ACT

ASK THE CONTRACTOR

TELECONFERENCE

CGS®

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How to Resolve Claim Overlap Errors

CGS J15 Provider Outreach & Education

December 2, 2020

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Objectives

- Describe common claim overlap scenarios
- Provide resources to avoid/resolve claim denials

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Claim Overlap Reasons

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Plan Coverage

- Medicare Advantage
- Medicare Secondary Payer (MSP)

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Payment Policies

Part A only:

- Hospital bundling
- Hospital readmissions
- Leave of Absence (LOA) / interrupted stay
- Patient discharge status
- Repetitive services

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Payment Policies

Part A & B:

- 3-day / 1-day payment window
- Consolidated Billing (CB):
  - Skilled Nursing Facility (SNF)
  - Home Health (HH)
  - End Stage Renal Disease (ESRD)
- Hospice
- Place of Service (POS)

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Avoid Claim Overlap Errors

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Patient Screening

https://www.cms.gov/files/document/mm11945.pdf

Update to the Model Admission Questions for Providers to Ask Medicare Beneficiaries

MLN Matters Number: MM11945 Revised

Related CR Release Date: September 15, 2020

Related CR Transmittal Number: R10359MSP

Related Change Request (CR) Number: 11945

Effective Date: December 7, 2020

Implementation Date: December 7, 2020

Note: We revised this article to reflect an updated CR 11945. The CR revision added part of a sentence that had been left out of manual Section 20.2.2 of the Medicare Secondary Payer Manual, which is part of the CR. The correction of the CR had no impact on the substance of the article. In the article, we revised the CR release date, transmittal number, and the web address of the CR. All other information remains the same.

PROVIDER TYPES AFFECTED

This MLN Matters Article is for physicians, hospitals, and providers submitting claims to Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

WHAT YOU NEED TO KNOW

This article informs you that the Centers for Medicare & Medicaid Services (CMS) is modifying and streamlining the model admission questions for providers to ask Medicare beneficiaries or authorized representatives upon admission or start of care. No other updates have been made to the hospital admissions or billing process.

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Verify Beneficiary Eligibility

- CMS HIPAA Eligibility Transaction System (HETS):
  - https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp
- myCGS Portal
  - myCGS User Manual: https://www.cgsmedicare.com/mycgs/mycgs_user_manual.html
- Direct Data Entry (DDE)
  - J15 Part A: https://www.cgsmedicare.com/parta/claims/dde.html
  - J15 HHH: https://www.cgsmedicare.com/hhh/education/materials/fiss.html
- Interactive Voice Response (IVR)
  - J15 Part A: 1.866.289.5601 (https://www.cgsmedicare.com/parta/cs/cgs_j15_parta_ivr_user_guide.pdf)
  - J15 Part B: 1.866.290.4036 (https://www.cgsmedicare.com/partb/cs/partb_ivr_user_guide.pdf)
  - J15 HHH: 1.877.220.6289 (https://www.cgsmedicare.com/hhh/help/pdf/ivr_user_guide.pdf)

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myCGS Eligibility – Plan Coverage

Inquiry | Eligibility | Deductibles/Caps | Preventive | **Plan Coverage** | MSP | Hospice/Home Health | Inpatient | QMB

Medicare Advantage

Ficiary, Ben E (XXXXXXXXXXX)

DOB:	05/19/1930	DOD:	

Medicare Advantage

Plan Type: Health Maintenance Organization (HMO) Medicare Non-Risk

Enrollment Date:	02/01/2016	Disenrollment Date:	
Contract Name:	ABC Health Maintenance Organization		
Contract Number:	HXXXXX		
Address:	123 Any Blvd	Phone #:	888XXXXXXX
Address 2:		City:	ANY CITY
State:	XX	Zip:	XXXXX
Website:	www.abchmoxx.xom		
Plan Name:	ABC Basic Plan	Plan Benefit Package ID:	XXX
Bill Code:	1		

Medicare Part D

Enrollment Date:	11/01/2015	Disenrollment Date:	
Contract Name:	XYZ INSURANCE COMPANY		
Contract Number:	SXXXX		
Address:	123 Any Street	Phone #:	866XXXXXXX
Address 2:		City:	ANY CITY
State:	XX	Zip:	XXXXX
Website:	www.insurancex.xom	Drug Plan:	OT
Plan Name:	XYZ Insurance Choice	Plan Benefit Package ID:	XXX
Enrollment:	Y		

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myCGS Eligibility – MSP

Inquiry | Eligibility | Deductibles/Caps | Preventive | Plan Coverage | **MSP** | Hospice/Home Health | Inpatient | QMB

Medicare Secondary Payer (MSP)

Ficiary, Ben E (XXXXXXXXXXX)

DOB: 05/19/1930 **DOD:**

EFG INSURANCE COMPANY, INC

Policy Number: WCXXXXXXXXXXXX
Effective Date: 07/28/2016
Termination Date:

Type of Primary Insurance:
15 – Medicare Secondary Worker's Compensation

Diagnosis Codes:
B20,M1612,M25552,M879

Address: 123 ANY STREET
STE 16
Address 2:
City: ANY CITY
State: XX
Zip: XXXXXXXXX

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myCGS Eligibility – Hospice/Home Health

my CGS

Need Assistance? Call Us: 866.590.6703

Home Claims Medical Review Remittance Eligibility MBI Lookup Financial Tools Messages Forms Support Admin My Account

User: Provider: Logout

Get Status | You have 131 unread message(s) and 0 alerts. | Help | Go To Page Select Form

Inquiry Eligibility Deductibles/Caps Preventive Plan Coverage MSP Hospice/Home Health Inpatient QMB

Hospice/Home Health

Ficiary, Ben E (XXXXXXXXXXX)

