

Change Request 8877: Updates from CGS on Timely Filing of NOEs and Exception Requests

February 18, 2015



Rules & Reminders

Timely Filing of NOEs

CR 8877: Timely Filing of NOEs

Defined: An NOE that is submitted to and accepted by the Medicare contractor within 5 calendar days after the hospice admission date is considered timely

Providers need to consider:

- Staff availability to submit NOEs timely
- Written step-by-step instructions for submitting NOEs
- Staff access to Fiscal Intermediary Standard System (FISS)
 - New users must complete EDI Application,
https://www.cgsmedicare.com/medicare_dynamic/edi_application/index.asp
- QA process to ensure accuracy of submission of NOE

CR 8877: Timely Filing of NOEs

Example of timely/untimely NOE calculation

- Admission date = 10/10/14
- Day 1 = 10/11/14
- Day 2 = 10/12/14
- Day 3 = 10/13/14
- Day 4 = 10/14/14
- Day 5 = 10/15/14 This is the NOE “due date”

If NOE received and accepted **before 10/15/14**, it is **timely**

If NOE received and accepted **on 10/15/14**, it is **timely**

If NOE received and accepted **on/after 10/16/14**, it is **untimely**

CR 8877: Timely Filing of NOEs

Before submitting NOE, verify key information entered accurately on NOE

- Provider NPI
- Beneficiary's HICN
- Beneficiary's name
- ADMIT date
- FROM date
- Occurrence code 27 and date
- Physician(s) NPI

Verify Submission of NOE

Once the NOE is submitted (F9), use FISS Option 12 to verify “receipt” of NOE and identify possible billing error

- From FISS Main Menu, choose option 01 (Inquiries)
- From Inquiry Menu, choose option 12 (Claim Summary)

MAP1741	CGS J15 MAC - HHH REGION	ACPFA052	MM/DD/YY						
XXXXXXXX SC	CLAIM SUMMARY INQUIRY	C201511P	HH:MM:SS						
	NPI								
HIC	PROVIDER	S/LOC	TOB						
OPERATOR ID XXXXXXXX	FROM DATE	TO DATE	DDE SORT						
MEDICAL REVIEW SELECT									
HIC	PROV/MRN	S/LOC	TOB	ADM DT	FRM DT	THRU DT	REC DT		
SEL	LAST NAME	FIRST INIT	TOT CHG	PROV REIMB	PD DT	CAN DT	REAS	NPC	#DAYS

- Enter NPI and HIC
- **Note:** If TOB and/or FROM DATE are entered, but keyed wrong on NOE, the NOE may not appear

Verify Submission of NOE

Example: NOE status indicates successfully submitted, initially “accepted”

- **Note:** NOE still subject to additional editing, may still be RTPd

		NPI XXXXXXXXXXXX					
HIC XXXXXXXXXXXA	PROVIDER	S/LOC	TOB 81A				
OPERATOR ID XXXXXXXX	FROM DATE	TO DATE	DDE SORT				
MEDICAL REVIEW SELECT							
HIC	PROV/MRN	S/LOC	TOB	ADM DT	FRM DT	THRU DT	REC DT
SEL LAST NAME	FIRST INIT	TOT CHG	PROV REIMB PD DT	CAN DT	REAS NPC	#DAYS	
XXXXXXXXXXA	XXXXXX	S B9000	81A	0102YY	0102YY		0103YY
PATIENT	A					37200	

Example: NOE status indicates error (T)

		NPI XXXXXXXXXXXX					
HIC XXXXXXXXXXXA	PROVIDER	S/LOC	TOB 81A				
OPERATOR ID XXXXXXXX	FROM DATE	TO DATE	DDE SORT				
MEDICAL REVIEW SELECT							
HIC	PROV/MRN	S/LOC	TOB	ADM DT	FRM DT	THRU DT	REC DT
SEL LAST NAME	FIRST INIT	TOT CHG	PROV REIMB PD DT	CAN DT	REAS NPC	#DAYS	
XXXXXXXXXXA	XXXXXX	T B9900	81A	0102YY	0102YY		0103YY
PATIENT	A					16806	

CR 8877: Timely Filing of NOEs

NOEs returned by FISS if information is missing, incomplete or incorrect

- Missing occurrence code 27/date
- Invalid physician NPI
- Incorrect format of HICN
- Invalid FROM, TO or ADMIT date
- Payer code not equal to “Z”
- Typically soon after submission

NOEs returned by Common Working File (CWF) if:

- NOE falls within open hospice benefit period
- Beneficiary’s name/HIC on NOE don’t match CWF
- Incorrect occurrence code 27 date
- **NOTE:** NOEs may take a few days to several days to RTP from CWF

CR 8877: Timely Filing of NOEs

Important points:

1. An NOE that is returned to provider (RTPd) does not constitute an “accepted” NOE
2. When an NOE is corrected (F9'd) out of RTP, it gets **new receipt date**; **this is the receipt date** used to determine timely filing of NOE
3. If NOE is **not corrected by** NOE “**due date**”, it is untimely
4. Provider may choose to resubmit a new, correct NOE instead of waiting for “incorrect” NOE to RTP

Common Errors Causing NOE to RTP

Top 10 errors on NOEs

RC	Error
16806	Invalid HICN
31485	Occurrence code (OC) '27' is missing
32102, 32103	Invalid NPI – hospice agency or attending/certifying physician
32114	Provider ZIP code (FAC.ZIP) is missing
32165	Referring and attending physician cannot be same
N5052	Beneficiary's name/HIC don't match
U5105, U5106	NOE falls within/between established hospice benefit periods
U5181	OC 27 date is incorrect/doesn't match FROM date

Common Errors Causing NOE to RTP

Other errors on NOEs

RC	Error
10043	Invalid marital status
11501	Invalid admission date
12201	Invalid/missing from date
31300	Invalid/missing payer code
31411	OSC 77 entered on NOE
E0401	Invalid type of bill – inconsistent with provider number

