NGS MU
NGSMEDICARE UNIVERSITY
MEANINGFUL • INFORMATIVE • SIMPLIFIED EDUCATION

national government SERVICES

Top Home Health Claim Billing Errors

5/24/2022

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Today's Presenter

- Christa Shipman
  - Provider Outreach and Education Consultant
    - JK/J6

Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the CMS website.

No Recording

- Attendees/providers are **never** permitted to record (tape record or **any** other method) our educational events
  - This applies to our webinars, teleconferences, live events and any other type of National Government Services educational events

Objectives

- Review the top rejection and RTP reason codes recently assigned to home health claims
- Educate on correcting the reason code errors and the billing guidelines behind the Notice of Admission and claim

Agenda

- Billing Reminders
- Top Rejection Reason Codes
  - How to correct and background billing guidelines
- Top RTP Reason Codes
  - How to correct and background billing guidelines
- Resources
- QA

national government SERVICES

NGS MU NGSMEDICARE UNIVERSITY
MEANINGFUL • INFORMATIVE • SIMPLIFIED EDUCATION

Some Basic Reminders

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Notice of Admission (NOA)

Purpose: Opens a home health admission period in CWF which allows other HHAs and providers of care to see an open home health admission

When to Submit the NOA

HHA has received the appropriate physician's written or verbal order that contains the services required for an initial visit

HHA has conducted the initial visit at the start of care and admitted the patient to HH care

Must be submitted within five calendar days from the start of care on 32A bill type

Requirements Prior to Billing Claim

- Submitted after all services for the period have been provided
- Physician has signed plan of care and all orders
- Face-to-face encounter has been completed
- OASIS has been submitted and accepted by iQIES
  - Any warnings, regardless of the OASIS being accepted, should be investigated and corrected
- Claim submission:
  - At the end of a 30-day period of care, or
  - When patient is discharged for meeting goals under plan of care (if before 30-day period end date), or
  - When patient transfers from one HHA to another

Claim Billing Reminders

- 329 type of bill
- 0023 revenue line must be billed with a Grouper-produced HIPPS or any valid HIPPS under PDGM
- Must report revenue lines for all services (covered and noncovered) provided to the beneficiary during the period of care
  - Includes services provided directly and/or under arrangements
- Must contain a revenue line with a site of service code

Claim Billing Timeliness

- Period of care claims must be received in the FISS claims processing system within one (1) calendar year of the period end date

Claim Status/Locations

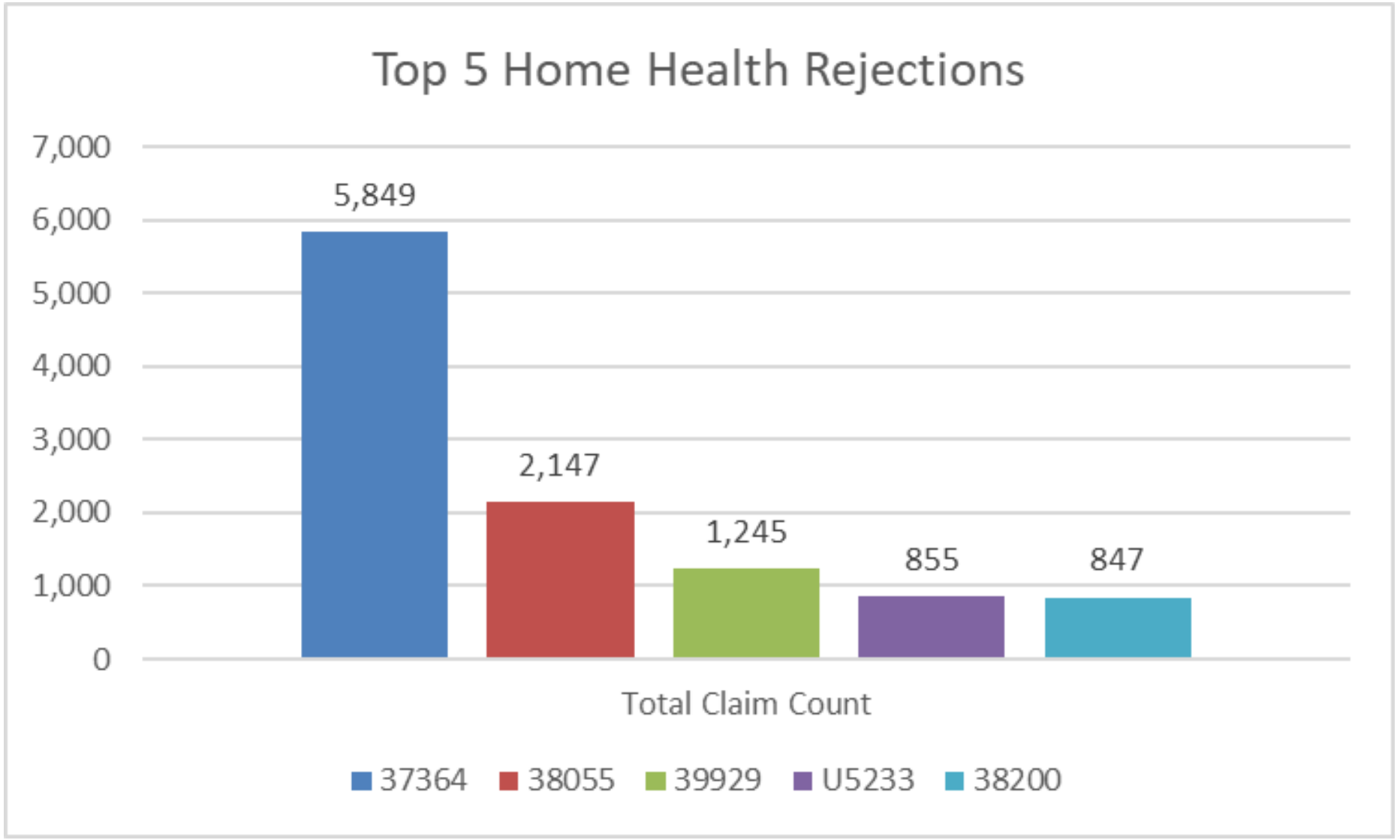
- Rejections (R B9997)
  - Claims are resubmitted (in very limited situations, claims are adjusted)
- Returned to Provider (T B9997)
  - Claims are corrected and resubmitted

