

# Hot Topics

January 2016 (1 of 2)

## Client Managers

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\*Medicare A coinsurance rates change to \$161 effective 1/1/16. Make sure that you update your AR program to reflect the new rates.

\*Medicare B fee screens have been updated as of 1/1/16. Make sure that your software is updating these for you.

\*Medicare Credit Balance Report is due 1/30/16

\*Medicaid Bedhold Census Report is due 1/15/16 for the 4th quarter of 2015.

DMS shall reimburse at 75% of a facility's rate if the facility's occupancy percent is 95% or greater; and DMS shall reimburse at 50% of a facility's rate if the facility's occupancy percent is less than 95%.

The Bedhold Census Report should be mailed to Bed Reserve Census Myers and Stauffer, LC

104 Progress Drive  
Frankfort, KY 40601 Or, fax to 1-502-695-3068

Myers and Stauffer LC must receive the census form and documentation by the 15th of the month following the end of each quarter. If the 15th is not a business day, the census must be received by the following business day. Any census or documentation received after the due date will not be accepted even if post marked by the 15th.

## 2016 Medicare Physician Fee Schedule

Please contact our office if you need a copy of the 2016 Medicare Physician Fee Schedule. Most software companies have the ability to import these for you; however, we are happy to provide a paper copy upon request.

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### CGS (J15 Kentucky/Ohio) Top five Return to Provider (RTP) codes for Part A

32402- Revenue/HCPCS code combination error - The revenue code reported is not billable with this HCPCS code

32415 - Condition code 'A6' is required when billing the influenza or pneumococcal vaccine(s) and/or administration

30905 - The incoming adjustment cannot find an original claim to match. Verify that the following fields on the adjustment are identical to those same fields on the remittance advice containing the original payment:

- HIC NUMBER
- X-REFERENCE DCN
- FIRST TWO POSITIONS OF THE TYPE OF BILL
- DATES OF SERVICE
- PROVIDER NUMBER

38119 - Inpatient Skilled Nursing Facility (SNF) and non-Prospective Payment System (PPS) hospital bills must be processed in the same sequence in which the services were furnished. The claim immediately preceding the dates of service on this claim has not yet processed.

19301 - A principal procedure code or a surgical CPT/HCPCS code is present, but the operating physician's National Provider Identifier (NPI), last name, and/or first initial is missing.

### CGS (J15 Kentucky/Ohio) Top five Rejection codes for Part A

U5233 - The services on the claim fall within or overlap a Medicare Advantage (MA) managed care plan enrollment period.

39929 - All line items on the claim are rejected or rejected/denied.

39934 - All line items on the claim are denied as non-covered and one or more lines denote beneficiary liability.

38200- This claim is an exact duplicate of a previously submitted claim.

U5200- The CMS records indicate that the beneficiary is not entitled to Medicare coverage for this type of services billed on the claim. Therefore, no Medicare payment can be made.

WPS (Indiana) has not updated the Medicare Fee Screens. We will send out the 1/1/16 fee screens as soon as WPS updates their website.