national government SERVICES

NGS PROVIDER EXPERIENCE
Innovation | Education | Collaboration

Home Health Top Claim Errors

4/23/2024

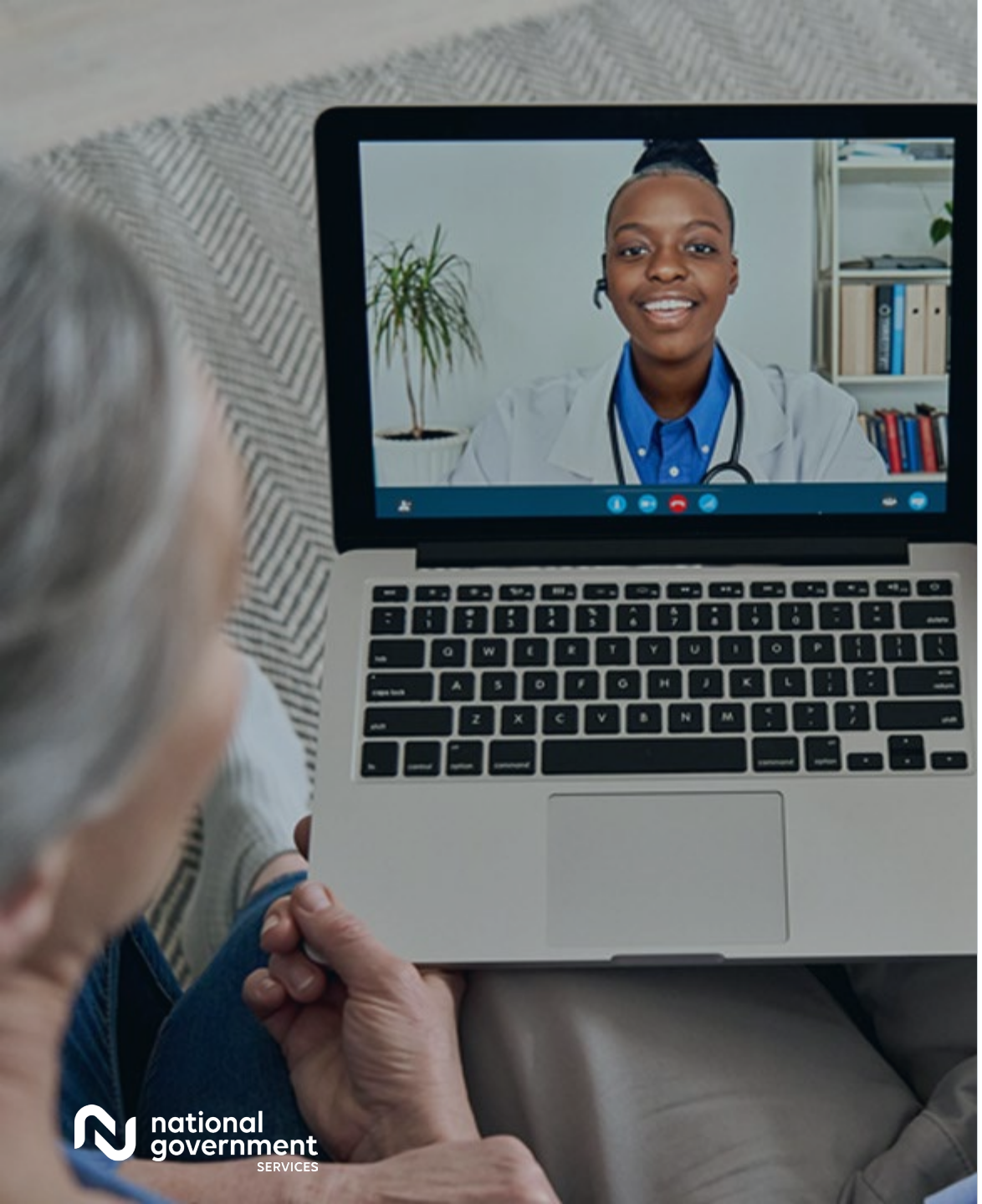
Closed Captioning: *Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.*

