

Overlap Billing For All!!!!

Ask The Contractor
Teleconference



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A CELERIAN GROUP COMPANY

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

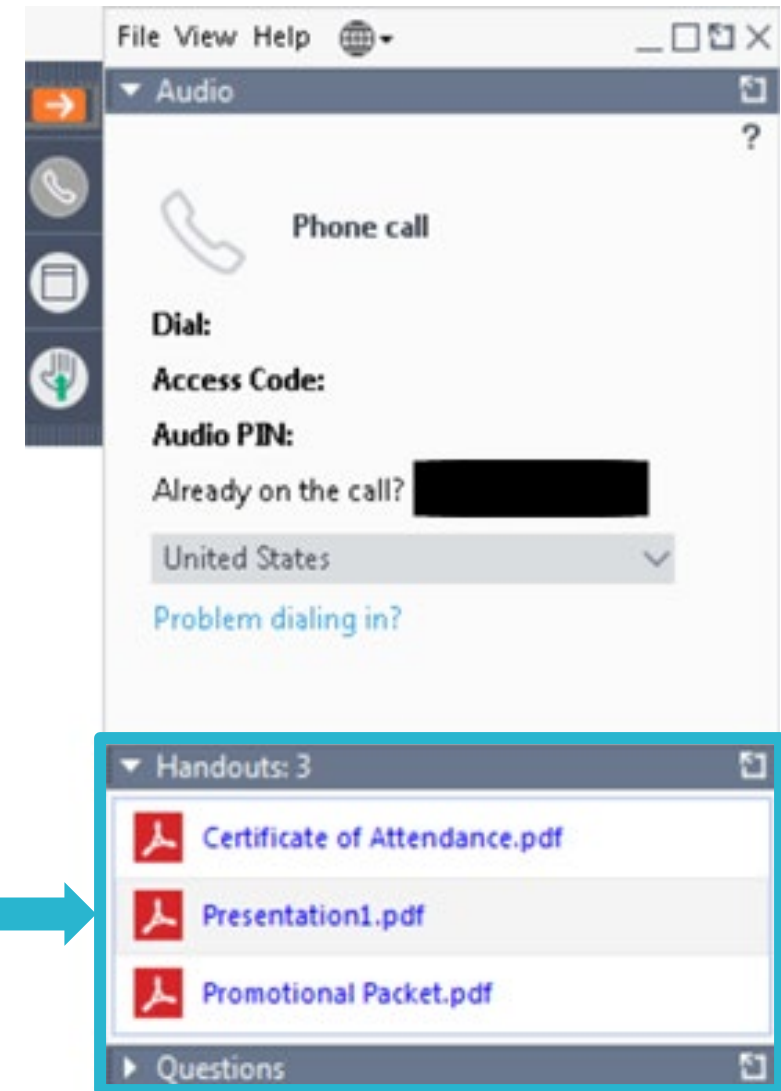




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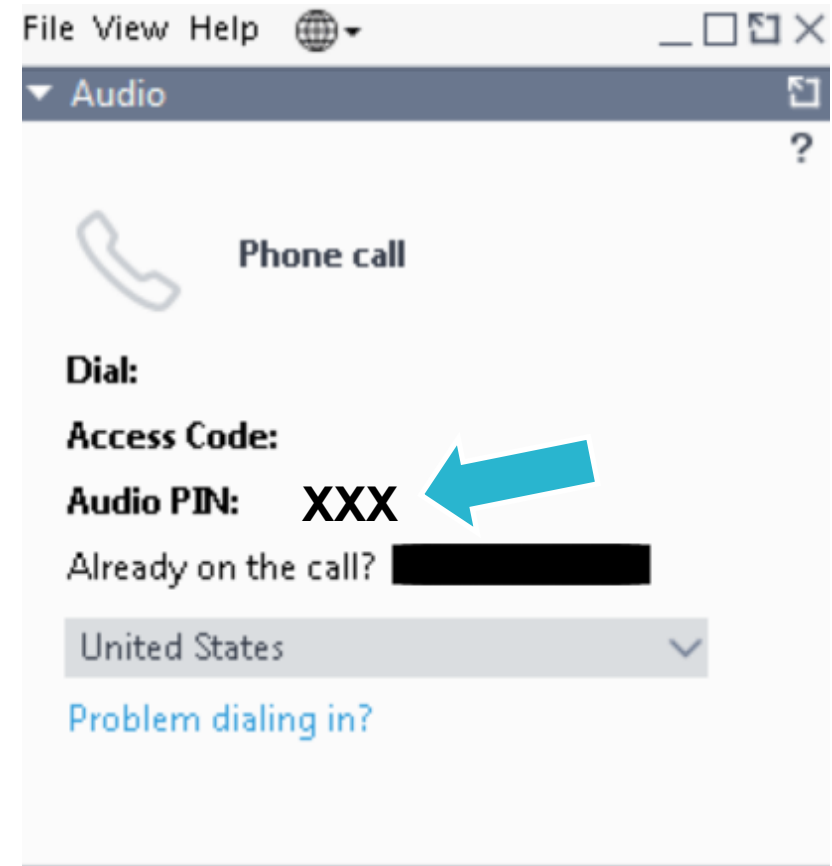


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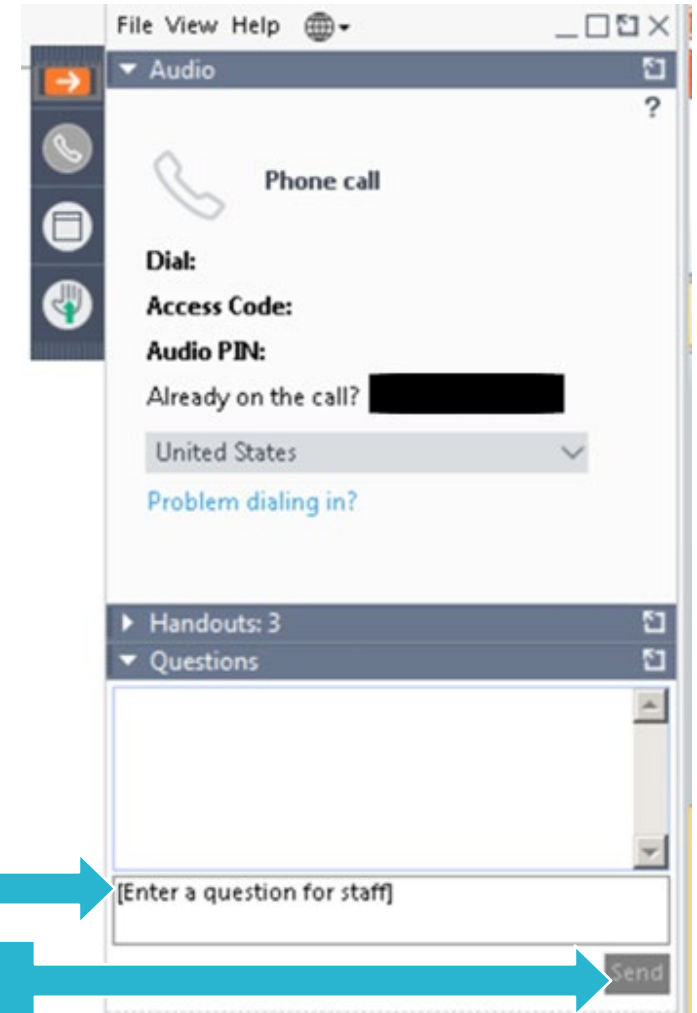




WEBINAR INSTRUCTIONS

Question Box

To ask a question in the question box . . .



Disclaimer

- This presentation was current at the time it was published or uploaded onto the CGS website. Medicare policy changes frequently, so links to the source documents have been provided within the document for your reference.
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- This publication is a general summary that explains certain aspects of the Medicare Program, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings.

