

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13997	Date: October 8, 2026
	Change Request 14622

SUBJECT: Revisions to the Edits to Prevent Overpayment of Long-term Stay in Hospice

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to add bypass conditions to the edits created under CR 14227 for claims after a transfer and when a change of ownership has taken place.

EFFECTIVE DATE: April 1, 2027

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: April 5, 2027

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 add bypass conditions to the edits created under CR 14227 for claims after a transfer and when a change of ownership has taken place.

II. GENERAL INFORMATION

A. Background: Change Request (CR) 14227 created edits U5565 and U5566 to return hospice Type of Bills 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. This editing includes claim admission dates on claims after a hospice-to-hospice transfer and when a change of ownership has taken place. In transfer situations, the receiving hospice can use their own admission date and the date the change is effective on the change of ownership notice. The purpose of this CR is to add bypass conditions to edits U5565 and U5566 to ensure these edits are not applied to claims after a transfer and when a change of ownership occurs. Additionally, on June 18, 2026, the Centers for Medicare & Medicaid Services provided instructions to the Common Working File (CWF) to temporarily turn off these edits until the bypass conditions can be implemented. This CR also provides instructions to CWF to re-implement the edits with the added bypass conditions for claims after a transfer and when a change of ownership occurs.

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.

[illegible]

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
14622.3	The contractor shall re-implement edits U5565 and U5566 with the added bypass conditions.								X	
14622.4	The contractor shall perform integration testing.					X			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:
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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

Section A: For Medicare Administrative Contractors (MACs):

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immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0