



JK Hospice Billing Scenarios

Top Hospice Billing Errors



Today's Presenter

- Emily Fox-Squairs
 - Provider Outreach and Education
 - Syracuse, NY

Webinar Access

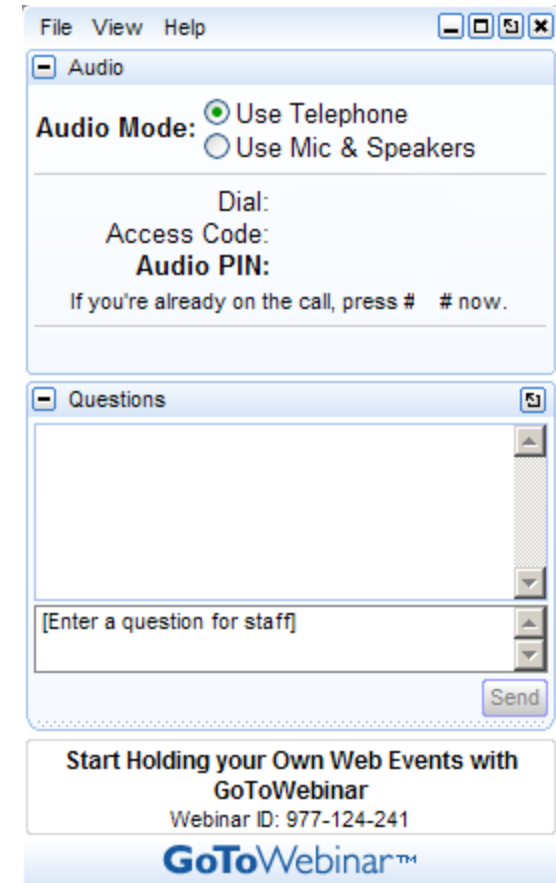
- All registrants received an e-mail from:
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 - Click on the link within the e-mail to join the Web presentation
 - Using your telephone, dial into the conference call using the number and access code provided in the e-mail

Today's PowerPoint Presentation

- PowerPoint provided in an e-mail
- PowerPoint available on events calendar
 - Go to the <http://www.NGS Medicare.com> Web site
 - Select **HHH** Home Page
 - Click on the **Training Events Calendar** underneath **Education & Training** section
 - Select the **Event Name**
 - Under attachments you will see the PowerPoint presentation link

Audio

- Once you are connected to the audio, the PIN displays
 - Input the PIN on your screen into your telephone
 - Dial in number and PIN are unique for each attendee



How to Participate Today

The screenshot shows a web browser window with a menu bar containing 'File', 'View', and 'Help'. Below the menu bar are two main sections:

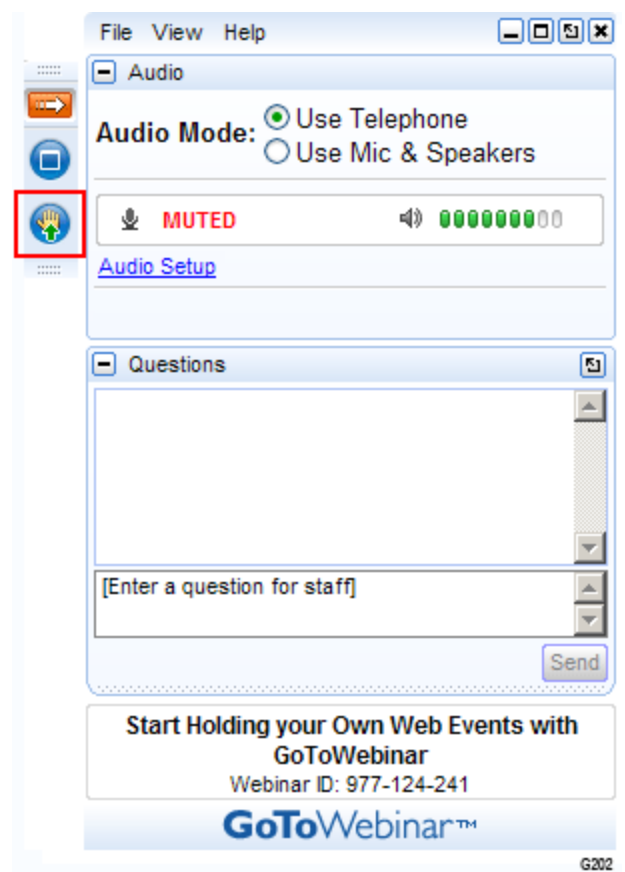
- Audio:** This section contains radio buttons for 'Audio Mode'. The 'Use Telephone' option is selected. Below this, there are labels for 'Dial:', 'Access Code:', and 'Audio PIN:'. The 'Audio PIN:' label is highlighted with a red rectangular box. Below these labels is the text 'If you're already on the call, press [] now.'.
- Questions:** This section features a large empty text area for entering questions. Below the text area is a smaller input field containing the placeholder text '[Enter a question for staff]'. To the right of this field are up and down arrow buttons. A 'Send' button is located at the bottom right of the questions section.