Submitting Hospice Claims for Untimely NOEs

Determining NOE Receipt Date

To determine “submitted to and accepted by” date on NOE

- In FISS, choose Inquiry option (Option 01)
- Select Claim Summary option (Option 12) to access MAP1741
- Enter NPI, HIC, and type of bill (81A or 82A) to view NOE
- Look at date that appears in “REC DT” field
 - If REC DT is 5 days or less after ADM DT, NOE is timely
 - If REC DT is more than 5 days after ADM DT, NOE is untimely
- **Note:** The paid date (PD DT) of the NOE **does not** define or determine timely filing of NOEs

Determining NOE Receipt Date

Example of **timely NOE**: ADM DT= 0102YY REC DT 0103YY

MAP1741 XXXXXXX	SC	CGS J15 MAC - HHH REGION CLAIM SUMMARY INQUIRY NPI XXXXXXXXXXXX	ACPFA052 MM/DD/YY C201433P HH:MM:SS
HIC XXXXXXXXXXXX OPERATOR ID XXXXXXXX	PROVIDER FROM DATE	S/LOC TO DATE	TOB 81A DDE SORT
MEDICAL REVIEW SELECT			
HIC SEL LAST NAME	PROV/MRN FIRST INIT	S/LOC TOT CHG	TOB PROV REIMB PD DT
XXXXXXXXXXA PATIENT	XXXXXX A	P B9997	81A
		ADM DT 0102YY	FRM DT THRU DT 0102YY
			REC DT 0103YY
			37200

Example of **untimely NOE**: ADM DT=0102YY REC DT 0110YY

MAP1741 XXXXXXX	SC	CGS J15 MAC - HHH REGION CLAIM SUMMARY INQUIRY NPI XXXXXXXXXXXX	ACPFA052 MM/DD/YY C201433P HH:MM:SS
HIC XXXXXXXXXXXX OPERATOR ID XXXXXXXX	PROVIDER FROM DATE	S/LOC TO DATE	TOB 81A DDE SORT
MEDICAL REVIEW SELECT			
HIC SEL LAST NAME	PROV/MRN FIRST INIT	S/LOC TOT CHG	TOB PROV REIMB PD DT
XXXXXXXXXXA PATIENT	XXXXXX A	P B9997	81A
		ADM DT 0102YY	FRM DT THRU DT 0102YY
			REC DT 0110YY
			37200

Submitting Claims for Untimely NOEs

If the NOE is untimely, provider must **submit claim** with:

- An **occurrence span code 77** with **noncovered dates**
 - Noncovered dates = admission date to day before NOE received

Example of **untimely NOE**: ADM DT=0102YY REC DT 0110YY

MAP1711	PAGE 01		CGS J15 MAC - HHH REGION			ACPFA052 MM/DD/YY		
XXXXXXX	SC		INST CLAIM ENTRY			C201433P HH:MM:SS		
HIC		TOB 811	S/LOC S B0100 OSCAR			SV: UB-FORM		
NPI	TRANS HOSP PROV		PROCESS NEW HIC					
PAT.CNTL#:		TAX#/SUB:		TAXO.CD:				
STMT DATES FROM		TO	DAYS COV		N-C	CO	LTR	
LAST		FIRST		MI		DOB		
ADDR 1				2				
3			4					
5			6					
ZIP	SEX	MS	ADMIT DATE		0102YY	HR		
COND CODES 01		02	03	04	05	06		
OCC CDS/DATE 01		02		03				
06		07		08				
SPAN CODES/DATES 01		77	0102YY		0109YY		02	
04	05		06		07			
08	09		10		FAC.ZIP			

Admit date = 01/02/YY
 NOE submitted/accepted
 on 01/10/YY

Submitting Claims for Untimely NOEs

If the NOE is untimely, provider must **submit claim** with:

- Noncovered level of care days on separate revenue code line from covered days

MAP1712	PAGE 02	CGS J15 MAC - HHH REGION	ACPFA052	MM/DD/YY						
XXXXXXXX	SC	INST CL		HH:MM:SS						
HIC	TOB 811	S/LOC	<div style="border: 2px solid orange; padding: 5px; text-align: center;"> <p>Admit date = 0102YY</p> <p>NOE receipt date = 0110YY</p> </div>							
CL	REV	HCPC	MODIFS	TOT RATE	TOT UNIT	COV UNIT	TOT CHARGE	NCOV CH	SERV DATE	RED IND
0651	Q5001			8			800.00	800.00	0102YY	
0651	O5001			22	22		2200.00		0110YY	
0551	Q0154			2			50.00	50.00	0102YY	

- Discipline visits and drugs associated with noncovered days must be submitted with
 - Noncovered units; and
 - Noncovered charges

Common Errors on Claims for Untimely NOEs

Reason Code	Error
U5194	OSC 77 is missing; OR OSC 77 dates are incorrect
34923	<p>Date on revenue code line is within OSC 77 dates, but units or charges are covered; OR</p> <p>Revenue code line has noncovered units/charges, but service date is outside of OSC 77 dates; OR</p> <p>Total noncovered units do not equal noncovered days indicated by OSC 77</p> <p>Known Issue: When submitting claims with noncovered charges via 5010, FISS autoplug covers units, causing claims to hit reason code. To avoid error:</p> <ol style="list-style-type: none">1. Key claim direct data entry (DDE) to show units as noncovered2. When claim RTPs, correct claim by deleting noncovered revenue code line(s), and re-entering with noncovered units

Common Errors on Claims for Untimely NOEs

Example U5194:

When NOE REC DT is more than 5 days *after* ADM DT, OSC 77 must be reported on claim

- Missing OSC 77/dates

HIC	PROV/MRN	S/LOC	TOB	ADM DT	FRM DT	THRU DT	REC DT
SEL LAST NAME	FIRST INIT	TOT CHG	PROV REIMB	PD DT	CAN DT	REAS NPC	#DAYS
XXXXXXXXXXA	XXXXXX	P B9997	81A	0102YY	0102YY		0110YY
PATIENT	W			0119YY		37200	

