# Hospice Notice of Termination/Revocation of Election • TOB 8XB

The Notice of Termination/Revocation (NOTR), Type of Bill (TOB) 8XB, is submitted when the hospice discharges the beneficiary or the beneficiary chooses to revoke the Medicare Hospice Benefit if the hospice has **not already filed a final claim**. The NOTR (8XB), or final claim (8X4), must be filed within five days of the effective date the beneficiary is discharged or revoked. Effective on or after July 1, 2018, the NOTR may be submitted to post a revocation date on an open election period established in the Common Working File (CWF). Hospices can submit the NOTR via the Direct Data Entry (DDE) system, Electronic Data Interchange (EDI) or hard copy (if applicable).

While it is preferred that you file a final claim instead of an NOTR, there are certain situations that may still require the NOTR. As examples, the final claim is not ready to be submitted within five days of a live discharge or if a final claim rejection or denial may not post the revocation on the CWF.

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

Hospices should note that NOTRs submitted via EDI are subject to all front-end edits and may be rejected if all required data is not submitted or does not meet the required elements as outlined in the companion guide provided with Change Request (CR) 10064. Electronically-filed NOTRs 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 NOTR is subject to the batching process, which means it may be one to two days before the hospice will see the NOTR in DDE, if accepted. Once the NOTR 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 NOTR in DDE to ensure they make any corrections that may be necessary should the NOTR be Returned to the Provider (RTP) for correction.
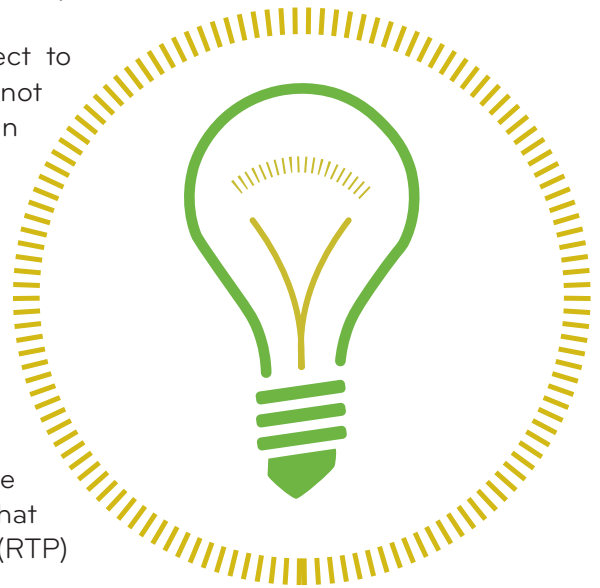
To complete the 8XB, select menu option "49" from the claims entry menu in DDE. For submission of the NOTR via EDI, follow your software instructions. The table beginning on page two provides the fields that must be completed when submitting the NOTR via DDE, EDI or hard copy (if applicable).

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

NOTR Submission to Establish a Discharge

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 NOTR: • 81B, Freestanding hospice ("81" is system generated) • 82B, Hospital-based hospice (provider keyed)
Statement Covers Period ("FROM" Date)	X (STMT DATES FROM) Claim Page 01	X	X (FL 6)	Enter start date of hospice election period in which discharge or revocation is effective in MM/DD/YY format. This would be the same "FROM" date as submitted on the Notice of Election (NOE), TOB 8XA if a transfer or Notice of Change did not occur after beneficiary elected Medicare hospice benefit. If beneficiary transferred after electing Medicare hospice benefit, the date must match the "START DATE 2" of the benefit period in which the transfer took place. This would be the same "FROM" date as submitted on the Notice of Transfer, TOB 8XC. If there was a Notice of Change of Ownership, TOB 8XE, then the "FROM" date would need to match the date on the 8XE.
Statement Covers Period ("THROUGH" Date)	X (STMT DATES TO) Claim Page 01	X	X (FL 6)	Enter date of discharge/revocation in MM/DD/YY format
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)	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

