Overlap Billing For All!!!!

Ask The Contractor Teleconference

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Part A, B, HH&H | September 22nd, 2021

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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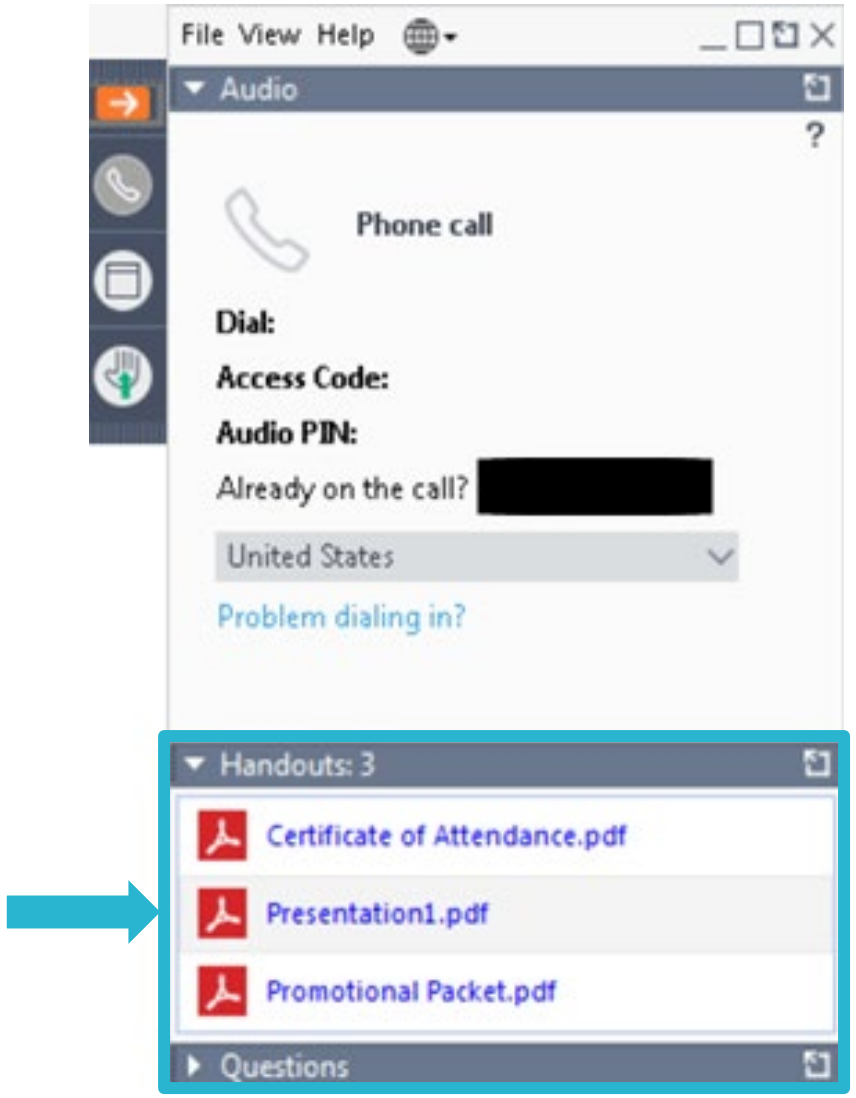

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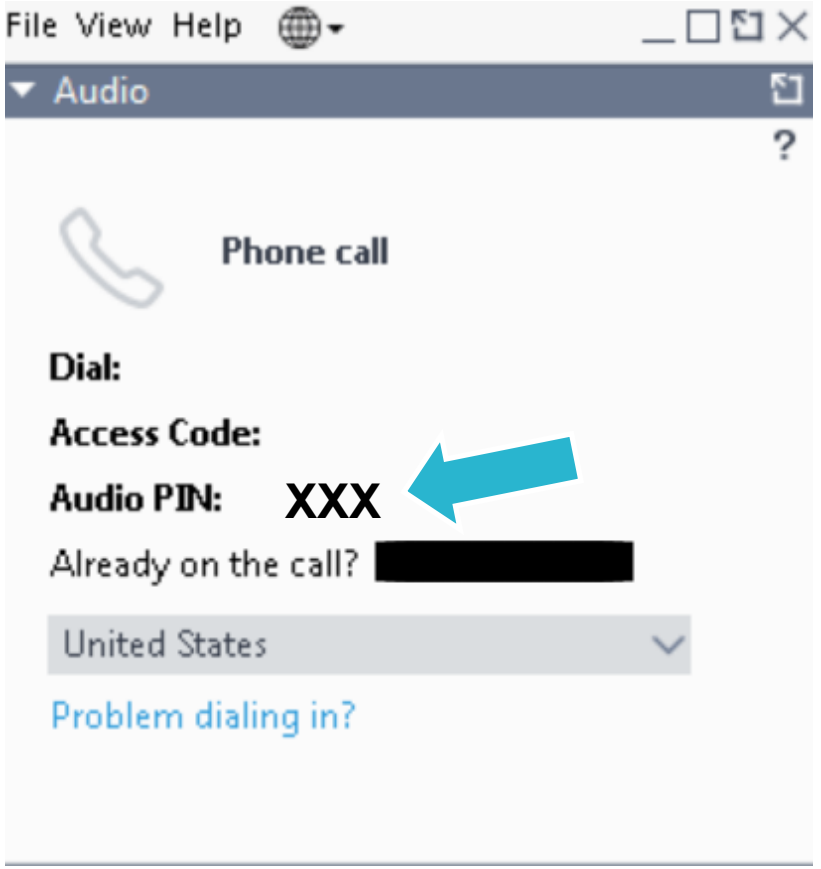

