Medicare Encounter Data System

Standard Companion Guide Transaction Information

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

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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 continually under development. The information in this version reflects current decisions, which will be modified on a regular basis. All of the EDS Companion Guides are identified with a version number, 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 content of the EDS Companion Guide should be directed to encounterdata@cms.hhs.gov.

1.0 Introduction

1.1 Scope

The Centers for Medicare and Medicaid Services (CMS) EDS 837-P Companion Guide addresses how MAOs conduct Professional claims under Health Information Portability and Accountability Act (HIPAA) standard electronic transactions with CMS. The CMS EDS supports transactions adopted under HIPAA, as well as additional supporting transactions described in this guide.

The CMS EDS 837-P Companion Guide must be used in conjunction with the associated 837-P Technical Report Type 3 (TR3) and the CMS 5010 Edits Spreadsheets. The instructions in the CMS EDS 837-P Companion Guide are not intended for use as a stand-alone requirements document.

1.2 Overview

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

- Contact Information: Includes telephone numbers and email addresses for EDS contacts.
- Control Segments/Envelopes: 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: Contains information for all transaction acknowledgements and reports sent by the EDS.
- Transaction Specific Information: Describes the details of the HIPAA X12 TR3, using a tabular format. The tables contain a row for each segment with CMS and TR3 specific information. 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 Implementation Guide's (IG) internal code listings
    - Clarification of the use of loops, segments, and composite or simple data elements
    - Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with CMS.

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

1.3 Major Updates

1.3.1 EDFES Notifications

MAOs and other entities may reference Section 6.7, Table 10 for a new EDFES notification.

1.3.2 Professional Business Cases Scenarios

MAOs and other entities may reference Section 9.0 for updated Business Case Scenarios.

1.3.3 EDPPPS Edits and EDPPPS Edits Enhancements Implementation Updates

MAOs may reference Section 10.0, Table 14 and Section 10.1, Table 15 for new and deactivated edits in the EDPPPS.

1.3.4 EDPPPS Edits Prevention and Resolution Strategies /Scenarios Updates

MAOs may reference Section 10.2 for new and updated Prevention and Resolution Strategies and scenarios for EDPPPS edits.

1.4 References

MAOs must use the ASC X12N TR3 adopted under the HIPAA Administrative Simplification Electronic Transaction rule, along with CMS' EDS Companion Guides, for development of the EDS transactions. These documents are accessible on the CSSC Operations website at www.csscoperations.com. Additionally, CMS publishes the EDS' submitter guidelines and application, testing documents, and 837 EDS Companion Guides on the CSSC Operations website.

MAOs 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 (CSCC)
- Claim Status Codes (CSC)

CMS provides X12 5010 file format technical edit spreadsheets (CMS 5010 Edits Spreadsheets) for the 837-P, 837-I, and 837-DME modules. 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 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)
  - CE – DME/Part B Drugs
- Positions 3-6 indicate the year (e.g., 2015)
- Position 7 indicates the release quarter month
  - 1 – January release
  - 2 – April release
  - 3 – July release
  - 4 – October release
- Positions 8-10 indicate the spreadsheet version iteration number (e.g., V01-first iteration, V02-second iteration)

The effective date of the spreadsheet is the first calendar day of the release quarter month. The implementation date is the first business Monday of the release quarter month. Federal holidays that potentially occur on the first business Monday are considered when determining the implementation date.

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 8:00 A.M. – 7:00 P.M. ET, Monday-Friday, with the exception of federal holidays. MAOs and others entities are able to contact the CSSC by phone at 1-877-534-CSSC (2772) or by email at csscoperations@palmettogba.com.

2.2 Applicable Websites/Email Resources

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

EDS WEBSITE RESOURCES

RESOURCE	WEB ADDRESS
EDS Inbox	encounterdata@cms.hhs.gov
EDS Participant Guides	http://www.csscoperations.com/
EDS User Group and Webinar Materials	http://www.csscoperations.com/
ANSI ASC X12 TR3	http://www.wpc-edi.com/
Washington Publishing Company Health Care Code Sets	http://www.wpc-edi.com/
CMS 5010 Edits Spreadsheets	https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/

3.0 File Submission

3.1 File Size Limitations

Due to system limitations, the combination of all ST/SE transaction sets per file cannot exceed certain thresholds, dependent upon the connectivity method of the submitter. FTP and NDM users cannot exceed 85,000 encounters per file. Gentran/TIBCO users cannot exceed 5,000 encounters per file. For all connectivity methods, the TR3 allows no more than 5000 CLMs per ST/SE segment.

Note: Due to system processing overhead associated with smaller numbers of encounters within the ST/SE, it is highly recommended that MAOs 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 should refrain from submitting multiple files within the same transmission. NDM and Gentran/TIBCO users may submit a maximum of 255 files per day.

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

NDM/Connect:Direct and Gentran/TIBCO submitters must format all submitted files in an 80-byte fixed block format. This means MAOs 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 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 are using a text editor to create the file, pressing the Enter key will create a new line. If MAOs are using an automated system to create the file, create a new line by using a CRLF (Carriage Return Line Feed) or a LF (Line Feed).

For example, the ISA record is 106 characters long:

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

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

Note to NDM/Connect:Direct Users: If a submitter has not established a sufficient number of Generated Data Groups (GDGs) to accommodate the number of files returned from the EDFES, not all of the EDFES Acknowledgement reports will be stored in the submitter's system. To prevent this situation, NDM/Connect:Direct submitters should establish a limit of 255 GDGs in their internal processing systems.

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 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 5010 Edits Spreadsheets. Third, consult the CMS EDS 837-P Companion Guide. If the options expressed in the WPC/TR3 or the CMS 5010 Edits Spreadsheets are broader than the options identified in the CMS EDS 837-P Companion Guide, MAOs must use the rules identified in the Companion Guide.

LEGEND TO TABLE 1

Legend
SHADED rows represent segments in the X12N TR3
NON-SHADED rows represent data elements in the X12N TR3

TABLE 1 – ISA/IEA INTERCHANGE ELEMENTS

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
ISA		Interchange Control Header		
	ISA01	Authorization Information Qualifier	00	No authorization information present
	ISA02	Authorization Information		Use 10 blank spaces
	ISA03	Security Information Qualifier	00	No security information present
	ISA04	Security Information		Use 10 blank spaces
	ISA05	Interchange ID Qualifier	ZZ	CMS expects to see a value of "ZZ" to designate that the code is mutually defined
	ISA06	Interchange Sender ID		EN followed by Contract ID Number
	ISA07	Interchange ID Qualifier	ZZ	CMS expects to see a value of "ZZ" to designate that the code is mutually defined
	ISA08	Interchange Receiver ID	80882	
	ISA11	Repetition Separator	^	
	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 must populate elements in the GS/GE functional group. There are several elements within the GS/GE that must be populated specifically for encounter data collection. Table 2 provides EDS functional group (GS/GE) specific elements.

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

TABLE 2 - GS/GE FUNCTIONAL GROUP ELEMENTS

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
GS		Functional Group Header		
	GS02	Application Sender's Code		EN followed by Contract ID Number This value must match the value in ISA06
	GS03	Application Receiver's Code	80882	This value must match the value is 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. 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 should reference www.wpc-edi.com to obtain the most current TR3. MAOs must submit EDS transactions using the most current transaction version.

The 837 Professional Data Element table identifies only those elements within the X12N TR3 that require comment within the context of the EDS' submission. Table 4 identifies the 837 Professional Implementation Guide by loop name, segment name, segment identifier, data element name, and data element identifier for cross reference. Not all data elements listed in the table below are required, but if they are used, the table reflects the values CMS expects to see.

