



Notice of Election Hospice

What is an NOE?

N Notice **O** Of **E** Election

The **NOE** must be submitted to Medicare within 5 days 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).**

Hospice Election

- Beneficiary or authorized representative must elect the hospice benefit.
- Election statement filed with the hospice will be maintained with CWF
- All traditional Medicare Part A and Part B benefits waived for services related to treatment and management of terminal illness.
- Exception: services provided by the individual's attending physician, who may be a NP or PA, if that physician, NP or PA is not an employee of the designated hospice or receiving compensation from the hospice for those services.



Notice of Election Purpose

- Notify the contractor and CWF of the start date of the beneficiary's election to the hospice benefit
- Prevent erroneous payments from other provider types for a hospice diagnosis
- Must be submitted and processed prior to submitting first hospice claim
- Payment is not applied
- Known as a transaction and not a claim
- Uses only a few of the many form locators



NOE (TOB 8XA)

Beginning July 2, 2018, when a hospice submits an NOE (TOB 8xA), Medicare systems will create an election period in Medicare systems that is separate from any benefit periods. Hospices will be able to view the election period on new CWF and DDE inquiry screens that look like this:

```

ELGA                CWF  PART A  ELIGIBILITY SYSTEM                ELGACRO
MM/DD/CCYY  HH:MM:SS                HOSPICE ELECTION PERIOD                PAGE 17 OF XX
IP-REC  CN  XXXXXXXXXXXX  NM  XXXXXX  IT  X  DB  MMDDCCYY  SX  X  INT  XXXXX
HOSPICE
ELECTION      PERIOD  X      PERIOD  X      PERIOD  X      PERIOD  X
ELECT DATE   MMDDCCYY      MMDDCCYY      MMDDCCYY      MMDDCCYY
RECIPT DATE  MMDDCCYY      MMDDCCYY      MMDDCCYY      MMDDCCYY
REVOC DATE   MMDDCCYY      MMDDCCYY      MMDDCCYY      MMDDCCYY
REVOC IND    9              9              9              9
PROVIDER     XXXXXX        XXXXXX        XXXXXX        XXXXXX
NPI          XXXXXXXXXXXX  XXXXXXXXXXXX  XXXXXXXXXXXX  XXXXXXXXXXXX
  
```

Conditions of Participation Related to NOE



418.24 Election of Hospice Care

- (a) Filing an election statement.
 - (1) General. An individual who meets the eligibility requirement of 418.20 may file an election statement with a particular hospice. If the individual is physically or mentally incapacitated, his or her representative (as defined in 418.3) may file the election statement.
 - (2) Notice of election. The hospice chosen by the eligible individual (or his or her representative) must file the Notice of Election (NOE) with its Medicare contractor within 5 calendar days after the effective date of the election statement.

Hospices Complete the Following Data Elements When Submitting an NOE

- Provider Name, Address, and Telephone Number
- Type of Bill
- Statement Covers Period (From-Through)
- Patient's Name
- Patient's Address
- Patient's Birth Date
- Patient's Sex
- Admission Date
- Provider Representative Signature and Date
- Condition Codes
- Occurrence Codes and Dates
- Release of Information
- Provider Number
- Insured's Name
- Certificate/Social Security Number
- Health Insurance Claim/Identification Number
- Attending Physician's I.D.
- Other Physician I.D. (hospice physician)

Medicare Claims Processing Manual Chapter 11 – Processing Hospice Claims

20.1.1 – Notice of Election (NOE)

(Rev. 4152, Issued: 10-26-2018, Effective: 01-01-18, Implementation: 04-01-19)

When a Medicare beneficiary elects hospice services, hospices must complete the data elements identified below for the Uniform (Institutional Provider) Bill (Form CMS-1450) or its electronic equivalent, which is a Notice of Election (NOE).