MAP1711	PAGE 01	CGS J15 MAC - HHH REGION	ACPFA052	MM/DD/YY
XXXXXXX	SC	INST CLAIM INQUIRY	C201511P	HH:MM:SS
HIC XXXXXXXXXXXA	TOB 812	S/LOC T B9997 OSCAR XXXXXX	SV:	UB-FORM
NPI XXXXXXXXXXXX	TRANS HOSP PROV	PROCESS NEW HIC		
PAT.CNTL#:	TAX#/SUB:	TAXO.CD:		
STMT DATES FROM 0102YY	TO 0131YY	DAYS COV	N-C	CO LTR
LAST PATIENT	FIRST WANDA	MI	DOB	MMDDCCYY
ADDR 1 123 MAIN STREET	2 ANYTOWN IA			
3	4			CARR:
5	6			LOC:
ZIP XXXXX	SEX M MS	ADMIT DATE 0102Y		
COND CODES 01	02	03	04	05
OCC CDS/DATE 01	27	0102YY 02	03	
	06	07		
SPAN CODES/DATES 01				
04	05			

OSC 77 must be reported
 'From' date = ADM DT
 'TO' date = one day prior to "REC DT"
 Ex: 77 0102YY 0109YY

Common Errors on Claims for Untimely NOEs

Example: 34923 – covered units appear with noncovered charges

HIC	PROV/MRN	S/LOC	TOB	ADM DT	FRM DT	THRU DT	REC DT
SEL LAST NAME	FIRST INIT	TOT CHG	PROV REIMB PD DT	CAN DT	REAS NPC	#DAYS	
XXXXXXXXXXA	XXXXXX	P B9997	81A	0102YY	0102YY	0110YY	
PATIENT	W			0119YY		37200	

MAP1712	PAGE 02	CGS J15 MAC - HHH REGION	ACPFA052	MM/DD/YY
XXXXXXX	SC	INST CLAIM ENTRY	C201433P	HH:MM:SS
REV CD PAGE 01				
HIC XXXXXXXXXXXA	TOB 811	S/LOC T B9997	PROVIDER XXXXXX	

CL	REV	HCPC	MODIFS	TOT RATE	UNIT	COV UNIT	TOT CHARGE	NCOV CHARGE	SERV DATE	RED IND
0551	G0154			8	8	8	100.00	100.00	0102YY	
0561	G0155			4	4	4	50.00	50.00	0102YY	
0651	Q5001			9	9	9	600.00	600.00	0102YY	
0551	G0154			4	4	4	100.00	100.00	0106YY	
0651	Q5001			21	21	21	2100.00		0110YY	
0551	G0154			3	3	3	100.00		0110YY	
0551	G0154			4	4	4	100.00		0120YY	
0551	G0154			3	3	3	100.00		0128YY	
0001							3250.00	850.00		

Verify the amounts on the 0001 line reflect the correct amount for the TOT CHARGE and NCOV CHARGE columns

Common Errors on Claims for Untimely NOEs

Example: 34923 (cont.)

- To correct error, delete and re-key noncovered revenue code lines
 - Key “D” over first digit of the revenue code for each line you are deleting

CL	REV	HCPC	MODIFS	TOT RATE	UNIT	COV UNIT	TOT CHARGE	NCOV	CHARGE	SERV DATE	RED IND
d 551	G0154			8		8	100.00		100.00	0102YY	
d 561	G0155			4		4	50.00		50.00	0102YY	
d 651	Q5001			9		9	600.00		600.00	0102YY	
d 551	G0154			4		4	100.00		100.00	0106YY	

- Press “Home”, then “Enter”
- Re-key revenue code lines with “COV UNIT” field blank

CL	REV	HCPC	MODIFS	TOT RATE	UNIT	COV UNIT	TOT CHARGE	NCOV	CHARGE	SERV DATE	RED IND
0551	G0154			8			100.00		100.00	0102YY	
0561	G0155			4			50.00		50.00	0102YY	
0651	Q5001			9			600.00		600.00	0102YY	
0551	G0154			4			100.00		100.00	0106YY	

- FISS Guide, Claims Correction (Chapter 5)

http://www.cgsmedicare.com/hhh/education/materials/pdf/chapter_5-claims_correction_menu.pdf

Untimely NOEs and Subsequent Claims

For subsequent hospice claims, where untimely NOE spans into next billing month, hospice must submit subsequent claim with:

- OSC 77
 - Dates = FROM DATE of claim, and TO DATE = day before NOE received
- KX modifier if requesting an exception
- Noncovered days/services

Example:

- Hospice admission = 1027YY
- NOE submitted untimely = 1118YY
- Initial claim = DOS 1027YY-1031YY with OSC 77 1027YY-1031YY
- Subsequent claim = DOS 1101YY-1130YY with OSC 77 1101YY-1117YY

CR 8877: Exceptional Circumstances for Late NOE

Four exceptional circumstances

1. Fires, flood, earthquakes, or other unusual events that inflict extensive damage to hospice's ability to operate
2. An event the produces a data filing problem due to CMS or contractor system issues, **beyond control of hospice**
3. Newly Medicare-certified hospice that is notified of certification after Medicare certification date, or awaiting user ID from Medicare contractor; or
4. Other circumstances determined by Medicare contractor or CMS to be **beyond the hospice's control**

Examples of Invalid Exception Requests

Keying errors on NOE, even if initial NOE submitted timely

- Incorrect HICN
- Incorrect beneficiary name
- Incorrect admit or from date
- Invalid date of birth
- Incorrect NPI (hospice or physician)
- Missing occurrence code 27

Patient discharged/readmitted to same hospice, and final claim/NOTR **not** submitted timely

Reminder: If initial NOE submitted with error, submit new NOE (with correct info) as soon as possible

Examples of **Valid** Exception Requests

Hospice overlaps

- NOE by subsequent hospice overlaps open period of prior hospice (when different hospices)
- Patient discharged/readmitted to same hospice, and final claim/NOTR submitted timely

