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Home Health Top Claim Errors

3/29/2023

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NGS Medicare University
Meaningful | Informative | Simplified

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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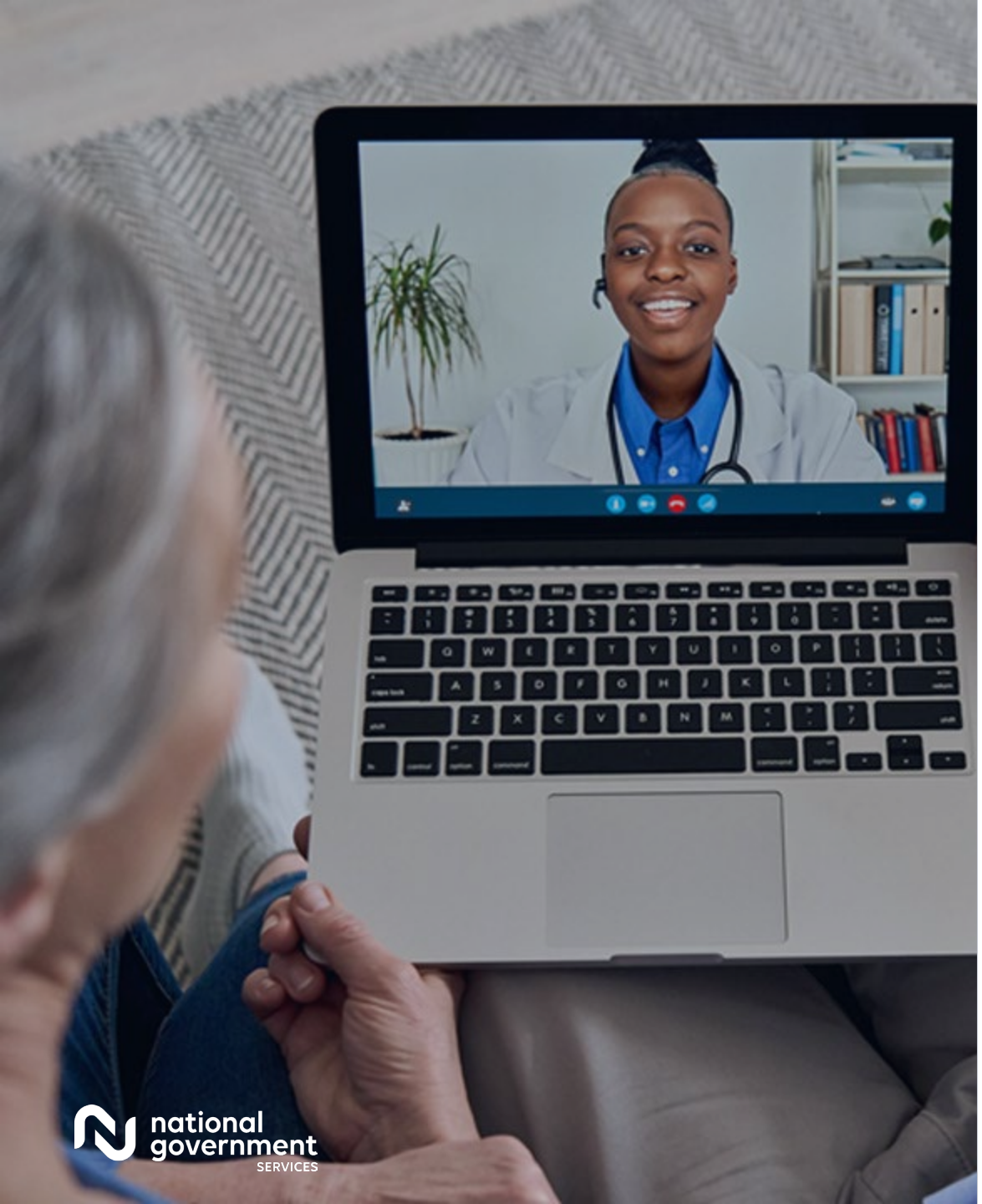

Recording

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

Objective

Attendees will understand which top rejection and return to provider (RTP) reason codes have recently been assigned to home health claims. Attendees will also know how to correct the reason code errors and understand the billing guidelines behind the Notice of Admission and claim.

