

## Eli's Hospice Insider

## **Billing: CMS And MACs Tackle NOTR Problems**

Medicare fixes 1 NOTR problem, but more may be lurking.

Hospices are getting a helping hand regarding their problems with Notices of Revocation/Termination, including a system change and contractor instructions.

**Old way:** The Common Working File allows NOTRs (Type of Bill 8xB) if the provider identifier on the NOTR matches the provider on the hospice election period, the **Centers for Medicare & Medicaid Services** says in a new transmittal. "This occurs even if transfer notice (8xC) or a change of ownership notice (8xE) has changed the billing provider on a benefit period within that election," CMS explains in CR 11049.

**New way:** A new edit going in July 1 will "ensure that only the active billing provider can submit a revocation," CMS notes

The claims system will reject an incoming NOTR if the provider CMS Certification Number (CCN) matches the CCN on the hospice election period, 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 or ownership date on the hospice benefit period, CMS explains.

"This requirement shall apply to both original NOTRs and submissions with action code '2,'" CMS adds.

This situation is fairly rare, so shouldn't have a big impact on hospices, said a CMS official in the agency's Jan. 16 Open Door Forum for home health and hospice providers.

**However:** Hospices are having billing troubles even when the transferring hospice has filed a transfer notice (TOB 8xC), two providers reported to CMS in the call. When the hospice that submitted the transfer notice submits its final claim, a revocation code is going on the election period, which won't allow the hospices receiving the transfer to bill, they told CMS. "That shouldn't happen," a CMS staffer said.

## Use This MAC's Tips To Get NOTRs Right

This and the many other changes that have occurred with Medicare's Notices of Termination/Revocation may still leave you feeling confused, but a new educational tool can help.

HHH Medicare Administrative Contractor **Palmetto GBA** recently issued a new job aid on NOTRs (TOB 8XB), and it includes some advice to make your use of them easier.

**For example:** The process has changed for removing an NOTR filed in error. "Previously, [the Centers for Medicare & Medicaid Services] had instructed providers that they could remove an NOTR that was filed in error by submitting a corrected NOTR using all zeros (000000) in the 'THROUGH' date field," Palmetto explains in the job aid. "However, subsequent to the updates, CMS and the Medicare Administrative Contractors (MACs) learned that the process to remove an NOTR using the zeros in the 'THROUGH' date field did not work."

Now, hospices wishing to remove the flawed NOTR must cancel a final claim - submitting one first, when necessary. If that doesn't do the trick of removing the revocation date and indicator from the system, hospices must cancel all claims in the benefit period in which the NOTR ended the hospice election, Palmetto instructs. If that works, hospices must then resubmit those bills in sequential order.

If neither of those works, you'll need to cancel the Notice of Election, thereby removing the entire election period from



the system. You then must resubmit the NOE within two days and request an exception to late-NOE-filing penalties based on the system limitations, Palmetto directs.

Hopefully you won't have to resort to canceling the NOE too often. "In most cases, the MACs have found that the NOE only has to be canceled if [the] start date of the benefit period in which the beneficiary/patient was discharged or revoked is the same as the hospice election date," Palmetto says.

Other advice offered in the job aid includes:

- You can submit an NOTR only when you have not submitted a final claim. "While it is preferred that you file a final claim instead of a NOTR, there are certain situations that that may still require the NOTR," Palmetto acknowledges in the aid.
- When you submit an NOTR to change the discharge or revocation date, you must use code D0. "When D0 is entered on the claim, Occurrence Code 56 and date must also be submitted," Palmetto instructs. "If both codes are not submitted on the NOTR, it will be returned to the provider."
- The same goes for OC 56 the system will return the claim if D0 isn't also on the claim.
- Medicare must be the primary payor for all NOTRs.
- You don't need to report an "Other Physician ID" NPI when the hospice physician is the attending and certifying physician, Palmetto says. In that case, "only the attending physician NPI is required to be reported," according to the aid.
- "For EDI submissions, Medicare encourages hospices to submit batch transmissions with groups of NOTRs separate from batch transmissions with groups of claims," Palmetto says. "This practice may reduce the risk that translator-level rejections related to NOTRs that, if they occur, could impact payments to the hospice."

**Note:** More advice is in the new job aid at www.palmettogba.com - select "Jurisdiction M Home Health and Hospice MAC" from the right column, then choose "Job Aids" from the "Top Links" box and select the Jan. 8 entry from the list, "Notice of Termination/Revocation of Election (TOB 8XB) Job Aid."

HHH MAC CGS also recently offered some NOTR advice to make hospices' jobs easier.

**Tip:** "Do not submit both a final claim and an NOTR," CGS said in a Jan. 17 post to its website. "If you submit the final claim within 5 days after discharge/revocation, an NOTR does not need to be submitted."

**Plus:** "If your NOTR goes to the Return to Provider (RTP) file, but you have already submitted the final claim, there is no need to correct the NOTR from the RTP file," CGS adds. "You may suppress the view of the NOTR."

You do need to submit an NOTR if you fail to file the final claim by five days after discharge or revocation, CGS reminds hospices. Why? You must "promptly update the beneficiary's eligibility record to ensure they have access to medical care," the MAC stresses.

**Watch out:** Don't think you are in the clear the second you submit the notice. "Remember to review the Return to Provider (RTP) status/location T B9997 often to make any necessary corrections to NOTRs," CGS advises. "When an NOTR goes to the RTP file, it is not considered to be a submitted NOTR until it is corrected and moves out of the RTP status/location."

Note: The CR is at www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R4187CP.pdf.