Timely-filed hospice NOEs shall be filed within 5 calendar days after the hospice admission date. A timely-filed NOE is a NOE that is submitted to the A/B MAC (HHH) and accepted by the A/B MAC (HHH) within 5 calendar days after the hospice admission date. While a timely-filed NOE is one that is submitted to and accepted by the Medicare contractor A/B MAC (HHH) within 5 calendar days after the hospice election, posting to the CWF may not occur within that same time frame. The date of posting to the CWF is not a reflection of whether the NOE is considered timely-filed. In instances where a NOE is not timely-filed, Medicare shall not cover and pay for the days of hospice care from the hospice admission date to the date the NOE is submitted to, and accepted by, the A/B MAC (HHH). These days shall be a provider liability, and the provider shall not bill the beneficiary for them. The hospice shall report these non-covered days on the claim with an occurrence span code 77, and charges for all claim lines reporting these days shall be reported as non-covered, or the claim will be returned to the provider.

If a hospice fails to file a timely-filed NOE, it may request an exception which, if approved, waives the consequences of filing a NOE late. The four circumstances that may qualify the hospice for an exception to the consequences of filing the NOE more than 5 calendar days after the hospice admission date are as follows:



When an NOE is submitted within the 5-day timely filing period, but the NOE contains inadvertent errors (such as a beneficiary identifier that has recently changed), the error does not trigger the NOE to be immediately returned to the hospice for correction.

In these instances, the hospice must wait until the incorrect information is fully processed by Medicare systems before the NOE is returned to the hospice for correction. There are other NOE errors, such as an incorrect admission date, that will not be returned for correction and instead must be finalized and posted by the Medicare systems before the hospice can correct the NOE. Only the hospice is aware of the error. Such delays in Medicare systems could cause the NOE to be late.



Delays due to Medicare system constraints are outside the control of the hospice and may qualify for an exception to the timely filing requirement. Medicare contractors shall grant an exception for the late NOE if the hospice is able to provide documentation showing:

- (1) When the original NOE was submitted
- (2) When the NOE was returned to the hospice for correction or was accepted and available for correction
- (3) Evidence the hospice resubmitted the return NOE within two business days of when it was available for correction or cancelled an accepted NOE within two business days and submitted the new NOE within two business days after the date that the cancellation NOE finalized.

The hospice shall provide sufficient information in the remarks section of its claim to allow the contractor to research the case.

If the remarks are not sufficient, Medicare contractors shall request documentation. Documentation should consist of printouts or screen images of any Medicare systems screens that contain the information shown above.





Medicare Contractors Shall Not Grant Exceptions If:

- The hospice can correct the NOE without waiting for Medicare systems actions
- The hospice submits a partial NOE to fulfill the timely-filing requirement
- Hospices with multiple provider identifiers submit the identifier of a location that did not actually provide the service

Timely Filed



Timely-filed hospice Notice of Elections (NOEs) shall be filed within five calendar days after the hospice admission date. A timely-filed NOE is a NOE that is submitted to the Medicare contractor and **accepted** by the Medicare contractor within five calendar days after the hospice admission date.

Lost Days if Not Submitted Timely



In instances where a NOE is not timely-filed, the Medicare contractor shall not cover and pay for the days of hospice care from the hospice admission date to the date the NOE is submitted to, and accepted by, the Medicare contractor. These days shall be a provider liability, and the provider shall not bill the beneficiary for them.

When the hospice did not file the NOE timely, it may request an exception on the claim (**do not request an exception on a NOE**). Examples of valid qualifying exceptions are as follows:

- (1) Fires, floods, earthquakes, or other unusual events that inflict extensive damage to the hospice's ability to operate
- (2) An event that produces a data filing problem due to a Centers for Medicare & Medicaid Services (CMS) or Medicare contractor systems issue that is beyond the control of the hospice. Example: sequential billing requirements that require a second hospice to remove its timely filing NOE and claims so a previous provider can bill.
- (3) A newly Medicare-certified hospice that is notified of that certification after the Medicare certification date, or which is awaiting its' user ID from its' Medicare contractor
- (4) Other circumstances determined by the Medicare contractor or the CMS to be beyond the control of the hospice. This exception will be evaluated on a case-by-case basis. This includes inadvertent errors as discussed in SE1633 that cannot be immediately corrected due to Medicare system constraints in which the hospice took appropriate actions within two business days to make corrections. Please see the ['Notice of Election \(NOE\) Timely Filing and Exceptional Circumstance Guidelines'](#) job aid for help with submitting NOEs and error resolution.

