national government SERVICES

NGS PROVIDER EXPERIENCE
Innovation | Education | Collaboration

Quarterly Review of Top Part A Claim Errors

2/21/2024

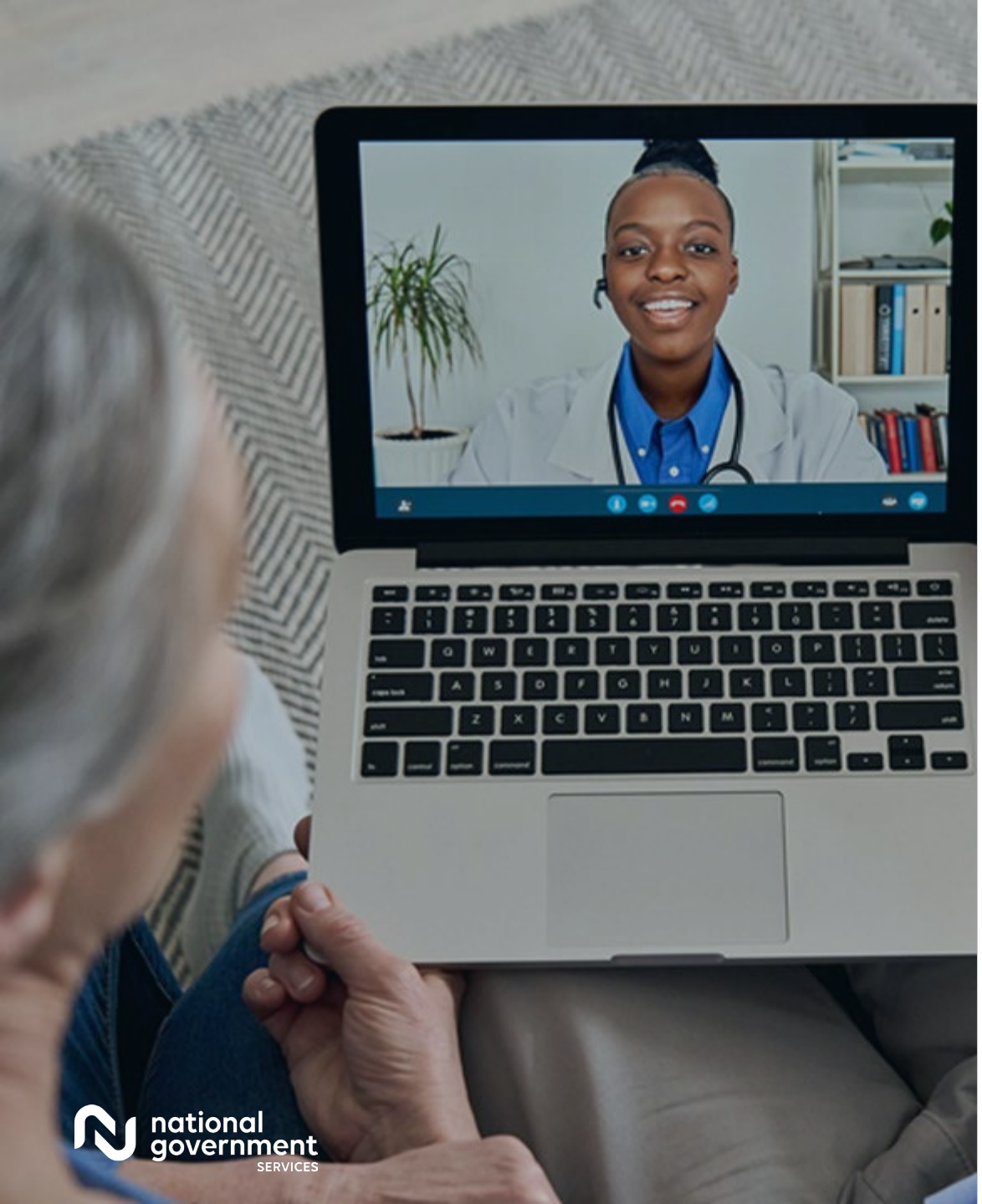
Closed Captioning: *Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.*

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

After this session, attendees will know what the top J6 and JK Part A claim errors are based on recent data analysis, how to utilize reason codes to understand why a claim denied, rejected or RTP'd, how to prevent the most common errors and what resources to use for more information.

