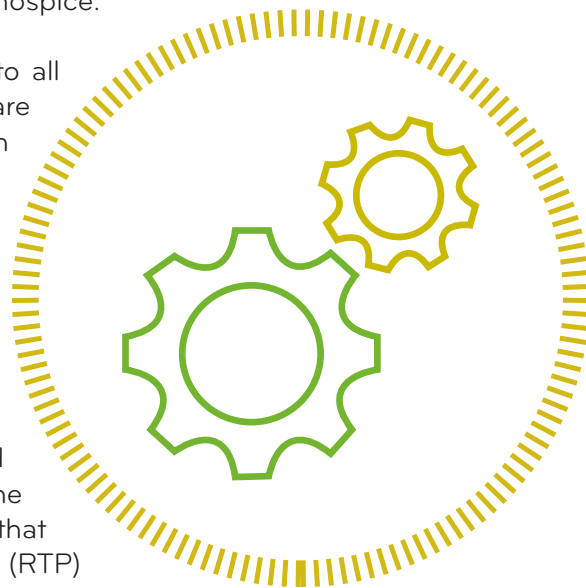


HOSPICE NOTICE OF ELECTION • TOB 8XA

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 five 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 beginning on page two 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.

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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 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 NOE: <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 effective date of hospice enrollment in MM/DD/YYYY format. This date must match the admit date and the date reported with occurrence code "27".
Statement Covers Period ("THROUGH" Date)		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: <ul style="list-style-type: none"> "M" for male "F" for 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 date reported with occurrence code "27".
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".

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Field Descriptor	DDE	EDI	UB-04 by Field Locator (FL)	Description/Valid Values
Condition Codes	X (COND CODES, 01-10) Claim Page 01	X	X (FL 18-28)	Enter "D0" (the number zero) if NOE is correcting an election date. Note: When "D0" is entered on the claim, occurrence code "56" and date must also be submitted. It will be returned to the provider if both codes are not submitted on the NOE.
Occurrence Codes and Dates	X (OCC CDS/DATE, 01-10) Claim Page 01	X	X (FL 31-34)	Enter occurrence code "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 "56" and 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. It will be returned to the provider if both codes are not submitted on the NOE.
N/A	X (FAC, ZIP) Claim Page 01			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)	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. Claims 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. Claims 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.

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Field Descriptor	DDE	EDI	UB-04 by Field Locator (FL)	Description/Valid Values
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. 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. For 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: <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 Claim Page 03	X	X (FL 76)	Enter NPI and name of physician, or Non-Physician 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.
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.

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An erroneous admission date on the NOE 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 NOE. This example is for demonstration purposes only.

For our example, 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 "FROM" date field.
Statement Covers Period	Enter "0107XX" in "THROUGH" date field if 8XA is being submitted through EDI. Leave this field blank if 8XA 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 20.1.1](#)