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MEMORANDUM

TO: Community Services Providers

FROM: Patrick Cucinelli, Senior Financial Policy Analyst

DATE: May 17, 2010

SUBJECT: Home Health Consolidated Billing

ROUTE TO: Administrator, CFO, Billing Director

ABSTRACT: CMS implementing changes to HH consolidated billing.

Introduction

The Centers for Medicare & Medicaid Services (CMS) is updating edit criteria related to the consolidated billing provision of the Home Health Prospective Payment System (HH PPS). It is also creating a new file of HH certification information to assist suppliers and providers subject to HH consolidated billing. Make sure your billing staff is aware of these changes.

Consolidated Billing Edit Modification

Effective October 1, 2010, CMS is implementing new requirements to modify this edit in order to restore the original intent to pay for supplies delivered before the HH episode began. Such supplies may have been ordered before the need for HH care had been identified, and are appropriate for payment if all other payment conditions are met. The edit will be changed to only reject services if the 'from' date on the supply line item falls within a HH episode.

A New File of HH Certification Information

Medicare coverage requirements state that all HH services must be provided under a physician-ordered plan of care. Upon admission to HH care and after every 60 days of continuing care, a physician must certify that the beneficiary remains eligible for HH services and must write specific orders for the beneficiary's care. To assist these suppliers and providers in determining

this, CMS is creating an additional source of information. CMS will create a new file which will store and display certifications of HH plans of care.

Medicare pays physicians for this service using the following two codes:

G0179 Physician Re-certification for Medicare-covered Home Health Services Under A Plan of Care; and

G0180 Physician Certification for Medicare-covered Home Health Services Under A Plan of Care.

As an aid to suppliers and providers subject to HH consolidated billing, Medicare systems will display for each Medicare beneficiary the date of service for either of the two codes above when these codes have been paid. Medicare systems will allow the provider to enter an inquiry date when accessing the HH certification auxiliary file. When the provider enters an inquiry date on Medicare's Common Working File (CWF) query screens, Medicare systems will display all certification code dates within 9 months before the date entered. When the provider does not enter an inquiry date, Medicare systems will display all certification code dates within 9 months before the current date as the default response.

CMS cautions that this new information is supplementary to their existing sources of information about HH episodes. Like the existing HH episode information, this new information is only as complete and timely as billing by providers allows it to be. This is particularly true regarding physician certification billing. Historically, Medicare has paid certification codes for less than 40% of HH episodes. As a result, the beneficiary and their caregivers remain the first and best source of information about the beneficiary's home health status.

For complete details please refer to [Medlearn Matters Article # 6911](#).

Please contact me with more questions at pcucinelli@nyahsa.org or call 518-449-2707 ext. 145.