TABLE 4 - 837 PROFESSIONAL HEALTH CARE CLAIM

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
	BHT	Beginning of Hierarchical Transaction		
	BHT03	Originator Application Transaction Identifier		Must be a unique identifier across all files Used to identify file level duplicates collectively with ISA13, GS06, and ST02
	BHT06	Claim Identifier	CH	Chargeable
1000A	NM1	Submitter Name		
	NM102	Entity Type Qualifier	2	Non-Person Entity
	NM109	Submitter Identifier		EN followed by Contract ID Number
1000A	PER	Submitter EDI Contact Information		
	PER03	Communication Number Qualifier	TE	It is recommended that MAOs populate the submitter's telephone number
	PER05	Communication Number Qualifier	EM	It is recommended that MAOs populate the submitter's email address
1000A	PER	Submitter EDI Contact Information		
	PER07	Communication Number Qualifier	FX	It is recommended that MAOs 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	80882	Identifies CMS as the receiver of the transaction and corresponds to the value in ISA08 Interchange Receiver ID. When the Payer ID must be changed for an encounter submitted to the EDS, MAOs must first void the original encounter, then submit a new encounter with the correct Payer ID.
2010AA	NM1	Billing Provider Name		

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
	NM108	Billing Provider ID Qualifier	XX	NPI Identifier
	NM109	Billing Provider Identifier	1XXXXXXXXXX	Must be populated with a ten-digit number; must begin with 1. **Note:** Default NPIs should only be submitted to the EDS when the provider is considered "atypical." Professional Default NPI: 1999999984.
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 "9998"
2010AA	REF	Billing Provider Tax Identification Number		
	REF01	Reference Identification Qualifier	EI	Employer's Identification Number (EIN)
	REF02	Billing Provider Tax Identification Number	XXXXXXXXX	Must be populated with XXXXXXXXX. **Note:** Default EINs should only be submitted to the EDS when the provider is considered "atypical." Professional Default EIN: 199999998.
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 Number (HICN). Must match the value in Loop 2330A, NM109
2010BB	NM1	Payer Name		
	NM103	Payer Name		EDSCMS
	NM108	Payer ID Qualifier	PI	Must be populated with the value of PI – Payer Identification
	NM109	Payer Identification	80882	When the Payer ID must be changed for an encounter submitted to the EDS, MAOs must first void the original encounter, then submit a new encounter with the correct Payer ID.
2010BB	N3	Payer Address		
	N301	Payer Address Line	7500 Security Blvd	

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
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's or other entity's Contract ID Number
2300	CLM	Claim Information		
	CLM02	Total Claim Charge Amount		
	CLM05-3	Claim Frequency Type Code	1 7 8	1=Original claim submission 7=Replacement 8=Void
2300	PWK	Claim Supplemental Information		
	PWK01	Report Type Code	09 OZ AM PY	Populated for chart review submissions only Populated for encounters generated as a result of paper claims only Populated on ambulance encounters when the true ambulance pick-up and drop-off complete addresses are not available and the Rendering or Billing Provider street address, city, state, and ZIP Code is populated in 2310E and 2310F. Populated for encounters generated as a result of 4010 submission only
	PWK02	Attachment Transmission Code	AA	Populated for chart review, paper generated encounters, 4010 generated encounters, or ambulance encounters when the true ambulance pick-up and drop-off locations are not available and the Rendering Provider or Billing Provider street address, city, state, and ZIP Code is populated in Loops 2310E and 2310F
2300	CN1	Contract Information		
	CN101	Contract Type Code	05	Populated for capitated arrangements
2300	REF	Payer Claim Control Number		
	REF01	Original Reference Number	F8	
	REF02	Payer Claim Control Number		Identifies ICN from original claim when submitting replacement or void EDR or chart review EDR

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
2300	REF	Medical Record Number		
	REF01	Medical Record Identification Number	EA	
	REF02	Medical Record Identification Number	8	***Chart review delete diagnosis code submissions only*** – Identifies the diagnosis code populated in Loop 2300, HI must be deleted from the encounter ICN in Loop 2300, REF02
2300	NTE	Claim Note		
	NTE01	Note Reference Code	ADD	
	NTE02	Claim Note Text		See Section 11.0 for the use and message requirements of default data information
2310E	N3	Ambulance Pick-Up Location Address		
	N301	Ambulance Pick-Up Location Address Line		Provide the address line for the Rendering Provider if the true ambulance pick-up address line is not available Provide the address line for the Billing Provider if the Rendering Provider is the same as the Billing Provider and the true ambulance pick-up address line is not available
2310E	N4	Ambulance Pick-Up Location City, State, and ZIP Code		
	N402	Ambulance Pick-Up State Name		Provide the state name for the Rendering Provider if the true ambulance pick-up state name is not available Provide the state name for the Billing Provider if the Rendering Provider is the same as the Billing Provider and the true ambulance pick-up state name is not available
	N403	Ambulance Pick-Up Zip Code		Provide the ZIP code for the Rendering Provider if the true ambulance pick-up ZIP code is not available Provide the ZIP code for the Billing Provider if the Rendering Provider is the same as the Billing Provider and the true ambulance pick-up ZIP code is not available
2310F	N3	Ambulance Drop-Off Location Address		
	N301	Ambulance Drop-Off Location Address Line		Provide the address line for the Rendering Provider if the true ambulance drop-off address line is not available Provide the address line for the Billing Provider

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
				if the Rendering Provider is the same as the Billing Provider and the true ambulance drop-off address line is not available
2310F	N4	Ambulance Drop-Off Location City, State, and ZIP Code		
	N401	Ambulance Drop-Off City Name		Provide the city name for the Rendering Provider if the true ambulance drop-off city name is not available Provide the city name for the Billing Provider if the Rendering Provider is the same as the Billing Provider and the true ambulance drop-off city name is not available
2310F	N4	Ambulance Drop-Off Location City, State, and ZIP Code		
	N402	Ambulance Drop-Off State Name		Provide the state name for the Rendering Provider if the true ambulance drop-off state name is not available Provide the state name for the Billing Provider if the Rendering Provider is the same as the Billing Provider and the true ambulance drop-off state name is not available
	N403	Ambulance Drop-Off Zip Code		Provide the ZIP code for the Rendering Provider if the true ambulance drop-off ZIP code is not available Provide the ZIP code for the Billing Provider if the Rendering Provider is the same as the Billing Provider and the true ambulance drop-off ZIP code is not available
2320	SBR	Other Subscriber Information		
	SBR01	Payer Responsibility Sequence Number Code	P T	P=Primary (when MAOs or other entities populate the payer paid amount) T=Tertiary (when MAOs or other entities populate a true COB
	SBR09	Claim Filing Indicator Code	16	Health Maintenance Organization (HMO) Medicare Risk
2320	CAS	Claim Adjustment		
	CAS02	Adjustment Reason Code		If a claim is denied in the MAO or other entities' adjudication system, the denial reason must be populated
2320	AMT	COB Payer Paid Amount		
	AMT02	Payer Paid Amount		MAO's or other entity's paid amount

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's 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's or other entity's address
2330B	N4	Other Payer City, State, ZIP Code		
	N401	Other Payer City Name		MAO's or other entity's City Name
	N402	Other Payer State		MAO's or other entity's State
	N403	Other Payer ZIP Code		MAO's or other entity's ZIP Code
2400	CN1	Contract Information		
	CN101	Contract Type Code	05	Populated for each capitated/staff service line
2430	SVD	Line Adjudication Information		
	SVD01	Other Payer Primary Identifier		Must match the value in Loop 2330B, NM109
2430	CAS	Line Adjustments		
	CAS02	Adjustment Reason Code		If a claim is denied in the MAOs' adjudication system, the denial reason must be populated
2430	DTP	Line Check or Remittance Date		
	DTP03			Populate the claim receipt date minus one (1) day as the default primary payer adjudication date ***only*** in the instance that the primary payer adjudication date is not available

6.0 Acknowledgements and Reports

6.1 TA1 – Interchange Acknowledgement

The TA1 report enables the receiver to notify the sender when there are problems with the interchange control structure. As the interchange envelope enters the EDFES, the EDI translator performs TA1 validation of the control segments/envelope. The sender will only receive a TA1 if there are syntax errors in the

submitted file. Errors found in this stage will cause the entire X12 interchange to reject with no further processing.

