# Encounter Data System

**Test Case Specifications**

**Encounter Data test case specifications related to the 837 Health Care Claim: Professional Transaction based on ASC X12 Technical Report Type 3 (TR3), Version 005010X222A1**

**Test Case Specifications: 1.0**
**Created: November 4, 2011**

**Preface**

The Encounter Data System (EDS) Test Case Specifications contain information to assist Medicare Advantage Organizations (MAOs) and other entities in the submission of encounter data for EDS testing. Following the completion of Encounter Data Front End System (EDFES) testing, Medicare Advantage Organizations (MAOs) and other entities are required to submit data for testing the Encounter Data Processing System (EDPS). This document provides an outline of test case submissions required for MAO end-to-end testing.

Questions regarding the contents of the EDS Test Case Specifications should be directed to eds@ardx.net.

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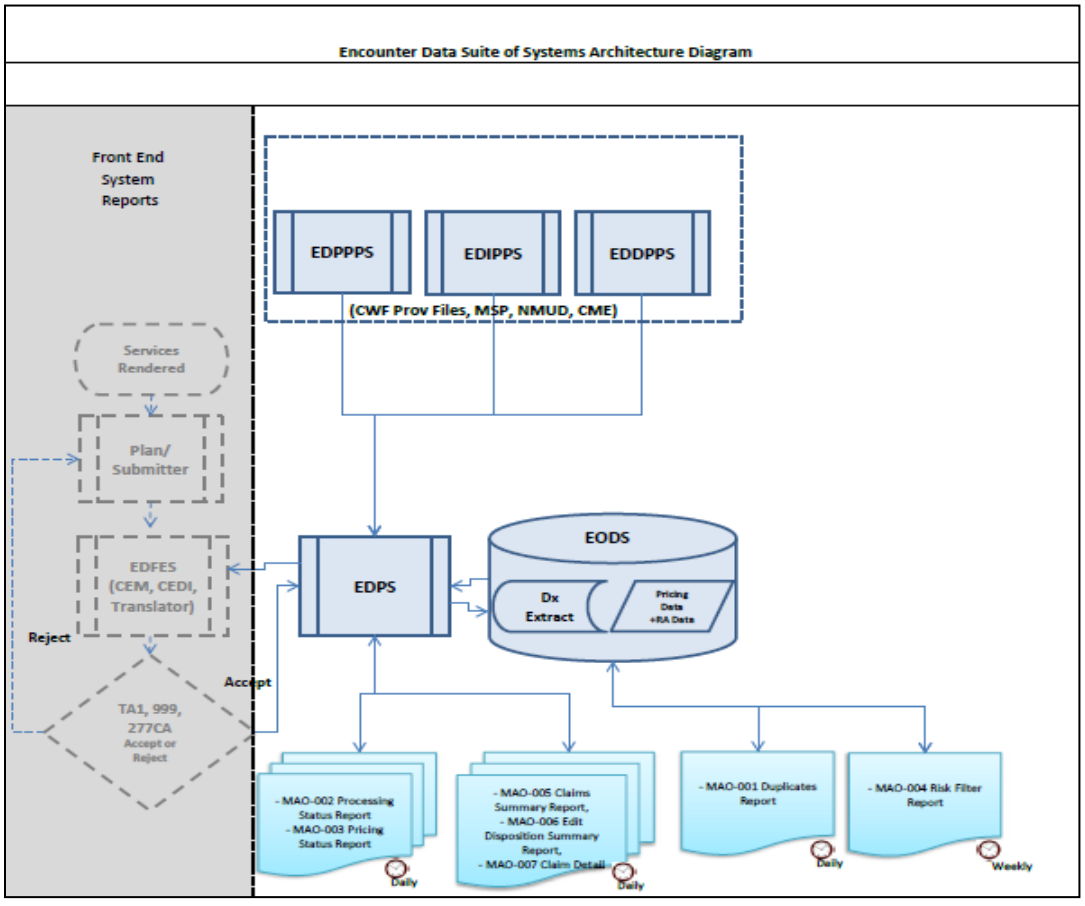
## 1.0 Introduction

This document may be used in conjunction with the business case examples referenced in the EDS 837 Professional Transaction Companion Guide. Additional Test Scenario Specification documents may be incorporated and referenced at a later date.

The purpose of EDS end-to-end testing is to validate the following:

- Files are received by the EDFES
- Files are processed through the translator
- Files are processed through CEM
- Submitter receives front-end reports from EDFES
- Data are received by EDPS
- Data are processed and priced in EDPS
- Submitter receives processing and pricing reports from EDPS



## 2.0 Test Case Summary

During the end-to-end testing, the following types of test case scenarios are required:

I. Beneficiary Eligibility
   a. New Member Submission
      i. Original MA (New Enrollee)
      ii. Traditional FFS Medicare to MA
      iii. Changing MAs (MA to MA)
      iv. Special Enrollment to MA
   b. Standard MA Member Submission

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IV. Risk Adjustments
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   b. Diagnoses included in the model diagnoses

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   a. MPFS
   b. ASC
   c. Clinical Labs

