Encounter Data System

Standard Companion Guide Transaction Information

Instructions related to the 837 Health Care Claim: Professional Transaction based on ASC X12 Technical Report Type 3 (TR3), Version 005010X222A1

Companion Guide Version Number: 15.0
Created: February 2013

Preface

The Encounter Data System (EDS) Companion Guide contains information to assist Medicare Advantage Organizations (MAOs) and other entities in the submission of encounter data. The EDS Companion Guide is under development and the information in this version reflects current decisions and will be modified on a regular basis. All versions of the EDS Companion Guide are identified by a version number, which is located in the version control log on the last page of the document. Users should verify that they are using the most current version.

Questions regarding the contents of the EDS Companion Guide should be directed to eds@ardx.net.

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1.0 Introduction

1.1 Scope

The CMS Encounter Data System (EDS) 837-P Companion Guide addresses how MAOs and other entities conduct Professional claim Health Information Portability and Accountability Act (HIPAA) standard electronic transactions with CMS. The CMS EDS supports transactions adopted under HIPAA, as well as additional supporting transactions described in this guide.

The CMS EDS 837-P Companion Guide must be used in conjunction with the associated 837-P Implementation Guide (TR3). The instructions in the CMS EDS 837-P Companion Guide are not intended for use as a stand-alone requirements document.

1.2 Overview

The CMS EDS 837-P Companion Guide includes information required to initiate and maintain communication exchange with CMS. The information is organized in the sections listed below:

- Contact Information: This section includes telephone and fax numbers for EDS contacts.
- Control Segments/Envelopes: This section contains information required to create the ISA/IEA, GS/GE, and ST/SE control segments in order for the EDS to support these transactions.
- Acknowledgements and Reports: This section contains information on all transaction acknowledgements sent by the EDS, including the TA1, 999, and 277CA.
- Transaction Specific Information: This section describes the details of the HIPAA X12 Implementation Guides (IGs), using a tabular format. The tables contain a row for each segment with CMS specific information, in addition to the information in the IGs. That information may contain:
    - Limits on the repeat of loops or segments
    - Limits on the length of a simple data element
    - Specifics on a sub-set of the IG's internal code listings
    - Clarification of the use of loops, segments, and composite or simple data elements
    - Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with CMS.

In addition to the row for each segment, one (1) or more additional rows describe the EDS' usage for composite or simple data elements and for any other information.

1.3 Major Updates

1.3.1 Professional Business Cases

A note was added to Section 9.0 to provide guidance for population of the DTP segment at the appropriate encounter level for the service paid amount.

1.3.2 EDPS Edits Prevention and Resolution Strategies – Phase III

MAOs and other entities may now reference Section 10.2.3, Table 17 for the remaining prevention and resolution strategies for EDPPPS edits. All EDPS edits have been identified and comprehensive editing logic and resolution strategies have been provided.

1.4 References

MAOs and other entities must use the ASC X12N IG adopted under the HIPAA Administrative Simplification Electronic Transaction rule, along with CMS' Encounter Data Participant Guides and CMS' EDS Companion Guides, for development of the EDS' transactions. These documents are accessible on the CSSC Operations website at www.csscoperations.com.

Additionally, CMS publishes the EDS' submitter guidelines and application, testing documents, 837 Companion Guides and Encounter Data Participant Guides on the CSSC Operations website.

MAOs and other entities must use the most current national standard code lists applicable to the 5010 transaction. The code lists is accessible at the Washington Publishing Company (WPC) website at http://www.wpc-edi.com

The applicable code lists are as follows:

- Claim Adjustment Reason Code (CARC)
- Claim Status Category Codes (CSSC)
- Claim Status Codes (CSC)

CMS provides X12 5010 file format technical edit spreadsheets for the 837-P and 837-I. The edits included in the spreadsheets are provided to clarify the WPC instructions or add Medicare specific requirements. In order to determine the implementation date of the edits contained in the spreadsheet, MAOs and other entities should initially refer to the spreadsheet version identifier. The version identifier is comprised of ten (10) characters as follows:

- Positions 1-2 indicate the line of business:
    - EA – Part A (837-I)
    - EB – Part B (837-P)

- Positions 3-6 indicate the year (e.g., 2011)

- Position 7 indicates the release quarter month
    - 1 – January release

- 2 – April release
- 3 – July release
- 4 – October release

- Positions 8-10 indicate the spreadsheet version iteration number (e.g., V01-first iteration, V02-second iteration)

The effective date of the spreadsheet is the first calendar day of the release quarter month. The implementation date is the first business Monday of the release quarter month. Federal holidays that potentially occur on the first business Monday are considered when determining the implementation date. For example, the edits contained in a spreadsheet version of EB20113V01 are effective January 1, 2013 and implemented on January 7, 2013.

2.0 Contact Information

2.1 The Customer Service and Support Center (CSSC)

The Customer Service and Support Center (CSSC) personnel are available for questions from 8:00A.M. – 7:00P.M. EST, Monday-Friday, with the exception of federal holidays. MAOs and others entities are able to contact the CSSC by phone at 1-877-534-CSSC (2772) or by email at csscoperations@palmettogba.com.

2.2 Applicable Websites/Email Resources

The following websites provide information to assist in the EDS submission:

RESOURCE	WEB ADDRESS
EDPS Bulletin	http://www.csscoperations.com/
EDS Email	eds@ardx.net
EDS Participant Guides	http://www.csscoperations.com/
EDS User Group Materials	http://www.csscoperations.com/
ANSI ASC X12 TR3 Implementation Guides	http://www.wpc-edi.com/
Washington Publishing Company Health Care Code Sets	http://www.wpc-edi.com/
CMS Edits Spreadsheet	http://www.cms.gov/MFFS5010D0/20_TechnicalDocumentation.asp

3.0 File Submission

3.1 File Size Limitations

Due to system limitations, the combination of all ST/SE transaction sets per file cannot exceed certain thresholds, dependent upon the connectivity method of the submitter. FTP and NDM users cannot exceed 85,000 encounters per file. Gentran/TIBCO users cannot exceed 5,000 encounters per file. For

all connectivity methods, the TR3 allows no more than 5000 CLMs per ST/SE segment. The following table demonstrates the limits due to connectivity methods:

CONNECTIVITY	MAXIMUM NUMBER OF ENCOUNTERS	MAXIMUM NUMBER OF ENCOUNTERS PER ST/SE
FTP/NDM	85,000	5,000
Gentran/TIBCO	5,000	5,000

Note: Due to system processing overhead associated with smaller numbers of encounters within the ST/SE, it is highly recommended that MAOs and other entities submit larger numbers of encounters within the ST/SE, not to exceed 5,000 encounters.

In an effort to support and provide the most efficient processing system, and to allow for maximum performance, CMS recommends that FTP submitters' scripts upload no more than one (1) file per five (5) minute intervals. Zipped files should contain one (1) file per transmission. MAOs and other entities should refrain from submitting multiple files within the same transmission. NDM and Gentran users may submit a maximum of 255 files per day.

3.2 File Structure – NDM/Connect Direct and Gentran/TIBCO Submitters Only

NDM/Connect Direct and Gentran/TIBCO submitters must format all submitted files in an 80-byte fixed block format. This means MAOs and other entities must upload every line (record) in a file with a length of 80 bytes/characters.

Submitters should create files with segments stacked, using only 80 characters per line. At position 81 of each segment, MAOs and other entities must create a new line. On the new line starting in position 1, continue for 80 characters, and repeat creating a new line in position 81 until the file is complete. If the last line in the file does not fill to 80 characters, the submitter should space the line out to position 80 and then save the file.

Note: If MAOs and other entities are using a text editor to create the file, pressing the Enter key will create a new line. If MAOs and other entities are using an automated system to create the file, create a new line by using a CRLF (Carriage Return Line Feed) or a LF (Line Feed).

For example, the ISA record is 106 characters long:

```
ISA*00*       *00*       *ZZ*ENH9999     *ZZ*80882       *120430*114
4*^*00501*000000031*1*P*:~
```

The first line of the file will contain the first 80 characters of the ISA segment; the last 26 characters of the ISA segment will continue on the second line. The next segment will start in the 27th position and continue until column 80.

4.0 Control Segments/Envelopes

4.1 ISA/IEA

The term interchange denotes the transmitted ISA/IEA envelope. Interchange control is achieved through several "control" components, as defined in Table 1. The interchange control number is contained in data element ISA13 of the ISA segment. The identical control number must also occur in data element IEA02 of the IEA segment. MAOs and other entities must populate all elements in the ISA/IEA interchange. There are several elements within the ISA/IEA interchange that must be populated specifically for encounter data purposes. Table 1 below provides EDS Interchange Control (ISA/IEA) specific elements.

Note: Table 1 presents only those elements that provide specific details relevant to encounter data. When developing the encounter data system, users should base their logic on the highest level of specificity. First, consult the WPC/TR3. Second, consult the CMS edits spreadsheets. Third, consult the CMS EDS 837-P Companion Guide. If the options expressed in the WPC/TR3 or the CEM edits spreadsheet are broader than the options identified in the CMS EDS 837-P Companion Guide, MAOs and other entities must use the rules identified in the Companion Guide.

Legend
SHADED rows represent segments in the X12N Implementation Guide
NON-SHADED rows represent data elements in the X12N Implementation Guide

TABLE 1 – ISA/IEA INTERCHANGE ELEMENTS

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
ISA		Interchange Control Header		
	ISA01	Authorization Information Qualifier	00	No authorization information present
	ISA02	Authorization Information		Use 10 blank spaces
	ISA03	Security Information Qualifier	00	No security information present
	ISA04	Security Information		Use 10 blank spaces
	ISA05	Interchange ID Qualifier	ZZ	CMS expects to see a value of "ZZ" to designate that the code is mutually defined
	ISA06	Interchange Sender ID		EN followed by Contract ID Number
	ISA07	Interchange ID Qualifier	ZZ	CMS expects to see a value of "ZZ" to designate that the code is mutually defined
	ISA08	Interchange Receiver ID	80882	
	ISA11	Repetition Separator	^	

TABLE 1 – ISA/IEA INTERCHANGE ELEMENTS (CONTINUED)

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
ISA	ISA13	Interchange Control Number		Must be a fixed length with nine (9) characters and match IEA02 Used to identify file level duplicate collectively with GS06, ST02, and BHT03
	ISA14	Acknowledgement Requested	1	Interchange Acknowledgement Requested (TA1) A TA1 will be sent if the file is syntactically incorrect, otherwise only a '999' will be sent
	ISA15	Usage Indicator	T P	Test Production
IEA		Interchange Control Trailer		
	IEA02	Interchange Control Number		Must match the value in ISA13

4.2 GS/GE

The functional group is outlined by the functional group header (GS segment) and the functional group trailer (GE segment). The functional group header starts and identifies one or more related transaction sets and provides a control number and application identification information. The functional group trailer defines the end of the functional group of related transaction sets and provides a count of contained transaction sets.

MAOs and other entities must populate elements in the GS/GE functional group. There are several elements within the GS/GE that must be populated specifically for encounter data collection. Table 2 provides EDS functional group (GS/GE) specific elements.

Note: Table 2 presents only those elements that require explanation.

TABLE 2 - GS/GE FUNCTIONAL GROUP ELEMENTS

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
GS		Functional Group Header		
	GS02	Application Sender's Code		EN followed by Contract ID Number
	GS03	Application Receiver's Code	80882	This value must match the value is ISA08

TABLE 2 - GS/GE FUNCTIONAL GROUP ELEMENTS (CONTINUED)

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
	GS06	Group Control Number		This value must match the value in GE02 Used to identify file level duplicates collectively with ISA13, ST02, and BHT03
	GS08	Version/Release/Industry Identifier code	005010X222A1	
GE		Functional Group Trailer		
	GE02	Group Control Number		This value must match the value in GS06

4.3 ST/SE

The transaction set (ST/SE) contains required, situational loops, unused loops, segments, and data elements. The transaction set is outlined by the transaction set header (ST segment) and the transaction set trailer (SE segment). The transaction set header identifies the start and identifies the transaction set. The transaction set trailer identifies the end of the transaction set and provides a count of the data segments, which includes the ST and SE segments. There are several elements that must be populated specifically for encounter data purposes. Table 3 provides EDS' transaction set (ST/SE) specific elements.

