



**Top Hospice Return to Provider (RTP) Codes**

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

The chart below identifies return to provider (RTP) reason codes for the top claim submission errors and tips for avoiding/correcting these RTP claims.

Reason Code/Narrative	Avoiding/Correcting This Denial
<p><b>12102</b></p> <p>For bill types 81X or 82X, the patient status code must be 01, 30, 34, 40-42, 50-51, 62-63, 65 or 70.</p>	<p>Ensure that you are reporting a valid patient status code.</p>
<p><b>30949</b></p> <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.</p>	<p>Add a valid claim change reason code in the condition code field on the claim. Valid codes are:</p> <ul style="list-style-type: none"> <li>▪ D0 = Change To Service Dates</li> <li>▪ D1 = Change In Total Covered Charges</li> <li>▪ D2 = Change In Revenue Codes/HCPCS/HIPPS Rate Code</li> <li>▪ D3 = Second Or Subsequent Interim PPS Bill</li> <li>▪ D4 = Change In Grouper Pricer Input (DRG)</li> <li>▪ D7 = Change To Medicare Secondary Payer</li> <li>▪ D8 = Change To Make Medicare Primary Payer</li> <li>▪ D9 = Any Other Change</li> <li>▪ E0 = Change In Patient Status</li> </ul> <p>If 'D9' is the only suitable claim change reason code, make sure to provide an explanation of what fields are being adjusted in the remarks field.</p>

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Reason Code/Narrative	Avoiding/Correcting This Denial
<p><b>31428</b></p> <p>This claim contains a hospice discipline revenue code (042X, 043X, 044X, 055X, 056X, or 057X) that does not have a corresponding HCPCS code (G0151-G0156).</p>	<p>Verify the following revenue code(s) are billed with their associated HCPCS code when appropriate:</p> <ul style="list-style-type: none"> <li>▪ 042X=HCPCS G0151</li> <li>▪ 043X=HCPCS G0152</li> <li>▪ 044X=HCPCS G0153</li> <li>▪ 055X=HCPCS G0154</li> <li>▪ 056X=HCPCS G0155</li> <li>▪ 057X=HCPCS G0156</li> </ul>
<p><b>32030</b></p> <p>The claim is TOB 81X or 82X (not NOE) with claim 'from' date on or after 10/01/97, revenue code 0651 or 0652 is present, and value code 61 is not present or multiple value codes 61 are present. Or the claim is TOB 81X or 82X (not NOE) with 'from' date on or after 01/01/08, revenue code 0655 or 0656 is present and value code G8 is not present or multiple value codes G8 are present.</p>	<p>If revenue codes 0651 or 0652 are present, add value code 61 along the appropriate CBSA. If revenue codes 0655 or 0656 are present, add value code G8 along with the appropriate CBSA.</p> <p><b>Additional Information/Job Aids:</b>          More information on avoiding and/or correcting this reason code can be found in the <i>Hospice Required Billing</i> Job Aid:  <a href="http://www.medicarenhic.com/providers/pubs/Hospice%20Required%20Billing%20Codes%20Chart.pdf">http://www.medicarenhic.com/providers/pubs/Hospice%20Required%20Billing%20Codes%20Chart.pdf</a></p>
<p><b>32226</b></p> <p>There is a revenue code on this claim that requires an entry in the service 'Units' field.</p>	<p>Units must be billed when required on the revenue code table. Verify the revenue codes on the bill along with the units reported to ensure each revenue line that requires units has the appropriate units reported. Online providers can access the revenue code table within the inquiries menu by selecting option 13.</p>

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Reason Code/Narrative	Avoiding/Correcting This Denial
<p><b>32243</b></p> <p>A revenue code is present in the line item being edited, but the total charges associated with that line item are blank or equal to zero.</p>	<p>Verify the revenue codes billed and associated charges.</p>
<p><b>32402</b></p> <p>Invalid HCPCS code for a revenue code reported or HCPCS code is not valid for the date on which the services were provided.</p>	<p>Verify the HCPCS code(s) billed.</p> <p>Verify the revenue code(s) billed.</p> <p>Verify the 'from' and 'through' dates.</p>
<p><b>34927</b></p> <p>For TOB 81X or 82X with a statement 'from' date on or after 01/01/08, revenue code 055X, 056X, or 057X is present, the line item date of service (LIDOS) for revenue code 055X, 056X, or 057X is not on or after the line item date of service for the associated level of care revenue code (0651, 0652, 0655 or 0656) and prior to the next level of care revenue code.</p>	<p>Ensure that the LIDOS for the discipline revenue codes (055X, 056X, or 057X) is on or after the LIDOS for the associated level of care revenue code (0651, 0652, 0655 or 0656) and prior to the next level of care revenue code.</p>