MAOs will receive a TA1 interchange report acknowledging the syntactical inaccuracy 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 to associate the TA1 with a specific file previously submitted.

Within the TA1 segment, MAOs 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 syntactical errors. The interchange note code is a numeric code that notifies Contracts 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 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 Common Edits and Enhancements Module (CEM) edits and verify the syntactical accuracy 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 containing 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 the consistency of the data. The 999 report provides MAOs 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 (1) 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 there are errors in the second functional group, 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 5010 Edit Spreadsheets. Three (3) possible acknowledgement values are:

- "A" – Accepted
- "R" – Rejected
- "P" – Partially Accepted; At Least One (1) Transaction Set Was Rejected

When viewing the 999 report, MAOs 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 requires correction 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.

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 5010 Edits Spreadsheets. Edits received at any hierarchical level will stop and no further editing will take place. For example, if there is a problem with the Billing Provider of Service submitted on the 837, individual patient edits will not be performed. For those encounters not accepted, the 277CA will detail additional actions required of MAOs 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 one or more the following edits,

- 98315 – Linked Chart Review Duplicate,
- 98320 – Chart Review Duplicate, or
- 98325 – Service Line(s) Duplicated,

the EDPS will also generate and return the MAO-001 Encounter Data Duplicates Report. MAOs 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 specific error messages 98315, 98320, or 98325. MAOs must correct and resubmit only those encounters that received edits 98315, 98320, or 98325. The MAO-001 report allows MAOs 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 "accepted" yet contain an error message in the Edit Description column are considered "informational" edits. MAOs are not required to take further action on "informational" edits; however, they are encouraged to do so to ensure accuracy of internal claims processing data

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 must correct and resubmit the encounter. If the '000' header line is "accepted" and at least one (1) other line (i.e., 001 002 003 004) is accepted, then the overall encounter is accepted.

6.6 Reports File Naming Conventions

In order for MAOs to receive and identify the EDFES Acknowledgement Reports (TA1, 999, and 277CA) and EDPS MAO-002 Encounter Data Processing Status Reports, 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 should note that Connect:Direct (NDM) users' reports file naming conventions are user defined.

TABLE 5 – TESTING EDFES REPORTS FILE NAMING CONVENTIONS

REPORT TYPE	GENTRAN/TIBCO MAILBOX	FTP MAILBOX
EDFES Notifications	T.xxxxx.EDS_RESPONSE.pn	RSPxxxxx.RSP.REJECTED_ID
TA1	T.xxxxx.EDS_REJT_IC_ISAIEA.pn	X12xxxxx.X12.TMMDDCCYYHHMMS
999	T.xxxxx.EDS_REJT_FUNCT_TRANS.pn	999#####.999.999
999	T.xxxxx.EDS_ACCPT_FUNCT_TRANS.pn	999#####.999.999
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 should note that Connect:Direct (NDM) users' reports file naming conventions are user defined.

TABLE 6 – TESTING EDPS REPORTS FILE NAMING CONVENTIONS

CONNECTIVITY METHOD	TESTING NAMING CONVENTION FORMATTED REPORT	TESTING NAMING CONVENTION FLAT FILE LAYOUT
GENTRAN/ TIBCO	T .xxxxx.EDPS_001_DataDuplicate_Rpt T.xxxxx.EDPS_002_DataProcessingStatus_Rpt T .xxxxx.EDPS_004_RiskFilter_Rpt T.xxxxx.EDPS_005_DispositionSummary_Rpt	T .xxxxx.EDPS_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_Rpt T .xxxxx.EDPS_007_DispositionDetail_Rpt	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 in identifying the report type.

TABLE 7 –FILE NAME COMPONENT DESCRIPTION

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

6.6.2 Production Reports File Naming Convention

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

TABLE 8 – PRODUCTION EDFES REPORTS FILE NAMING CONVENTIONS

REPORT TYPE	GENTRAN/TIBCO MAILBOX	FTP MAILBOX
EDFES Notifications	P.xxxxx.EDS_RESPONSE.pn	RSPxxxxx.RSP.REJECTED_ID
TA1	P.xxxxx.EDS_REJT_IC_ISAIEA.pn	X12xxxxx.X12.TMMDDCCYYHHMMS
999	P.xxxxx.EDS_REJT_FUNCT_TRANS.pn	999#####.999.999
999	P.xxxxx.EDS_ACCPT_FUNCT_TRANS.pn	999#####.999.999
277CA	P.xxxxx.EDS_RESP_CLAIM_NUM.pn	RSPxxxxx.RSP_277CA

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

TABLE 9 – PRODUCTION EDPS REPORTS FILE NAMING CONVENTIONS

CONNECTIVITY METHOD	PRODUCTION NAMING CONVENTION FORMATTED REPORT	PRODUCTION NAMING CONVENTION FLAT FILE LAYOUT
GENTRAN/ TIBCO	P.xxxxx.EDPS_001_DataDuplicate_Rpt P.xxxxx.EDPS_002_DataProcessingStatus_Rpt P.xxxxx.EDPS_004_RiskFilter_Rpt	P.xxxxx.EDPS_001_DataDuplicate_File P.xxxxx.EDPS_002_DataProcessingStatus_File P.xxxxx.EDPS_004_RiskFilter_File

	P.xxxxx.EDPS_005_DispositionSummary_Rpt P.xxxxx.EDPS_006_EditDisposition_Rpt P.xxxxx.EDPS_007_DispositionDetail_Rpt	P.xxxxx.EDPS_005_DispositionSummary_ File P.xxxxx.EDPS_006_EditDisposition_ File P.xxxxx.EDPS_007_DispositionDetail_ File
FTP	RPTxxxxx.RPT.PROD_001_DATDUP_RPT RPTxxxxx.RPT.PROD_002_DATPRS_RPT RPTxxxxx.RPT.PROD_004_RSKFLT_RPT RPTxxxxx.RPT.PROD_005_DSPSUM_RPT RPTxxxxx.RPT.PROD_006_EDTDSP_RPT RPTxxxxx.RPT.PROD_007_DSTDTL_RPT	RPTxxxxx.RPT.PROD_001_DATDUP_File RPTxxxxx.RPT.PROD_002_DATPRS_File RPTxxxxx.RPT.PROD_004_RSKFLT_ File RPTxxxxx.RPT.PROD_005_DSPSUM_ File RPTxxxxx.RPT.PROD_006_EDTDSP_ File RPTxxxxx.RPT.PROD_007_DSTDTL_ File

6.7 EDFES Notifications

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

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

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

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

The report format example is as follows:

FILE NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
FILE CONTROL: XXXXXXXXX
NUMBER OF CLAIMS: 99,999
FILE WAS NOT SENT TO THE EDPS BACK-END PROCESS FOR THE FOLLOWING REASON(S)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Table 10 provides the complete list of testing and production EDFES notification messages.

