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Encounter Data System

Standard Companion Guide Transaction Information

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

Companion Guide Version Number: 5.0
Created: November 2012

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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 DME Companion Guide addresses how MAOs and other entities conduct Professional DME supplier 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 DME Companion Guide must be used in conjunction with the associated 837-P Implementation Guide (TR3). The instructions in the CMS EDS 837-P DME Companion Guide are not intended for use as a stand-alone requirements document.

1.2   Overview

The CMS EDS 837-P DME 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 EDS, including the TA1, 999, and 277CA.

- Transaction Specific Information: This section describes the details of the HIPAA X12N 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.

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1.3   Major Updates

1.3.1   EDDPPS Edits Enhancements Implementation Dates

MAOs and other entities are now able to reference Section 10.1 Table 13 for the implementation dates when CMS performs enhancements to the EDPS DME edits (i.e., the disposition of an error codes is changed from "reject" to "informational", or an error code is activated/deactivated).

1.3.2   EDPS Edits Prevention and Resolution Strategies – Phase II

MAOs and other entities are now able to reference Section 10.2 Table 15 for a list of the common edits generated in the Professional, Institutional, and DME subsystems of the EDPS.

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 Guidelines, for development of 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

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- 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 July 1, 2011 and implemented on July 5, 2011.

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, and can be contacted 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 EDS submission:

RESOURCE	WEB ADDRESS
EDPS Bulletin	www.csscoperations.com
EDS Email	eds@ardx.net
EDS Participant Guides	www.csscoperations.com
EDS User Group Materials	www.csscoperations.com
ANSI ASC X12 TR3 Implementation Guides	www.wpc-edi.com
Washington Publishing Company Health Care Code Sets	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 depending upon the connectivity method of the submitter. FTP and NDM users cannot exceed 85,000 encounters per file. Gentran users cannot exceed 5,000 encounters per file. For all connectivity methods, the TR3 allows no more than 5000 CLMs per ST/SE. 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	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 Submitters Only

NDM/Connect Direct and Gentran 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*80887   *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 be continued on the second line. The next segment will start in the 27th position and continue until column 80.

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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
	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	80887	

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TABLE 1 – ISA/IEA INTERCHANGE ELEMENTS (CONTINUED)

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
ISA		Interchange Control Header		
	ISA11	Repetition Separator	^	
	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.

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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	80887	This value must match the value in ISA08
	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	
	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 (DME) Data Element table identifies only those elements within the X12N Implementation Guide that require comment within the context of 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 of the 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
1000B	NM1	Receiver Name		
	NM102	Entity Type Qualifier	2	Non-Person Entity
	NM103	Receiver Name		EDSCMS
	NM109	Receiver ID	80887	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

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TABLE 4 - 837 PROFESSIONAL HEALTH CARE CLAIM (CONTINUED)

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
2010AA	NM109	Billing Provider Identifier		Must be populated with a ten digit number, must begin with the number 1
			1999999992	DME 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	199999999	DME 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
	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	80887	

TABLE 4 - 837 PROFESSIONAL HEALTH CARE CLAIM (CONTINUED)

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
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 SV2 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		
	PWK01	Report Type Code	09	Populated for chart review submissions only
			OZ	Populated for encounters generated as a result of paper claims only
			PY	Populated for encounters generated as a result of 4010 claims only
	PWK02	Attachment Transmission Code	AA	Populated for chart review, paper generated encounters, or 4010 claims
2300	CN1	Contract Information		
	CN101	Contract Type Code	05	Populated for capitated arrangements

TABLE 4 - 837 PROFESSIONAL HEALTH CARE CLAIM (CONTINUED)

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
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	
	REF02	Medical Record Identification Number	8	*Chart review delete diagnosis code submission 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 diagnosis code submission only –* Identifies 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 12.0 for the use and message requirements of proxy data information
2320	CAS	Claim Adjustment		
	CAS02	Adjustment Reason Code		If a claim is denied in the MAO or other entity's 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

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TABLE 4 - 837 PROFESSIONAL HEALTH CARE CLAIM (CONTINUED)

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
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	PWK	Durable Medical Equipment Certificate of Medical Necessity Indicator		
	PWK01	Attachment Report Type Code	CT	
	PWK02	Attachment Transmission Code	NS	Not Specified – Paperwork is available on request
MAOs and other entities must not submit supplemental forms
2400	CN1	Contract Information		
	CN101	Contract Type Code	05	Populated for each capitated/ staff service line

TABLE 4 - 837 PROFESSIONAL HEALTH CARE CLAIM (CONTINUED)

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
2430	SVD	Line Adjudication Information		
	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 entity's adjudication system, the denial reason must be populated

6.0 Acknowledgements and/or 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

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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 error code 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 error code 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 Error Code 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.

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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 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	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.

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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 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	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 provides notifications to inform MAOs and other entities of the reason the submitted file was not sent to the EDPS. These are in addition to the EDFES acknowledgement reports; including the TA1, 999, and 277CA; and the EDPS Reports. 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: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

FILE CONTROL: XXXXXXXXX

NUMBER OF CLAIMS: 99,999

FILE WAS NOT SENT TO THE EDPS BACK-END PROCESS FOR THE FOLLOWING REASON(S)

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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TABLE 10 – EDFES NOTIFICATIONS

APPLIES TO	ENCOUNTER TYPE	NOTIFICATION MESSAGE	NOTIFICATION MESSAGE DESCRIPTION
All files submitted	All	FILE ID (XXXXXXXX) IS A DUPLICATE OF A FILE ID SENT WITHIN THE LAST 12 MONTHS	The file ID must be unique for a 12 month period
All files submitted	All	SUBMITTER NOT AUTHORIZED TO SEND CLAIMS FOR PLAN (CONTRACT ID)	The submitter is not authorized to send for this plan
All files submitted	All	PLAN ID CANNOT BE THE SAME AS THE SUBMITTER ID	The Contract ID cannot be the same as the Submitter ID
All files submitted	All	AT LEAST ONE ENCOUNTER IS MISSING A CONTRACT ID IN THE 2010BB-REF02 SEGMENT	The Contract ID is missing
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
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
DME End-to-End Testing – File 1	DME	FILE CANNOT CONTAIN MORE THAN 10 ENCOUNTERS	The number of encounters cannot be greater than 10
DME End-to-End Testing – File 2	DME	FILE CANNOT CONTAIN MORE THAN 2 ENCOUNTERS	The number of encounters cannot be greater than 2
DME End-to-End Testing – File 3	DME	FILE CANNOT CONTAIN MORE THAN 2 ENCOUNTERS	The number of encounters cannot be greater than 2
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	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

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7.0 Front-End Edits

7.1 Permanently Deactivated Front-End Edits

Several CEM edits currently active in the Fee-For-Service 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 edits. The edit reference column provides the exact edit reference that will be deactivated. 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 DME PERMANENTLY DEACTIVATED FRONT-END EDITS

EDIT REFERENCE	EDIT DESCRIPTION	EDIT NOTES
X222.494.2440.FRM.010	IK304 = I6: "Implementation Dependent Segment Missing"	If 2440.LQ is present, 2440.FRM must be present.
X222.494.2440.FRM.025	CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 21: "Missing or invalid information." CSC 699: "Question/Response from Supporting Documentation Form"	If 2440.LQ = "484.03", occurrences of 2440.FRM with FRM01 = ("1A" or "1B") and FRM01 = "1C" and FRM01 = "05" are required.
X222.494.2440.FRM.035	CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 21: "Missing or invalid information." CSC 699: "Question/Response from Supporting Documentation Form"	If 2440.LQ = "484.03" and 2440.FRM01 = "1A" and FRM05 >= 55.5 and <= 59.4, occurrences of 2440.FRM with FRM01 = "07", "08" and "09" are required.
X222.494.2440.FRM.045	CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 21: "Missing or invalid information." CSC 699: "Question/Response from Supporting Documentation Form"	If 2440.LQ = "484.03" and 2440.FRM01 = "1B" and FRM05 >= 88.5 and <=89.4, occurrences of 2440.FRM with FRM01 = "07", "08" and "09" are required.
X222.494.2440.FRM.050	IK304 = I6: "Implementation Dependent Segment Missing"	If 2400.PWK with PWK01 = "CT" is present, 2440.FRM must be present.
X222.494.2440.FRM.060	IK304 = 5: "Segment Exceeds Maximum Use"	Only 99 iterations of 2440.FRM are allowed.
X222.494.2440.FRM01.010	IK403 = 1: "Required Data Element Missing"	2440.FRM01 must be present.
X222.494.2440.FRM01.020	IK403 = 5: "Data Element Too Long"	2440.FRM01 must be valid for the value in 2440.LQ02.

TABLE 11 – 837 DME PERMANENTLY DEACTIVATED FRONT-END EDITS (CONTINUED)

EDIT REFERENCE	EDIT DESCRIPTION	EDIT NOTES
X222.494.2440.FRM01.025	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 699: "Question/Response from Supporting Documentation Form."	
X222.494.2440.FRM01.030	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 699: "Question/Response from Supporting Documentation Form."	If 2440.LQ02='484.03' and 2440.FRM01='05' is present and the value in FRM03 is > '4', an occurrence of FRM01 with the value of '6A' or '6B' is required.
X222.494.2440.FRM01.040	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 699: "Question/Response from Supporting Documentation Form."	If 2440.LQ02='484.03' and 2440.FRM01='6A' or '6B', an occurrence of FRM01 with the value of '6C' is required.
X222.494.2440.FRM01.050	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 699: "Question/Response from Supporting Documentation Form."	If 2440.LQ02='484.03' and 2440.FRM01='6C', an occurrence of FRM01 with the value of '6A' or '6B' is required.
X222.494.2440.FRM02.010	IK403 = 7: "Invalid Code Value"	2440.FRM02 must be valid values.
X222.494.2440.FRM02.020	IK403 = 2: "Conditional Required Data Element Missing"	If 2440.FRM03 and 2440.FRM04 and 2440. FRM05 are not present, 2440.FRM02 must be present.
X222.494.2440.FRM02.035	CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 21: "Missing or invalid information." CSC 699: "Question/Response from Supporting Documentation Form"	If 2440.LQ02 = '484.03" and 2440 FRM with FRM01 = "04", "07", "08" or "09" is present, then 2440.FRM02 must be present.
X222.494.2440.FRM03.010	IK403 = 6: "Invalid Character in Data Element"	2440.FRM03 must contain at least one non-space character.
X222.494.2440.FRM03.020	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 699: "Question/Response from Supporting Documentation Form."	2440.FRM03 must be present if 2440.LQ02 = "04.04" and 2440.FRM01 = "07B", "09B", "10B" or "10C".
X222.494.2440.FRM03.030	"CSCC A7: ""Acknowledgement /Rejected for Invalid Information…"" CSC 699: ""Question/Response from Supporting Documentation Form."""	2440.FRM03 must be present if 2440.LQ02 = "06.03" and FRM01 = "02" or "03".

TABLE 11 – 837 DME PERMANENTLY DEACTIVATED FRONT-END EDITS (CONTINUED)

EDIT REFERENCE	EDIT DESCRIPTION	EDIT NOTES
X222.494.2440.FRM03.040	"CSCC A7: ""Acknowledgement /Rejected for Invalid Information…"" CSC 699: ""Question/Response from Supporting Documentation Form."""	2440.FRM03 must be present if 2440.LQ02 = "09.03" and FRM01 = "01", "01A", "01B", "01C", "02", "02A", "02B", "02C", "03" or "04".
X222.494.2440.FRM03.050	"CSCC A7: ""Acknowledgement /Rejected for Invalid Information…"" CSC 699: ""Question/Response from Supporting Documentation Form."""	2440.FRM03 must be present if 2440.LQ02 = "10.03" and FRM01 = "03", "03A", "03B", "04", "04A", "04B", "05", "06", "08A", "08C", "08D", "08F", "08G" or "09".
X222.494.2440.FRM03.070	IK403 = 5: "Data Element Too Long"	2440.FRM03 must be 1 - 50 characters.
X222.494.2440.FRM03.080	"CSCC A7: ""Acknowledgement /Rejected for Invalid Information…"" CSC 512: ""Length invalid for receiver's application system"" CSC 699: ""Question/Response from Supporting Documentation Form."""	
X222.494.2440.FRM03.090	IK403 = 6: "Invalid Character in Data Element"	2440.FRM03 must be populated with accepted AN characters.
X222.494.2440.FRM03.110	IK403 = 2: "Conditional Required Data Element Missing"	If 2440.FRM02 and 2440.FRM04 and 2440. FRM05 are not present, 2440.FRM03 must be present.
X222.494.2440.FRM03.125	"CSCC A8: ""Acknowledgement / Rejected for relational field in error."" CSC 21: ""Missing or invalid information."" CSC 699: ""Question/Response from Supporting Documentation Form"""	If 2440.LQ02 = '484.03" and 2440 FRM with FRM01 = "1A", "1B", "02", "03" or "05" is present, then 2440.FRM03 must be present.
X222.494.2440.FRM04.010	IK403 = 8: "Invalid Date"	2440.FRM04 must be a valid date in the format of CCYYMMDD.
X222.494.2440.FRM04.020	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 510: "Future date" CSC 699: "Question/Response from Supporting Documentation Form."	2440.FRM04 must not be a future date.
X222.494.2440.FRM04.030	IK403 = 2: "Conditional Required Data Element Missing"	If 2440.FRM02 and 2440.FRM03 and 2440. FRM05 are not present, 2440.FRM04 must be present.

TABLE 11 – 837 DME PERMANENTLY DEACTIVATED FRONT-END EDITS (CONTINUED)

EDIT REFERENCE	EDIT DESCRIPTION	EDIT NOTES
X222.494.2440.FRM04.045	CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 21: "Missing or invalid information." CSC 699: "Question/Response from Supporting Documentation Form"	If 2440.LQ02 = '484.03" and 2440 FRM with FRM01 = "1C" is present, then 2440.FRM04 must be present.
X222.494.2440.FRM05.010	IK403 = 6: "Invalid Character in Data Element"	2440.FRM05 must be numeric.
X222.494.2440.FRM05.020	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 699: "Question/Response from Supporting Documentation Form."	2440.FRM05 must be present if 2440.LQ02 = "10.03" and FRM01 = "08B", "08E" or "08H".
X222.494.2440.FRM05.030	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 699: "Question/Response from Supporting Documentation Form."	2440.FRM05 must be >= 0 and <= 100.0.
X222.494.2440.FRM05.040	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 697: "Too many decimal positions"	2440.FRM05 is limited to 0 or 1 decimal positions.
X222.494.2440.FRM05.050	IK403 = 2: "Conditional Required Data Element Missing"	If 2440.FRM02 and 2440.FRM03 and 2440. FRM04 are not present, 2440.FRM05 must be present.

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 be rejected and considered 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 being 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-P DME 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.

9.1   DME Supplier Encounter – Oxygen Services

Business Scenario 1: Mary Dough is the patient and the subscriber and went to Dr. Shannon Wilson, who prescribed Mary Dough with oxygen service rental from Oxygen Supply Company due to chronic airway obstruction. Happy Health Plan is the MAO.

File String 1:

ISA*00*   *00*   *ZZ*ENH9999   *ZZ*80887   *120430*114
4*^*00501*200000031*1*P*:~
GS*HC*ENH9999*80887*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*80887~
HL*1**20*1~
NM1*85*2*OXYGEN SUPPLY COMPANY*****XX*1299999999~
N3*123 BREATH DRIVE~
N4*NORFOLK*VA*235149999~
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*80887~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997677856479709654A*260.12***11:B:1*Y*A*Y*Y~
HI*BK:496*BF:51881~
SBR*P*18*XYZ1234567******16~
AMT*D*260.12~
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:E1390:RR*230.55*UN*1***1:2~

PWK*CT*NS~
CR3*I*MO*99~
DTP*472*RD8*20120401-20120430~
DTP*463*D8*2012022212~
SVD*H9999*230.55*HC:E1390:RR*1~
DTP*573*D8*20120514~
LX*2~
SV1*HC:E0431:RR*29.57*UN*1***1:2~
PWK*CT*NS~
CR3*I*MO*99~
DTP*472*RD8*20120401-20120430~
DTP*463*D8*2012022212~
SVD*H9999*29.57*HC:E0431:RR**1~
DTP*573*D8*20120514~
SE*50*0534~
GE*1*69~
IEA*1*200000031~

9.2   DME Supplier Encounter – Capped Rental – Wheelchair

Business Scenario 2: John Smith is the patient and the subscriber and went to Dr. Jim Fortune, who prescribed John Smith with a powered wheelchair rental from Scooter Rehab Store due to a stroke, which caused paralysis. Happy Health Plan is the MAO.

File String 2:
ISA*00*   *00*   *ZZ*ENH9999   *ZZ*80887   *120430*114
4*^*00501*200000331*1*P*:~
GS*HC*ENH9999*80887*20120430*1144*34*X*005010X222A1~
ST*837*0535*005010X222A1~
BHT*0019*00*4897574384904*20120428*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS*****46*80887~
HL*1**20*1~
NM1*85*2*SCOOTER REHAB STORE*****XX*1239999999~
N3*456 TRAVEL DRIVE~
N4*NORFOLK*VA*235159999~
REF*EI*809845839~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
NM1*DK*1*FORTUNE*JIM****XX*1234589999~
N3*1518 STATE PARK AVENUE~
N4*VIRGINIA BEACH*VA*234539999~
SBR*S*18*XYZ1234567**47****MB~
NM1*IL*1*SMITH*JOHN****MI*6459482938~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19460806*M~
NM1*PR*2*EDSCMS*****PI*80887~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997677886479709654A*378.12***11:B:1*Y*A*Y*Y~
HI*BK:436*BF:3449~
SBR*P*18*XYZ1234567******16~
AMT*D*378.12~
OI***Y***Y~
NM1*IL*1*SMITH*JOHN****MI*6459482938~
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:K0010:RR:BR:KH*378.12*UN*1*1:2~**
PWK*CT*NS~
CR3*I*MO*99~
DTP*472*RD8*20120401-20120430~
DTP*463*D8*2012022212~
SVD*H9999*378.12*HC:K0010:RR:BR:KH1~**
DTP*573*D8*20120514~
SE*42*0535~
GE*1*34~
IEA*1*200000331~

9.3   DME Supplier Encounter – Purchase – Portable Toilet

Business Scenario 3: Jasmine Connors is the patient and the subscriber and went to Dr. Martin Stevenson, who prescribed Jasmine Connors with a commode chair from the Loucks Family Medical Supply due to a broken back. Happy Health Plan is the MAO.

File String 3:
ISA*00*   *00*   *ZZ*ENH9999   *ZZ*80887   *120430*114
4*^*00501*200000631*1*P*:~
GS*HC*ENH9999*80887*20120430*1144*98*X*005010X222A1~
ST*837*8876*005010X222A1~
BHT*0019*00*4897574384905*20120428*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS*****46*80887~
HL*1**20*1~
NM1*85*2*LOUCKS FAMILY MEDICAL SUPPLY*****XX*1239999999~
N3*459 TRAVEL DRIVE~
N4*NORFOLK*VA*235199999~
REF*EI*809845838~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567**47****MB~
NM1*IL*1*CONNORS*JASMINE****MI*6459472938~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19430812*F~
NM1*PR*2*EDSCMS*****PI*80887~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997877886479709654A*158.98***11:B:1*Y*A*Y*Y~
HI*BK:8058~
SBR*P*18*XYZ1234567******16~
AMT*D*158.98~
OI***Y***Y~
NM1*IL*1*CONNORS*JASMINE****MI*6459472938~
N3*1235 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:E0170:RR:KX*158.98*UN*1***1~

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PWK*CT*NS~
DTP*472*D8*20120403~
DTP*463*D8*2012022212~
CR3*I*MO*99~
SVD*H9999*158.98*HC:E0170:RR:KX1~**
DTP*573*D8*20120514~
SE*42*8876~
GE*1*98~
IEA*1*200000631~

9.4   DME Supplier Encounter – Prosthetic Device

Business Scenario 4: Kelly Anderson is the patient and the subscriber and went to Dr. James Washington, who prescribed Kelly Anderson with a below the knee leg prosthesis from Doctor's Choice due to an auto accident, which was conditionally covered. Happy Health Plan is the MAO.

File String 4:

ISA*00*   *00*   *ZZ*ENH9999   *ZZ*80887   *120530*114
7*^*00501*200000931*1*P*:~
GS*HC*ENH9999*80887*20120530*1147*98*X*005010X222A1~
ST*837*0567*005010X222A1~
BHT*0019*00*3920394830206*20120530*1147*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS*****46*80887~
HL*1**20*1~
NM1*85*2*DOCTORS CHOICE*****XX*1299999799~
N3*129 DOCTOR DRIVE~
N4*NORFOLK*VA*235189999~
REF*EI*456769032~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567**47****MB~
NM1*IL*1*ANDERSON*KELLY****MI*672248306~
N3*1237 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19401224*F~
NM1*PR*2*EDSCMS*****PI*80887~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997677858479709654A*2245.89***11:B:1*Y*A*Y*Y~
HI*BK:V4975~
SBR*P*18*XYZ1234567******16~
AMT*D*2245.89~
OI***Y***Y~
NM1*IL*1*ANDERSON*KELLY****MI*672248306~
N3*1237 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~

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```
SV1*HC:L5105:RR*2245.89*UN*1***1~
PWK*CT*NS~
CR3*I*MO*99~
DTP*472*D8*20120403~
DTP*463*D8*2012022212~
SVD*H9999*2245.89*HC:L5105:RR**1~
DTP*573*D8*20120514~
SE*42*0567~
GE*1*98~
IEA*1*200000931~
```

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9.5   DME Supplier Encounter – Bathtub Rail

Business Scenario 5: Zaffer Rahman is the patient and the subscriber and went to Dr. Jamar Lee, who prescribed Zaffer Rahman with a bathtub rail from Medical Supply Corporation due to rheumatoid arthritis. Happy Health Plan is the MAO that denied the claim because the safety item was not included in the benefit structure.

File String 5:

ISA*00*   *00*   *ZZ*ENH9999   *ZZ*80887   *120530*114
7*^*00501*700000459*1*P*:~
GS*HC*ENH9999*80887*20120530*1147*22*X*005010X222A1~
ST*837*0119*005010X222A1~
BHT*0019*00*3920304830206*20120530*1147*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS*****46*80887~
HL*1**20*1~
NM1*85*2*MEDICAL SUPPLY CORPORATION*****XX*1299699799~
N3*129 DOCTOR DRIVE~
N4*NORFOLK*VA*235189999~
REF*EI*456969032~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567**47****MB~
NM1*IL*1*RAHMAN*ZAFFER****MI*672248306~
N3*1230 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19411224*M~
NM1*PR*2*EDSCMS*****PI*80887~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997677898479709654A*38.98***11:B:1*Y*A*Y*Y~
HI*BK:7140~
SBR*P*18*XYZ1234567******16~
CAS*CO*204*38.98
AMT*D*0.00~
OI***Y***Y~
NM1*IL*1*RAHMAN*ZAFFER****MI*672248306~
N3*1230 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:E0240:NU*38.98*UN*1*1~**
PWK*CT*NS~
CR3*I*MO*99~
DTP*472*D8*20120403~
DTP*463*D8*2012022212~
SVD*H9999*0.00*HC:E0240:NU1~**
DTP*573*D8*20120514~
SE*43*0119~
GE*1*22~
IEA*1*700000459~

9.6   DME Supplier Encounter - Parenteral

Business Scenario 6: Hiro Hernandez is the patient and the subscriber and went to Dr. Kim Lee, who prescribed Hiro Hernandez with TPN from Doctor's Best due to dysphagia. Happy Health Plan is the MAO.

File String 6:

```
ISA*00*     *00*     *ZZ*ENH9999     *ZZ*80887     *120530*114
7*^*00501*240000459*1*P*:~
GS*HC*ENH9999*80887*20120530*1147*42*X*005010X222A1~
ST*837*1372*005010X222A1~
BHT*0019*00*3927304830206*20120530*1147*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS*****46*80887~
HL*1**20*1~
NM1*85*2*DOCTORS BEST*****XX*1299899799~
N3*130 DOCTOR DRIVE~
N4*NORFOLK*VA*235189999~
REF*EI*456969032~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567**47****MB~
NM1*IL*1*HERNANDEZ*HIRO****MI*673248306~
N3*1230 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19410924*M~
NM1*PR*2*EDSCMS*****PI*80887~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997697898479709654A*248.99***11:B:1*Y*A*Y*Y~
HI*BK:78720~
SBR*P*18*XYZ1234567******16~
AMT*D*248.99~
OI***Y***Y~
NM1*IL*1*HERNANDEZ*HIRO****MI*673248306~
N3*1230 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:B4193:BR*248.99*UN*1***1~
```

PWK*CT*NS~
CR3*I*MO*99~
DTP*472*D8*20120403~
DTP*463*D8*2012022212~
SVD*H9999*248.99*HC:B4193:BR**1~
DTP*573*D8*20120514~
SE*42*1372~
GE*1*42~
IEA*1*240000459~

10.0   Encounter Data DME Processing and Pricing System Edits

After a DME encounter passes translator and CEM level editing and receives an ICN on a 277CA, the EDFES then transfers the encounter to the Encounter Data DME Processing and Pricing System (EDDPPS) where editing, processing, pricing, and storage occur. In order to assist MAOs and other entities in submission of encounter data through the EDDPPS, CMS has provided the current list of the EDDPPS edits in Table 12.

The EDDPPS edits are organized in four (4) different categories, as provided in Table 12, Column 2. The EDDPPS edit categories include the following:

- Validation
- Beneficiary
- Reference
- Duplicate
- NCCI

Table 12, 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. T The encounter must then pass translator and CEM level editing prior to transferring the data to the EDDPPS for reprocessing. The EDDPPS error message, as found in Column 4 in Table 12, 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 12 reflects only the currently programmed EDDPPS 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 DME Companion Guide to determine the current edits in the EDDPPS.

TABLE 12 – ENCOUNTER DATA DME PROCESSING AND PRICING SYSTEM (EDDPPS) EDITS

EDDPPS EDIT#	EDDPPS EDIT CATEGORY	EDDPPS EDIT DISPOSITION	EDDPPS EDIT ERROR MESSAGE
00010	Validation	Reject	From Date of Service is Greater than TCN Date
00011	Validation	Reject	From or To Date Of Service Missing in the Claim – Header or Line
00012	Validation	Reject	Date of Service Less Than 01.01.2012
00025	Validation	Reject	To Date Of Service Is After Date Of Claim Receipt
00265	Validation	Reject	Adjustment or Void ICN Not Found in History
00699	Validation	Reject	Void Submission Must Match Original Encounter
00755	Validation	Reject	Claim to be Voided is Already Voided
00760	Validation	Reject	Claim Adjustment is Already Adjusted or Adjustment is in Progress
00761	Validation	Reject	Unable to Void Due to Different Billing Provider on Void From Original
00762	Validation	Reject	Unable to Void Rejected Claim
02106	Beneficiary	Informational	Invalid Beneficiary Last Name
02110	Beneficiary	Reject	Beneficiary Health Insurance Carrier Number (HICN) Not on File
02112	Beneficiary	Reject	Beneficiary Date of Death is After the From Date of Service on Encounter Submitted
02120	Beneficiary	Informational	Beneficiary Gender Mismatch
02125	Beneficiary	Reject	Beneficiary Date of Birth Mismatch
02240	Beneficiary	Reject	Beneficiary Not Enrolled in Medicare Advantage Organization for Date of Service
02255	Beneficiary	Reject	Beneficiary Not Part A Eligible for Date of Service
02256	Beneficiary	Reject	Beneficiary Not Part C Eligible for Date of Service
03015	Reference	Informational	DOS Spans Procedure Code Effective/End Date
03101	Validation	Reject	Invalid Gender for Procedure Code
30055	Validation	Reject	Duplicate Within Claim - Suppliers are Equal
30135	Reference	Informational	Diagnosis - Gender Mismatch
30261	Validation	Informational	Referring Physician NPI is Required
30262	Validation	Informational	Invalid Modifier
31000	Validation	Informational	Certain HCPCS Codes Require LT or RT Modifiers
31100	Validation	Informational	Invalid Diagnosis Codes For Procedure Codes
31105	Validation	Informational	Modifier AY and AX Combination is Invalid
32005	Validation	Reject	Payer ID not DME for Jurisdiction 'D' HCPCS Code
32010	Validation	Reject	Payer ID not Professional for Jurisdiction 'L' HCPCS Code
32020	Validation	Reject	DME Supplier for Professional Payer ID
32025	Validation	Reject	Professional Provider for DME Payer ID
32030	Validation	Reject	Place of Service is not 11, 12 or 23 for Professional Encounter
32035	Validation	Reject	Place of service is 11, 12 or 23 for DME Encounter
98325	Duplicate	Reject	Exact Duplicate of a Service Line within this Claim or a Previously Priced Claim

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10.1 EDDPPS Edits Enhancements Implementation Dates

As the EDS matures, the EDPS may require enhancements to the EDDPPS editing logic. As these enhancements occur, CMS will provide the updated information (i.e., disposition changes and activation or deactivation of an edit). Table 13 below provides MAOs and other entities with the implementation dates for enhancements made to the EDDPPS since the last release of the CMS EDS 837-P DME Companion Guide.

TABLE 13 – EDPPPS EDITS ENHANCEMENTS IMPLEMENTATION DATES

ERROR CODE	ERROR DISPOSITION	ERROR DESCRIPTION	ENHANCEMENT	ENHANCEMENT DATE
00755	Reject	Claim to be Voided is Already Voided	Implemented for Institutional and DME (previously Professional only)	11/12/2012
00760	Reject	Claim Adjustment is Already Adjusted or Adjustment is in Progress	Implemented for Institutional and DME (previously Professional only)	11/12/2012
00762	Reject	Unable to Void Rejected Claim	Implemented for Institutional and DME (previously Professional only)	11/12/2012
03102	Informational	Invalid Provider Type or Specialty	Disposition changed from "Reject" to "Informational Suppressed". Edit will not reflect on reports.	10/11/2012
32005	Reject	Payer ID not DME for Jurisdiction 'D' HCPCS Code	Revised Error Description	11/12/2012
32010	Reject	Payer ID not Professional for Jurisdiction 'L' HCPCS Code	Revised Error Description	11/12/2012
32020	Reject	DME Supplier for Professional Payer ID	Revised Error Description	11/12/2012
32030	Reject	Place of Service is not 11, 12 or 23 for Professional Encounter	Added POS 12 to edit logic	11/12/2012
32035	Reject	Place of service is 11, 12 or 23 for DME Encounter	Add POS 12 to edit logic	11/12/2012

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 EDDPPS Edits

Table 14 outlines Phase 1 of the prevention and resolution strategies for Professional DME edits most frequently generated on the MAO-002 reports.

TABLE 14 – EDPS EDITS PREVENTION AND RESOLUTION STRATEGIES – PHASE I

| FREQUENTLY GENERATED EDDPPS EDITS			
Error Code	**Error Code Description**	**Error Code Disposition**	**Comprehensive Resolution/Prevention**
30055	Duplicate Within Claim – Suppliers Are Equal	Reject	Submitter has populated the encounter with multiple service lines containing the same provider and service information. Submitter should confirm that the data on the multiple service lines is correct and not duplicated.
Scenario: Deluge Rehab Supplies submitted an encounter for E0130 – Rigid Adjustable Walker provided for Ms. Johan on September 5, 2012. The encounter contained two (2) service lines for the same provider with the same HCPCS and same DOS. Deluge Rehab received an MAO-002 report with error message 30055 due to a duplicated supplier service in the encounter.			
32005	Payer ID not DME for Jurisdiction 'D' HCPCS Code	Reject	Submitter has provided a DMEPOS HCPCS code without the appropriate Payer ID. Jurisdiction 'D' HCPCS codes must be submitted with a Payer ID of 80887.
Scenario: Lancets Diabetic Health, a diabetic supply company, submitted a claim to All For You Health. All For You submitted an encounter to the EDS with HCPCS E0191-Heel Protector and a Payer ID of 80882. The encounter rejected because the Payer ID was a Professional Payer ID and the HCPCS code and NPI were for a DME Supplier. The submitter must resubmit the encounter with a Payer ID of 80887, indicating a Payer ID for DME Supplier.			
32010	Payer ID not Professional for Jurisdiction 'L' HCPCS Code	Reject	Submitter has provided a non-DME HCPCS code without the appropriate Payer ID. Jurisdiction 'L' HCPCS codes must be submitted with a Payer ID of 80882.
Scenario: Norview Gardens Health Plan received a claim from Dandy Healthcare System for L8610-ocular implant. Norview Gardens submitted the encounter with a Payer ID of 80887. The encounter rejected because the Payer ID was for DME Supplier services and the NPI and HCPCS code was for professional DME Incident to services. The submitter must resubmit the encounter Payer ID of 80882, indicating a professional service encounter.			
32020	DME Supplier for Professional Payer ID	Reject	Submitter has populated an encounter with a DMEPOS NPI but the Payer ID is 80882 (professional non-DME services). Submitters must use a Payer ID of 80887 for DMEPOS encounters.
Scenario: Sallie Maye needed crutches after undergoing surgery for an ACL Allograft performed by Dr. Goode. Sally received the crutches at Luminescence Supplies. Aurora Health Plan submitted an encounter on behalf of Luminescence Supplies with a Payer ID of 80882. Aurora Health Plan received error message 32020 on their MAO-002 report because DME Supplier services must be submitted with a Payer ID of 80887.			

TABLE 14 – EDDPPS EDITS PREVENTION AND RESOLUTION STRATEGIES (CONTINUED)

FREQUENTLY GENERATED EDDPPS EDITS			
Error Code	Error Code Description	Error Code Disposition	Comprehensive Resolution/Prevention
32025	Professional Provider for DME Payer ID	Reject	Submitter has populated an encounter with a Professional provider NPI, but the Payer ID is 80887 (DMEPOS). Professional services (non-DME or DME Incident to) encounters must be submitted with a Payer ID of 80882.
Scenario: Nicholas Jersey visited his local free clinic and saw Dr. Hampshire for increased urination, weight loss, and fatigue. Dr. Hampshire diagnosed Nicholas with Type II Diabetes and provided him with a blood glucose meter. Mont Ana Health Plan submitted the encounter with Payer ID 80887. Mont Ana Health Plan received error message 32025 on the MAO-002 report because Dr. Hampshire, a professional, supplied the DME. Mont Ana Health Plan should submit the encounter with Payer ID 80882.			
32030	Place of Service is Not 11 or 23 for Professional Encounter	Reject	Submitter has populated an encounter with a Professional Payer ID of 80882, but the POS is not 11, 12, or 23 (which are the only POS applicable for Professional services. **Note:** POS12 will be added to the logic for this edit.
Scenario: During a weekend hiking trip, Ella Cinder sprains her ankle jumping a riverbed. On the following Monday, Ella has an office appointment with Dr. Charming, who provides her with a set of crutches. Dr. Charming submits a claim to Neverland Health Plan. Neverland Health submits an encounter to the EDS with the appropriate Payer ID of 80882 and a POS 49 – Independent Clinic. The returned MAO-002 reports indicates error message 32030 because the POS should be 11 for the office visit.			
32035	Place of Service is 11 or 23 for DME Encounter	Reject	Submitter has populated an encounter with a DMEPOS Payer ID of 80887 and a POS of 11, 12, or 23. These POS must not be used for any encounter submission other than Professional (non-DME or DME Incident to). **Note:** POS12 will be added to the logic for this edit.
Scenario: My Choice Mobility orders a manual wheelchair for Babar Mjinks on June 17, 2012. Mr. Mjinks and his daughter go to My Choice Mobility to pick up the wheelchair. After ensuring that Mr. Mjinks has received the correct equipment, My Choice Mobility submits an encounter to the EDS with a Payer ID of 80887 and a POS 12 – Home. The returned MAO-002 reported indicates an error message of 32035 because the service was provided at the DME Suppliers location, not the beneficiary's home.			

10.2.2   EDPS Edits Prevention and Resolution Strategies

Table 15 outlines Phase II for edits mutually generated in all subsystems of the EDPS (Professional, Institutional, and DME).

TABLE 15 – EDPS EDITS PREVENTION AND RESOLUTION STRATEGIES – PHASE II

Error Code	Error Code Description	Error Code Disposition	Comprehensive Resolution/Prevention
COMMON EDPS EDITS			
00010	From Date Of Service Is Greater Than TCN Date	Reject	Encounter must have a DOS prior to submission date.
Scenario: Perfect Health of America submitted an encounter on May 10, 2012 for a knee replacement at Wonderful Hills Mediplex for DOS May 12, 2012. The encounter was rejected because "from" DOS was after date of encounter submission.			
00011	From or To Date of Service Missing in the Claim – Header or Line	Reject	Encounter header and 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	Date Of Service Is Less Than 01-01-2012	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.			
00025	To Date Of Service Is After Date Of Claim Receipt	Reject	Encounter submitted with a service line "through" DOS that occurred after the date the encounter was submitted.
Scenario: Leverage Community Health submitted an encounter on August 23, 2012 for a myringotomy performed by Dr. Earwell. The service line DOS for the procedure was August 29, 2012. The encounter was rejected because the encounter was submitted to the EDS before the DOS listed on the encounter.			
00265	Adjustment Or Void ICN Not Found In History	Reject	Adjustment/Void encounter submitted with an invalid ICN. Verify the accuracy of the ICN on the returned MAO-002 report.
Scenario: Chance Medical Services submitted an encounter to the EDS and received an MAO-002 report with an accepted ICN of 123456789. The encounter required adjustment. Chance Medical Services submitted an adjustment encounter using ICN 234567899. The adjustment encounter was rejected because there was no original record in the EDS for this ICN with the same Submitter ID.			
00699	Void Submission Must Match Original Encounter	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 error code 00699 because one of the lines from the original encounter was not included on the void encounter.			

COMMON EDPS EDITS			
Error Code	Error Code Description	Error Code Disposition	Comprehensive Resolution/Prevention
00761	Unable To Void Due To Different Billing Provider On Void 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.			
01405	Sanctioned Provider	Reject	CMS has suspended/terminated provider from performing services for DOS submitted. Verify the accuracy of provider's NPI and DOS submitted.
Scenario: Dr. Domuch performed a cystectomy for Wally Dowright on October 2, 2012. Dr. Domuch submitted a claim to Dermis Health Plan, who adjudicated the claim and submitted an encounter to the EDS. The EDS returned the encounter to Dermis Health Plan with error code 01405 because Dr. Domuch's privileges were suspended, effective August 29, 2012, for one (1) year; therefore, Dr. Domuch was not authorized to perform this procedure.			
01415	Rendering Provider Not Eligible For Date Of Service	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: BlueSkies 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.			
02110	Beneficiary Health Insurance Carrier Number (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 error code 02110, because the HICN populated on the encounter was not on file in the MARx database.			
02112	Date Of Service Is After Beneficiary Date Of Death	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.			

TABLE 15 – EDPS EDITS PREVENTION AND RESOLUTION STRATEGIES – PHASE II

Error Code	Error Code Description	Error Code Disposition	Comprehensive Resolution/Prevention
		COMMON EDPS EDITS	
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 error code 02120, because Ms. Jorgineski's gender was listed as "female" in the MARx database.

Error Code	Error Code Description	Error Code Disposition	Comprehensive Resolution/Prevention
02125	Beneficiary Date Of Birth 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 error code 02125 due to the conflicting dates of birth.

Error Code	Error Code Description	Error Code Disposition	Comprehensive Resolution/Prevention
02240	Beneficiary Not Enrolled In Medicare Advantage Organization For Date Of Service	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 error code 02240 because Ms. Boyd was not enrolled with the health plan for the DOS submitted by Faith Hospital.

Error Code	Error Code Description	Error Code Disposition	Comprehensive Resolution/Prevention
02255	Beneficiary Not Part A Eligible For Date Of Service	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.

Error Code	Error Code Description	Error Code Disposition	Comprehensive Resolution/Prevention
02256	Beneficiary Not Part C Eligible For Date Of Service	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 error code 02256, because Ms. Williams is not covered under Part C Medicare for the DOS.

Error Code	Error Code Description	Error Code Disposition	Comprehensive Resolution/Prevention
03015	DOS Spans Procedure Code Effective/End Date	Reject	The procedure code is not valid/effective for the DOS populated on the encounter

Scenario: Oren Davis goes to Independent Lab for a urinalysis on February 24, 2012. Independent Lab submits the claim to World Healthcare with a procedure code of 81000. As of August 1, 2011, procedure code 81004 is no longer a valid procedure code. World Health adjudicates the claim and submits the encounter to the EDS. World Health receives an MAO-002 report with a "reject" status for error code 03015 because the procedure code was not valid on the DOS.

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TABLE 15 – EDPS EDITS PREVENTION AND RESOLUTION STRATEGIES – PHASE II

Error Code	Error Code Description	Error Code Disposition	Comprehensive Resolution/Prevention
COMMON EDPS EDITS			
03101	Invalid Gender For Procedure Code	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 adjudicated the claim and submitted an encounter to the EDS. Valley View received an MAO-002 report with error code 03101 because the procedure identified for Ms. Bell was an orchiectomy, which is routinely performed for a male.			
03102	Provider Type Or Specialty Not Allowed To Bill For Procedure	Informational	Verify that the NPI on the encounter identifies a specialty that is applicable for the type of procedure identified on the encounter.
Scenario: Dr. Pragmatic submitted a claim for HCPCS A4315 – drain bag, to Today's Healthcare Plan. Today's Healthcare adjudicated the claim and submitted an encounter to the EDS. The EDS processed and accepted the encounter. The MAO-002 report was returned with informational error code 03102 because Dr. Pragmatic's NPI was not listed as a urology subspecialty.			
25000	Correct Code Initiative 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 error code of 25000 because HCPCS code 15780 – dermabrasion, is only valid for one (1) unit of service per day.			
98325	Exact Duplicate of a Service Line within this Claim or a Previously Priced Claim	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.			

11.0   DME Supplier vs. Incident to Services Submission

DME incident to provider and DMEPOS Supplier determinations are made according to the NPI for the provider or supplier and the associated HCPCS code. HCPCS codes found on the DMEPOS Fee Schedule are categorized in the "JURIS" column in the following manner:

- "D" = DMEPOS Supplier HCPCS code only
- "J" = DMEPOS Supplier HCPCS code or DME incident to HCPCS code
- "L" = DME incident to HCPCS code only

DMEPOS Fee Schedule HCPCS Codes - https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Fee-Schedule-Items/DME12_C.html.

Tip: Select DME12_C.zip file and select the DME2012 Jul.xls file.

12.0   Submission of Proxy Data in a Limited Set of Circumstances

MAOs and other entities may submit proxy data in a limited set of circumstances for dates of service in 2012 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 for 2012 and will provide additional guidance for the submission of 2013 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 "Through "DOS, CMS has eliminated the requirement for proxy data for 2011 DOS encounter data submissions.

TABLE 16 – 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

13.0   EDS Acronyms

Table 16 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 17 – 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
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

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TABLE 17 – EDS ACRONYMS (CONTINUED)

ACRONYM	DEFINITION
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
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

TABLE 17 – EDS ACRONYMS (CONTINUED)

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

REVISION HISTORY

VERSION	DATE	DESCRIPTION OF REVISION
1.0	6/22/2012	Baseline Version
2.0	8/31/2012	Release 1
3.0	9/26/2012	Release 2
4.0	10/25/2012	Release 3
5.0	11/26/2012	**Section 1.3 –**Major Updates
5.0	11/26/2012	**Section 2.2 –** Added Resources
5.0	11/26/2012	**Section 6.7 Table 10** – Removed 2011 DOS Notification
5.0	11/26/2012	**Section 10.0 Table 12 –** Added new Error Codes 00755, 00760, and 00762. Revised Error Code descriptions for 32005, 32010, 32020, 32030, and 32035
5.0	11/26/2012	**Section 10.1 Table 13 –** Included EDPS Edits Enhancements Implementation Dates
5.0	11/26/2012	**Section 10.2.2 –** Added Table 15 EDPS Edits Prevention and Resolution Strategies – Phase II
5.0	11/26/2012	**Section 12.0 Table 16 –** Removed 2011 DOS from Proxy Data Requirements