At the bottom of the window, there is a promotional banner for GoToWebinar with the text: 'Start Holding your Own Web Events with GoToWebinar', 'Webinar ID: 977-124-241', and the GoToWebinar logo.

G201

How to Participate Today

- To Ask a Verbal Question:
Raise your hand
- The **Green Arrow** means
your hand is not raised
(Click to raise your hand)
- The **Red Arrow** means
your hand is raised (Click to
lower your hand)



To Ask a Question By Raising Your Hand



G203

To Ask a Question Using the Question Box

The screenshot displays the GoToWebinar interface. At the top, there is a menu bar with 'File', 'View', and 'Help'. Below it is a window titled 'Attendee List (2 | Max 201)'. The main content area is divided into several sections: 'Attendees (1)' with a sub-tab 'Staff (1)', a dropdown menu set to 'NAMES - ALPHABETICALLY', and a list containing 'Corena Bahr (Me)'. Below this is a search box. The 'Audio' section shows 'Audio Mode' with radio buttons for 'Use Telephone' and 'Use Mic & Speakers' (selected), a 'MUTED' status indicator, and a volume control slider. Below the audio section, it says 'Talking: Suzie Smith'. The 'Questions' section is highlighted, showing a 'Questions Log' with a question 'Q: Is there a volume discount?' and an answer 'A: Yes! We will send you more info after the event.' Below the log is a text input field containing the word 'Yes' and a 'Send' button. Two red arrows are overlaid on the image: one pointing to the text input field with the text 'Type questions here', and another pointing to the 'Send' button with the text 'Then click Send'.

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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 event

Acronyms

- Please access the [Acronyms](#) page on the NGS Medicare.com Web site to view any acronym used within this presentation.
 - Resources > Acronym Search

Objective

- Educate hospice providers on the top billing errors assigned between January 1, 2014 and March 31, 2014 that caused claims to reject or RTP

Agenda

- Top reason code background
- Top rejection reason codes
 - How to avoid top rejection reason codes
- Top RTP reason codes
 - How to avoid top RTP reason codes
- Resources

Workload States

- The JK workload includes the following states:
 - Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont

Status/Location (S/LOC)

- Determining the next step when reviewing a claim that has been submitted depends on the status/location and the reason code of that claim
 - Denials (D B9997)
 - Claims are appealed
 - Rejections (R B9997)
 - Claims are resubmitted (in very limited situations, claims are adjusted)
 - RTPs (T B9997)
 - Claims are corrected and resubmitted