Today's Presenters

Provider Outreach and Education Consultants

- Andrea Freibauer
- Jean Roberts, RN, BSN, CPC

national government SERVICES

NGS PROVIDER EXPERIENCE
Innovation | Education | Collaboration

NGSMU

Agenda

Understanding and Locating Claim Errors
Andrea Freibauer

Top Denial Reason Codes
Andrea Freibauer

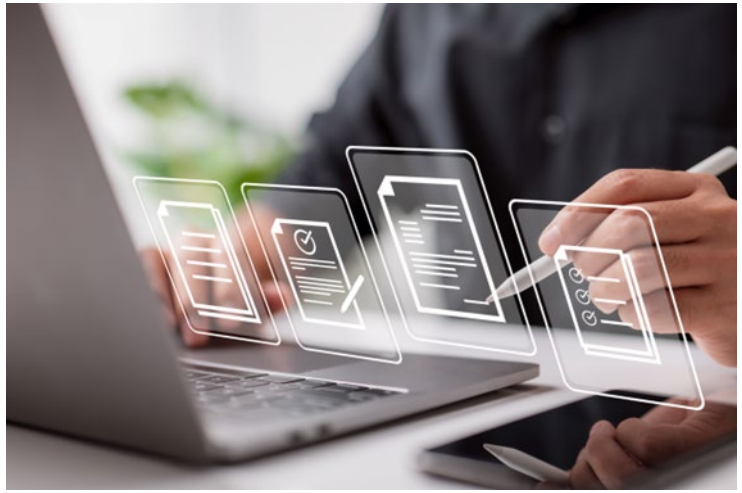
Top Reject Reason Codes
Andrea Freibauer

Top Return to Provider (RTP) Reason Codes
Andrea Freibauer

Questions?
Andrea Freibauer and Jean Roberts

Understanding and Locating Claim Errors

Benefits of Preventing Claim Errors



Financial

Increase Medicare cash flow by correctly submitting claims the first time

Avoid the expense of resubmitting, adjusting, or appealing incorrect claims

Time

Utilize staff time more efficiently by avoiding the “claim error rollercoaster” – researching errors and trying to fix

Ensure claims are submitted timely

Compliance

Avoid being investigated for Medicare program integrity (fraud and abuse) by submitting Medicare-compliant claims

Claims Adjudication Process

- Once submitted, claims process through FISS
- Follows specific path based on type and are subject to various edits
  - Status/location – where claim is in processing
  - Reason codes – indicate status of claim
- If transaction/claim passes FISS edits, subject to various CWF edits
  - Nationwide repository for Medicare patient and claim information
  - If claim passes CWF edits, returns to FISS for finalization/adjudication
- Utilize remittance advice to identify claim payments, rejections and denials
  - Determine if next steps needed for rejections and denials

FISS Status/Locations

- S XXXXX – Claim suspended (processing)
- P B9997 – Claim finalized/adjudicated
  - Doesn't always mean paid
- T B9997 – Claim returned to provider (RTP)
  - Claim has error(s) that need to be corrected and sent back to MAC via FISS (PF9)
  - Providers must check RTP bucket often as these claims not considered received by Medicare
- R B9997 – Claim rejected
  - No action may be needed, determined by reason code
  - May have to resubmit (or adjust) claim, if appropriate
- D B9997 – Claim denied
  - Determine if appeal needed
  - Documentation must support services rendered

What are FISS Reason Codes?

- Five-digit codes that direct outcome of claim edit or process
  - “Traffic cops” of FISS
- Review reason code to determine next steps
  - Correct claim online and resubmit
  - Appeal claim
  - Adjust claim
  - Submit new claim
  - No action may be needed

Locating Reason Codes in FISS

- Finalized claims (Processed/Rejected/Denied)
  - Claims (Main Menu Selection 01)
  - Claim Summary (Menu Selection 12)
- RTP claims
  - Claims Correction (Main Menu Selection 03)
  - Then appropriate selection for type of claim
    - ✓ Inpatient (Menu Selection 21)
    - ✓ Outpatient (Menu Selection 23)
    - ✓ SNF (Menu Selection 25)

Tips on Avoiding/Correcting Claim Errors

- Research reason codes on our website
  - Part A and your state > Resources > Claims and Appeals > Top Claim Errors