Today's Presenter

- Christa Shipman
  - Provider Outreach and Education Consultant

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Agenda

- Billing Reminders
- Top Rejection Reason Codes
- Top Return to Provider (RTP) Reason Codes
- Resources
- Questions and Answers

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Some Basic Billing Reminders

Notice of Admission (NOA)

- Purpose: opens a home health admission period in the Common Working File (CWF) which allows other Home Health Agencies (HHAs) and providers of care to see an open home health admission
- When to submit:
  - 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 Claim Billing

- 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 non-covered) 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
- Must be received in the FISS claims processing system within one (1) calendar year of the period end date

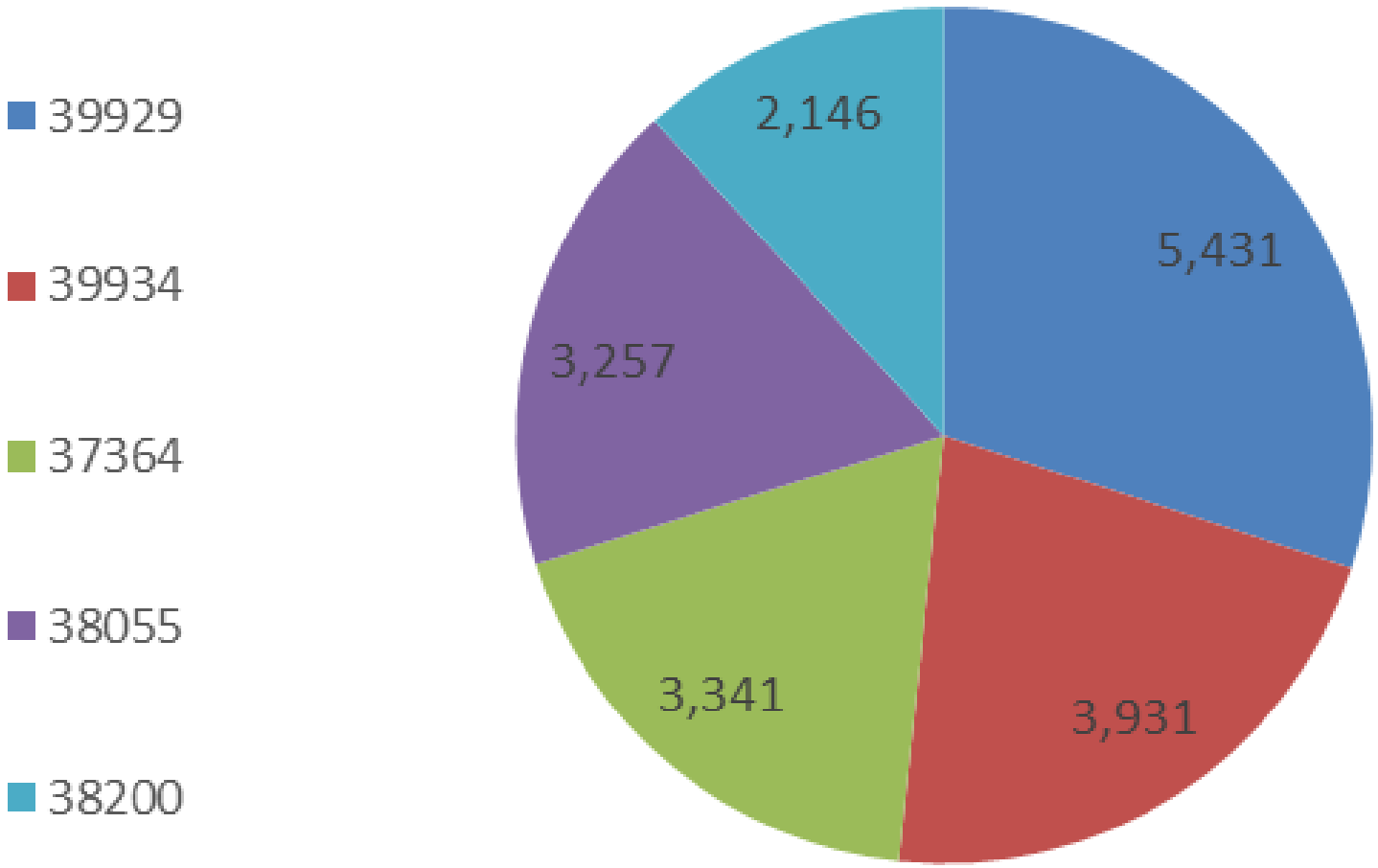
Claim Status/Locations

- Rejections (R B9997)
  - Claims need to be resubmitted
  - In limited situations, claims need to be adjusted

- Returned to Provider (T B9997)
  - Claims need to be corrected and resubmitted

Top Rejection Reason Codes

Top 5 Home Health Rejections



Rejection Reason Codes 39929/39934

- 39929: Each line of charges on this claim has been rejected and/or rejected and denied

- 39934: All revenue lines on the claim denied as noncovered and one or more of the lines denote beneficiary liability

Correcting Reason Codes 39929/39934

- 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 in DDE
  - Hover over reason code in the line details in NGSConnex

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 (cont.)