Impact of Claim Rejections and RTP

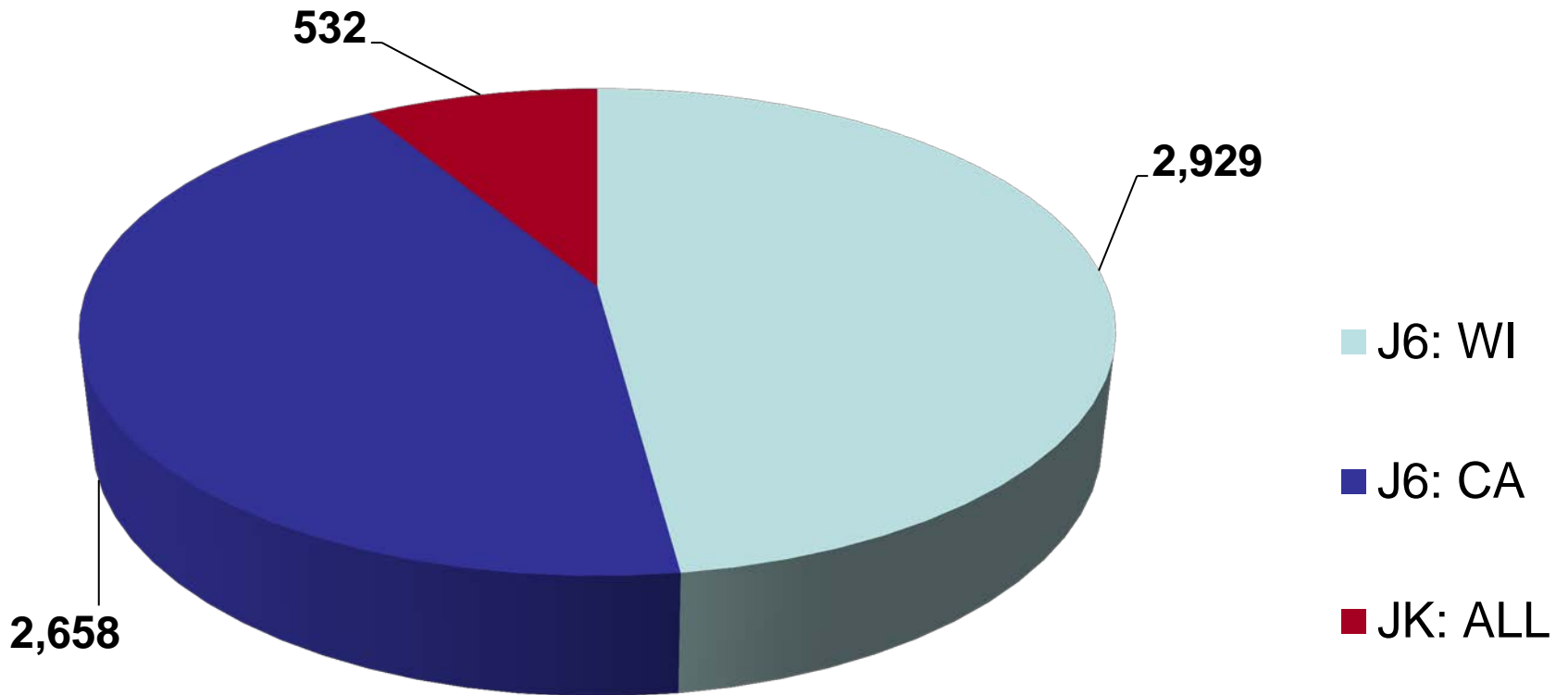
- Cash flow
 - No claim payment on first claim submission
 - Delays in claim payments if adjustment claim required
 - Potential conflicts if arrangements not made prior to services being rendered
- Staff time
 - Research needed to determine correct beneficiary status or situation related to claim rejection
 - Submitting new claim or adjustment as appropriate

Benefits of Preventing Medicare Claim Rejects and RTPs

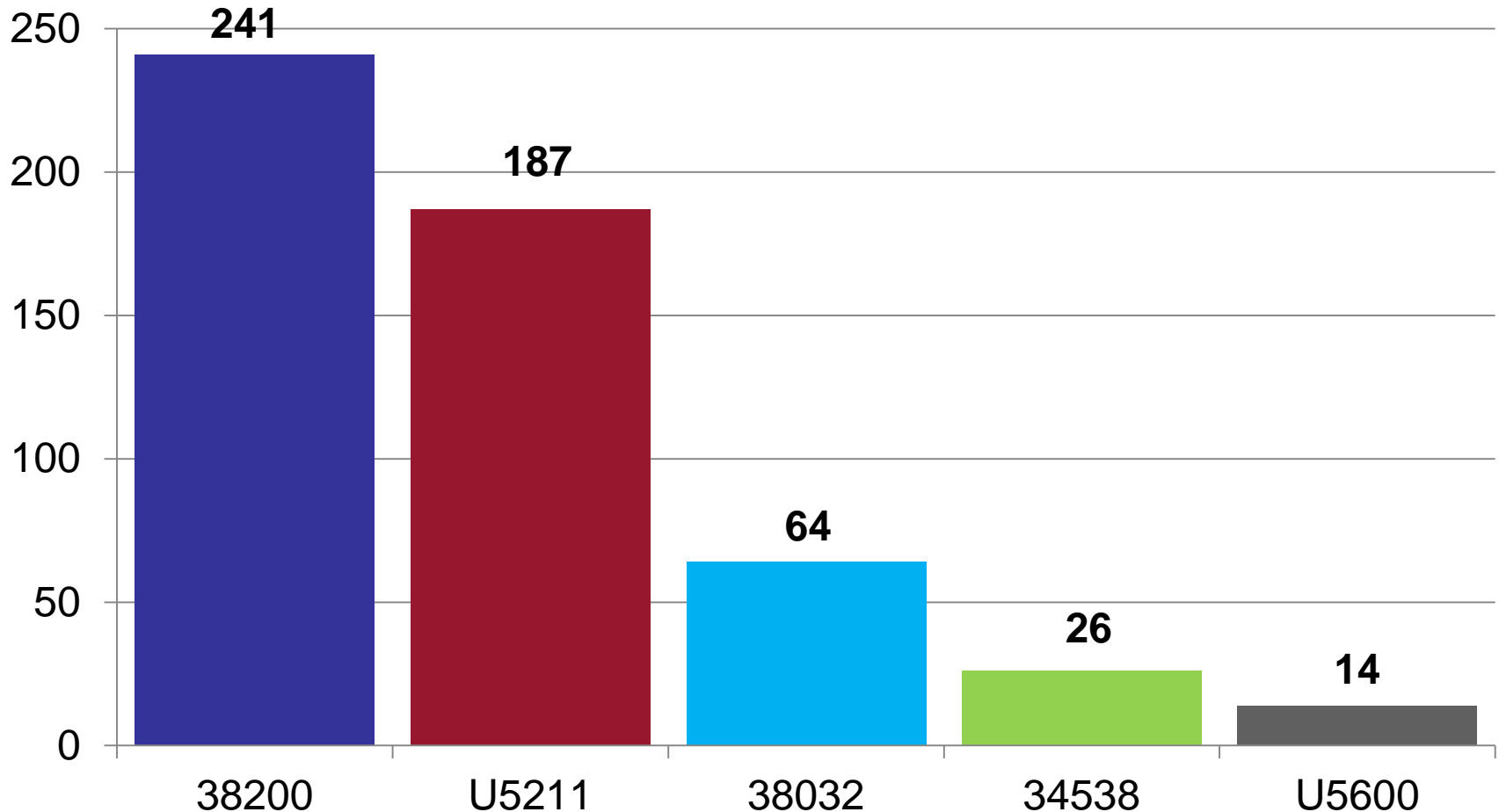
- Increase timeliness of Medicare cash flow
- Decrease time spent correcting RTP claims
- Decrease time spent submitting adjustments
- Decrease time spent submitting new claims