When requesting an exception, the hospice shall include the following information on the claim, in addition to all other required claim information

| DDE Field | Description/Valid Values |
|-----------|---|
| OSC | Enter Occurrence Span Code (OSC) 77 to identify the provider liable non-covered days. The date span should include all days from the admission date until one day prior to the NOE receipt date. |
| REV CD | Enter the appropriate level of care and any appropriate discipline revenue code(s) for the dates not covered. Enter a separate line item with the appropriate revenue code(s) for the covered days. |
| HCPC | Enter appropriate HCPCS 'Q' code for each level of care line or HCPCS 'G' code for each discipline. |
| MODIFS | Enter the KX HCPCS modifier on HCPCS 'Q' code for each level of care line item. |

Continued...

| | |
|----------------|--|
| TOT UNT | <p>For all level of care revenue codes except 0652, the number of units should be the number of consecutive days at that level of care.</p> <p>Units for discipline revenue codes and 0652 should be entered as 15-minute increments (ex: 30 minutes = 2 units).</p> |
| TOT Charge | <p>Enter the total charge for each revenue line item.</p> |
| NCOV CHARGE | <p>Enter non-covered charges for each line item.</p> |
| REMARKS | <p>Enter the reason for exception. If no remark is entered, the claim will be returned. Direct Data Entry (DDE) has a maximum of 711 positions. Electronic billing software may have other position limitations.</p> |

Examples of Non-Qualifying Exceptions are as Follows:

Hospice
personnel issues

The hospice not
knowing the
requirements

Internal Information
Technology (IT)
systems issues that
the hospice may
experience

A failure of the
hospice to have
back-up staff to
file the NOE

| DDE Field | Description/Valid Values |
|-----------|---|
| OSC | Enter OSC 77 to identify the provider liable non-covered days. The date span should include all days from the admission date until one day prior to the NOE receipt date. |
| CC | No CCs are required. DO NOT use Condition Code 20 on the claim. If used, it will cause the claim to suspend for Medical Review, and an ADR will be generated, which will delay the processing of the claim. |
| REV CD | Enter the appropriate level of care and any appropriate discipline revenue code(s) for the dates not covered. Enter a separate line item with the appropriate revenue code(s) for the covered days. |
| HCPC | Enter appropriate HCPCS 'Q' code for each level of care line or HCPCS 'G' code for each discipline. |

What not requesting an exception, the hospice shall include the following information on their claim, in addition to all other required claim information

| | |
|-------------|--|
| MODIFS | None |
| TOT UNT | <p>For all level of care revenue codes except 0652, the number of units should be the number of consecutive days at that level of care.</p> <p>Units for discipline revenue codes and 0652 should be entered as 15-minute increments (ex: 30 minutes = 2 units).</p> |
| TOT Charge | Enter the total charge for each revenue line item. |
| NCOV CHARGE | Enter non-covered charges for each line item. |

Continued...

Example of How to Calculate Non-Covered Days:

- Admission date is 10/10
- Day 1 – Sat. 10/11
- Day 1 – Sun. 10/12
- Day 3 – Mon. 10/13
- Day 4 – Tues. 10/14
- Day 5 – Wed. 10/15
- 10/15 is the NOE Due Date
- If the NOE receipt date is 10/16, the hospice reports 10/10 through 10/15 as non-covered days using occurrence span code 77.





