



Redesign of Hospice Periods – Additional Requirements

MLN Matters Number: MM10967

Related Change Request (CR) Number: 10967

Related CR Release Date: October 26, 2018

Effective Date: January 1, 2018

Related CR Transmittal Number: R4152CP

Implementation Date: April 1, 2019

Note: We revised this article on February 11, 2020, to add a link to a related article, [MM11049](#). The article discusses changes to the Common Working File edits for when Notices of Revocation/Termination will be allowed. All other information remains the same.

PROVIDER TYPES AFFECTED

This MLN Matters® Article is intended for providers and suppliers submitting claims to Medicare Administrative Contractors (MACs), including Home Health and Hospice MACs, for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

CR10967 informs MACs about corrections to a variety of processing issues arising from the redesign of hospice periods in Medicare's Common Working File (CWF). It also manualizes notice and claim submission instructions relating to the redesign. Make sure that your billing staffs are aware of these changes.

BACKGROUND

Original Medicare recently implemented the systems and operational changes needed to redesign how the CWF stores and updates hospice election and benefit period information. Generally, the redesign ensured that election and revocation date information are separate from benefit period information, so the two types of information may be updated independently. Since the implementation date of the redesign, MACs have identified processing scenarios that call for additional changes. CR10967 seeks to resolve the following scenarios:

Scenario 1: Initially, Medicare instructed hospices that if a revocation date was submitted entirely in error (for instance, the beneficiary actually transferred to another hospice, rather than revoking their hospice benefit), the hospice could remove the revocation date by submitting Type of Bill (TOB) 8xB with zeroes in the Through date. This process is not working, requiring hospices to use more cumbersome correction procedures. CR10967 revises Medicare systems to remedy this situation.

Effective April 1, 2019, MACs will allow hospice providers to submit zeroes in the Through date of Notices of Termination/Revocation (NOTR - TOB 8xB) when occurrence code 56 and condition code D0 are present when the NOTR is entered via Direct Data Entry (DDE). NOTE: Zeros in the Through date are not allowed in the 837I transaction.

Scenario 2: If hospices submit incorrect election or revocation dates, they can correct them using occurrence code 56 and condition code D0. Hospices have not been educated regarding a similar process to correct errors in transfer or change of ownership dates. With this CR, MACs will allow hospices to correct these dates using occurrence code 56 and condition code D0 on transfer notices (TOB 8xC) or change of ownership notices (8xE). MACs will return the TOB 8xC or 8xE to the provider if:

- Condition code D0 is present, but occurrence code 56 is not, or
- Occurrence code 56 is present, but condition code D0 is not.

Finally, this CR also updates Chapter 11 of the Medicare Claims Processing Manual to reflect information about the hospice redesign that was previously published only in provider education materials. The revised Chapter 11 is available as part of CR10967.

Note that CR10967 does not contain any new policy. Instead, it revises Medicare systems to administer existing hospice benefit policy more efficiently.

ADDITIONAL INFORMATION

The official instruction, CR10967, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R4152CP.pdf>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

DOCUMENT HISTORY

Date of Change	Description
February 11, 2020	We revised this article to add a link to a related article, MM11049 . The article discusses changes to the Common Working File edits for when Notices of Revocation/Termination will be allowed
October 26, 2018	Initial article released.

Disclaimer: This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2017 American Medical Association. All rights reserved.

Copyright © 2018, the American Hospital Association, Chicago, Illinois. Reproduced with permission. No portion of the AHA copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816 or Laryssa Marshall at (312) 893-6814. You may also contact us at ub04@healthforum.com

The American Hospital Association (the "AHA") has not reviewed, and is not responsible for, the completeness or accuracy of any information contained in this material, nor was the AHA or any of its affiliates, involved in the preparation of this material, or the analysis of information provided in the material. The views and/or positions presented in the material do not necessarily represent the views of the AHA. CMS and its products and services are not endorsed by the AHA or any of its affiliates.