**Test Case Summary Table**

| Test Case/Script Identifier | Test Case/Script Title |
|---|---|
| Beneficiary Eligibility-New Member Submission | TC01- Original MA |
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| Provider Data Validation | TC07-Atypical Provider Submission |
| Provider Data Validation | TC08-Foreign Provider Submission |
| Provider Data Validation | TC09-Capitated Provider Submission |
| Provider Data Validation | TC10-Ambulance TOS Submission |
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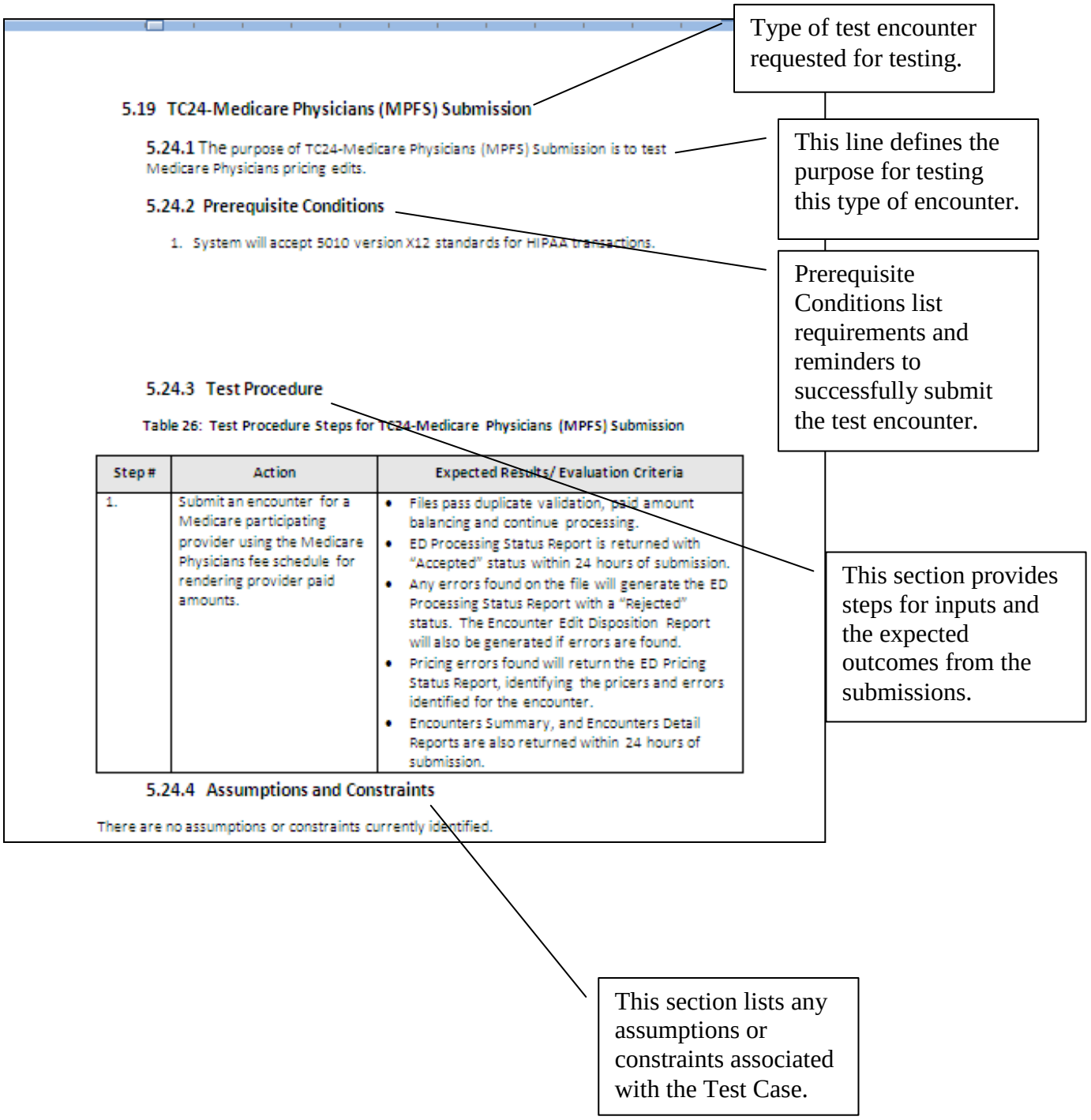
| Encounter File | TC19-Zip Code + 4 |
| Encounter File | TC20-Medically Unlikely Edit |
| Risk Adjustment | TC21-Diagnoses Included in Model In Diagnosis Codes |
| Risk Adjustment | TC22-Diagnoses Not Included in the Model Diagnosis Codes |
| Pricing Data Validation | TC23-Medicare Physicians (MPFS) Submission |
| Pricing Data Validation | TC24-Ambulatory Surgery Center (ASC) Submission |
| Pricing Data Validation | TC25-Clinical Laboratory Submission |

For each test case scenario, details are provided to assist with encounter data test submissions:



5.19 TC24-Medicare Physicians (MPFS) Submission

5.24.1 The purpose of TC24-Medicare Physicians (MPFS) Submission is to test Medicare Physicians pricing edits.

5.24.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions.

5.24.3 Test Procedure

Table 26: Test Procedure Steps for TC24-Medicare Physicians (MPFS) Submission

| Step # | Action | Expected Results/ Evaluation Criteria |
|---|---|---|
| 1. | Submit an encounter for a Medicare participating provider using the Medicare Physicians fee schedule for rendering provider paid amounts. | • Files pass duplicate validation, paid amount balancing and continue processing.<br>• ED Processing Status Report is returned with "Accepted" status within 24 hours of submission.<br>• Any errors found on the file will generate the ED Processing Status Report with a "Rejected" status. The Encounter Edit Disposition Report will also be generated if errors are found.<br>• Pricing errors found will return the ED Pricing Status Report, identifying the pricers and errors identified for the encounter.<br>• Encounters Summary, and Encounters Detail Reports are also returned within 24 hours of submission. |

5.24.4 Assumptions and Constraints

There are no assumptions or constraints currently identified.

Type of test encounter requested for testing.

This line defines the purpose for testing this type of encounter.

Prerequisite Conditions list requirements and reminders to successfully submit the test encounter.

This section provides steps for inputs and the expected outcomes from the submissions.

This section lists any assumptions or constraints associated with the Test Case.

