# Hospice Notice of Change of Ownership • TOB 8XE

The Notice of Change of Ownership, Type of Bill (TOB) 8XE, is submitted when the hospice has a change of ownership that results in a change of the Provider Transaction Access Number (PTAN). Refer to the Hospice Change of Ownership (CHOW) job aid. Hospices can submit the Notice of CHOW 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 Notices of CHOW separate from batch transmissions with groups of claims. This practice may reduce the risk that translator-level rejections related to Notices of CHOW, if they occur, that could impact payments to the hospice.

Hospices should note that Notices of CHOW 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 Notices of CHOW 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 Notice of CHOW is subject to the batching process, which means it may be one to two days before the hospice will see the Notice of CHOW in DDE if it was accepted. Once the Notice of CHOW 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 Notice of CHOW in DDE to ensure they make any corrections that may be necessary should the Notice of CHOW be Returned to the Provider (RTP) for correction.
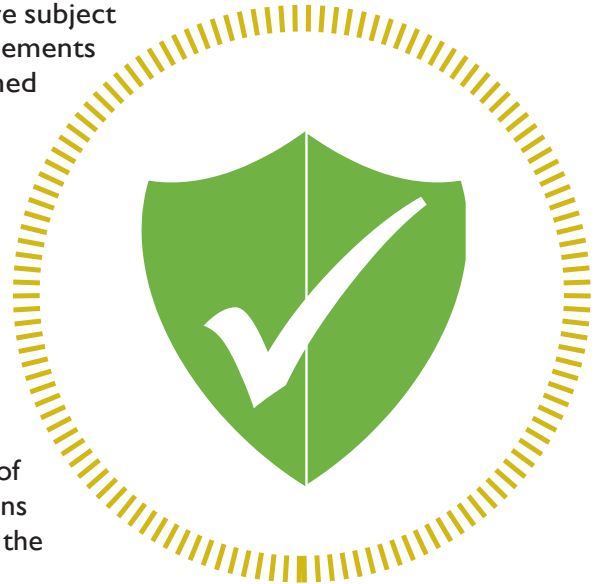
To complete the 8XE in DDE, select menu option "49" from the claims entry menu. For submission of the Notice of CHOW via EDI, follow your software instructions. The table beginning on page two provides the fields that must be completed when submitting the Notice of CHOW via DDE, EDI, or hard copy (if applicable).

Note: There are additional fields that will be required when submitting the Notice of CHOW via EDI.

Field Descriptor	DDE	EDI	UB-04 by Field Locator (FL)	Description/Valid Values
Provider Name, Address, Phone Number	X	X	X (FL 1)	DDE will auto-populate this information based on NPI that is used for submission of the Notice of Election (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 information on the claim.
Type of Bill	X (TOB) Claim Page 01	X	X (FL 4)	Enter type of bill for the Notice of CHOW: • 81E, Freestanding hospice ("81" is system generated) • 82E, Hospital-based hospice (provider-keyed)
Statement Covers Period ("FROM" Date)	X (STMT DATES FROM) Claim Page 01	X	X (FL 6)	Enter effective date of hospice enrollment in MM/DD/YYYY format. This date must match the admit date.
Statement Covers Period ("THROUGH" Date)	X (STMT DATES TO) Claim Page 01	X		Enter effective date of hospice enrollment in MM/DD/YYYY format. The date entered must match the date in the "FROM" field.
Patient's Name	X (Last, First, MI) Claim Page 01	X	X (FL 8)	Enter patient's name as shown on eligibility file with the surname first, first name and middle initial (optional), if any.
Patient's Birth Date	X (DOB) Claim Page 01	X	X (FL 10)	Enter patient's date of birth in MM/DD/YYYY format.
Patient's Address	X (ADDR 1-6, ZIP) Claim Page 01	X	X (FL 9)	Enter 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 patient's sex: • "M" for male • "F" for female
Admission Date	X (ADMIT DATE) Claim Page 01	X	X (FL 12)	Enter the hospice admission date to your agency in MM/DD/YY format. This date must match the Statement "FROM" date.
Type of Admission		X		Enter a valid type of admission code (1-9).
Admission Source Code		X		Enter source of admission with default value of "1".
Patient Status Code		X		Enter patient discharge status code with default value of "30".
Occurrence Codes and Dates				This field is not required on the 8XE.

