



Top Claim Submission Errors: Return to Provider (RTP) - May 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. 	1,898
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>	373
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>	370

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. 	342
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>	160
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. 	132
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>Avoiding/correcting this RTP:</p> <ul style="list-style-type: none"> ▪ Verify the information and submit a new claim. ▪ Check CWF (HIQA) for a logically deleted HIC Number and resubmit with the correct number. 	107
T5052	<p>The Centers for Medicare and Medicaid services' records indicate the beneficiary is not in file.</p> <p>Avoiding/correcting this RTP: Verify the beneficiary's identification and resubmit this claim.</p>	90

16806	<p>Invalid or missing Medicare Health Insurance Claim (HIC) number; or the alpha suffix on the Medicare HIC number is not valid; or spelling of name is different than what is indicated at CWF or there is a different name altogether.</p> <p>Avoiding/correcting this RTP:</p> <ul style="list-style-type: none"> ▪ Verify the patient’s full name, including initials. If name has been changed then CWF will need to be corrected. ▪ Verify the spelling of the patient’s first and last name including initial. ▪ Verify the patient’s HIC number as recorded on their Medicare card. ▪ Verify that there is a HIC number on the claim, and that it is complete. 	84
32226	<p>There is a revenue code on this claim that requires an entry in the service units field. Units must be billed when required on the revenue code table. Online providers can access the revenue code table within the inquiries menu by selecting option 13.</p> <p>Avoiding/correcting this RTP:</p> <p>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.</p>	70
<p>NOTE: Once corrections have been made to claims in an RTP location, online providers can press PF9 to send the claim back through the system.</p>		