Ensuring Only the Active Billing Hospice Can Submit a Revocation

MLN Matters Number: MM11049 Revised
Related Change Request (CR) Number: 11049
Related CR Release Date: March 13, 2019
Effective Date: Claims received on or after July 1, 2019
Related CR Transmittal Number: R4254CP
Implementation Date: July 1, 2019

Note: We revised this article on May 13, 2019, to add a link to a related article, SE18007. The article announced recent and upcoming Improvements to hospice billing, including a section, “Correcting Election or Revocation Dates using Occurrence Code 56.” All other information remains the same.

PROVIDER TYPE AFFECTED

This MLN Matters Article is for hospices billing Medicare Administrative Contractors (MACs) for hospice services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

CR 11049 creates a new Common Working File (CWF) edit in Medicare systems to ensure that the provider identifier (the Centers for Medicare & Medicaid Services (CMS) Certification Number (CCN)) on Type of Bill (TOB) 8xB matches the most recent provider CCN on a hospice benefit period. CR 11049 contains no new policy. It revises Medicare systems to administer existing hospice benefit policy more efficiently. Make sure your billing staffs are aware of these edits.

BACKGROUND

Original Medicare implemented the systems and operational changes needed to redesign how the CWF stores and updates hospice election and benefit period information. Generally, these changes ensure that election and revocation date information are separate from benefit period information, so the two types of information can be updated independently. Since the implementation of these changes, MACs have identified processing scenarios that call for additional changes, several of which are resolved in CR 10967, to be implemented April 1, 2019 (read the related article at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10967.pdf). CR 11049 resolves another scenario.

CWF will allow Notices of Revocation/Termination (NOTR – TOB 8xB) if the provider CCN on the NOTR matches the CCN on the hospice election period. This occurs even if a transfer notice (8xC) or a change of ownership notice (8xE) has changed the billing provider on a benefit
Hospice providers should be aware that MACs will reject an incoming TOB 8xB if:

- The provider CCN matches the CCN on the hospice election period or matches a previous transfer or change of ownership CCN that is not the latest; AND
- Transfer or change of ownership dates are present on a hospice benefit period; AND
- No claims have processed within the benefit period after the revocation date; AND
- The CCN does not match the CCN associated with the latest transfer or change of ownership date on the hospice benefit period.

MACs will return the rejected 8xB to the provider with a message stating that the active billing provider on the hospice benefit period must submit the revocation.

**ADDITIONAL INFORMATION**


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

**DOCUMENT HISTORY**

<table>
<thead>
<tr>
<th>Date of Change</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 13, 2019</td>
<td>We revised this article to add a link to a related article, SE18007. The article announced recent and upcoming Improvements to hospice billing, including a section, “Correcting Election or Revocation Dates using Occurrence Code 56.”</td>
</tr>
<tr>
<td>March 14, 2019</td>
<td>We revised the article to reflect the revised CR11049 issued on March 13. CMS revised the CR to clarify one of the business requirements and we show that change in the article in a revision to the first bullet point on page 2. Also, we revised the CR release date, transmittal number, and the web address of the CR.</td>
</tr>
<tr>
<td>December 28, 2018</td>
<td>Initial article released.</td>
</tr>
</tbody>
</table>

**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.