

# Hospice Billing Basics

## Part I

# Today's Presenters

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Provider Outreach and Education Consultant



# Today's Presentation

- Presentation is available on our website
  - Go to <https://www.NGS Medicare.com>
  - In the **About Me** drop down box, select your provider type and applicable state, click on **Next, accept the Attestation**. On the Welcome page, click the **Education** tab, then **Webinars, Teleconferences & Events**
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- Acronyms used in this presentation can be viewed on the **NGSMedicare.com** website. On the **Welcome** page, click on **Provider Resources > Acronyms**.

# Objectives

- The objective of this session is provide hospice billing basics.

# Agenda

- Website Resources
- Notice of Election (NOE)
- Billing a claim
- Notice of termination/revocation (NOTR)
- Resources



# Resources



Hospice



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# Medicare University Computer Based Trainings

- RHH-C-0016

- The Medicare Hospice Benefit-Part 1\_Introduction to the Medicare Hospice Benefit

- RHH-C-0017

- The Medicare Hospice Benefit-Part 2\_Hospice Eligibility and Election

- RHH-C-0018

- The Medicare Hospice Benefit- Part 3\_Hospice Billing Overview

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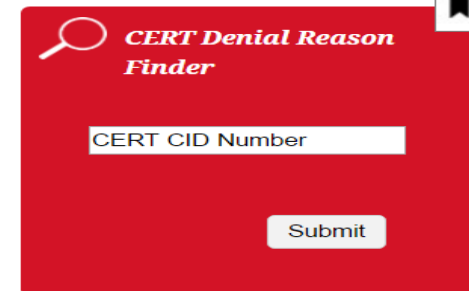
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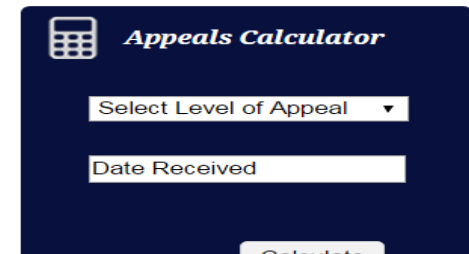
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- May 19**  
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    - Hospice center

# CMS Hospice Center

← → ↻ 🏠 <https://www.cms.gov/Center/Provider-Type/Hospice-Center.html>  

## Billing & Payment Information

- [Electronic Data Interchange \(EDI\) \(Billing\)](#) - Medicare information on electronic transactions under HIPAA
- [Hospice Aggregate Cap Amount for 2011](#)
- [Hospice Aggregate Cap Amount for 2009](#)
- [Hospice Aggregate Cap for 2008](#)

## Wage Index Files

- [FY 2015 Wage Index \(Revised 8/7/14\) \[ZIP, 596KB\]](#) 
- [FY 2014 Wage Index \[ZIP, 261KB\]](#) 
- [FY 2013 Wage Index \[ZIP, 468KB\]](#) 
- [FY 2012 Final Wage Index \[ZIP, 33KB\]](#) 
- [FY 2011 Final Wage Index \[ZIP, 33KB\]](#) 
- [FY 2010 Wage Index \[ZIP, 32KB\]](#) 
- [FY 2009 Wage Index \[PDF, 249KB\]](#) 

## Managed Care Information

- [Health Plans - General Information](#)

## Medicare Hospice Data


- [Medicare Hospice Data](#)
- [Hospice Data 1998-2009 \[ZIP, 217KB\]](#) 
- [Hospice Data 1998-2008 \[ZIP, 122KB\]](#) 
- [Standard Analytical Files](#)

## Medicaid Information

- [FY 2015 Medicaid Hospice Payment Rates](#)

- [Active Projects Report - Evaluation of Rural Hospice Demonstration](#)




## Coding

- [HCPCS - General Information](#)
- [HCPCS Release & Code Sets](#)
- [ICD-9-CM and ICD-10](#)
- [ICD-10](#)
- [Claim Adjustment Reason and Remittance Advice Remark Codes](#) 

## National Provider Identifier (NPI)

- [National Provider Identifier Standard \(NPI\)](#)

