

Part A CAH Top Billing Errors

Listed below are the top errors identified on Critical Access Hospital (CAH) claims processed between February 2010 – March 2010 and their resolutions.

Reason Code 19201 – The attending physician’s National Provider Identifier (NPI), last name and/or first initial is missing.

Resolution

Report the attending physician’s NPI, last name and first initial.

Reason Code E0401 – The Type of Bill (TOB) is invalid, missing or inconsistent with the provider number.

Resolution

- CAH TOBs must be 11X, 12X, 14X or 85X.
 - Verify TOB and resubmit claim.
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Reason Code 17710 – An outpatient claim contains an ICD-9-CM procedure code(s).

Resolution

Remove the ICD-9-CM procedure code(s) from the outpatient claim.

Reason Code 32400 – A HCPCS code is required for one of the line items, and a HCPCS code is not present on the claim.

Resolution

- Verify the revenue code billed is correct.
 - Refer to the current CPT and/or HCPCS coding books for a valid CPT/HCPCS code. CPT/HCPCS coding information is available by calling the American Medical Association (AMA) at (800) 621-8335 or visiting the AMA Web site.
<http://www.ama-assn.org/>
 - Direct Data Entry (DDE) users may reference the “Revenue Code Verification in DDE” job aid for instructions on how to verify if a revenue code requires a HCPCS code.
<http://www.trailblazerhealth.com/Publications/Job Aid/VerifyRevenueCode.pdf>
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Reason Code 12101 – The patient status code (Form Locator (FL) 17) is missing or invalid.

Resolution

- Report the appropriate code to indicate the patient’s status as of the “through” date of the billing period.
 - Applicable codes are listed in the “UB-04 Discharge Status Codes” job aid.
http://www.trailblazerhealth.com/Publications/Job Aid/ub-92a_discharge.pdf
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Reason Code 19301 – The operating physician’s NPI, last name and/or first initial is missing.

Resolution

- The operating physician’s NPI, last name and first initial are required when a surgical procedure is reported on the claim.
 - Report the operating physician’s NPI, last name and first initial.
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Reason Code 39012 – The justification for timeliness (reason code 39011) is missing or was not formatted correctly.

Resolution

The justification statement in the remarks field must be entered exactly as follows:

- Justify: MSP involvement.
- Justify: SSA involvement.

- Justify: PRO review involvement.
- Justify: Other involvement.

Note: A detailed explanation is required when the justification statement, “Other involvement,” is used.

Reason Code T5052 – The beneficiary identification submitted on the claim is incorrect. Medicare records do not exist for this beneficiary.

Resolution

Ensure the Health Insurance Claim (HIC) number submitted on the claim matches the HIC number on the beneficiary’s Medicare card.

Reason Code 32116 – Your Medicare fee-for-service claims must include an NPI in the primary provider fields on the claim.

Resolution

Review the claim and ensure the NPI is reported correctly.

Reason Code 36428 – The provider is not certified to bill mammography services or does not have a current Food and Drug Administration (FDA) certificate on file with TrailBlazerSM.

Resolution

- Facilities performing screening and diagnostic mammograms must be certified by the FDA to qualify for Medicare payment. Providers that have not been certified or need assistance with certification/recertification requirements should contact the FDA.
<http://www.fda.gov/Radiation-EmittingProducts/MammographyQualityStandardsActandProgram/ConsumerInformation/ucm113962.htm>
- Forward a copy of the FDA certificate to TrailBlazer to update the provider file before resubmitting the claim:

Medicare Part A Provider Enrollment
Attn: Provider Certification
P.O. Box 650458
Dallas, TX 75265-0458
Fax: (469) 372-0310