Internal error on beneficiary's file in FISS (Option 10)

Hospice required to back out NOE to allow prior hospice to complete billing

Reminder: Hospice is responsible to show why untimely NOE was beyond their control

CR 8877: Requesting an Exception

To request an exception, report 'KX' modifier on earliest dated level of care line (0651, 0652, 0655, 0656)

- OSC 77/dates must still be reported

MAP1712	PAGE 02	CGS J15 MAC - HHH REGION	ACPFA052	MM/DD/YY					
XXXXXXX	SC	INST CLAIM ENTRY	C201433P	HH:MM:SS					
REV CD PAGE 01									
HIC	XXXXXXXXXA	TOB 811	S/LOC S B0100	PROVIDER					
CL	REV	HCPC	MODIFS	TOT	COV	TOT CHARGE	NCOV CHARGE	SERV	RED
				RATE	UNIT			DATE	IND
0651	Q5001	KX		8		800.00	800.00	0102YY	
0651	Q5001			22	22	2200.00		0110YY	

KX will generate non-medical review additional development request (non-MR ADR)

- Claim will move to S B6001, with reason code 39701
- FISS Page 08 indicates edit code 78877

Checking for Additional Development Requests (ADRs)

Select Main Menu Option 01 (Inquiries)

MAP1701
XXXXXXX

CGS J15 MAC - HHH REGION
MAIN MENU

ACPFA052 MM/DD/YY
C201444P HH:MM:SS

01 INQUIRIES

02 CLAIMS/ATTACHMENTS

03 CLAIMS CORRECTION

04 ONLINE REPORTS

ENTER MENU SELECTION: 01

Checking for ADRs

Selection Inquiry Option 12 – (Claim Summary)

MAP1702 CGS J15 MAC - HHH REGION ACPFA052 MM/DD/YY
XXXXXXXX INQUIRY MENU C201444P HH:MM:SS

BENEFICIARY/CWF	10	ZIP CODE FILE	19
DRG (PRICER/GROUPER)	11	OSC REPOSITORY INQUIRY	1A
CLAIM SUMMARY	12	CLAIM COUNT SUMMARY	56
REVENUE CODES	13	HOME HEALTH PYMT TOTALS	67
HCPC CODES	14	ANSI REASON CODES	68
DX/PROC CODES ICD-9	15	CHECK HISTORY	FI
ADJUSTMENT REASON CODES	16	DX/PROC CODES ICD-10	1B
REASON CODES	17		

ENTER MENU SELECTION: 12

Checking for ADRs

Enter NPI and 'S B6001' in S/LOC field, press ENTER

```

MAP1741          CGS J15 MAC - HHH REGION          ACPFA052 MM/DD/YY
AB01CD   SC      CLAIM SUMMARY INQUIRY           C20114YE HH:MM:SS
                NPI XXXXXXXXXXXX
                PROVIDER          S/LOC S B6001     TOB
OPERATOR ID     FROM DATE        TO DATE        DDE SORT
MEDICAL REVIEW SELECT
                HIC      PROV/MRN   S/LOC      TOB   ADM DT FRM DT THRU DT   REC DT
SEL LAST NAME  FIRST INIT TOT CHG  PROV REIMB PD DT CAN DT REAS NPC #DAYS
S  XXXXXXXXXXXA  XXXXXX   S B6001  812   0102YY 0102YY 0131YY   0209YY
PATIENT                J    2000.00                39701
    
```

Claims submitted with 'KX' modifier to request an exception will appear with REAS 39701

Select claim to view due date and information requested

Option 12 - Checking for ADRs

Due date found on Page 07

REPORT: 001 MEDICARE PART A 15004 PVDR NO : XXXXXXXXXXXX
DATE : XX/XX/XXXX ADDITIONAL DEVELOPMENT REQUEST BILL TYPE: 812
CASE ID: 15004XXXXXXXXXXXXXXXXXIARXXX
 ABC HOSPICE AGENCY
 300 W BROADWAY
 SOMEWHERE IA 50309 1234

WE HAVE REVIEWED THIS CLAIM RECORDS AND FOUND THAT ADDITIONAL DEVELOPMENT WILL BE NECESSARY BEFORE PROCESSING CAN BE FINALIZED. TO ASSIST YOU IN PROVIDING THE REQUIRED INFORMATION, WE HAVE ASSIGNED REASON CODES TO THE AFFECTED CLAIM RECORD (SEE BELOW) FOR YOUR REVIEW. PLEASE REFER TO THE ACCOMPANYING LIST FOR EXPLANATION OF THE ASSIGNED CODES. WE MUST RECEIVE THE REQUESTED INFORMATION BEFORE THE DUE DATE LISTED BELOW, OR THE CLAIM

CGS J15 MAC
J15 - HHH CORRESPONDENCE
PO BOX 20014
NASHVILLE TN 37202

PATIENT CNTRL NBR:

DUE DATE: 03/24/CCYY

MEDICAL REC NO:

DCN: XXXXXXXXXXXXXXXXXXXIAR

HIC: XXXXXXXXXXXXA PATIENT NAME: JOSEPHINE PATIENT

FROM DATE: 01/02/CCYY THRU DATE: 01/31/CCYY OPR/MED ANALYST:

TOTAL CHARGES: \$2,000.00 ORIG REQ DT: 02/09/CCYY CLM RCPT DT: 02/09/CCYY

Press F6 to view additional narrative, then F5 to go back

Option 12 - Checking for ADRs

Documentation requested found on Page 08 (F8 from Page 07)

REASONS: 78877

REASON CODE NARRATIVES FOR HIC/DCN: XXXXXXXXXA XXXXXXXXXXXXXXXXIAR

78877 MEDICARE NEEDS TO RECEIVE THE RETURNED ADR INFORMATION BY THE 30TH DAY. ALLOWS FOR MAIL TIME AND FOR US TO MOVE THE CLAIM INTO STATUS/LOCATION SM87DR ONCE THE DOCUMENTATION HAS BEEN RECEIVED. IF DOCUMENTATION IS NOT RECEIVED WITHIN 45 DAYS, IT WILL BE RELEASED ON DAY 46 AND PROCESS WITH PROVIDER SUBMITTED NONCOVERED CHARGES. TO SUPPORT YOUR REQUEST FOR AN EXCEPTIONAL CIRCUMSTANCE, SEND THE FOLLOWING INFORMATION.

