

Top Ten Claim Submission Errors: Return to Provider (RTP)— July 2009

In the chart below are the Return to Provider (RTP) reason code narratives for the top ten claim submission errors with claim tips, as appropriate. This list contains the top reason codes for hospice 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
37402	<p>The TOB is equal to a hospice claim and the claim 'from' date is greater than 04/01/98 and the claim receipt date is greater than or equal to 10/01/05 and there is no claim pending or finalized with a 'thru' date 1 day less than this claim's 'from' date.</p> <p>Avoiding/correcting this RTP:</p> <ul style="list-style-type: none"> ▪ Prior bill must be processed before resubmitting this claim. ▪ If prior claim submitted, ensure it is in a P, D, or R status code before submitting the next claim. ▪ Verify there is no gap between the 'to' date on the previous claim, and the 'from' date on the next claim. 	762

7C625	<p>Clarify reason for discharge.</p> <p>Avoiding/correcting this RTP: If revocation, respond with this statement "beneficiary revoked effective mmddyy".</p> <p>If transfer to another certified hospice respond with "beneficiary transferred to Medicare certified agency or name of facility and the date the transfer was effective (mmddyy)".</p> <p>If the beneficiary was discharged because he/she is no longer terminal or is moving out of your service area and there is no certified hospice for them to transfer to, respond with one of the following statements:</p> <p>"The beneficiary was discharged due to stable condition effective mmddyy" or "The beneficiary moved out of our service area and did not transfer to a certified agency effective mmddyy".</p> <p>Note: If the beneficiary was discharged or revoked provide occurrence code 42 with the date of revocation or discharge. Also do not use occurrence code 42 if the beneficiary transferred to another hospice. If any of this information is incomplete this claim cannot be processed.</p>	424
32030	<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>Avoiding/correcting this RTP: 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>	292

U5181	<p>If your 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>Avoiding/correcting this RTP: Ensure the usage of an appropriate certification or recertification date in accordance with occurrence code 27.</p>	284
U5106	<p>Hospice NOE received to add a new election period with a start date which falls within a previously established hospice election period.</p> <p>Avoiding/correcting this RTP: 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.</p>	204
U5150	<p>Hospice claim received and no hospice master record present for this beneficiary.</p> <p>Avoiding/correcting this RTP: Verify that the NOE is submitted and processed before submitting claims.</p>	181
7A000	<p>The reason that this claim has been returned can be found in the remarks area on claim page four.</p> <p>Avoiding/correcting this RTP: Please review narrative and make necessary corrections to the claim.</p>	149
12102	<p>For bill types 81X or 82X, the patient status code must be 01, 30, 40-43, 50-51, 66 or 70. Or if statement covers 'from' date is 01/01/2002 or greater, the patient status code must be 01, 30, 34, 40-42, 50-51, 62-63 or 70. Or if the statement covers 'from' date is 04/01/2004 or greater, the patient status code must be 01, 30, 34, 40-42, 50-51, 62-63, 65 or 70.</p> <p>Avoiding/correcting this RTP: Ensure that you are reporting a valid patient status code.</p>	82

NHIC, Corp.

75 Sgt. William Terry Drive
Hingham, MA 02044
www.medicarenhic.com

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

30949	<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>Avoiding/correcting this RTP:</p> <p>Add a valid claim change reason code in the condition code field on the claim. Valid codes are D0 through D9 and E0.</p>	67
U5157	<p>Hospice claim received with a 'from' date greater than the most recent hospice period and the prior period was revoked (revocation indicator =1).</p> <p>Avoiding/correcting this RTP:</p> <ol style="list-style-type: none"> 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 then you may resubmit this bill. 2) If the revocation date is correct, submit an 8XA notice for the next period. Then resubmit your claim. 3) 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. 	53
<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>		