

Common billing errors in home health and hospice

In home health and hospice, most billing errors occur during the intake process, including entering incorrect patient or payor information, adding invalid diagnosis codes or authorization, and ordering services not covered by the payor.

Three common errors:

Incorrect patient information

Misspellings or incorrect information on patients' insurance IDs or demographic information can cause major problems in medical billing. Common examples are the incorrect subscriber ID or the patient's date of birth. With multiple people having a part in this process, human error is more likely to occur and any mistake can stay on the record through the claim process.

Claim formatting errors

Medical billing regulations are changing regularly. Certain payors may require different billing codes and forms, you may be missing specific revenue or service codes and more. This requires consistent updating of software and EHR systems. Training staff and developing new procedures are also critical to staying on top of these dynamic changes.

Non-corresponding treatment and diagnosis codes

Billing and diagnosis codes must be supported by the medical records. Often claims are denied because the diagnosis code does not correspond with the treatment code or something in the required medical documentation doesn't support the billing information. It's important that the clinical information is documented accurately and thoroughly – compliance is key for medical billing. And since specific diagnosis codes are deleted each year, it's important that your coding team is current on changes to diagnosis coding.





Top claim submission errors for home health and hospice

Due to claim submission errors (CSEs), your billing will either be rejected or moved to your Return to Provider (RTP) file for correction — adding unnecessary costs to the Medicare program. Failure to submit accurate and compliant claims on an ongoing basis can lead to a referral to the Office of Inspector General for Medicare.

Here are the top CSEs by care setting:

Top CSEs for hospice:

37402	Hospice sequential billing error
38200	Duplicate claim
U5106	NOE falls within current hospice election
U5181	Occurrence code 27 required when certification date falls within dates of service
34952	Service facility NPI not included
U523A	The dates of service on this claim are during both a Hospice election period and Medicare Advantage Plan
39929	The hospice claim was rejected due to an untimely NOE
U5194	Hospice claim received for untimely NOE & occurrence span code 77 is missing or invalid
31605	The dates of services on the claim cannot be within the span code 77 dates unless the charges are non-covered
31503	The total units on the level of care lines (0651, 0652, 0655, 0656) do not equal the number of days in the billing period.

Top CSEs for home health:

19963	Statement "From" Date less than 24 months from claim "Admit" Date and a matching Home Health Notice of Admission (NOA) cannot be found
31018	Episode "To" date not 30 days greater than "From" date
37253	No OASIS assessment found
37364	No payment can be made since the corresponding NOA was received 30 days or more after the claim "From" Date
38200	Duplicate claim
38055	HH claim rejected; this claim had service dates that matched a claim already processed and at least one rev code was the same
39929	Each line of charges on this claim has been rejected and denied
U537F	A Home Health (HH) Notice of Admission (NOA) overlaps an existing HH admission
U537I	The "From" and "Through" dates on HH claim are outside the HH Admission period
U5233	Services within HMO Period and No Hospice involvement or services not within Hospice Period; no Medicare Payment can be made

While these billing errors are common, your organization can prevent them through focus, diligence and communication — helping to ensure accurate information, coding and orders.

Request a consultation to learn how outsourcing revenue management to MatrixCare can help reduce errors and grow your business.

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