* DOCUMENTATION TO SUPPORT A FIRE, FLOOD, EARTHQUAKE OR OTHER UNUSUAL EVE WHICH CAUSED EXTENSIVE DAMAGE TO YOUR AGENCY'S ABILITY TO OPERATE.

* DOCUMENTATION OF AN EVENT THAT PRODUCED A CMS OR CGS DATA FILING PROBLE WHICH WAS BEYOND YOUR AGENCY'S CONTROL.

* DOCUMENTATION TO SUPPORT YOUR AGENCY WAS NEWLY CERTIFIED AND THAT YOU W NOTIFIED AFTER THE MEDICARE EFFECTIVE DATE. THIS MAY INCLUDE THE MEDICAR TIE-IN NOTICE THAT YOU RECEIVE FROM CMS.

* DOCUMENTATION TO SUPPORT ANY OTHER CIRCUMSTANCE THAT YOU FEEL WAS BEYON YOUR CONTROL. THIS MAY INCLUDE, BUT IS NOT LIMITED TO, DOCUMENTATION SHO A PRIOR HOSPICE'S SUBMISSION OF AN UNTIMELY NOTICE OF TERMINATION/REVOCAT OR SEQUENTIAL BILLING ISSUES WHICH REQUIRED YOU TO REMOVE YOUR TIMELY-FIL NOE/CLAIMS TO ALLOW A PREVIOUS HOSPICE TO BILL.

DOCUMENTATION TO SUPPORT YOUR REQUEST MAY BE SUBMITTED VIA:

To view, mailing address and FAX, F6 to scroll forward

CR 8877: Requesting an Exception

Documentation to support exception requests may include:

- Screenprints
 - FISS
 - Eligibility screens/info (ELGA/ELGH, myCGS, vendor software)
- Proof of actions taken by provider
 - Phone calls, including name of person contacted, date, time and call record number (if CGS)
 - Emails and/or letters
- CMS Tie-In Notice and FISS security notification – for newly certified hospices
- **Anything relevant** to why NOE was untimely

Remarks entered on claim (FISS Page 04) are not considered without supporting documentation

CR 8877: Requesting an Exception

Documentation to support the exception:

- Should be submitted **separately** for each claim
- Can be submitted via:
 - FAX (preferred) – **515-471-7582**
 - US Mail – CGS J15 MAC
J15-HHH Claims
PO Box 20019
Nashville, TN 37202
 - esMD, <http://www.cgsmedicare.com/hhh/medreview/esmd.html>

NOTE: Only submit documentation related to exceptional circumstance

Submit documentation **as soon as possible**

- No later than day 30
- Prompt receipt of documentation will expedite processing of claim

Case Study:

Example of Denied Exception Requests

Example #1:

- Hospice admission date 10/21/14
- Hospice submitted information to clearinghouse on 10/24/14
- Clearinghouse submitted NOE on 10/27/14
- NOE untimely
- Exception not granted

Case Study:

Example of Denied Exception Requests

Example #2:

- Hospice admission date 10/31/14
- Hospice submitted NOE on 11/03/14
- NOE RTPd on 11/04/14 for invalid type of bill (01A)
- Provider submitted new NOE on 11/24/14
- Provider stated they didn't know NOE had RTPd as they search for TOB 81A only
- Exception not granted due to provider billing error (invalid TOB)
- **Note:** CGS recommends checking status of NOEs using FISS Option 12, and entering NPI and HICN **OR** use Claims Correction Option 29 (Hospice) and remove TOB
 - Using additional fields will narrow NOE search and can increase risk of missing errors

Case Study:

Example of Denied Exception Requests

Example #3:

- Hospice admission date 11/11/14
- Hospice submitted NOE on 11/12/14
- NOE RTPd on 11/17/14 for U5181 (incorrect /invalid OC 27 date)
- Provider corrected NOE on 11/18/14
- Exception not granted due to billing error (incorrect/invalid OC 27 date)

Case Study:

Example of Denied Exception Requests

Example #4:

- Hospice admission date 11/19/14
- Hospice submitted NOE on 11/21/14
- NOE “RTPd” on 11/21/14 for 32103 (Invalid NPI)
 - If invalid hospice NPI submitted, NOE cannot be RTPd to provider due to HIPAA
- Provider did not verify submission or status of NOE
- Provider states didn’t know NOE was RTPd
- Exception not granted due to provider keying error

Case Study:

Example of Denied Exception Requests

Example #5:

- Hospice admitted patient 10/09/14
- Hospice viewed ELGH and determined patient had open benefit period 09/16/14 – 12/14/14 and no posted revocation
- Hospice did not submit NOE until 10/15/14 (untimely), when prior benefit period termed
- Exception not granted since provider did not submit NOE timely
- **Note:** If hospice had submitted NOE timely, and NOE hit U5106 (overlap of open hospice benefit period), this exception would have been granted.