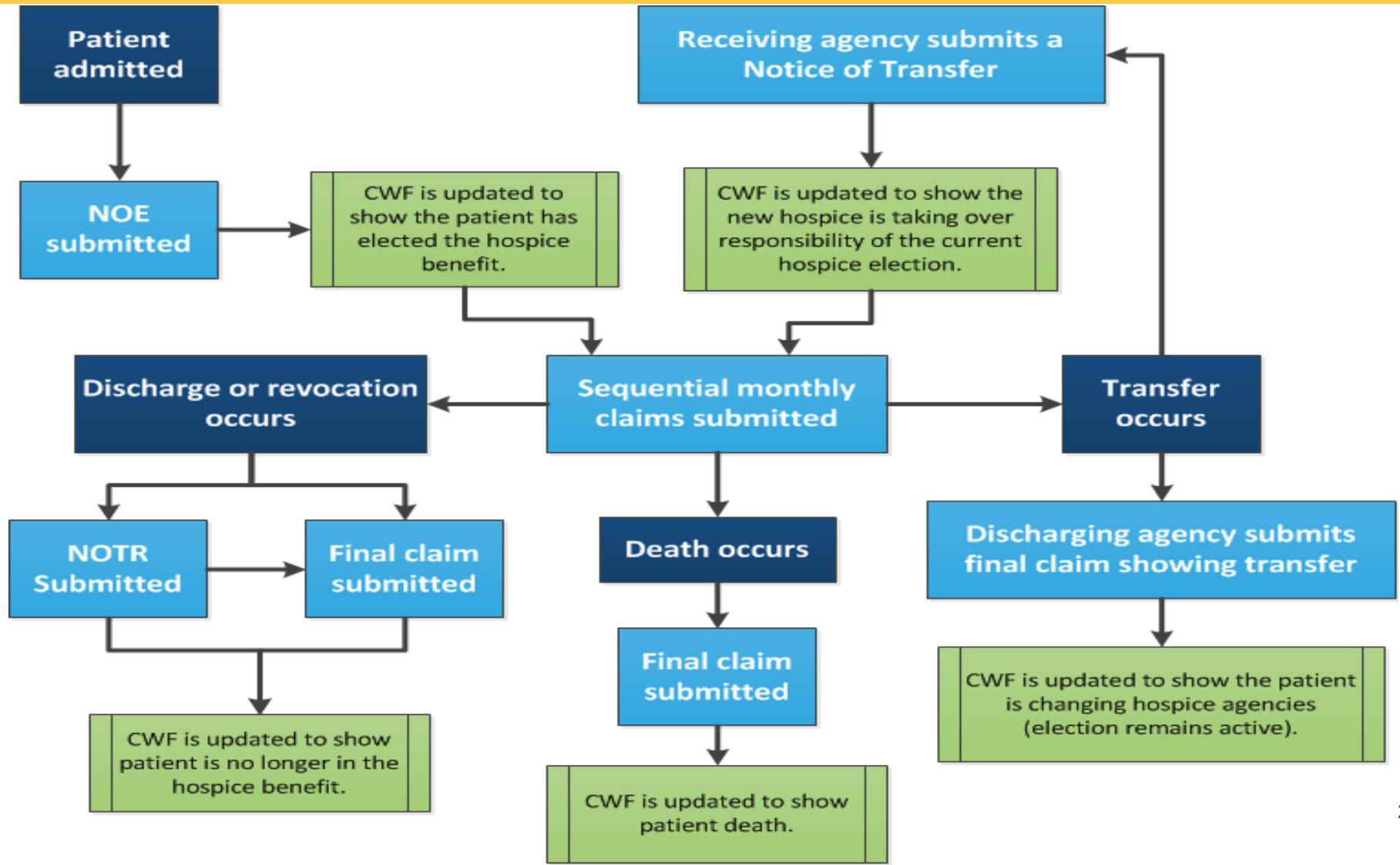
## CMS Manuals & Transmittals

- [Manuals](#)
- [Internet-Only Manuals \(IOMs\)](#)
- [Transmittals](#)
- To receive changes to the/ CMS Quarterly Provider Update, subscribe to the list.
- Medicare Benefit Policy Manual; [Chapter 9 - Coverage of Hospice Services Under Hospital Insurance \[PDF, 264KB\]](#) 
- Medicare Claims Processing Manual; [Chapter 11 - Processing Hospice Claims \[PDF, 349KB\]](#) 
- [State Medicaid Manual](#) ; (See Section 4305 - Hospice Services) Medicare General Information, Eligibility, and Entitlement Manual; [Chapter 4 - Physician Certification and Recertification of Services \[PDF, 109KB\]](#)  - (See Section 60 - Certification and Recertification by Physicians for Hospice Care)
- [Provider Reimbursement Manual - Part II](#)