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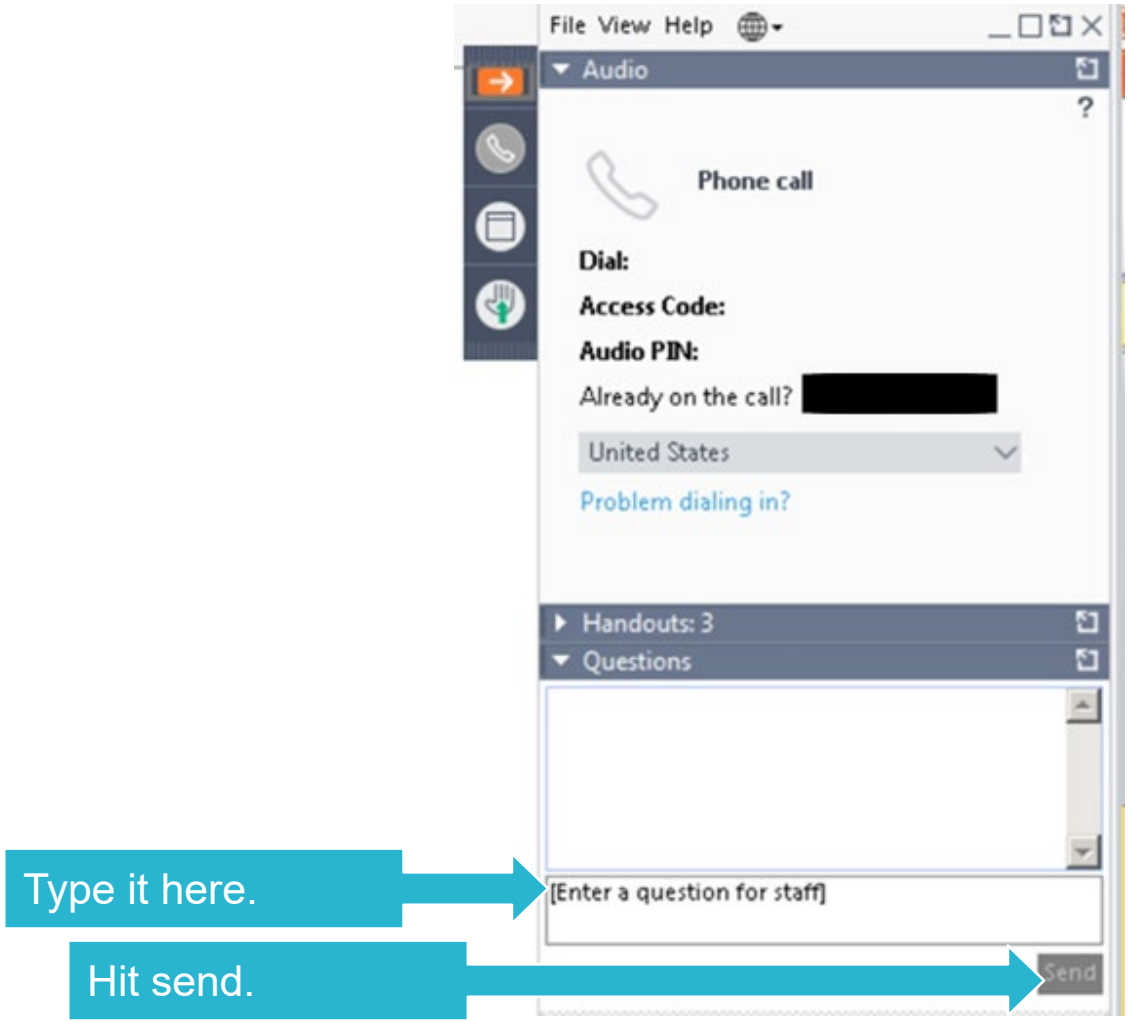
Question Box

To ask a question in the question box . . .



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Overlap Billing For All!!!