Note: Table 3 presents only those elements that require explanation.

TABLE 3 - ST/SE TRANSACTION SET HEADER AND TRAILER ELEMENTS

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
ST		Transaction Set Header		
	ST01	Transaction Set Identifier Code	837	
ST	ST02	Transaction Set Control Number		This value must match the value in SE02 Used to identify file level duplicates collectively with ISA13, GS06, and BHT03
	ST03	Implementation Convention Reference	005010X222A1	
SE		Transaction Set Trailer		
	SE01	Number of Included Segments		Must contain the actual number of segments within the ST/SE
	SE02	Transaction Set Control Number		This value must be match the value in ST02

5.0 Transaction Specific Information

5.1 837 Professional: Data Element Table

Within the ST/SE transaction set, there are multiple loops, segments, and data elements that provide billing provider, subscriber, and patient level information. MAOs and other entities should reference www.wpc-edi.com to obtain the most current Implementation Guide. MAOs and other entities must submit EDS transactions using the most current transaction version.

The 837 Professional Data Element table identifies only those elements within the X12N Implementation Guide that require comment within the context of the EDS' submission. Table 4 identifies the 837 Professional Implementation Guide by loop name, segment name, segment identifier, data element name, and data element identifier for cross reference. Not all data elements listed in the table below are required, but if they are used, the table reflects the values CMS expects to see.

TABLE 4 - 837 PROFESSIONAL HEALTH CARE CLAIM

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
	BHT	Beginning of Hierarchical Transaction		
	BHT03	Originator Application Transaction Identifier		Must be a unique identifier across all files Used to identify file level duplicates collectively with ISA13, GS06, and ST02
	BHT06	Claim Identifier	CH	Chargeable
1000A	NM1	Submitter Name		
	NM102	Entity Type Qualifier	2	Non-Person Entity
	NM109	Submitter Identifier		EN followed by Contract ID Number
1000A	PER	Submitter EDI Contact Information		
	PER03	Communication Number Qualifier	TE	It is recommended that MAOs and other entities populate the submitter's telephone number
	PER05	Communication Number Qualifier	EM	It is recommended that MAOs and other entities populate the submitter's email address
1000A	PER	Submitter EDI Contact Information		
	PER07	Communication Number Qualifier	FX	It is recommended that MAOs and other entities populate the submitter's fax number

TABLE 4 - 837 PROFESSIONAL HEALTH CARE CLAIM (CONTINUED)

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
1000B	NM1	Receiver Name		
	NM102	Entity Type Qualifier	2	Non-Person Entity
	NM103	Receiver Name		EDSCMS
1000B	NM109	Receiver ID	80882	Identifies CMS as the receiver of the transaction and corresponds to the value in ISA08 Interchange Receiver ID
2010AA	NM1	Billing Provider Name		
	NM108	Billing Provider ID Qualifier	XX	NPI Identifier
2010AA	NM109	Billing Provider Identifier	1999999984	Must be populated with a ten digit number, must begin with the number 1 Professional provider default NPI when the provider has not been assigned an NPI
2010AA	N4	Billing Provider City, State, Zip Code		
	N403	Zip Code		The full nine (9) digits of the ZIP Code are required. If the last four (4) digits of the ZIP code are not available, populate a default value of "9999"
2010AA	REF	Billing Provider Tax Identification		
	REF01	Reference Identification Qualifier	EI	Employer's Identification Number
	REF02	Reference Identification	199999998	Atypical professional provider default EIN
2000B	SBR	Subscriber Information		
	SBR01	Payer Responsibility Number Code	S	EDSCMS is considered the destination (secondary) payer
	SBR09	Claim Filing Indicator Code	MB	Must be populated with a value of MB – Medicare Part B
2010BA	NM1	Subscriber Name		
	NM108	Subscriber Id Qualifier	MI	Must be populated with a value of MI – Member Identification Number

TABLE 4 - 837 PROFESSIONAL HEALTH CARE CLAIM (CONTINUED)

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
2010BA	NM109	Subscriber Primary Identifier		This is the subscriber's Health Insurance Claim (HIC) number. Must match the value in Loop 2330A, NM109
2010BB	NM1	Payer Name		
	NM103	Payer Name		EDSCMS
	NM108	Payer ID Qualifier	PI	Must be populated with the value of PI – Payer Identification
	NM109	Payer Identification	80882	
2010BB	N3	Payer Address		
	N301	Payer Address Line	7500 Security Blvd	
2010BB	N4	Payer City, State, ZIP Code		
	N401	Payer City Name	Baltimore	
	N402	Payer State	MD	
	N403	Payer ZIP Code	212441850	
2010BB	REF	Other Payer Secondary Identifier		
	REF01	Contract ID Identifier	2U	
	REF02	Contract ID Number		MAO or other entity's Contract ID Number
2300	CLM	Claim Information		
	CLM02	Total Claim Charge Amount		Must balance to the sum SV1 service lines in Loop 2400
	CLM05-3	Claim Frequency Type Code	1 7 8	1=Original claim submission 7=Replacement 8=Deletion
2300	PWK	Claim Supplemental Information		

TABLE 4 - 837 PROFESSIONAL HEALTH CARE CLAIM (CONTINUED)

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
	PWK01	Report Type Code	09 OZ AM PY	Populated for chart review submissions only Populated for encounters generated as a result of paper claims only Populated on ambulance encounters when the true ambulance pick-up and drop-off complete addresses are not available and the Rendering or Billing Provider street address, city, state, and ZIP Code is populated in 2310E and 2310F. Populated for encounters generated as a result of 4010 submission only
2300	PWK02	Attachment Transmission Code	AA	Populated for chart review, paper generated encounters, 4010 generated encounters, or ambulance encounters when the true ambulance pick-up and drop-off locations are not available and the Rendering Provider or Billing Provider street address, city, state, and ZIP Code is populated in Loops 2310E and 2310F
2300	CN1	Contract Information		
	CN101	Contract Type Code	05	Populated for capitated arrangements
2300	REF	Payer Claim Control Number		
	REF01	Original Reference Number	F8	
	REF02	Payer Claim Control Number		Identifies ICN from original claim when submitting adjustment or chart review data
2300	REF	Medical Record Number		
	REF01	Medical Record Identification Number	EA	

TABLE 4 - 837 PROFESSIONAL HEALTH CARE CLAIM (CONTINUED)

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
	REF02	Medical Record Identification Number	8	***Chart review delete diagnosis code submissions only –*** Identifies the diagnosis code populated in Loop 2300, HI must be deleted from the encounter ICN in Loop 2300, REF02
			Deleted Diagnosis Code(s)	***Chart review add and delete specific diagnosis codes on a single encounter submissions only*** – Identifies the diagnosis code(s) that must be deleted from the encounter ICN in Loop 2300, REF02
2300	NTE	Claim Note		
	NTE01	Note Reference Code	ADD	
	NTE02	Claim Note Text		See Section 11.0 for the use and message requirements of proxy data information
2310E	N3	Ambulance Pick-Up Location Address		
	N301	Ambulance Pick-Up Location Address Line		Provide the address line for the Rendering Provider if the true ambulance pick-up address line is not available Provide the address line for the Billing Provider if the Rendering Provider is the same as the Billing Provider and the true ambulance pick-up address line is not unavailable
2310E	N4	Ambulance Pick-Up Location City, State, and ZIP Code		

TABLE 4 - 837 PROFESSIONAL HEALTH CARE CLAIM (CONTINUED)

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
2310E	N402	Ambulance Pick-Up State Name		Provide the state name for the Rendering Provider if the true ambulance pick-up state name is not available Provide the state name for the Billing Provider if the Rendering Provider is the same as the Billing Provider and the true ambulance pick-up state name is not unavailable
	N403	Ambulance Pick-Up Zip Code		Provide the ZIP code for the Rendering Provider if the true ambulance pick-up ZIP code is not available Provide the ZIP code for the Billing Provider if the Rendering Provider is the same as the Billing Provider and the true ambulance pick-up ZIP code is not unavailable
2310F	N3	Ambulance Drop-Off Location Address		
	N301	Ambulance Drop-Off Location Address Line		Provide the address line for the Rendering Provider if the true ambulance drop-off address line is not available Provide the address line for the Billing Provider if the Rendering Provider is the same as the Billing Provider and the true ambulance drop-off address line is not unavailable
2310F	N4	Ambulance Drop-Off Location City, State, and ZIP Code		

TABLE 4 - 837 PROFESSIONAL HEALTH CARE CLAIM (CONTINUED)

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
	N401	Ambulance Drop-Off City Name		Provide the city name for the Rendering Provider if the true ambulance drop-off city name is not available Provide the city name for the Billing Provider if the Rendering Provider is the same as the Billing Provider and the true ambulance drop-off city name is not unavailable
	N402	Ambulance Drop-Off State Name		Provide the state name for the Rendering Provider if the true ambulance drop-off state name is not available Provide the state name for the Billing Provider if the Rendering Provider is the same as the Billing Provider and the true ambulance drop-off state name is not unavailable
2310F	N403	Ambulance Drop-Off Zip Code		Provide the ZIP code for the Rendering Provider if the true ambulance drop-off ZIP code is not available Provide the ZIP code for the Billing Provider if the Rendering Provider is the same as the Billing Provider and the true ambulance drop-off ZIP code is not unavailable
2320	SBR	Other Subscriber Information		
2320	SBR01	Payer Responsibility Sequence Number Code	P T	P=Primary (when MAOs or other entities populate the payer paid amount) T=Tertiary (when MAOs or other entities populate a true COB

TABLE 4 - 837 PROFESSIONAL HEALTH CARE CLAIM (CONTINUED)

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
	SBR09	Claim Filing Indicator Code	16	Health Maintenance Organization (HMO) Medicare Risk
2320	CAS	Claim Adjustment		
	CAS02	Adjustment Reason Code		If a claim is denied in the MAO or other entities' adjudication system, the denial reason must be populated
2320	AMT	COB Payer Paid Amount		
	AMT02	Payer Paid Amount		MAO and other entity's paid amount
2320	OI	Coverage Information		
	OI03	Benefits Assignment Certification Indicator		Must match the value in Loop 2300, CLM08
2330A	NM1	Other Subscriber Name		
	NM108	Identification Code Qualifier	MI	
	NM109	Subscriber Primary Identifier		Must match the value in Loop 2010BA, NM109
2330B	NM1	Other Payer Name		
	NM108	Identification Code Qualifier	XV	
	NM109	Other Payer Primary Identifier	Payer01	MAO or other entity's Contract ID Number Only populated if there is no Contract ID Number available for a true other payer
2330B	N3	Other Payer Address		
	N301	Other Payer Address Line		MAO or other entity's address
2330B	N4	Other Payer City, State, ZIP Code		
	N401	Other Payer City Name		MAO or other entity's City Name
	N402	Other Payer State		MAO or other entity's State
	N403	Other Payer ZIP Code		MAO or other entity's ZIP Code
2400	CN1	Contract Information		
	CN101	Contract Type Code	05	Populated for each capitated/ staff service line
2430	SVD	Line Adjudication Information		

TABLE 4 - 837 PROFESSIONAL HEALTH CARE CLAIM (CONTINUED)

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
	SVD01	Other Payer Primary Identifier		Must match the value in Loop 2330B, NM109
2430	CAS	Line Adjustments		
	CAS02	Adjustment Reason Code		If a service line is denied in the MAO or other entities' adjudication system, the denial reason must be populated

6.0 Acknowledgements and Reports

6.1 TA1 – Interchange Acknowledgement

The TA1 report enables the receiver to notify the sender that problems were encountered with the interchange control structure. As the interchange envelope enters the Encounter Data Front-End System (EDFES), the EDI translator performs TA1 validation of the control segments/envelope. You will only receive a TA1 if you have syntax errors in your file. Errors found in this stage will cause the entire X12 interchange to reject with no further processing.