# Notices and Claims



# Hospice Billing Flow



# Notices and Claims

- The Medicare hospice benefit requires that providers submit certain billing transactions
  1. NOE
  2. Claim(s)
    - Note: providers are now also required to submit an notice of termination/revocation (NOTR) within 5 calendar days after the date of discharge or revocation if the final claim cannot be submitted within this timeframe
- Additional billing transactions also used to report transfers, corrections to the CWF, and change of ownership

# The Notice of Election

- Notifies contractor and CWF of the start date of the beneficiary's election to the hospice benefit
- Must be submitted and processed prior to submitting first hospice claim
  - Status/location P B9997
- Uses only a few of the many form locators on the UB-04
- Payment is not applied



# The Notice of Election

- NOEs shall be filed within 5 calendar days after the hospice admission date
  - To be timely, the NOE must have a receipt date within 5 calendar days after the hospice admission date, AND the NOE must subsequently process and finalize in status/location P B9997
    - A patient is admitted on May 8, 2016
      - NOE is submitted on May 13, 2016 and processes on May 17, 2016
        - » To be timely, the NOE must have a receipt date of May 13, 2016; and the NOE must subsequently process (P B9997)

# The Notice of Election

- In instances where an NOE is not timely-filed, Medicare will not pay for the days of hospice care from the hospice admission date to the date the NOE is submitted and accepted
  - Reported as noncovered on the claim with an OSC 77
    - These noncovered days are provider liable, and beneficiary cannot be billed for the noncovered days

# Hospice Timely NOE Exceptions

- If a hospice fails to file a timely-filed NOE, it may request an exception which, if approved, waives the consequences of filing an NOE late

# Hospice Timely NOE Exceptions

- The four circumstances for a possible exception are as follows:
  1. Fires, floods, earthquakes, or other unusual events that inflict extensive damage to the hospice's ability to operate;
  2. An event that produces a data filing problem due to a CMS or Medicare contractor systems issue that is beyond the control of the hospice

# Hospice Timely NOE Exceptions

3. A newly Medicare-certified hospice that is notified of that certification after the Medicare certification date, or which is awaiting its user ID from its Medicare contractor; OR,
4. Other circumstances determined by the Medicare contractor or CMS to be beyond the control of the hospice.
  - Example: Hospice submits NOE timely, but the NOE cannot be processed due to sequential billing as the previous hospice has not finished their billing

# Hospice Timely NOE Exceptions

- Exceptional circumstance requests still need to be submitted following the OSC 77 late NOE requirements
  - In addition, report a KX modifier with the Q HCPCS code reported on the earliest dated level of care line on the claim; AND
  - Enter remarks explaining the reason for the exception request

# Late NOE Exception Remarks

- For fires, floods, earthquakes, or other unusual events that inflict extensive damage to the hospice's ability to operate
  - Remarks must state "Late NOE due to unusual event"
- For an event that produces a data filing problem due to a CMS or Medicare contractor systems issue that is beyond the control of the hospice
  - Remarks must state "Late NOE due to data filing problem"

# Late NOE Exception Remarks

- For a newly Medicare-certified hospice that is notified of that certification after the Medicare certification date, or which is awaiting its user ID from its Medicare contractor
  - Remarks must state “Late NOE due to newly certified Medicare hospice”
- For any other circumstances determined by the Medicare contractor or CMS to be beyond the control of the hospice
  - Please state the reason for the late NOE
    - If the late NOE is due to sequential billing either with your own facility (e.g., the patient revokes and re-elects the benefit within a few days) or with another facility
      - Remarks must state “**Late NOE due to sequential billing**”



# Late NOE Exception Remarks

- You may add additional remarks to further explain the late NOE, but please start all remarks with the statements previously mentioned based on your situation.