Case Study:

Example of Denied Exception Requests

Example #6:

- Provider submitted NOE for 103014 admission on 103014 (timely)
- Provider realized admission date should have been 102914
- Provider submitted 81D (cancel NOE) on 112814
- Submitted “corrected” NOE with 102914 admission date on 112814
- Provider documentation indicates initial NOE submitted with incorrect admission date
- Exception not granted since provider billing error

Case Study:

Example of **Granted** Exception Request

Example #1:

- Initial NOE with admit date = 10/30/14 was submitted on 11/3/14 (timely)
- NOE hit U5106 (NOE within previously established hospice period)
- Hospice F9d NOE as soon as prior benefit period termed
- Hospice submitted screenprints of ELGH showing open hospice period and screenprints of FISS showing NOE receipt date
- CGS confirmed NOE initially submitted timely, prior hospice's open benefit period, and date hospice F9d NOE
- Hospice exception granted due to prior open benefit period and timely submission of NOE
- **Note:** For discharge/readmit to same hospice, timely filing of final claim/NOTR will also be considered

Case Study:

Example of **Granted** Exception Request

Example #2:

- Initial NOE with admit date = 10/29/14 was submitted on 10/30/14 (timely) and hit RC 1A005 (patient middle initial invalid)
- Provider attempted to correct NOE on 10/31, 11/03 and 11/4
- Contacted CGS provider contact center on 11/4/14
- CGS staff confirmed incorrect information on beneficiary file, and file was updated
- Provider corrected NOE and F9d on 11/4
- Hospice submitted exception request with documentation showing action taken, including CGS call log record and dated screenprints of ELGH and incorrect Beneficiary/CWF inquiry (Inquiry Option 10)
- Hospice exception granted due to documentation and prompt submission of NOE once file updated

Case Study:

Example of **Granted** Exception Request

Example #3:

- Hospice B admitted patient 120614, and identified prior hospice benefit period with TERM DATE = 053114 (Hospice A)
- Hospice B submitted NOE timely on 120814, and processed
- On January 20, 2015, Hospice A contacted Hospice B and requested they back out their 120614 NOE to allow Hospice A to complete billing
- Exception request from Hospice B included documentation showing NOE was submitted timely (120814) and included letter and documented phone call with Hospice A showing request to back out
- Exception granted due to circumstances beyond Hospice B's control

Good to Know

1. Provider billing errors are not a valid exception
 - NOEs must be submitted accurately
2. Invalid entry of a TOB or NPI is not a valid exception
3. If keying error made on submitted NOE, resubmit...don't wait for RTP
4. The fact that FISS/CWF doesn't RTP claims immediately is not considered a CMS claims processing issue and is not valid justification for an exception
5. If beneficiary file on FISS was updated by CGS, add note to exception request indicating this
6. Check status of NOEs daily
7. If NOE was submitted, but can't be found in FISS, verify:
 - Beneficiary's HIC number on eligibility file
 - Search for NOE in FISS using only NPI and HIC number
 - If still not found, resubmit within timely filing period

Claims Processing for Untimely NOEs

If **all dates of service** on claim are noncovered due to untimely NOE, claim will reject (**R B9997**) with reason code **39929** (claim rejected)

- Regardless of whether an exception was requested and denied, or not requested

MAP1741	CGS J15 MAC - HHH REGION			ACPFA052	MM/DD/YY
XXXXXXXX SC	CLAIM SUMMARY INQUIRY			C201511P	HH:MM:SS
NPI XXXXXXXXXXXX					
HIC XXXXXXXXXXXA	PROVIDER	S/LOC		TOB	
OPERATOR ID XXXXXXXX	FROM DATE	TO DATE		DDE SORT	
MEDICAL REVIEW SELECT					
HIC	PROV/MRN	S/LOC	TOB	ADM DT	FRM DT THRU DT REC DT
SEL LAST NAME	FIRST INIT	TOT CHG	PROV REIMB PD DT	CAN DT	REAS NPC #DAYS
XXXXXXXXXXA	XXXXXX	R B9997	810	1014YY 1014YY	1031YY 1116YY
PATIENT	W	3000.00		1130YY	39929

To verify rejection due to untimely NOE, go to Page 02 and press F2 to access MAP171D

- View 5-digit reason code in 'DENIAL REAS' field for each line (F6)

Claims Processing for Untimely NOEs

RC 31947 will appear in DENIAL REAS field on MAP171D

MAP171D	PAGE 02	CGS J15 MAC - HHH REGION	ACPFA052 MM/DD/YY
XXXXXXX	SC	INST CLAIM INQUIRY	C201511P HH:MM:SS
DCN 214XXXXXXXXXXXXXIAR	HIC XXXXXXXXXXXXA	RECEIPT DATE 1116YY	TOB 810
STATUS R	LOCATION B9997	TRAN DT 1130YY	STMT COV DT 1014YY TO 1031YY
PROVIDER ID XXXXXXXXXX	BENE NAME PATIENT, WANDA		
NONPAY CD N	GENER HARDCPY 9	MR INCLD IN COMP	CL MR IND
TPE-TO-TPE	USER ACT CODE 7	WAIV IND	MR REV URC DEMAND
REJ CD 39929	MR HOSP RED	RCN IND	MR HOSP-RO ORIG UAC
MED REV RSNS			
OCE MED REV RSNS			
1	HCPC	-----REASON-CODES-----	
REV HCPC M	31947 = Provider submitted noncovered charges	NOV-CHRG	ADR
0651 Q5001			FMR
ORIG		MR	ODC
OCE OVR 0 CWF OVR	OVR	NCD DOC	NCD RESP
			NCD#
NON	NON	DENIAL	OLUAC
LUAC	COV-UNT	COV-CHRG	REAS
	18	2000.00	31947
			OVER ST/LC MED
			-----ANSI-----
			ADJ GRP
			96 CO N381
			-----REMARKS-----
TOTAL	18	2000.00	LINE ITEM REASON CODES
39929			<== REASON CODES

Right to Appeal Exception Request Determinations

Provider may appeal CGS's exception request determination

Requests submitted via usual 'Redetermination' process

- CGS Medicare Redetermination Request Form,
http://www.cgsmedicare.com/hhh/appeals/pdf/hhh_redetermination_form.pdf

Mail to: J15 — HHH Correspondence
CGS Administrators, LLC
PO Box 20014
Nashville, TN 37202

- myCGS Web portal, using 'Forms' tab,
http://www.cgsmedicare.com/pdf/myCGS/chapter7_hhh.pdf

'Submitting Redetermination Requests' Web page,

http://www.cgsmedicare.com/hhh/appeals/submission_requests.html

CR 8877 Resources

Change Request 8877 Web page,

<http://www.cgsmedicare.com/hhh/education/materials/cr8877.html>

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Change Request 8877

Overview of Changes

Change Request (CR) 8877 [PDF](#) implements the following four changes for hospice providers, which are effective with dates of services on or after October 1, 2014. Additional information is provided below.