NGSMU
NGS Medicare University
Meaningful | Informative | Simplified

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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.



national government SERVICES

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

NGS PROVIDER EXPERIENCE
Innovation | Education | Collaboration

- Christa Shipman
  - Provider Outreach and Education Consultant

Agenda

Billing Reminders

Top Rejection Reason Codes

Top Return to Provider (RTP) Reason Codes

Resources

Q&A

national government SERVICES

NGS PROVIDER EXPERIENCE
Innovation | Education | Collaboration

NGSMU

Billing Reminders

Notice of Admission

- Purpose: opens a home health admission period in the CWF which allows other HHAs and providers of care to see an open home health admission
- When to submit:
  - HHA received appropriate physician's written or verbal order containing services required for an initial visit
  - HHA conducted initial visit at start of care and admitted 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 of care 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 – initial submission; 327 TOB – adjustment
- 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 calendar year of the period end date

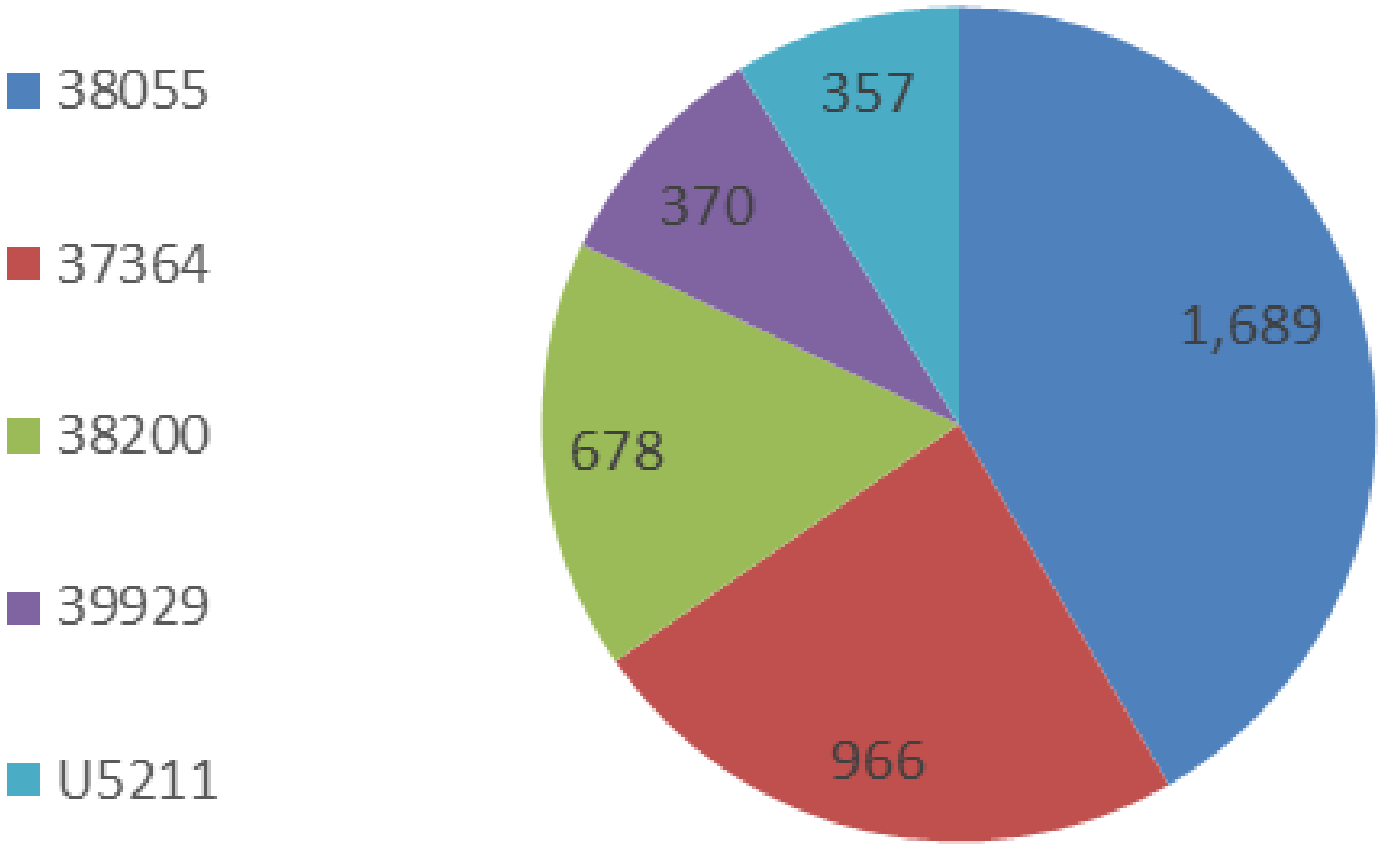
Claim Status/Locations

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

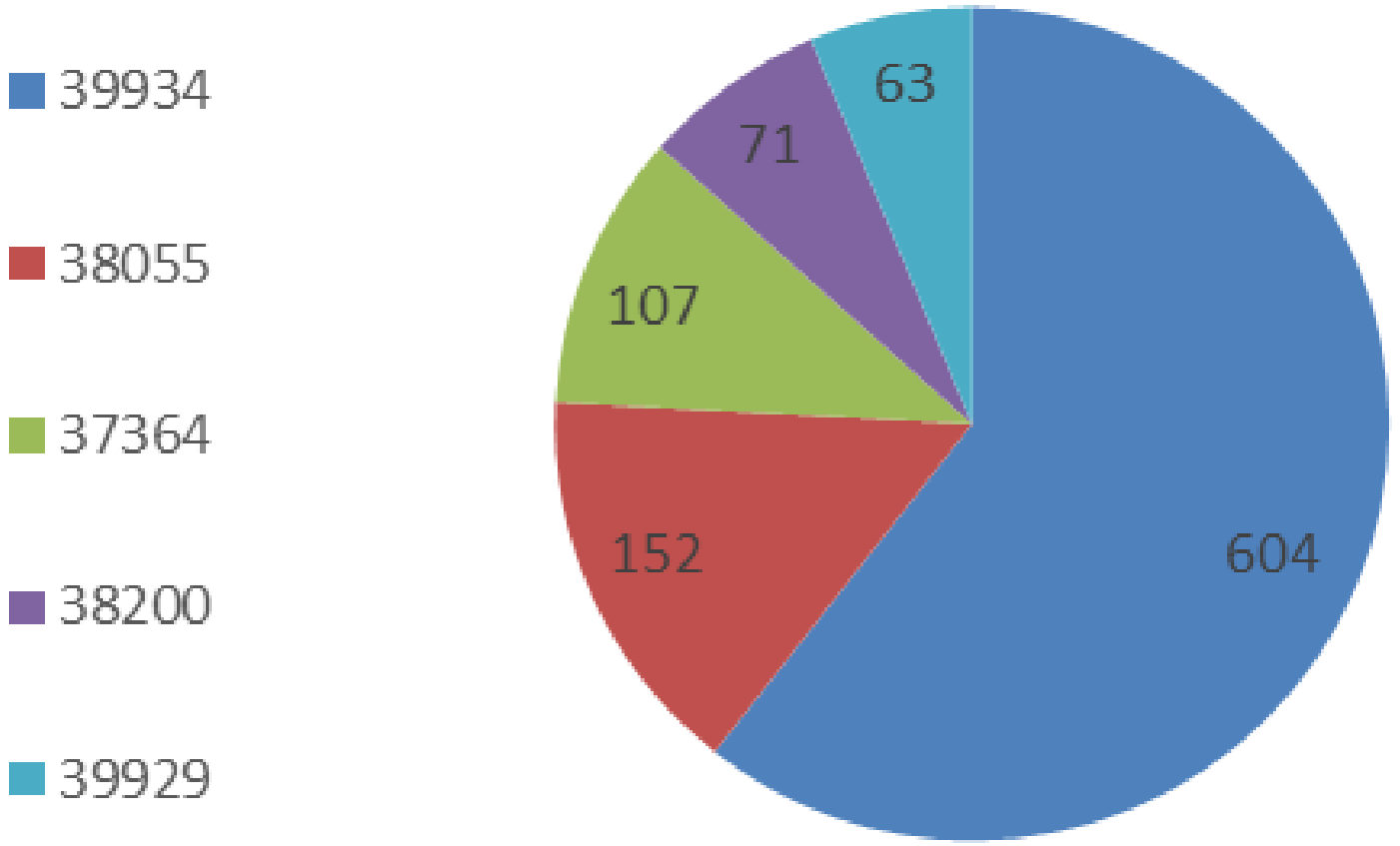
- Returned to Provider (T B9997)
  - Claims need to be corrected and resubmitted