MAOs and other entities will receive a TA1 interchange report acknowledging the syntactical incorrectness of an X12 interchange header ISA and trailer IEA and the envelope's structure. Encompassed in the TA1 is the interchange control number, interchange date and time, interchange acknowledgement code and interchange note code. The interchange control number, date, and time are identical to those populated on the original 837-I or 837-P ISA line, which allows for MAOs and other entities to associate the TA1 with a specific file previously submitted.

Within the TA1 segment, MAOs and other entities will be able to determine if the interchange rejected by examining the interchange acknowledgement code (TA104) and the interchange note code (TA105). The interchange acknowledgement code stipulates whether the interchange (ISA/IEA) rejected due to syntactical errors. An "R" will be the value in the TA104 data element if the interchange rejected due to errors. The interchange note code is a numeric code that notifies MAOs and other entities of the specific error. If a fatal error occurs, the EDFES generates and returns the TA1 interchange acknowledgement report within 24 hours of the interchange submission. If a TA1 interchange control structure error is identified, MAOs and other entities must correct the error and resubmit the interchange file.

6.2 999 – Functional Group Acknowledgement

After the interchange passes the TA1 edits, the next stage of editing is to apply Implementation Guide (IG) edits and verify the syntactical correctness of the functional group(s) (GS/GE). Functional groups allow for organization of like data within an interchange; therefore, more than one (1) functional group with multiple claims within the functional group can be populated in a file. The 999 acknowledgement report provides information on the validation of the GS/GE functional group(s) and their consistency

with the data contained. The 999 report provides MAOs and other entities information on whether the functional group(s) were accepted or rejected.

If a file has multiple GS/GE segments and errors occurred at any point within one of the syntactical and IG level edit validations, the GS/GE segment will reject, and processing will continue to the next GS/GE segment. For instance, if a file is submitted with three (3) functional groups and the second functional group encounters errors, the first functional group will accept, the second functional group will reject, and processing will continue to the third functional group.

The 999 transaction set is designed to report on adherence to IG level edits and CMS standard syntax errors as depicted in the CMS edit spreadsheet. Three (3) possible acknowledgement values are:

- "A" – Accepted
- "R" – Rejected
- "P" - Partially Accepted, At Least One Transaction Set Was Rejected

When viewing the 999 report, MAOs and other entities should navigate to the IK5 and AK9 segments. If an "A" is displayed in the IK5 and AK9 segments, the claim file is accepted and will continue processing. If an "R" is displayed in the IK5 and AK9 segments, an IK3 and an IK4 segment will be displayed. These segments indicate what loops and segments contain the error that needs correcting so the interchange can be resubmitted. The third element in the IK3 segment identifies the loop that contains the error. The first element in the IK3 and IK4 indicates the segment and element that contain the error. The third element in the IK4 segment indicates the reason code for the error.

6.3 277CA – Claim Acknowledgement

After the file accepts at the interchange and functional group levels, the third level of editing occurs at the transaction set level within the CEM in order to create the Claim Acknowledgement Transaction (277CA) report. The CEM checks the validity of the values within the data elements. For instance, data element N403 must be a valid nine (9)-digit ZIP code. If a non-existent ZIP code is populated, the CEM will reject the encounter. The 277CA is an unsolicited acknowledgement report from CMS to MAOs and other entities.

The 277CA is used to acknowledge the acceptance or rejection of encounters submitted using a hierarchical level (HL) structure. The first level of hierarchical editing is at the Information Source level. This entity is the decision maker in the business transaction receiving the X12 837 transactions (EDSCMS). The next level is at the Information Receiver level. This is the entity expecting the response from the Information Source. The third hierarchal level is at the Billing Provider of Service level; and the fourth and final level is done at the Patient level. Acceptance or rejection at this level is based on the WPC and the CMS edits spreadsheet. Edits received at any hierarchical level will stop and no further editing will take place. For example, if there is a problem with the Billing Provider of Service submitted on the 837, individual patient edits will not be performed. For those encounters not accepted, the 277CA will detail additional actions required of MAOs and other entities in order to correct and resubmit those encounters.

If an MAO or other entity receives a 277CA indicating an encounter rejected, the MAO or other entity must resubmit the encounter until the 277CA indicates no errors were found.

If an encounter is accepted, the 277CA will provide the ICN assigned to that encounter. The ICN segment for the accepted encounter will be located in 2200D REF segment, REF01=IK and REF02=ICN. The ICN is a unique 13-digit number.

If an encounter rejects, the 277CA will provide edit information in the STC segment. The STC03 data element will convey whether the HL structures accepted or rejected. The STC03 is populated with a value of "WQ", if the HL was accepted. If the STC03 data element is populated with a value of "U", the HL rejects and the STC01 data element will list the acknowledgement code.

6.4 MAO-001 – Encounter Data Duplicates Report

When the MAO-002 Encounter Data Processing Status Report is returned to an MAO or other entity, and contains edit 98325 - Exact Duplicate of a Service Line within this Claim or a Previously Priced Claim, the EDPS will also generate and return the MAO-001 Encounter Data Duplicates Report. MAOs and other entities will not receive the MAO-001 report if there are no duplicate errors received on submitted encounters.

The MAO-001 report is a fixed length report available in flat file and formatted report layouts. It provides information for encounters and service lines that receive a status of "reject" and the specific error message of 98325 – Exact Duplicate of a Service Line within this Claim or a Previously Priced Claim. MAOs and other entities must correct and resubmit all encounters and/or service lines for edit 98325. The MAO-001 report allows MAOs and other entities the opportunity to more easily reconcile these duplicate encounters and service lines.

6.5 MAO-002 – Encounter Data Processing Status Report

After a file accepts through the EDFES, the file is transmitted to the Encounter Data Processing System (EDPS) where further editing, processing, pricing, and storage occurs. As a result of EDPS editing, the EDPS will return the MAO-002 – Encounter Data Processing Status Report.
The MAO-002 report is a fixed length report available in flat file and formatted report layouts that provide encounter and service line level information. The MAO-002 reflects two (2) statuses at the encounter and service line level: "accepted" and "rejected". Lines that reflect a status of "accept" yet contain an error message in the Edit Description column are considered "informational" edits. MAOs and other entities are not required to take further action on "informational" edits.

The '000' line on the MAO-002 report identifies the header level and indicates either "accepted" or "rejected" status. If the '000' header line is rejected, the encounter is considered rejected and MAOs and other entities must correct and resubmit the encounter. If the '000' header line is "accepted" and at least one (1) other line (i.e., 001 002 003 004) is accepted, then the overall encounter is accepted.

6.6 Reports File Naming Conventions

In order for MAOs and other entities to receive and identify the EDFES acknowledge reports (TA1, 999, and 277CA) and EDPS MAO-002 Encounter Data Processing Status Report, specific reports file naming conventions have been used. The file name ensures that the specific reports are appropriately distributed to each secure, unique mailbox. The EDFES and EDPS have established unique file naming conventions for reports distributed during testing and production.

6.6.1 Testing Reports File Naming Convention

Table 5 below provides the EDFES reports file naming conventions according to connectivity method. MAOs and other entities should note that Connect:Direct (NDM) users' reports file naming conventions are user defined.

TABLE 5 – TESTING EDFES REPORTS FILE NAMING CONVENTIONS

REPORT TYPE	GENTRAN/TIBCO MAILBOX	FTP MAILBOX
EDFES Notifications	T.xxxxx.EDS_RESPONSE.pn	RSPxxxxx.RSP.REJECTED_ID
TA1	T.xxxxx.EDS_REJT_IC_ISAIEA.pn	X12xxxxx.X12.TMMDDCCYYHHMMS
999	T.xxxxx.EDS_REJT_FUNCT_TRANS.pn	999xxxxx.RSP
999	T.xxxxx.EDS_ACCPT_FUNCT_TRANS.pn	999xxxxx.RSP
277CA	T.xxxxx.EDS_RESP_CLAIM_NUM.pn	RSPxxxxx.RSP_277CA

Table 6 below provides the EDPS reports file naming convention by connectivity method. MAOs and other entities should note that Connect:Direct (NDM) users' reports file naming conventions are user defined.

TABLE 6 – TESTING EDPS REPORTS FILE NAMING CONVENTIONS

CONNECTIVITY METHOD	TESTING NAMING CONVENTION FORMATTED REPORT	TESTING NAMING CONVENTION FLAT FILE LAYOUT
GENTRAN/ TIBCO	T .xxxxx.EDPS_001_DataDuplicate_Rpt T.xxxxx.EDPS_002_DataProcessingStatus_Rpt T .xxxxx.EDPS_004_RiskFilter_Rpt T.xxxxx.EDPS_005_DispositionSummary_Rpt T .xxxxx.EDPS_006_EditDisposition_Rpt T .xxxxx.EDPS_007_DispositionDetail_Rpt	T .xxxxx.EDPS_001_DataDuplicate_File T.xxxxx.EDPS_002_DataProcessingStatus_File T .xxxxx.EDPS_004_RiskFilter_File T.xxxxx.EDPS_005_DispositionSummary_ File T .xxxxx.EDPS_006_EditDisposition_ File T .xxxxx.EDPS_007_DispositionDetail_ File
FTP	RPTxxxxx.RPT.EDPS_001_DATDUP_RPT RPTxxxxx.RPT.EDPS_002_DATPRS_RPT RPTxxxxx.RPT.EDPS_004_RSKFLT_RPT RPTxxxxx.RPT.EDPS_005_DSPSUM_RPT RPTxxxxx.RPT.EDPS_006_EDTDSP_RPT RPTxxxxx.RPT.EDPS_007_DSTDTL_RPT	RPTxxxxx.RPT.EDPS_001_DATDUP_File RPTxxxxx.RPT.EDPS_002_DATPRS_File RPTxxxxx.RPT.EDPS_004_RSKFLT_ File RPTxxxxx.RPT.EDPS_005_DSPSUM_ File RPTxxxxx.RPT.EDPS_006_EDTDSP_ File RPTxxxxx.RPT.EDPS_007_DSTDTL_ File

Table 7 below provides a description of the file name components, which will assist MAOs and other entities in identifying the report type.

TABLE 7 –FILE NAME COMPONENT DESCRIPTION

FILE NAME COMPONENT	DESCRIPTION
RSPxxxxx	The type of data 'RSP' and a sequential number assigned by the server 'xxxxx'
X12xxxxx	The type of data 'X12' and a sequential number assigned by the server 'xxxxx'
TMMDDCCYYHHMMS	The Date and Time stamp the file was processed
999xxxxx	The type of data '999' and a sequential number assigned by the server 'xxxxx'
RPTxxxxx	The type of data 'RPT' and a sequential number assigned by the server 'xxxxx'
EDPS_XXX	Identifies the specific EDPS Report along with the report number (i.e., '002', etc.)
XXXXXXX	Seven (7) characters available to be used as a short description of the contents of the file
RPT/FILE	Identifies if the file is a formatted report 'RPT' or a flat file 'FILE' layout

6.6.2 Production Reports File Naming Convention

A different production reports file naming convention is used so that MAOs and other entities may easily identify reports generated and distributed during production. Table 8 below provides the reports file naming conventions per connectivity method for production reports.

TABLE 8 – PRODUCTION EDFES REPORTS FILE NAMING CONVENTIONS

REPORT TYPE	GENTRAN/TIBCO MAILBOX	FTP MAILBOX
EDFES Notifications	P.xxxxx.EDS_RESPONSE.pn	RSPxxxxx.RSP.REJECTED_ID
TA1	P.xxxxx.EDS_REJT_IC_ISAIEA.pn	X12xxxxx.X12.TMMDDCCYYHHMMS
999	P.xxxxx.EDS_REJT_FUNCT_TRANS.pn	999xxxxx.RSP
999	P.xxxxx.EDS_ACCPT_FUNCT_TRANS.pn	999xxxxx.RSP
277CA	P.xxxxx.EDS_RESP_CLAIM_NUM.pn	RSPxxxxx.RSP_277CA

Table 9 below provides the production EDPS reports file naming conventions per connectivity method.