HH+H Contracts: Total Errors

Rejections



JK Top Rejection Reason Codes



Duplicate Claim Rejections

- 38032
 - This outpatient claim is a duplicate of a previously processed outpatient claim
- 38200
 - This claim is an exact duplicate of a previously submitted claim
- U5600
 - The dates of service reported on this claim are a duplicate to a claim, with the same dates of service that has previously processed

Provider Action for Duplicate Claim Rejections

- No action required
 - If claim is exact duplicate to processed claim
- Adjust original claim
 - If additional information needs to be added to original claim
- Submit new claim
 - If submitted two claims at the same time and both rejected as duplicated to each other for 38200

Tips for Preventing Duplicate Claim Rejections

- Educate
 - Know when to adjust rather than submit new claims
 - Adjust claims when making change to original claim
 - In very limited situations, additions/corrections to rejected claims also need to be sent on an adjustment claim
 - Claims rejected due to MSP situations

Tips for Preventing Duplicate Claim Rejections

- Check internal system, processes, and/or procedures
 - Develop and implement process to ensure duplicate claims are not being submitted
 - Check claim submission history
 - Check FISS/DDE and/or the remittance statement for previous claim

Did You Know...

- Consistently submitting duplicate claims could result in providers being referred to the program safeguard contractor
 - Duplicate claim submissions can and should be avoided by providers at all times

Reason Code U5211

- Why did the claim reject?
 - Records indicate that the services billed on the claim were provided after the beneficiary's date of death

Reason Code U5211

- Provider Action
 - Verify the HICN and dates of service
 - If appropriate, correct the information and submit a new claim
 - If actual date of death was reported in error to social security office, that office must be contacted to correct the date
 - If the beneficiary is still alive, he/she must contact social security office for an interview as these cases cannot be corrected through the intermediary

Reason Code U5211

- Tips for preventing this reason code
 - Ensure the patient status code indicating death (40, 41, or 42) is only submitted on the patient's final claim (TOB 8X1 or 8X4) and the "Through" date on the claim is the patient's actual date of death
 - Check CWF to see if there is a DOD on file and verify that the correct date is on the claim

Reason Code 34538

- Why did the claim reject?
 - Claim submitted as Medicare primary and a positive working elderly record exists at CWF. The claim should be billed to the primary insurer.

Reason Code 34538

- Provider Action
 - If there is an active working aged insurer
 - Follow MSP billing guidelines and submit an adjustment accordingly
 - If you have information that disputes open records and an update is needed to the record
 - Contact the Benefits Coordination & Recovery Center (BCRC)
 - Used to be known as the COBC