- 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

- Verify claim history to determine cause of claim overlap
  - FISS/DDE, NGSConnex, Remittance Advice

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

Rejection Reason Code 38200

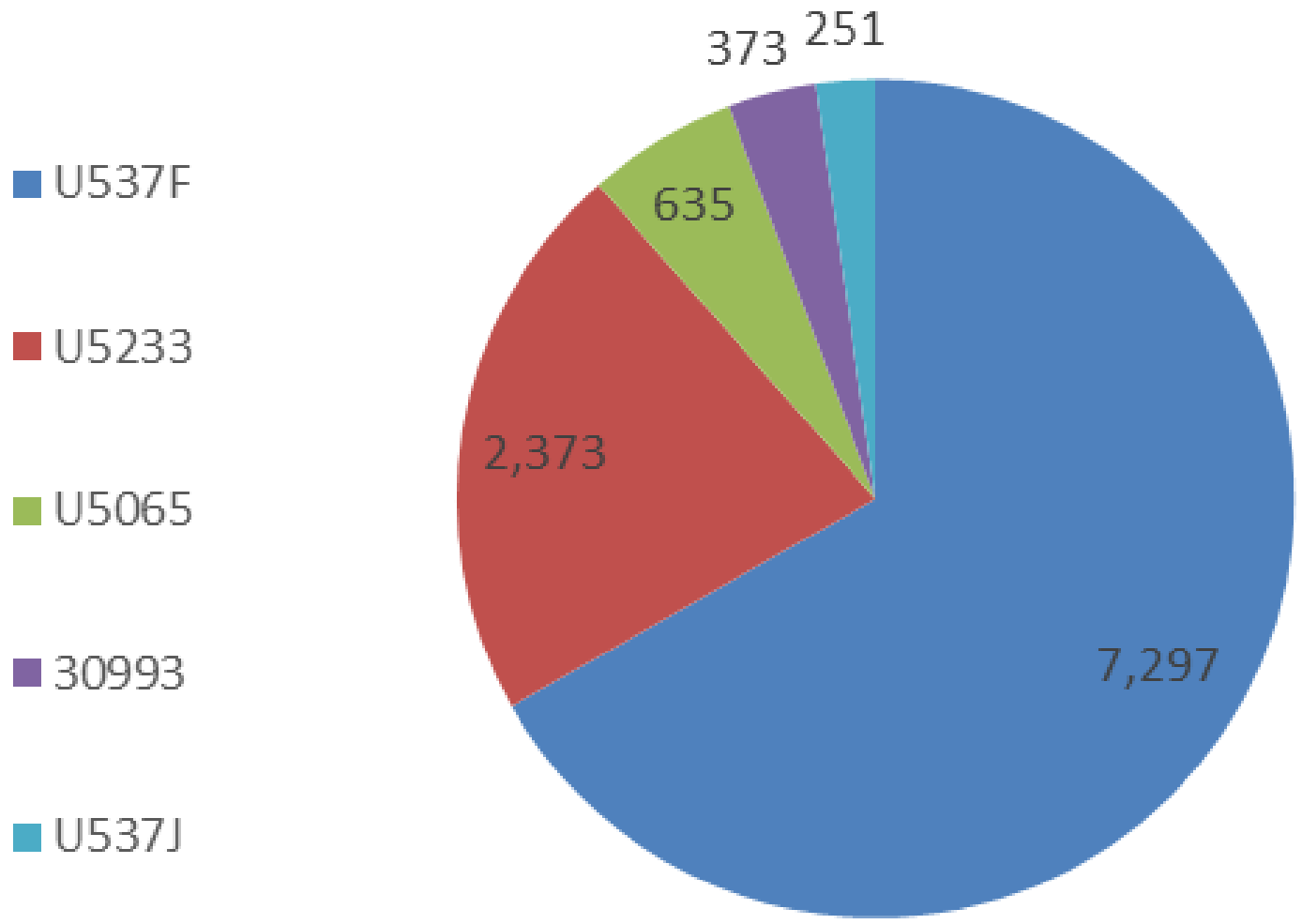
- This claim is an exact duplicate of a previously submitted claim where the following fields on the history and processing claim are the same:
  - HIC Number
  - TOB (all three positions of any TOB)
  - Provider number
  - Statement from date of service
  - Statement through date of service
  - Total 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
- This code is assigned when 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