national government SERVICES

NGS MU NGSMEDICARE UNIVERSITY
MEANINGFUL • INFORMATIVE • SIMPLIFIED EDUCATION

Top Billing Errors - Rejections

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES


Top 5 Home Health Rejections
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
5,849
2,147
1,245
855
847
Total Claim Count
37364
38055
39929
U5233
38200

Rejection Reason Code 37364

- The dates of service fall within the span of days between the NOA receipt date and the claim From date on TOB 32X with Statement From Date on or after 01/01/2022, the NOA receipt date is 30 or more days from the claim From date, the payment amount returned from HH Pricer is equal to zero and the PROVIDER REIM field on MAP103A is blank.

Background/Correcting Reason Code 37364

There was an issue with NOAs incorrectly editing for U537F – once the system was fixed, NOAs could be resubmitted and subsequently processed

NOAs submitted late due to this issue may have affected more than one period of care claim

All claims affected should be submitted with modifier KX appended to the HIPPS code on the 0023 revenue line and Remarks specifying the request for exception to the late NOA penalty

Background/Correcting Reason Code 37364

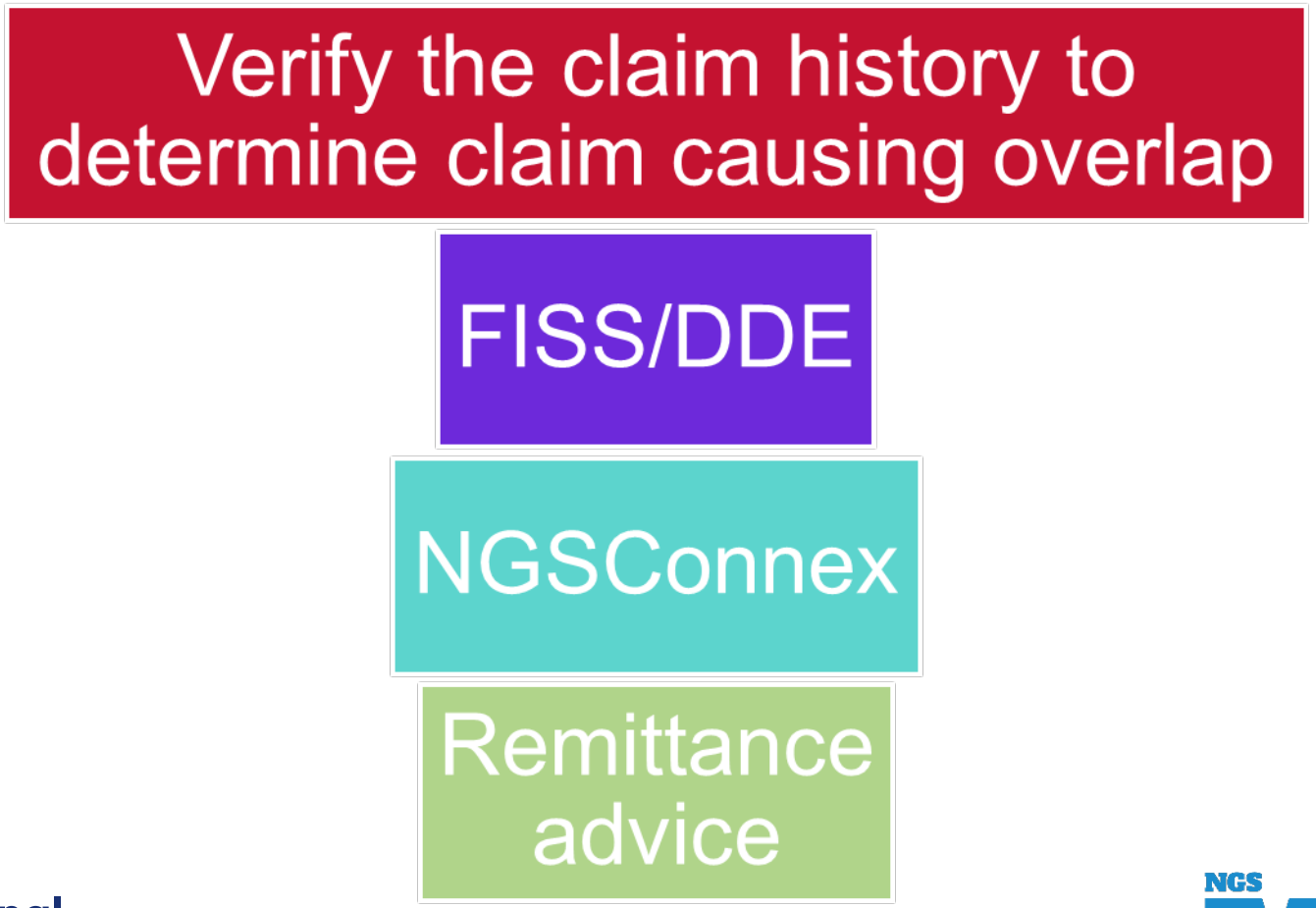
Adjust the rejected claim to add the KX modifier and Remarks

Enter condition code ‘D9’	Use ‘OT’ adjustment reason code	Delete and re-key HIPPS code line to add ‘KX’ modifier	Add appropriate Remarks requesting late exception penalty

Rejection Reason Code 38055

- This home health claim was submitted as a Medicare primary claim and contains exact service dates corresponding to a previously submitted claim for the same provider with at least one matching revenue code

Correcting Reason Code 38055



Correcting Reason Code 38055

Submit adjustment bill (3X7 TOB) to add any services not included on the original claim