TABLE 10 – EDFES NOTIFICATIONS

APPLIES TO	NOTIFICATION MESSAGE	NOTIFICATION MESSAGE DESCRIPTION
Production files submitted	SUBMITTER NOT CERTIFIED FOR PRODUCTION	The submitter must be certified to send encounters for production
Tier 2 file submitted	THE INTERCHANGE USAGE INDICATOR MUST EQUAL 'T'	The Professional Tier II file is being sent with a 'P' in the ISA15 field
Tier 2 file submitted	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
End-to-End Testing	FILE CANNOT CONTAIN MORE THAN 6 ENCOUNTERS	The number of encounters cannot be greater than 6
End-to-End Testing	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	FILE CANNOT CONTAIN BOTH UNLINKED AND LINKED TEST CASES	The test cases from File 1 and File 2 cannot be in the same file
End-to-End Testing – File 1	CANNOT SEND LINKED TEST CASES UNTIL ALL UNLINKED TEST CASES HAVE BEEN ACCEPTED	The test cases for File 2 cannot be sent before all File 1 test cases are accepted
End-to-End Testing	FILE CONTAINS (X) TEST CASE (X) ENCOUNTER(S)	The file must contain two (2) of each test case
End-to-End Testing – Additional File(s)	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
All files submitted	FILE ID (XXXXXXXXX) IS A DUPLICATE OF A FILE ID SENT WITHIN THE LAST 12 MONTHS	The file ID must be unique for a 12 month period
All files submitted	SUBMITTER NOT AUTHORIZED TO SEND CLAIMS FOR PLAN (CONTRACT ID)	A relationship between a submitter ID and a contract ID was not found
All files submitted	DATE OF SERVICE CANNOT BE BEFORE 2011	Files cannot be submitted with a date of service before 2011
All files submitted	TRANSACTION SET (ST/SE) (XXXXXXXXX) CANNOT EXCEED 5,000 CLAIMS	There can only be 5,000 claims in each ST/SE Loop
All files submitted	FILE CANNOT EXCEED 85,000 ENCOUNTERS	The maximum number of encounters allowed in a file
All files submitted	PLAN ID CANNOT BE THE SAME AS THE SUBMITTER ID	The submitter is 7 characters and the plan ID is 5 characters they are not the same
All files submitted	AT LEAST ONE ENCOUNTER IS MISSING A CONTRACT ID IN THE 2010BB-REF02 SEGMENT	Every encounter must have a contract ID
Test	NO TEST CASES FOUND IN THIS FILE	This file was processed with the Interchange Usage Indicator = 'T' and the Submitter is not yet Certified
All files submitted	CAS ADJUSTMENT AMOUNT MUST NOT BE 0	The CAS Adjustment Amount cannot be zero (0).

APPLIES TO	NOTIFICATION MESSAGE	NOTIFICATION MESSAGE DESCRIPTION
All files submitted	BILLING PROVIDER LOOP IS MISSING	The Billing Provider Loop must be present.

7.0 Front-End Edits

CMS provides a list of the edits used to process all encounters submitted to the EDFES. The CMS 5010 Professional Edits Spreadsheet identifies active and deactivated edits for MAOs to reference for programming their internal systems and reconciling EDFES Acknowledgement Reports.

The CMS 5010 Professional Edits Spreadsheet provides documentation regarding edit rules that explain how to identify an EDFES edit and the associated logic. The CMS 5010 Professional Edits Spreadsheet also provides a change log that lists the revision history for edit updates.

MAOs are able to access the CMS 5010 Professional Edits Spreadsheet on the CMS website at:
https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/

1. Select the current year in the left navigation column (e.g., 2015 Transmittals)
2. Key in 'EDI Front End Updates' in the 'Filter On' box
3. Select the most current transmittal to obtain the latest versions of the CEM Edits Spreadsheets
4. Click on the link(s) under 'Downloads' at the bottom of the page

7.1 Deactivated Front-End Edits

Several CEM edits currently active in the CMS 5010 Professional Edits Spreadsheet will be deactivated in order to ensure that syntactically correct encounters pass front-edit editing. Table 11 provides a list of the deactivated EDFES CEM edits. The edit reference column provides the exact reference for the deactivated edits. The edit description column provides the Claim Status Category Code (CSCC), the Claim Status Code (CSC), and the Entity Identifier Code (EIC), when applicable. The notes column provides a description of the edit reason. MAOs should reference the WPC website at www.wpc-edi.com for a complete listing of all CSCCs and CSCs.

TABLE 11 – 837 PROFESSIONAL DEACTIVATED EDFES EDITS

EDIT REFERENCE	EDIT DESCRIPTION	EDIT NOTES
X222.087.2010AA.NM109.030	CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 85 Billing Provider	Valid NPI Crosswalk must be available for this edit.
X222.087.2010AA.NM109.050	CSCC A8: "Acknowledgement/ Rejected for relational field in error" CSC 496 "Submitter not approved for electronic claim submissions on behalf of this entity." EIC: 85 Billing Provider	This Fee for Service edit validates the NPI and submitter ID number to ensure the submitter is authorized to submit on the provider's behalf. Encounter data cannot use this validation as we validate the plan number and submitter ID to ensure the submitter is authorized to submit on the plan's behalf.

EDIT REFERENCE	EDIT DESCRIPTION	EDIT NOTES
X222.140.2010BB.REF02.075	CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 496 "Submitter not approved for electronic claim submissions on behalf of this entity." EIC: 85 Billing Provider	This Fee for Service edit validates the NPI and submitter ID number to ensure the submitter is authorized to submit on the provider's behalf. Encounter data cannot use this validation as we validate the plan number and submitter ID to ensure the submitter is authorized to submit on the plan's behalf.
X222.091.2010AA.N301.070	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 503: "Entity's Street Address" EIC: 85 Billing Provider	Remove edit check for 2010AA N3 P O Box variations when ISA08 = 80882 (Professional payer code).
X222.091.2010AA.N302.060	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 503: "Entity's Street Address" EIC: 85 Billing Provider	Remove edit check for 2010AA N3 P O Box variations when ISA08 = 80882 (Professional payer code).
X222.094.2010AA.REF02.050	CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 562: "Entity's National Provider Identifier (NPI)" CSC 128: "Entity's tax id" EIC: 85 Billing Provider	Valid NPI Crosswalk must be available for this edit.
X222.157.2300.CLM05-3.020	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 535: "Claim Frequency Code"	Fee for Service does not allow a claim to come in with a frequency type other than 1 (Original Claim). This edit is turned off for encounter data so submitters can submit a frequency type = 7 Replacement and frequency type = 8 Deletion
X222.196.2300.REF.010	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 464: "Payer Assigned Claim Control Number."	Fee for service does not allow a REF segment containing a claim control number to be used when sending a replacement (Frequency type = 7) or void (Frequency type = 8) claim. 2300.REF with REF01 = "F8" must not be present. This edit needs to remain off in order for the submitter to send the claim control number they are trying to replace or void.
X222.262.2310B.NM109.030	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 82 Rendering Provider	Valid NPI Crosswalk must be available for this edit.
X222.351.2400.SV101-7.020	"CSCC A8: ""Acknowledgement / Rejected for relational field in error""	When using a not otherwise classified or generic HCPCS procedure code the CEM is

EDIT REFERENCE	EDIT DESCRIPTION	EDIT NOTES
	CSC 306 Detailed description of service" 2400.SV101-7 must be present when 2400.SV101-2 is present on the table of procedure codes that require a description.	editing for a more descriptive meaning of the procedure code. For example, the submitter is using J3490. The description for this HCPCS is Not Otherwise Classified (NOC) Code.
X222.430.2420A.NM109.030	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC 82 "Rendering Provider"	2420A.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109.
X222.138.2010BB.REF.010	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: PR "Payer"	This REF Segment is used to capture the Plan number, as this is unique to Encounter Submission only. The CEM has the following logic that is applied: Non-VA claims: 2010BB.REF with REF01 = "2U", "EI", "FY" or "NF" must not be present. VA claims: 2010BB.REF with REF01 = "EI", "FY" or "NF" must not be present. This edit needs to remain off in order for the submitter to send in his plan number.
X222.157.2300.CLM02.070	CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 178: "Submitted Charges"	2300.CLM02 must equal the sum of all 2400.SV102 amounts.
X222.305.2320.AMT02.060	CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 672: "Other Payer's payment information is out of balance" CSC 286: Other payer's Explanation of Benefits/payment information	2320 AMT02 must = the sum of all existing 2430.SVD02 payer paid amounts (when the value in 2430.SVD01 is the same as the value in 2330B.NM109) minus the sum of all claim level adjustments (2320 CAS adjustment amounts) for the same payer. NOTE: Perform this edit only when 2430SVD segments are present for this 2320-2330x iteration's payer.
X222.325.2330B.DTP.030	IK304 = 2: "Unexpected Segment"	If 2330B.NM1 is present and 2340.DTP with DTP01 = "573" is not present, 2330B.DTP may be present.
X222.351.2400.SV102.060	CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 400: "Claim is out of balance: CSC 583:"Line Item Charge Amount" CSC 643: "Service Line Paid Amount"	SV102 must = the sum of all payer amounts paid found in 2430 SVD02 and the sum of all line adjustments found in 2430 CAS Adjustment Amounts.