Field Descriptor	DDE	EDI	UB-04 by Field Locator (FL)	Description/Valid Values
N/A	X (FAC, ZIP) Claim Page 01	X		The entire nine-digit ZIP Code must be entered and must match 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 National Provider Identifier (NPI) associated with OSCAR (Online Survey, Certification and Reporting) number.
N/A	X (OSCAR) Claim Page 01			The system will automatically pre-fill the Medicare OSCAR number (six-digit number assigned by Medicare) when logging into DDE system.
Revenue Code		X		Enter default revenue code of "0650".
HCPCS		X		Enter default HCPCS code of "Q5009".
Service Date		X		Enter service date that matches "FROM" date in the Statement Covers Period.
Total Units		X		Enter 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.\n\nClaims submitted via EDI will depend upon the software being used. If software does not auto-populate this field, enter "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.\n\nClaims submitted via EDI will depend upon the software being used. If software does not auto-populate this field, enter "Medicare" to reflect Medicare as the payer source.
Insured's Name	X Claim Page 03	X	X (FL 58)	Enter beneficiary's name on line A as it appears on the beneficiary's Medicare card.\n\n**Note:** All NOEs are submitted with Medicare as the primary payer.
Beneficiary/ Patient's Medicare Number	X (MEDICARE ID) Claim Page 01	X	X (FL 60)	Enter beneficiary's Medicare ID number.\n\nFor claims submitted via EDI, this field may vary depending on your software. Check with your vendor if assistance is necessary.
Release of Information	X (RI) Claim Page 03	X	X (FL 52)	Release of Information certification indicator shows whether the provider has a signed statement (on file) allowing the release of data to other organizations in order to adjudicate the claim. Valid values are below:\n• I – Informed consent to release medical information for condition or diagnoses regulated by federal statutes\n• Y – Yes, provider has a signed statement permitting release of information

Field Descriptor	DDE	EDI	UB-04 by Field Locator (FL)	Description/Valid Values
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 Claim Page 03	X	X (FL 76)	Enter NPI and name of physician, or Nonphysician Practitioner (NPP), designated by patient at the time of election as having the most significant role in determination and delivery of patient's medical care.
Other Physician I.D.	X (REF PHYS) Claim Page 03	X (Referring)	X (FL 78)	Enter NPI and name of hospice physician responsible for certifying patient's terminal illness. **Note:** When hospice physician is attending and certifying physician, only the attending physician NPI is required to be reported.
Remarks	X Claim Page 04	X	X (FL 80)	Enter any remarks that may be applicable.
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.

Correcting the CHOW Date on a Previously Submitted Notice of Change of Ownership

An erroneous Notice of CHOW date on the TOB 8XE can only be corrected for an admission that occurred on or after January 1, 2018. The figure below shows an example of submitting a corrected Notice of CHOW. This example is for demonstration purposes only.

For our example, initial 8XE was submitted with a Notice of CHOW date of 01/08/XX. The actual Notice of CHOW date is 01/07/XX. The hospice reports the following:

Type of Bill (TOB)	8XE
Statement Covers Period	Enter "0107XX" in "FROM" date field.
Statement Covers Period	Enter "0107XX" in "THROUGH" date field if 8XE is being submitted through EDI. Leave this field blank if 8XE is being submitted via DDE.
Admission Date	Enter "0107XX".
Condition Code	Enter condition code "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
- Medicare Claims Processing Manual, Chapter 11, Section 20.1.5