

OASIS Alert

PPS: Duplicate Claims Slow Your Cash Flow

Providing care is only half the battle - you also need to get paid for it.

You could be throwing money away, if you don't understand RAPs and billing.

Regional home health intermediary **Palmetto GBA** has released its top reason codes given when claims are returned to provider (RTP'd).

Two of the top claims return reasons address duplicate submissions.

Code 31857: "This RAP is a duplicate of a paid RAP or paid, suspended or denied home health claim for the same provider number, HIC number and statement 'FROM' date, but without a cancel date," Palmetto explains.

Code U5600: "The incoming claim admit, FROM, and THRU dates equal a claim on history. CWF has identified this record as a duplicate claim," Palmetto points out.

Home health agencies receiving RTP'd claims with these reason codes should explore a number of possibilities, advises **Lynn Olson** with billing service **Astrid Medical Services** in Corpus Christi, TX. "Billing is a logical process with many checks and balances," Olson tells **Eli**. "Understanding the system is the key." Check for these five common scenarios:

1. Incorrect information. Code 31857 "encompasses a lot of errors," says Astrid's **Debby Cox**. Those include conflicting information on the RAP and final claim. The admission date and HIPPS code are two frequent culprits, she says. Or the Health Insurance Claim Number (HICN) may have been corrected, Palmetto advises. Attention to detail is a must for billing accuracy, Olson stresses.

2. Cancels. If you submit incorrect information on a RAP, you must cancel the RAP and submit a new one, advises consultant M. **Aaron Little** with **BKD** in Springfield, MO. You can't adjust your RAP as you would a final claim, and the claims system won't accept a second RAP for the patient without canceling the first, incorrect one.

3. Autocancels. If the claims system autocancelled your RAP because you took too long to submit a final claim, it isn't entirely erased from the Common Working File, Little warns. That's a common assumption HHAs make when they submit a second RAP with correct information on it.

Although it seems counterintuitive, in autocancel situations where you want to correct the RAP you must 1) submit a second, incorrect RAP to replace the first incorrect RAP that was autocancelled; 2) cancel the second incorrect RAP; and 3) submit a new, corrected RAP.

4. Adjustments. To correct U5600 when two final claims have been submitted, HHAs should submit an adjustment (type of bill 3X7) instead of a duplicate final claim to fix errors, Little suggests.

5. Delays. If your claim has run into rejection due to Medicare Secondary Payer or Medical Review reasons, submitting a second RAP isn't going to help. You'll have to direct the relevant materials to the correct department at the RHHI, and it will determine how to process the RAP, Palmetto advises.

Editor's Note: To see Palmetto's top reason codes and more advice for resolving related edits, go to www.pgba.com.