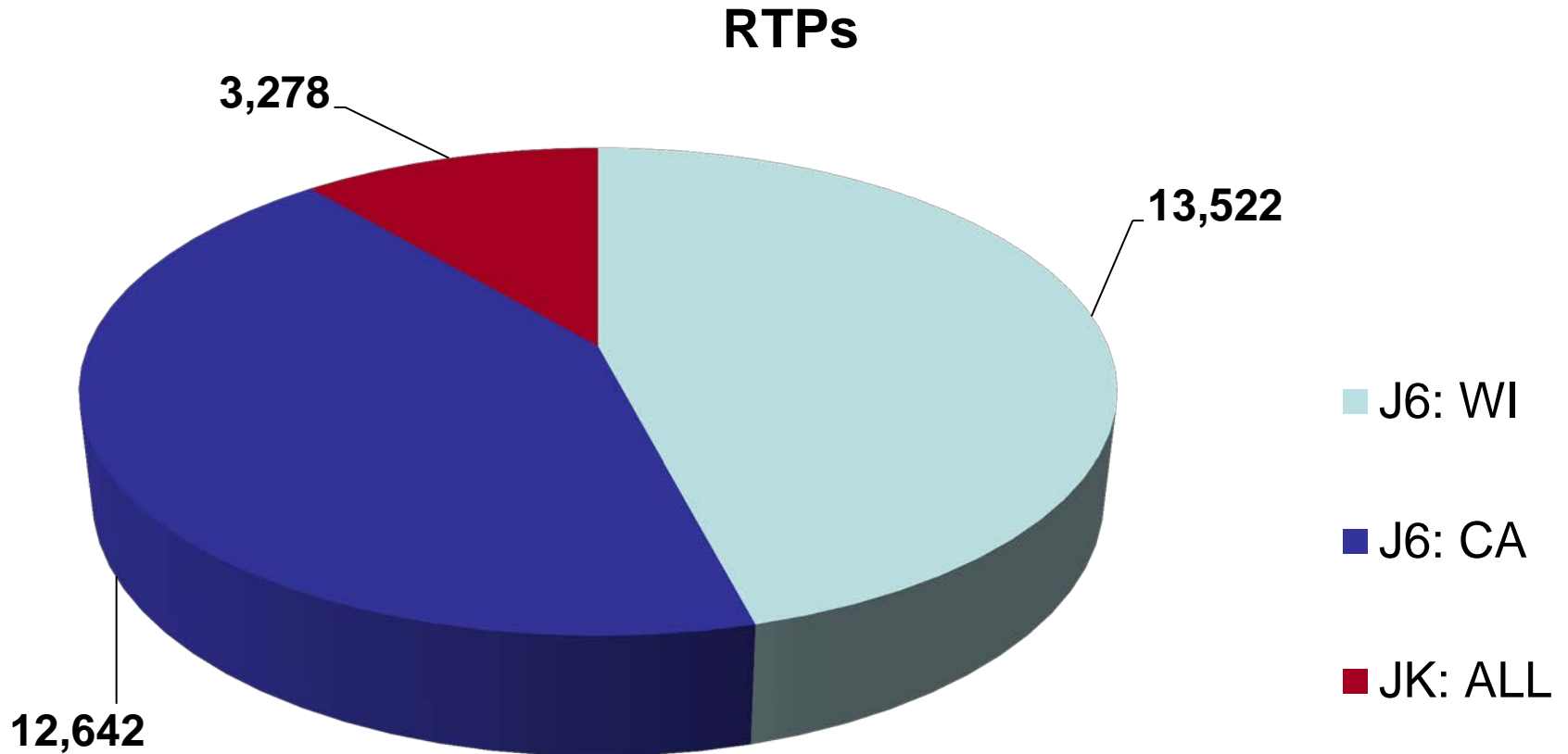
Reason Code 34538

- Tips for preventing this reason code
 - Conduct the MSP screening process for all patients
 - Check for a matching online MSP file in the CWF
 - Use the available resources to submit the claims correctly the first time
 - Medicare Secondary Payer section on our Web site
 - CMS IOM Publication 100-05, *Medicare Secondary Payer Manual*

