Check for Processed RAP

Prior to submitting the final home health claim for an episode, check for a processed RAP by following the steps below:

1. Log on to FISS.
2. At the Main Menu, enter “01” and press <Enter>.
3. Enter “12” and press <Enter>.
4. MAP 1741 will appear.
5. Enter your National Provider Identifier (NPI).
6. Enter Patient’s Medicare ID number.
7. Enter “322” in TOB.
8. Enter “FROM DATE” and “TO DATE” of RAP and press <Enter>.

Avoiding Reason Code 38107

* REMINDER: Under HH PPS, HHAs are not required to submit RAPs when 4 or fewer visits have been provided during the episode. If a RAP is required, it must be in S/LOC P B9997 prior to the claim’s submission to Medicare to avoid receiving reason code 38107.

Please also ensure when reviewing the RAPs listed for the episode in question on MAP 1741, you are looking at the RAP with the most recent date in the PD DT (paid date) field.
Matching RAP & Claim Information

9. Prior to submitting the final claim to Medicare, ensure the information in each of the following fields matches between the RAP and final claim:
   - National Provider Identifier (NPI) of billing provider (FL 56).
   - “FROM” date (FL 6).
   - “ADMIT” date (FL 12).
   - First four positions of the HIPPS code (FL 44).
   - Note: FISS edits the fifth position of the HIPPS code to ensure the letter or number submitted does not change the supply severity level.
   - Service date on 0023 revenue line (FL 45).
   - This must be the date of the first Medicare billable service.

Checking for Auto-Canceled RAPs

10. Follow steps 1-6.
12. Enter “328” in TOB field.
13. Enter “FROM DATE” and “TO DATE” of RAP and press <Enter>.
14. Review list of billing transactions. If no “328” appears, the RAP did not auto-cancel. If you have determined the RAP did not auto-cancel, note the fields in step 9 that must match between RAPs and final claims for the same episode of care, and submit the final claim to Medicare.
15. Select “328” TOB with “CAN DT” matching “CAN DT” on “322” TOB.
17. If “NF” in “ADJUSTMENT REASON CODE” field, RAP auto-cancelled.
18. Re-bill RAP. When processed (S/LOC P B9997), review step 9 and submit final claim to Medicare.