- All services provided to a beneficiary within the home health period of care must be submitted on one claim

Always verify previously billed information prior to submitting any new billing to Medicare

- Avoid overlap edits for your own claims

national government SERVICES

NGS MU

Rejection Reason Code 39929

- Each line of charges on this claim has been rejected and/or rejected and denied

Correcting Reason Code 39929

Verify line level rejection information to determine the rejection for each line of the claim

Access MAP171D for line item detail information

- Hit F2 once or F11 twice from page two 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 by using F6 to forward to the next claim line and F5 to go back through previous claim lines

Rejection Reason Code U5233

- No Medicare payment can be made because the services on this claim fall within or overlap a Medicare Advantage Organization (MAO) enrollment period

Background/Correcting Reason Code U5233

Services can only be paid by traditional Medicare or an MA plan for the period a beneficiary is entitled/enrolled in either plan

Patient starts period of care under MA plan then switches to Original Medicare

Complete new OASIS

Submit NOA to open admission period under Original Medicare

Patient starts period of care under Original Medicare then switches to MA plan

Bill Medicare up to the MAO enrollment date

Submit claim with patient status code 06

national government SERVICES

NGS MU

Background/Correcting Reason Code U5233

- HHAs should submit a claim prior to the MAO enrollment date with patient status code '06' when the HHA is aware the patient will become enrolled in an MAO
- Always verify MA plan information prior to rendering services/billing the period of care
- Billing guidelines: CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 10, Sections 10.1.5.2 and 40.2