## 3.0 Test Case Details

### 5.1 TC01-Original MA Submission

**5.1.1** The purpose of TC01-Original MA Submission is to test a newly enrolled MA member encounter.

**5.1.2 Prerequisite Conditions**

1. System will accept 5010 version X12 standards for HIPAA transactions in the 837-P format.

2. At least two (2) encounters are submitted for each type of test case scenario.

3. Remember to ensure eligibility files are within the valid enrollment period during the 7-month time allowed for initial MA enrollment. Because beneficiaries are new enrollees, there is less than 12 months for the enrollment period.

### 5.1.3 Test Procedure

**Table 3: Test Procedure Steps for TC01-Original MA Submission**

| Step # | Action | Expected Results/ Evaluation Criteria |
|---|---|---|
| 1. | Submit a newly enrolled MA member encounter on the standard 837P. | • The 999A and 277CA Reports are returned. If the new beneficiary HICN is not found, the encounter submitssion will not be assigned an ICN and will not continue through the EDPS.<br>• Validation on the file for a unique encounter is based on the following data fields:<br>o Beneficiary HICN<br>o Beneficiary Name<br>o Date of Service<br>o Place of Service<br>o Type of Service<br>o Procedure Code (and 4 modifiers)<br>o Rendering Provider NPI<br>o Paid Amount.<br>• ED Processing Status Report is returned with "Accepted" status within 24 hours of submission.<br>• Encounters Summary, and Encounters Detail Reports are also returned within 24 hours of submission.<br>• Any errors found on the file will generate the ED Processing Status Report with a "Rejected" status. The Encounter Edit Disposition Report will also be generated if errors are found. |

### 5.1.4 Assumptions and Constraints

It is assumed that all beneficiaries are eligible and enrolled in the plan and can be found in enrollment reports and table for verification.

## 5.2 TC02-Traditional to MA Member Submission

**5.2.1** The purpose of TC02-Traditional to MA Member Submission is to test eligibility for a beneficiary previously enrolled in Medicare Part A and/or B and is then changing to a Medicare Advantage Plan.

### 5.2.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions in the 837-P format.

2. At least two (2) encounters are submitted for each type of test case scenario.

### 5.2.3 Test Procedure

**Table 4: Test Procedure Steps for TC02-Traditional to MA Member Submission**

| Step # | Action | Expected Results/ Evaluation Criteria |
|---|---|---|
| 1. | Submit an encounter for a Medicare Part A and/or B member that changed to a MA plan between the April 1- June 30, 2011. | • The 999A and 277CA Reports are returned.<br>• Validation on the file for a unique encounter is based on the following data fields:<br>o Beneficiary HICN<br>o Beneficiary Name<br>o Date of Service<br>o Place of Service<br>o Type of Service<br>o Procedure Code (and 4 modifiers)<br>o Rendering Provider NPI<br>o Paid Amount.<br>• ED Processing Status Report is returned with "Accepted" status within 24 hours of submission.<br>• Encounters Summary, and Encounters Detail Reports are also returned within 24 hours of submission.<br>• Any errors found on the file will generate the ED Processing Status Report with a "Rejected" status. The Encounter Edit Disposition Report will also be generated if errors are found. |

### 5.2.4 Assumptions and Constraints

It is assumed that all beneficiaries are eligible and enrolled in the plan and can be found in enrollment reports and table for verification. Enrollees have 12 months to enroll and will have diagnoses to collect and report.

### 5.3 TC03-MA to MA Member Submission

**5.3.1** The purpose of TC03-MA to MA Member Submission is to test eligibility rules for a beneficiary changing from one MA plan to another MA plan.

#### 5.3.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions in the 837-P format.

2. At least two (2) encounters are submitted for each type of test case scenario.

### 5.3.3 Test Procedure

**Table 6: Test Procedure Steps for TC03-MA to MA Member Submission**

| Step # | Action | Expected Results/ Evaluation Criteria |
|---|---|---|
| 1. | Submit an encounter for a beneficiary that changed from one MA plan to another MA plan during October 15 – December 7, 2011. | • The 999A and 277CA Reports are returned.<br>• Validation on the file for a unique encounter is based on the following data fields:<br>o Beneficiary HICN<br>o Beneficiary Name<br>o Date of Service<br>o Place of Service<br>o Type of Service<br>o Procedure Code (and 4 modifiers)<br>o Rendering Provider NPI<br>o Paid Amount.<br>• ED Processing Status Report is returned with "Accepted" status within 24 hours of submission.<br>• Encounters Summary, and Encounters Detail Reports are also returned within 24 hours of submission.<br>• Any errors found on the file will generate the ED Processing Status Report with a "Rejected" status. The Encounter Edit Disposition Report will also be generated if errors are found. |

### 5.3.4 Assumptions and Constraints

It is assumed that all beneficiaries are eligible and enrolled in the plan and can be found in enrollment reports and table for verification.

### 5.4 TC04-Special Enrollment to MA Submission

**5.4.1** The purpose of TC04-Special Enrollment to MA Submission is to test eligibility rules on an encounter for new Medicare Advantage members changing from non-Medicare plans.

#### 5.4.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions in the 837-P format.

2. At least two (2) encounters are submitted for each type of test case scenario.

### 5.4.3 Test Procedure

**Table 7: Test Procedure Steps for TC04-Special Enrollment to MA Submission**

| Step # | Action | Expected Results/ Evaluation Criteria |
|---|---|---|
| 1. | Submit an encounter for a Medicare Advantage member that was previously enrolled in a non-Medicare plan. | • The 999A and 277CA Reports are returned.<br>• Validation on the file for a unique encounter is based on the following data fields:<br>o Beneficiary HICN<br>o Beneficiary Name<br>o Date of Service<br>o Place of Service<br>o Type of Service<br>o Procedure Code (and 4 modifiers)<br>o Rendering Provider NPI<br>o Paid Amount.<br>• ED Processing Status Report is returned with "Accepted" status within 24 hours of submission.<br>• Encounters Summary, and Encounters Detail Reports are also returned within 24 hours of submission.<br>• Any errors found on the file will generate the ED Processing Status Report with a "Rejected" status. The Encounter Edit Disposition Report will also be generated if errors are found. |

### 5.4.4. Assumptions and Constraints

It is assumed that all beneficiaries are eligible and enrolled in the plan and can be found in enrollment reports and table for verification.