TABLE 9 – PRODUCTION EDPS REPORTS FILE NAMING CONVENTIONS

CONNECTIVITY METHOD	PRODUCTION NAMING CONVENTION FORMATTED REPORT	PRODUCTION NAMING CONVENTION FLAT FILE LAYOUT
GENTRAN/ TIBCO	P.xxxxx.EDPS_001_DataDuplicate_Rpt P.xxxxx.EDPS_002_DataProcessingStatus_Rpt P.xxxxx.EDPS_004_RiskFilter_Rpt P.xxxxx.EDPS_005_DispositionSummary_Rpt P.xxxxx.EDPS_006_EditDisposition_Rpt P.xxxxx.EDPS_007_DispositionDetail_Rpt	P.xxxxx.EDPS_001_DataDuplicate_File P.xxxxx.EDPS_002_DataProcessingStatus_File P.xxxxx.EDPS_004_RiskFilter_File P.xxxxx.EDPS_005_DispositionSummary_ File P.xxxxx.EDPS_006_EditDisposition_ File P.xxxxx.EDPS_007_DispositionDetail_ File
FTP	RPTxxxxx.RPT.PROD_001_DATDUP_RPT RPTxxxxx.RPT.PROD_002_DATPRS_RPT RPTxxxxx.RPT.PROD_004_RSKFLT_RPT RPTxxxxx.RPT.PROD_005_DSPSUM_RPT RPTxxxxx.RPT.PROD_006_EDTDSP_RPT RPTxxxxx.RPT.PROD_007_DSTDTL_RPT	RPTxxxxx.RPT.PROD_001_DATDUP_File RPTxxxxx.RPT.PROD_002_DATPRS_File RPTxxxxx.RPT.PROD_004_RSKFLT_ File RPTxxxxx.RPT.PROD_005_DSPSUM_ File RPTxxxxx.RPT.PROD_006_EDTDSP_ File RPTxxxxx.RPT.PROD_007_DSTDTL_ File

6.7 EDFES Notifications

The EDFES distributes special notifications to submitters when encounters have been processed by the EDFES but will not proceed to EDPS for further processing. These notifications are distributed to MAOs and other entities, in addition to standard EDFES acknowledgement reports (TA1, 999, and 277CA) in order to avoid returned, unprocessed files from the EDS.

Table 10 below provides the file type, EDFES notification message, and EDFES notification message description.

The file has an 80 character record length and contains the following record layout:

1. File Name Record
    a. Positions 1 – 7 = Blank Spaces
    b. Positions 8 – 18 = File Name:
    c. Positions 19 – 62 = Name of the Saved File
    d. Positions 63 – 80 = Blank Spaces
2. File Control Record
    a. Positions 1 – 4 = Blank Spaces
    b. Positions 5 – 18 = File Control:
    c. Positions 19 – 27 = File Control Number
    d. Positions 28 – 80 = Blank Spaces
3. File Count Record
    a. Positions 1 – 18 = Number of Claims:
    b. Positions 19 – 24 = File Claim Count
    c. Positions 25 – 80 = Blank Spaces
4. File Separator Record
    a. Positions 1 – 80 = Separator (----------)
5. File Message Record
    a. Positions 1 – 80 = FILE WAS NOT SENT TO THE EDPS BACK-END PROCESS FOR THE FOLLOWING REASON(S)
6. File Message Records
    a. Positions 1 – 80 = File Message

The report format example is as follows:
FILE NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
FILE CONTROL: XXXXXXXXX
NUMBER OF CLAIMS: 99,999
FILE WAS NOT SENT TO THE EDPS BACK-END PROCESS FOR THE FOLLOWING REASON(S)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TABLE 10 – EDFES NOTIFICATIONS

APPLIES TO	ENCOUNTER TYPE	NOTIFICATION MESSAGE	NOTIFICATION MESSAGE DESCRIPTION
End-to-End Testing – File 1	All	SUBMITTER NOT FRONT-END CERTIFIED	The submitter must be front-end certified to send encounters for validation
Production files submitted	All	SUBMITTER NOT CERTIFIED FOR PRODUCTION	The submitter must be certified to send encounters for production
Production files submitted	All	THE INTERCHANGE USAGE INDICATOR MUST EQUAL 'T'	The Professional Tier 2 file is being sent with a 'P' in the ISA15 field
Tier 2 file submitted	All	PLAN (CONTRACT ID) HAS (X,XXX) CLAIMS IN THIS FILE. ONLY 2,000 ARE ALLOWED	The number of encounters for a Contract ID cannot be greater than 2,000
Professional End-to-End Testing – File 1 Professional End-to-End Testing – Additional File(s)	Professional	FILE CANNOT CONTAIN MORE THAN 38 ENCOUNTERS	The number of encounters cannot be greater than 38
PACE End-to-End Testing – File 1 PACE End-to-End Testing – Additional File(s)	PACE Professional	FILE CANNOT CONTAIN MORE THAN 16 ENCOUNTERS	The number of encounters cannot be greater than 16
End-to-End Testing – File 1 End-to-End Testing – Additional File(s)	All	PATIENT CONTROL NUMBER IS MORE THAN 20 CHARACTERS LONG THE TC# WAS TRUNCATED	The Claim Control Number, including the Test Case Number, must not exceed 20 characters
End-to-End Testing – File 1 End-to-End Testing – Additional File(s)	Professional, Institutional, PACE Professional, PACE Institutional	FILE CANNOT CONTAIN BOTH UNLINKED AND LINKED TEST CASES	The test cases from File 1 and File 2 cannot be in the same file
End-to-End Testing – File 1 End-to-End Testing – Additional File(s)	Professional, Institutional, PACE Professional, PACE Institutional	CANNOT SEND LINKED TEST CASES UNTIL ALL UNLINKED TEST CASES HAVE BEEN ACCEPTED	The test cases for File 2 cannot be sent before all File 1 test cases are accepted
End-to-End Testing – File 1	All	FILE CONTAINS (X) TEST CASE (X) ENCOUNTER(S)	The file must contain two (2) of each test case
End-to-End Testing – Additional File(s)	All	ADDITIONAL FILES CANNOT BE VALIDATED UNTIL AN MAO-002 REPORT HAS BEEN RECEIVED	The MAO-002 report must be received before additional files can be submitted
Production or Test	All	FILE ID (XXXXXXXXX) IS A DUPLICATE OF A FILE ID SENT WITHIN THE LAST 12 MONTHS	The file ID must be unique for a 12 month period
Production or Test	All	SUBMITTER NOT AUTHORIZED TO SEND CLAIMS FOR PLAN (CONTRACT ID)	A relationship between a submitter ID and a contract ID was not found
Production or Test	All	DATE OF SERVICE CANNOT BE BEFORE 2011	Files cannot be submitted with a date of service before 2011

TABLE 10 – EDFES NOTIFICATIONS (CONTINUED)

APPLIES TO	ENCOUNTER TYPE	NOTIFICATION MESSAGE	NOTIFICATION MESSAGE DESCRIPTION
Production or Test	All	TRANSACTION SET (ST/SE) (XXXXXXXXX) CANNOT EXCEED 5,000 CLAIMS	There can only be 5,000 claims in each ST/SE Loop
Production or Test	All	FILE CANNOT EXCEED 85,000 ENCOUNTERS	The maximum number of encounters allowed in a file
Production or Test	All	PLAN ID CANNOT BE THE SAME AS THE SUBMITTER ID	The submitter is 7 characters and the plan ID is 5 characters they are not the same
Production or Test	All	AT LEAST ONE ENCOUNTER IS MISSING A CONTRACT ID IN THE 2010BB-REF02 SEGMENT	Every encounter must have a contract ID

7.0 Front-End Edits

CMS provides a list of the edits used to process all encounters submitted to the EDFES. The Fee-for-Service (FFS) Professional CEM Edits Spreadsheet identifies currently active and deactivated edits for MAOs to reference for programming their internal systems and reconciling EDFES Acknowledgement Reports.

The CEM Edits Spreadsheet provides documentation regarding edit rules that explain how to identify an edit and the associated logic. The CEM Edits Spreadsheet also provides a change log that lists the revision history for edit updates.

MAOs and other entities are able to access the Professional CEM Edits Spreadsheet on the CMS website at https://www.cms.gov/Medicare/Billing/MFFS5010D0/Technical-Documentation.html and on the CSSC Operations website at: http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Encounter%20Data~Resources?open&expand=1&navmenu=Encounter^Data||,

7.1 Permanently Deactivated Front-End Edits

Several CEM edits currently active in the FFS Professional CEM edits spreadsheet will be permanently deactivated in order to ensure syntactically correct encounters pass front-edit editing. Table 11 provides a list of the deactivated EDFES CEM edits. The edit reference column provides the exact reference for the deactivated edits. The edit description column provides the Claim Status Category Code (CSCC), the Claim Status Code (CSC), and the Entity Identifier Code (EIC), when applicable. The notes column provides a description of the edit reason. MAOs and other entities should reference the WPC website at www.wpc-edi.com for a complete listing of all CSCCs and CSCs.

TABLE 11 – 837 PROFESSIONAL PERMANENTLY DEACTIVATED CEM EDITS

EDIT REFERENCE	EDIT DESCRIPTION	EDIT NOTES
X222.087.2010AA.NM109.030	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 85 Billing Provider	Valid NPI Crosswalk must be available for this edit.
X222.087.2010AA.NM109.050 X222.140.2010BB.REF02.075	CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 496 "Submitter not approved for electronic claim submissions on behalf of this entity." EIC: 85 Billing Provider	This Fee for Service edit validates the NPI and submitter ID number to ensure the submitter is authorized to submit on the provider's behalf. Encounter data cannot use this validation as we validate the plan number and submitter ID to ensure the submitter is authorized to submit on the plans behalf.
X222.091.2010AA.N301.070 X222.091.2010AA.N302.060	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 503: "Entity's Street Address" EIC: 85 Billing Provider	Remove edit check for 2010AA N3 P O Box variations when ISA08 = 80882 (Professional payer code).
X222.094.2010AA.REF02.040	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 128: "Entity's tax id" EIC: 85 Billing Provider	2010AA.REF02 must be nine digits with no punctuation.
X222.094.2010AA.REF02.050	CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 562: "Entity's National Provider Identifier (NPI)" CSC 128: "Entity's tax id" EIC: 85 Billing Provider	Valid NPI Crosswalk must be available for this edit.
X222.116.2000B.SBR03.004 X222.116.2000B.SBR03.006	CSCC A8: Acknowledgement/Rejected for relational field in error CSC 163: Entity's Policy Number CSC 732: Information submitted inconsistent with billing guidelines EIC IL: Subscriber	
X222.116.2000B.SBR04.005 X222.116.2000B.SBR04.007	CSCC A8: Acknowledgement/Rejected for relational field in error CSC 663: Entity's Group Name CSC 732: Information submitted inconsistent with billing guidelines EIC IL: Subscriber	

TABLE 11 – 837 PROFESSIONAL PERMANENTLY DEACTIVATED CEM EDITS (CONTINUED)

EDIT REFERENCE	EDIT DESCRIPTION	EDIT NOTES
X222.138.2010BB.REF.010	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: PR "Payer"	This REF Segment is used to capture the Plan number, as this is unique to Encounter Submission only. The CEM has the following logic that is applied: Non-VA claims: 2010BB.REF with REF01 = "2U", "EI", "FY" or "NF" must not be present. VA claims: 2010BB.REF with REF01 = "EI", "FY" or "NF" must not be present. This edit needs to remain off in order for the submitter to send in his plan number.
X222.157.2300.CLM02.020	IK403 = 6: "Invalid Character in Data Element"	2300.CLM02 must be numeric.
X222.157.2300.CLM05-3.020	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 535: "Claim Frequency Code"	Fee for Service does not allow a claim to come in with a frequency type other than 1 (Original Claim). This Edit is turned off for Encounter so that submitters can submit a frequency type = 7 Replacement and frequency type = 8 Deletion
X222.196.2300.REF.010	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 464: "Payer Assigned Claim Control Number."	Fee for service does not allow a REF segment containing a claim control number to be used when sending a corrected (Frequency type = 7) or deleted (Frequency type = 8) claim. 2300.REF with REF01 = "F8" must not be present. This edit needs to remain off in order for the submitter to send the claim control number they are trying to correct or delete.
X222.262.2310B.NM109.030	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 82 Rendering Provider	Valid NPI Crosswalk must be available for this edit.
X222.351.2400.SV101-7.020	"CSCC A8: ""Acknowledgement / Rejected for relational field in error"" CSC 306 Detailed description of service" 2400.SV101-7 must be present when 2400.SV101-2 is present on the table of procedure codes that require a description.	When using a not otherwise classified or generic HCPCS procedure code the CEM is editing for a more descriptive meaning of the procedure code. For example, the submitter is using J3490. The description for this HCPCS is Not Otherwise Classified (NOC) Code. CMS has made a decision not to price claims with these types of codes.