Search

Search Claim errors

Type

Select Error Type

Reason Code	Description	Error Type	Details
32402	Either the CPT or HCPCS code(s) reported on this claim was not been billed with a valid revenue code for the date(s) of service.	RTP	View Details

Top Denial Reason Codes

J6 and JK Denials

October 2023	November 2023	December 2023
39928	39928	39928
5WEXC	5WEXC	5WEXC
54NCD	54NCD	54NCD
56900	56900	56900
52MUE	52MUE	52MUE
52NCD	55B31	52NCD
53NCD	52NCD	55B31
55B31	53NCD	5ND07
55B00	55S05	55A07
55A07	55529	55S05

Reason Code 39928

- Each line of charges on this claim has been denied by medical review
- Avoiding/Correcting This Error
  - Determine line level denial codes for each line of claim
    - ✓ Claim page 2 (MAP 1712) and F11 to MAP171D
  - Ensure all Medicare coverage, documentation and medical necessity requirements met before billing claim
    - ✓ Review current National Government Services LCDs and Billing and Coding Articles
  - If you disagree with denial, you have the right to appeal

Reason Code 5WEXC

- Claim does not qualify for Medicare payment due to principal diagnosis code supplied
- Avoiding/Correcting This Error
  - Ensure all Medicare coverage, documentation and medical necessity requirements met before billing claim
    - ✓ Review current National Government Services LCDs and Billing and Coding Articles
    - ✓ Look for typos and transposed numbers
  - If additional medical circumstances exist or more specific diagnosis code appropriate, indicate when submitting appeal

Reason Code 54NCD

- Provider liable
- Line level reason code indicates that none of the diagnosis codes on claim support medical necessity of the services
- Avoiding/Correcting This Error
  - Review coverage guidelines for service being denied to ensure medical necessity of services being provided to beneficiary
  - Review information on the Appeals tab for information related to submitting an adjustment to correct claims partially denied by automated NCD denials

Reason Code 56900

- Requested medical records not received within 45-day time limit; therefore, unable to determine medical necessity of services billed
  - Automatic denial - documentation not received within 45 days of date on ADR
- Avoiding/Correcting This Error
  - Respond to ADR letters promptly – if sending close to due date, FISS may not be updated in time to avoid denial
  - When documentation received by Medical Review between day 46 and day 120 after request, we will reopen claim automatically
  - Utilize NGSConnex
    - ✓ Review list of incoming/current ADRs and note due dates
    - ✓ Easily upload documentation for ADRs instead of mailing

Reason Code 52MUE

- All line items on claim have units of service in excess of medically reasonable daily allowable frequency
  - Excess charges due to units of service greater than maximum allowable may not be billed to beneficiary
  - This provision cannot be waived nor subject to ABN
- Avoiding/Correcting This Error
  - When you believe medical records support that denied services were reasonable and medically necessary, you have right to submit appeal
  - Review CMS MUE file prior to claim submission
    - ✓ MUE files updated on quarterly basis – ensure referencing appliable file for DOS
    - ✓ If units rendered in excess of allowed units for that service, determine whether excess units were actually rendered and billed correctly

Resources & References

- LCDs, Billing and Coding Articles and NCDs
  - Medical Policies/LCDs – NGSMEDICARE
  - Medicare Coverage Database
  - CMS IOM Publication 100-03, Medicare National Coverage Determinations (NCD) Manual
- Appeals
  - Appeals section
  - Medicare Parts A & B Appeals Process
- Correct Coding
  - Medicare National Correct Coding Initiative (NCCI) Edits
  - Medically Unlikely Edits

Top Reject Reason Codes

J6 and JK Rejections

October 2023	November 2023	December 2023
39934	39929	39929
39929	U5233	U5233
U5233	38200	38200
38200	39934	39934
34538	34538	W7027
C7010	U5200	34538
U5200	C7010	U5200
7K073	7K073	C7010
34540	38032	7K073
38032	U5210	38032

Reason Code 39929

- Each line of charges on this claim rejected and/or rejected and denied
- Avoiding/Correcting This Error
  - Verify line level rejection information to determine rejection for each claim line and resubmit as appropriate
    - ✓ Line level reason code(s) appear on the right view (PF11) of claim page 2 (MAP171D)