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Objectives

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

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Type of Overlaps

Plan of Coverage

- Medicare Advantage
- Medicare Secondary Payer (MSP)

Claim Overlap

- Facility overlapping another facility's claim
- Facility overlapping some type of physician/professional claim

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Type of Overlaps

Facility Overlapping with Another Facility

- Acute Facilities
- Home Health
- Hospice

Part A Facility Overlapping Part B claim

- Outpatient Hospital
- ESRD Claim

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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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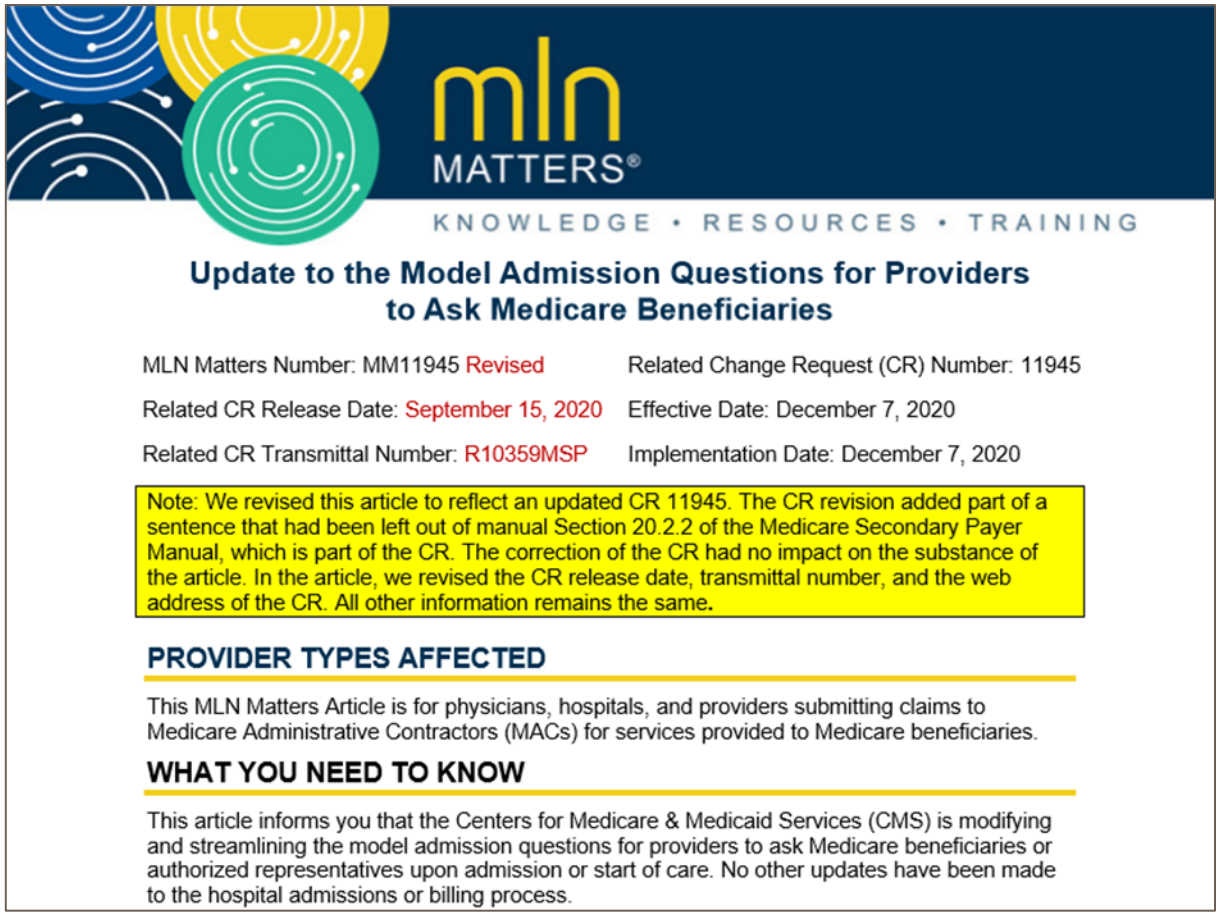
Patient Screening

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



mln MATTERS®

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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.

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Verification Is KEY!!!!