Top Rejection Reason Codes

Top 5 J6 Home Health Rejections



Top 5 JK Home Health Rejections



Rejection Reason Codes 39934/39929

Reason Code Narratives:

- 39934: All revenue lines on the claim denied as noncovered and one or more of the lines denote beneficiary liability
- 39929: Each line of charges on this claim has been rejected and/or rejected and denied

Correcting Reason Codes 39934/39929

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

Rejection Reason Code 38055

RC Narrative: 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 37364

RC Narrative: 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

- Applies when the receipt date of the NOA is more than 30 days out from the start of admission (i.e., the From/Thru date on the NOA) and the claim From date falls within that period of 30 days causing zero payment
- 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 by the U537F system error 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.)

- If the reason code was appropriately applied because the NOA was late due to billing error, the rejection with zero payment is correct.
- If the reason code is tied to the U537F system error, 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 38200

RC Narrative: 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
- Duplicate reason code 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

Rejection Reason Code U5211

RC Narrative: The statement from/through date is greater than the date of death on the beneficiary master record.

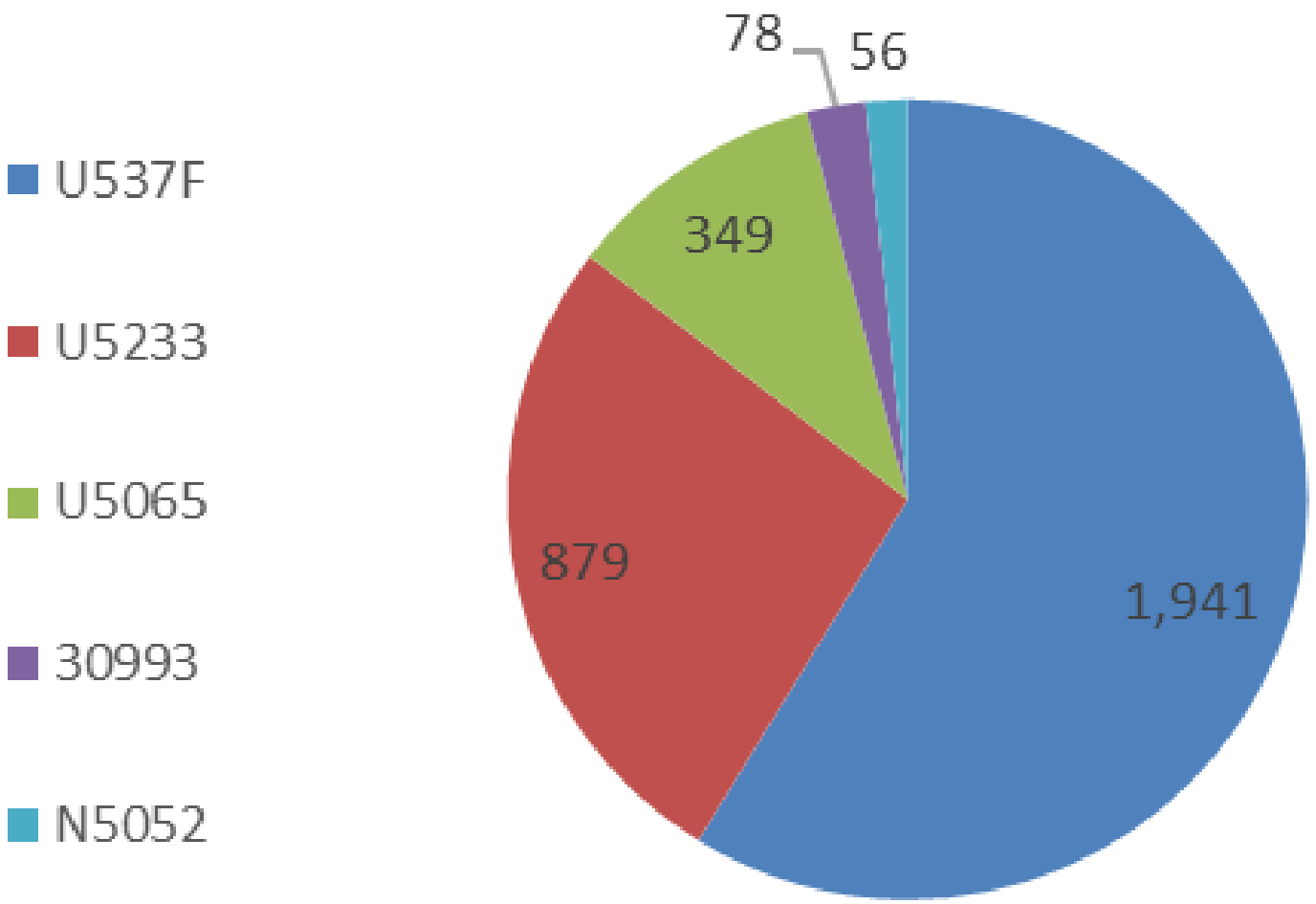
- The period of care claim through date cannot go beyond a patient's date of death
  - Discharge/through date must be the on or before the date of death

