

Avoiding Current Hospice Billing Errors Session 12

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Today's Presenters



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Objectives

- Review top RTP and Reject reason codes for hospice providers and how to avoid these going forward

Agenda

- Hospice claims that have been returned to provider (RTP)
- Hospice claims that have been rejected
- Home health & hospice references and resources

Hospice: Claims That Have Been Returned to Provider (RTP)



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Claim Error Reason Code 19508

- An invalid ICD-9 or ICD-10 diagnosis code is submitted on the claim



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Avoiding/Correcting Reason Code 19508

- Verify your date(s) of service
 - Claims with through dates on or after 10/1/2015 must be billed with ICD-10 codes
 - Claims with through dates on or before 9/30/2015 must be billed with ICD-9 codes
- Verify diagnosis codes are keyed correctly
 - Correct keying error and resubmit claim
 - If using FISS DDE, correct keying error and F9 to update



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Claim Error Reason Code 32400

- A HCPCS code is required for a revenue code reported on this claim; however, the HCPCS code is missing



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Avoiding/Correcting Reason Code 32400

- When reporting revenue code 029X (Infusion pumps—equipment), 0294 (Infusion pumps—prescription drugs), and/or 0636 (Injectable prescription drugs), an HCPCS code is also required.
- Verify the revenue code(s) billed.
- Verify a HCPCS code is reported for every revenue code that requires one.



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Claim Error Reason Code 32511

- National Drug Code (NDC) information is missing or
- NDC is present on the claim but is missing one of the required elements (NDC, quantity qualifier or quantity)



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Avoiding/Correcting Reason Code 32511

- Verify billing and if appropriate, correct and resubmit
- Related Content
 - Hospice Prescription Drug and Infusion Pump Reporting Job Aid
 - www.NGSMedicare.com > Access NGSMedicare > Education > Medicare Topics > Hospice Billing > Hospice Prescription Drug and Infusion Pump Reporting Job Aid



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Claim Error Reason Code 34952

- For dates of service on or after 4/1/2014, HCPCS code Q5003, Q5004, Q5005, Q5006 (when not the same as the billing hospice), Q5007 or Q5008 is present and the service facility location NPI is blank or invalid



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Avoiding/Correcting Reason Code 34952

- If HCPCS code Q5003, Q5004, Q5005, Q5006 (when not the same as the billing hospice), Q5007 or Q5008 is present on the claim, an NPI is required to identify the other facility where the patient was receiving care
- If the patient received care in a privately-owned and run facility (non-Medicare certified facility), do not report one of the above Q-codes, instead, report Q5009



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Claim Error Reason Code 36458

- Effective for dates of service on or after 10/1/2015, hospice claim has an invalid CBSA. Note: CBSAs in the 50XXX – 99900 range are valid for dates of service on or after 10/1/2015 and prior to 10/1/2006.



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Avoiding/Correcting Reason Code 36458

- Verify the CBSA code and correct as needed, then resubmit the claim
- CBSAs listed in [CMS CR9301](#), Table 7 are considered valid

Hospice Claims That Have Been Rejected

Claim Error Reason Code 34281/34538

- Claim submitted as Medicare primary and a positive working elderly record exists at CWF

Avoiding/Correcting Reason Code 34281/34538

- Check Medicare records to identify the proper order of payers and verify Medicare should be primary
- If records are correct: reformat and resubmit as Medicare secondary
- If this is incorrect: As part of a provider's eligibility verification process for Medicare beneficiaries, which is required to be conducted before claims are submitted to Medicare, providers should be checking for MSP file(s) on CWF. If you have information that disputes open records - we are not the Medicare office that manages those files. Please contact the BCRC.

Avoiding/Correcting Reason Code 34281/34538

- If the records are incorrect, please contact the BCRC;
Monday–Friday, 8:00 a.m.–8:00 p.m. ET (except holidays):
 - Telephone: 855-798-2627
 - TTY/TDD: 855-797-2627 (for hearing and speech impaired)
- Address for general MSP correspondence:
Medicare – MSP General Correspondence
P.O. Box 138897
Oklahoma City, OK 73113-8897
- Fax: 405-869-3307



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Claim Error Reason Code 32358

- Claim submitted after the revocation date on the provider file with the following criteria:
- PECOS status indicator of 11 on MAP 1102 and MAP1103
- Receipt date of the claim is on or after day 61 of a provider's revocation, even if the date of service is prior to the revocation date



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Avoiding/Correcting Reason Code 32358

- If appropriate, make corrections and submit a new claim

Claim Error Reason Code 38032

- This outpatient claim is a duplicate of a previously processed outpatient claim. The following situations exist:
 - The 'statement covers period' is the same on both bills
 - Provider numbers are the same
 - At least one revenue code or one HCPCS code is the same on both bills
 - At least one diagnosis code matches on both claims and
 - At least one line item date of service for lab charges is the same on both claims

Avoiding/Correcting Reason Code 38032

- Providers should develop and implement a process to ensure that duplicate claims are not being submitted
 - If the claim is truly a duplicate, no action is necessary
 - If this is not a duplicate and the provider is trying to add information to the original claim, submit an adjustment to the processed claim



