



Avoiding Billing Errors Caused by Overlapping Home Health Episodes

HHAs are strongly encouraged to check eligibility prior to admitting the patient to your HHA **AND** before submitting the RAP/claim to Medicare for each episode:

- Log on to ELGH.
- Enter the information required to access the beneficiary's eligibility information. In addition, enter the start of care date or first calendar day of the episode in the APP DATE field found on the *CWF Part A Eligibility System* screen.
- Review the information found on ELGH page 3, noting especially the information in the START DATE, END DATE, and PROV NUM fields.
- Print this page and file with the patient's record. Apply time/date stamp if not shown on screen print.

Appropriate Billing Action Based on Review of ELGH Page 3:

1. If your dates of service fall between the dates listed in the START DATE and END DATE fields on ELGH page 3 **AND** the provider number listed **IS NOT** your provider number, complete the following steps:
 - Log on to <http://www.cms.gov/CostReports/> Click on "Home Health Agency" link. Scroll down to list of downloads. Click on "HHA ProviderID Information" to download a spreadsheet containing the contact information for HHAs.
 - Follow the steps given for appropriately completing beneficiary elected transfers as outlined on the "Beneficiary Elected Home Health Transfer" Web page (http://www.cgsmedicare.com/hhh/education/materials/hh_transfer.html). Please note the documentation requirements found in this reference.
 - If this is a beneficiary elected transfer situation, and your agency is the receiving home health agency, enter a condition code 47 in FL 18-28. See Medicare Learning Network (MLN) Matters article, MM7338 (<https://www.cms.gov/MLNMattersArticles/downloads/MM7338.pdf>), for additional information on home health transfers.
2. If your dates of service fall between the dates listed in the START DATE and END DATE fields on ELGH page 3 **AND** the provider number listed **IS** your provider number, ensure that you have billed the discharge claim for the beneficiary if the discharge is due to the patient meeting the goals of the plan of care. When discharging and readmitting a patient to your home health agency due to meeting the plan of care goals, no additional coding is required to indicate a second admission to the same HHA during the same 60 day episode. This situation will automatically result in a Partial Episode Payment (PEP). See the "Discharge and Readmit for Home Health Services" Web page (http://www.cgsmedicare.com/hhh/education/materials/discharge_and_remit.html) for additional information.
3. If your dates of service **DO NOT** fall between the dates listed in the START DATE and END DATE fields on ELGH Page 3, bill the RAP and final claim as usual, unless the PAT STAT field contains a "30". If so, follow the steps under #1 of this sheet.

PLEASE NOTE: IF YOU HAVE COMPLETED THE ABOVE STEPS AND OVERLAPPING ISSUES PERSIST, PLEASE CALL THE CGS PROVIDER CONTACT CENTER AT 1.877.299.4500.



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