### 5.5 TC05-Standard MA Member Submission

**5.5.1** The purpose of TC05-Standard MA Member Submission is to test eligibility rules a standard Medicare Advantage encounter submission.

#### 5.5.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions in the 837-P format.

2. At least two (2) encounters are submitted for each type of test case scenario.

#### 5.5.3 Test Procedure

**Table 8: Test Procedure Steps for TC05-Standard MA Member Submission**

| Step # | Action | Expected Results/ Evaluation Criteria |
|---|---|---|
| 1. | Submit an encounter for a standard Medicare Advantage member. | • The 999A and 277CA Reports are returned.<br>• Validation on the file for a unique encounter is based on the following data fields:<br>o Beneficiary HICN<br>o Beneficiary Name<br>o Date of Service<br>o Place of Service<br>o Type of Service<br>o Procedure Code (and 4 modifiers)<br>o Rendering Provider NPI<br>o Paid Amount.<br>• ED Processing Status Report is returned with "Accepted" status within 24 hours of submission.<br>• Encounters Summary, and Encounters Detail Reports are also returned within 24 hours of submission.<br>• Any errors found on the file will generate the ED Processing Status Report with a "Rejected" status. The Encounter Edit Disposition Report will also be generated if errors are found. |

### 5.5.4. Assumptions and Constraints

It is assumed that all beneficiaries are eligible and enrolled in the plan and can be found in enrollment reports and table for verification.

### 5.6 TC06-Non-contracted Provider Submission

**5.6.1** The purpose of TC06-Non-contracted Provider Submission is to test encounters submitted by non-contracted, non-Medicare providers.

#### 5.6.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions in the 837-P format.

2. At least two (2) encounters are submitted for each type of test case scenario.

3. Include the billing provider employee tax identification number or social security number.

#### 5.6.3 Test Procedure

**Table 9: Test Procedure Steps for TC06-Non-contracted Provider Submission**

| Step # | Action | Expected Results/ Evaluation Criteria |
|---|---|---|
| 1. | Submit an encounter with a non-Medicare participating billing provider NPI. | • The 999A and 277CA Reports are returned.<br>• Validation on the file for a unique encounter is based on the following data fields:<br>o Beneficiary HICN<br>o Beneficiary Name<br>o Date of Service<br>o Place of Service<br>o Type of Service<br>o Procedure Code (and 4 modifiers)<br>o Rendering Provider NPI<br>o Paid Amount.<br>• ED Processing Status Report is returned with "Accepted" status within 24 hours of submission.<br>• Encounters Summary, and Encounters Detail Reports are also returned within 24 hours of submission.<br>• Any errors found on the file will generate the ED Processing Status Report with a "Rejected" status. The Encounter Edit Disposition Report will also be generated if errors are found. |

### 5.6.4. Assumptions and Constraints

It is assumed that non-contracted providers will still submit appropriate Medicare required information to process the encounter.

### 5.7 TC07-Atypical Provider Submission

**5.7.1** The purpose of TC07-Atypical Provider Submission is to test encounters submitted by atypcial providers with the designated default NPI and tax ID number.

#### 5.7.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions in the 837-P format.

2. At least two (2) encounters are submitted for each type of test case scenario.

#### 5.7.3 Test Procedure

**Table 10: Test Procedure Steps for TC07-Atypical Provider Submission**

| Step # | Action | Expected Results/ Evaluation Criteria |
|---|---|---|
| 1. | Submit an atypical provider 837P file using the following default codes:<br>Payer ID-80882<br>NPI-1999999984<br>EIN – 199999998<br>ICD-9 diagnosis code:<br>'78099' – Other General Symptoms | • The 999A and 277CA Reports are returned.<br>• Validation on the file for a unique encounter is based on the following data fields:<br>o Beneficiary HICN<br>o Beneficiary Name<br>o Date of Service<br>o Place of Service<br>o Type of Service<br>o Procedure Code (and 4 modifiers)<br>o Rendering Provider NPI<br>o Paid Amount.<br>• ED Processing Status Report is returned with "Accepted" status within 24 hours of submission.<br>• Encounters Summary, and Encounters Detail Reports are also returned within 24 hours of submission.<br>• Any errors found on the file will generate the ED Processing Status Report with a "Rejected" status. The Encounter Edit Disposition Report will also be generated if errors are found. |

### 5.7.4 Assumptions and Constraints

The default diagnoses codes provided are only used for testing purposes. Relevant diagnoses codes should be determined by coordinating with the provider and atypical service provider. Diagnoses captured from atypical provider types (as notated by the default atypical provider NPI) will not be priced or used for risk adjustment calculation; however, it will be stored for beneficiary utilization data and analysis.

### 5.8 TC08-Foreign Provider Submission

Foreign Provider submission specifications are still in development and will be released at a later date.

### 5.9 TC09-Capitated Provider Submission

**5.9.1** The purpose of TC09-Capitated Provider Submission is to ensure capitated encounters are edited, processed, priced, and stored accordingly in EDS.

#### 5.9.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions in the 837-P format.

2. At least two (2) encounters are submitted for each type of test case scenario.

3. Remember to populate loop 2400, CN101 data element with "5" for capitated submissions on the line level and claim level.