If Exception is Granted

It will waive the consequences of filing a NOE late, and the claim will process in accordance with the instructions in CR 8877. If the exception is not granted, the non-covered days will remain non-covered and the remaining service dates will process in accordance with Medicare regulations. Due to a systems limitation, remittance advice (RA) remark code N211 (you may not appeal this decision) will be applied to the provider liable days in error. These days are appealable, and providers may submit a request for a redetermination if they do not agree with Palmetto GBA's decision. This system limitation will be correct in a future CR.

Submitting Claims for Untimely Notices of Election (NOEs)

Note: This information is **in addition to** the usual information required on FISS page 02. In this example, 1010YY-1015YY are noncovered. These days are billed as noncovered.

- The total units for the noncovered days are reported in the TOT UNIT field.
- No covered units (COV UNIT) are reported.
- The total charges for the noncovered days are reported in the TOT CHARGE field.
- The SERV DATE on the noncovered line is the date of admission.

The remaining level of care days (1016YY and forward) are billed as usual.

| MAP1712 | PAGE 02 | CGS J15 MAC - HHH REGI | Level of care days 1010YY – 1015YY are reported as noncovered | | | | | | |
|---------|---------|------------------------|---|------|---------|------------|-------------|-----------|-----|
| XXXXXXX | SC | INST CLAIM ENTRY | | | | | | | |
| MID | TOB | S/LOC S B0100 | | | | | | | |
| UTN | PROG | REP PAYEE | | | | | | | |
| CL | REV | HCPC MODIFS | RATE | UNIT | UNIT | TOT CHARGE | NCOV CHARGE | SERV DATE | END |
| 0651 | Q5001 | | 6 | | | 600.00 | 600.00 | 1010YY | |
| 0651 | Q5001 | | 16 | 16 | 1600.00 | | | 1016YY | |

Important: In addition, all revenue code lines with a SERV DATE that falls between the OSC 77 dates must be reported as noncovered.

| MAP1712 | PAGE 02 | CGS J15 MAC - HHH REGI | All lines with a SERV DATE between 1010YY – 1015YY are reported as noncovered | | | | | | |
|---------|---------|------------------------|---|------|---------|------------|-------------|-----------|-----|
| XXXXXXX | SC | INST CLAIM ENTRY | | | | | | | |
| MID | TOB | S/LOC S B0100 | | | | | | | |
| UTN | PROG | REP PAYEE | | | | | | | |
| CL | REV | HCPC MODIFS | RATE | UNIT | UNIT | TOT CHARGE | NCOV CHARGE | SERV DATE | END |
| 0651 | Q5001 | | 6 | | | 600.00 | 600.00 | 1010YY | |
| 0651 | Q5001 | | 16 | 16 | 1600.00 | | | 1016YY | |
| 0551 | G0299 | | 2 | | | 75.00 | 75.00 | 1010YY | |
| 0250 | | | 1 | | | 25.00 | 25.00 | 1010YY | |
| 0551 | G0299 | | 2 | | | 75.00 | 75.00 | 1013YY | |
| 0571 | G0156 | | 2 | | | 50.00 | 50.00 | 1015YY | |
| 0551 | G0299 | | 2 | 2 | 75.00 | | | 1016YY | |
| 0551 | G0299 | | 2 | 2 | 75.00 | | | 1019YY | |

All revenue code lines with a service date (SERV DATE) on/after the NOE was received are reported as usual (reported as covered).

