



Top Claim Submission Errors: Rejections – May 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
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, PF6 to forward to the next claim line and PF5 to go back through previous claim lines. 	423
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. 	323

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. 	272
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:</p> <p>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>	166
38111	<p>This claim is a duplicate of a claim on history where:</p> <ul style="list-style-type: none"> - Dates of services are equal - Provider numbers are equal - One or more of the following HCPCS codes are equal: 90655, 90656, 90657, 90658, 90659, 90660, 90724, or 90732 - Condition code "A6" is present on both this claim and the history. <p>Avoiding/correcting this rejection:</p> <ul style="list-style-type: none"> ▪ Check the claims submitted by your facility for the patient. ▪ The HCPCS are for vaccines – you may only bill one flu vaccine per season, per patient; the pneumococcal vaccine may only be administered once per beneficiary. ▪ If appropriate, make corrections and resubmit a new claim to the Intermediary. 	155
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. 	151

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: Verify there is a Hospice period overlapping the dates of service billed on your claim by going to page 2 in HIQA.</p>	42
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 'thru' 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. 	39
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. 	31

34009	<p>Claim submitted as Medicare primary and an accident/injury (14/D) record exists at CWF. This claim should be billed to the primary insurer.</p> <p>Avoiding/correcting this rejection:</p> <ul style="list-style-type: none"> ▪ If MSP records are correct: Please reformat claim as Medicare secondary and resubmit. ▪ If claim services are not related to the accident/injury MSPA file, Remarks are required indicating “services not related to open and/or active accident/injury file” ▪ If there are multiple open MSP files, please verify no other coverage from them also – this does not apply to group health plan records. ▪ An occurrence code 05 should be used when there is an injury diagnosis on the claim and there is no other party responsible. Use the date of the injury that relates to the claim. Do not use the date of an existing MSP record. Claim should stay coded as Medicare primary. ▪ If you have information that disputes CWF 14 accident/injury related records, we are not the Medicare office that manages those files. You will need to contact the Medicare Secondary Payer Regional Contractor (MSPRC). You can contact them at: <ul style="list-style-type: none"> MSPRC PO Box 33828 Detroit, MI 48232-3828 Ph# 1-866-MSP-RC20 (1-866-677-7220) 	24
-------	---	----