

Hospice Notice of Change of Ownership

Background

When a hospice agency changes ownership and a new Medicare provider number (also known as a PTAN or OSCAR number) is issued, the Medicare Contractor must be notified to update the provider number in the hospice benefit period. This notification is completed by submitting a notice of change of ownership to the Medicare Contractor, which transmits the information to the Common Working File (CWF). This will avoid mistaking the change as a beneficiary-elected transfer.

The notice of change of ownership should be filed as soon as possible after a provider number change has occurred. By submitting the notice timely, you avoid rejections due to inaccuracies in the provider number on the claim.

The notice of change of ownership must be submitted and processed prior to submitting the first hospice claim to Medicare under the new provider. The notice of change of ownership is an abbreviated claim; therefore, only a few of the many form locators (FL) on the UB-04 are required. Also, payment is not applied to this notice.

Submitting Last Claim Under Old Provider Number

When a change of ownership occurs, the last claim under the old provider number has to be submitted prior to submitting a notice of change of ownership.

In addition to the basic claim information that is required on all claims, the last claim under the old provider number must include the following:

Claim Page One	
Field	Description/Valid Values
TOB	Valid Values: <ul style="list-style-type: none"> ▪ 813 - Freestanding hospice: continuing interim claim ▪ 823 - Hospital-based hospice: continuing interim claim
STAT	Valid Value: <ul style="list-style-type: none"> ▪ 30 - Still patient
Do NOT include an occurrence code 42 as this would discharge the patient from the hospice benefit.	

Submitting Notice of Change of Ownership via Fiscal Intermediary Standard System (FISS)/Direct Data Entry (DDE)

Steps

1	From the FISS Main Menu , Key 02 in the <i>ENTER MENU SELECTION</i> field
2	< Enter > The Claims and Attachments Entry Menu will be displayed

Screen

MAP1703	NATIONAL GOVERNMENT SERVICES, INC. CLAIM AND ATTACHMENTS ENTRY MENU CLAIMS ENTRY
	INPATIENT 20
	OUTPATIENT 22
	SNF 24
	HOME HEALTH 26
	HOSPICE 28
	NOE/NOA 49
	ROSTER BILL ENTRY 87
	ATTACHMENT ENTRY
	HOME HEALTH 41
	DME HISTORY 54
	ESRD CMS-382 FORM 57
	ENTER MENU SELECTION: 49
	PLEASE ENTER DATA - OR PRESS PF3 TO EXIT

Steps

1	Key 49 in the <i>ENTER MENU SELECTION</i> field
2	< Enter > The INST Claim Entry Menu will be displayed

Claim Page One

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MAP1711 PAGE 01 NATIONAL GOVERNMENT SERVICES, INC.
XXX1111 SC INST CLAIM ENTRY
HIC 123456789A TOB 8XE S/LOC S B0100 OSCAR XX15XX UB-FORM
NPI XXXXXXXXXX TRANS HOSP PROV PROCESS NEW HIC
PAT. CNTL#: TAX#/SUB: TAXO.CD:
STMT DATES FROM 070511 TO 000000 DAYS COV N-C CO LTR
LAST PATIENT FIRST IMA MI DOB 011632
ADDR 1 1234 ANYSTREET DR 2 ANYTOWN NY
3 4
5 6
ZIP XXXXXXXXXX SEX M MS ADMIT DATE 060811 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 XXXXXXXXXX
DCN
VALUE CODES - AMOUNTS - ANS I MSP APP IND
01 02 03
04 05 06
07 08 09
<== REASON CODES
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF8-NEXT
    
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Claim Page One	
Field	Description/Valid Values
HIC (Required)	Enter the beneficiary's Health Insurance Claim Number (HICN)
TOB (Required)	Valid Values: <ul style="list-style-type: none"> ▪ 81E (Freestanding hospice) ▪ 82E (Hospital-based hospice)
OSCAR (System)	The Medicare provider number (OSCAR number) is system generated.
NPI (Required)	Enter the National Provider Identifier (NPI) associated with the OSCAR number.
STMT DATES FROM (Required)	Enter the date of the ownership change in the MMDDYY format.
PATIENT DATA (Required)	Enter the beneficiary's last name, first name, date of birth (MMDDCCYY), full mailing address, zip code, and gender.
ADMIT DATE (Required)	Enter the date of the hospice election in the MMDDYY format.
FAC. ZIP (Required)	Enter the facility zip code of the provider (five- or nine-digit).

