

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12330	Date: October 26, 2023
	Change Request 13342

SUBJECT: Implement Edits on Hospice Claims

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to implement edits on Hospice Claims. Any hospice claim with an attending or rendering National Provider Identifier (NPI), they have to be enrolled in Medicare as part of a new rule that is coming as of May 1st, 2024. *The hospice physician and attending physician need to be enrolled/opted-out at the time they make the certification or recertification of hospice care for a patient.* The Provider Enrollment Chain and Ownership System (PECOS) will create a new extract file and send it to the Fiscal Intermediary Shared System (FISS). PECOS will send a list of NPIs that are eligible for certifying that beneficiary for Hospice care.

EFFECTIVE DATE: May 1, 2024

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: April 1, 2024

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

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SUBJECT: Implement Edits on Hospice Claims

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IMPLEMENTATION DATE: April 1, 2024

I. GENERAL INFORMATION

A. Background: Under our existing regulations, the hospice medical director or the physician member of the hospice interdisciplinary group (hereafter the “hospice physician”) and the attending physician (if the beneficiary has one) must initially certify the patient’s terminal condition. Pursuant to our authority under section 6405 of the Affordable Care Act, and as part of CMS’ larger strategy to address hospice program integrity and quality of care, these two categories of certifying physicians must be enrolled in or opted-out of Medicare for the hospice service to be paid. The requirement is in the Fiscal Year (FY) 2024 Hospice Payment Rate Update Final Rule (CMS-1787-F). On July 28, 2023, CMS issued a final rule (CMS-1787-F) that updates Medicare hospice payments and the aggregate cap amount for FY 2024 in accordance with existing statutory and regulatory requirements. CMS is publishing this final rule in accordance with the legal requirements to update Medicare payment policies for hospices on an annual basis. You can find further information regarding the final rule at <https://www.cms.gov/newsroom/fact-sheets/fiscal-year-2024-hospice-payment-rate-update-final-rule-cms-1787-f>.

PECOS will send an extract file to FISS of all enrolled and opted-out physicians. Effective May 1, 2024, or as otherwise directed by CMS, FISS shall deny the hospice claim if the physician in the Attending field is not on the file. CMS will update the existing ordering and referring file on Data.CMS.Gov with an additional column for hospice ordering and referring eligibility. CMS will be applying the edit only to the Attending physician NPI field and does not want to implement soft edit periods- we are directly moving to hard edits.

B. Policy: 42 Code of Federal Regulations §424.507

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DM E MA C	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	V MS	C WF	
13342.1	FISS shall create a reason code to assign <u>on Hospice claims, Type of Bill 81X or 82X (excluding 8XA, 8XB, 8XC, 8XD and 8XE)</u> when it is determined that the referring physician (ATT PHYS NPI field) is not eligible on the date that the hospice certification was signed.			X		X				

Number	Requirement	Responsibility								
		A/B MAC			DM E MA C	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	V MS	C WF	
	<ul style="list-style-type: none"> Enterprise file transfer (EFT) File Name: Validation - T#EFT.ON.FORHSPC.Dyymmdd .Thhmsst Production - P#EFT.ON.FORHSPC.Dyymmdd .Thhmsst Renamed MF file: Validation - T#PEC.IN.EFT.FORHSPC.Dyymmdd.Thhmsst Production - P#PEC.IN.EFT.FORHSPC.Dyymmdd.Thhmsst Mainframe GDG Name: Validation - V#PEC.#PECOS.FORHSPC Production - P#PEC.#PECOS.FORHSPC 									
13342.3.3	PECOS shall send one cumulative file with all eligible Physicians as a batch file to FISS as part of the Go Live.								PECOS	
13342.3.4	PECOS shall send all recurring daily files to FISS that has any newly enrolled or updated physicians.								PECOS	
13342.3.5	PECOS shall schedule a Tivoli Workload Scheduler job to trigger this new file to FISS daily.								PECOS	
13342.3.6	PECOS shall collaborate with CMS EFT and FISS processing centers/maintainers to process this new file end to end.								PECOS	
13342.4	MACs shall turn on the hard edits beginning May 1, 2024. CMS will issue a Technical Direction if that timeline changes.			X					CMS	
13342.5	MACs shall process the claim and add Remittance Advice Remark Codes (RARC) N272 (Missing/incomplete/invalid other payer			X						