- 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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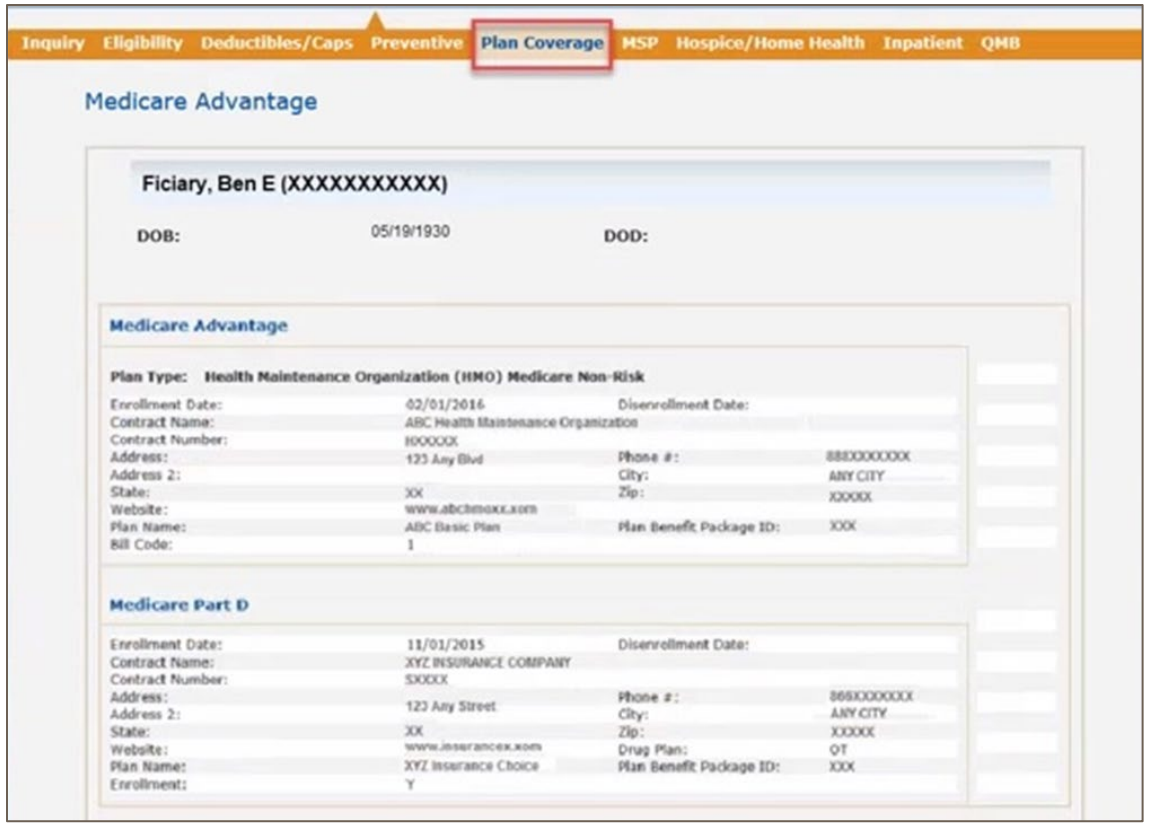
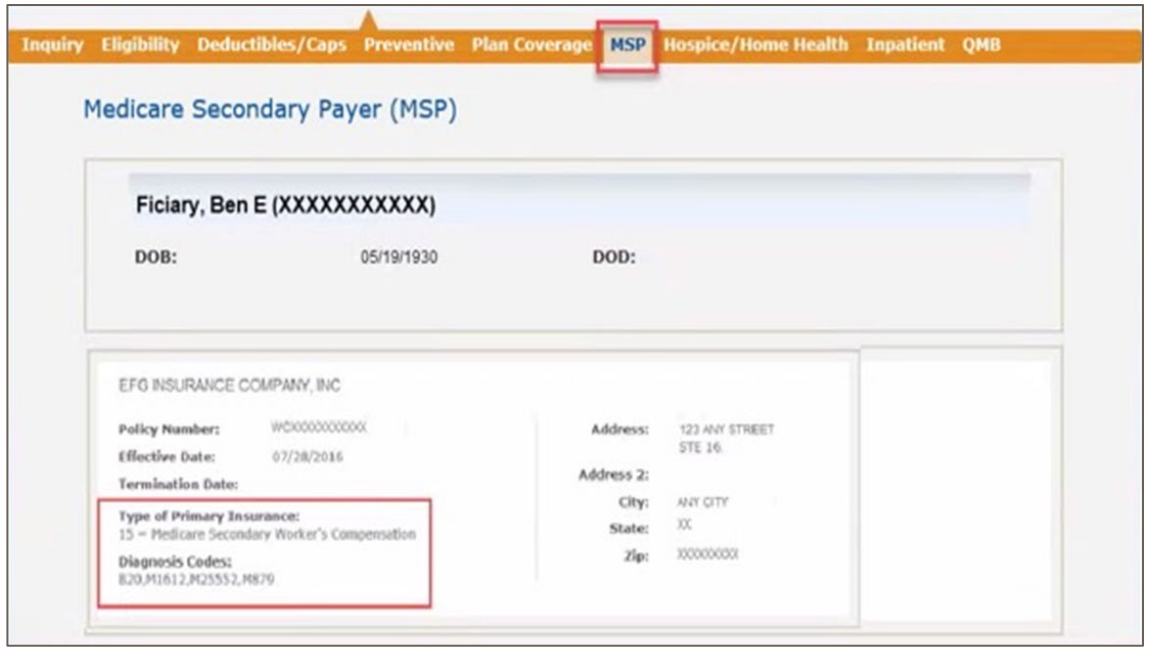
myCGS Eligibility