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Overlap Billing For All!!!

Ask The Contractor Teleconference

Objectives

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

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

Type of Overlaps

Facility Overlapping with Another Facility

- Acute Facilities
- Home Health
- Hospice

Part A Facility Overlapping Part B claim

- Outpatient Hospital
- ESRD Claim

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)

Patient Screening

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



mln
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KNOWLEDGE • RESOURCES • TRAINING

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.

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)

myCGS Eligibility

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

Medicare Advantage

Ficiary, Ben E (XXXXXXXXXX)

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:	100000X		
Address:	123 Any Blvd	Phone #:	888000000X
Address 2:		City:	ANY CITY
State:	XX	Zip:	XXXXX
Website:	www.abctemokk.com		
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 #:	888000000X
Address 2:		City:	ANY CITY
State:	XX	Zip:	XXXXX
Website:	www.insurancex.com	Drug Plan:	OT
Plan Name:	XYZ Insurance Choice	Plan Benefit Package ID:	XXX
Enrollment:	Y		

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

Medicare Secondary Payer (MSP)

Ficiary, Ben E (XXXXXXXXXX)

DOB: 05/19/1930 DOD:

EFG INSURANCE COMPANY, INC			
Policy Number:	WD0000000000X	Address:	123 ANY STREET STE 16
Effective Date:	07/28/2016	Address 2:	
Termination Date:		City:	ANY CITY
Type of Primary Insurance: 15 - Medicare Secondary Worker's Compensation		State:	XX
Diagnosis Codes: B20,M1612,P125552,M879		Zip:	XXXX0000X

myCGS Eligibility

myCGS
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: Login

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

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

Hospice/Home Health

Ficiary, Ben E (XXXXXXXXXX)
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
------	-----------------	----------------------	-----------------

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

Inpatient

Ficiary, Ben E (XXXXXXXXXX)
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
------------	------------	----------------

