

Most Common “Hospice” Denial Reason Codes With Common Resolutions (2-15-05)

On the following table you will find the most common Error Reason Codes with Common Resolutions for denied claims at Virginia Medicaid. This list has been provided to assist you with resolving denied claims prior to calling the Help line. Please print and post this list within your office for easy reference and use. Whenever you are advised to contact the Helpline or MediCall please access the following telephone numbers.

Provider Helpline: (800) 552-8627 or (800) 786-6273
MediCall: (800) 884-9730 or (800) 772-9996 or (804) 965-9733

Error Code	<u>Description</u>	<u>Common Resolutions</u>
0085	Admit Source Code Missing or Invalid.	This occurs when you are using an inpatient bill type (811), an inpatient revenue code (0658). Note: In blocks (19 & 20) An <u>admit type</u> , and a <u>admit source</u> is needed. <i>Refer to your uniform billing committee guidelines.</i>
0119	Service Period Does Not Equal Accommodation Days	This occurs when the Discharge Date or Date of Death is included in total number of days in (Block 7) on the UB-92. Example: DOS 7/1/04- 7/31/04, Resident was Discharge on 7/31/04; the number of covered days in blocks (7 & 46) would be <u>30</u> not 31.
0128	Enrollee Not Authorized For Dates Of Service.	Please be sure that your Admission package was reviewed and authorized for the date of service date. Note: if you are approved for DOS, yet continue to receive this denial. Fax your information to “Melissa Fritzman” at 804-371-4986. Additional Notes: This is a new code, and may also be reference with (Error Code – 0309).
0191	Provider Referral Is Required	This occurs when bill type (811) is used in conjunction with Revenue Code (0658). The Nursing Home 9-digit Provider Number is needed in Block (83) Note: <i>Review Chapter 5, page 21 in your provider manual.</i>
0267	Review Medicare Part A Coverage	This occurs when block (39) is missing the COB code (85) for Room and Board, along with an attachment for claims submitted with COB code (85) and attachment is required Note: <i>Review Chapter 5, page 15 in your provider manual.</i>

Error Code	<u>Descriptions</u>	<u>Common Resolutions</u>
302	Duplicate Of History File Record (Same Provider, Same DOS)	<p>This error message occurs when a claim is initially submitted with a COB code of (83) in block 39, and the total bill amount is listed in this field. This cause a payment amount of zero dollars, since (83) should only be used with a primary carrier payment amount in Block (39).</p> <p>Note: Do not re-bill this claim it will deny as a duplicate. Instead adjust the claim and resubmit. Refer to <i>Chapter 5, page (15) in your provider manual.</i></p>
0309	Services Not Covered	<p>This occurs when the recipient does not have hospice coverage in existence. Or when the dates billed DO NOT support the coverage period for hospice in our file.</p> <p>Note: Prior to 10/1/04 this was a “System Error”, <u>all prior claims need to be re-billed.</u></p> <p>Additional Note: This error message may also be reference for (error code 0128). If this is the case with you, follow the resolution for error code –128.</p>
0367	Recipient is covered by Medicare Pt B only	<p>This occurs when a recipient has Medicare Part B only. Medicare does not cover hospice care when a recipient is part B only.</p> <p>Note: Provider can attach statement / docs. You do not have to wait for a Medicare denial.</p> <p>Additional Notes: <i>Review Chapter 5, page 15 in your provider manual.</i></p>
0724	Admission Type is missing	<p>This occurs when the type of admission code is missing in block 20, and you are billing a (811) bill with Revenue code (0658).</p> <p>This also happens when block 20 is missing the admission code for bill Type (821) with Revenue code (0653 & 0655).</p> <p>Note: <i>For admission codes review your provider manual, Chapter 5 page 12.</i></p>
0734	Covered Days Entered is greater than statement period	<p>This occurs when the “from date and thru date” exceed the number of days billed.</p> <p>Note: This error code works in conjunction with error code (119).</p>

Error Code	<u>Description</u>	<u>Common Resolutions</u>
0919	Inpatient Versus Nursing Home	<p>This occurs when the Nursing Home has also billed for claims with the same dates of service as the Hospice Provider.</p> <p>Note: You will need to verify dates of service with the Nursing Home Business Manager. Then re-bill with the correct DOS.</p>
0994	Revenue Code Not Valid For Provider Type. (Specialty)	<p>This occurs when the wrong revenue code and incorrect bill type is submitted.</p> <p>Note: Chapter V pages 9-10 lists Bill types & Revenue codes. This also occurs when you bill dates of service prior to 1/1/04 on a UB-92.</p>