7.2 Temporarily Deactivated Front-End Edits

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

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

TABLE 12 – 837 PROFESSIONAL TEMPORARILY DEACTIVATED EDFES EDITS

EDIT REFERENCE	EDIT DESCRIPTION	EDIT NOTES
X222.116.2000B.SBR03.004	IK403 = I13: "Implementation Dependent "Not Used" Data Element Present"	
X222.116.2000B.SBR03.006	CSCC A8: Acknowledgement/Rejected for relational field in error CSC 163: Entity's Policy Number CSC 732: Information submitted inconsistent with billing guidelines EIC IL: Subscriber	
X222.116.2000B.SBR04.005	CSCC A8: Acknowledgement/Rejected for relational field in error CSC 663: Entity's Group Name CSC 732: Information submitted inconsistent with billing guidelines EIC IL: Subscriber	
X222.116.2000B.SBR04.007	CSCC A8: Acknowledgement/Rejected for relational field in error CSC 663: Entity's Group Name CSC 732: Information submitted inconsistent with billing guidelines EIC IL: Subscriber	
X222.094.2010AA.REF02.040	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 128: "Entity's tax id" EIC: 85 Billing Provider	2010AA.REF02 must be nine digits with no punctuation.
X222.157.2300.CLM02.090	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 400: "Claim is out of Balance" CSC 672: "Payer's payment information is out of balance"	2300.CLM02 must equal the sum of all 2320 & 2430 CAS amounts and the 2320 AMT02 (AMT01=D).
X222.305.2320.AMT.040	CSCC A7: Acknowledgement/Rejected for Invalid Information CSC 41: Special handling required at payer site CSC 286: Other Payer's Explanation of Benefits/payment information CSC 732: Information submitted inconsistent with billing guidelines	

7.3 New Front-End Edits

Table 13 provides a list of EDFES Professional CEM edits recently added or modified that may impact encounter processing.

TABLE 13 – 837 NEW PROFESSIONAL CEM EDITS

Note: Table 13 will not be provided when there are no relevant enhancements implemented for the current release of the CMS EDS Companion Guides.

8.0 Duplicate Logic

In order to ensure encounters submitted are not duplicates of encounters previously submitted, the EDS will perform header and detail level duplicate checking. If the header and/or detail level duplicate checking determines that the file is a duplicate, the file will reject, 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 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 is processed in the EDPS, it is stored in an internal repository, the Encounter Operational Data Store (EODS). If a new encounter is submitted that matches specific values on another stored encounter, the encounter will reject as a duplicate encounter. The encounter will be returned to the submitter with an error message identifying it as a duplicate encounter. Currently, the following values are the minimum set of items used for matching an encounter in the EODS:

- Beneficiary Demographic
    - Health Insurance Claim Number (HICN)
- 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 up to 4 modifiers
- Rendering Provider NPI
- Charge (Billed Amount)
- Paid Amount (as populated at both the Header and Detail Levels)*

* Paid Amounts by the MAO and other entity will only be used in the duplicate validation logic.

9.0 837 Professional Business Cases

In accordance with 45 CFR 160.103 of the HIPAA, Protected Health Information (PHI) is not included in the 837-P 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 must populate valid data in order to successfully pass translator and CEM level editing.

MAOs should direct questions regarding the contents of the EDS Test Case Specifications encounterdata@cms.hhs.gov.

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

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

9.1 Standard Professional Encounter

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

File String 1:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80882 *120430*114
4*^*00501*200000031*1*P*:~
GS*HC*ENH9999*80882*20120430*1144*69*X*005010X222A1~
ST*837*0534*005010X222A1~
BHT*0019*00*3920394930206*20120428*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*MICAH THOMAS*TE*5555552222~
NM1*40*2*EDSCMS***46*80882~**
HL*120*1~**
NM1*85*1*SMITH*ELIZABETH*AMD*XX*12999999999~**
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139998~
REF*EI*344232321~
PER*IC*ELIZABETH SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ123456747****MB~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099998~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80882~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997677856479709654A*100.50*11:B:1*Y*A*Y*Y~**
HI*BK:78901~
SBR*P*18*XYZ1234567****16~**
AMT*D*100.50~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099998~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049998~
REF*T4*Y~
LX*1~
SV1*HC:99212*100.50*UN*1*1~**

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

9.2 Capitated Professional Encounter

Business Scenario 2: Patient/subscriber, Mary Dough, is enrolled in Happy Health Plan and visited Dr. Elizabeth A. Smith because she was experiencing abdominal pain. Dr. Smith diagnosed Mary with abdominal pain in the upper quadrant. Happy Health Plan has a capitated arrangement with Dr. Smith.

File String 2:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80882 *120430*114
4*^*00501*000000032*1*P*:~
GS*HC*ENH9999*80882*20120430*1144*82*X*005010X222A1~
ST*837*0037*005010X222A1~
BHT*0019*00*3920394930206*20120428*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*MICAH THOMAS*TE*5555552222~
NM1*40*2*EDSCMS***46*80882~**
HL*120*1~**
NM1*85*1*SMITH*ELIZABETH*AMD*XX*1299999999~**
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139998~
REF*EI*344345879~
PER*IC*ELIZABETH SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ123456747****MB~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099998~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80882~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997677856479709654A*0.00*11:B:1*Y*A*Y*Y~**
HI*BK:78901~
SBR*P*18*XYZ1234567****16~**
AMT*D*100.50~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099998~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049998~
LX*1~
SV1*HC:99212*0.00*UN*1*1~**
DTP*472*D8*20120401~

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

9.3 Capitated/Non-Capitated Professional Encounter (Mixed Claims)

Business Scenario 3: Mary Dough is the patient and the subscriber, and went to Dr. Elizabeth A. Smith because she was experiencing abdominal pain. Happy Health Plan is the MAO and has a capitated arrangement with Mercy Hospital. Dr. Smith diagnosed Mary with abdominal pain in the right upper quadrant (78901) and submitted a 5010 claim to Happy Health Plan. In addition, Dr. Smith submitted a claim to Happy Health Plan for an abdominal x-ray with ultrasound for Mary Dough in a follow-up appointment at Dr. Smith's office.

Note: For capitated or staff model arrangements submitting encounter data, MAOs and other entities must submit '0.00', only if billed and/or payment amount information is not available. If billed and/or payment information is available, it should be submitted as received from the provider. In the instances where capitated and non-capitated service lines are submitted on one (1) claim, MAOs and other entities must populate Loop 2400, CN101='05' for each capitated service line.

File String 3:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80882 *120430*114
4*^*00501*000000032*1*P*:~
GS*HC*ENH9999*80882*20120430*1144*82*X*005010X222A1~
ST*837*0037*005010X222A1~
BHT*0019*00*3920394930206*20120428*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*MICAH THOMAS*TE*5555552222~
NM1*40*2*EDSCMS***46*80882~**
HL*120*1~**
NM1*85*1*SMITH*ELIZABETH*AMD*XX*1299999999~**
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139998~
REF*EI*344345879~
PER*IC*ELIZABETH SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ123456747****MB~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099998~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80882~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*29976778564797096 54A*0.00*11:B:1*Y*A*Y*Y~**
HI*BK:78901~
SBR*P*18*XYZ1234567****16~**
AMT*D*100.50~

OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099998~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049998~
LX*1~
SV1*HC:992120.00*UN*1***1~ DTP*472*D8*20160603~**
CN1*05~
LX*2~
SV1*HC:G8806 **75.00*UN*1*1~**
DTP*472*D8*20160603~
SE*40*0037~
GE*1*82~
IEA*1*000000032~

9.4 Chart Review Professional Encounter – No Linked ICN

Business Scenario 3: Happy Health Plan performs a chart review at Dr. Elizabeth Smith's office and determines that Mary Dough, the patient/subscriber, was diagnosed with necrosis of an artery. Dr. Smith never submitted an original claim to Happy Health Plan. The medical record does not contain enough information to submit a full claim, yet there is enough information to support the diagnosis and link the chart review encounter to Mary Dough's medical record. Happy Health Plan submits a chart review encounter, without a linked ICN, to add necrosis of artery diagnosis.