MA Complaints

- HHAs can call 1-800-MEDICARE to file a complaint about a Medicare Advantage Plan
- Press '0' or say, 'Agent' to speak to a live customer service agent 24/7
- Be very specific and clear and advise 1-800-MEDICARE you have been working with the MA Plan either through their provider contact center or through the appeals process but no resolution could be settled
- Request the complaint be elevated to the appropriate CMS Regional office's account representative over the MA Plan to mediate
- If the 1-800-MEDICARE customer service agent does not understand the complaint intake process, ask to be transferred to a supervisor

Rejection Reason Code 38200

- This claim is an exact duplicate of a previously submitted claim where the following fields on the history and processing claim are the same:
  - HIC Number
  - TOB (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)

Background/Correcting Reason Code 38200

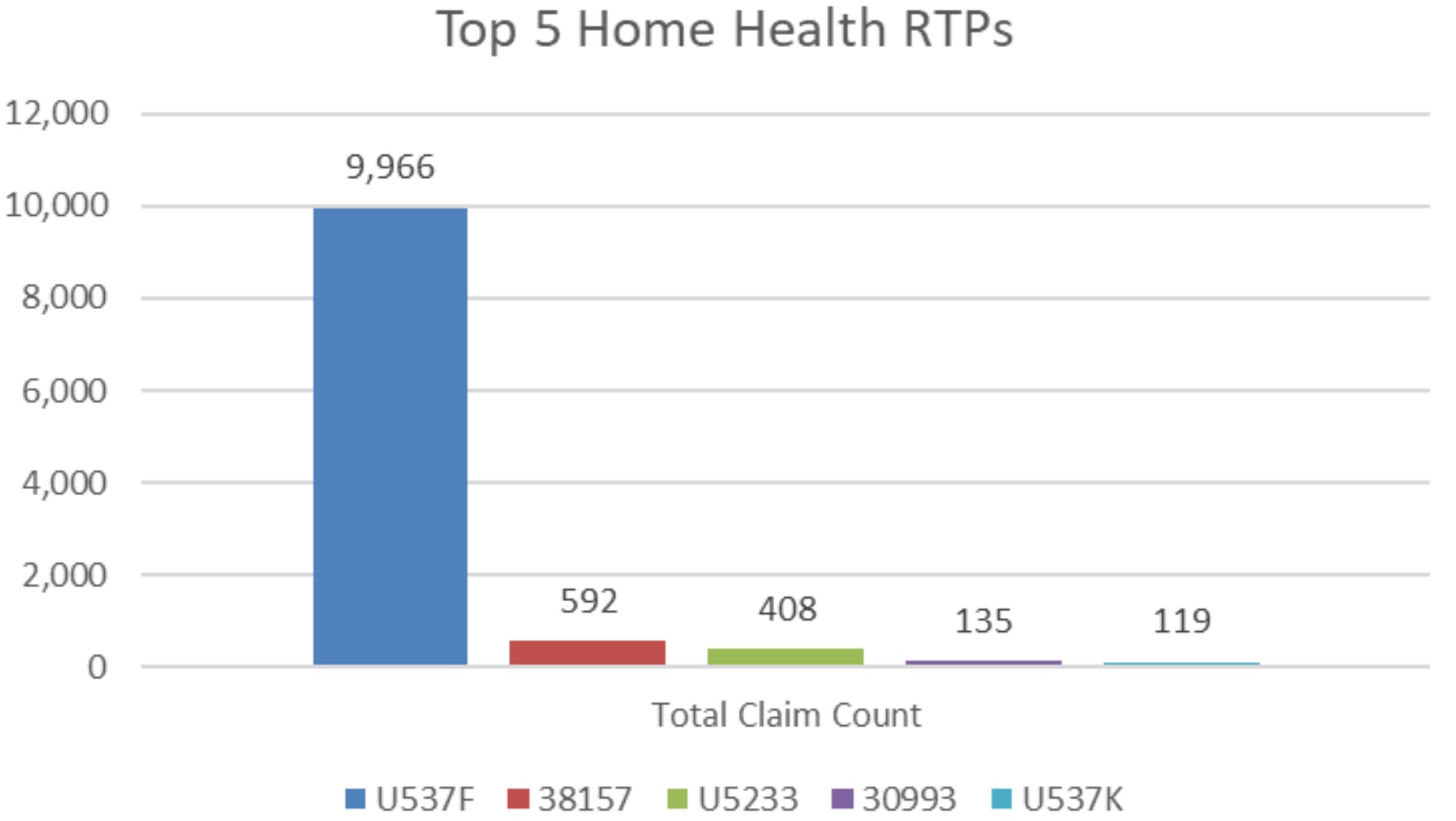
- FISS will only accept one original billing (329) for each period of care
- A processed claim is in the FISS history file – any claim billed with the same information will reject as a duplicate
- Verify billing already submitted: check remit, NGSConnex, or FISS/DDE