Reason Code U5233

- Services on this claim fall within or overlap MA HMO enrollment period
  - For inpatient PPS claims, admission date falls within HMO enrollment period
- Avoiding/Correcting This Error
  - Verify admission date, from, and through dates on claim
  - Compare admission date, from, and through dates on claim to HMO entitlement dates
  - Determine if correctly billing for your facility type and take appropriate action

Reason Code U5233 – Facility Actions

- Outpatient facilities and inpatient/non-inpatient PPS and IRF hospitals or LTCH
  - Services within HMO enrollment period must be submitted directly to HMO
- Non-PPS inpatient hospital or inpatient SNF
  - Claims which overlap effective or termination date of HMO period will need to be split and services billed to HMO and Medicare according to coverage dates
- Non-teaching IPPS hospitals, IRFs and LTCHs
  - Required to submit informational no-pay encounter bills with covered charges and CC 04
  - IRF providers use appropriate HIPPS code based on PAI assessment accompanied by occurrence code (OC) 50 and corresponding assessment date when submitting no-pay claims

Reason Code U5233 – Facility Actions (cont.)

- IPPS, IRF, and LTCH and SNF (covered services)
  - Services during HMO enrollment period submitted to MAC as informational no-pay encounter claim for benefit period purposes
  - IPPS acute care teaching hospitals billing for IME payment must bill with both condition code (CC) 04 and CC 69 and with covered charges
  - SNF-covered services during HMO enrollment period billed using CC 04 with covered charges

Reason Code 38200

- Claim exact duplicate of previously submitted claim
  - MBI number
  - TOB (all three positions of any TOB)
  - Provider number
  - Dates of service
  - Total charges (0001 revenue line)
  - Revenue code, HCPCS and modifiers (if required by revenue code file)
- Avoiding/Correcting This Error
  - All additions and/or corrections to processed claims must be adjustment claims, not new claims
  - Before submitting claim, ensure not been previously submitted
  - Review remittance advice or use self-service tools

Reason Code 39934

- All revenue code lines on claim denied as noncovered and one or more lines denote beneficiary eligibility
- Avoiding/Correcting This Error
  - If claim rejection was desired outcome, no action needed
  - If claim rejection was not desired outcome, make corrections and submit new claim to MAC

Reason Code 34538

- Claim submitted as Medicare primary but open MSP Working Aged record (VC = 12; Payer Code = A) in CWF and claim did not contain reason Medicare primary
- Avoiding/Correcting This Error
  - Do not resubmit claims as they will be rejected as duplicates
  - If MSP record correct, submit claim to primary EGHP
    - ✓ Once you receive payment, submit adjustment (TOB XX7) to this claim to change it to MSP claim
  - If MSP record is incorrect because beneficiary and/or spouse retired
    - ✓ Submit adjustment to this claim to change it to Medicare primary (as originally billed) and code beneficiary's retirement date with OC 18 and/or spouse's retirement date with OC 19

MSP Resources and References

- Collect and Report Retirement Dates on Medicare Claims
- Correct or Adjust a Claim Due to an MSP-Related Issue
- Prevent an MSP Rejection on a Medicare Primary Claim

Reason Code W7027

- Claim rejected because only services categorized as incidental or packaged services billed
- Avoiding/Correcting This Error
  - Review medical record to determine if additional services should be reported
  - Review OPPS payment status indicator for HCPCS code
    - ✓ Determine if service paid under OPPS and if so, whether payment made separately or packaged
    - ✓ Full list of status indicators and their definitions published in OPPS/ASC Final Rules each year

Top RTP Reason Codes

J6 and JK RTPs

October 2023	November 2023	December 2023
34977	34977	34977
34978	34963	34963
34963	34986	34986
34986	34978	34985
38119	34985	38119
38038	38119	38038
32402	38038	31197
34984	32402	32415
34985	U5065	U5065
U5065	34984	34072

Reason Code 34978

- 13X or 14X TOB
- Address on claim matches address on Provider Practice Address Query Screen in FISS DDE or in PECOS, however one or more line items on claim do not contain ER, PO or PN modifier
  - Excludes 0001 revenue line
- Avoiding/Correcting This Error
  - Verify billing and, if appropriate, correct by adding correct modifier(s) to applicable claim lines