#### 5.9.3 Test Procedure

**Table 12: Test Procedure Steps for TC09-Capitated Provider Submission**

| Step # | Action | Expected Results/ Evaluation Criteria |
|---|---|---|
| 1. | Submit a capitated encounter on an 837P file, to the EDFEC. Submit $0.00 in the amount field otherwise submit the amount as is for the capitated encounter. | • The 999A and 277CA Reports are returned.<br>• Validation on the file for a unique encounter is based on the following data fields:<br>o Beneficiary HICN<br>o Beneficiary Name<br>o Date of Service<br>o Place of Service<br>o Type of Service<br>o Procedure Code (and 4 modifiers)<br>o Rendering Provider NPI<br>o Paid Amount.<br>• ED Processing Status Report is returned with "Accepted" status within 24 hours of submission.<br>• Encounters Summary, and Encounters Detail Reports are also returned within 24 hours of submission.<br>• Any errors found on the file will generate the ED Processing Status Report with a "Rejected" status. The Encounter Edit Disposition Report will also be generated if errors are found. |

### 5.9.4 Assumptions and Constraints

If pricing information is available on the encounter collected, then it should be submitted as is; however, the sum of the SV1 (Professional) and SV2 (Institutional) service lines must balance to the total amount populated on Loop ID-2300, CLM02. Capitated encounters submitted with “0” in the amount fields will be priced according to 100% of the Medicare allowable amount when processed through the EDS.

## 5.10 TC10-Ambulance TOS Submission

**5.10.1** The purpose of TC10-Ambulance TOS Submission is to test editing, processing, and appropriate pricing of ambulatory services.

### 5.10.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions in the 837-P format.

2. At least two (2) encounters are submitted for each type of test case scenario.

3. Remember to submit an NPI that is valid for an ambulance type of service and the HCPCS codes listed are valid for ambulatory services.

### 5.10.3 Test Procedure

**Table 13: Test Procedure Steps for TC10-Ambulance TOS Submission**

| Step # | Action | Expected Results/ Evaluation Criteria |
|---|---|---|
| 1. | Submit an encounter with a valid pick-up service address in Loop 2310E. | • The 999A and 277CA Reports are returned.<br>• Validation on the file for a unique encounter is based on the following data fields:<br>o Beneficiary HICN<br>o Beneficiary Name<br>o Date of Service<br>o Place of Service<br>o Type of Service<br>o Procedure Code (and 4 modifiers)<br>o Rendering Provider NPI<br>o Paid Amount.<br>• ED Processing Status Report is returned with "Accepted" status within 24 hours of submission.<br>• Encounters Summary, and Encounters Detail Reports are also returned within 24 hours of submission.<br>• Any errors found on the file will generate the ED Processing Status Report with a "Rejected" status. The Encounter Edit Disposition Report will also be generated if errors are found. |
| 2. | | • Pricing data and diagnoses data are updated and |

| Step # | Action | Expected Results/ Evaluation Criteria |
|---|---|---|
| | | stored in the EODS database. |

### 5.10.4 Assumptions and Constraints

The ambulance fee schedule will be used for pricing all services identified on the encounter submission.

## 5.11 TC11-Coordination of Benefits Submission

**5.11.1** The purpose of TC11-Coordination of Benefits Submission is to test editing, processing, and appropriate pricing of multi-payer or Medicare secondary payer submissions.

### 5.11.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions in the 837-P format.

2. At least two (2) encounters are submitted for each type of test case scenario.

3. Submit an original transaction to a primary payer.

### 5.11.3 Test Procedure

**Table 14: Test Procedure Steps for TC11-Coordination of Benefits Submission**

| Step # | Action | Expected Results/ Evaluation Criteria |
|---|---|---|
| 1. | Submit a true coordination of benefits submission from a secondary payer using the 2nd iteration of loops 2320, 2330, and 2430. | • The 999A and 277CA Reports are returned.<br>• Validation on the file for a unique encounter is based on the following data fields:<br>o Beneficiary HICN<br>o Beneficiary Name<br>o Date of Service<br>o Place of Service<br>o Type of Service<br>o Procedure Code (and 4 modifiers)<br>o Rendering Provider NPI<br>o Paid Amount.<br>• ED Processing Status Report is returned with "Accepted" status within 24 hours of submission.<br>• Encounters Summary, and Encounters Detail Reports are also returned within 24 hours of submission.<br>• Any errors found on the file will generate the ED Processing Status Report with a "Rejected" status. The Encounter Edit Disposition Report will also be generated if errors are found. |

### 5.11.4 Assumptions and Constraints

There are no assumptions and constraints identified at this time for coordination of benefits submissions.

## 5.12 TC12-Correct/Replace

**5.12.1** The purpose of TC12-Correct/Replace is to ensure accurate processing and pricing validations are applied to replacement submissions.

### 5.12.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions.

2. An original submission should be complete and an ICN received prior to submitting a correction submission on the selected ICN.

3. At least two (2) encounters are submitted for each type of test case scenario.

### 5.12.3 Test Procedure

**Table 15: Test Procedure Steps for TC12-Correct/Replace**

| Step # | Action | Expected Results/ Evaluation Criteria |
|---|---|---|
| 1. | Submit an encounter with a correction/replacement code '7' in Loop 2300, CLM05-3 on the 837 P.<br>• Populate Loop 2300, REF01='F8' and REF02 = ICN of the prior encounter. | • The 999A and 277CA Reports are returned.<br>• Validation is performed against the original encounter stored in the EODS:<br>o Loop 2300<br>o REF01=F8<br>o REF02=ICN<br>• Files pass duplicate validation, paid amount balancing and continue processing.<br>• ED Processing Status Report is returned with "Accepted" status within 24 hours of submission.<br>• Encounters Summary, and Encounters Detail Reports are also returned within 24 hours of submission.<br>• Any errors found on the file will generate the ED Processing Status Report with a "Rejected" status. The Encounter Edit Disposition Report will also be generated if errors are found. |
| 2. | | • Pricing and diagnosis data are updated in the EODS database and stored. |

### 5.12.4 Assumptions and Constraints

It is assumed that MAOs have access to the CMS website where diagnosis models for risk adjustments are available as a reference. There are no constraints identified for the submission of a replacement encounter.