Correcting Reason Code U5211

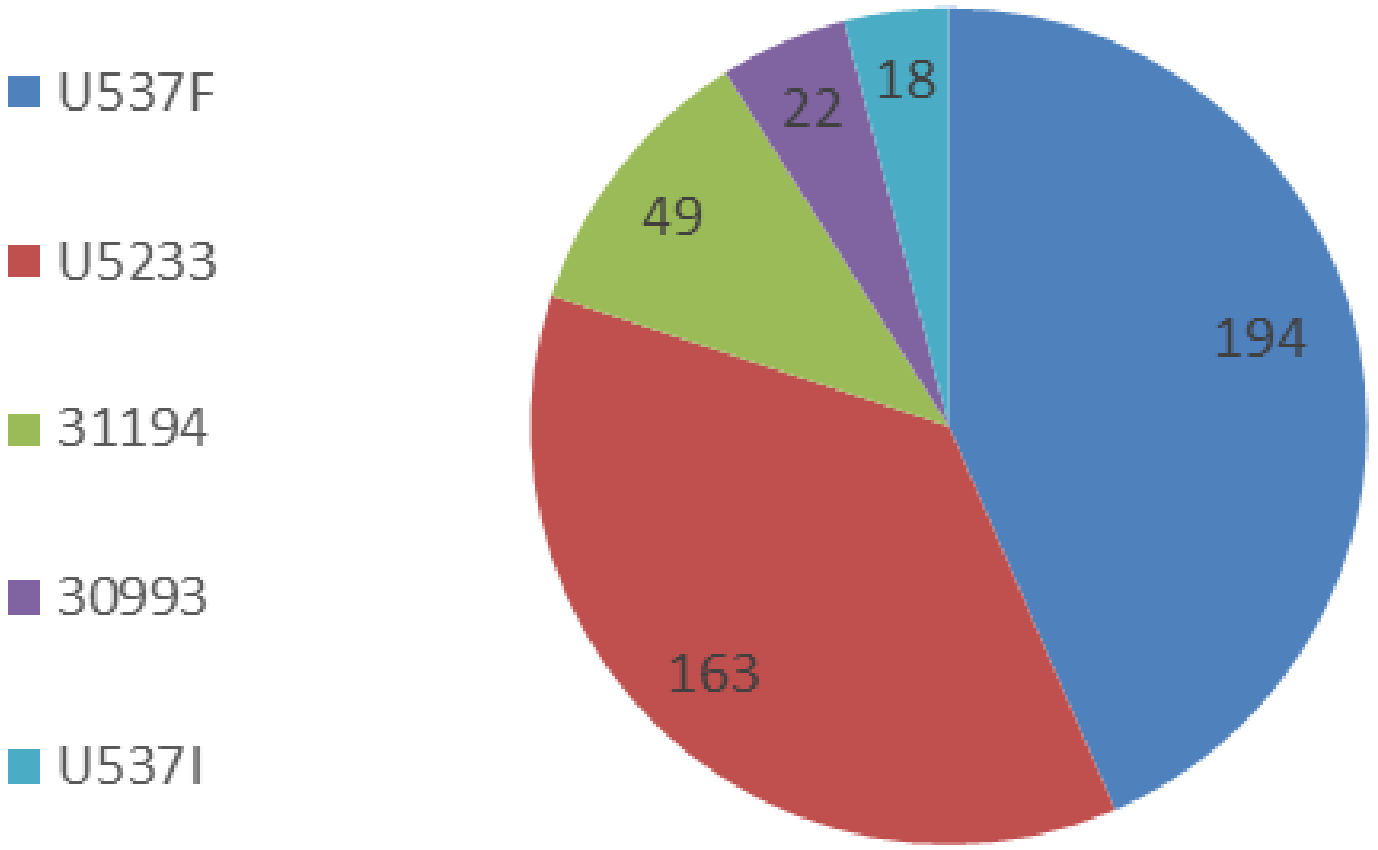
- Verify the patient MBI and dates of service
  - If appropriate, correct claim information and submit a new claim or update returned claim.
  - If the actual date of death was reported in error to the Social Security office, that office must be contacted to correct the date.
  - If the beneficiary is still alive, the beneficiary or their representative must contact Social Security to correct – this cannot be corrected through the MAC.