national government SERVICES

NGS MU NGSMEDICARE UNIVERSITY
MEANINGFUL • INFORMATIVE • SIMPLIFIED EDUCATION

Top Billing Errors - RTPs

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES


Top 5 Home Health RTPs
12,000
10,000
8,000
6,000
4,000
2,000
0
9,966
592
408
135
119
Total Claim Count
U537F
38157
U5233
30993
U537K

RTP Reason Code U537F

- The From date on the HH NOA falls within an existing home health admission period

Correcting Reason Code U537F

Assigned Incorrectly

- Some NOAs edited in error due to CWF not recognizing discharges (patient status other than 30)

Assigned correctly on duplicate NOAs for the same admission period

- NOA should not already be in the system pending processing or finalized prior to submitting a new NOA for a beneficiary
- HHAs should not submit multiple NOAs for same admission

Assigned correctly on NOAs if the provider CCN does not match the CCN on the prior HH episode posted at CWF

- When opening a new admission for a transferred patient, the NOA should be billed with condition code 47

Provider Action for Reason Code U537F

- Always verify billing before submitting a new NOA for a beneficiary admission.
- Effective 4/25/2022, providers can resubmit any HH NOAs (32A) that RTP'd incorrectly
  - Submit the KX modifier on the affected final HH claim(s)
  - Add Remarks to request an exception to the late-filing penalty, e.g., "Late NOA due to U537F System Problem"

RTP Reason Code 38157

- This RAP is a duplicate to a paid RAP or to a paid, suspended, or denied home health claim for the same provider, same Medicare number, and same statement 'From' date and does not contain a cancel date
  - This edit may fire due to the RAP and final claim being submitted at the same time and are editing against each other

Background/Correcting Reason Code 38157

RAPs must be submitted and processed prior to submitting the matching period claim	• Always submit the RAP and wait for it to complete processing before submitting the final claim
Always verify prior records	• Look at FISS/DDE, NGSConnex, or remittance advice before submitting any new billing
Final claim has processed and needs to be corrected	• RAP should not be resubmitted; send adjustment to finalized paid claim
Final claim has been denied	• Use the appeals process, if appropriate

RTP Reason Code U5233

- No Medicare payment can be made because the services on this claim fall within or overlap a MAO enrollment period

Background/Correcting Reason Code U5233

Services can only be paid by traditional Medicare or an MA plan for the period a beneficiary is entitled/enrolled in either plan

Patient starts period of care under MA plan then switches to Original Medicare

Complete new OASIS

Submit NOA to open admission period under Original Medicare

Patient starts period of care under Original Medicare then switches to MA plan

Bill Medicare up to the MAO enrollment date

Submit claim with patient status code 06

Background/Correcting Reason Code U5233

- HHAs should submit a claim prior to the MAO enrollment date with patient status code '06' when the HHA is aware the patient will become enrolled in an MAO
- Always verify MA plan information prior to rendering services/billing the period of care
- Billing guidelines: CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 10, Sections 10.1.5.2 and 40.2

MA Complaints

- HHAs can call 1-800-MEDICARE to file a complaint about a Medicare Advantage Plan
- Press '0' or say, 'Agent' to speak to a live customer service agent 24/7
- Be very specific and clear and advise 1-800-MEDICARE you have been working with the MA Plan either through their provider contact center or through the appeals process but no resolution could be settled
- Request the complaint be elevated to the appropriate CMS Regional office's account representative over the MA Plan to mediate
- If the 1-800-MEDICARE customer service agent does not understand the complaint intake process, ask to be transferred to a supervisor

RTP Reason Code 30993

- A claim has been submitted with an MBI and the MBI/HIC combination was not found on the MBI cache or CWF MBI crosswalk

Background/Correcting Reason Code 30993

The beneficiary Medicare number billed on the NOA and claim must be a valid MBI

Most of the time this error is caused by numbers/letters of the Medicare number being inverted or mistyped

Verify the MBI submitted and ensure it matches what is on the beneficiary's Medicare card/CWF

RTP Reason Code U537K

- Home Health cancellation (32D) does not match home health admit period.

