

**Top Ten Claim Submission Errors
December 2008**

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).
31715	Beginning with dates of service on and after 01/01/07, it has been determined the units of service are in excess of the medically reasonable daily allowable frequency. The excess charges due to units of service greater than the maximum allowable may not be billed to the beneficiary, and this provision can neither be waived nor subject to an advanced beneficiary notification (ABN).	To correct your claim, verify units 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.
31236	Effective for dates of service on or after 10/01/00, if revenue line(s) contain a "GA" modifier then occurrence code 32 must be present.	Correct and resubmit.
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

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		code 21.
38031	<p>Outpatient claim is a duplicate to a previously submitted outpatient claim and the following conditions exist:</p> <ul style="list-style-type: none"> - Statement from and thru dates overlap; - At least one revenue code line matches; - The diagnosis code(s) on both the history and incoming claim are the same. 	<p>If this is the second medical visit that occurred on the same day in the same revenue center but the visits were distinct and constituted independent visits, the claim may be resubmitted with condition code G0. Refer to CMS On-Line Manual Publication 100-04, Chapter 4, Section 170 and 180.4 for billing instructions.</p> <p>If the claim is not a distinct and constituted independent visit then add charges to previously processed claim.</p>
38118	<p>This is a continuing stay Skilled Nursing Facility (SNF) /non-Prospective Payment System (PPS) claim. The prior claim is pending but not yet finalized.</p>	<p>Resubmit/PF9 to store this claim after you have received the remittance advice for the prior claim.</p>
12206	<p>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.</p>	<p>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.</p>
30905	<p>No record of processing an original claim for this adjustment.</p>	<p>Verify HIC#, Cross Reference Document Control Number (DCN), dates of service and/or provider number.</p> <p>You will not be able to correct this. You must inactivate your adjustment and resubmit a new adjustment with the correct DCN.</p>
11801	<p>If the type of bill is equal to 11X or 41X and the admission type is equal 1, 2, 3, 5, or 9, then the admission source must be equal to 1 through 9, A or D.</p> <p>If the type of bill is equal to 13X, 14X, 83X or 85X and the dates of</p>	<p>Verify the correct admission source and resubmit.</p>

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	service are greater than 02/28/94, then the admission source must be equal to 1 through 8, A or D.	