Number	Requirement	Responsibility								
		A/B MAC			DM E MA C	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	V MS	C WF	
	<p>attending provider identifier) to the remittance advice if the attending physician provider is not found on the PECOS file.</p> <p>For original and adjusted claims use the Claim Adjustment Reason Codes 16 (Claim/service lacks information or has submission/billing error(s) and/or the RARC N272 (Missing/incomplete/invalid other payer other provider identifier).</p> <p>MACs shall use Group Code (Contractual Obligation) and Medicare Summary Notice 21.6: (This item or service is not covered when performed, referred or ordered by this provider) for denied claims.</p>									
13342.6	<p>PECOS shall create a test file to be received by the Medicare Integrated System testing (MIST) contractor during the BETA/MIST testing timeframe, prior to production.</p> <p>The test files shall be created and sent by PECOS to the Virtual Data Centers during the User Acceptance Testing (UAT) phase.</p>								MIST, PECOS, VDC	
13342.6.1	Contractors shall participate in UAT prior to production implementation.			X					PECOS	
13342.7	PECOS shall send eligible NPIs to include opt out providers in the extract file. PECOS shall notify contractors of opt out term dates. Opt out providers shall look like any other providers on file.								PECOS	
13342.8	FISS shall remove the Hospice claims, bill types 81X and 82X (excluding NOEs) from claim level reason code 34963 which currently edits the ATT PHYS fields against the PECOS Enrolled Physician file, type C records (CAH).					X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
13342.9	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the “MLN Connects” listserv to get MLN content notifications. You don’t need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.			X		

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 1

1. The file format will be **similar to the existing FISS O&R file**. Here is the file format for the new FISS HOSPICE file:

Descr iption	Field Name	Len gth	Def ault Val ue	Star t Posi tion	PECOS DM Table (Enrollment)	PECOS DM Field	PECOS DM Table (Affidavit)	PECOS DM Field
NPI	NPI	10	N/A	1	ODS_NPI_INFO	NPI	ODS_NPI_INFO	NPI
First Name	FNAME	25	N/A	11	ODS_ASCT_INF O	INDVDL_FI RST_NAME	ODS_ASCT_INF O	FIRST_NAM E
Middle Name	MNAME	25	N/A	36	ODS_ASCT_INF O	INDVDL_M DL_NAME	ODS_ASCT_INF O	MDL_NAME
Last Name	LNAME	35	N/A	61	ODS_ASCT_INF O	INDVDL_LA ST_NAME	ODS_ASCT_INF O	LAST_NAM E
Specia lty Code	SPCLTY _CD	2	N/A	96	ODS_ENRLMT_ AFDVT_SPCLTY	SPCLTY_CD	ODS_ENRLMT_ AFDVT_SPCLTY	NPHYSN_S PCLTY_CD, PHYSN_SPC LTY_CD
Specia lty Descr iption	SPCLTY _DESC	150	N/A	98	ODS_ENRLMT_ AFDVT_SPCLTY	SPCLTY_DE SC	ODS_ENRLMT_ AFDVT_SPCLTY	PHYSN_SPC LTY_DESC
PIN Effecti ve Date	EFF_DT	8	N/A	248	ODS_MDCR_NU M	EFCTV_DT	ODS_ENRLMT_ AFDVT_SPCLTY	EFCTV_DT
PIN Termi nation Date	TRM_D T	8	N/A	256	ODS_MDCR_NU M	END_DT	ODS_ENRLMT_ AFDVT_SPCLTY	END_DT
Filler	FILLER	37	N/A	264	N/A	N/A	N/A	N/A
Total Lengt h	N/A	30 0	N/A	N/A	N/A	N/A	N/A	N/A

2. PECOS will be adding a new field 'HOSPICE' to the FISS bi-weekly O&R file and will be sending all eligible HOSPICE physicians to data.cms.gov in the 'HOSPICE' field. Here is the update to the file format for the FISS Bi-weekly O&R file:

Column Number	Column Name	PECOS DM Table	PECOS DM Field	Max Field Length
1	NPI	ODS_NPI_INFO	NPI	10 bytes
2	Last Name	ODS_ASCT_INFO	INDVDL_LAST_NAME	35 bytes
3	First Name	ODS_ASCT_INFO	INDVDL_FIRST_NAME	25 bytes
4	Part B	ODS_ENRLMT_SPCLTY_RFRNC	ORDRG_RFRG_EXPORT_SW	1 byte
5	DME	ODS_ENRLMT_SPCLTY_RFRNC	ORDRG_RFRG_EXPORT_SW	1 byte
6	HHA	ODS_ENRLMT_SPCLTY_RFRNC		1 byte
7	PMD	ODS_ENRLMT_SPCLTY_RFRNC	PMD_SPCLTY_SW	1 byte
8	HOSPICE	ODS_ENRLMT_SPCLTY_RFRNC	ORDRG_RFRG_EXPORT_SW	1 byte