Background/Correcting Reason Code U537K

An incorrectly billed NOA should be canceled and resubmitted for errors such as:

- Admission, From, or Through date entered wrong
- Incorrect beneficiary information

All fields submitted on the 32D (cancel NOA) should match the fields on the 32A (original NOA)

national government SERVICES

NGS MU NGSMEDICARE UNIVERSITY
MEANINGFUL • INFORMATIVE • SIMPLIFIED EDUCATION

Resources

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

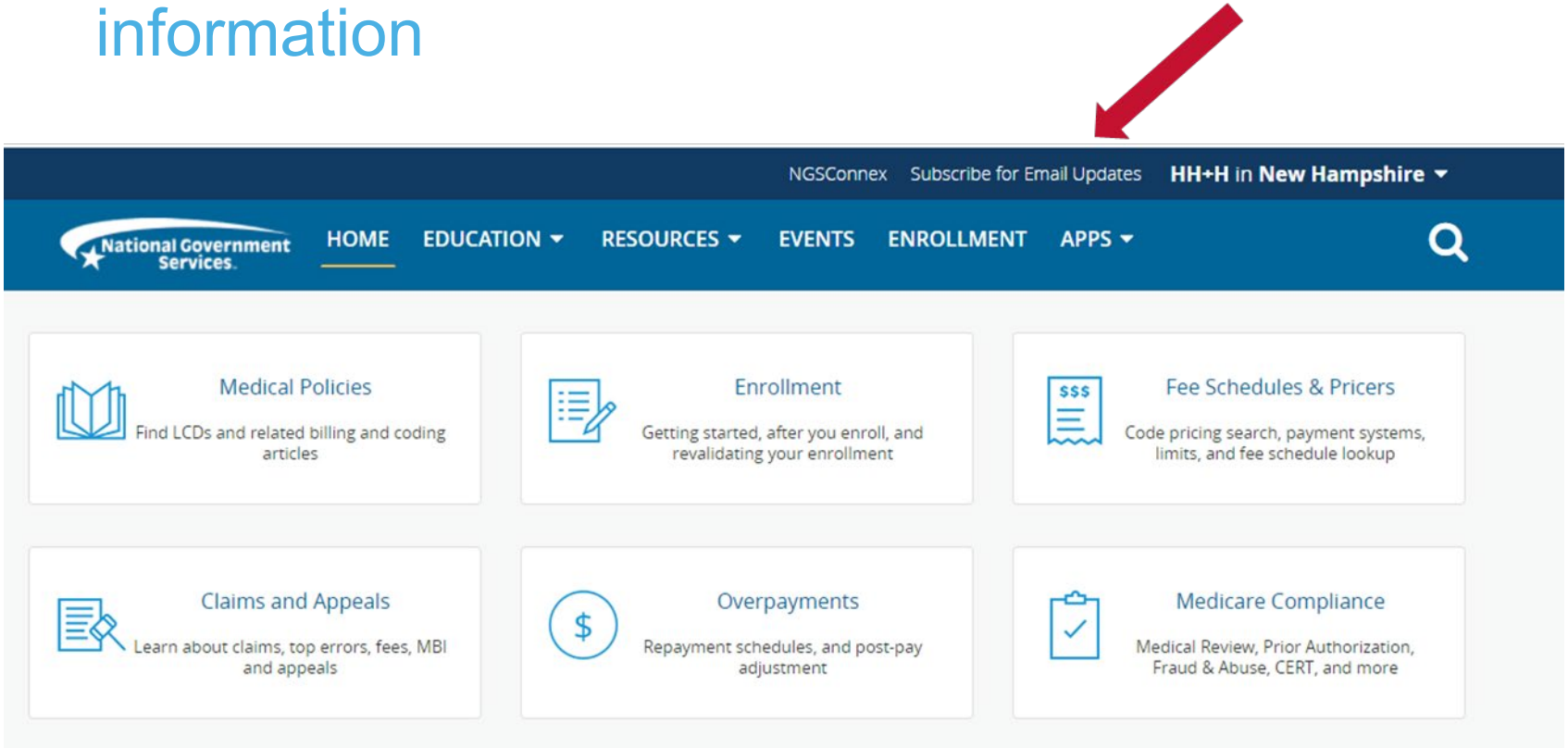
National Government Services Web Resources