# Hospice Timely NOE Exceptions

- The KX modifier prompts the MAC to review the remarks to determine if a request for additional documentation is required
  - Late NOEs due to sequential billing won't require additional documentation.
    - Once remarks are reviewed and it's determined late NOE is due to sequential billing, the MAC will approve the exception
      - The MAC will process the claim and remove the submitted provider liable days
        - » Allow payment for the days associated with the late-filed NOE

# Hospice Timely NOE Exceptions

- Any other reason will initiate a nonmedical documentation request
  - Upon receiving the documentation request, providers will send any documentation supporting the request for an exception

# Hospice Timely NOE Exceptions

- Based on the documentation, the MAC shall determine if there is a qualified exception
  - If the request for an exception is approved by the MAC:
    - The MAC will process the claim and remove the submitted provider liable days
      - Which will allow payment for the days associated with the late-filed NOE
  - If the MAC finds that the documentation does not support allowing an exceptional circumstance
    - The MAC shall process the claim as submitted

# Exception NOE Example

- Patient is admitted on 4/8/2015
  - NOE is submitted on 4/10/2015 and RTPs on 4/12/2015 due to sequential billing
  - NOE is resubmitted on 4/28/2015, after the previous hospice finishes their billing, and ultimately processes on 5/1/2015

# Exception NOE Example

- **Special billing requirements:**
  - The OSC 77 is reported on the claim along with the dates associated with the late NOE (4/8/2015-4/27/2015), and the revenue code lines associated with the OSC 77 dates are reported as noncovered
  - In addition, the first level of care revenue line associated with the late NOE will be reported with a KX modifier next to the site of service HCPCS code (location Q code).

# Notice of Election Billing

- TOB: 81A/82A
  - 81X: Free-standing hospice
  - 82X: Hospital-owned hospice

*Step-by-step guidance is provided in the Hospice Notice of Election Job Aid*

# Notice of Election Billing

- Date of the hospice election should be entered in the 'Admit' and 'From' date fields
  - OC 27 date should also match
- Do not report a 'through' date
- The principal diagnosis code is **required**
  - Defined as the condition established after study to be chiefly responsible for the patient's admission
- Always submit showing Medicare as the primary payer
  - MSP information will be submitted on the claim(s)



# Submitting a Claim



# Hospice Claims

- Claims must be submitted and processed in date order
  - Claims will be returned if submitted out of order
- Claims must also be submitted monthly and cannot span a two-month period
- The first claim can be submitted, only after the NOE has processed

# Sequential Claim Billing

- TOB: 81X/82X
  - Third digit (X):
    - 1-Admit through discharge
    - 2-Interim–first claim
    - 3-Interim–continuing claim
    - 4-Interim–last claim

*Step-by-step guidance is provided in the Hospice Claim Submission Job Aid*

# Sequential Claim Billing

- 'Admit' date should match the 'Admit' date on the NOE
- OC 27 is reported on claims that cross a new benefit period
- If appropriate, MSP information should be included on claim
  - MSP claims cannot be submitted in FISS/DDE

# Sequential Claim Billing Example

- Patient admitted to hospice for the first time on 11/18/2015 and revokes the benefit on 2/3/2016
  - In their home at time of revocation

TOB	From Date	Through Date	OC/Date	DSC
8X2	111815	113015	27/111815	30
8X3	120115	123115	--	30
8X3	010116	013116	--	30
8X4	020116	020316	42/020316	01

# Hospice Discharge Reporting

Situation	Do I report OC 42?	Do I report a Condition Code?	If so, what condition code do I report?
Beneficiary moves out of service area without a transfer	No	Yes	52
Beneficiary moves out of service area with a transfer	No	No	--
Beneficiary is no longer terminally ill	No	No	--
Beneficiary revocation	Yes	No	--
Discharge for cause	No	Yes	H2
Late face-to-face encounter	No	No	--

# Did You Know?

- Remarks are used on final claims to verify that the hospice is following the discharge guidelines set forth by CMS. When these remarks are absent or unclear, the final claim will be RTP with reason code 7C625.

*Step-by-step guidance is provided in the Avoiding Reason Code 7C625 Job Aid*

# Hospice NOTRs

- If a hospice patient is discharged alive or revokes the election of hospice care, hospices must file an NOTR within 5 calendar days after the discharge/revocation if a final claim is not submitted within this same timeframe
  - Hospices continue to have 12 months from the date of service in which to file their claims timely if the NOTR is submitted
  - NOTRs are NOT submitted for hospice transfers or death



# Hospice NOTRs

- To be timely, the NOTR must have a receipt date within 5 calendar days after the hospice discharge/revocation date
  - There is currently no financial impact if NOTRs are not filed timely; therefore, there is no special coding required for late NOTRs

