



**TOP TEN CLAIM SUBMISSION ERRORS  
JUNE 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.
12206	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.	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.
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.
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 code 21.



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37554	Condition code 69 is only allowed on bill type 11X and when the provider is a PPS Teaching Hospital with Indirect Medical Education.	Enter the correct bill type and resubmit.
38118	This is a continuing stay SNF /non-PPS claim. The prior claim is pending but not yet finalized.	Resubmit/PF9 to store this claim after you have received the remittance advice for the prior claim.
19201	Claims billed on or after May 23, 2008, the attending physician National Provider Identifier (NPI) and name must be present.	Enter the attending physician NPI and resubmit.
32116	The receipt date of the claim is on or after the NPI implementation date (05/23/07) and the billing provider NPI is not present on the claim.	Enter the billing provider NPI and resubmit.
39012	This reason code replaces 32923. Justification for timeliness reason code 39011 override not formatted correctly or missing and should be one of the following: Justify: MSP involvement Justify: SSA involvement Justify: PRO review involvement Justify: Other involvement	To correct your claim: 1. On page 4, in the Remarks section, type in 1 of the following 4 justification reasons on the first line. Any other remarks should start on the next line. There should be no other information on the first line. Justify: MSP involvement Justify: SSA involvement Justify: PRO review involvement Justify: Other involvement 2. Store claim