- **Diagnosis Code Reporting** — Prohibits billing of certain diagnosis codes as the principal diagnosis on hospice claims, including debility, adult failure to thrive, as well as certain dementia codes.
- **Q5003 and Q5004 Clarification** — Clarifies reporting of place of service codes Q5003 and Q5004.
- **Timely Filed Notices of Election (NOEs)** — NOEs must be submitted and accepted within 5 calendar days after the hospice admission date.
- **Notice of Election Termination/Revocation (NOTR)** — NOTRs must be submitted and accepted within 5 calendar days after the effective date of the discharge/revocation.

Additional Resources

- [Change Request 8877 Frequently Asked Questions \(FAQs\)](#)
- [Overview of Change Request 8877: Diagnosis Reporting, and Timely Filing of Notices of Election \(NOEs\) and Notice of Election Termination/Revocation \(NOTRs\) September 11 and 16, 2014, Webinar Handout](#) [PDF](#)

Diagnosis Code Reporting

The following diagnoses are prohibited from being reported in the primary diagnosis code field on a hospice claim, effective with dates of service on or after October 1, 2014.

- **Debility (799.3 and 780.79)**
- **Adult failure to thrive (783.7)**
- **Various dementia codes in the range of 290.0 through 290.9, 293 and 310.** See [Attachment A](#) [PDF](#) in the CR for a list of all codes.

Claims that include one of these diagnosis codes in the primary diagnosis code field will be returned to the provider (RTP) for correction with reason code 30727.

CR 8877 Resources

Frequently Asked Questions (FAQs),

<http://www.cgsmedicare.com/hhh/education/faqs/index.html>

Frequently Asked Questions (FAQs)

- Additional Development Request (ADR)/Medical Review
- Adjustments/Cancel
- Appeals
- Ask-the-Contractor Teleconference (ACT) Questions and Answers
- Beneficiary Eligibility Information
- Checking Claim Status
- Comprehensive Error Rate Testing (CERT) Program
- Cost Report
- Cost Report Reopening
- EDI
- Home Health Billing
- Home Health Clinical – Medical Review
- Home Health Face-To-Face (FTF)
- Hospice Billing
 - Change Request 8877
 - Change Request 8877 Ask-the-Contractor Teleconference (ACT), September 24, 2014
 - Change Request 8358
 - Additional Hospice Data Reporting – CR 8358 Ask-the-Contractor Teleconference (ACT), March 25, 2014
 - Additional Hospice Data Reporting – CR 8358 Ask-the-Contractor Teleconference (ACT), October 17, 2013
- Hospice Face-to-Face (FTF) Encounters

CR 8877 Resources

'Hospice Claims Filing' Web page,

http://www.cgsmedicare.com/hhh/education/materials/hospice_cf.html

Hospice Claims Filing

The Medicare hospice benefit requires that providers submit two types of billing transactions: the Notice of Election (NOE) and the claim. The NOE (an abbreviated claim) is submitted to notify the Medicare contractor, and the Common Working File (CWF), of the start date of the beneficiary's election to the hospice benefit.

The NOE is submitted after the beneficiary has signed the election statement and **October 1, 2014, per Change Request 8877**, hospices must submit the NOE with a claim. The NOE must be submitted to, and accepted by, CGS. To be accepted by CGS, the NOE must be submitted to the Medicare contractor, and the Common Working File (CWF), of the start date of the beneficiary's election to the hospice benefit. NOEs can only be submitted direct data entry (DDE) using the Medicare contractor's system; they cannot be submitted electronically. For additional information, refer to the [Hospice Claims Filing](#) Web page.

Hospices are required to bill claims sequentially. The first hospice claim for a beneficiary (effective 10/1/14, per CR 89997). After the first claim processes (pays, denies or rejects), the subsequent claim must be submitted monthly and processed in date order. In addition, only one claim can be submitted for a beneficiary who has been discharged/revoked, and re-elected hospice care).

Before billing your first claim to Medicare, review the [Hospice Sequential Billing](#) Web page.

The Fiscal Intermediary Standard System (FISS) Claims/Attachments option (FISS Main Menu) provides screen prints and field descriptions for each of the six FISS claim pages and hospice claims. For more detailed information about FISS, refer to the Chapters 1-5 of the [FISS User Manual](#).

[Change Request 8358 PDF](#) requires additional data reporting on hospice claims. Hospice claims starting on or after January 1, 2014. Additional data reporting will be required on claims with dates of service on or after 02 – Entering a Hospice Claim" Web page.

In addition, **effective for dates of service on/after October 1, 2014, per Change Request 8877**, hospices must submit the NOE with a claim. The NOE must be submitted to, and accepted by, CGS. To be accepted by CGS, the NOE must be submitted to the Medicare contractor, and the Common Working File (CWF), of the start date of the beneficiary's election to the hospice benefit. NOEs can only be submitted direct data entry (DDE) using the Medicare contractor's system; they cannot be submitted electronically. For additional information, refer to the [Change Request 8877](#) CGS Web page.