File String 3:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80882 *120530*114
7*^*00501*000000056*1*P*:~
GS*HC*ENH9999*80882*20120530*1147*89*X*005010X222A1~
ST*837*0043*005010X222A1~
BHT*0019*00*3920394930206*20120530*1147*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*MICAH THOMAS*TE*5555552222~
NM1*40*2*EDSCMS***46*80882~**
HL*120*1~**
NM1*85*1*SMITH*ELIZABETH*AMD*XX*1299999999~**
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139998~
REF*EI*456789032~
PER*IC*ELIZABETH SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ123456747****MB~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099998~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80882~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*299767785647970965 4A*0.00*11:B:1*Y*A*Y*Y~**
PWK*09*AA~
HI*BK:4475~
SBR*P*18*XYZ1234567****16~**
AMT*D*0.00~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099998~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH ST~

N4*NORFOLK*VA*235049998~
LX*1~
SV1*HC:99212*0.00*UN*1*1~**
SVD*H9999*65.00*HC:992121~**
DTP*472*D8*20120401~
SE*38*0043~
GE*1*89~
IEA*1*000000056~

9.5 Chart Review Professional Encounter – Linked ICN (Add Diagnoses)

Business Scenario 4: Patient/subscriber, Mary Dough, went to Dr. Elizabeth A. Smith because she was experiencing abdominal pain. Happy Health Plan is the MAO. Dr. Smith diagnosed Mary with abdominal pain. Happy Health Plan submits the encounter to CMS and receives an ICN 1298768987657. Happy Health Plan performs a chart review related to ICN 1298768987657 and determines that additional diagnoses were not originally reported for diabetes and high cholesterol.

Note: In the event that a linked chart review encounter requires the addition and deletion of multiple diagnosis codes, MAOs should submit a single linked chart review encounter (2300 CLM05-03 = '1'(Original)) to add all necessary diagnoses, and submit a separate linked chart review encounter (also 2300 CLM05-03 = '1'(Original)) to delete all necessary diagnosis codes.

MAOs should submit a replacement chart review encounter (2300 CLM05-3 = '7') only in the event previously stored chart review data should be completely replaced.

MAOs should submit a void chart review encounter (2300 CLM05-3 = '8' only when the original chart review encounter (linked or unlinked) requires deletion.

File String 4:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80882 *120530*114
7*^*00501*000000056*1*P*:~
GS*HC*ENH9999*80882*20120530*1147*89*X*005010X222A1~
ST*837*0043*005010X222A1~
BHT*0019*00*3920394930206*20120530*1147*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*MICAH THOMAS*TE*5555552222~
NM1*40*2*EDSCMS***46*80882~**
HL*120*1~**
NM1*85*1*SMITH*ELIZABETH*AMD*XX*1299999899~**
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139998~
REF*EI*456789032~
PER*IC*ELIZABETH SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ123456747****MB~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099998~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80882~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*299767785647970965 4A*0.00*11:B:1*Y*A*Y*Y~**
PWK*09*AA~
REF*F8*1298768987657~

HI*BK:25000*BF:2720~
SBR*P*18*XYZ1234567****16~**
AMT*D*0.00~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099998~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049998~
NM1*82*1*SMITH*ELIZABETH*AMD*XX*1299999999~**
LX*1~
SV1*HC:99212*0.00*UN*1*1~**
SVD*H9999*120.00*HC:992121~**
DTP*472*D8*20120401~
SE*40*0043~
GE*1*89~
IEA*1*000000056~

9.6 Chart Review Professional Encounter – Linked ICN (Delete Diagnoses)

Business Scenario 5: Patient/subscriber, Mary Dough, went to Dr. Elizabeth A. Smith because she was experiencing abdominal pain. Happy Health Plan is the MAO. Dr. Smith diagnosed Mary with abdominal pain. Happy Health Plan submits the encounter to CMS and receives an ICN 1298768987657. Happy Health Plan performs a chart review related to ICN 1298768987657 and determines that the original encounter should not have reported diagnoses related to diabetes and high cholesterol. Happy Health Plan submits a chart review encounter to delete the invalid diagnoses.

Note: In the event that a linked chart review encounter requires the addition and deletion of multiple diagnosis codes, MAOs should submit a single linked chart review encounter (2300 CLM05-03 = '1'(Original)) to add all necessary diagnoses, and submit a separate linked chart review encounter (also 2300 CLM05-03 = '1'(Original)) to delete all necessary diagnosis codes.

MAOs should submit a replacement chart review encounter (2300 CLM05-03 = '7') only in the event previously stored chart review data should be completely replaced.

MAOs should submit a void chart review encounter (2300 CLM05-3 = '8') only when the original chart review encounter (linked or unlinked) requires deletion.

File String 5:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80882 *120530*114
7*^*00501*000000056*1*P*:~
GS*HC*ENH9999*80882*20120530*1147*89*X*005010X222A1~
ST*837*0043*005010X222A1~
BHT*0019*00*3920394930206*20120530*1147*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*MICAH THOMAS*TE*5555552222~
NM1*40*2*EDSCMS***46*80882~**
HL*120*1~**
NM1*85*1*SMITH*ELIZABETH*AMD*XX*1299999899~**
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139998~
REF*EI*456789032~
PER*IC*ELIZABETH SMITH*TE*9195551111HL*2*1*22*0~
SBR*S*18*XYZ123456747****MB~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099998~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80882~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997677856479709654A*0.00*11:B:1*Y*A*Y*Y~**
PWK*09*AA~
REF*F8*1298768987657~

REF*EA*8~
HI*BK:25000*BF:2720~
SBR*P*18*XYZ1234567****16~**
AMT*D*0.00~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099998~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049998~
NM1*82*1*SMITH*ELIZABETH*AMD*XX*1299999999~**
LX*1~
SV1*HC:99212*0.00*UN*1*1~**
SVD*H9999*120.00*HC:992121~**
DTP*472*D8*20120401~
SE*40*0043~
GE*1*89~
IEA*1*000000056~

9.7 Complete Replacement Professional Encounter

Business Scenario 6: Patient/subscriber, Mary Dough, visited Dr. Elizabeth A. Smith because she was experiencing abdominal pain. Dr. Smith diagnosed Mary with abdominal pain in the right lower quadrant (78903). Happy Health Plan submits the encounter to CMS and receives an ICN 1212278567098. Happy Health Plan later determines that the diagnosis submitted was incorrect and was actually for the right upper quadrant (78901). Happy Health Plan submits a replacement encounter to CMS, using ICN 1212278567098, to correct the diagnosis code.

File String 6:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80882 *120530*114
2*^*00501*000000045*1*P*:~
GS*HC*ENH9999*80882*20120530*1142*299*X*005010X222A1~
ST*837*0421*005010X222A1~
BHT*0019*00*3920394930206*20120430*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*MICAH THOMAS*TE*5555552222~
NM1*40*2*EDSCMS***46*80882~**
HL*120*1~**
NM1*85*1*SMITH*ELIZABETH*AMD*XX*1299999999~**
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139998~
REF*EI*765876890~
PER*IC*ELIZABETH SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ123456747****MB~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099998~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80882~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997677856479709654A*100.50*11:B:7*Y*A*Y*Y~**
REF*F8*1212278567098~
HI*BK:78901~
SBR*P*18*XYZ1234567****16~**
CAS*CO*39*50.00~
AMT*D*50.50~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099998~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**

N3*705 E HUGH ST~
N4*NORFOLK*VA*235049998~
REF*T4*Y~
LX*1~
SV1*HC:99212*100.50*UN*1*1~**
DTP*472*D8*20120401~
SVD*H9999*50.50*HC:992121~**
DTP*573*D8*20120403~
SE*41*0421~
GE*1*299~
IEA*1*000000045~

9.8 Deletion Professional Encounter

Business Scenario 7: Patient/subscriber, Mary Dough, visited Dr. Elizabeth A. Smith because she was experiencing abdominal pain. Dr. Smith diagnosed Mary with abdominal pain. Happy Health Plan submits the encounter to CMS and receives ICN 1212487000032. Happy Health Plan then receives notice from the provider that the claim should be voided due to a submission error. Happy Health Plan submits a void encounter, using ICN 1212487000032, to delete the previously submitted encounter.