Top RTP Reason Codes

Top 5 Home Health RTPs



RTP Reason Code U537F

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

- There was a system issue where this reason code was assigned incorrectly on some NOAs due to the CWF not correctly recognizing discharges – patient status code other than '30' on the last home health period. This issue was corrected on 4/25/22.

Provider Action for Reason Code U537F Assigned Incorrectly

- 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"

Correcting Reason Code U537F

- 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

RTP 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

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

Correcting Reason Code U5233 (1)

- 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’

Correcting Reason Code U5233 (2.)

- 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

RTP Reason Code U5065

- The claim From date is prior to the MBI effective date on the CWF crosswalk file and the MBI is the oldest occurrence in the HIC crosswalk file for the beneficiary at CWF.
- HHAs may only bill services provided to the patient after the effective date of their Medicare coverage.

Correcting Reason Code U5065

- HHAs may only bill services provided to the patient after the effective date of their Medicare coverage
- Verify the effective date(s) for the MBI of the beneficiary prior to billing
- If a new MBI has been issued to the beneficiary, all claims must be submitted with the new MBI
  - Need to submit OASIS with new MBI

RTP Reason Code 30993

- A claim has been submitted with an MBI and 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 U537J

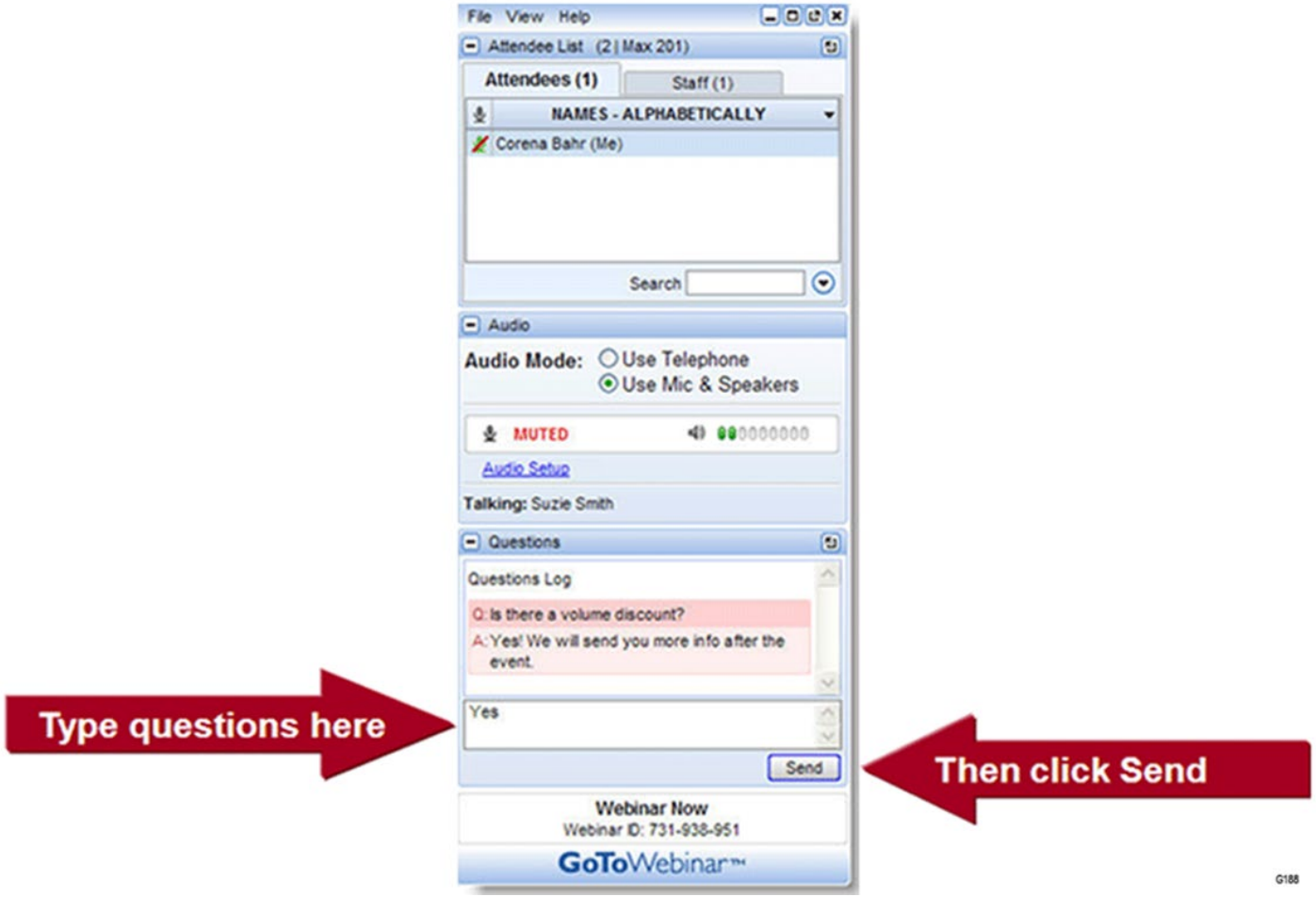
- Home health cancellation (TOB ‘32D’) and DOEBA/DOLBA dates present on HHEH Aux File