Top RTP Reason Codes

Top 5 J6 Home Health RTPs



Top 5 JK Home Health RTPs



RTP Reason Code U537F

RC Narrative: The From date on the HH NOA falls within an existing home health admission period.

- Assigned on duplicate NOAs for the same admission period
- Assigned on NOAs if the provider CCN does not match the CCN on the prior HH admission posted at CWF

Correcting Reason Code U537F

- Always verify billing before submitting a new NOA for a beneficiary admission
- 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

RC Narrative: 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 Original Medicare or an MA plan for the period a beneficiary is entitled/enrolled in either plan

Correcting Reason Code U5233

- 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 (cont.)

- 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

RC Narrative: 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

- 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 after the effective date of the new MBI must be submitted with the new MBI
  - Dates of service before the MBI change date – use old or new MBIs
  - Span-date claims with a “From Date” before the MBI change date – use old or new MBIs
  - Dates of service that are entirely on or after the effective date of the MBI change – use new MBIs
  - Need to submit OASIS with new MBI
  - NOA does not need to be corrected with new MBI

RTP Reason Code 31194

RC Narrative: Statement From date on TOB 322 is on or after 01/01/2022.

Background/Correction:

- The 322 bill type is only for Requests for Anticipated Payment (RAPs)
- RAP billing was discontinued with the implementation of the NOA
- Verify dates of service and bill any admission on or after 01/01/2022 using the appropriate bill type for the NOA (32A)

RTP Reason Code 30993

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

- Background/Correction
  - 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 N5052

RC Narrative: The Centers for Medicare and Medicaid Services (CMS) Common Working File indicates the beneficiary's name and health insurance card number do not match.