Claim Page Three

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MAP1713 PAGE 03 NATIONAL GOVERNMENT SERVICES, INC.
XXX1111 SC INST CLAIM ENTRY
HIC XXXXXXXXXXXA TOB 8XE S/LOC S B0100 OSCAR XX15XX

OFFSITE ZIPCD:
CD ID PAYER OSCAR RI AB PRIOR PAY EST AMT DUE
A Z Medicare Y 0.00 0.00
B 0.00 0.00
C 0.00 0.00
DUE FROM PATIENT 0.00 0.00

MEDICAL RECORD NBR COST RPT DAYS NON COST RPT DAYS
DIAGNOSIS CODES 1 XXXXX 2 3 4 5
6 7 8 9
ADMITTING DIAGNOSIS E CODE HOSPICE TERM ILL IND
IDE
PROCEDURE CODES AND DATES 1 2
3 4 5 6
ESRD HOURS 00 ADJUSTMENT REASON CODE REJECT CODE NONPAY CODE
ATTENDING PHYS NPI XXXXXXXXXXX LN DOCTOR FN IMA MI
OPERATING PHYS NPI LN FN MI
OTHER PHYS NPI XXXXXXXXXXX LN PHYSICIAN FN ISA MI
<== REASON CODES

PRESS PF3-EXIT PF7-PREV PAGE PF8-NEXT PAGE

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Claim Page Three	
Field	Description/Valid Values
CD (System)	"Z" is system generated. Do not change. Notices of change of ownership should be submitted with Medicare as the primary payer.
PAYER (System)	"Medicare" is system generated. Do not change. Notices of change of ownership should be submitted with Medicare as the primary payer.
RI (Required)	Enter the release of information indicator. Valid values are: <ul style="list-style-type: none"> "Y" to indicate you have a signed statement on file permitting you to release data to other organizations to adjudicate claims. "R" to indicate the release is limited or restricted. "N" to indicate there is no release is on file.
DIAGNOSIS CODES (Required)	Enter the hospice diagnosis code, including all five digits where applicable.
ATTENDING PHYS NPI/LN/FN (Required)	Enter the National Provider Identifier (NPI) and the name of the attending physician designated by the patient at the time of election as having the most significant role in the determination and delivery of the patient's medical care.
OTHER PHYS NPI/LN/FN (Situational)	Enter the NPI and name of the hospice physician responsible for certifying/recertifying that the patient is terminally ill if the certifying physician differs from the attending physician. NOTE: For electronic claims using version 5010 or later, this information is reported in Loop ID 2310F - Referring Provider Name.

Submitting Notice of Change of Ownership Hardcopy

The following data elements must be completed by the hospice on the Form CMS-1450 for the notice of change of ownership when submitted via hardcopy claim submission.

UB04

1 ABC Hospice 123 South Main Street Anycity, NY XXXXX-XXXX		2		3a PAT. CNTL # b. MED. REC. #		4 TYPE OF BILL 8XE	
5 FED. TAX NO. XX-XXXXXX		6 STATEMENT COVERS PERIOD FROM 070511		7 THROUGH			
8 PATIENT NAME Patient, Ima		9 PATIENT ADDRESS 1234 Anytstreet Drive, Anytown, NY XXXXX-XXXX					
10 BIRTHDATE 01161932		11 SEX M		12 DATE 060811		13 HR	
14 TYPE		15 SRC		16 DHR		17 STAT	
18		19		20		21	
22		23		24		25	
26		27		28		29 ACDT STATE	
30		31 OCCURRENCE DATE		32 CODE		33 OCCURRENCE DATE	
34 CODE		35 OCCURRENCE DATE		36 CODE		37 OCCURRENCE SPAN FROM THROUGH	
38		39 CODE		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	

