

Stop billing errors before they start

MatrixCare sees the same billing mistakes across the country. They're costing home health and hospice agencies time, money, and compliance risk. The good news? Our RCM team monitors these issues and has the tools to fix them.

8 most common billing issues in home health and hospice

MatrixCare's billing experts support more than 150 agencies nationwide. They've identified eight major problems that are disrupting reimbursements and straining staff.

1 Medicare Humana down-coding claims

The issue: Medicare Humana plans are consistently down-coding claims, leading to underpayments and lingering account balances.

What to do: Agencies must carefully review remits and appeal with documentation when payment amounts don't match submitted coding.

2 Blue Cross Blue Shield authorization confusion

The issue: BCBS authorization departments often give standard billing codes, not the ones specified in your agency's contract.

What to do: Know your contract and educate intake teams to request the correct codes. Appeals for incorrect authorizations are no longer accepted.



3 Medicare Blue Cross Blue Shield claims denials from NOA issues

The issue: Denials are happening because the Notice of Admission (NOA) isn't connecting to final claims due to technical processing delays.

What to do: Pay close attention to remittance advice and loop in your provider representative quickly if something seems off.

4 Cigna remittance portal failures

The issue: Agencies can't consistently pull remits or recoupment notices from the Cigna portal.

What to do: There's currently no workaround. Monitor carefully and contact Cigna for support.

5 MBI mismatches from the Change Healthcare breach

The issue: MBI numbers changed after the breach, but OASIS files often aren't updated—leading to claim terminations.

What to do: Always update the OASIS after entering a new MBI. Check eligibility at intake and mid-admission to catch changes early.

6 TRICARE region realignment

The issue: Six states shifted from TRICARE East to West. Claims are being denied or rejected due to incorrect payor IDs.

What to do: Agencies in AR, IL, LA, OK, TX, and WI must ensure they're submitting to the correct region and re-enroll with the new payor if needed.

7 TRICARE bundled vs. unbundled billing

The issue: Switching between bundled (episodic) and unbundled (fee-for-service) billing without a discharge/readmit causes rejections.

What to do: Don't just swap the payor. Discharge and readmit to reset the billing logic, and make sure your authorizations match your billing method every 120 days.

8 Medicare DDE latency and RTP issues (reason code 30993)

The issue: Intermittent system latency in Direct Data Entry (DDE) is causing claims to RTP with reason code 30993.

What to do: Resubmit affected claims and monitor for duplicates. Medicare is aware but has not yet resolved the issue.

Designed to solve billing issues before they start

MatrixCare's RCM and billing services are created to solve billing issues before they impact revenue. We combine deep industry knowledge with real-time monitoring, payor escalation, and seamless technology to support agencies from intake to final payment.

Ready to level up your billing process? Contact us today to learn how.