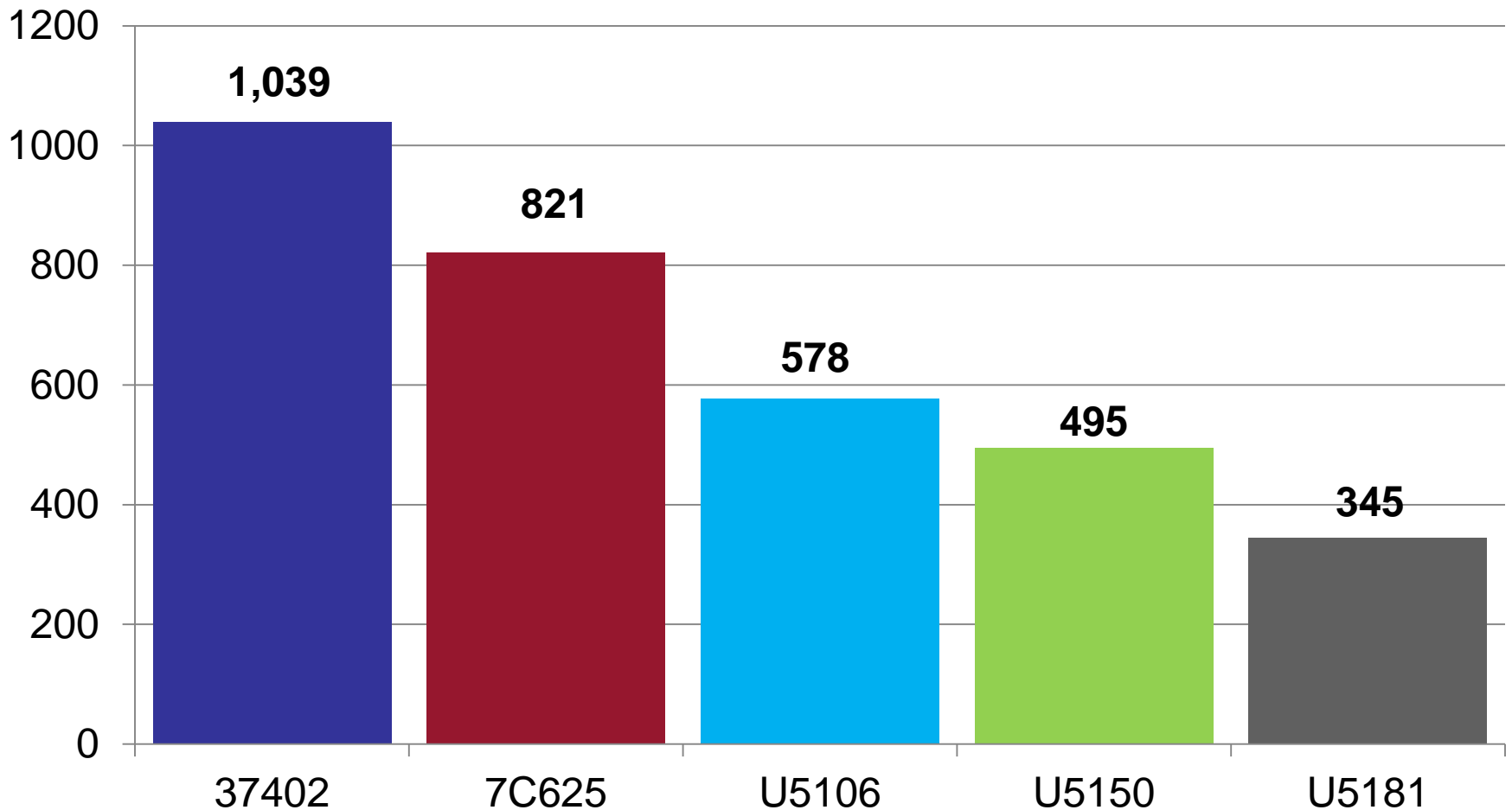
Did You Know?

- Information on how to update MSP records and what is needed when contacting the BCRC is available on the CMS website
 - [Provider Services: Coordination of Benefits](#)
 - CMS Home > Coordination of Benefits & Recovery: Provider Services

HH+H Contracts: Total Errors



JK Top RTP Reason Codes



Reason Code 37402

- Why did the claim RTP?
 - There is no claim with a “through” date one day less than this claim’s “from” date

Reason Code 37402

- Provider Action
 - Prior bill should be processed before resubmitting this claim
 - Check FISS/DDE and/or the remittance statement for finalized prior claim
 - Verify that the correct date(s) of service is being billed

Reason Code 37402

- Tips for preventing this reason code
 - Verify there is no gap between the “to” date on the previous claim and the “from” date on the next claim
 - Ensure that the prior claim is finalized before submitting the next claim whenever possible

Reason Code 7C625

- Why did the claim RTP?
 - Reason for discharge is unclear
 - Remarks are missing or incomplete for hospice discharge (TOB 8X4 or 8X1) claims

Reason Code 7C625

- Provider Action
 - Add remarks to explain the discharge/revocation
 - For revocations, respond with “beneficiary revoked effective mmddyy”
 - For hospice transfers, respond with “beneficiary transferred to Medicare certified agency or name of facility and the date the transfer was effective (mmddyy)”
 - For discharges due to terminal prognosis, respond with “beneficiary discharged due to stable condition effective mmddyy”