## 5.13 TC13-Void/Deleted

**5.13.1** The purpose of TC13-Void/Deleted submission is to ensure an original encounter is deleted from the system.

### 15.13.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions.
2. An original submission should be complete and an ICN received prior to submitting an adjustment-deletion submission on the selected ICN.
3. At least two (2) encounters are submitted for each type of test case scenario.

### 15.13.3 Test Procedure

**Table 16: Test Procedure Steps for TC13-Void/Deleted**

| Step # | Action | Expected Results/ Evaluation Criteria |
|---|---|---|
| 1. | Submit an encounter with a deletion code '8' in Loop 2300, CLM05-3 on the 837 P.<br>• Populate Loop 2300, REF01='F8' and REF02 = ICN of the prior encounter. | • The 999A and 277CA Reports are returned.<br>• Files pass duplicate validation, paid amount balancing and continue processing.<br>• ED Processing Status Report is returned with "Accepted" status within 24 hours of submission.<br>• Encounters Summary, and Encounters Detail Reports are also returned within 24 hours of submission.<br>• Any errors found on the file will generate the ED Processing Status Report with a "Rejected" status. The Encounter Edit Disposition Report will also be generated if errors are found. |

### 15.13.4 Assumptions and Constraints

It is assumed that any information that is incorrect for a deletion submission is captured and rejected at the CEM/CEDI edit level therefore would reach the processing level. There are no constraints identified for the submission of a deletion file.

### 5.14 TC14-Chart Review – Linked

**5.14.1** The purpose of TC14-Chart Review – Linked submission is to ensure supplemental chart review information associated with an encounter is captured in EODS.

#### 5.14.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions.

2. An original encounter submission should be complete with an ICN received prior to submitting a chart review linked to the selected ICN.

3. At least two (2) encounters are submitted for each type of test case scenario.

5. Remember to include a valid Provider Tax ID.

#### 5.14.3 Test Procedure

**Table 17: Test Procedure Steps for TC14-Chart Review Linked Submission**

| Step # | Action | Expected Results/ Evaluation Criteria |
|---|---|---|
| 1. | Submit a chart review linked to an existing ICN with a PWK01 = "09".<br>• Submit the chart review with a minimum of four (4) diagnoses codes for testing. | • The 999A and 277CA Reports are returned.<br>• Files pass duplicate validation, paid amount balancing and continue processing.<br>• ED Processing Status Report is returned with "Accepted" status within 24 hours of submission.<br>• Encounters Summary, and Encounters Detail Reports are also returned within 24 hours of submission.<br>• Any errors found on the file will generate the ED Processing Status Report with a "Rejected" status. The Encounter Edit Disposition Report will also be generated if errors are found. |
| 2. | | • Diagnoses data are updated and stored in the EODS database. |

#### 5.14.4 Assumptions and Constraints

An existing ICN must be linked to the chart review submission.

### 5.15 TC15-Chart Review – Unlinked

**5.15.1** The purpose of TC15-Chart Review-Unlinked Submission is to ensure supplemental chart review information without an associated encounter is captured in EODS.

#### 5.15.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions.

2. At least two (2) encounters are submitted for each type of test case scenario.

3. Remember to include a valid Provider Tax ID

#### 5.15.3 Test Procedure

**Table 17: Test Procedure Steps for TC15-Chart Review – Unlinked Submission**

| Step # | Action | Expected Results/ Evaluation Criteria |
|---|---|---|
| 1. | Submit a chart review with no link to an ICN with a PWK01 = "09". | • The 999A and 277CA Reports are returned.<br>• Files pass duplicate validation, paid amount balancing and continue processing.<br>• ED Processing Status Report is returned with "Accepted" status within 24 hours of submission.<br>• Encounters Summary, and Encounters Detail Reports are also returned within 24 hours of submission.<br>• Any errors found on the file will generate the ED Processing Status Report with a "Rejected" status. The Encounter Edit Disposition Report will also be generated if errors are found. |
| 2. | | • The chart review with no linked ICN is processed through the EDPS. Encounter data is checked against processing edits.<br>• Diagnoses data are updated and stored in the EODS database. |

#### 5.15.4 Assumptions and Constraints

There can be no existing ICN linked to the submission of a chart review – unlinked, and the data will not be priced in EDPS.

## 5.16 TC16-Duplicate

**5.16.1** The purpose of TC16-Duplicate Submission is to ensure information is not duplicated and stored for pricing and risk adjustment in EODS.

### 5.16.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions.

2. At least two (2) encounters are submitted for each type of test case scenario.

3. An original submission should be complete prior to submitting a duplicate submission.

### 5.16.3 Test Procedure

**Table 18: Test Procedure Steps for TC16-Duplicate Submission**

| Step # | Action | Expected Results/ Evaluation Criteria |
|---|---|---|
| 1. | Submit a duplicate 837P file, to the EDFES with duplicate data in all of the following fields:<br>• Beneficiary HICN<br>• Beneficiary Name<br>• Date of Service<br>• Place of Service<br>• Type of Service<br>• Procedure Code (and 4 modifiers)<br>• Rendering Provider NPI<br>• Paid Amount | • The 999A and 277CA Reports are returned.<br>• The file is rejected due to duplicate data contained in EODS.<br>• ED Duplicates Report is generated and returned within 24 hours of submission.<br>• Encounters Summary, Encounter Edit Disposition and Encounters Detail Reports are also returned within 24 hours of submission.<br>• Any errors found on the file will generate the ED Processing Status Report with a “Rejected” status. The Encounter Edit Disposition Report will also be generated if errors are found. |

### 5.16.4 Assumptions and Constraints

It is assumed that the submission matches an existing encounter in the system.

