

Submitting a Hospice Notice of Election (NOE)

TOB 8XA

The Notice of Election (NOE), Type of Bill (TOB) 8XA, is submitted when the hospice receives a signed election statement from the beneficiary acknowledging that he/she wishes to enroll in the Medicare Hospice Benefit. The NOE must be submitted to Medicare within 5 days of the date of election in order to be timely. Hospices can submit the NOE via the Direct Data Entry (DDE) system, Electronic Data Interchange (EDI) or hard copy (if applicable).

For EDI submissions, Medicare encourages hospices to submit batch transmissions with groups of NOEs separate from batch transmissions with groups of claims. This practice may reduce the risk that translator-level rejections related to NOEs, if they occur, that could impact payments to the hospice.

Hospices should note that NOEs submitted via EDI are subject to all front-end edits and may be rejected if all required data elements are not submitted or do not meet the required elements as outlined in the companion guide provided with Change Request (CR) 10064. Electronically filed NOEs will receive a 999 acknowledgment within minutes of submission if accepted. Thus, hospices should also ensure that they monitor their acceptance reports (277CA and 999) at regular intervals. In addition, hospices should be aware that the NOE is subject to the batching process, which means it may be one to two days before the hospice will see the NOE in DDE if it was accepted. Once the NOE is accepted into FISS, processing time may vary as it is subject to all FISS and CWF edits. Therefore, providers are encouraged to also monitor the status of the NOE in DDE to ensure they make any corrections that may be necessary should the NOE be Returned to the Provider (RTP) for correction.

To complete the 8XA in DDE, select menu option '49' from the claims entry menu. For submission of the NOE via EDI, follow your software instructions. The table below provides the fields that must be completed when submitting the NOE via DDE, EDI, or hard copy (if applicable). **Note:** There are additional fields that will be required when submitting the NOE via EDI.

FIELD DESCRIPTOR	DDE	EDI	UB-04 by Field Locator (FL)	DESCRIPTION/VALID VALUES
Provider Name, Address and Telephone Number	X	X	X (FL 1)	The DDE system will auto-populate this information based on the NPI that is used for submission of the NOE. For electronic submission through EDI, check with your software vendor to determine where this information is stored or if you will need to manually enter the information on the claim.
Beneficiary/ Patient's Medicare Number	X (MID) Claim Page 01	X	X (FL 60)	Enter beneficiary's Medicare ID number. For claims submitted via EDI, this field may vary depending on your software. Check with your vendor if assistance is necessary.
Type of Bill	X (TOB) Claim Page 01	X	X (FL 4)	Enter the type of bill for the NOE. Valid values are: <ul style="list-style-type: none"> • 81A (Freestanding hospice: '81' is system generated) • 82A (Hospital-based hospice: provider keyed)
Statement Covers Period ('FROM' Date)	X (STMT DATES FROM) Claim Page 01	X	X (FL 6)	Enter the effective date of hospice enrollment in MMDDYY. This date must match the Admit Date and the date reported with Occurrence Code 27.
Statement Covers Period ('THROUGH' Date)		X		Enter the effective date of hospice enrollment in MMDDYY format. The date entered should match the date in the 'FROM' date field.
Patient's Name	X (Last, First, MI) Claim Page 01	X	X (FL 8)	Enter the patient's name as shown on the eligibility file with the surname first, first name, and middle initial (optional), if any.