TABLE 11 – 837 PROFESSIONAL PERMANENTLY DEACTIVATED CEM EDITS (CONTINUED)

EDIT REFERENCE	EDIT DESCRIPTION	EDIT NOTES
X222.430.2420A.NM109.030	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC 82 "Rendering Provider"	2420A.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109.
X222.480.2430.SVD02.020	IK403 = 6: Invalid Character in Data Element	

7.2 Temporarily Deactivated Front-End Edits

Table 12 below provides a list of the temporarily deactivated EDFES Professional CEM balancing edits in order to ensure that encounters that require balancing of monetary fields will pass front-end editing.

Note: The Professional edits listed in Table 12 are not all-inclusive and are subject to amendment.

TABLE 12 – 837 PROFESSIONAL TEMPORARILY DEACTIVATED CEM EDITS

EDIT REFERENCE	EDIT DESCRIPTION	EDIT NOTES
X222.157.2300.CLM02.070	CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 178: "Submitted Charges"	2300.CLM02 must equal the sum of all 2400.SV102 amounts.
X222.157.2300.CLM02.090	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 400: "Claim is out of Balance" CSC 672: "Payer's payment information is out of balance"	2300.CLM02 must equal the sum of all 2320 & 2430 CAS amounts and the 2320 AMT02 (AMT01=D).
X222.305.2320.AMT.040	CSCC A7: Acknowledgement/Rejected for Invalid Information CSC 41: Special handling required at payer site CSC 286: Other Payer's Explanation of Benefits/payment information CSC 732: Information submitted inconsistent with billing guidelines	
X222.305.2320.AMT02.060	CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 672: "Other Payer's payment information is out of balance" CSC 286: Other payer's Explanation of Benefits/payment information	2320 AMT02 must = the sum of all existing 2430.SVD02 payer paid amounts (when the value in 2430.SVD01 is the same as the value in 2330B.NM109) minus the sum of all claim level adjustments (2320 CAS adjustment amounts) for the same payer. NOTE: Perform this edit only when 2430SVD segments are present for this 2320-2330x iteration's payer.

TABLE 12 – 837 PROFESSIONAL TEMPORARILY DEACTIVATED CEM EDITS (CONTINUED)

EDIT REFERENCE	EDIT DESCRIPTION	EDIT NOTES
X222.351.2400.SV102.060	CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 400: "Claim is out of balance: CSC 583:"Line Item Charge Amount" CSC 643: "Service Line Paid Amount"	SV102 must = the sum of all payer amounts paid found in 2430 SVD02 and the sum of all line adjustments found in 2430 CAS Adjustment Amounts.

8.0 Duplicate Logic

In order to ensure encounters submitted are not duplicates of encounters previously submitted, header and detail level duplicate checking will be performed. If the header and/or detail level duplicate checking determines the file is a duplicate, the file will reject as a duplicate, and an error report will be returned to the submitter.

8.1 Header Level

When a file (ISA – IEA) is received, the system assigns a hash total to the file based on the entire ISA/IEA interchange. The EDS uses hash totals to ensure the accuracy of processed data. The hash total is a total of several fields or data in a file, including fields not normally used in calculations, such as the account number. At various stages in processing, the hash total is recalculated and compared with the original. If a file comes in later in a different submission, or a different submission of the same file, and gets the same hash total, it will reject as a duplicate.

In addition to the hash total, the system also references the values collectively populated in ISA13, GS06, ST02, and BHT03. If two (2) files are submitted with the exact same values populated as a previously submitted and accepted file, the file will be considered a duplicate and the error message CSCC - A8 = Acknowledgement / Rejected for relational field in error, CSC -746 = Duplicate Submission will be provided on the 277CA.

8.2 Detail Level

Once an encounter passes through the institutional or professional processing and pricing system, it is stored in an internal repository, the Encounter Operational Data Store (EODS). If a new encounter is submitted that matches specific values to another stored encounter, the encounter will reject as a duplicate encounter. The encounter will be returned to the submitter with an error message identifying it as a duplicate encounter. Currently, the following values are the minimum set of items used for matching an encounter in the EODS:

- Beneficiary Demographic
  - Health Insurance Claim Number (HICN)
  - Name
- Date of Service
- Place of Service (2 digits)
- ***Type of Service – not submitted on the 837-P but is derived from data captured***

- Procedure Code(s) and 4 modifiers
- Rendering Provider NPI
- Paid Amount*

* Paid Amount is the amount paid by the MAO or other entity and should be populated in Loop ID-2320, AMT02.

9.0 837 Professional Business Cases

In accordance with 45 CFR 160.103 of the HIPAA, Protected Health Information (PHI) has been removed from all business cases. As a result, the business cases have been populated with fictitious information about the Subscriber, MAO, and provider(s). The business cases reflect 2012 dates of service. Although the business cases are provided as examples of possible encounter submissions, MAOs and other entities must populate valid data in order to successfully pass translator and CEM level editing."

MAOs and other entities should direct questions regarding the contents of the EDS Test Case Specifications to eds@ardx.net.

Note: The business cases identified in the CMS EDS 837-P Companion Guide indicate paid amounts and DTP segments at the line level.

The Adjudication or Payment Date (DTP 573 segment) must follow the paid amount. For example, if the paid amount is populated at the claim level, the DTP 573 segment must be populated at the claim level. If the paid amount is populated at the line level, the DTP 573 segment must be populated at the line level.

9.1 Standard Professional Encounter

Business Scenario 1: Mary Dough is the patient and the subscriber, and went to Dr. Elizabeth A. Smith because she was experiencing abdominal pain. Happy Health Plan is the MAO. Dr. Smith diagnosed Mary with abdominal pain in her right upper quadrant (78901).

File String 1:

```
ISA*00*       *00*       *ZZ*ENH9999      *ZZ*80882       *120430*114
4*^*00501*200000031*1*P*:~
GS*HC*ENH9999*80882*20120430*1144*69*X*005010X222A1~
ST*837*0534*005010X222A1~
BHT*0019*00*3920394930206*20120428*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS*****46*80882~
HL*1**20*1~
NM1*85*1*SMITH*ELIZABETH*A**MD*XX*12999999999~
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139999~
REF*EI*344232321~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567**47****MB~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS*****PI*80882~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997677856479709654A*100.50***11:B:1*Y*A*Y*Y~
HI*BK:78901~
SBR*P*18*XYZ1234567******16~
AMT*D*100.50~
OI***Y***Y~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN*****XV*H9999~
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
REF*T4*Y~
LX*1~
SV1*HC:99212*100.50*UN*1***1~
```

DTP*472*D8*20120401~
SVD*H9999*100.50*HC:992121~**
DTP*573*D8*20120403~
SE*38*0534~
GE*1*69~
IEA*1*200000031~

9.2 Capitated Professional Encounter

Business Scenario 2: Mary Dough is the patient and the subscriber, and went to Dr. Elizabeth A. Smart because she was experiencing abdominal pain. Happy Health Plan is the MAO and has a capitated arrangement with Mercy Hospital. Dr. Smart diagnosed Mary with abdominal pain in the upper quadrant.

File String 2:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80882 *120430*114
4*^*00501*000000032*1*P*:~
GS*HC*ENH9999*80882*20120430*1144*82*X*005010X222A1~
ST*837*0037*005010X222A1~
BHT*0019*00*3920394930206*20120428*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS***46*80882~**
HL*120*1~**
NM1*85*1*SMITH*ELIZABETH*AMD*XX*1299999999~**
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139999~
REF*EI*344345879~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ123456747****MB~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80882~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997677856479709654A*0.00*11:B:1*Y*A*Y*Y~**
HI*BK:78901~
SBR*P*18*XYZ1234567****16~**
AMT*D*100.50~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
LX*1~
SV1*HC:99212*0.00*UN*1*1~**

DTP*472*D8*20120401~
CN1*05~
SVD*H9999*100.50*HC:992121~**
CAS*CO*24*-100.50~
DTP*573*D8*20120403~
SE*40*0037~
GE*1*82~
IEA*1*000000032~

9.3 Chart Review Professional Encounter – No Linked ICN

Business Scenario 3: Mary Dough is the patient and the subscriber. Happy Health Plan is the MAO and Dr. Elizabeth A. Smart is the professional service provider. Happy Health Plan performs a chart review at Dr. Smith's office and determines that Mary Dough was diagnosed with necrosis of artery. Dr. Smith never submitted a claim to Happy Health Plan. The medical record does not contain enough information to submit a full claim, yet there is enough information to support the diagnosis and link the chart review encounter back to the medical record. Happy Health Plan submits a chart review encounter with no linked ICN to add necrosis of artery diagnosis.

File String 3:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80882 *120530*114
7*^*00501*000000056*1*P*:~
GS*HC*ENH9999*80882*20120530*1147*89*X*005010X222A1~
ST*837*0043*005010X222A1~
BHT*0019*00*3920394930206*20120530*1147*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS***46*80882~**
HL*120*1~**
NM1*85*1*SMITH*ELIZABETH*AMD*XX*1299999999~**
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139999~
REF*EI*456789032~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ123456747****MB~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80882~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997677856479709654A*0.00*11:B:1*Y*A*Y*Y~**
PWK*09*AA~
HI*BK:4475~
SBR*P*18*XYZ1234567****16~**
AMT*D*0.00~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**

N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
LX*1~
SV1*HC:99212*0.00*UN*1*1~**
DTP*472*D8*20120401~
SE*38*0043~
GE*1*89~
IEA*1*000000056~

9.4 Chart Review Professional Encounter – Linked ICN

Business Scenario 4: Mary Dough is the patient and the subscriber, and went to Dr. Elizabeth A. Smart because she was experiencing abdominal pain. Happy Health Plan is the MAO. Dr. Smart diagnosed Mary with abdominal pain. Happy Health Plan submits the encounter to CMS and receives an ICN 1298768987657. Happy Health Plan performs a chart review related to ICN 1298768987657 and determines that the incorrect NPI was populated for the Billing Provider.

File String 4:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80882 *120530*114
7*^*00501*000000056*1*P*:~
GS*HC*ENH9999*80882*20120530*1147*89*X*005010X222A1~
ST*837*0043*005010X222A1~
BHT*0019*00*3920394930206*20120530*1147*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS***46*80882~**
HL*120*1~**
NM1*85*1*SMITH*ELIZABETH*AMD*XX*1299999899~**
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139999~
REF*EI*456789032~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ123456747****MB~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80882~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997677856479709654A*0.00*11:B:1*Y*A*Y*Y~**
PWK*09*AA~
REF*F8*1298768987657~
HI*BK:4475~
SBR*P*18*XYZ1234567****16~**
AMT*D*0.00~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH ST~

N4*NORFOLK*VA*235049999~
NM1*82*1*SMITH*ELIZABETH*AMD*XX*1299999999~**
LX*1~
SV1*HC:99212*0.00*UN*1*1~**
DTP*472*D8*20120401~
SE*40*0043~
GE*1*89~
IEA*1*000000056~

9.5 Complete Replacement Professional Encounter

Business Scenario 5: Mary Dough is the patient and the subscriber, and went to Dr. Elizabeth A. Smart because she was experiencing abdominal pain. Happy Health Plan is the MAO. Dr. Smart diagnosed Mary with abdominal pain in the lower right quadrant (78903). Happy Health Plan submits the encounter to CMS and receives an ICN 1212278567098. Happy Health Plan determines that the diagnosis submitted was incorrect and was actually for the upper right quadrant (78901). Happy Health Plan submits a correct and replace adjustment encounter to replace encounter 1212278567098 with the newly submitted encounter.

