

Most Common RTP and Reject Reason Codes
October 2003 – December 2003

Reason Code	Provider Type	What Does It Mean?	How To Prevent/Resolve It
38107 - (RTP)	Home Health	System can't find a matching paid RAP.	Make sure the RAP didn't auto-cancel; if auto-cancelled, re-bill RAP. Ensure the following items match on the RAP and the final claim: provider number; from date; admit date; HIPPS code; date of service on the 0023 revenue code line.
32226 - (RTP)	Home Health	No service units billed on claim.	Make sure the units of service are billed for revenue codes listed on claim page 02.
31755 - (RTP)	Home Health	For initial episodes, revenue code 0023 doesn't match admit date, statement "from" date, and service date OR for subsequent episodes, no visit service date matches the date of service on 0023 line.	For initial episode, make sure the statement "from" date, admission date and 0023 service date are equal. For subsequent episodes, ensure that one visit service date billed matches the date of service on the 0023 revenue line.
38200, 38050, 38157 – (Reject)	Hospital, CAH, and Home Health	Claim/RAP is an exact duplicate of a previously submitted claim/RAP.	Work with your software vendor to make sure that files aren't sent more than once into FISS. Use the Claim Summary Inquiry screen (Option 12) in FISS to determine if the claim/RAP has previously been submitted.
W7A01 – (RTP)	Home Health and Hospital	OCE has detected an error in the 1 st diagnosis code.	Use a current ICD-9-CM coding book or the ICD-9-CM Code Inquiry screen (Option 15) in FISS to determine valid ICD-9-CM codes. Providers should not add a decimal point, extra zeros or spaces when submitting their diagnosis codes.
38146 – (RTP)	Hospice	Claim billed non-sequential.	Ensure the prior claim has been paid (P), denied (D) or rejected (R). Ensure no gaps exist between the 'to date' on the prior claim and the 'from date' on the subsequent claim.
C7010 – (Reject)	Hospital	Your claim overlaps a hospice election period.	Check HIQA pages 2 & 3 to determine hospice election dates. If services are unrelated to hospice diagnosis, resubmit claim using condition code '07' on your claim.
N5052 – (Reject)	Home Health and Hospital	Beneficiary's name and HIC number do not match.	Verify the beneficiary's name and Medicare number using their Medicare card. Use HIQA/HIQH to ensure correct information.

Most RTP/rejected claim errors can be prevented by checking eligibility information on HIQA/HIQH prior to submitting each claim. The following page identifies the key fields on each page of HIQA/HIQH.

HIQA Overview of Key Fields

Page #	Important Fields	Reason
Page 1	CORRECT	Ensure billing correct Medicare number, name, date of birth and sex code
	A-ENT, A-TRM, B-ENT, B-TRM	Ensure beneficiary entitlement to Medicare Part A &/or Part B
	FULL-HOSP, CO-HOSP, FULL-SNF, CO-SNF	Verify number of full/coinsurance hospital/SNF days remaining
	DED-TBM	Verify dollar amount of Part B deductible remaining for current year.
	HMO, CURR ID, OPT, ENR, TERM	Verify whether the patient has a Medicare HMO, the OPT code and the enrollment and termination dates.
Page 2	PAP, PAP DATE, MAMM,	Verify services and dates for beneficiary eligibility for services.
	IMMUNO/TRANSPLANT DATA	Verify transplant coverage and type.
	START DATE, TERM DATE, REVOCATION IND	Verify start and term date of hospice election for two most recent periods. Revocation indicator of 0, patient still under hospice; revocation indicator other than 0, patient has revoked.
Page 3	START DATE, TERM DATE, REVOCATION IND	Verify start and term date of hospice election for 3 rd & 4 th most recent periods. Revocation indicator of 0, patient still under hospice; revocation indicator other than 0, patient has revoked.
Page 4	None	Page 4 should not be used to determine home health information.
Page 5	EPISODE START, EPISODE END, DOEBA, DOLBA	Indicates start and end date, and first and last visit in two most recent home health episodes.
Page 6	PROCEDURE DESCRIPTION, HCPCS CODE, TECH OR PRO, RISK, DATES OF SERVICE	Verify the type and dates of the last Medicare covered screening services that the beneficiary received.
Page 7	EFF DTE, TRM DTE, MSP CODE	Verify if beneficiary has a primary insurance, the type and the effective and termination dates.

HIQH Overview of Key Fields

Page #	Important Fields	Reason
Page 1	CORRECT	Ensure billing correct Medicare number, name, date of birth and sex code
	A-ENT, A-TRM, B-ENT, B-TRM	Ensure beneficiary entitlement to Medicare Part A &/or Part B
Page 2	None	Page 2 should not be used to determine home health information.
Page 3	EPISODE START, EPISODE END, DOEBA, DOLBA, STAT	Indicates start and end date, first and last visit, and patient status at end of two most recent home health episodes.
Page 4	DESCRIPTION, EFF DTE, TRM DTE	Verify if beneficiary has insurance primary to Medicare, the type and the effective and termination dates.
Page 5	HMO, CURR ID, OPT, ENR, TERM	Verify whether the patient has a Medicare HMO, the OPT code and the enrollment and termination dates.
Page 6	START DATE, TERM DATE, REVOCATION IND	Start and term date of two most recent hospice election periods. Revocation indicator of 0, patient still under hospice; revocation indicator other than 0, patient has revoked.
Page 7	START DATE, TERM DATE, REVOCATION IND	Start and term date of 3 rd & 4 th most recent hospice election periods. Revocation indicator of 0, patient still under hospice; revocation indicator other than 0, patient has revoked.