# Hospice NOTR Notes

- Submission of the NOTR will NOT prevent the final claim from processing
  - Purpose of the NOTR is to ensure that the CWF is updated quickly so other providers may begin to bill Medicare for services
    - Give the hospice providers time to gather all of the information in order to submit a complete final claim

# Hospice NOTR Notes

- NOTR is NOT submitted if the patient dies or transfers to another hospice
  - NOTR is only used for live discharges from the Medicare hospice benefit or revocations
- NOTR is NOT submitted if the hospice submits the final claim within 5 calendar days after the date of discharge/revocation

# NOTR Billing

## ■ TOB: 81B/82B

- Must be entered the same way as an NOE
  - Option 49 within FISS/DDE
- Start date of the hospice benefit period should be entered in the 'Admit' and 'From' date fields
  - Start date of the benefit period associated with the discharge or revocation
- Date of discharge/revocation is entered in the "To" date field

*Step-by-step guidance is provided in the Hospice  
Notice of Election Termination / Revocation  
(NOTR) job aid*

# Summary

## ■ Resources

- Medicare University
- National Government Services Web site
- CMS Web site

## ■ Filing

- NOE
- Claim
- NOTR

# Medicare Basic Billing Part II

- Part II will cover
  - Transfers
  - Levels of care
  - Location of services
  - Discipline reporting
  - Injectable & non-injectable prescription drugs

# RESOURCES



# CMS Resources

- CMS Website, Hospice Center
  - <http://www.cms.gov/center/hospice.asp>
- CMS Transmittals
  - <http://www.cms.gov/Transmittals/>
- CMS Internet-Only Manuals
  - <http://www.cms.gov/manuals>
    - Publication 100-02, Medicare Benefit Policy Manual, Chapter 9
    - Publication 100-04, Medicare Claims Processing Manual, Chapter 11



# National Government Services Resources

- <https://www.NGS Medicare.com>
  - HHH portal
    - Provider Resources > Acronym Search
    - Education > Job Aids & Manuals
      - Hospice Job Aids
    - Claims & Appeals > Top Claim Errors
    - Claims & Appeals > Claims: Medicare Secondary Payer
    - Education > Webinars, Teleconferences & Events
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# CERT A/B MAC Outreach & Education Task Force

- A joint collaboration of the A/B MACs to communicate national issues of concern regarding improper payments to the Medicare Program
- Shared goal of reducing the national improper payment rate as measured by the CERT program
- Partnership to educate Medicare providers on widespread topics affecting most providers and complement ongoing efforts of CMS, the MLN and the MACs individual error-reduction activities within its jurisdictions
- **Disclaimer:** The CERT A/B MAC Outreach & Education Task Force is independent from the CMS CERT team and CERT contractors, which are responsible for calculation of the Medicare fee-for-service improper payment rate.

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- CGS Administrators, LLC/J15
- First Coast Service Options, Inc./JN
- National Government Services, Inc./J6 and JK
- Noridian Healthcare Solutions, LLC/JE and JF
- Novitas Solutions, Inc./JH and JL
- Palmetto GBA/J11
- Wisconsin Physicians Service Insurance Corporation/J5 and J8

# CERT A/B MAC Outreach & Education Task Force

- The CERT Task Force educates on common billing errors and contributes educational Fast Facts to the CMS website
  - CMS MLN Provider Compliance Fast Facts web page
    - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html>
  - In addition, the CERT Task Force section on the NGS Medicare.com website provides a link to the CMS MLN Provider Compliance Fast Facts

# CERT A/B MAC Outreach & Education Task Force

## ■ CERT Task Force Web Page

- Go to our website, <http://www.NGSMedicare.com>; in the **About Me** drop down box, select your provider type and applicable state, click on **Next**, **accept** the **Attestation**. Choose the **Medical Policy & Review** tab, then choose **CERT**, the **CERT Task Force** link is located to the right of the web page.

## ■ Task Force Scenarios

- Complying with medical record documentation requirements
- Documenting therapy and rehabilitation services
- Look for new articles added to this page and provided in your Email Updates

# CERT A/B MAC Outreach & Education Task Force

- CMS works closely with the CERT A/B MAC Task Force and the CERT DME MAC Outreach & Education Task Force
  - CMS has a web page dedicated to education developed by the CERT A/B MAC Outreach & Education Task Force
    - <http://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/CERT-Outreach-and-Education-Task-Force.html>

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  - <http://www.MedicareUniversity.com>

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