## 5.17 TC17-Bundled Payment

**5.17.1** The purpose of TC17-Bundled Payment Submission is to ensure bundled payment submissions are accepted into the system for pricing and data analysis.

### 5.17.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions.

2. At least two (2) encounters are submitted for each type of test case scenario.

3. An original submission can be submitted prior to the submission of a bundled payment line.

### 5.17.3 Test Procedure

**Table 19: Test Procedure Steps for TC17-Bundled Payment Submission**

| Step # | Action | Expected Results/ Evaluation Criteria |
|---|---|---|
| 1. | Submit an encounter with bundled codes and use SVD06 in Loop 2430 to identify a bundled payment submission. | • The 999A and 277CA Reports are returned.<br>• Validation on the file for a unique encounter is based on the following data fields:<br>o Beneficiary HICN<br>o Beneficiary Name<br>o Date of Service<br>o Place of Service<br>o Type of Service<br>o Procedure Code (and 4 modifiers)<br>o Rendering Provider NPI<br>o Paid Amount.<br>• Files pass duplicate validation and continue processing.<br>• ED Processing Status Report is returned with "Accepted" status within 24 hours of submission.<br>• Any errors found on the file will generate the ED Processing Status Report with a "Rejected" status. The Encounter Edit Disposition Report will also be generated if errors are found.<br>• Encounters Summary, and Encounters Detail Reports are also returned within 24 hours of submission. |

### 5.17.4 Assumptions and Constraints

Submit bundled payments as they were adjudicated in your internal system. EDPS will edit, process, price, and store the bundled payments as submitted.

### 5.18 TC18-Paper Generated

Paper generated submission specifications are still in development and will be released at a later date.

### 5.19 TC19-Zip Code + 4

**5.19.1** The purpose of TC19-Zip Code + 4 Submission is to test and collect data for accurate pricing.

#### 5.19.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions.

2. At least two (2) encounters are submitted for each type of test case scenario.

#### 5.19.3 Test Procedure

**Table 21: Test Procedure Steps for TC19- Zip Code + 4 Submissions**

| Step # | Action | Expected Results/ Evaluation Criteria |
|---|---|---|
| 1. | Submit an encounter with the zip code + 4 postal box identifier.<br><br>• Use "9999" as a default for the last four (4) digits of the zip code for one submission to test the case where this information does not exist on the original submission file. | • The 999A and 277CA Reports are returned.<br>• Files pass duplicate validation, paid amount balancing and continue processing.<br>• ED Processing Status Report is returned with "Accepted" status within 24 hours of submission.<br>• Any errors found on the file will generate the ED Processing Status Report with a "Rejected" status. The Encounter Edit Disposition Report will also be generated if errors are found.<br>• Encounters Summary, and Encounters Detail Reports are also returned within 24 hours of submission. |

#### 5.19.4 Assumptions and Constraints

It is assumed that all encounter submissions will include submitter names.

### 5.20 TC20-Medically Unlikely Edit

**5.20.1** The purpose of TC20-Medically Unlikely Edit Submission is to test for medically unlikely edits.

#### 5.20.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions.

2. At least two (2) encounters are submitted for each type of test case scenario.

#### 5.20.3 Test Procedure

**Table 22: Test Procedure Steps for TC20-Medically Unlikely Edit**

| Step # | Action | Expected Results/ Evaluation Criteria |
|---|---|---|
| 1. | Submit a medically unlikely procedure code; where the maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service is determined unlikely as defined by the CMS MUE (Medically Unlikely Edit) file. | • The 999A and 277CA Reports are returned.<br>• Files pass duplicate validation, paid amount balancing and continue processing.<br>• ED Processing Status Report is returned with "Rejected" status within 24 hours of submission.<br>• Encounters Summary, Encounter Edit Disposition and Encounters Detail Reports are also returned within 24 hours of submission. |

#### 5.20.4 Assumptions and Constraints

Assumptions are that the medical procedure codes are not applicable for selected genders.

### 5.21 TC21-Diagnoses Included in Model Diagnosis Codes

**5.21.1** The purpose of TC22-Diagnoses Included in Model Diagnosis Codes Submission is to test the risk filter edits.

#### 5.21.2 Prerequisite Conditions

1. An electronic paper claim conversion program is implemented for converting paper submissions into electronic format.

2. System will accept 5010 version X12 standards for HIPAA transactions.

3. At least two (2) encounters are submitted for each type of test case scenario.

#### 5. 21.3 Test Procedure

**Table 24: Test Procedure Steps for TC21-Diagnoses Included in Model Diagnosis Codes Submission**

| Step # | Action | Expected Results/ Evaluation Criteria |
|---|---|---|
| 1. | Submit a standard encounter with four (4) diagnoses from the model diagnoses spreadsheet. | • The 999A and 277CA Reports are returned.<br>• Files pass duplicate validation, paid amount balancing and continue processing.<br>• ED Processing Status Report is returned with "Accepted" status within 24 hours of submission.<br>• Any errors found on the file will generate the ED Processing Status Report with a "Rejected" status. The Encounter Edit Disposition Report will also be generated if errors are found.<br>• Encounters Summary, and Encounters Detail Reports are also returned within 24 hours of submission. |

#### 5. 21.4 Assumptions and Constraints

It is assumed that MAOs have access to the CMS website where diagnoses models for risk adjustment are available for reference. There are no constraints identified for the submission of original encounter data.

### 5.22 TC22-Diagnoses Not Included in the Model Diagnosis Codes

**5.22.1** The purpose of TC23-Diagnoses Not Included in Model Diagnosis Codes Submission is to test the risk filter edits.

#### 5.22.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions.

2. At least two (2) encounters are submitted for each type of test case scenario.

3. Remember that ICD-9 codes are to be submitted until October 1, 2013 therefore any ICD-10 codes submitted will return with errors.

