

TOP TEN CLAIM SUBMISSION ERRORS JANUARY 2009

Reason Code	Narrative	Resolution
38119	This is a continuing stay SNF or non-PPS claim but there is no record of the prior processed claim	Verify HIC, admit date, from date and through date. Submit the prior claim(s) and resubmit this claim after you have received the remittance advice for the prior claim(s).
39012	This reason code replaces 32923. Justification for timeliness reason code 39011 override not formatted correctly or missing and should be one of the following: Justify: MSP involvement Justify: SSA involvement Justify: PRO review Involvement Justify: Other involvement	To correct your claim: 1. On page 4, in the Remarks section, type in 1 of the following 4 justification reasons on the first line. Any other remarks should start on the next line. There should be no other information on the first line. Justify: MSP involvement Justify: SSA involvement Justify: PRO review involvement Justify: Other involvement 2. Store claim
W7080	Mental health code not approved for partial hospitalization program.	Verify HCPC code. Correct and resubmit.
N5052	Common Working File records indicate the beneficiary's name and health insurance claim number do not match	Verify the information with his or her Medicare card. Correct and resubmit if appropriate.
38038	Effective for 8/1/00 dates of service, whether any revenue code lines are equal or not, outpatient PPS bill types cannot have overlapping dates unless condition code 'G0' or '20' or '21' is present on the claim	Condition codes G0, 20 or 21 may only be used if appropriate. If the services are not separate evaluation and management medical visits on the same day, an adjustment must be submitted. If the services are separate evaluation and management medical visits, the claim may be resubmitted with condition code G0. Correct and resubmit if appropriate. Note: *If the claim is a demand bill, resubmit with condition code 20 *If billing for denial notice for other insurance, resubmit with condition code 21.

Reason Code	Narrative	Resolution
30905	No record of processing an original claim for this adjustment	Verify HIC#, Cross Reference Document Control Number (DCN), dates of service and/or provider number. You will not be able to correct this. You must inactivate your adjustment and resubmit a new adjustment with the correct DCN.
12206	Statement covers period: When the from and through dates are not the same on an inpatient or SNF bill types 11X, 18X, 21X, 28X, 41X, or 51X, the number of days represented must equal the sum of the covered days plus the noncovered days; unless the patient status is 30, then 1 additional day is used in the calculation	If the dates are the same the bill must show only 1 day. Or, late charge claim XX5 should not contain covered or noncovered days. Correct and resubmit.
W7006	Invalid procedure code	Verify procedure code. Correct and resubmit.
32404	The HCPC code billed is invalid	Verify HCPC code. If you are billing an inpatient SNF claim, make sure your complete HIPPS code (the 3-digit RUG code & 2-digit assessment indicator) is listed in the HCPC column.
32402	Invalid HCPC code or Revenue code combination	Verify HCPC and/or Revenue code. Correct and resubmit.