



To the Point: Consolidated Billing and Home Health

Slide 1: To the Point is presented by the Provider Outreach and Education Department at CGS. This session is on Consolidated Billing and Home Health.

Slide 2: The Provider Outreach and Education department creates these brief recordings on hot topics. The purpose is to provide suppliers with quick information on identified topics, how they affect you and any action(s) needed on your part. These recordings are less than 10 minutes and will contain resources for additional information when applicable. Today's segment is on Consolidated Billing and Home Health.

Slide 3: This session of To the Point is on consolidated billing and how it relates to the Home Health Prospective Payment System or PPS and DMEPOS provided during a home health episode. To The Point will conclude with resources to complete the understanding of consolidated billing for this type of care.

Slide 4: The Balanced Budget Act of 1997 requires consolidated billing of all home health services while a beneficiary is under a home health plan of care authorized by a physician. Meaning payment will be made to a single or the primary home health agency overseeing that plan. The law states that the payment will be made to the primary home health agency whether or not the item or service was furnished by: the agency, by others under arrangement or when any other contracting or consulting arrangements existed with the primary agency or otherwise.

Slide 5: Routine and non-routine medical supplies are included in the payment the Home Health Agency receives for the 60-day home health episode. The Home Health Agency must bill for all supplies provided during this 60-day episode including those not related to the Plan of Care, due to the consolidated billing requirement.

Slide 6: There is a master list of HCPCS Codes for Home Health Consolidated Billing. If a HCPCS code appears on the list, that code may not be billed to the DME MAC when the beneficiary is in a home health episode. Examples of items not billable during a home health episode are ostomy and urological supplies and surgical dressings. Use the link provided to check for applicable HCPCS codes.

Slide 7: To assist suppliers with billing, the consolidated billing tool on the CGS website will indicate if the HCPCS code entered is either included in the Part A stay, or the item is payable in a skilled nursing facility once the Part A Stay has ended, or the HCPCS code is included in Home Health Consolidated billing, and the tool also provides details on when a HCPCS code is separately payable while enrolled in Hospice.

- JB: https://www.cgsmedicare.com/medicare_dynamic/jb/consbill/consbill/index.aspx
- JC: https://www.cgsmedicare.com/medicare_dynamic/jc/consbill/consbill/index.aspx

Slide 8: How to determine eligibility information for a beneficiary receiving Home Health benefits? Suppliers can use the myCGS secure web portal to access eligibility information or by



using the Interactive Voice Response Unit or IVR. These tools are available 24 hours a day/7-days a week.

Slide 9: Suppliers can find Home Health Episode information in the eligibility section of the myCGS web portal. Complete details can be found in the User Manual on the CGS Medicare homepage.

Slide 10: For proper claim submission, this tool was created to be used in conjunction with the myCGS web portal and the Supplier Manual Chapters 3 and 6. The chart lists some of the most common inpatient hospital or skilled nursing facility discharge scenarios.

Slide 11: The highlighted area focuses on the Home Health aspect when the beneficiary transfers from a Skilled Nursing Facility to Home Health. Use the Consolidated Billing tool to determine if the item is separately payable in a Home Health Setting. Additional information and references are found at the bottom of the chart.

Slide 12: Here's an image of the User Guide for the Interactive Voice Response Unit. This guide provides details of the functions available in the IVR and how to access them. The image to the right is an enlargement of the section in red from the first image. This is where suppliers will find how to retrieve eligibility information on the beneficiary's home health status.

- JB: https://www.cgsmedicare.com/jb/help/pdf/dme_ivr_checklist.pdf
- JC: https://www.cgsmedicare.com/jc/help/pdf/dme_ivr_checklist.pdf

Slide 13: This summary is included to give a high-level overview of the main points of consolidated billing for beneficiaries during a home health episode of care.

Slide 14: This chart contains tools and resources covered in today's session. Thank you for viewing To the Point on Consolidated Billing and DMEPOS provided during a home health episode. We hope you will join us again for other educational offerings by the Provider Outreach and Education Department here at CGS.