Correcting Reason Code U537J

- If the NOA needs to be cancelled and resubmitted to correct an error after claims were processed, the HHA must cancel all claims associated with the admission period set up by the NOA prior to cancelling that NOA
  - Any claims processed in that admission period directly correspond to the admission that NOA created
  - Home health claims cannot be reimbursed without a processed NOA on file; therefore, if the NOA on file is incorrect and must be canceled, the associated claims must be canceled first
  - Once the correct 32A is submitted and processed, the HHA may resubmit the claims for the admission period

Resources

Ask a Question Using the Question Box

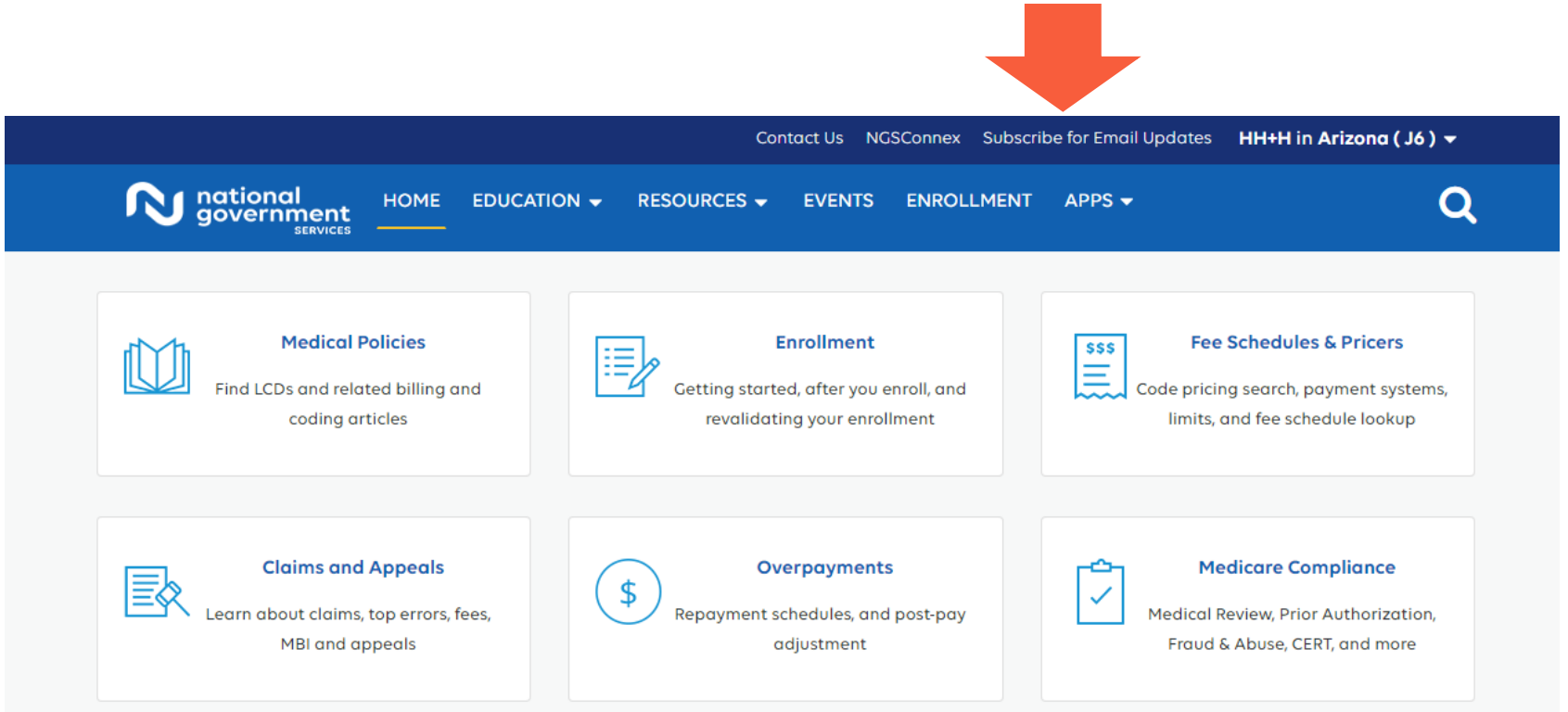


National Government Services Web Resources

- NGS website
- Events
  - Upcoming education sessions
  - Past events material