Reason Code 7C625

- Provider Action
 - Add remarks to explain the discharge/revocation
 - For discharges due to a move out of the service area, respond with “beneficiary moved out of our service area and did not transfer to a certified agency effective mmddyy”
 - For discharges for cause, respond with “beneficiary discharged for cause following our written policy effective mmddyy”
 - For discharges due to late face-to-face encounters, respond with “beneficiary discharged due to face to face not done timely”

Reason Code 7C625

- Provider Action
 - If the beneficiary transferred to a VA hospital, a transfer is not valid
 - The beneficiary must revoke or be discharged
 - If the beneficiary is deceased, correct the patient status code
 - DSC 01 is invalid in this situation

Reason Code 7C625

- Tips for preventing this reason code
 - Make sure the remarks clearly explain the reason for the discharge, revocation, or transfer
 - Utilize the Avoiding Reason Code 7C625 Job Aid

Reason Code U5106

- Why did the claim RTP?
 - NOE received with a start date that falls within a previously established hospice election period

Reason Code U5106

- Provider Action
 - Verify that NOE is billed with correct admission date
 - If admission date is incorrect, resubmit NOE with correct date
 - If admission date is correct, previous open election period must be closed with a final hospice claim before NOE is resubmitted

Reason Code U5106

- Tips for preventing this reason code
 - Check the CWF prior to submitting your NOE to determine if an open election period exists
 - If open election period exists from another hospice agency, contact them to request that they finish billing in order to close the election
 - Always try to work it out with the other provider first and document contact attempts
 - If all attempts to work it out with the other provider fail, you may call the Provider Contact Center for assistance

Reason Code U5150

- Why did the claim RTP?
 - Hospice claim received and no hospice master record is present

Reason Code U5150

- Provider Action
 - Submit the NOE if not already submitted
 - Wait for the NOE to finalize
 - S/LOC P B9997
 - NOE must be processed before resubmitting this claim

Reason Code U5150

- Tips for preventing this reason code
 - Never submit an NOE and claim on the same day
 - Verify that the NOE is submitted and processed before submitting any claims to Medicare
 - Verify the admit date on the NOE and claim are the same

Reason Code U5181

- Why did the claim RTP?
 - The NOE or claim begins an election period and the OC 27 is not present/correct indicating the date of physician certification or recertification

Reason Code U5181

- Provider Action
 - Ensure the usage of an appropriate certification or recertification date, in accordance with OC 27, on the claim

Reason Code U5181

- OC 27 is reported on the claim for the billing period in which the certification or recertification was obtained
 - Certification/recertification done prior to service dates on claim
 - OC 27 is not appropriate
 - Claim dates of service span current election period
 - OC 27 date must equal the start date of the next election period
 - Billing an OC 27 date for a late recertification
 - OSC 77 must also be present for the days that are prior to the late recertification date

Occurrence Span Code Example

- Patient is admitted to hospice for the first time on 01/11/2014
 - 1st benefit period: 01/11/2014-04/10/2014
 - 2nd benefit period begins on 04/11/2014
 - Certification obtained on 04/19/2014
 - To be timely, certification would have to have been obtained by 04/13/2014
- Use of OSC 77 and OC 27 on January claim
 - OSC 77 dates: 04/11/2014-04/18/2014
 - OC 27 date: 04/19/2014

Reason Code U5181

- Tips for preventing this reason code
 - Verify the certification/recertification dates are on the appropriate monthly claim
 - To verify the certification/recertification dates
 - Utilize the eligibility screens in CWF
 - Check your internal documentation
 - Utilize the Election Period Count Charts



RESOURCES



CMS Resources

- CMS website, Hospice Center
 - <http://www.cms.gov/center/hospice.asp>
- CMS Transmittals
 - <http://www.cms.gov/Transmittals/>
- CMS Internet-Only Manuals
 - <http://www.cms.gov/manuals>
 - Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 9
 - Publication 100-04, *Medicare Claims Processing Manual*, Chapter 11

National Government Services Resources

- <http://www.NGS Medicare.com>
 - Home Health and Hospice portal
 - Acronym Search
 - Resources > Acronym Search
 - Fiscal Intermediary Standard System/Direct Data Entry Provider Online Guide
 - Publications > Manuals
 - Health Insurance Query Access Manual
 - Publications > Manuals
 - Hospice Job Aids
 - Resources > Tools and Materials

National Government Services Resources

- <http://www.NGS Medicare.com>
 - Home Health and Hospice portal
 - Top Claims Submission Errors
 - Claims > Top Claims Submission Errors
 - Medicare Secondary Payer information
 - Claims > Medicare Secondary Payer
 - Training Events Calendar
 - Education and Training > Training Events Calendar
 - Training Summaries
 - Education and Training > Training Summaries

What You Should Do Now...

