



Internet Only Manual Update, Pub. 100-04, Chapter 11, Sections 20.1.4 and 30.3 Regarding the Cancellation of an Election and Billing for Services

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Provider Types Affected

This MLN Matters Article is for hospice providers billing Medicare Administrative Contractors (MACs) for services they provide to Medicare patients.

Provider Action Needed

In this Article, you'll learn about:

- Updated manual language regarding Cancellation of an Election and the Data Required on Institutional Claims
- Hospice claims submission clarifications

Make sure your billing staff knows about these changes.

Background

CR 12626 updates [Chapter 11, Sections 20.1.4 and 30.3](#) of the Medicare Claims Processing Manual to state current policy more accurately. We're updating manual language regarding the Cancellation of an Election and the Data Required on Institutional Claims. There's no new policy. The changes to the manual are as follows:

- Hospices must use a cancellation notice when the patient isn't getting services from the hospice, but the admission date has already been entered. The entered dates are voided since the patient never participated with the hospice. A cancellation notice removes the hospice election period created by a Notice of Election (NOE). You can also use cancellation notices to remove a transfer or for a change of ownership sent in error. When there's been a transfer or change of ownership, the admittance date on the 8xD Type of Bill must match the corresponding transfer or change date to make sure those dates are removed correctly.

- Hospices use revenue code 0657 to show hospice charges for services provided to patients by physicians, nurse practitioners, or physician assistants employed by the hospice; or physicians, nurse practitioners or physician assistants receiving compensation from the hospice. Physician services done by a nurse practitioner require the addition of Modifier GV with revenue code 0657. Your MAC will pay the lesser of the actual charge or 85% of the fee schedule amount when revenue code 0657 is billed with Modifier GV. You may report additional revenue codes describing the visits provided under each level of care.
- You must report in line-item detail for all visits related to the palliation and management of the terminal illness or related conditions in the home, whether provided by hospice employees or under arrangement. All services hospice employees provide in all other sites of service, including contract facilities, must also report in line-item detail, except for hospice inpatient facilities.
- You must report all general inpatient care and respite care visits related to the palliation and management of the terminal illness or related conditions provided in hospice-owned facilities. However, you may report these services as a number of visits in each discipline per week, using HCPCS code Q5006.
- Report the total number of visits for each discipline per week at each location of service for general inpatient care you provide in an inpatient hospice facility (Q5006). Each visit will represent 1 unit.

More Information

We issued [CR 12626](#) to your MAC as the official instruction for this change.

For more information, [find your MAC's website](#).

Document History

Date of Change	Description
March 3, 2022	Initial article released.

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