Reason Code 34977

- 13X or 14X TOB
- Practice address present on claim does not match address on Provider Practice Address Query Screen in FISS DDE or PECOS
- Avoiding/Correcting This Error
  - Verify billing
  - If appropriate, correct by updating practice address on claim to exactly match address on Provider Practice Address Query Screen in FISS DDE or in PECOS
  - When billing for on-campus services only:
    - ✓ Report billing provider address only in billing provider loop 2010AA
    - ✓ Do not report any service facility location in loop 2310E (or in DDE MAP 171F screen for DDE submitters)
    - ✓ Refer to SE19007 for how to bill additional scenarios

Reason Code 34963

- One of the following applies:
  - Attending Physician on Claim Page 05 invalid or not present in PECOS Enrolled Physicians file (Type C Records)
  - Attending Physician NPI present on PECOS Enrolled Physicians file but first four digits of last name do not match
  - Through Date of Service on claim equal or greater than Termination Date on PECOS Enrolled Physician Inquiry screen
- Avoiding/Correcting This Error
  - Review PECOS to ensure information correct, update if necessary
  - Verify billing and, if appropriate, correct attending physician information on claim

Reason Code 34986

- 13X or 14X TOB
- PN modifier missing from one or more claim lines and practice location present on claim and matches entry on Provider Practice Address Query Screen in FISS DDE or PECOS
- Avoiding/Correcting This Error
  - PN modifier - Non-excepted service provided at off-campus, outpatient, provider-based department (PBD) of hospital
    - ✓ Applies to non-grandfathered/non-excepted PBD and triggers payment under MPFS for DOS on/after 1/1/2017
    - ✓ Non-grandfathered = off-campus practice location has effective date on or after 11/2/2015
  - Verify billing and, if appropriate correct by updating PN modifier to applicable claim line(s)

Reason Code 34985

- 13X or 14X TOB
- PO modifier missing from one or more claim lines and practice location present on claim and matches entry on Provider Practice Address Query Screen (MAP1AB2) in FISS DDE or PECOS
- Avoiding/Correcting This Error
  - PO modifier - Services, procedures and/or surgeries provided in excepted off-campus outpatient PBD
    - ✓ Applies to grandfather/excepted PBD and paid under OPPS
    - ✓ Grandfathered = facility became PD before 11/02/2015
  - Verify billing and, if appropriate correct by adding PO modifier to applicable claim line(s)

Multiple Service Location Resources and References

- CMS Special Edition SE19007: Activation of Validation Edits for Providers with Multiple Service Locations
- URGENT: Billing Reminders for OPPS Providers with Multiple Service Locations
- Attention All OPPS Providers: Provider-Based Department
- Learn more about Provider Practice Address Query screen (1D) in the FISS DDE Provider Online Guide
  - Chapter IV: Inquiries Submenu (01) > Provider Practice Address Query (1D)

Reason Code 38119

- Claim DOS part of continuing stay and claim immediately preceding DOS on this claim not processed
- Avoiding/Correcting This Error
  - SNF inpatient claims must be submitted one month at a time, in sequential order
  - Subsequent claims in stay should not be submitted until prior month's claim processed and finalized (appears on remittance advice)
  - Before submitting next claim in sequence, verify status of prior month's claim
    - ✓ FISS Inquiry Claim Summary option
    - ✓ IVR
    - ✓ NGSConnex
  - Once prior claim shown on remittance advice, resubmit RTP claim using claim correction options

Questions?