File String 5:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80882 *120530*114
2*^*00501*000000045*1*P*:~
GS*HC*ENH9999*80882*20120530*1142*299*X*005010X222A1~
ST*837*0421*005010X222A1~
BHT*0019*00*3920394930206*20120430*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS***46*80882~**
HL*120*1~**
NM1*85*1*SMITH*ELIZABETH*AMD*XX*1299999999~**
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139999~
REF*EI*765876890~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ123456747****MB~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80882~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997677856479709654A*100.50*11:B:7*Y*A*Y*Y~**
REF*F8*1212278567098~
HI*BK:78901~
SBR*P*18*XYZ1234567****16~**
CAS*CO*39*50.00~
AMT*D*50.50~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~

NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
REF*T4*Y~
LX*1~
SV1*HC:99212*100.50*UN*1*1~**
DTP*472*D8*20120401~
SVD*H9999*50.50*HC:992121~**
DTP*573*D8*20120403~
SE*41*0421~
GE*1*299~
IEA*1*000000045~

9.6 Deletion Professional Encounter

Business Scenario 6: Mary Dough is the patient and the subscriber, and went to Dr. Elizabeth A. Smart because she was experiencing abdominal pain. Happy Health Plan is the MAO. Dr. Smart diagnosed Mary with abdominal pain. Happy Health Plan submits the encounter to CMS and receives ICN 1212487000032. Happy Health Plan then determines that they mistakenly sent the encounter without it being adjudicated in their internal system, so they want to delete the encounter. Happy Health Plan submits an adjustment encounter to delete the previously submitted encounter 1212487000032.

File String 6:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80882 *120430*114
4*^*00501*000000298*1*P*:~
GS*HC*ENH9999*80882*20120430*1144*82*X*005010X222A1~
ST*837*0290*005010X222A1~
BHT*0019*00*3920394930206*20120428*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS***46*80882~**
HL*120*1~**
NM1*85*1*SMITH*ELIZABETH*AMD*XX*1299999999~**
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139999~
REF*EI*765879876~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ123456747****MB~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80882~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997677856479709654A*100.50*11:B:8*Y*A*Y*Y~**
REF*F8*1212487000032~
HI*BK:78901~
SBR*P*18*XYZ1234567****16~**
CAS*CO*223*100.50~
AMT*D*0.00~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~

N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
REF*T4*Y~
LX*1~
SV1*HC:99212*100.50*UN*1*1~**
DTP*472*D8*20120401~
SVD*H9999*0.00*HC:992121~**
DTP*573*D8*20120403~
SE*41*0290~
GE*1*82~
IEA*1*000000298~

9.7 Atypical Provider Professional Encounter

Business Scenario 7: Mary Dough is the patient and the subscriber, and receives services from an atypical provider. Happy Health Plan was the MAO.

File String 7:

```
ISA*00*          *00*          *ZZ*ENH9999       *ZZ*80882         *120430*114
4*^*00501*000000031*1*P*:~
GS*HC*ENH9999*80882*20120430*1144*79*X*005010X222A1~
ST*837*0034*005010X222A1~
BHT*0019*00*3920394930206*20120428*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS*****46*80882~
HL*1**20*1~
NM1*85*2*MERCY SERVICES*XX*1999999984~
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139999~
REF*EI*199999998~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567**47****MB~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS*****PI*80882~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*PAYER01~
CLM*2997677856479709654A*100.50***11:B:1*Y*A*Y*Y~
HI*BK:78901~
NTE*ADD* NO NPI ON PROVIDER CLAIM NO EIN ON PROVIDER CLAIM~
SBR*P*18*XYZ1234567******16~
AMT*D*100.50~
OI***Y***Y~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN*****XV*H9999~
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
REF*T4*Y~
LX*1~
SV1*HC:99212*150.00*UN*1*1***1~
```

DTP*472*D8*20120401~
SVD*H9999*150.00*HC:992121~**
DTP*573*D8*20120403~
SE*39*0034~
GE*1*79~
IEA*1*000000031~

9.8 Paper Generated Professional Encounter

Business Scenario 8: Mary Dough is the patient and the subscriber, and went to Dr. Elizabeth A. Smith because she was experiencing abdominal pain. Happy Health Plan is the MAO. Dr. Smith diagnosed Mary with abdominal pain in her right upper quadrant (78901).

File String 8:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80882 *120430*114
4*^*00501*200000031*1*P*:~
GS*HC*ENH9999*80882*20120430*1144*69*X*005010X222A1~
ST*837*0534*005010X222A1~
BHT*0019*00*3920394930206*20120428*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS***46*80882~**
HL*120*1~**
NM1*85*1*SMITH*ELIZABETH*AMD*XX*12999999999~**
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139999~
REF*EI*344232321~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ123456747****MB~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80882~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997677856479709654A*100.50*11:B:1*Y*A*Y*Y~**
PWK*OZ*AA~
HI*BK:78901~
SBR*P*18*XYZ1234567****16~**
AMT*D*100.50~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
LX*1~
SV1*HC:99212*100.50*UN*1*1~**

DTP*472*D8*20120401~
SVD*H9999*100.50*HC:992121~**
DTP*573*D8*20120403~
SE*39*0534~
GE*1*69~
IEA*1*200000031~

9.9 True Coordination of Benefits Professional Encounter

Business Scenario 9: Mary Dough is the patient and the subscriber, and went to Dr. Elizabeth A. Smith because she was experiencing abdominal pain. Happy Health Plan is the MAO. Other Health Plan also provided payment for Mary Dough. Dr. Smith diagnosed Mary with abdominal pain in her right upper quadrant (78901).

File String 9:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80882 *120430*114
4*^*00501*000000031*1*P*:~
GS*HC*ENH9999*80882*20120430*1144*79*X*005010X222A1~
ST*837*0034*005010X222A1~
BHT*0019*00*3920394930206*20120428*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS***46*80882~**
HL*120*1~**
NM1*85*1*SMITH*ELIZABETH*AMD*XX*12999999999~**
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139999~
REF*EI*344232321~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ123456747****MB~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80882~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997677856479709654A*712.00*11:B:1*Y*A*Y*Y~**
HI*BK:78901~
SBR*P*18*XYZ1234567****16~**
AMT*D*700.00~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~

SBR*T*18*XYZ1234388****16~**
CAS*CO*223*700.00~
AMT*D*12.00~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*OTHER HEALTH PLAN***XV*PAYER01~**
N3*400 W 21 ST~
N4*NORFOLK*VA*235059999~
REF*T4*Y~
LX*1~
SV1*HC:99212*712.00*UN*1*1~**
DTP*472*D8*20120401~
SVD*H9999*700.00*HC:992121~**
CAS*CO*45*12.00~
DTP*573*D8*20120403~
SE*50*0034~
GE*1*79~
IEA*1*000000031~

9.10 Bundled Professional Encounter

Business Scenario 10: Mary Dough is the patient and the subscriber, and went to Dr. Elizabeth A. Smith because she was experiencing abdominal pain. She was given a blood test, which was bundled into an electrolyte panel. Happy Health Plan is the MAO. Dr. Smith diagnosed Mary with abdominal pain in her right upper quadrant (78901).

File String 10:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80882 *120430*114
4*^*00501*000000031*1*P*:~
GS*HC*ENH9999*80882*20120430*1144*79*X*005010X222A1~
ST*837*0034*005010X222A1~
BHT*0019*00*3920394930206*20120428*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*JANE DOE*PE*5555552222~
NM1*40*2*EDSCMS***46*80882~**
HL*120*1~**
NM1*85*1*SMITH*ELIZABETH*AMD*XX*12999999999~**
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139999~
REF*EI*344232321~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ123456747****MB~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 SPAPE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80882~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997677856479709654A*100.00*11:B:1*Y*A*Y*N~**
HI*BK:78901~
SBR*P*18*XYZ1234567****16~**
AMT*D*9.48~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH SP~
N4*NORFOLK*VA*235049999~
REF*T4*Y~

LX*1~
SV1*HC:82374*50.00*UN*1*1~**
DTP*472*D8*20120401~
SVD*H9999*9.48*HC:800511~**
CAS*CO*45*40.52~
DTP*573*D8*20120403~
LX*2~
SV1*HC:82435*50.00*UN*1*11~
DTP*472*D8*20120401~
SVD*H9999*0.00*HC:800511*1~**
CAS*OA*97*50.00~
DTP*573*D8*20120403~
SE*46*0034~
GE*1*79~
IEA*1*000000031~

10.0 Encounter Data Professional Processing and Pricing System Edits

After a Professional encounter passes translator and CEM level editing and receives an ICN on a 277CA, the EDFES then transfers the encounter to the Encounter Data Professional Processing and Pricing System (EDPPPS), where editing, processing, pricing, and storage occur. In order to assist MAOs and other entities with submission of encounter data through the EDPPPS, CMS has provided the current list of the EDPPPS edits in Table 13.

Note: The error descriptions listed in Table 13 have been revised to identify a maximum of 41 characters in order to display a more comprehensive explanation of edits on the MAO-002 Reports.

The EDPPPS edits are organized in nine (9) different categories, as provided in Table 13, Column 2. The EDPPPS edit categories include the following:

- Validation
- Provider
- Beneficiary
- Reference
- Limit
- Conflict
- Pricing
- Duplicate
- NCCI

Table 13, Column 3 identifies two (2) edit dispositions: Informational and Reject. Informational edits will cause an informational flag to be placed on the encounter; however, the Informational edit will not cause processing and/or pricing to cease. Reject edits will cause an encounter to stop processing and/or pricing, and the MAO or other entity must resubmit the encounter through the EDFES. The encounter must then pass translator and CEM level editing prior to transferring the data to the EDPPPS for reprocessing. The EDPPPS error message, as found in Column 4 in Table 13, is included on EDPS transaction reports to give further information to the MAO or other entity of the specific reason for the edit generated.

If there is no reject edit at the header level and at least one of the lines is accepted, then the encounter is accepted. If there is no reject edit at the header level, but all lines reject, then the encounter will reject. If there is a reject edit at the header level, the encounter will reject.

Table 13 reflects only the currently programmed EDPPPS edits. MAOs and other entities should note that, as testing progresses, it may be determined that the current edits require modifications, additional edits may be necessary, or edits may be temporarily or permanently deactivated. MAOs and other entities must always reference the most recent version of the CMS EDS 837-P Companion Guide to determine the current edits in the EDPPPS.

TABLE 13 – ENCOUNTER DATA PROFESSIONAL PROCESSING AND PRICING SYSTEM (EDPPPS) EDITS

EDPPPS EDIT	EDPPPS EDIT CATEGORY	EDPPPS EDIT DISPOSITION	EDPPPS EDIT DESCRIPTION
00010	Validation	Reject	From DOS Greater Than TCN Date
00011	Validation	Reject	Missing DOS in Header/Line
00012	Validation	Reject	DOS Prior to 2012
00025	Validation	Reject	Through DOS After Receipt Date
00065	Validation	Reject	Missing Pick-up Zip Code
00265	Validation	Reject	Correct/Replace or Void ICN Not in EODS
00660	Validation	Reject	Codes Billed Together in Error
00699	Validation	Reject	Void Must Match Original
00745	Validation	Reject	Anesthesia Service Requires Modifier
00755	Validation	Reject	Void Encounter Already Voided
00760	Validation	Reject	Correct/Replace Previously Submitted
00761	Validation	Reject	Billing Provider Different from Original
00762	Validation	Reject	Unable to Void Rejected Encounter
00764	Validation	Reject	Original Encounter Must Be Chart Review Encounter for Void
00765	Validation	Reject	Original Encounter Must Be Chart Review Encounter for Adjustment
01405	Provider	Reject	Sanctioned Provider
01415	Provider	Informational	Rendering Provider Not Eligible for DOS
02106	Beneficiary	Informational	Invalid Beneficiary Last Name
02110	Beneficiary	Reject	Beneficiary HICN Not on File
02112	Beneficiary	Reject	DOS After Beneficiary DOD
02120	Beneficiary	Informational	Beneficiary Gender Mismatch
02125	Beneficiary	Reject	Beneficiary DOB Mismatch
02240	Beneficiary	Reject	Beneficiary Not Enrolled in MAO for DOS
02255	Beneficiary	Reject	Beneficiary Not Part A Eligible for DOS
02256	Beneficiary	Reject	Beneficiary Not Part C Eligible for DOS
03015	Reference	Informational	DOS Spans CPT/HCPCS Effective/End Date
03017	Reference	Informational	Dx Not Covered for Reported Procedure
03101	Reference	Informational	Invalid Gender for CPT/HCPCS
03340	Reference	Reject	Dx Not Listed on the Reference Table
16002	Pricing	Informational	Service Line Amount Adjusted for MTP
25000	NCCI	Informational	CCI Error
25001	NCCI	Informational	Medically Unlikely Error
98325	Duplicate	Reject	Service Line(s) Duplicated

10.1 EDPPPS Edits Enhancements Implementation Dates

As the EDS matures, the EDPS may require enhancements to the EDPPPS editing logic. As these enhancements occur, CMS will provide the updated information (i.e., disposition changes and activation or deactivation of an edit). Table 14 below provides MAOs and other entities with the implementation dates for enhancements made to the EDPPPS since the last release of the CMS EDS 837-P Companion Guide.

TABLE 14 – EDPPPS EDITS ENHANCEMENTS IMPLEMENTATION DATES

EDIT	EDIT DISPOSITION	EDIT DESCRIPTION	ENHANCEMENT	ENHANCEMENT DATE
00764	Reject	Original Encounter Must Be Chart Review Encounter for Void	New edit instituted for Chart Review encounter submission	03/01/2013
00765	Reject	Original Encounter Must Be Chart Review Encounter for Adjustment	New edit instituted for Chart Review encounter submission	03/01/2013

10.2 EDPS Edits Prevention and Resolution Strategies

In order to assist MAOs and other entities with the prevention of potential errors in their encounter data submission and with resolution of edits received on the generated MAO-002 reports, CMS has provided comprehensive strategies and scenarios. CMS will communicate the prevention and resolution strategies using a phased approach.

10.2.1 EDPS Edits Prevention and Resolution Strategies – Phase I: Frequently Generated EDPPPS Edits

Table 15 outlines Phase 1 of the prevention and resolution strategies for Professional edits most frequently generated on the MAO-002 reports.

TABLE 15 – EDPPPS EDITS PREVENTION AND RESOLUTION STRATEGIES – PHASE I

FREQUENTLY GENERATED EDPPPS EDITS			
Edit #	**Edit Description**	**Edit Disposition**	**Comprehensive Resolution/Prevention**
00065	Missing Pick up Point ZIP Code	Reject	Submitter must provide a valid nine (9)-digit ZIP code for ambulance pick-up location in Loop 2310E.
Scenario: Atlas Health Plan received a claim from MOMnPOP Ambulance for a 30-mile transport. Atlas Health Plan submitted the encounter to the EDS with the pick-up locations street address, city, and state populated. However, the pick-up ZIP code was not included. Atlas Health Plan will receive edit 00065 because the pick-up ZIP code is required for all ambulance encounters.			
00745	Anesthesia Service Requires Modifier	Reject	Anesthesia CPT/HCPCS must include appropriate modifiers (AA, AD, QK, QX, QY, or QZ). Service lines submitted without one of these modifiers in SV101-3 (the first modifier field) would receive this error.
Scenario: Dr. Nitze, an instructional anesthesiologist, assisted a resident anesthetist during a thyroidectomy. Dr. Nitze submitted an encounter to World Peace Health Plan with an anesthesia code of 00320, but did not include the modifier of AA. Dr. Nitze will receive an error message of 00745 because the required modifier was not included on the service line.			

TABLE 15 – EDPPPS EDITS PREVENTION AND RESOLUTION STRATEGIES – PHASE I (CONTINUED)

FREQUENTLY GENERATED EDPPPS EDITS			
Edit #	**Edit Description**	**Edit Disposition**	**Comprehensive Resolution/Prevention**
00755	Void Encounter Already Voided	Reject	Submitter has previously voided an encounter and is attempting to void the same encounter. After submitting a void/delete (CLM05-3='8'), the submitter must wait for the MAO-002 report to confirm that the void/delete encounter was received and processed.
Scenario: Happy Trails Health Plan submitted a void/delete encounter on October 10, 2012. Happy Trails Health Plan voided the same encounter, in error, on October 15, 2012, prior to receiving the MAO-002 report for the initial void/delete encounter, which was returned on October 16, 2012. The MAO-002 report for the subsequent voided encounter was returned with edit 00755 due to the submission of the second void/delete encounter.			
00760	Correct/Replace Previously Submitted	Reject	Submitter has previously adjusted an encounter and is attempting to adjust the same encounter. After submitting a correct/replace (CLM05-3='7'), the submitter must wait for the MAO-002 report to confirm that the correct/replace encounter was received and processed.
Scenario: On August 20, 2012, Pragmatic Health submitted a correct/replace encounter to correct a CPT code. Pragmatic Health had not received their MAO-002 report by August 23, 2012 and decided to resubmit the correct/replace encounter. The MAO-002 report was returned on August 24, 2012 with the correct/replace encounter identified as accepted. Pragmatic Health received edit 00760 on the secondary MAO-002 report because the EDPS had already processed the resubmitted correct/replace encounter.			
00762	Unable to Void Rejected Encounter	Reject	Submitter is attempting to void a previously rejected encounter. Submitter should review returned MAO-002 reports to confirm the rejected encounter.
Scenario: On July 20, 2012, Hero Health Plan submitted an encounter with an invalid HICN. On July 26, 2012, Hero Health Plan attempted to void the encounter due to the invalid HICN without referencing the MAO-002 report, dated July 25, 2012, that indicated that the encounter was rejected. On August 1, 2012, Hero Health Plan received an MAO-002 report with edit 00762 for the voided encounter because the original encounter had already been processed and rejected.			
03340	Dx Not Listed on the Reference Table	Reject	The diagnosis provided is not a valid/current **ICD-9** code. Submitter should verify that the diagnosis code is accurate, that the diagnosis code is Medicare acceptable, and that ICD-10 codes are not submitted prior to October 2014.
Scenario: Elysium Health Plan submitted an encounter for lab services, which included Blood Glucose Testing. The diagnosis code provided was 275.0 – Disorders of iron metabolism. Elysium Health Plan received an MAO-002 report with edit 03340 for this service because diagnosis code 275.0 was deleted from the ICD-9 CM and is not populated on the current reference table. Elysium Health Plan must obtain the correct and current diagnosis code and submit a correct/replace encounter for this service line.			

10.2.2 EDPS Edits Prevention and Resolution Strategies – Phase II: Common EDPS Edits

Table 16 outlines Phase II for edits mutually generated in all subsystems of the EDPS (Professional, Institutional, and DME).

TABLE 16 – EDPS EDITS PREVENTION AND RESOLUTION STRATEGIES – PHASE II

COMMON EDPS EDITS			
Edit #	**Edit Description**	**Edit Disposition**	**Comprehensive Resolution/Prevention**
00010	From DOS Greater Than TCN Date	Reject	Encounter must have a DOS prior to submission date.
Scenario: Perfect Health of America submitted an encounter to the EDS on May 10, 2012 for a knee replacement performed at Wonderful Hills Mediplex for DOS May 12, 2012. The encounter was rejected because the "from" DOS was after the date of encounter submission.			
00011	Missing DOS in Header/Line	Reject	Encounter header and/or line levels must include "from" and "through" DOS (procedure or service start date).
Scenario: Chloe Pooh was admitted to Regional Port Hospital on October 21, 2012 for a turbinectomy and was released on October 22, 2012. Regional Port Hospital submitted a claim to Robbins Health for the surgical procedure. Robbins Health submitted the encounter to the EDS, but did not include the "through" DOS of October 22, 2012.			
00012	DOS Prior to 2012	Reject	Encounter must contain 2012 "through" DOS for each service line.
Scenario: Ion Health submitted an encounter with DOS from December 2, 2011 through December 28, 2011, for an inpatient admission at Better Health Hospital. The encounter was rejected because the EDS will only process encounters that include a 2012 "through" DOS or later.			
00699	Void Must Match Original	Reject	Voided encounter must have the same number of lines as the original encounter.
Scenario: Lamb Professional Care submitted an encounter for an inpatient hospital stay with five (5) service lines. Lamb Professional Care submitted a void encounter for the hospital stay. However, the void encounter contained only 4 lines from the original encounter. Lamb Professional Care received an MAO-002 report with edit 00699 because one of the lines from the original encounter was not included on the void encounter.			
00761	Billing Provider Different from Original	Reject	Billing provider's NPI must be identical in both the original and void encounters.
Scenario: Mastermind General Hospital submitted an encounter for a procedure performed by Dr. Jackson Martinez on October 17, 2012. Spartacus Regional Health submitted the encounter to the EDS and received an MAO-002 report with an accepted ICN of 342431098. On October 27, 2012, Spartacus Regional Health submitted a void encounter for ICN 342431098 using an NPI for Dr. Mary Jane. The encounter was rejected because the billing provider NPI on the void encounter did not match the billing provider on the original encounter.			
01415	Rendering Provider Not Eligible for DOS	Informational	Verify that NPI is accurate and that the provider was eligible for DOS submitted.
Scenario: ABC Care Plan submitted an encounter for a procedure performed by Dr. Destiny at Avid Health Hospital on February 14, 2012. The EDPS provider reference files indicate that Dr. Destiny's NPI was effective on February 16, 2012.			
02106	Invalid Beneficiary Last Name	Informational	Verify that last name populated on the encounter matches the last name listed in MARx database.
Scenario: Blue Skies Rural Health submitted an encounter for patient Ina Batiste-Rhogin. The MARx database listed the patient as Ina Rhogin. The EDPS processed and accepted the encounter with an informational flag indicating that the name provided on the encounter was not identical to the name listed in the eligibility database.			

TABLE 16 – EDPS EDITS PREVENTION AND RESOLUTION STRATEGIES – PHASE II (CONTINUED)

COMMON EDPS EDITS			
Edit #	**Edit Description**	**Edit Disposition**	**Comprehensive Resolution/Prevention**
02110	Beneficiary HICN Not on File	Reject	Verify that HICN populated on the encounter is valid in MARx database.
Scenario: Bright Medical Center submitted a claim to Sunshine Complete Health for an office visit for Mr. Everett Banks for DOS May 26, 2012. Sunshine Complete Health submitted an encounter to the EDS. The encounter was rejected for edit 02110, because the HICN populated on the encounter was not on file in the MARx database.			
02112	DOS After Beneficiary DOD	Reject	Verify that DOS submitted is accurate and does not exceed the beneficiary DOD.
Scenario: Mountain Hill Health submitted an encounter for an inpatient admission for Ray Rayson for DOS July 15, 2012. The EDPS was unable to process the encounter because the MARx database indicated that Mr. Rayson expired on July 13, 2012.			
02120	Beneficiary Gender Mismatch	Informational	Verify that gender populated on the encounter is accurate and matches gender listed in MARx database.
Scenario: Jenna Jorgineski went to Lollipop Lab for a sleep study on September 4, 2012. Lollipop Lab submitted a claim for the sleep study to Capital City Community Care with Ms. Jorgineski's gender identified as "male". Capital City Community Care submitted the encounter. The EDS processed and accepted the encounter. The MAO-002 report was returned with an informational edit 02120, because Ms. Jorgineski's gender was listed as "female" in the MARx database.			
02125	Beneficiary DOB Mismatch	Reject	Verify that DOB populated on the encounter is accurate and matches DOB listed in MARx database.
Scenario: Swan Health submitted an encounter to the EDS for Joe Blough on March 3, 2012. The encounter listed Mr. Blough's DOB as December 13, 1940. The eligibility database (MARx) listed Mr. Blough's DOB as December 13, 1937. The EDS returned the MAO-002 report to Swan Health with edit 02125 due to the conflicting dates of birth.			
02240	Beneficiary Not Enrolled in MAO for DOS	Reject	Verify that beneficiary was enrolled in your MAO during DOS on the encounter.
Scenario: Gabrielle Boyd was admitted to Faith Hospital for an appendectomy on June 11, 2012 and was discharged on June 14, 2012. Faith Hospital submitted the claim for the hospital admission to Adams Healthcare. Adams Healthcare adjudicated the claim and submitted an encounter to the EDS on July 12, 2012. Ms. Boyd's effective date with Adams Healthcare was July 1, 2011. The EDS returned an MAO-002 report to Adams Health with edit 02240 because Ms. Boyd was not enrolled with the health plan for the DOS submitted by Faith Hospital.			
02255	Beneficiary Not Part A Eligible for DOS	Reject	Verify that beneficiary was enrolled in Part A for DOS listed on the encounter.
Scenario: Mr. Carl Evergreen was transferred from a VA hospital and admitted to Rainforest Regional on April 28, 2012. Mr. Evergreen was effective for Medicare Part A on May 1, 2012. Strides in Care Health Plan submitted the encounter for the admission to Rainforest Regional and received an MAO-002 report with edit 02255 because Mr. Evergreen was enrolled in Medicare Part A after the date of hospital admission.			

TABLE 16 – EDPS EDITS PREVENTION AND RESOLUTION STRATEGIES – PHASE II (CONTINUED)

COMMON EDPS EDITS			
Edit #	**Edit Description**	**Edit Disposition**	**Comprehensive Resolution/Prevention**
02256	Beneficiary Not Part C Eligible for DOS	Reject	Verify that beneficiary was enrolled in Part C for DOS listed on the encounter.
Scenario: On July 4, 2012, Gail Williams has severe chest pains and goes to the emergency room for a chest x-ray at Underwood Memorial Hospital. At the time of the emergency room visit, Ms. Williams only has Part A Medicare coverage. Underwood Memorial submits the claim to AmeriHealth and the claim is adjudicated under Part A Medicare. AmeriHealth submits an encounter to the EDS, which is rejected with edit 02256, because Ms. Williams is not covered under Part C Medicare for the DOS.			
03015	DOS Spans CPT/HCPCS Effective/End Date	Reject	The procedure code is not valid/effective for the DOS populated on the encounter
Scenario: Oren Davis went to Independent Lab for a urinalysis on February 24, 2012. Independent Lab submitted a claim to World Healthcare with procedure code 81000. As of August 1, 2011, procedure code 81000 is no longer a valid procedure code. World Health submits an adjudicated encounter to the EDS. World Health receives an MAO-002 report with a "reject" status for edit 03015 because the procedure code was not valid on the DOS.			
03101	Invalid Gender for CPT/HCPCS	Reject	Verify that the gender populated on the encounter is accurate. Ensure that the beneficiary's gender is appropriate for the CPT/HCPCS code provided
Scenario: True Blue General Hospital submitted a claim to Valley View Health for Ms. Clara Bell with CPT code 54530. Valley View submitted an adjudicated encounter to the EDS. Valley View received an MAO-002 report with edit 03101 because the procedure identified for Ms. Bell was an orchiectomy, which is routinely performed for a male.			
25000	CCI Error	Informational	Ensure that CCI code pairs are appropriately used. Ensure that CCI single codes meet the MUE allowable units of service (UOS).
Scenario: Hippos Health Plan submitted an encounter to the EDS with a DOS of May 5, 2012 and HCPCS code 15780 and two (2) units of service. The returned MAO-002 report indicated an informational edit of 25000 because HCPCS code 15780 – dermabrasion, is only valid for one (1) unit of service per day.			
98325	Service Line(s) Duplicated	Reject	Verify that encounter was not previously submitted. If not a duplicate encounter, ensure that elements validated by duplicate logic are not the same (refer to the 2012 ED Participant Guide for duplicate logic validation elements)
Scenario: Sanford Health Systems submitted an encounter for two (2) service lines for 15-minute therapy services. The encounter lines submitted were the same for the timed procedure code, totaling 35 minutes and should have been submitted with 2 units of service under the total time rather than as separate duplicate lines.			

10.2.3 EDPPPS Edits Prevention and Resolution Strategies – Phase III: General EDPPPS Edits

Table 17 outlines Phase III for a portion of the remaining edits generated on the MAO-002 Encounter Data Processing Status Reports. Section 10.2.3 will be updated in future releases of the Professional Companion Guide until all remaining edits are identified.

TABLE 17 – EDPS EDITS PREVENTION AND RESOLUTION STRATEGIES – PHASE III

GENERAL EDPS EDITS			
Edit #	**Edit Description**	**Edite Disposition**	**Comprehensive Resolution/Prevention**
00025	Through DOS After Receipt Date	Reject	Encounter submitted prior to the latest "through" DOS for the service line or encounter
Scenario: On October 27, 2012, Northwest Community Health submitted an encounter to the EDS for DOS from 10/12/2012 through 10/31/2012. The encounter was rejected because the "through" DOS was after the date that the encounter was submitted.			
03017	Dx Not Covered for Reported Procedure	Informational	Encounter submitted with a diagnosis that is not appropriate for the procedure identified.
Scenario: Pathway to Life submitted an encounter for Mr. Jones, who visited Dr. Michaels for neck pain. The encounter contained a diagnosis for celiac disease (579.0), which is not an appropriate diagnosis for the service provided.			
00265	Correct/Replace or Void ICN Not in EODS	Reject	Adjustment encounter submitted with an invalid or rejected ICN. EDS does not store rejected ICNs.
Scenario: Wednesday Health Services sent an original encounter to the EDS and received accepted ICN 123456789. Dr. John May corrected the associated claim and resubmitted to Wednesday Health Services. Wednesday Health Services submitted the adjustment encounter to the EDS using ICN 234567890. The encounter was rejected because the ICN was invalid for the adjustment encounter submission.			

11.0 Submission of Proxy Data in a Limited Set of Circumstances

MAOs and other entities may submit proxy data in a limited set of circumstances, as identified and explained in the table below. MAOs and other entities cannot submit proxy data for any circumstances, other than those listed in the table below. CMS will use this interim approach for the submission of encounter data. In each circumstance where proxy information is submitted, MAOs and other entities are required to indicate in Loop 2300, NTE01='ADD', NTE02 = the reason for the use of proxy information. If there are questions regarding appropriate submission of proxy encounter data, MAOs and other entities should contact CMS for clarification. CMS will provide additional guidance concerning proxy data in the near future.

Note: Due to the implementation of EDPS edits to accept 2011 "From" DOS, CMS has eliminated the requirement for proxy data for 2011 DOS encounter submissions.

TABLE 18 – PROXY DATA

PROXY DATA	PROXY DATA MESSAGE (NTE02)
Rejected Line Extraction	REJECTED LINES CLAIM CHANGE DUE TO REJECTED LINE EXTRACTION
Medicaid Service Line Extraction	MEDICAID CLAIM CHANGE DUE TO MEDICAID SERVICE LINE EXTRACTION
EDS Acceptable Anesthesia Modifier	MODIFIER CLAIM CHANGE DUE TO EDS ACCEPTABLE ANESTHESIA MODIFIER
Default NPI for atypical, paper, and 4010 claims	NO NPI ON PROVIDER CLAIM
Default EIN for atypical providers	NO EIN ON PROVIDER CLAIM
Chart Review Default Procedure Codes	DEFAULT PROCEDURE CODES INCLUDED IN CHART REVIEW

12.0 EDS Acronyms

Table 19 below outlines a list of acronyms currently used in the EDS documentation, materials, and reports distributed to MAOs and other entities. This list is not all-inclusive and should be considered as a living document, as CMS will add acronyms as required.

TABLE 19– EDS ACRONYMS

ACRONYM	DEFINITION
A	
ASC	Ambulatory Surgery Center
C	
CAH	Critical Access Hospital
CARC	Claim Adjustment Reason Code
CAS	Claim Adjustment Segments
CC	Condition Code
CCI	Correct Coding Initiative
CCN	Claim Control Number
CEM	Common Edits and Enhancement Module
CMG	Case Mix Group
CMS	Centers for Medicare & Medicaid Services
CORF	Comprehensive Outpatient Rehabilitation Facility
CPO	Care Plan Oversight
CPT	Current Procedural Terminology
CRNA	Certified Registered Nurse Anesthetist
CSC	Claim Status Code
CSCC	Claim Status Category Code
CSSC	Customer Service and Support Center

TABLE 19– EDS ACRONYMS (CONTINUED)

ACRONYM	DEFINITION
D	
DME	Durable Medical Equipment
DMEPOS	Durable Medical Equipment, Prosthetics, Orthotics, and Supplies
DMERC	Durable Medical Equipment Carrier
DOB	Date of Birth
DOD	Date of Death
DOS	Date(s) of Service
E	
E & M or E/M	Evaluation and Management
EDDPPS	Encounter Data DME Processing and Pricing Sub-System
EDFES	Encounter Data Front-End System
EDI	Electronic Data Interchange
EDIPPS	Encounter Data Institutional Processing and Pricing Sub-System
EDPPPS	Encounter Data Professional Processing and Pricing Sub-System
EDPS	Encounter Data Processing System
EDS	Encounter Data System
EIC	Entity Identifier Code
EODS	Encounter Operational Data Store
ESRD	End Stage Renal Disease
F	
FFS	Fee-for-Service
FQHC	Federally Qualified Health Center
FTP	File Transfer Protocol
FY	Fiscal Year
H	
HCPCS	Healthcare Common Procedure Coding System
HHA	Home Health Agency
HICN	Health Information Claim Number
HIPAA	Health Insurance Portability and Accountability Act
HIPPS	Health Insurance Prospective Payment System
I	
ICD-9CM/ICD-10CM	International Classification of Diseases, Clinical Modification (versions 9 and 10
ICN	Interchange Control Number
IRF	Inpatient Rehabilitation Facility

TABLE 19– EDS ACRONYMS (CONTINUED)

ACRONYM	DEFINITION
M	
MAC	Medicare Administrative Contractor
MAO	Medicare Advantage Organization
MTP	Multiple Technical Procedure
MUE	Medically Unlikely Edits
N	
NCD	National Coverage Determination
NDC	National Drug Codes
NPI	National Provider Identifier
NCCI	National Correct Coding Initiative
NOC	Not Otherwise Classified
NPPES	National Plan and Provider Enumeration System
O	
OCE	Outpatient Code Editor
OIG	Officer of Inspector General
OPPS	Outpatient Prospective Payment System
P	
PACE	Program for All-Inclusive Care for the Elderly
PHI	Protected Health Information
PIP	Periodic Interim Payment
POA	Present on Admission
POS	Place of Service
PPS	Prospective Payment System
R	
RAP	Request for Anticipated Payment
RHC	Rural Health Clinic
RPCH	Regional Primary Care Hospital
S	
SME	Subject Matter Expert
SNF	Skilled Nursing Facility
SSA	Social Security Administration
T	
TARSC	Technical Assistance Registration Service Center
TCN	Transaction Control Number
TOB	Type of Bill
TOS	Type of Service
TPS	Third Party Submitter

TABLE 19 – EDS ACRONYMS (CONTINUED)

ACRONYM	DEFINITION
V	
VC	Value Code
Z	
ZIP Code	Zone Improvement Plan Code

REVISION HISTORY

VERSION	DATE	DESCRIPTION OF REVISION
2.1	9/9/2011	Baseline Version
3.0	11/16/2011	Release 1
4.0	12/9/2011	Release 2
5.0	1/9/2012	Release 3
6.0	3/8/2012	Release 4
7.0	5/8/2012	Release 5
8.0	6/22/2012	Release 6
9.0	8/31/2012	Release 7
10.0	9/26/2012	Release 8
11.0	11/2/2012	Release 9
12.0	11/26/2012	Release 10
13.0	12/21/2012	Release 11
14.0	01/25/2013	**Release 12**
15.0	2/26/2013	**Section 1.3** – Major Updates
15.0	02/26/2013	Updated all references to GENTRAN to GENTRAN/TIBCO
15.0	02/26/2013	**Section 9.0 –** Professional Business Cases – Added note to provide guidance for DTP segment and paid amount and to identify DTP segment at the line level for all business cases
15.0	02/26/2013	**Section 10.1 Table 14 –** Updated EDPS Edits Enhancements Implementation Dates
15.0	02/26/2013	**Section 10.2.3 Table 17 –** Updated EDPS Edits Prevention and Resolution Strategies – Phase III to including remaining EDPPPS edits