

Top Claim Submission Errors: Rejections – September 2009

In the chart below are the rejection 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 rejections.	Total Number of Rejections
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"> - HIC number - Type of bill (all three positions of any TOB) - Provider number - Statement 'from' date of service - Statement 'through' date of service - Total charges (0001 revenue line) - Revenue code - HCPCS and modifiers (if required by revenue code file) <p>Avoiding/correcting this rejection:</p> <ul style="list-style-type: none"> ▪ Check for a previously processed claim. ▪ Verify prior records before submitting a claim/adjustment. 	365
39934	<p>All revenue lines denied and one or more of the lines denote beneficiary responsibility.</p> <p>Avoiding/correcting this rejection:</p> <p>You can find line level information by accessing MAP171D in the Medicare online system. In order to find line level information on your claim, follow the below instructions:</p> <ul style="list-style-type: none"> ▪ Hit PF2 once or PF11 twice from page 2 of the claim to access MAP171D. ▪ 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. 	274

39929	<p>Each line of charges on this claim has been rejected and/or rejected and denied.</p> <p>Avoiding/correcting this rejection: 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"> ▪ Hit PF2 once or PF11 twice from page 2 of the claim to access MAP171D. ▪ 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, press PF6 to forward to the next claim line and PF5 to go back through previous claim lines. 	173
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>Avoiding/correcting this rejection:</p> <ul style="list-style-type: none"> ▪ Verify the dates of service on the claim. ▪ Check HIQH for MAO plan information. ▪ If appropriate, please make corrections and resubmit. 	168
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>Avoiding/correcting this rejection:</p> <ul style="list-style-type: none"> ▪ Verify the dates of service on the claim. ▪ Check HIQA for inpatient hospital dates. ▪ If appropriate, make corrections and resubmit. 	136
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>Avoiding/correcting this rejection: 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>	96

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"> - HIC number - Provider number - Statement 'from' date of service - Statement 'through' date of service - Revenue code - HCPCS and modifiers (if required by Revenue Code File) <p>Avoiding/correcting this rejection:</p> <ul style="list-style-type: none"> ▪ Check for a previously processed claim. ▪ Verify prior records before submitting a claim/adjustment. 	56
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>Avoiding/correcting this rejection:</p> <p>Verify there is a Hospice period overlapping the dates of service billed on your claim by going to page 2 in HIQA.</p>	51
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>Avoiding/correcting this rejection:</p> <p>Verify the dates of service and charges on your bill.</p>	25
U5211	<p>Our records indicate that the services billed on the claim were provided after the beneficiary's date of death.</p> <p>Avoiding/correcting this rejection:</p> <ul style="list-style-type: none"> ▪ Verify the HIC number and dates of service. ▪ If appropriate, correct the information and submit a new claim or update returned claim. ▪ If actual date of death was reported in error to social security office that office must be contacted to correct the date. ▪ If the beneficiary is still alive, he/she must contact social security office for an interview as these cases cannot be corrected through the intermediary. 	22