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

Connect with us on Social Media

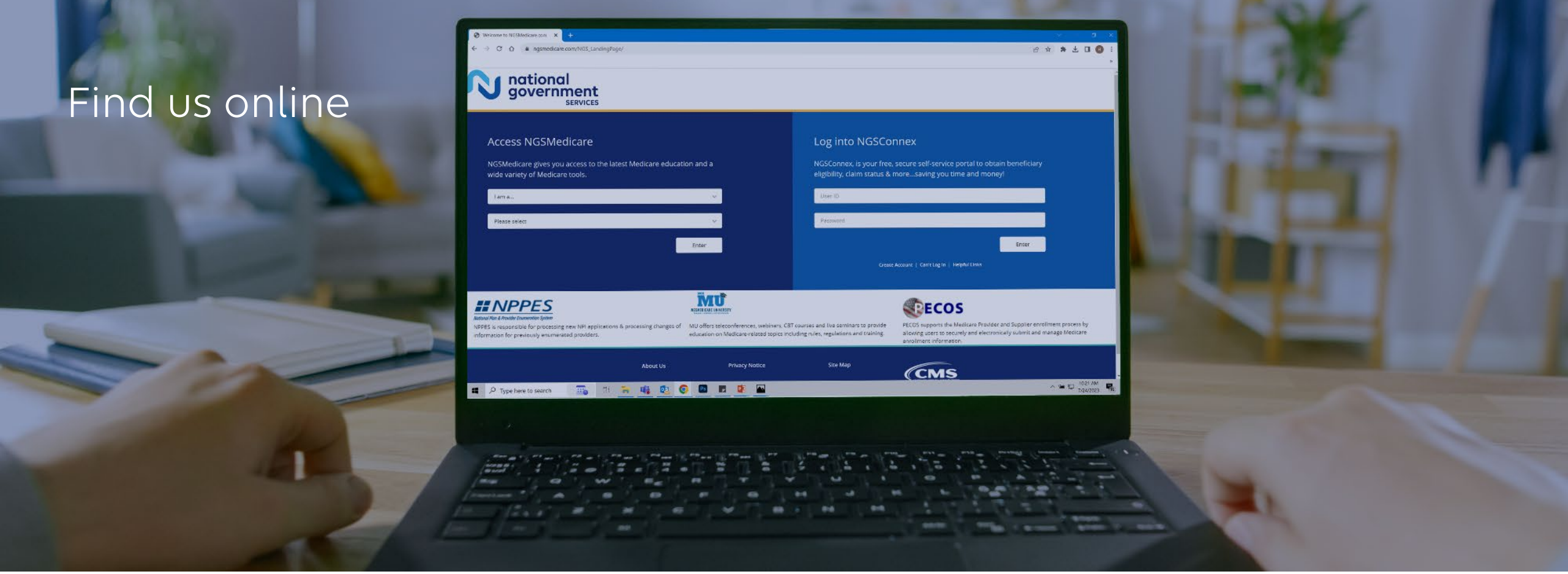
YouTube Channel
Educational Videos

medicare mobile
Text NEWS to 37702; Text GAMES to 37702

www.MedicareUniversity.com
Self-paced online learning

LinkedIn
Educational Content

Find us online



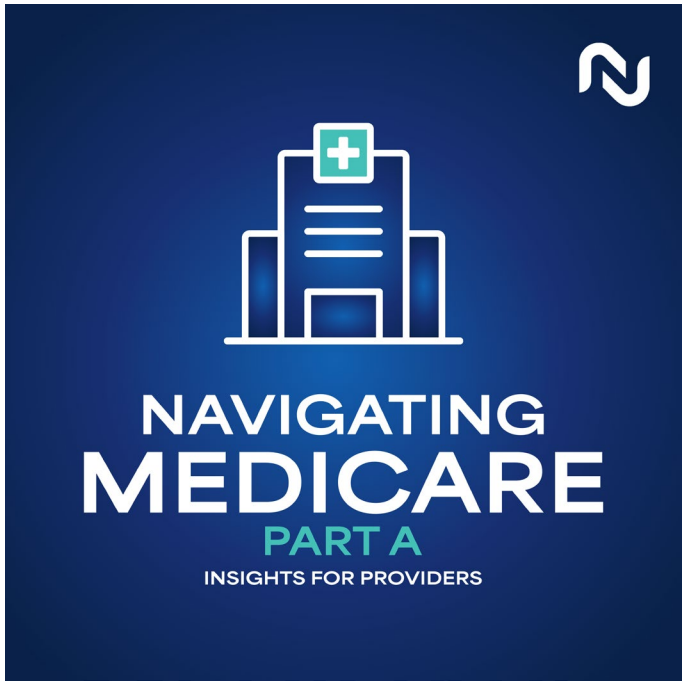
www.NGSMedicare.com
Online resources, event calendar, LCD/NCD, and tools

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

Listen to Our Part A Podcast



Navigating Medicare: Part A Insights for Providers

Listen to our podcast on Spotify and Apple Podcasts! We will have a new episode on the 1st and 3rd Wednesday of each month.

Spotify:

Apple Podcasts: