



CR 8877 QUESTIONS AND ANSWERS

Please note: The responses provided to the questions below were developed with use of the Centers for Medicare and Medicaid Services (CMS) Change Request (CR) 8877, as well as other official CMS correspondence and publications such as hospice manuals. For some of the questions we have included the direct response that was provided from CMS – these are referenced as “CMS Response” to minimize confusion.

EFFECTIVE DATE

Question: What is the effective date of CR 8877?

Answer: CR 8877, Hospice Manual Update for Diagnosis Reporting and Filing Hospice Notice of Election (NOE) and Termination or Revocation of Election, is effective for all hospice claims with dates of service October 1, 2014 and later. (clarified by CMS September 2014)

NOTICE OF ELECTION (NOE)

Question: How does the hospice know the NOE has been accepted by the Medicare Administrative Contractor (MAC)?

Answer: The practical meaning of ‘submitted to and accepted by the Medicare contractor’ is that the NOE/NOTR was not returned to the provider for correction. Providers can determine this most quickly in the negative – no NOEs/NOTRs among their RTP’d records. They can determine it positively after the NOE is processed by CWF when they see the beneficiary’s hospice benefit period information changed. (provided by CMS August 2014)

NOTE: A hospice billing error can create an untimely NOE and no payment. This is because some of the reasons for the NOE not being accepted may not be identified for several days after submission. It is imperative that hospices ensure the NOE does not have billing errors. Given the limited time frame allowed for “timely” submission, it is advisable that hospices check for RTPs on a regular basis.

Question: Must the hospice submit an NOE it knows it will have to back out at a later date (i.e. when a previous hospice still has an open election)?

Answer: CMS is looking into possible future system enhancements to reduce the number of scenarios under which information must be backed out in the first place. (provided by CMS September 2014)

Yes, the hospice should still submit the NOE. The hospice will need to use the KX modifier to request an exception.

Question: When an NOE has to be corrected after it has initially been filed and accepted (i.e. election date incorrect, diagnosis code incorrect, attending physician incorrect, etc.) will the initial filing date be the date used to determine compliance with the 5-day timely filing requirement?

Answer: CMS needs to research this with the system maintainer. (provided by CMS September 2014)

Question: In the case of a transfer patient, does the system allow an 8xC to be filed by the receiving hospice before the prior hospice submits their final claim? If not, what process should be followed with the NOE (8xC) when the patient is a transfer?

Answer: Yes, the 8xC is allowed in this case. If a hospice encounters the situation where it is not accepted, it should report the example of the error to the MAC so they can report the problem to [the CMS] system maintainer. (provided by CMS September 2014)

Question: Can the NOE be sent to the MAC electronically?

Answer: No, the MACs cannot accept the NOE electronically. It must be entered via DDE or mailed to the MAC. This is per the FISS Manual; however, the Medicare Claims Processing Manual, Chapter 11, states the MACs can receive it via messenger as well as DDE or mail. We are awaiting responses from all the MACs regarding what address to mail the NOE to should that be necessary as well as confirmation or denial of whether they can accept an NOE that has been sent via messenger, and if so, to what address it should be delivered.

Question: Can you clarify if the liable days that a hospice is responsible for due to late filing of NOE should in fact still be listed as line items on the claim per existing billing/formatting requirements but that they would simply report the charges associated with those line items in the non-covered charges column?

Answer: All service lines should be reported as usual but any line item dates within the occurrence span code 77 period should be reported with non-covered charges.

Question: What fields are required to be completed on the NOE?

Answer: The Medicare Claims Processing Manual, Chapter 11, is a helpful reference. We caution providers that there may be MAC-specific requirements for the NOE. Please see the RESOURCES section at the end of this document for links to MAC-specific information.

NOTICE OF TERMINATION/REVOCATION (NOTR)

Question: Is there a certain type of bill for the NOTR like there is for the NOE (type 8XA)?

Answer: Yes, bill type 8xB is the NOTR. When the CR was first released some hospices tested submission of the 8xB to their MAC and it failed. We understand that as of the end of September 2014 all MAC systems have the capability of receiving the 8xB via DDE or mail (it cannot be sent electronically).

Question: Some providers understand that filing an 8xB (NOTR) will prohibit them from being able to file a claim at a later date. Is this accurate and will the system be modified to allow claim submission after an 8xB has processed?

Answer: This is not correct. If a hospice encounters this situation, they should report the example of the error to their MAC so they can report the problem to the system maintainer. (provided by CMS September 2014)

Question: What fields are required to be completed on the NOTR?

Answer: The Medicare Claims Processing Manual, Chapter 11, is a helpful reference. We caution providers that there may be MAC-specific requirements for the NOTR. Please see the RESOURCES section at the end of this document for links to MAC-specific information.

EXCEPTION REQUESTS

Question: When we submit a claim with the KX modifier for the exception request, will we receive an ADR on this claim?

Answer: Providers will receive a request for additional documentation, i.e. a non-medical ADR or ADR, when a claim with the KX modifier is submitted. Information obtained from the non-medical ADR will be used to determine if the exception will be granted.

Question: What is the status of the MACs being able to accept comments on the claim instead of requesting additional documentation on exception requests?

Answer: The use of claim 'Remarks', which would only apply to re-processing situations, is a local process so you would need to confirm that with each MAC. (provided by CMS September 2014)

DIAGNOSIS CODING

Question: Which diagnosis codes would result in a hospice claim being returned to the provider?

Answer: Following is a list of diagnosis codes that, effective for services delivered on or after October 1, 2014, are not permitted to be used as a principal diagnosis on a hospice claim:

- Debility (799.3 and 780.79)
- Adult failure to thrive (783.7)

- Codes listed in Attachment A of CR8877
- Codes classified in the Medicare Code Editor as “manifestation” codes (latest version is v. 31-0, Oct. 2013)

It is important to note that numerous dementia codes are included in either Attachment A or the Medicare Code Editor list of manifestation codes and, as such, will not be permissible for use as a principal diagnosis on a hospice claim. Please see the RESOURCES section below for links to CR 8877, Attachment A and the proper reference version of the MCE.

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