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Field Descriptor	DDE	EDI	UB-04 by Field Locator (FL)	Description/Valid Values
Admission Date	X (ADMIT DATE) Claim Page 01	X	X (FL 12)	Enter start date of hospice election period in which discharge or revocation is effective. This date must match "FROM" date submitted on the NOE, TOB 8XA if beneficiary did not transfer after electing the Medicare hospice benefit. If the beneficiary transferred after electing the Medicare hospice benefit, enter "START DATE 2" of the benefit period in which patient transferred. This date must match "FROM" date submitted on the Notice of Change, TOP 8XC. If there was a Notice of Change of Ownership, TOB 8XE billed, then the "FROM" date would need to match the date on the 8XE.
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"
Condition Codes	X (COND CODES, 01-10) Claim Page 01	X	X (FL 18-28)	Enter "D0" (the number zero) if NOTR is correcting a discharge/revocation 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 NOTR.
Occurrence Codes and Dates	X (OCC CDS/DATE, 01-10) Claim Page 01	X	X (FL 31-34)	To correct a discharge or revocation date previously submitted on an NOTR in error, enter occurrence code "56" and discharge/revocation date reported on the original NOTR in the "THROUGH" date field. The "THROUGH" date on a corrected NOTR will reflect the correct discharge/revocation date. **Note:** When occurrence code "56" is submitted on the NOTR, condition code "D0" must also be entered. It will be returned to the provider if both codes are not submitted on the NOTR.
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) Claim Page 01	X	X (FL 56)	Enter National Provider Identifier (NPI) associated with OSCAR (Online Survey, Certification and Reporting) number

Field Descriptor	DDE	EDI	UB-04 by Field Locator (FL)	Description/Valid Values
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.
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 NOTRs 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: • 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

Field Descriptor	DDE	EDI	UB-04 by Field Locator (FL)	Description/Valid Values
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
Remarks	X	X	X (FL 80)	Enter the reason for discharge. Include your initials and the date the remark was entered. You can use the discharge situations below to determine appropriate remarks.
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 Discharge Date on a Previous Submitted NOTR

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

For our example, initial NOTR was submitted with a "THROUGH" date of 01/22/XX. The actual discharge date is 01/21/XX. The hospice reports the following:

Type of Bill (TOB)	8XB
Statement Covers Period	Enter "0101XX" in "FROM" date field
Statement Covers Period	Enter "0121XX" in "THROUGH" date field (correct discharge date)
Admission Date	• If no change in provider number, "FROM" date submitted on NOTR will match effective election date • If revocation/discharge date follows a transfer, "FROM" date on NOTR must match "START DATE 2" on the benefit period that initiated transfer
Condition Code	Enter condition code "D0" (ensure that the number zero is entered)
Occurrence Code and Date	Enter occurrence code "56" and "0122XX" (incorrect discharge date)

Removing a Revocation Date Established by an NOTR Submitted in Error

There are also times when a provider may submit an NOTR in error, which will apply a revocation to the election. Hospice providers may remove a revocation date established from an NOTR submitted in error. The hospice must submit zeros in the "THROUGH" date on an NOTR TOB and have occurrence code "56" and condition code "D0" present (see example below). The correction NOTR must be entered via DDE. This direction is for NOTRs submitted in error for discharge dates that occurred on or after January 1, 2018. Zeros in the "THROUGH" date are not allowed in the 837I transaction (electronic submission). DDE is not an electronic submission.

Note: If a final claim (end of episode) creates a revocation, the final claim would need to be cancelled. The NOTR instructions to remove the revocation would not work.

The figure below shows an example of removing an NOTR. This example is for demonstration purposes only.

For our example, NOTR added a revocation date of 01/22/XX to the election. It was submitted with a "FROM" and "ADMIT" date of 01/03/XX and "THROUGH" date of 01/22/XX. The hospice reports the following to remove the revocation:

Type of Bill (TOB)	8XB
Statement Covers Period	Enter "0103XX" in "FROM" date field
Statement Covers Period	Enter "000000" in "THROUGH" date field (all zeros)
Admission Date	• If no change in provider number, "FROM" date submitted on NOTR will match effective election date • If revocation/discharge date follows a transfer, "FROM" date on NOTR must match "START DATE 2" on the benefit period that initiated transfer
Condition Code	Enter condition code "D0" (ensure that the number zero is entered)
Occurrence Code and Date	Enter occurrence code "56" and "0122XX" (incorrect revocation 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
- MLN Matters Number: SE 18007, Recent and Upcoming Improvements in Hospice Billing and Claims Processing