#### 5.22.3 Test Procedure

**Table 25: Test Procedure Steps for TC22-Diagnoses Not Included in Model Diagnosis Codes Submission**

| Step # | Action | Expected Results/ Evaluation Criteria |
|---|---|---|
| 1. | Submit a standard encounter with four (4) diagnoses not listed in the model diagnoses spreadsheet. | • The 999A and 277CA Reports are returned.<br>• Files pass duplicate validation, paid amount balancing and continue processing.<br>• ED Processing Status Report is returned with "Accepted" status within 24 hours of submission.<br>• Any errors found on the file will generate the ED Processing Status Report with a "Rejected" status. The Encounter Edit Disposition Report will also be generated if errors are found.<br>• Encounters Summary, and Encounters Detail Reports are also returned within 24 hours of submission. |

#### 5.22.4 Assumptions and Constraints

It is assumed that MAOs have access to the CMS website where diagnoses models for risk adjustment are available for reference. There are no constraints identified for the submission of original encounter data.

### 5.23 TC23-Medicare Physicians (MPFS) Submission

**5.23.1** The purpose of TC24-Medicare Physicians (MPFS) Submission is to test Medicare Physicians pricing edits.

#### 5.23.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions.

2. At least two (2) encounters are submitted for each type of test case scenario.

#### 5.23.3 Test Procedure

**Table 26: Test Procedure Steps for TC23-Medicare Physicians (MPFS) Submission**

| Step # | Action | Expected Results/ Evaluation Criteria |
|---|---|---|
| 1. | Submit an encounter for a Medicare participating provider using elements from the Medicare Physician Fee Schedule located online at http://www.cms.gov/FeeScheduleGenInfo/. | • The 999A and 277CA Reports are returned.<br>• Files pass duplicate validation, paid amount balancing and continue processing.<br>• ED Processing Status Report is returned with "Accepted" status within 24 hours of submission.<br>• Any errors found on the file will generate the ED Processing Status Report with a "Rejected" status. The Encounter Edit Disposition Report will also be generated if errors are found.<br>• Pricing errors found will return the ED Pricing Status Report, identifying the pricers and errors identified for the encounter.<br>• Encounters Summary, and Encounters Detail Reports are also returned within 24 hours of submission. |

#### 5.23.4 Assumptions and Constraints

There are no assumptions or constraints currently identified.

### 5.24 TC24-Ambulatory Surgery Center (ASC) Submission

**5.24.1** The purpose of TC25-Ambulatory Surgery Center (ASC) Submission is to test pricing edits.

#### 5.24.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions.

2. At least two (2) encounters are submitted for each type of test case scenario.

#### 5.24.3 Test Procedure

**Table 27: Test Procedure Steps for TC24-Ambulatory Surgery Center (ASC) Submission**

| Step # | Action | Expected Results/ Evaluation Criteria |
|---|---|---|
| 1. | Submit an encounter using the ambulatory surgery center fee schedule for an outpatient procedure code located online at http://www.cms.gov/FeeScheduleGenInfo/. | • The 999A and 277CA Reports are returned.<br>• Files pass duplicate validation, paid amount balancing and continue processing.<br>• ED Processing Status Report is returned with "Accepted" status within 24 hours of submission.<br>• Any errors found on the file will generate the ED Processing Status Report with a "Rejected" status. The Encounter Edit Disposition Report will also be generated if errors are found.<br>• Pricing errors found will return the ED Pricing Status Report, identifying the pricers and errors identified for the encounter.<br>• Encounters Summary, and Encounters Detail Reports are also returned within 24 hours of submission. |

#### 5.24.4 Assumptions and Constraints

ASC submissions will be priced using the Ambulatory Surgery Center Fee Schedule.

### 5.25 TC25-Clinical Laboratory Submission

**5.25.1** The purpose of TC26-Clinical Laboratory Submission is to test pricing edits.

#### 5.25.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions.

2. At least two (2) encounters are submitted for each type of test case scenario.

#### 5.25.3 Test Procedure

**Table 28: Test Procedure Steps for TC25-Clinical Laboratory Submission**

| Step # | Action | Expected Results/ Evaluation Criteria |
|---|---|---|
| 1. | Submit an encounter using the clinical laboratory fee schedule for rendering provider paid amounts located online at http://www.cms.gov/FeeScheduleGenInfo/. | • The 999A and 277CA Reports are returned.<br>• Files pass duplicate validation, paid amount balancing and continue processing.<br>• ED Processing Status Report is returned with "Accepted" status within 24 hours of submission.<br>• Any errors found on the file will generate the ED Processing Status Report with a "Rejected" status. The Encounter Edit Disposition Report will also be generated if errors are found.<br>• Pricing errors found will return the ED Pricing Status Report, identifying the pricers and errors identified for the encounter.<br>• Encounters Summary, and Encounters Detail Reports are also returned within 24 hours of submission. |

#### 5.25.4 Assumptions and Constraints

Encounters submitted with clinical laboratory tests will be priced according to the clinical laboratory fee schedule.

# 1. ACRONYMS

| | |
|---|---|
| **ASC** | Ambulatory Surgery Center |
| **CMS** | Centers for Medicare & Medicaid Services |
| **EDFESC** | Encounter Data Front End System Contractor |
| **EDFES** | Encounter Data Front End System |
| **EDIPPS** | Encounter Data Institutional Pricing and Processing System |
| **EODS** | Encounter Data Operational Data Store |
| **EDPPPS** | Encounter Data Professional Pricing and Processing System |
| **EDDPPS** | Encounter Data DME Pricing and Processing System |
| **EDPS** | Encounter Data Processing System |
| **EDPSC** | Encounter Data Processing System Contractor |
| **EDS** | Encounter Data System |
| **MA** | Medicare Advantage |
| **MAO** | Medicare Advantage Organization |