ASK THE CONTRACTOR TELECONFERENCE



A CELERIAN GROUP COMPANY

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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

Plan Coverage

- Medicare Advantage
- Medicare Secondary Payer (MSP)

Payment Policies

Part A only:

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

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)



Avoid Claim Overlap Errors

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 Change Request (CR) Number: 11945

Related CR Release Date: September 15, 2020

Effective Date: December 7, 2020

Related CR Transmittal Number: R10359MSP

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.

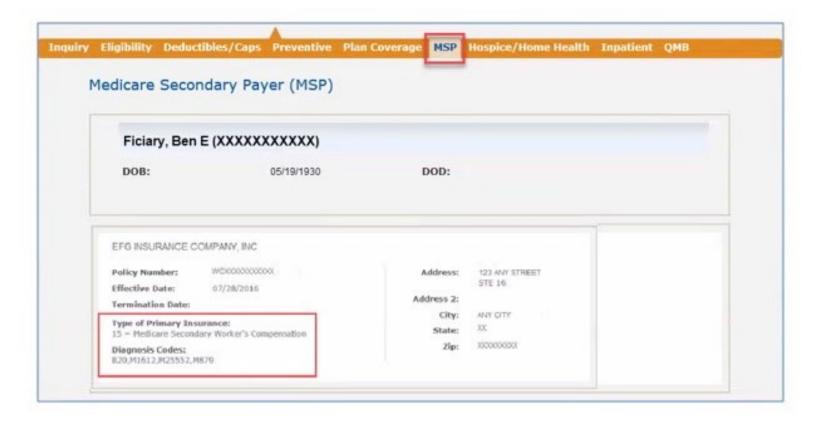
Verify Beneficiary Eligibility

- 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)

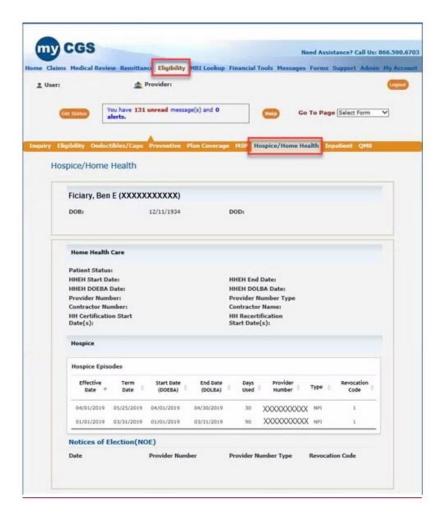
myCGS Eligibility – Plan Coverage

edicare Advanta	ge		
Ficiary, Ben E ()	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		
DOB:	05/19/1930	DOD:	
Medicare Advantage			
Plan Type: Health Main	tenance Organization (HMO) Medicare N	ian-Risk	
Enrollment Date:	02/01/2016	Disenrollment Date:	
Contract Name:	ABC Health Maintenance Org.	anization	
Contract Number:	HOODOOK		
Address:	123 Any Blvd	Phone #:	88800000000
Address 2:	2.000	City:	ANY CITY
State:	XX	Zip:	XXXXXX
Website:	www.abclimoxx.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 #:	865XXXXXXXX
Address 2:		City:	ANY CITY
State:	XX	Zip:	XXXXX
Website:	www.insurancex.xom	Drug Plan:	70
Plan Name:	XYZ Issurance Choice	Plan Benefit Package ID:	XXX

myCGS Eligibility – MSP



myCGS Eligibility - Hospice/Home Health

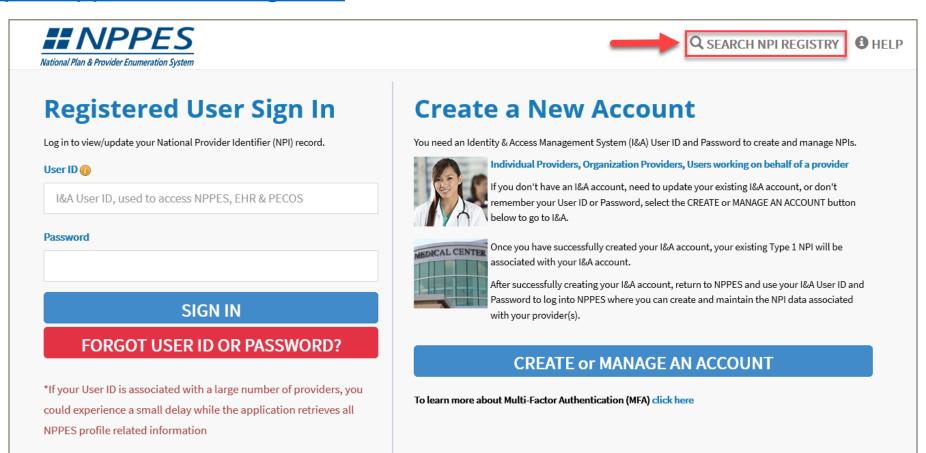


myCGS Eligibility – Inpatient

Ficiary, Ben E (XXXXXXXXXXX)					
DOB:	05/19/1930	DOD:			
Part A Deductible					
Start Date: Deductible Amount:	01/01/2020 \$1408	End Date:	12/31/2020		
Part A Base Deductible	Remaining				
Start Date: Remaining Deductible:	01/01/2020 \$1408	End Date:	12/31/2020		
Deductible Remaining B	y Spell Deductible Amt				
Inpatient Spell Dates					
Includes Hospital and Skill	ed Nursing Facility (SNF) Da	tes			

NPI Registry

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



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

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

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

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.

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.

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.

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.

Thank you for attending!