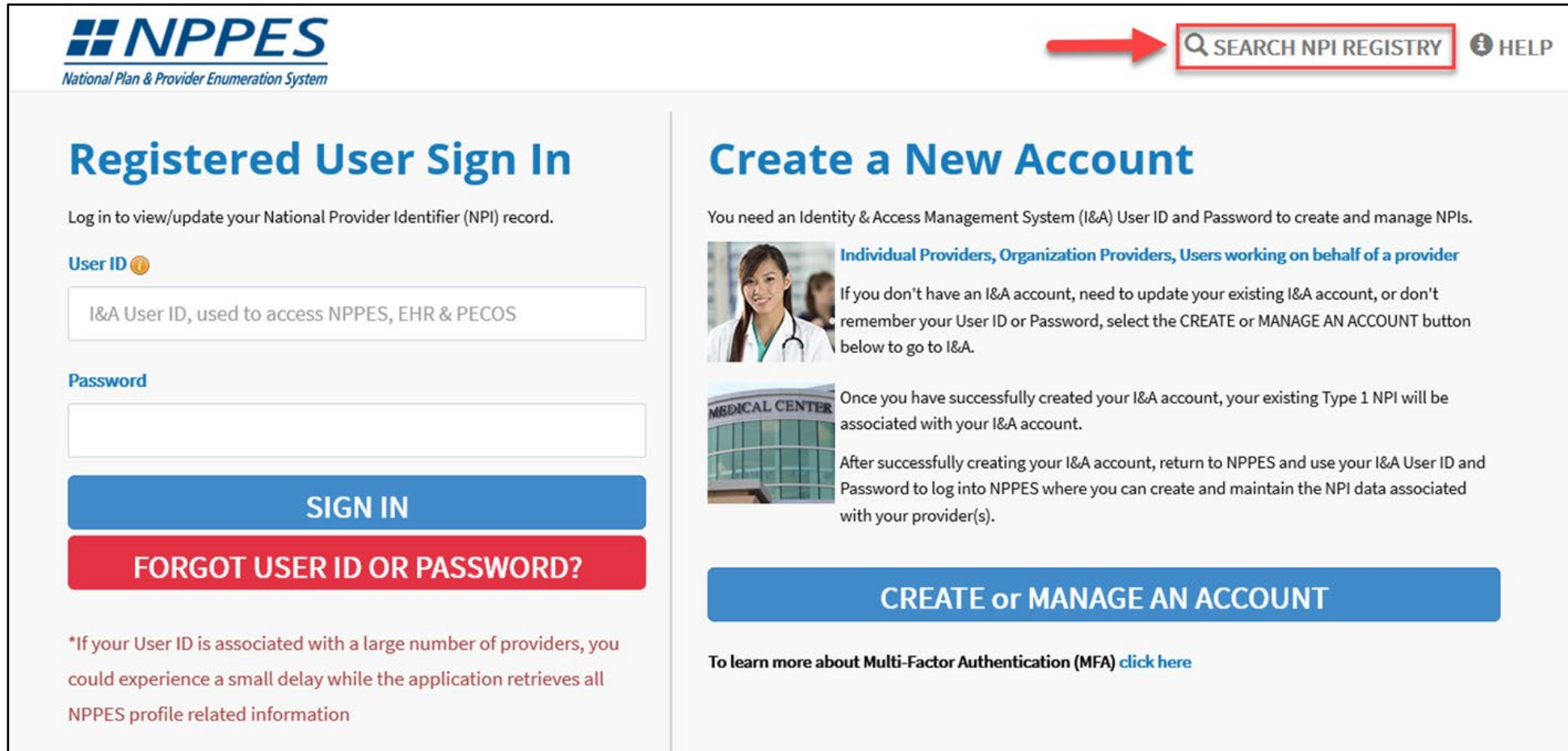
Inpatient Spell Dates

Includes Hospital and Skilled Nursing Facility (SNF) Dates

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

NPI Registry

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



The screenshot shows the NPPES (National Plan & Provider Enumeration System) website. At the top left is the NPPES logo with the tagline "National Plan & Provider Enumeration System". At the top right, there is a search bar labeled "SEARCH NPI REGISTRY" with a magnifying glass icon, and a "HELP" link with an information icon. A red arrow points to the search bar. Below the header, the page is split into two main sections. The left section is titled "Registered User Sign In" and contains a form with fields for "User ID" (with an information icon) and "Password". Below the form are two buttons: a blue "SIGN IN" button and a red "FORGOT USER ID OR PASSWORD?" button. A note at the bottom of this section states: "*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". The right section is titled "Create a New Account" and contains text explaining that users need an Identity & Access Management System (I&A) User ID and Password. It includes two sub-sections: one with a photo of a doctor and text for "Individual Providers, Organization Providers, Users working on behalf of a provider", and another with a photo of a medical center and text for "Once you have successfully created your I&A account, your existing Type 1 NPI will be associated with your I&A account." Below this is a large blue button labeled "CREATE or MANAGE AN ACCOUNT". At the bottom of the right section, there is a link: "To learn more about Multi-Factor Authentication (MFA) click here".

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.

MEDICAL CENTER

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](#)

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

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

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.

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.

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.

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.

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.

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.

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.

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.

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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 **CMS**
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

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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 Follow Us on Facebook: [@CGSAdminLLC](https://www.facebook.com/CGSAdminLLC)

 Visit the myCGS Web Portal:
<https://www.cgsmedicare.com/mycgs>

Sign Up for E-mail Notifications: By clicking, "Join/Update ListServ" in the top-right corner or <https://www.cgsmedicare.com>

GET EVEN MORE RESOURCES:

- 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>

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

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.

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.

Thank you for attending today's event!!!

J15_PartA_Education@cgsadmin.com

J15_PartB_Education@cgsadmin.com

J15_HHH_Education@cgsadmin.com