

Eli's Hospice Insider

Billing: Don't Let NOE Billing Mistakes Result In Returned Claims

Use this modifier to indicate your request for an NOE deadline exception.

At CMS's Aug. 20 Open Door Forum for home care and hospice providers, numerous hospices called in with urgent questions about new Notice of Election submission requirements and related billing rules. Now the feds are providing some answers.

Hospices plied **Centers for Medicare & Medicaid Services** officials with a laundry list of NOE-related questions in the forum. Topics ranged from what form to use for NOE and other submissions, to billing for non-covered days after late NOE submission, to the process to apply for NOE deadline exceptions.

Reminder: As finalized in its 2015 payment rule, starting Oct. 1 hospices have five days from admission to file an NOE and five days from revocation to file a new Notice of Termination/Revocation (NOTR). If the hospice fails to file the NOE timely, Medicare will not cover the days of care until the NOE is filed (see related story, p. 73).

CMS answered few of the questions in the forum, instead deferring to the upcoming Change Request covering the topic. On Aug. 22, CMS issued that transmittal (CR 8877). The CR also covered new diagnosis coding requirements (see related story, p. 76).

Answer #1: You report non-covered days due to a late NOE filing "on the claim with an occurrence span code 77," CMS instructs in the CR. "Charges related to the level of care for these days shall be reported as non-covered, or the claim will be returned to the provider."

Answer #2: To trigger an exception, you still will file a claim with non-covered days, CMS explains in the transmittal. But you also must report "a KX modifier with the Q HCPCS code reported on the earliest dated level of care line on the claim," CMS explains in the CR. "The KX modifier shall prompt the Medicare contractor to request the documentation supporting the request for an exception. Based on that documentation, the Medicare contractor shall determine if a circumstance encountered by a hospice qualifies for an exception."

If the Medicare Administrative Contractor approves the exception, it "shall process the claim with the CWF override code and remove the submitted provider liable days," CMS continues. Otherwise, it will process the claim as submitted with the non-covered days.

Answer #3: CMS gives one example of a scenario that would qualify a hospice for an NOE exception. "An example of a systems issue exceptional circumstance would include sequential billing requirements that necessitate a second provider's removing its timely-filed NOE and any claims so that a previous provider can bill," according to the CR. "Upon resubmitting the NOE, the second provider's NOE would appear to the system to be filed late when in fact it wasn't. In this scenario, the Medicare contractor should approve an exception."

CMS reiterates that your own internal IT or personnel issues won't qualify you for an NOE deadline exception.

Answer #4: Use type of bill 8xB to report NOTRs, CMS instructs in the CR. "A NOTR (type of bill 8xB) contains the same data elements as a NOE (type of bill 8xA) and is entered via Direct Data Entry in the same way," the agency says.

Exception: You don't need to file an NOTR if you've already filed a final claim, CMS clarifies in the memo.

Note: The CR is online at www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3032CP.pdf.