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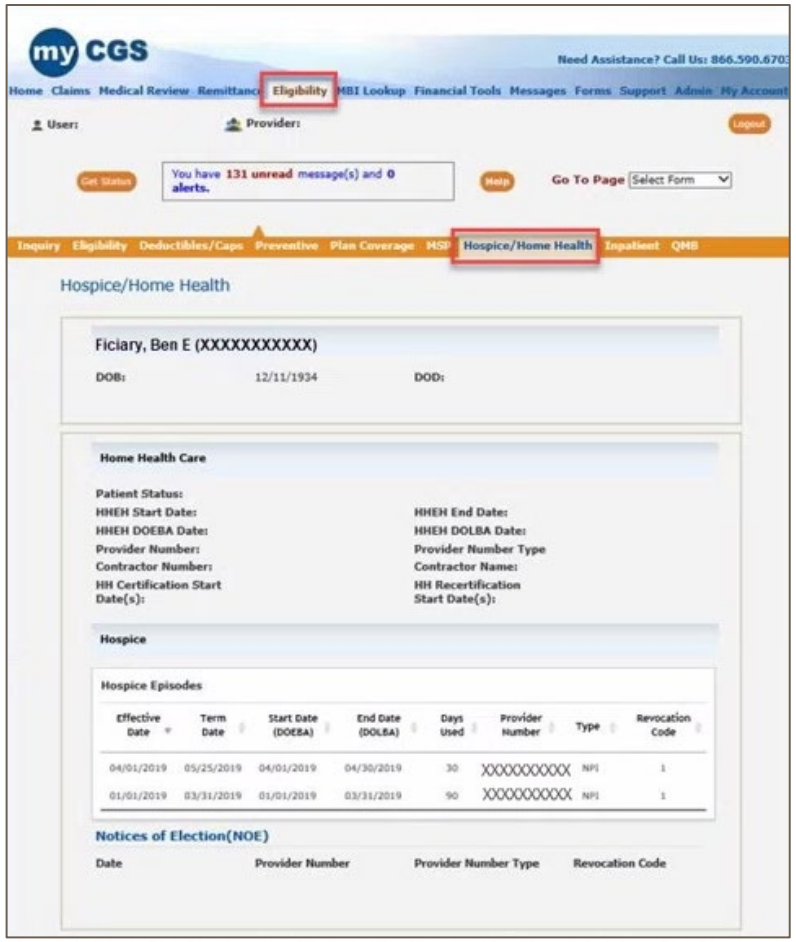
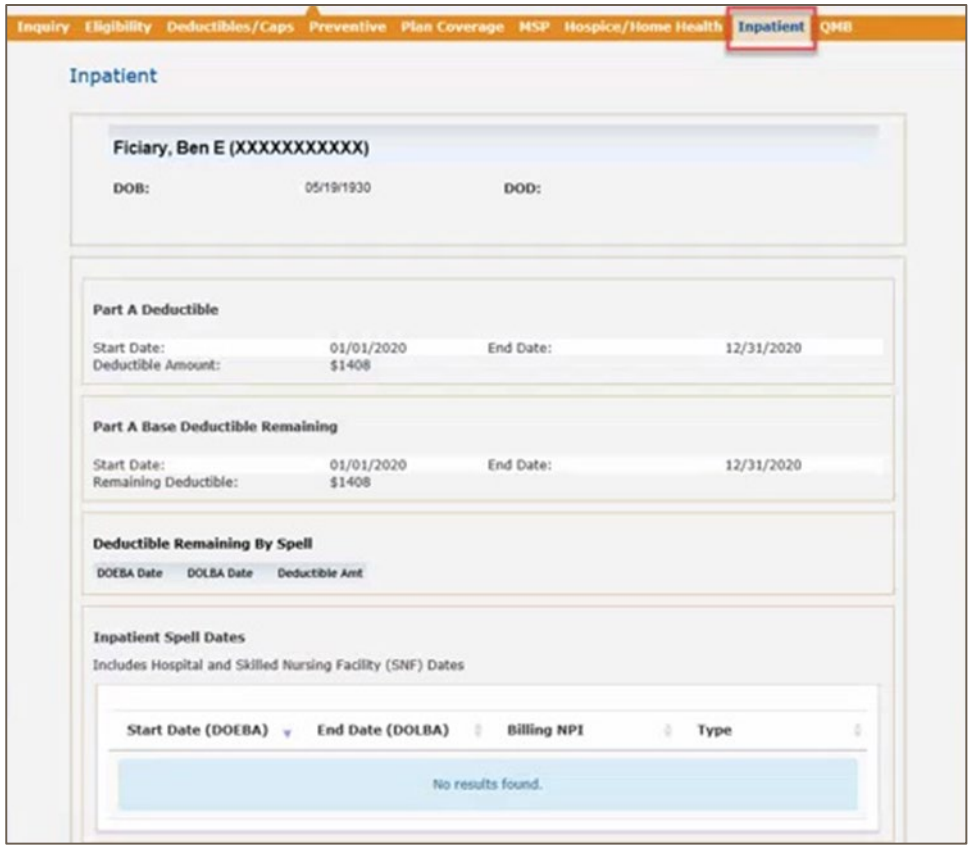
myCGS Eligibility





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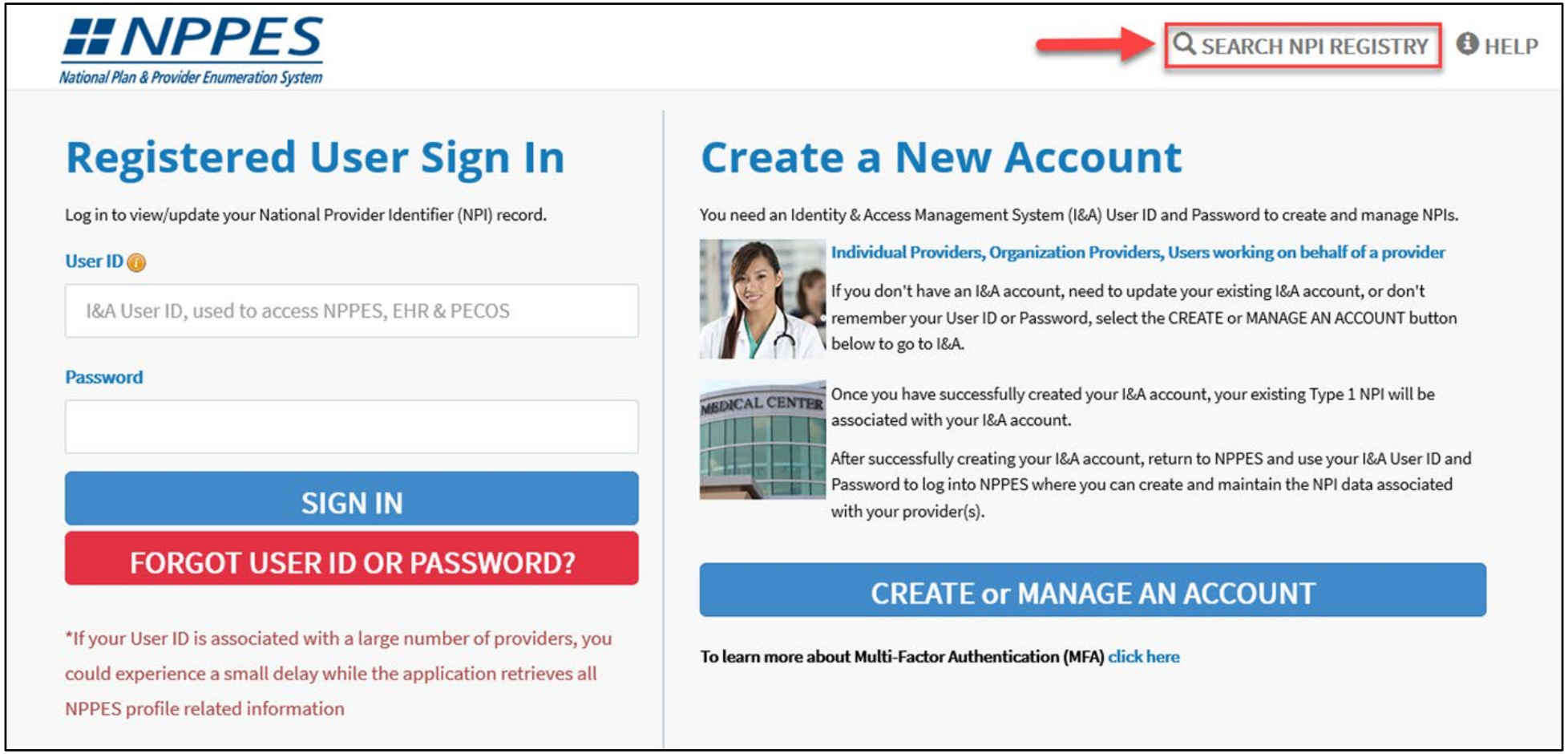
NPI Registry

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



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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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Claim Overlaps

- 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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Claim Overlaps

Home Health Overlaps

- Facility's Responsibilities
  - When patients have home health plans of care, the HHA must provide most covered services directly
    - If services are provided under arrangement, the HHA must still bill for services
  - Verify if patient is under a HHA plan of care.
  - If patient is under a plan of care, the HHA must bill. These services can not be billed to Medicare separately.

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Claim Overlaps

Hospice Overlaps

- Facility's Responsibilities
  - Verify if services are related to patient's terminal condition
    - If related, payment arrangements made with Hospice provider
  - Unrelated services are billed with CC 07

Please Note: Traditional Medicare covers Hospice services and services unrelated to the terminal condition on the Hospice election date until the end of the month the patient revokes Hospice election.

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Claim Overlaps

ESRD Overlaps

- Facility's Responsibilities
  - ESRD must bill all lab test for ESRD treatment. If billed by any other provider, the claim will reject.
  - If lab test is usually for ESRD treatment, but is not for a given situation, bill with the AY modifier.

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Claim Overlaps

Inpatient Hospital Overlaps

- Facility's Responsibilities
  - Verify patient status code is billed correctly. If incorrect, submit an adjusted claim.
  - Leave of absences can only be billed if readmission is expected.
  - If readmission is unexpected, the first claim should be billed as discharge.
  - If patient received outpatient diagnostic services and later admitted within 72 hours, those outpatient services must be on inpatient claim.
    - **Please Note:** Nondiagnostic services provided within 72 hours must be billed on inpatient claim. If these nondiagnostic services are unrelated to the inpatient admission, these can be billed separately with CC 51 on an outpatient claim.

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Claim Overlaps

Long Term Care Hospital Overlaps

- Facility's Responsibilities
  - If patient is to hospital from an LTCH and then is re-admitted to the LTCH within 3 days, payment will be made to the LTCH. The hospital will need to look to the LTCH for payment.

Inpatient Psychiatric Facility Overlaps

- Facility's Responsibilities
  - If hospital stay is 3 days or less, verify if the IPF billed and LOA with Occurrence Span Code 74.
  - If more that 3 days, the IPF must discharge and allow hospital to bill.

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Claim Overlaps

Inpatient Rehabilitation Facility Overlaps

- Facility's Responsibilities
  - If hospital stay is 3 days or less, verify if the IRF billed and LOA with Occurrence Span Code 74.
  - If patient is discharged and returns to the IRF on the same day, hospital will need to look to IRF for payment.

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Claim Overlaps

Outpatient Hospital Overlaps

- Facility's Responsibilities
  - Patients can not receive outpatient services while inpatient at another facility. Verify if patient was transferred for an outpatient procedure during inpatient stay.
    - If found to be factual, the other outpatient facility must look to inpatient facility for payment.
- Outpatient Overlap with SNF
  - If patient is inpatient in a SNF, verify if the services on the hospital claim are part of SNF consolidated billing. If included the hospital must look to SNF for payment.

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Claim Overlaps

Skilled Nursing Facility Overlaps

- Facility's Responsibilities
  - If the patient was transferred to another facility, verify the correct patient Status Code was billed.
  - If the patient was discharged to the hospital from the SNF and returned before midnight on the 3rd day, verify that a LOA was reported on the SNF claim with Occurrence Span Code 74.
    - If the patient was discharged for more than 3 days, the SNF should discharge the patient and submit a NEW claim once patient returns to SNF.

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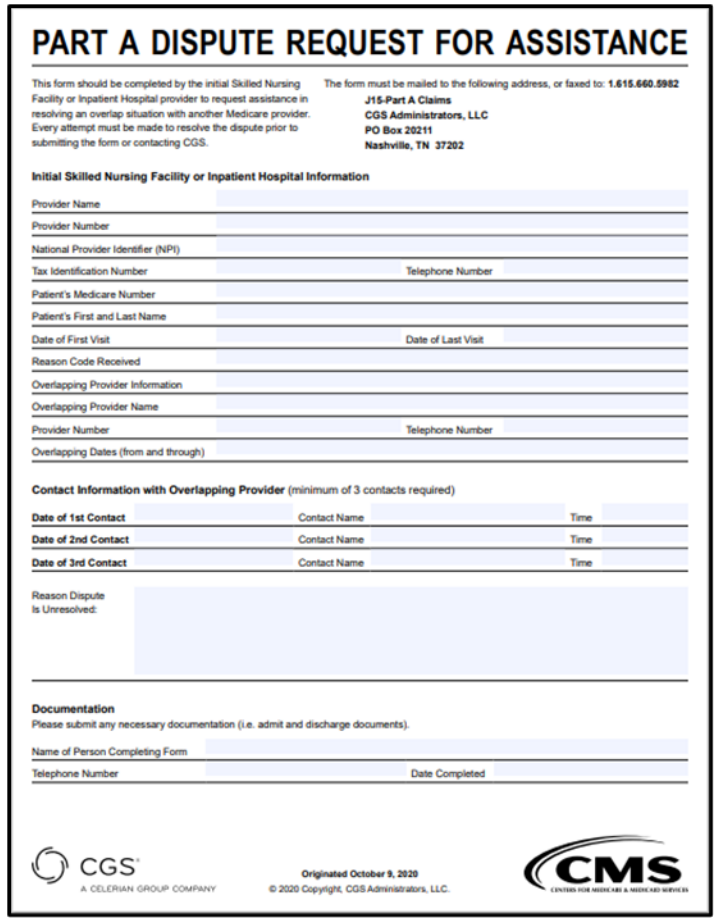
Claim Overlaps



PART A DISPUTE REQUEST FOR ASSISTANCE

This form should be completed by the initial Skilled Nursing Facility or Inpatient Hospital provider to request assistance in resolving an overlap situation with another Medicare provider. Every attempt must be made to resolve the dispute prior to submitting the form or contacting CGS.