- Education
  - Medicare Topics
    - ✓ Home Health Billing (job aids)
- Medicare University
  - HH+H CBT courses

NGS Email Updates

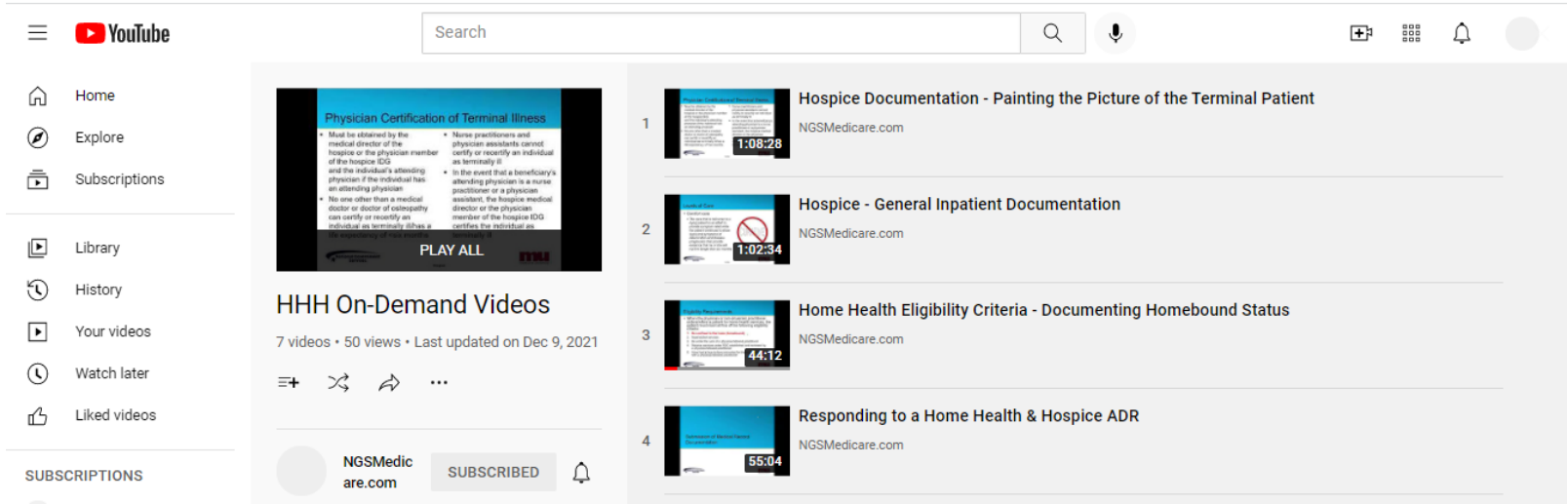
Subscribe to receive the latest Medicare information.



Provider Contact Center

- First option when contacting National Government Services
  - Required to log and track all incoming inquires
- Tiered system to respond accurately to all provider inquiries
- Contact number and hours available on our website
  - Resources > Contact Us > Provider Contact Center (Contact Information – NGSMEDICARE)

NGS HHH On-Demand Videos



CMS Resources

CMS website

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

Questions?

Thank you! A follow-up email will be sent to attendees with the Medicare University Course Code.

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