

## 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 rejections.	Total Number of Rejections
39929	<p>Each line of charges on this claim has been rejected and/or rejected and denied.</p> <p><b>Avoiding/correcting this rejection:</b>            Verify the line level rejection information to determine the rejection for each of the lines of the claim in question. Providers can access MAP171D for line item detail information:</p> <ul style="list-style-type: none"> <li>▪ Hit PF2 once or PF11 twice from page 2 of the claim to access MAP171D.</li> <li>▪ Since it is possible for each line item to have a different line item reason code, review the additional lines that were rejected. To perform this function, PF6 to forward to the next claim line and PF5 to go back through previous claim lines.</li> </ul>	699

38200	<p>This claim is an exact duplicate of a previously submitted claim where the following fields on the history and processing claim are the same:</p> <ul style="list-style-type: none"> <li>- HIC number</li> <li>- Type of bill (all three positions of any TOB)</li> <li>- Provider number</li> <li>- Statement 'from' date of service</li> <li>- Statement 'through' date of service</li> <li>- Total charges (0001 revenue line)</li> <li>- Revenue code</li> <li>- HCPCS and modifiers (if required by revenue code file)</li> </ul> <p><b>Avoiding/correcting this rejection:</b></p> <ul style="list-style-type: none"> <li>▪ Check for a previously processed claim.</li> <li>▪ Verify prior records before submitting a claim/adjustment.</li> </ul>	402
U5233	<p>The services on this claim fall within or overlap a Medicare Advantage (MA) HMO enrollment period. Verify the admission date, from and through dates on the claim and compare them to the MA entitlement dates.</p> <p>Outpatient facilities and inpatient Non-IPPS, IRF or LTCH hospitals billing services within a MA enrollment period will be rejected to be submitted directly to the Medicare Advantage plan.</p> <p><b>Avoiding/correcting this rejection:</b></p> <ul style="list-style-type: none"> <li>▪ Verify the dates of service on the claim.</li> <li>▪ Check HIQH for MAO plan information.</li> <li>▪ If appropriate, please make corrections and resubmit.</li> </ul>	225

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TMP-EDO-0005 V5.0 Release date: 03/25/2009

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38157	<p>This RAP is a duplicate of a paid RAP or paid, suspended or denied Home Health claim for the same provider, Medicare number and statement from date without a cancel date.</p> <p><b>Avoiding/correcting this rejection:</b> This edit is firing due to the RAP and final claim being submitted at the same time; they are editing against each other. To avoid this problem, please wait to submit your final claim until the RAP has been finalized.</p>	145
C7080	<p>The dates of service on this outpatient claim fall within or overlap the From and Through dates on an inpatient claim from another provider.</p> <p><b>Avoiding/correcting this rejection:</b></p> <ul style="list-style-type: none"> <li>▪ Verify the dates of service on the claim.</li> <li>▪ Check HIQA for inpatient hospital dates.</li> <li>▪ If appropriate, make corrections and resubmit.</li> </ul>	132
38050	<p>This claim is a duplicate of a previously submitted Home Health claim. The first two positions of the TOB are 32X, 33X or 34X and the following fields on the history and processing claim are the same.</p> <ul style="list-style-type: none"> <li>- HIC number</li> <li>- Provider number</li> <li>- Statement 'from' date of service</li> <li>- Statement 'thru' date of service</li> <li>- Revenue code</li> <li>- HCPCS and modifiers (if required by Revenue Code File)</li> </ul> <p><b>Avoiding/correcting this rejection:</b></p> <ul style="list-style-type: none"> <li>▪ Check for a previously processed claim.</li> <li>▪ Verify prior records before submitting a claim/adjustment.</li> </ul>	67

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C7010	<p>An inpatient, outpatient, or Home Health claim has service dates overlapping a Hospice election period and condition code 07 is not present.</p> <p><b>Avoiding/correcting this rejection:</b> Verify there is a Hospice period overlapping the dates of service billed on your claim by going to page 2 in HIQA.</p>	59
30959	<p>This HIC correction cannot be completed as entered because the same claim has been previously submitted via claims correction with a duplicate HIC and DCN.</p> <p><b>Avoiding/correcting this rejection:</b> Verify the Medicare number and dates of service on this claim are correct and review claims history to ensure there is no duplicate billing.</p>	45
38054	<p>This Home Health claim was submitted as a Medicare primary claim and contains service dates which overlap a previously submitted claim for the same provider with at least one matching revenue code.</p> <p><b>Avoiding/correcting this rejection:</b> Verify the dates of service and charges on your bill.</p>	28
38056	<p>This Home Health claim contains exact dates of service and at least one revenue code as a claim from the same or different provider.</p> <p><b>Avoiding/correcting this rejection:</b> Check claims history to verify the service(s) were not previously submitted; check CWF for the presence of an already established home health episode with another provider.</p>	25

November 24, 2009

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