FIELD DESCRIPTOR	DDE	EDI	UB-04 by Field Locator (FL)	DESCRIPTION/VALID VALUES
Patient's Birth Date	X (DOB) Claim Page 01	X	X (FL 10)	Enter the patient's date of birth in MMDDYYYY format.
Patient's Address	X (ADDR 1 – 6 & ZIP) Claim Page 01	X	X (FL 9)	Enter the patient's full mailing address including street name and number, post office box number or RFD, city, State, and ZIP code.
Patient's Sex	X (SEX) Claim Page 01	X	X (FL 11)	Enter the patient's sex. Valid Values are: <ul style="list-style-type: none"> • M (Male) • F (Female)
Admission Date	X (ADMIT DATE) Claim Page 01	X	X (FL 12)	Enter the hospice admission date. This date must match the 'FROM' date in the Statement Covers Period and the date reported with Occurrence Code 27.
Type of Admission		X		Enter a valid Type of Admission Code (1 – 9).
Admission Source Code		X		Enter the Source of Admission with the default value of '1.'
Patient Status Code		X		Enter the patient discharge status code with the default value of '30.'
Condition Codes	X (COND CODES 01 - 10) Claim Page 01	X	X (FL 18 – 28)	Enter D0 (the number zero) if the NOE is correcting an election date. Note: When D0 is entered on the claim, Occurrence Code 56 and date must also be submitted. If both codes are not submitted on the NOE, it will be returned to the provider.
Occurrence Codes and Dates	X (OCC CDS/Date 01 – 10) Claim Page 01	X	X (FL 31 – 34)	Enter Occurrence Code (OC) 27 and the certification date. This date must match the 'FROM' and 'ADMIT' dates. To correct an election date previously submitted in error, enter Occurrence Code (OC) 56 and the election date reported on the original NOE. The Admission Date, From Date and Occurrence Code 27 date are submitted with the correct dates. Note: When Occurrence Code 56 is submitted on the NOE, Condition Code D0 must also be entered. If both codes are not on the NOE, it will be returned to the provider.
N/A	X (FAC. ZIP) Claim Page 01			The entire nine-digit ZIP code must be entered and should match the facility's master address in the provider enrollment record (usually the facility's physical location).
Provider Number	X (NPI) Claim Page 01	X	X (FL 56)	Enter the National Provider Identifier (NPI) associated with the OSCAR (Online Survey, Certification and Reporting) number.
N/A	X (OSCAR) Claim Page 01			The system will automatically pre-fill the Medicare OSCAR number (the six-digit number assigned by Medicare) when logging on to the DDE system.
Revenue Code		X		Enter the default revenue code 0650.
HCPCS		X		Enter the default HCPCS code Q5009.
Service Date		X		Enter the service date that matches the 'FROM' date in the Statement Covers Period.
Total Units		X		Enter the default total units of '1.'
Total Charges		X		Enter zeros (0.00)
Payer ID Code	X (CD) Claim Page 03	X		Line A – 'Z' is system generated in DDE; Claims submitted via EDI will depend upon the software being used. If the software does not auto-populate this field, enter the 'Z' to reflect Medicare as the payer source
Payer	X (PAYER) Claim Page 03	X	X (FL 50)	Line A – 'Medicare' is system generated in DDE. Claims submitted via EDI will depend upon the software being used. If the software does not auto-populate this field, enter 'Medicare.'
Insured's Name	X Claim Page 03	X	X (FL 58)	Enter the beneficiary's name on line A as it appears on the beneficiary's Medicare card. Note: All NOEs are submitted with Medicare as the primary payer.

FIELD DESCRIPTOR	DDE	EDI	UB-04 by Field Locator (FL)	DESCRIPTION/VALID VALUES
Release of Information	X (RI) Claim Page 03	X	X (FL 52)	The Release of Information Certification Indicator indicates whether the provider has on file, a signed statement permitting the provider to release data to other organizations in order to adjudicate the claim. Valid values are: <ul style="list-style-type: none"> I - Informed consent to release medical information for condition or diagnoses regulated by Federal Statutes, Y - Yes, provider has a signed statement permitting release of information.
Principal Diagnosis Code	X (DIAG CODES 01 – 09) Claim Page 03	X	X (FL 66)	Enter all diagnoses as appropriate.
Attending Physician I.D.	X ATT PHYS NPI, L, F Claim Page 03	X	X (FL 76)	Enter the NPI and name of physician currently responsible for certifying the terminal illness and signing the individual's plan of care.
Other Physician I.D.	X (REF PHYS) Claim Page 03	X (Referring)	X (FL 78)	Enter the NPI and name of the hospice physician responsible for certifying the patient's terminal illness. Note: When the hospice physician is the attending and certifying physician, only the attending physician NPI is required to be reported.
Provider Representative Signature and Date			X (FL 80)	A hospice representative must make sure the required physician's certification and a signed hospice election statement are in the records before signing the Form CMS-1450. A stamped signature is acceptable.

An erroneous admission date on the NOE can only be corrected for an admission that occurred on or after January 1, 2018. The example below shows what to submit to correct an NOE. This example is for demonstration purposes only.

Example of submitting a corrected NOE:

For our example, the initial NOE was submitted with an admit date of 01/08/XX. The actual admit date is 01/07/XX. The hospice reports the following:

Type of Bill (TOB): 8XA
Statement Covers Period Enter 0107XX in the 'FROM' date field
Statement Covers Period Enter 0107XX in the 'THROUGH' date field if the 8XA is being submitted through EDI. Leave this field blank if the 8XA is being submitted via DDE
Admission Date Enter 0107XX
Condition Code Enter D0 (ensure that the number zero is entered)
Occurrence Code and Date Enter Occurrence Code 27 and 0107XX (correct admit date)
Occurrence Code and Date Enter Occurrence Code 56 and 0108XX (incorrect admit date)

Remember, hard copy UB-04 claims may only be submitted by providers that are authorized to do so.

References:

- Change Request 10064 (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R3866CP.pdf>)
- CMS IOM, Publication 100-04, Chapter 11, Section 20.1.1 (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c11.pdf>)