Scroll down for instructions on NOEs, hospice claims and NOTRs

Notice of Elections (NOEs)/Transfer NOE

- [Claim Page 01](#)
- [Claim Page 03](#)

Hospice Claims

- [Claim Page 01](#)
- [Claim Page 02](#)
- [Claim Page 03](#)

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CR 8877 Resources

'Hospice Claims Filing' Web page,

http://www.cgsmedicare.com/hhh/education/materials/hospice_cf.html

Special Hospice Claims Filing Situations

- Billing Hospice Physician and Nurse Practitioner (NP)
- Canceling a Notice of Election or Benefit Period
- Change of Ownership
- Discharge or Revocation of Hospice Care
- Hospice Expedited Determination Process
- Hospice Sequential Billing Requirements
- Influenza Vaccines and Hospice
- Requests for Medical Denials
 - Hospice No-Pay Bills (Condition Code 21)
 - Advance Beneficiary Notice (Occurrence Code 32)
 - Hospice Room and Board
- Submitting Claims for Untimely Notices of Election (NOEs)
 - Requesting an Exception for an Untimely NOE
- Transferring Beneficiary From/To Another Hospice Agency
- Untimely Face-To-Face Encounter
- Untimely Recertifications and Occurrence Span Code (OSC) 77

Scroll down for 'Special Claims Filing Situations'

CR 8877 Resources

Submitting Claims for Untimely Notices of Election (NOEs),
http://www.cgsmedicare.com/hhh/education/materials/submitting_claims_untimely_noes.html

Submitting Claims for Untimely Notices of Election (NOEs)

Effective for hospice admissions on/after October 1, 2014, the hospice notice of election (NOE) must be submitted to and accepted by CGS within 5 days after the hospice admission to be considered timely.

To determine the receipt date of the NOE, use the Claim Inquiry option (FISS Option 12) to view the NOE. The 'REC DT' field will indicate the date the NOE was received. In order for the NOE to be timely, the REC DT must be no more than 5 days after the admit date (ADM DT).

MAP1741 XXXXXXX	SC	CGS J15 M CLAIM SUMM NPI XXX	The REC DT is more than 5 days after the ADM DT. Therefore, this NOE was untimely.				DD/YY MM:SS
HIC XXXXXXXXXA OPERATOR ID XXXXXXX	PROVIDER FROM DATE						
MEDICAL REVIEW SELECT							
HIC	PROV/MRN	S/LOC	TOB	ADM DT	FRM DT	REC DT	
SEL LAST NAME FIRST INIT	TOT CHG	PROV REIMB	PD DT	CAN DT	REAS	PC #DAYS	
XXXXXXXXXA XXXXXX	P B9997	81A	101014	101014		101614	
PATIENT	A		102814		37200		

If the NOE is not received timely, those days from admission to the day before the NOE was received, are considered noncovered, and the provider is financially liable for those days.

In addition to the usual hospice claim information, a claim reporting an untimely NOE should include the following on FISS Page 01 and FISS Page 02:

FISS Page	Field Name	Description
01	SPAN CODES/ DATES	Enter '77' along with the dates of the noncovered days (date of admission to day before NOE received) (ex. 77 MMDDYY MMDDYY) Note: If the claim does not include OSC 77 and/or the dates reported with OSC 77 are incorrect, the claim will be returned to the provider (RTPd).
02	REV	Enter the level of care revenue code for the noncovered days
02	HCPCS	Enter the appropriate HCPCS (Q50XX) for the place of service

CR 8877 Resources

‘Requesting an Exception for an Untimely NOE’,

http://www.cgsmedicare.com/hhh/education/materials/requesting_exception_untimely_noes.html

Requesting an Exception for an Untimely NOE

When the receipt date (REC DT) on your notice of election (NOE) is more than 5 days after the admit date (ADM DT), your NOE is considered untimely, and those days, from admission to the day before the NOE was received, are not payable by Medicare. However, there are some circumstances in which an exception may be granted for the untimely days.

Four Exceptions

Medicare guidelines allow for four exceptions if a hospice NOE is not filed timely.

1. Fires, flood, earthquakes, or other unusual events that inflict extensive damage to hospice’s ability to operate
2. An event that produces a data filing problem due to CMS or contractor system issues, **beyond the control of the hospice**
3. Newly Medicare-certified hospice that is notified of certification after Medicare certification date, or awaiting user ID from Medicare contractor; or
4. Other circumstances determined by the Medicare contractor (i.e. CGS) or CMS to be **beyond hospice’s control**

Acceptable Exception Examples

- A hospice required to remove a timely filed NOE to allow a prior hospice to bill.
- A timely filed NOE that was returned (RTPd) due to an open prior hospice benefit period.

Unacceptable Exception Examples

- Hospice personnel issues
- Internal IT system issues
- Lack of knowledge of requirements
- NOEs that was returned (RTPd) because of a billing, keying or eligibility error

Note: All exception requests are considered on a case-by-case basis.

CR 8877 Resources

Submitting Hospice Notices of Election (NOEs) quick resource tool,
http://www.cgsmedicare.com/hhh/education/materials/pdf/submitting_noes.pdf

Submitting Hospice Notices of Election (NOEs)

Requirement: Effective October 1, 2014, hospices must submit a notice of election (NOE) within 5 calendar days **after** the hospice admission date. NOEs submitted after this are considered untimely, and any care provided, from the date of admission to the day before the NOE is received, are not payable by Medicare.

Timely NOE: To be considered timely, the NOE must be **submitted to and accepted by** CGS. To be "accepted," the NOE must be free of billing and eligibility errors.

Important: NOEs which are returned to the provider (RTPd) do not constitute an "accepted" NOE.

Step 1: Verify the patient's eligibility information, including first and last name, Medicare number (HICN) and date of birth. Refer to the Checking Beneficiary Eligibility Web page, http://www.cgsmedicare.com/hhh/claims/checking_bene_eligibility.html

Step 2: Access FISS. Select the Claims/Attachments option (Option 02). Then select NOE/NOA entry option (Option 49).

Step 3: Enter the following information on FISS Page 01:

Key:

Blue = Required field

Orange = Required data

Refer to table below for required FISS fields and data.

MAP1711	PAGE 01	CGS J15 MAC - HHH REGION	ACPPA052 MM/DD/YY
XXXXXXXX	SC	INST CLAIM INQUIRY	C201433P HH:MM:SS
HIC XXXXXXXXXXX	TOB 81A	S/LOC OSCAR	SV: UB-FORM

Questions?

CGS: 1.877.299.4500

Provider Contact Center: Option 1

Electronic Data Interchange (EDI): Option 2

Provider Enrollment: Option 3

Overpayment Recovery: Option 4