

Breaking the Code: What does Reason Code 38107 Really Mean?

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The Medicare program has established specific deadlines for submission of claims. The Medicare fiscal year runs from October 1 of one year through September 30 of the following year. Claims for dates of service in one fiscal year must be submitted before December 31 of the following year. ***This means that all services from October 1, 2000 through September 30, 2001 must be submitted by December 31, 2002.***

Medicare billing under PPS is a complex activity requiring critical thinking, problem solving and decision-making skills. Agency Medicare billing staff must identify and resolve complex issues unlike billing issues encountered prior to PPS or for other pay sources. Using the fiscal intermediary's online billing software can help you collect your payments in a timely and accurate manner. The billing software used by most Regional Home Health Intermediaries (RHHI) is the Fiscal Intermediary Standard System (FISS).

Have you looked in your online FISS/DDE Return to Provider (RTP) file lately? Chances are the majority of the claims list Reason Code 38107 ***“the final claim cannot process without the corresponding RAP.”*** This sounds simple enough to correct, just re-submit the RAP. Some providers have done just that, again and again. However each time, the RAP is reject-

ed as a duplicate claim.

Before you re-RAP, go to Claim Inquiry and look at the patient history of claims submitted. You probably will find that the original RAP was submitted and paid. So why is Reason Code 38107 listed in the RTP? The problem is not that there is no RAP, but that there are inconsistencies in certain key field locators between the paid RAP and the final claim. These inconsistencies can usually be found in the following field locators (FL):

FL 6: “From” date
FL 17: Admit date
FL 20: Source of admission (SRC)
FL 42: 0023 HIPPS revenue line
FL 45: 0023 revenue line date of service
FL 67-75: Diagnoses
FL 63: Treatment authorization code (TAR)

These discrepancies happened most often when:

- The RAP or final claim had a SRC of “B” (transfer from another provider) or “C” (discharged and readmitted to your HHA within a 60-day episode) and the other did not
- The 0023 revenue line date was day one of a subsequent episode and not the actual visit date
- The 0023 revenue line date did not match the “From” or Admit date
- Upcoding the HHRG on the

final claim in cases where the patient unexpectedly exceeded the therapy threshold without canceling and resubmitting the RAP

- Diagnoses were added to the final claim
- The 18 digit Treatment Authorization Codes did not match
- Condition codes were present on either the RAP or final claim, but not both.

If all fields match on the RAP and final claim, then the RAP may have linked to a previously rejected final claim. In that case, you must contact your fiscal intermediary for claim resolution.

Once you've cracked the Code, the mystery behind Reason Code 38107 is revealed.

Simione Consultants, LLC offers a two day Medicare Billing Assessment and Training program at your agency that will help you:

- Identify issues and obstacles to timely billing and collections at your agency
- Provide training on common billing problems
- Include a hands-on claims processing workshop for billers

Please e-mail Carol Conrad or call 800.653.4043 for more information.