

## Top Claim Submission Errors: Rejections – June 2009

In the chart below are the denial reason code narratives for the top ten claim submission errors with claim tips, as appropriate. This list contains the top ten reason codes for home health claims in the following states: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.

Reason Code	Reason code descriptive narrative and tips to correct and/or avoid future RTPs.	Total Number of RTPs
38107	<p>This Home Health final claim (TOB 329 or 339) is being returned for one of the following reasons:</p> <ol style="list-style-type: none"> <li>1) A Home Health RAP (TOB 322 or 332) must be submitted before a Home Health final claim (329 or 339) can be submitted. Please submit a RAP and then resubmit this final claim after the RAP has processed.</li> <li>2) If a RAP (TOB 322 or 332) has been submitted, the following fields on the final claim (TOB 329 or 339) must match what was submitted on the RAP: Admit date, 1st HIPPS code, HIPPS line item date of service, provider number and service from date. Correct the appropriate fields and resubmit the claim.</li> </ol>	2,618
U538F	<p>A RAP or Home Health claim overlaps an existing episode with the same provider number and the 'from' date equals the episode's start date.</p> <p><b>Avoiding/correcting this RTP:</b>            Verify the dates billed on your RAP/claim. If this is not an initial RAP/claim, your 'from' date needs to reflect the date the subsequent episode began.</p>	495
U538G	<p>A RAP or Home Health claim overlaps an existing episode with the same provider number and the "From" date is different than the episode's start date.</p> <p><b>Avoiding/correcting this RTP:</b>            Verify the dates billed on your RAP/claim.</p>	390

U538I	<p>A RAP or Home Health claim overlaps an existing episode with a different provider number and source of admission 'B' or 'C' is not present.</p> <p><b>Avoiding/correcting this RTP:</b></p> <ul style="list-style-type: none"> <li>▪ Verify if an open Home Health episode exists via the HIQH eligibility screens.</li> <li>▪ If there is an open episode, contact the agency with the open episode to verify the transfer.</li> <li>▪ In the case of a transfer or discharge/readmission to your facility, your RAP must show the appropriate source of admission code.</li> </ul>	386
11801	<p>If the date of service is 10/01/00 or greater, then the admission source must be 1 through 9, A, B, C, or D for Type of Bill 3X2 or 3X9.</p> <p>If the date of service is equal to or greater than 01/01/08, the admission source code of 'A' or '3' is no longer valid for all bill types.</p> <p><b>Avoiding/correcting this RTP:</b> Verify billing and if appropriate, correct.</p>	339
31147	<p>If supplies were provided, the charges must be added to the claim using the appropriate supply revenue code; or if supplies were not provided, the HHA must indicate that on the claim by changing the 5th position of the HIPPS code to the appropriate numeric value in the range 1 through 6.</p> <p><b>Avoiding/correcting this RTP:</b> Verify billing and if appropriate, correct.</p>	211
32019	<p>There is a termination date on the file for this provider number. The "statement covers through date" is more than thirty (30) days after the termination date.</p> <p><b>Avoiding/correcting this RTP:</b> Review the claim, if the "through" date is in error, correct and resubmit.</p>	148

31018	<p>Effective 10/01/00 for Home Health bill types 329 &amp; 339, the statement 'thru' date must not be greater than 60 days after the 'from' date; or if the patient status is equal to 30, the claim must equal 60 days in length.</p> <p><b>Avoiding/correcting this RTP:</b></p> <ul style="list-style-type: none"> <li>▪ Verify the dates of service.</li> <li>▪ Verify the patient status code.</li> </ul>	130
31755	<p>This reason code will be assigned if Home Health type of bill 3X2 or 3X9 is entered and the following criteria is not a match:</p> <ul style="list-style-type: none"> <li>▪ If the admission date of the claim is equal to the statement from date</li> <li>▪ The 0023 line date should also be equal or revenue code 0023 was not found</li> <li>▪ If a final claim, the 0023 service date must equal a visit service date</li> </ul> <p><b>Avoiding/correcting this RTP:</b></p> <p>Verify the service dates billed on your claim, the date billed on revenue line 0023 and dates of service on subsequent revenue lines.</p>	109
N5052	<p>The Centers for Medicare and Medicaid services (CMS) Common Working File (CWF) indicates the beneficiary's name and health insurance card number do not match.</p> <p><b>Avoiding/correcting this RTP:</b></p> <ul style="list-style-type: none"> <li>▪ Verify the information and submit a new claim.</li> <li>▪ Check CWF (HIQA) for a logically deleted HIC Number and resubmit with the correct number.</li> </ul>	88

November 24, 2009