DOB: 12/11/1934 DOD:

Home Health Care

Patient Status:

HHEH Start Date:	HHEH End Date:
HHEH DOEBA Date:	HHEH DOLBA Date:
Provider Number:	Provider Number Type
Contractor Number:	Contractor Name:
HH Certification Start Date(s):	HH Recertification Start Date(s):

Hospice

Hospice Episodes

Effective Date	Term Date	Start Date (DOEBA)	End Date (DOLBA)	Days Used	Provider Number	Type	Revocation Code
04/01/2019	05/25/2019	04/01/2019	04/30/2019	30	XXXXXXXXXX	NPI	1
01/01/2019	03/31/2019	01/01/2019	03/31/2019	90	XXXXXXXXXX	NPI	1

Notices of Election(NOE)

Date	Provider Number	Provider Number Type	Revocation Code

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myCGS Eligibility – Inpatient

Inquiry | Eligibility | Deductibles/Caps | Preventive | Plan Coverage | MSP | Hospice/Home Health | Inpatient | QMB

Inpatient

Ficiary, Ben E (XXXXXXXXXXX)

DOB: 05/19/1930 DOD:

Part A Deductible

Start Date:	01/01/2020	End Date:	12/31/2020
Deductible Amount:	$1408		

Part A Base Deductible Remaining

Start Date:	01/01/2020	End Date:	12/31/2020
Remaining Deductible:	$1408		

Deductible Remaining By Spell

DOEBA Date	DOLBA Date	Deductible Amt

Inpatient Spell Dates

Includes Hospital and Skilled Nursing Facility (SNF) Dates

Start Date (DOEBA)	End Date (DOLBA)	Billing NPI	Type
No results found.			

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NPI Registry

https://nppes.cms.hhs.gov/#/

NPPES
National Plan & Provider Enumeration System

SEARCH NPI REGISTRY HELP

Registered User Sign In

Log in to view/update your National Provider Identifier (NPI) record.

User ID

I&A User ID, used to access NPPES, EHR & PECOS

Password

SIGN IN

FORGOT USER ID OR PASSWORD?

*If your User ID is associated with a large number of providers, you could experience a small delay while the application retrieves all NPPES profile related information

Create a New Account

You need an Identity & Access Management System (I&A) User ID and Password to create and manage NPIs.

Individual Providers, Organization Providers, Users working on behalf of a provider

If you don't have an I&A account, need to update your existing I&A account, or don't remember your User ID or Password, select the CREATE or MANAGE AN ACCOUNT button below to go to I&A.

Once you have successfully created your I&A account, your existing Type 1 NPI will be associated with your I&A account.

After successfully creating your I&A account, return to NPPES and use your I&A User ID and Password to log into NPPES where you can create and maintain the NPI data associated with your provider(s).

CREATE or MANAGE AN ACCOUNT

To learn more about Multi-Factor Authentication (MFA) click here

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Services Under Arrangement

Clearly establish the following:

- Admitting provider’s responsibility
- Outside entity’s responsibility
- Specific services
- Payment rates
- How to submit invoice
- Time frames
- Permit access to medical records as needed

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Resolve Claim Overlap Errors

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Was the claim submitted incorrectly?

- Common claim submission errors:
  - Incorrect date of admission/discharge
  - Incorrect patient status/POS
  - Incorrect billing of LOA/interrupted stay
  - Continuing stay claims processed out of sequence
- Verify records
- Correct and resubmit claim

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Was the claim submitted correctly?

- Determine whose claim is overlapping
- Verify if services are subject/not subject to consolidated billing/hospital bundling and bill accordingly
- Contact overlapping provider to correct date of service/patient status
- Use the claim overlap dispute form
  - J15 Part A: https://www.cgsmedicare.com/parta/forms/pdf/j15_parta_dispute_form_2020.pdf
  - J15 HHH: https://www.cgsmedicare.com/hhh/forms/pdf/hospice_dispute_form.pdf

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Pre-Submitted Questions

Part A:

- What is a provider to do when therapies such as physical and occupational deny for overlapping a home health episode?
  - Under the PPS, a HHA must bill for all home health services which includes nursing and therapy services, routine and non-routine medical supplies, home health aide and medical social services, except durable medical equipment (DME).
- John Doe admitted 3.23.20 MCA went to hospital for outpatient surgery 3.31.20 and readmitted 4.1.20. I billed 3.31.20 with a 74.
  - Occurrence span code 74 should be reported for each interruption of more than ONE day.

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Pre-Submitted Questions

Home Health:

- What is the best way to resolve this problem when the other provider has a different MAC?
  - Attempt to resolve the issue with the provider directly. If there is no resolution, you may complete the dispute form.
- I've been told, "We're not cancelling our claim - take the PEP." How can I 'take the PEP' when my claim won't process at all?
  - If another provider bills, your claim should process.

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Pre-Submitted Questions

Home Health:

- Issues with pts transitioning from HH to PT in the community and our final DOS for nursing may eclipse their first DOS.
  - If there are no overlapping dates of service (other than admit/discharge), the claim should process.
- Member is on HH services, TIF to hospital mid-episode with anticipated return, HH final claim through/from overlap inpatient claim.
  - Do not discharge unless the inpatient goes beyond the HH episode through date. Do not bill for dates of service on the line level for days the patient was in an inpatient setting.

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Pre-Submitted Questions

Hospice:

- If a patient is dc'd from the hospital to hospice on the same date with the same dx code, how do we get around the claim overlap?
  - If there are no overlapping dates of service (other than admit/discharge), the claim should process.
- If we do not receive notification of a transfer for a few days after the effective date and have visits, which date is honored?
  - The notice of transfer should be sent within two days of receiving the beneficiary and the effective date on the notice of transfer is applied.

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Thank you for attending!

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