File String 7:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80882 *120430*114
4*^*00501*000000298*1*P*:~
GS*HC*ENH9999*80882*20120430*1144*82*X*005010X222A1~
ST*837*0290*005010X222A1~
BHT*0019*00*3920394930206*20120428*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*MICAH THOMAS*TE*5555552222~
NM1*40*2*EDSCMS***46*80882~**
HL*120*1~**
NM1*85*1*SMITH*ELIZABETH*AMD*XX*1299999999~**
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139998~
REF*EI*765879876~
PER*IC*ELIZABETH SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ123456747****MB~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099998~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80882~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*299767785647970965 4A*100.50*11:B:8*Y*A*Y*Y~**
REF*F8*1212487000032~
HI*BK:78901~
SBR*P*18*XYZ1234567****16~**
CAS*CO*223*100.50~
AMT*D*0.00~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099998~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH ST~

N4*NORFOLK*VA*235049998~
REF*T4*Y~
LX*1~
SV1*HC:99212*100.50*UN*1*1~**
DTP*472*D8*20120401~
SVD*H9999*0.00*HC:992121~**
DTP*573*D8*20120403~
SE*41*0290~
GE*1*82~
IEA*1*000000298~

9.9 Atypical Provider Professional Encounter

Business Scenario 8: Patient/subscriber, Mary Dough, receives personal care services from an atypical provider. Happy Health Plan was the MAO.

File String 8:

```
ISA*00*          *00*          *ZZ*ENH9999        *ZZ*80882          *120430*114
4*^*00501*000000031*1*P*:~
GS*HC*ENH9999*80882*20120430*1144*79*X*005010X222A1~
ST*837*0034*005010X222A1~
BHT*0019*00*3920394930206*20120428*1615*CH~
NM1*41*2*HAPPY  HEALTH PLAN*****46*ENH9999~
PER*IC*MICAH  THOMAS*TE*5555552222~
NM1*40*2*EDSCMS*****46*80882~
HL*1**20*1~
NM1*85*2*MERCY  SERVICES*XX*1999999984~
N3*123  CENTRAL DRIVE~
N4*NORFOLK*VA*235139998~
REF*EI*199999998~
PER*IC*ELIZABETH  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*235099998~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS*****PI*80882~
N3*7500  SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*PAYER01~
CLM*299767785 6479709654A*100.50***11:B:1*Y*A*Y*Y~
HI*BK:78901~
NTE*ADD*048052~
SBR*P*18*XYZ1234567******16~
AMT*D*100.50~
OI***Y***Y~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234  STATE DRIVE~
N4*NORFOLK*VA*235099998~
NM1*PR*2*HAPPY  HEALTH PLAN*****XV*H9999~
N3*705  E HUGH ST~
N4*NORFOLK*VA*235049998~
REF*T4*Y~
LX*1~
SV1*HC:99212*150.00*UN*1*1***1~
```

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

9.10 Paper Generated Professional Encounter

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

File String 9:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80882 *120430*114
4*^*00501*200000031*1*P*:~
GS*HC*ENH9999*80882*20120430*1144*69*X*005010X222A1~
ST*837*0534*005010X222A1~
BHT*0019*00*3920394930206*20120428*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*MICAH THOMAS*TE*5555552222~
NM1*40*2*EDSCMS***46*80882~**
HL*120*1~**
NM1*85*1*SMITH*ELIZABETH*AMD*XX*12999999999~**
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139998~
REF*EI*344232321~
PER*IC*ELIZABETH SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ123456747****MB~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099998~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80882~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997677856479709654A*100.50*11:B:1*Y*A*Y*Y~**
PWK*OZ*AA~
HI*BK:78901~
SBR*P*18*XYZ1234567****16~**
AMT*D*100.50~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099998~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049998~
LX*1~
SV1*HC:99212*100.50*UN*1*1~**

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

9.11 True Coordination of Benefits Professional Encounter

Business Scenario 010: Patient/subscriber, Mary Dough, visited Dr. Elizabeth A. Smith because she was experiencing abdominal pain. Dr. Smith diagnosed Mary with abdominal pain in the right upper quadrant (78901). Happy Health Plan is the MAO submitting the encounter to CMS on behalf of Dr. Smith. Mary Dough also has healthcare coverage through Other Health Plan, the secondary payer, who has distributed a payment for Mary.

File String 010:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80882 *120430*114
4*^*00501*000000031*1*P*:~
GS*HC*ENH9999*80882*20120430*1144*79*X*005010X222A1~
ST*837*0034*005010X222A1~
BHT*0019*00*3920394930206*20120428*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*MICAH THOMAS*TE*5555552222~
NM1*40*2*EDSCMS***46*80882~**
HL*120*1~**
NM1*85*1*SMITH*ELIZABETH*AMD*XX*12999999999~**
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139998~
REF*EI*344232321~
PER*IC*ELIZABETH SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ123456747****MB~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099998~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80882~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997677856479709654A*712.00*11:B:1*Y*A*Y*Y~**
HI*BK:78901~
SBR*P*18*XYZ1234567****16~**
AMT*D*700.00~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099998~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049998~
SBR*T*18*XYZ1234388****16~**

CAS*CO*223*700.00~
AMT*D*12.00~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099998~
NM1*PR*2*OTHER HEALTH PLAN***XV*PAYER01~**
N3*400 W 21 ST~
N4*NORFOLK*VA*235059998~
REF*T4*Y~
LX*1~
SV1*HC:99212*712.00*UN*1*1~**
DTP*472*D8*20120401~
SVD*H9999*700.00*HC:992121~**
CAS*CO*45*12.00~
DTP*573*D8*20120403~
SE*50*0034~
GE*1*79~
IEA*1*000000031~

9.12 Bundled Professional Encounter

Business Scenario 11: Patient/subscriber, Mary Dough, visited Dr. Elizabeth A. Smith because she was experiencing abdominal pain. She was given a blood test, which was bundled into an electrolyte panel. Happy Health Plan is the MAO. Dr. Smith diagnosed Mary with abdominal pain in her right upper quadrant (78901).

File String 11:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80882 *120430*114
4*^*00501*000000031*1*P*:~
GS*HC*ENH9999*80882*20120430*1144*79*X*005010X222A1~
ST*837*0034*005010X222A1~
BHT*0019*00*3920394930206*20120428*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*MICAH THOMAS*PE*5555552222~
NM1*40*2*EDSCMS***46*80882~**
HL*120*1~**
NM1*85*1*SMITH*ELIZABETH*AMD*XX*12999999999~**
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139998~
REF*EI*344232321~
PER*IC*ELIZABETH SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ123456747****MB~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 SPAPE DRIVE~
N4*NORFOLK*VA*235099998~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80882~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*29976778564797096 54A*100.00*11:B:1*Y*A*Y*N~**
HI*BK:78901~
SBR*P*18*XYZ1234567****16~**
AMT*D*9.48~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099998~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH SP~
N4*NORFOLK*VA*235049998~
REF*T4*Y~
LX*1~

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

10.0 Encounter Data Professional Processing and Pricing System Edits

After a Professional encounter passes translator and CEM level editing and receives an ICN on a 277CA, the EDFES then transfers the encounter to the Encounter Data Professional Processing and Pricing System (EDPPPS), where editing, processing, pricing, and storage occur. In order to assist MAOs with submission of encounter data through the EDPPPS, CMS has provided the current list of the EDPPPS edits in Table 14.