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<p><b>37402</b></p> <p>The TOB is equal to a hospice claim and there is no claim pending or finalized with a 'through' date one day less than this claim's 'from' date.</p>	<p>Verify there is no gap between the 'to' date on the previous claim, and the 'from' date on this claim.</p> <p>Verify that the prior bill is processed before resubmitting this claim.</p>
<p><b>37541</b></p> <p>This adjustment (TOB XX7) is submitted with a claim change reason code 'D9' in the condition code field. Billing with condition code 'D9' requires a reason for the adjustment or the 2-digit MSP conditional explanation code in the remarks section.</p>	<p>Review this list of condition codes to determine if there is a more appropriate claim change reason code:</p> <ul style="list-style-type: none"> <li>▪ D0 = Change To Service Dates</li> <li>▪ D1 = Change In Total Covered Charges</li> <li>▪ D2 = Change In Revenue Codes/HCPCS/HIPPS Rate Code</li> <li>▪ D3 = Second Or Subsequent Interim PPS Bill</li> <li>▪ D4 = Change In Grouper Pricer Input (DRG)</li> <li>▪ D7 = Change To Medicare Secondary Payer</li> <li>▪ D8 = Change To Make Medicare Primary Payer</li> <li>▪ D9 = Any Other Change</li> <li>▪ E0 = Change In Patient Status</li> </ul> <p>If 'D9' is the only suitable claim change reason code, make sure to provide an explanation of what fields are being adjusted in the remarks field.</p>
<p><b>7A000</b></p> <p>The reason that this claim has been returned can be found in the remarks area on claim page four.</p>	<p>Please review the narrative and make necessary corrections to the claim.</p>

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Reason Code/Narrative	Avoiding/Correcting This Denial
<b>7C625</b> Clarify reason for discharge.	Information on avoiding and/or correcting this reason code can be found in the <i>Avoiding Reason Code 7C625 Job Aid</i> : <a href="http://www.medicarenhic.com/providers/pubs/Avoiding%20Reason%20Code%207C625.pdf">http://www.medicarenhic.com/providers/pubs/Avoiding%20Reason%20Code%207C625.pdf</a>
<b>U5106</b> Hospice NOE received to add a new election period with a start date which falls within a previously established hospice election period.	When the hospice NOE was received it fell within a previously established election period. Verify that the NOE is billed with correct dates. If benefit period from the previous hospice is still open, allow that hospice to complete billing before updating the NOE.
<b>U5150</b> Hospice claim received and no hospice master record present for this beneficiary.	Verify that the NOE is submitted and processed before submitting claims.
<b>U5157</b> Hospice claim received with a 'from' date greater than the most recent hospice period and the prior period was revoked (revocation indicator = 1).	If you incorrectly submitted a revocation date on a previously processed claim, submit an adjustment bill removing the occurrence 42 and date. When that has processed, you may resubmit this bill.  If the revocation date is correct, submit an 8XA notice for the next period. Then resubmit your claim.  If the revocation date is incorrect and it was posted by an incorrect 8XB, or if it was posted by another hospice who should have shown a transfer to your facility instead of a revocation, manual intervention is required.

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<p><b>U5166</b></p> <p>Hospice claim received and the 'from' date falls within an established hospice election period and the start "2" date is equal to zeros (no change of ownership or provider change has occurred). The provider number on this claim is not equal to provider "1" on established hospice election period.</p>	<p>If a transfer occurred, verify that all claims and notices are submitted in order. The transferring-from hospice agency needs to submit their final claim prior to the transferring-to hospice agency submitting their notice of change/transfer (Type of Bill 8XC).</p> <p>If a change of ownership has occurred, verify that the notice of change of ownership (Type of Bill 8XE) is submitted and finalized prior to submitting claims under the new provider number.</p>
<p><b>U5181</b></p> <p>If your Notice of Election (NOE) or claim begins an election period then an occurrence code 27 must be present indicating the date of physician certification or recertification and the physician certification or recertification date must be the first day of the election period.</p>	<p>Ensure the usage of an appropriate certification or recertification date in accordance with occurrence code 27.</p> <p><b>Additional Information/Job Aids:</b>          More information on avoiding and/or correcting this reason code can be found in the <i>Hospice Required Billing Job Aid</i>:  <a href="http://www.medicarenhic.com/providers/pubs/Hospice%20Required%20Billing%20Codes%20Chart.pdf">http://www.medicarenhic.com/providers/pubs/Hospice%20Required%20Billing%20Codes%20Chart.pdf</a></p> <p>You can also find additional information in the CMS Internet-Only Manual (IOM) Publication 100-04, <i>Medicare Claims Processing Manual</i>, Chapter 11, which is located in the Manuals section of the CMS Web site at <a href="http://www.cms.gov">www.cms.gov</a>.</p>

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