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Home Health & Hospice References and Resources



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References and Resources

- [CMS Website](#)
 - [Internet Only Manuals](#)
 - [Medicare Benefit Policy Manual, Chapter 9](#)
 - Coverage of Hospice Services Under Hospital Insurance
 - [Medicare Claims Processing Manual, Chapter 11](#)
 - Processing Hospice Claims
 - [Hospice Educational Resources](#)

References and Resources

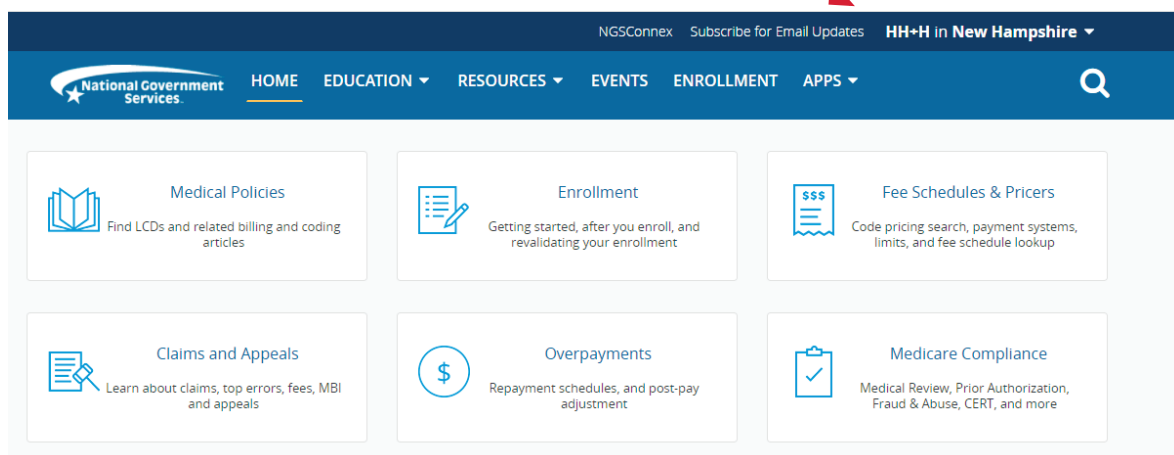
- CMS Resources
 - [Hospice Educational Resources](#)
 - Creating an Effective Hospice Plan of Care
 - Enhancing RN Supervision of Hospice Aide Services
 - Safeguards for Medicare Patients in Hospice Care
 - Provider Compliance Tips for Hospital Based Hospice
 - Hospice Payment System

References & Resources

- [NGS Website](#)
 - Education > Medicare Topics > Hospice Billing
 - Resources > Medicare Compliance > Targeted Probe and Educate
 - Resources > Medicare Compliance > Fraud and Abuse

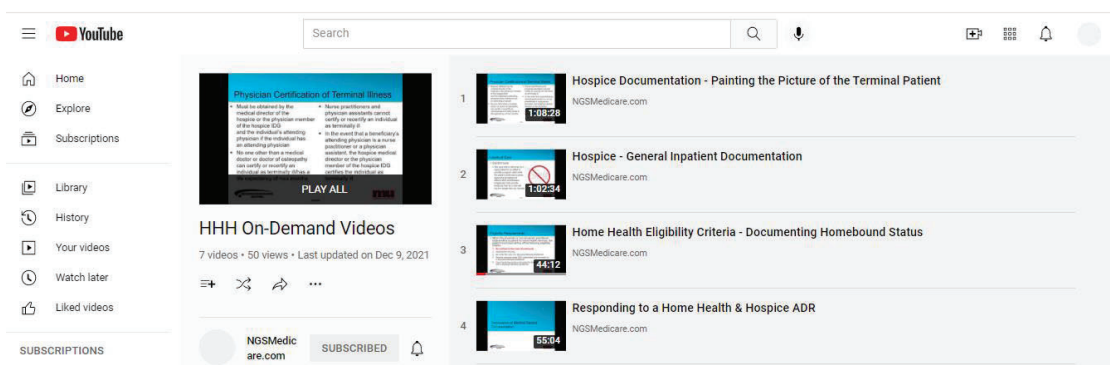
NGS Email Updates

- [Subscribe to receive the latest Medicare information](#)





NGS HHH On-Demand Videos



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Medicare University

- 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 website](#)



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Provider Contact Center Procedures

- The Provider Contact Center should always be your first option when contacting National Government Services
 - Required to log and track all incoming inquiries
- Tiered system to respond accurately to all provider inquiries



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Provider Contact Center

State/Region	Toll-Free Number	Interactive Voice Response (IVR)	Hours of Service
Alaska, Arizona, California , Hawaii, Idaho, Nevada, Oregon, Washington, American Samoa, Guam, Northern Mariana Island	866-590-6724 TTY: 888-897-7523	866-277-7287	Monday–Friday 8:00 a.m.–4:00 p.m. PT Thursday, closed for training 12:00–2:00 p.m. PT



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Thank You!

- Questions?



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