- Share information with other staff at your facility
- Use presentation and provided references and resources for guidance
- Continue to attend educational sessions

E-mail Updates

- Subscribe to receive the latest, up-to-date Medicare information.

The screenshot shows the National Government Services website. At the top, there is a navigation bar with links for Home, FAQs, and Contact Us. Below this is a search bar with the text "Enter Keyword(s)" and a dropdown menu set to "DME". The main navigation menu includes links for CLAIMS, EDUCATION & TRAINING, ENROLLMENT, MEDICAL POLICY CENTER, PUBLICATIONS, RESOURCES, and REVIEW PROCESS. The current page is "E-mail Updates" under the "Publications" section. A "QUICK LINKS" sidebar on the left lists various services like Register for Training, Connex Online Inquiry, and Fee Schedules. The main content area is titled "E-MAIL UPDATES" and contains a welcome message, a section for "E-mail Updates Password Requirements" with a list of rules, and a list of actions: Subscribe, Manage Account, and Unsubscribe.

QUICK LINKS

- ▶ Register for Training
- ▶ Connex Online Inquiry
- ▶ Customer Service
- ▶ Fee Schedules
- ▶ Forms
- ▶ Jurisdiction B Connections
- ▶ Mailing Addresses
- ▶ Medical Policy Center
- ▶ Supplier Manual

PUBLICATIONS

- ▶ E-mail Updates
- ▶ Manuals
- ▶ Jurisdiction B Connections
- ▶ News Articles

E-MAIL UPDATES

Welcome to the National Government Services e-mail updates page! Here you can join electronic mail groups/lists and manage your subscriptions. To get started, join the desired electronic mail group(s) and create your profile so you can manage your subscriptions.

E-mail Updates Password Requirements

- Eight (8) character minimum length
- Must use at least three of the following:
 - uppercase letters
 - lowercase letters
 - numbers
 - special characters (with the exception of <, >, and |)

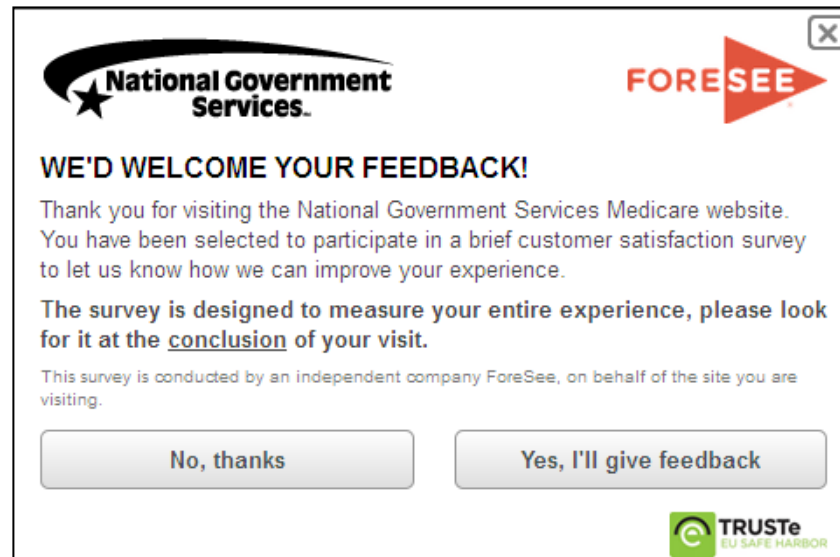
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Web Site Survey

- This is your chance to have your voice heard—Say “yes” when you see this pop-up so National Government Services can make your job easier!



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FORESEE

WE'D WELCOME YOUR FEEDBACK!

Thank you for visiting the National Government Services Medicare website. You have been selected to participate in a brief customer satisfaction survey to let us know how we can improve your experience.

The survey is designed to measure your entire experience, please look for it at the conclusion of your visit.

This survey is conducted by an independent company ForeSee, on behalf of the site you are visiting.

No, thanks

Yes, I'll give feedback

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EU SAFE HARBOR

Medicare University

- <http://www.MedicareUniversity.com>
- Interactive online system available 24/7
- Educational opportunities available
 - Computer-based training courses
 - Teleconferences, Webinars, live seminars/face-to-face training
- Self-report attendance

Medicare University Self-Reporting Instructions

- Log on to the National Government Services Medicare University site at <http://www.MedicareUniversity.com>
 - Topic = **JK Hospice Top Claim Submission Errors**
 - Medicare University Credits (MUCs) = **1**
 - Catalog Number = To be provided
 - Course Code = To be provided
 - For step-by-step instructions on self-reporting, please visit <http://www.NGS Medicare.com> > **Medicare University > Accessing the Self-Reporting Tool**

Thank You!
