CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 13447	**Date: December 5, 2025**
	Change Request 14227

SUBJECT: Edit to Prevent Overpayment of Long-term Stay in Hospice

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to implement an edit to prevent overpayment of long-term hospice care. This edit will close the gap in the system, which allows claims to pay at a higher rate when the admission and 'from' date match.

EFFECTIVE DATE: April 1, 2026
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: April 6, 2026

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

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I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to implement an edit to prevent overpayment of long-term hospice care. This edit will close the gap in the system, which allows claims to pay at a higher rate when the admission and 'from' date match.

II. GENERAL INFORMATION

A. Background: During a review of hospice claims, the Medicare Administrative Contractor (MAC) identified billing anomalies on interim and final hospice claims with Type of Bills (TOBs) 813/814 and 823/824 for long-term hospice care exceeding 270 days. The MAC found that system edits were circumvented due to the admission date matching the 'from' date. When this occurs, the edits for long-term hospice care will not fire because the calculation performed by the Fiscal Intermediary Shared System (FISS) for these edits is based on the difference between the admission date and the 'from' date. To address this issue, this CR will establish an edit within the Common Working File (CWF).

This edit will close the gap in the system which allows claims to pay at a higher rate when the admission and 'from' date match. The edit would benefit the program by proactively identifying and preventing overpayments to providers from the Medicare Trust Fund and ensuring compliant billing. The edit will also save time and resources and has the benefit of assisting the MACs in capturing providers with lengths of stay longer than six months (180 days).

B. Policy: There are no new policy or legislation updates in this instruction.

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
14227.1	The contractor shall return TOBs 813, 814, 823, and 824 to providers and reject all adjustment claims when the admission date does not match the election period start date on the corresponding election period. The new edits shall be overridable at the claim header								X	

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	level.									
14227.2	The contractor shall accept the new error codes. The new edits shall be overridable at the claim header level.			X		X				
14227.3	The contractor shall add a new field for the Admission Date to the Hospice claim history screen (HOSH) in HIMR.								X	
14227.4	The contractor shall reject the claims with the following messages: Claim Adjustment Reason Code 16 - Claim/service lacks information or has submission/billing errors. Remittance Advice Remark Code MA40 - Missing/incomplete/invalid admission date. Group Code – CO (Contractual Obligation)			X						

IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

Impacted Contractors: A/B MAC Part HHH

V. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

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ATTACHMENTS: 0