The form must be mailed to the following address, or faxed to: **1.615.660.5982**

J15-Part A Claims
CGS Administrators, LLC
PO Box 20211
Nashville, TN 37202

Initial Skilled Nursing Facility or Inpatient Hospital Information

Provider Name
Provider Number
National Provider Identifier (NPI)
Tax Identification Number | Telephone Number
Patient's Medicare Number
Patient's First and Last Name
Date of First Visit | Date of Last Visit
Reason Code Received
Overlapping Provider Information
Overlapping Provider Name
Provider Number | Telephone Number
Overlapping Dates (from and through)

Contact Information with Overlapping Provider (minimum of 3 contacts required)

Date of 1st Contact | Contact Name | Time
Date of 2nd Contact | Contact Name | Time
Date of 3rd Contact | Contact Name | Time

Reason Dispute Is Unresolved:

Documentation
Please submit any necessary documentation (i.e. admit and discharge documents).

Name of Person Completing Form
Telephone Number | Date Completed

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Originated October 9, 2020

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Overlap Dispute Form

- Form should be used as LAST option
- Every attempt should be made to resolve dispute prior to submitting this
- **Example:** Contacting overlapping provider
  - Part A Dispute Form: https://www.cgsmedicare.com/parta/forms/pdf/j15_parta_dispute_form_2020.pdf
  - Home Health Dispute Form: https://www.cgsmedicare.com/hhh/claims/fees/pdf/resolving_transfer_disputev2_5.pdf
  - Hospice Dispute Form: https://www.cgsmedicare.com/hhh/forms/pdf/hospice_dispute_form.pdf

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Resources

- **Medicare Health Plans – General Information:** https://www.cms.gov/Medicare/Health-Plans/HealthPlansGenInfo
- **Patient Member for Only a Portion of Billing Period (Medicare Claims Processing Manual Chapter 1, Section 90):** https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01.pdf
- **Claims From Medicare Advantage Organizations (Medicare Claims Processing Manual, Chapter 11, Section 30.4):** https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c11.pdf
- **Hospice Overlap (Medicare Claims Processing Manual, 100-04, Chapter 11, Sections 30.4, 40.2.1, and 50):** https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c11.pdf
- **ESRD Overlap (Medicare Claims Processing Manual, 100-04, Chapter 8, Section 10.5):** https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c08.pdf

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- CMS MLN Web page: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo. *This includes the MN Connects, MLN articles, and more.*
- Electronic Mailing List page at: https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Electronic-Mailing-Lists
- CMS e-mail updates at: https://public.govdelivery.com/accounts/USCMS/subscriber/new?pop=t&topic_id=USCMS_7819

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Resources

- **Home Health Overlaps (Medicare Claims Processing Manual, 100-04, Chapter 10, Sections 30.9 and 90):** https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c10.pdf
- **Inpatient Hospital Overlaps (Medicare Claims Processing Manual, 100-04, Chapter 3):** https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c03.pdf
- **Outpatient Hospital Overlaps (Medicare Claims Processing Manual, 100-04, Chapter 4):** https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c04.pdf
- **Skilled Nursing Facility Overlaps (Medicare Claims Processing Manual, 100-04, Chapter 6):** https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c06.pdf
- **CMS SNF Consolidated Billing Web page:** https://www.cms.gov/Medicare/Billing/SNFConsolidatedBilling

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Pre-Submitted Questions

- How do we avoid Home Health Raps going to RTP due to Hospice not filing their revocation?
  - Check beneficiary eligibility (IVR, DDE, myCGS). If the hospice revocation indicator is 0 (zero) (i.e., open), contact the hospice facility to close the record.
- If we have attempted to contact an overlapping provider and there is no resolution, are providers to submit a transfer dispute?
  - Yes, both dispute processes have a webpage found on Claims tab in respective categories.
    - Home Health: https://www.cgsmedicare.com/hhh/claims/fees/pdf/resolving_transfer_disputev2_5.pdf
    - Hospice: https://www.cgsmedicare.com/hhh/forms/pdf/hospice_dispute_form.pdf

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Pre-Submitted Questions

- How do handle overlap rejections due to future RAPs where the other provider discharged but did not cancel their RAP? How are providers supposed to abide by the 5-day rule for overlapping when other providers who have billed future RAPs do not cancel?
  - The RAP for the 2nd 30-day billing period would not need to be cancelled because the RAP-only record remaining on Common Working File (CWF) will not trigger consolidated billing edits. However, cancelling an unused RAP will help maintain a more accurate beneficiary home health eligibility record. Maintaining an accurate eligibility record may reduce calls due to the posted 30-day period from other HHAs seeking to coordinate transfers or providers of services included in home health consolidated billing regarding services under arrangement. Assisting the providers may require cancelling the RAP at a later date, if necessary. Please contact the PCC so they can review specific patient situation and advise.

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Pre-Submitted Questions

- If a patient elects hospice on the same date but after discharge from a hospital outpatient service, who should be billed Medicare or Hospice? How do you appropriately bill palliative care services provided on the same day, but prior to election of hospice benefit?
  - If there are no overlapping dates of service (other than admit/discharge), the claim should process.

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Thank you for attending today's event!!!

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