Request

# CR 8877

## Timely Filing of Notice of Election Terminations/Revocations (NOTRs)



# CR 8877: Timely Filing of NOTRs

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Hospices required to submit Notice of Election Termination/Revocation (NOTR) **within 5 calendar days after effective date of discharge/revocation**

- Unless final claim already filed
- Allows beneficiary to access care waived under hospice election
  - i.e. Care related to terminal diagnosis, drugs, etc.
- Submitted direct data entry (DDE), using Claims Entry Option 28 – Hospice
  - Cannot use NOE/NOA option (Option 49)
  - Reported with type of bill **8XB**
- To be timely, NOTR must be **submitted to and accepted by CGS** within 5 calendar days

# CR 8877: Timely Filing of NOTRs

From FISS Main Menu, choose Option 02 (Claims/Attachments)

From Claims Entry Menu, choose Option 28 (Hospice)

```
MAP1703                CGS J15 MAC - HHH REGION                ACPFA052 MM/DD/YY
XXXXXXXX                CLAIM AND ATTACHMENTS ENTRY MENU          C201433P HH:MM:SS
```

## CLAIMS ENTRY

```
INPATIENT                20
OUTPATIENT                22
SNF                       24
HOME HEALTH              26
HOSPICE                   28
NOE/NOA                  49
ROSTER BILL ENTRY        87
```

## ATTACHMENT ENTRY

```
HOME HEALTH              41
DME HISTORY               54
ESRD  CMS-382 FORM        57
```

# CR 8877: Timely Filing of NOTRs

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

Complete FISS Page 01 with the following

FISS Field	Data Entered
HIC	Beneficiary's HICN
TOB	81B (nonhospital based) or 82B (hospital based)
NPI	Hospice's NPI
STMT DATES FROM	Start date of hospice benefit period in which termination/revocation effective
TO	Date termination/revocation is effective
LAST	Beneficiary's last name
FIRST	Beneficiary's first name
DOB	Beneficiary's date of birth

# CR 8877: Timely Filing of NOTRs

Complete FISS Page 01 with the following (cont.)

FISS Field	Data Entered
ADDR	Beneficiary's address
ZIP	Beneficiary's ZIP code
SEX	Sex code (F or M)
ADMIT DATE	Start date of hospice benefit period in which revocation/termination is effective
FAC.ZIP	Hospice's ZIP code (5- or 9-digits)

# 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
XXXXXXXX SC INST CLAIM 33P HH:MM:SS
HIC XXXXXXXXXXXA TOB 81B S/LOC : UB-FORM
NPI XXXXXXXXXXXX TRANS HOSP S NEW HIC
PAT.CNTL#: TAP# CD:
STMT DATES FROM 041614 TO 053114 DAYS COV N-C CO LTR
LAST PATIENT FIRST AVERY MI DOB MMDDCCYY
ADDR 1 123 MAIN ST 2 ANYTOWN IA
3 4 CARR:
5 6 LOC:
ZIP 50309 1234 SEX F MS ADMIT DATE 041614 HR TYPE SRC D HM STAT
COND CODES 01 02 03 04 05 06 07 08 09 10
OCC CDS/DATE 01 02 03 04 05 06 07 08 09 10
SPAN CODES/DATES 01 02 03 04 05 06 07 08 09 10
DCN FAC.ZIP 50309 4321
V A L U E C O D E S - A M O U N T S - A N S I MSP APP IND
01 02 03
04 05 06
07 08 09
    
```

**From date = start of BP term/rev occurred in**  
**To date = date of term/rev**

**Admit date = start of BP term/rev occurred in**

# CR 8877: Timely Filing of NOTRs

Complete FISS Page 03 with the following (cont.)

FISS Field	Data Entered
CD (line A)	"Z"
RI	Release of information (Y or I)
DIAG CODES	Diagnosis codes
ATT PHYS NPI, L, F	Attending physician's NPI, last and first name (if patient has one)
REF PHYS NPI, L, F	Certifying physician's NPI, last and first name (if different than attending)

# CR 8877: Timely Filing of NOTRs

## Example: FISS Page 03 for NOTR

MAP1713	PAGE 03	CGS J15 MAC - HHH REGION	ACPFA052	MM/DD/YY
XXXXXXXX	SC	INST CLAIM INQUIRY	C201433P	HH:MM:SS
HIC <b>XXXXXXXXXXA</b>	TOB <b>81B</b>	S/LOC	PROVIDER	XXXXXX
NDC CODE			OFFSITE	ZIPCD:
<input type="text" value="CD"/> ID	PAYER	OSCAR	<input type="text" value="RI"/> AB	EST AMT DUE
A <b>Z</b>			<b>Y</b>	
B				
C				
DUE FROM PATIENT		SERV FAC	NPI	
MEDICAL RECORD NBR		COST RPT DAYS	NON COST RPT DAYS	
<input type="text" value="DIAG CODES"/> 01 <b>XXXXXX</b>	02	03	04	05
06	07	08	09	END OF POA IND
ADMITTING DIAGNOSIS	E CODE	HOSPICE TERM	ILL IND	
IDE				
PROCEDURE CODES AND DATES	01	02		
03	04	05	06	
ESRD HOURS	ADJUSTMENT REASON	CODE	REJECT CODE	NONPAY CODE
ATT PHYS	<input type="text" value="NPI"/> <b>XXXXXXXXXX</b>	<input type="text" value="L"/> <b>DOCTOR</b>	<input type="text" value="F"/> <b>BEN</b>	M SC
OPR PHYS	NPI	L	F	M SC
OTH OPR	NPI	L	F	M SC
REN PHYS	NPI	L	F	M SC
REF PHYS	<input type="text" value="NPI"/> <b>XXXXXXXXXX</b>	<input type="text" value="L"/> <b>JONES</b>	<input type="text" value="F"/> <b>AL</b>	M SC

# CR 8877 Resources

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

Medicare Learning Network (MLN) Matters Article MM8877, 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)

Notice of Election Termination/Revocation (NOTR) Web pages

- 'NOTR Claim Page 01' Web page, [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' Web page, [http://www.cgsmedicare.com/hhh/education/materials/notr\\_claim\\_page\\_3.html](http://www.cgsmedicare.com/hhh/education/materials/notr_claim_page_3.html)



# CR 8877

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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' Web page,

<http://www.cgsmedicare.com/hhh/pubs/news/index.html>

- Join/Update Listserv,

[http://www.cgsmedicare.com/medicare\\_dynamic/lis/001.asp](http://www.cgsmedicare.com/medicare_dynamic/lis/001.asp)

# Questions

CGS HHH Provider Contact Center

1.877.299.4500 (Option 1)