| MAP1711 | PAGE 01 | CGS J15 MAC - HHH REGION | ACPF052 MM/DD/YY | | | | | | | |
|------------------|-----------------|--------------------------|---|-------------|-----|------|-----|------|---------|--|
| XXXXXXX | SC | INST CLAIM INQUIRY | C201514P HH:MM:SS | | | | | | | |
| MID | TOB | S/LOC | OSCAR | SV: UB-FORM | | | | | | |
| NPI | TRANS HOSP PROV | PROCESS NEW MID | | | | | | | | |
| PAT.CNTL#: | TAX#/SUB: | TAXO.CD: | | | | | | | | |
| STMT DATES FROM | TO | DAYS COV | N-C | CO | LTR | | | | | |
| LAST | FIRST | MI | DOB | | | | | | | |
| ADDR 1 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| ZIP | SEX | MS | ADMIT DATE | 1010YY | HR | TYPE | SRC | D HM | STAT | |
| COND CODES | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | |
| OCC CDS/DATE | 01 | 02 | 03 | | | | | | | |
| | 06 | 07 | 08 | | | | | | | |
| SPAN CODES/DATES | 01 | 77 | 1010YY | 1015YY | | | | | | |
| 04 | 05 | 06 | | | | | | | | |
| 08 | 09 | 10 | | | | | | | | |
| | | | | | | | | | FAC.ZIP | |
| | | | Admit date = 1010YY | | | | | | | |
| | | | NOE submitted/accepted on 1016YY OSC77 dates = 1010YY 1015YY | | | | | | | |

Correcting a Notice of Election (NOE)

For notice of election (NOE) with the "From" dates on or after January 1, 2018, hospice providers may submit an NOE to correct an election date. The following information explains how to enter the NOE to correct an election date using the Fiscal Intermediary Standard System (FISS) Claims/Attachments option (FISS Main Menu option 02) via Direct Data Entry (DDE). The corresponding UB-04 Form Locator (FL) is also identified. NOEs may also be submitted via Electronic Data Interchange (EDI). Refer to [CMS 837I NOE Companion Guide](#) for the required elements.

Claim Page 01 (Map 1711) contains general patient information, condition codes, occurrence codes, occurrence span codes and value codes.

Begin entering data on Claim Page 01 and continue until the necessary fields are completed. Use the key and table below to determine what fields are required and what information to enter.

Note: The codes listed on this page represent those most frequently submitted on hospice claims. A complete listing of all codes is accessible from the [National Uniform Billing Committee \(NUBC\) Official UB-04 Data Specifications Manual](#)



| | | Effects of Election Periods | | | Effects of Benefits Periods | |
|---------------------------|--------------|-----------------------------|----------------------------------|-------------------------|-----------------------------|---------------------------------|
| Transaction Type | Type of Bill | Creates Election Period | Changes Existing Election Period | Removes Election Period | Creates Benefit Period | Changes Existing Benefit Period |
| Notice of Election Period | 8xA | Always | OC 56 only | Never | Never | Never |

Example of UB04

```

MAP1711 PAGE 01 CGS J15 MAC - HHH REGION ACPFA052 MM/DD/YY
XXXXXXXX SC INST CLAIM INQUIRY C201514P HH:MM:SS
MID TOB S/LOC OSCAR SV: UB-FORM
NPI TRANS HOSP PROV PROCESS NEW MID
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 CARR:
5 6 LOC:
ZIP SEX MS ADMIT DATE HR TYPE SRC D HM STAT
COND CODES 01 02 03 04 05 06 07 08 09 10
OCC CDS/DATE 01 02 03 04 05
06 07 08 09 10
SPAN CODES/DATES 01 02 03
04 05 06 07
08 09 10 FAC.ZIP
DCN
VALUE CODES - AMOUNTS - ANS I MSP APP IND
01 02 03
04 05 06
07 08 09
PLEASE ENTER DATA
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF7-PREV PF8-NEXT

```

Key:

- RED = Required field
- BLUE = Optional field
- GREEN = Conditional field, dependent on the type of claim
- PURPLE = System generated field
- BLACK = Not required field

| Field Name/Requirement | UB-04 Form Locator (FL) | Description |
|------------------------------------|-------------------------|--|
| MID <i>Required</i> | FL 60 | Enter the beneficiary's Medicare ID number |
| TOB <i>Required</i> | FL 4 | Type of bill (system generated). FISS Page 01 defaults the type of bill (TOB) to 81A. You may need to change this depending on the TOB you are entering. 81A – Freestanding hospice 82A – Hospital based hospice |
| NPI <i>Required</i> | FL 56 | Enter your National Provider Identifier. |
| PAT.CNTL# <i>Optional</i> | FL 3a | Up to 20 digits are available for you to enter your internal account number for tracking purposes. This number will display on your Remittance Advice or your Electronic Remittance Advice. |
| STMT DATES FROM <i>Required</i> | FL 6 | Enter the correct effective date of this hospice election in MMDDYY format. The date must match the ADMIT DATE and the date reported with Occurrence Code 27. |
| LAST <i>Required</i> | FL 8 | Enter the beneficiary's last name exactly as it appears on the beneficiary's eligibility file, including any spaces, apostrophes, hyphens or suffixes. |
| FIRST <i>Required</i> | FL 8 | Enter the beneficiary's first name exactly as it appears on the beneficiary's eligibility file. |
| MI <i>Optional</i> | FL 8 | Enter the beneficiary's middle initial. |
| DOB <i>Required</i> | FL 10 | Enter the beneficiary's date of birth. |
| ADDR 1-6 <i>Required</i> | FL 9 | Enter the beneficiary's full mailing address, including street name and number, post office box number or RFD, city and state. |
| ZIP <i>Required</i> | FL 9 | Enter the beneficiary's 5- or 9- digit zip code. |
| SEX <i>Required</i> | FL 11 | Enter the beneficiary's gender using the appropriate alpha character. M = Male F= Female |
| MS <i>Optional</i> | N/A | Beneficiary's marital status |
| ADMIT DATE <i>Required</i> | FL 12 | Enter the correct effective date of the hospice election. |
| COND CODES <i>Required</i> | FL 18-28 | Effective for NOEs with the "From" date on or after January 1, 2018. Enter D0 (zero). Note: When D0 is entered, Occurrence Code 56 and date must also be submitted. |
| OCC CDS/DATE <i>Required</i> | FL 31-34 | Occurrence code 27 – Enter the correct date of certification. This date must match what is entered in the FROM date and ADMIT DATE. Occurrence code 56 – Enter the incorrect date of certification (the date submitted on the original NOE). Effective for NOEs with the "From" date on or after January 1, 2018. |
| FAC.ZIP <i>Required</i> | FL 1 | Facility zip code of the provider or the subpart (9-digit). |

Can't Elect Hospice Before the First Day of the Month Patient is Turning 65

If a patient enters hospice care before the month, he/she becomes entitled to Medicare benefits, e.g., before age 65, the hospice should not send the NOE before the first day of the month in which he/she becomes 65.

If You Must Cancel an NOE:

Before canceling the NOE, **the provider must cancel all processed claims (bill types 8X1, 8X2, 8X3, 8X4) within the election.** Once all claims are canceled, submit the notice of void/cancel (TOB 8XD) to remove the NOE (TOB 8XA).





ORACLE
CODING | BILLING | CONSULTING

Thank You

Celeste Miller RN, BS, HCS-D, COS-C
Director of Operations
Celeste@Oraclebcc.com
(435) 757-8416

OracleBCC.com

References

[Jurisdiction M HHH – Hospice Billing When a Notice of Election \(NOE\) was Filed Untimely Job Aid \(palmettogba.com\)](#)

[Submitting Claims for Untimely Notices of Election \(NOEs\) \(cgsmedicare.com\)](#)

[Claim Page 01 – Correcting a Notice of Election \(NOE\) \(cgsmedicare.com\)](#)

[Hospice and the Notice of Election \(NOE\) \(ngsmedicare.com\)](#)

[Se18007 \(cms.gov\)](#)

[Submitting a Hospice Notice of Election \(NOE\): TOB 8XA \(Home Health & Hospice\) \(cgsmedicare.com\)](#)