

Top Claim Submission Errors for Hospice Providers: Error 37402

Reason for error: A hospice claim was submitted, but the previous claim is not found OR there is a gap between the “TO” date of the previous claim and the “FROM” date on the next claim.

Claim processing result: Return to provider (RTP)

How to prevent/resolve:

- Check the FISS Claim Inquiry Option (Option 12) to determine if the prior claim was submitted.

- **Example below:** No prior claim in FISS

MAP1741	CGS J15 MAC			ACPFA052 MM/DD/YY			
XXXXXX	SC	CLAIM SUMMARY INQUIRY			C20112WS HH:MM:SS		
NPI XXXXXXXXXXXX							
HIC 111222333A	PROVIDER		S/LOC	TOB			
OPERATOR ID XXXXXX	FROM DATE		TO DATE	DDE SORT			
MEDICAL REVIEW SELECT							
HIC	PROV/MRN	S/LOC	TOB	ADM DT	FRM DT	THRU DT	REC DT
SEL	LAST NAME	FIRST INIT	TOT CHG	PROV REIMB PD DT	CAN DT	REAS NPC	#DAYS
	111222333A	XXXXXX	T B9997	813	040111	050111	061511
	PATIENT	J	5600.00		062111		37402

- If prior claim was submitted, ensure it is in a “P”, “D”, or “R” status code before submitting the next claim.

- **Example below:** Prior claim in “T” status; not “P”, “D”, or “R” as required.

MAP1741	CGS J15 MAC			ACPFA052 MM/DD/YY			
XXXXXX	SC	CLAIM SUMMARY INQUIRY			C20112WS HH:MM:SS		
NPI XXXXXXXXXXXX							
HIC 111222333A	PROVIDER		S/LOC	TOB			
OPERATOR ID XXXXXX	FROM DATE		TO DATE	DDE SORT			
MEDICAL REVIEW SELECT							
HIC	PROV/MRN	S/LOC	TOB	ADM DT	FRM DT	THRU DT	REC DT
SEL	LAST NAME	FIRST INIT	TOT CHG	PROV REIMB PD DT	CAN DT	REAS NPC	#DAYS
	111222333A	XXXXXX	T B9997	813	040111	040111	060911
	PATIENT	J	5600.00		061111	U5150	
	111222333A	XXXXXX	T B9997	813	040111	050111	061511
	PATIENT	J	5600.00		062111		37402

- Verify there is no gap between the “TO” date on the previous claim and the “FROM” date on the next claim.

- **Example below:** Gap in dates between prior claim’s “TO” date (042911) and next claim’s “From” date (050111).

MAP1741	CGS J15 MAC				ACPFA052 MM/DD/YY				
XXXXXX	SC	CLAIM SUMMARY INQUIRY				C20112WS HH:MM:SS			
NPI XXXXXXXXXXXX									
HIC 111222333A		PROVIDER			S/LOC		TOB		
OPERATOR ID XXXXXX		FROM DATE			TO DATE		DDE SORT		
MEDICAL REVIEW SELECT									
HIC		PROV/MRN		S/LOC		TOB		ADM DT FRM DT THRU DT REC DT	
SEL	LAST NAME	FIRST INIT	TOT CHG	PROV REIMB	PD DT	CAN DT	REAS	NPC	#DAYS
	111222333A	XXXXXX	P B9997	813	040111	040111	042911		060911
	PATIENT	J	5600.00		062011				37192
	111222333A	XXXXXX	T B9997	813	040111	050111	053111		062111
	PATIENT	J	5600.00		062211				37402

Additional resource: [Medicare Claims Processing Manual \(CMS Pub. 100-04\), Ch. 1, §50.2.3](#)