

AVOIDING REASON CODE 38107

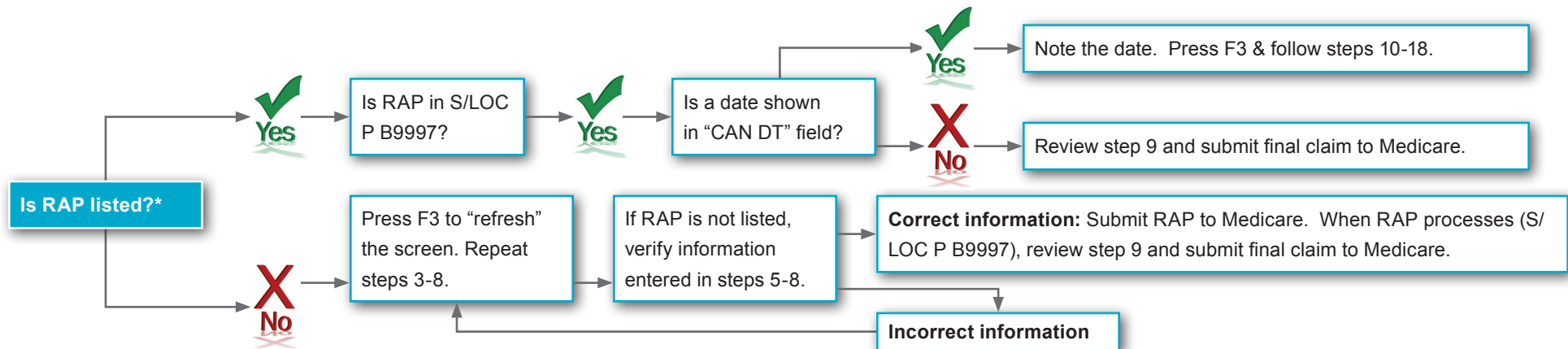
Check for Processed RAP

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>.

| | | |
|-----------------------|--------------------------|-----------------------|
| MAP1741 | CGS J15 MAC - HHH REGION | ACMFA552 MM/DD/YY |
| XXXXXXXX SC | CLAIM SUMMARY INQUIRY | C201841P HH:MM:SS |
| MID | NPI | |
| OPERATOR ID XXXXXXXX | PROVIDER | S/LOC |
| MEDICAL REVIEW SELECT | FROM DATE | TO DATE |
| MID | PROV/MRN | S/LOC |
| SEL LAST NAME | FIRST INIT | TOT CHG |
| | PROV REIMB PD DT | CAN DT |
| | ADM DT | FRM DT THRU DT REC DT |
| | | BEAS NPC #DAYS |

Note: Fields where information can be keyed in MAP 1741 are bolded.



* **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.

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Matching RAP & Claim Information

- 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.

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MAP1711 PAGE 01 CGS J15 MAC - Part A REGION ACPFA052 MM/DD/YY
XXXXXXXX SC INST CLAIM ENTRY C201641P HH:MM:SS
MID TOB S/LOC OSCAR SV: UB-FORM
NPI TRANS HOSP PROV PROCESS NEW MID
PAT_CNTL#: TAX#/SUB: TAXO.CD:
STMT DATES FROM TO DAYS COV N-C CO LTR
LAST FIRST MI DOB
ADDR 1 2
3 4
5 6 CARR:
ZIP LOC:
COND CODES 01 02 ADMIT DATE 03 04 05 HR TYPE SRC D HM STAT
0023 1BFKS 0101YY
    
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MAP1712 PAGE 02 CGS J15 MAC - Part A REGION ACPFA052 MM/DD/YY
XXXXXXXX SC INST CLAIM ENTRY C201641P HH:MM:SS
REV CD PAGE 01
MID TOB S/LOC PROVIDER
UTN PROG REP PAYEE
TOT COV
CL REV HCPC MODIFS RATE UNIT UNIT TOT CHARGE NCOV CHARGE SERV DATE RED
0023 1BFKS 0101YY IND
    
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To ensure the FISS data matches, use the following table to chart the information entered on the RAP and the claim.

| FISS Field Name | Data Entered on RAP (TOB 322) | Data Entered on Claim (TOB 3X9) |
|---|-------------------------------|---------------------------------|
| NPI (Page 01) | | |
| STMT DATES FROM (Page 01) | | |
| ADMIT DATE (Page 01) | | |
| HCPC – 0023 revenue line (Page 02) | | |
| SERV DATE – 0023 revenue line (Page 02) | | |

Checking for Auto-Canceled RAPs

- Follow steps 1-6.
- Enter “P B9997” in S/LOC field.
- Enter “328” in TOB field.
- Enter “FROM DATE” and “TO DATE” of RAP and press <Enter>.
- 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.
- Select “328” TOB with “CAN DT” matching “CAN DT” on “322” TOB.
- View FISS Page 3 for “ADJUSTMENT REASON CODE” field.
- If “NF” in “ADJUSTMENT REASON CODE” field, RAP auto-canceled.
- Re-bill RAP. When processed (S/LOC P B9997), review step 9 and submit final claim to Medicare.

