



## To the Point: Consolidated Billing and Hospice

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**Slide 1:** To the Point is presented by the Provider Outreach and Education Department at CGS.

**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. This segment is on Consolidated Billing and Hospice.

**Slide 3:** This session of To the Point will address consolidated billing for DMEPOS items provided during a hospice related illness. The session will conclude with resources to complete the understanding of billing DMEPOS when hospice is involved.

**Slide 4:** When hospice is elected, the beneficiary waives all rights to Medicare Part B payments for services related to the treatment and management of his/her illness. The intermediary will make payment on the claim. If claims are not related to the terminal illness, regardless to the diagnosis on the hospice record, the items should be billed to the DME MAC with the GW modifier to indicate the services are not related to hospice.

**Slide 5:** The GW modifier is needed for all DMEPOS HCPCS codes that are not related to the hospice diagnosis. This example includes two DME items with the appropriate pricing modifiers and the GW to indicate not hospice related.

**Slide 6:** 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](https://www.cgsmedicare.com/medicare_dynamic/jb/consbill/consbill/index.aspx)
- **JC:** [https://www.cgsmedicare.com/medicare\\_dynamic/jc/consbill/consbill/index.aspx](https://www.cgsmedicare.com/medicare_dynamic/jc/consbill/consbill/index.aspx)

**Slide 7:** How to determine if the beneficiary is in a hospice covered stay? 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 8:** Here's a look at the hospice eligibility information in myCGS. Complete details can be found in the myCGS User Manual on the CGS Medicare website. (<https://www.cgsmedicare.com/mycgs/manual/dme/index.html>)

**Slide 9:** If the beneficiary is transferring from inpatient hospital or skilled nursing facility to home hospice, the reference aid listed can assist in determining the proper billing based on those scenarios. This chart can be used in conjunction with the myCGS web portal and the Supplier Manual Chapters 3 and 6. ([https://www.cgsmedicare.com/pdf/dme/dme\\_inpatient\\_hosp\\_snf\\_job\\_aid.pdf](https://www.cgsmedicare.com/pdf/dme/dme_inpatient_hosp_snf_job_aid.pdf))



**Slide 10:** If the beneficiary is transferred to home hospice care, the sections in red, will provide direction on where to go to determine if the item or HCPCS code is separately payable in a hospice situation.

**Slide 11:** 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 hospice status.

- **JB:** [https://www.cgsmedicare.com/jb/help/pdf/dme\\_ivr\\_checklist.pdf](https://www.cgsmedicare.com/jb/help/pdf/dme_ivr_checklist.pdf)
- **JC:** [https://www.cgsmedicare.com/jc/help/pdf/dme\\_ivr\\_checklist.pdf](https://www.cgsmedicare.com/jc/help/pdf/dme_ivr_checklist.pdf)

**Slide 12:** Here are the main points covered in today's session. If the condition is related to hospice, the intermediary pays for all items including DMEPOS. If the condition is not related to the hospice diagnosis, the DMEPOS items are submitted to the DME MAC for payment consideration and the GW modifier is appended to all affected claim lines to indicate the services are not related to hospice.

**Slide 13:** This chart contains tools and resources covered in today's session.

**Slide 14:** Thank you for viewing To the Point on Consolidated billing when DMEPOS is provided to beneficiaries with a hospice related condition. We hope you will join us again for other educational offerings by the Provider Outreach and Education Department here at CGS.