NGSMedicare.com

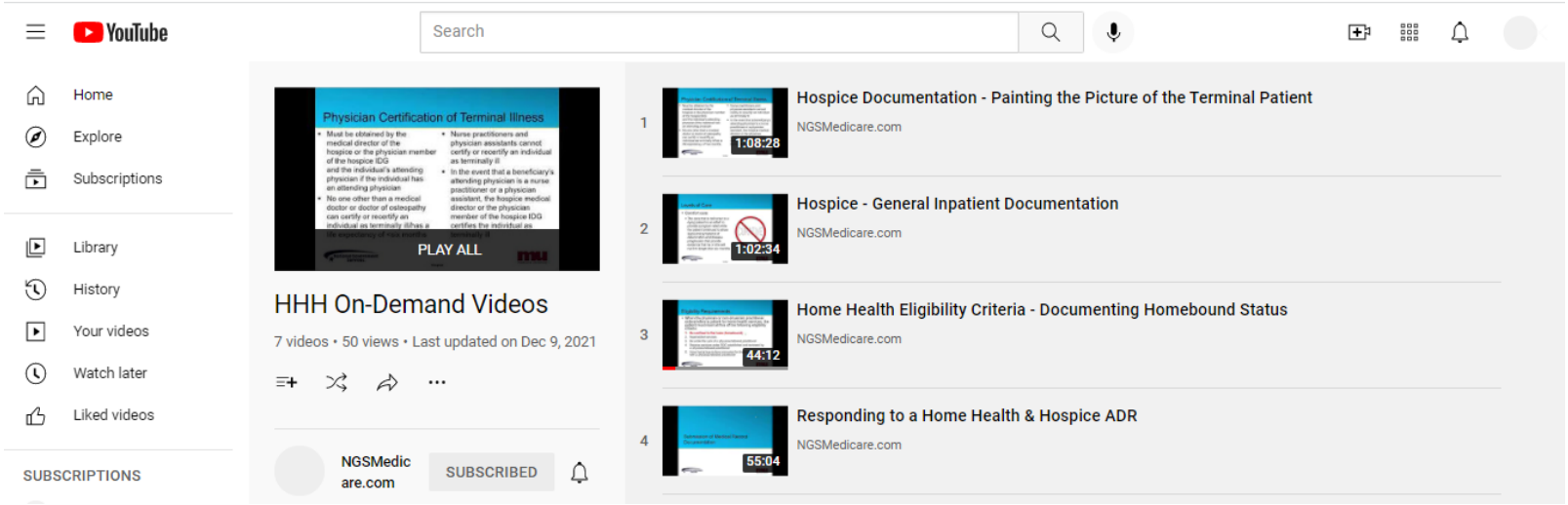
- Events Tab
  - Upcoming education sessions
  - Past Events
- Education Tab
  - Medicare Topics > Home Health Billing (home health job aids)
  - Medicare University > Medicare University Course List
- Apps
  - YouTube
- Resources
  - Tools & Calculators > Claims and Appeals > Top Claim Errors

NGS Email Updates

- Subscribe to receive the latest Medicare information



NGS HHH On-Demand Videos



Provider Contact Center

- The Provider Contact Center should always be your first option when contacting National Government Services
  - Required to log and track all incoming inquires
- Tiered system to respond accurately to all provider inquiries
- PCC numbers, IVR numbers and hours of availability found under Resources > Contact Us > Provider Contact Center

CMS Resources

CMS website

- CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*
  - Chapter 7 (Home Health Services)
- CMS IOM Publication 100-04, *Medicare Claims Processing Manual*
  - Chapter 1, Section 70 (Claim Processing Timeliness)
  - Chapter 10, Sections 40.1 and 40.2 (Home Health Agency Billing)
- Medicare Learning Network
  - Resource Materials
  - Training
  - MLN Matters Articles

CMS Resources

- Home Health Agency Center
  - Coding and Billing Information
  - HH PPS Regulations and Notices
  - HH Change Requests/Transmittals
  - HHA Email Updates
  - Links to OASIS information

Thank You!

- Follow-up email
  - Attendees will be provided a Medicare University Course Code
- Questions?

FOLLOW US