

Top Claim Submission Errors: Return to Provider (RTP) – September 2009

In the chart below are the RTP reason code narratives for the top claim submission errors with claim tips, as appropriate. This list contains the top 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"> 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. 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. 	2,623
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>Avoiding/correcting this RTP: Verify the dates billed on your RAP/claim.</p>	439
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>Avoiding/correcting this RTP: 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>	417
31323	<p>This claim was submitted with condition code 20 and the claim contains all covered charges or the TOB is 32x or 33x and the HH split indicator is not 'F'.</p> <p>Avoiding/correcting this RTP: Verify the coding and your claim. Any demand services should be submitted as non-covered.</p>	402

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>Avoiding/correcting this RTP:</p> <ul style="list-style-type: none"> ▪ Verify if an open Home Health episode exists via the HIQH eligibility screens. ▪ If there is an open episode, contact the agency with the open episode to verify the transfer. ▪ In the case of a transfer or discharge/readmission to your facility, your RAP must show the appropriate source of admission code. 	332
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>Avoiding/correcting this RTP: Verify billing and if appropriate, correct.</p>	211
31018	<p>Effective 10/01/00 for Home Health bill types 329 & 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>Avoiding/correcting this RTP:</p> <ul style="list-style-type: none"> ▪ Verify the dates of service. ▪ Verify the patient status code. 	210
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"> ▪ If the admission date of the claim is equal to the statement 'from' date' ▪ The 0023 line date should also be equal or revenue code 0023 was not found ▪ If a final claim, the 0023 service date must equal a visit service date <p>Avoiding/correcting this RTP: Verify the service dates billed on your claim, the date billed on revenue line 0023 and dates of service on subsequent revenue lines.</p>	129



U5391	<p>You have submitted a RAP and a final claim. The final claim must match the RAP for the required fields:</p> <ul style="list-style-type: none">- Admit date- Provider number- HIPPS code- HIPPS code line item date of service- Service From date <p>Avoiding/correcting this RTP: Compare and verify that the HIPPS codes and dates submitted on your RAP and episode claim are correct.</p>	117
30949	<p>An adjustment (XX7) or cancel (XX8) claim has been billed and there is no claim change reason on the bill. Claim change reasons are condition codes which explain why an adjustment or cancel is being submitted. Valid codes are D0 through D9 and E0.</p> <p>Avoiding/correcting this RTP: Verify that there is a claim change reason code on your claim and correct appropriately.</p>	104