- Background/Correction
  - Verify MBI and patient name on Medicare card
  - Check Common Working File for a change to the Medicare number
  - Correct and resubmit claim

RTP Reason Code U5371

RC Narrative: The From and Through dates on HH claim fall outside a home health admission period

- Background/Correction
  - The NOA opens an admission period for a beneficiary – all claim dates of service must follow the date of admission until the patient is discharged
  - There cannot be any dates billed prior to the admission date
  - Verify the from and through dates billed and correct as appropriate

Resources

Listen to Our HH+H Podcast

Navigating Medicare: Home Health & Hospice Insights for Providers

Listen to our podcast on Spotify and Apple Podcasts! We will have a new episode on the 2nd and 4th Thursday of each month.

Spotify:

Apple Podcasts:

Connect with us on Social Media

YouTube Channel
Educational Videos

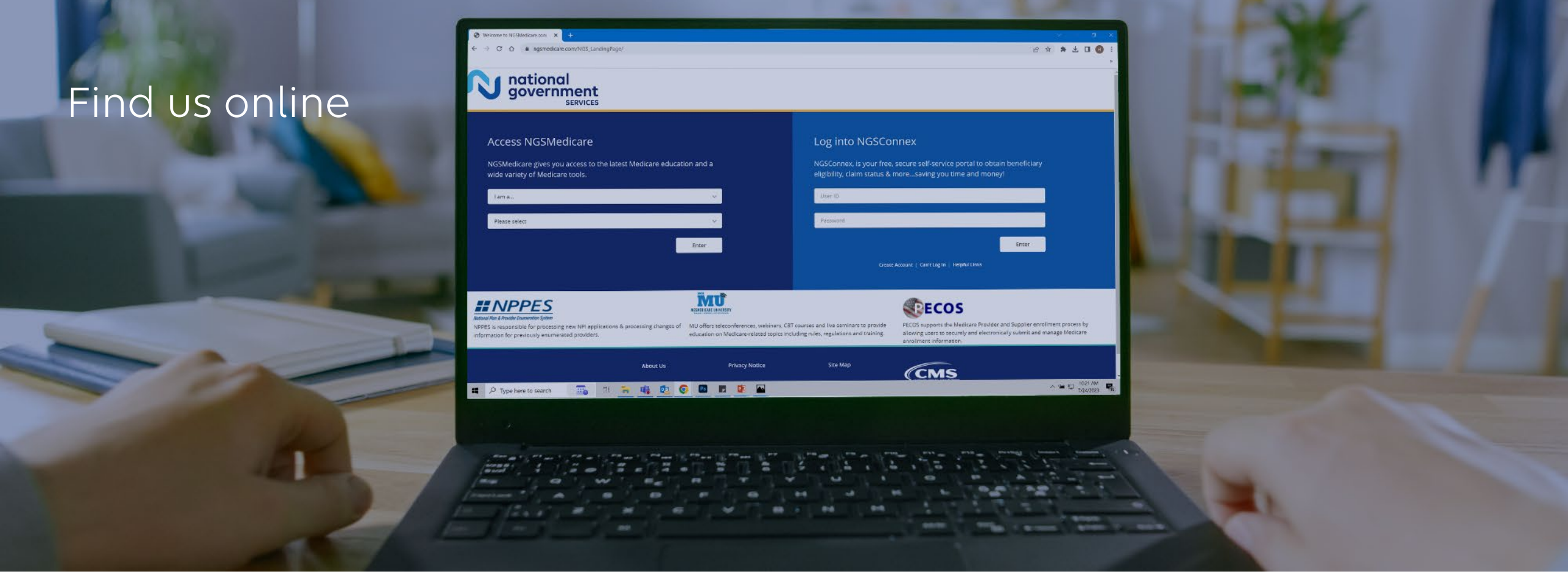
medicare mobile
Text NEWS to 37702; Text GAMES to 37702

www.MedicareUniversity.com
Self-paced online learning

LinkedIn
Educational Content

national government SERVICES

Find us online



www.NGSMedicare.com
Online resources, event calendar, LCD/NCD, and tools

IVR System
The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries

NGSConnex
Web portal for claim information

Sign up for Email Updates
Subscribe for Email updates at the top of any NGSMedicare.com webpage to stay informed of news

Questions?

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