20		PAGE ____ OF ____		CREATION DATE		TOTALS		22	
50 PAYER NAME Medicare		51 HEALTH PLAN ID XX15XX		52 REL. INFO Y		53 ASC. BEN.		54 PRIOR PAYMENTS	
55 EST. AMOUNT DUE		56 NPI XXXXXXXXXX		57 OTHER PRV ID					
58 INSURED'S NAME Ima Patient		59 P. REL.		60 INSURED'S UNIQUE ID XXXXXXXXXX		61 GROUP NAME		62 INSURANCE GROUP NO.	
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME					
66 DK XXXX		A		B		C		D	
69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE		72 ECI		73	
74 PRINCIPAL PROCEDURE CODE		a. OTHER PROCEDURE CODE		b. OTHER PROCEDURE CODE		75		76 ATTENDING NPI XXXXXXXXXX	
77 OPERATING NPI		78 OTHER NPI XXXXXXXXXX		79 OTHER NPI		QUAL		FIRST Ima	
80 REMARKS		81CC a		b		c		d	

UB04 (CMS-1450)	
Form Locator (FL)	Description/Valid Values
FL 01	Enter the provider's name, city, state, and ZIP code
FL 04 TYPE OF BILL	Valid values: <ul style="list-style-type: none"> 81E (Freestanding hospice) 82E (Hospital-based hospice)

UB04 (CMS-1450)

Form Locator (FL)	Description/Valid Values
FL 06 STATEMENT COVERS PERIOD- FROM	Enter the date of the ownership change in the MMDDYY format.
FL 08 PATIENT NAME	Enter the beneficiary's last name and first name in Line A.
FL 09 PATIENT ADDRESS	Enter the beneficiary's full mailing address, including street number and name, city, State, and ZIP Code.
FL 10 PATIENT BIRTHDATE	Enter the beneficiary's date of birth in the MMDDYY format.
FL 11 PATIENT SEX	Enter the beneficiary's gender. Valid values are: <ul style="list-style-type: none"> ▪ "M" (male) ▪ "F" (female)
FL 12 ADMISSION DATE	Enter the date of the hospice election in the MMDDYY format.
FL 50 PAYER IDENTIFICATION	Enter "Medicare". Notices of change of ownership should be submitted with Medicare as the primary payer.
FL 51 HEALTH PLAN ID	Enter the Medicare provider number (OSCAR number)
FL 52 RELEASE OF INFORMATION CERTIFICATION INDICATOR	Enter the release of information indicator. Valid values are: <ul style="list-style-type: none"> ▪ "Y" to indicate you have a signed statement on file permitting you to release data to other organizations to adjudicate claims. ▪ "R" to indicate the release is limited or restricted. ▪ "N" to indicate there is no release is on file.
FL 56 NPI	Enter the National Provider Identifier (NPI)
FL 58 INSURED'S NAME	Enter the beneficiary's name as shown on the Health Insurance card or other Medicare notice.
FL 60 INSURED'S UNIQUE ID	Enter the beneficiary's Health Insurance Claim Number (HICN).
FL 67 PRINCIPAL DIAGNOSIS CODE	Enter the hospice diagnosis code, including all five digits where applicable.
FL 76 ATTENDING-NPI/LAST/FIRST	Enter the National Provider Identifier (NPI) and the name of the attending physician designated by the patient at the time of election as having the most significant role in the determination and delivery of the patient's medical care.
FL 78 OTHER: NPI/LAST/FIRST (Situational)	Enter the NPI and name of the hospice physician responsible for certifying/recertifying that the patient is terminally ill if the certifying physician differs from the attending physician.

Resources

Information on billing as it specifically relates to hospice claims and notices can be found in the [CMS Internet-Only Manual \(IOM\) Publication 100-04, Medicare Claims Processing Manual, Chapter 11](#).

Information on general UB-04 billing instructions can be found in the [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 25](#).

Information on the Medicare Hospice benefit can be found in the [42 Code of Federal Regulation \(CFR\), Chapter IV, Part 418--Hospice Care](#).

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