Note: The edit descriptions listed in Table 14 have been revised to identify a maximum of 41 characters in order to display a more comprehensive explanation of edits on the MAO-002 Reports.

The EDPPPS edits are organized into nine (9) different categories, as provided in Table 14, Column 2. The EDPPPS edit categories include the following:

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

Table 14, Column 3 identifies two (2) edit dispositions: Informational and Reject. Informational edits will cause the encounter to be flagged; however, the Informational edit will not cause processing and/or pricing to cease. Reject edits will cause an encounter to stop processing and/or pricing, and the MAO or other entity must resubmit the encounter through the EDFES. The encounter must then pass translator and CEM level editing prior to transferring the data to the EDPPPS for reprocessing. The EDPPPS edit description, as found in Table 14, Column 4, is included on the EDPS transaction reports to provide further information for the MAO or other entity to identify the specific reason for the edit generated.

If there is no reject edit at the header level and at least one (1) 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 14 reflects only the currently programmed EDPPPS edits. MAOs 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 deactivated. MAOs must always reference the most recent version of the CMS EDS 837-P Companion Guide to determine the current edits in the EDPPPS.

TABLE 14 – ENCOUNTER DATA PROFESSIONAL PROCESSING AND PRICING SYSTEM (EDPPPS) EDITS

EDPPPS EDIT	EDPPPS EDIT CATEGORY	EDPPPS EDIT DISPOSITION	EDPPPS EDIT DESCRIPTION
00010	Validation	Reject	From DOS Greater Than TCN Date
00011	Validation	Reject	Missing DOS in Header/Line
00012	Validation	Reject	DOS Prior to 2012
00025	Validation	Reject	Through DOS After Receipt Date
00030	Validation	Reject	ICD-10 Dx Not Allowed
00035	Validation	Reject	ICD-9 Dx Not Allowed
00065	Validation	Informational	Missing Pick-up Zip Code
00175	Validation	Reject	Verteporfin
00195	Validation	Informational	Wrong Setting for Autologous PRP
00200	Validation	Informational	Clinical Trial Billing Error
00265	Validation	Reject	Correct/Replace or Void ICN Not in EODS
00660	Validation	Reject	Codes Billed Together in Error
00699	Validation	Reject	Void Must Match Original
00745	Validation	Reject	Anesthesia Service Requires Modifier
00750	Pricing	Reject	Service(s) Not Covered Prior To 4/1/2013
00755	Validation	Reject	Void Encounter Already Void/Adjusted
00760	Validation	Reject	Adjusted Encounter Already Void/Adjusted
00762	Validation	Reject	Unable to Void Rejected Encounter
00764	Validation	Reject	Original Must Be a Chart Review to Void
00765	Validation	Reject	Original Must Be a Chart Review to Adjust
00775	Validation	Reject	Unable to Adjust Rejected Encounter
00780	Validation	Reject	Adjustment Must Match Original
00785	Validation	Reject	Linked Encounter Not in EODS
00790	Validation	Reject	Linked Encounter is Voided/Adjusted
00795	Validation	Reject	Linked Encounter is Rejected
00800	Validation	Reject	Parent ICN Not Allowed for Original
00805	Validation	Reject	Deleted Diagnosis Code Not Allowed
01405	Provider	Reject	Sanctioned Provider
01415	Provider	Informational	Rendering Provider Not Eligible for DOS
02106	Beneficiary	Informational	Invalid Beneficiary Last Name
02110	Beneficiary	Reject	Beneficiary HICN Not on File
02112	Beneficiary	Reject	DOS After Beneficiary DOD
02120	Beneficiary	Reject	Beneficiary Gender Mismatch
02125	Beneficiary	Reject	Beneficiary DOB Mismatch
02240	Beneficiary	Reject	Beneficiary Not Enrolled in MAO for DOS
02256	Beneficiary	Reject	Beneficiary Not Part C Eligible for DOS
03015	Reference	Informational	HCPCS Code Invalid for DOS
03017	Reference	Informational	Dx Not Covered for PET Scan Procedure
03101	Reference	Informational	Invalid Gender for CPT/HCPCS
03102	Reference	Informational	Invalid Provider Type/Specialty

EDPPPS EDIT	EDPPPS EDIT CATEGORY	EDPPPS EDIT DISPOSITION	EDPPPS EDIT DESCRIPTION
03105	Reference	Informational	Invalid Modifier 50
03110	Validation	Informational	Invalid Modifier RT or LT
03120	Validation	Informational	Invalid Bilateral Modifier Combination
03125	Validation	Reject	Bilateral Procedure Units Exceed One
03135	Validation	Informational	Invalid ASC Drug Procedure Code
03140	Validation	Reject	ASC Surgery Procedure Code Missing
03150	Validation	Informational	Modifiers 26 and TC on the Same Line
03155	Validation	Informational	Modifiers Allowed are 26, TC, and 59
03160	Validation	Informational	Cardiovascular Global Test
03165	Validation	Reject	Telehealth Facility Fee Not Allowed
03170	Validation	Informational	Modifiers FB/FC Billing Error
03335	Validation	Reject	Esophageal Doppler Billing Error
03340	Reference	Reject	Dx Not Listed on the Reference Table
16002	Pricing	Informational	Service Line Amount Adjusted for MTP
20515	Conflict	Informational	Immunization Dx Must Align with HCPCS
22320	Validation	Informational	Missing ASC Procedure Code
25000	NCCI	Informational	CCI Error
25001	NCCI	Informational	Medically Unlikely Error
98315	Duplicate	Reject	Linked Chart Review Duplicate
98320	Duplicate	Reject	Chart Review Duplicate
98325	Duplicate	Reject	Service Line(s) Duplicated

10.1 EDPPPS Edits Enhancements Implementation Dates

As the EDS matures, the EDPS may require enhancements to the EDPPPS editing logic. As these enhancements occur, CMS will provide the updated information (i.e., disposition changes and activation or deactivation of an edit). Table 15 provides MAOs with the implementation dates for enhancements made to the EDPPPS since the last release of the CMS EDS 837-P Companion Guide.

TABLE 15 – EDPPPS EDITS ENHANCEMENTS IMPLEMENTATION DATES

EDIT	EDIT DISPOSITION	EDIT DESCRIPTION	ENHANCEMENT	ENHANCEMENT DATE
00800	Reject	Parent ICN Not Allowed for Original	New Edit Implemented	7/8/16
00805	Reject	Deleted Diagnosis Code Not Allowed	New Edit Implemented	7/8/16

Note: Table 15 will not be provided when there are no enhancements implemented for the current release of the CMS EDS Companion Guides.

10.2 EDPPPS Edit Prevention and Resolution Strategies

In order to assist MAOs 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 has identified the strategies and scenarios in three (3) phases.

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

Table 16 outlines Phase 1 of the prevention and resolution strategies for Professional edits most frequently generated on the MAO-002 reports.

TABLE 16 – EDPPPS EDITS PREVENTION AND RESOLUTION STRATEGIES – PHASE I

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00065	Missing Pick-up Zip Code	Informational	Submitter must provide a valid five (5) or nine (9)-digit ZIP code for ambulance pick-up location on the encounter service line loop 2420G N403 and encounter header in loop 2310E N403.

Scenario: Atlas Health Plan received a claim from MOMnPOP Ambulance for a 30-mile transport. Atlas Health Plan submitted the encounter to the EDS with the pick-up locations street address, city, and state populated. However, the pick-up ZIP code was not included. Atlas Health Plan received edit 00065 because the pick-up ZIP code should be submitted for all ambulance encounters.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00745	Anesthesia Service Requires Modifier	Reject	Anesthesia CPT/HCPCS must include appropriate modifiers (AA, AD, AG, QK, QX, QY, or QZ). Service lines submitted without one of the appropriate modifiers in SV101-3 would receive this error. Special Note: This edit is bypassed for CPT code 01996.

Scenario: Dr. Nitze, an instructional anesthesiologist, assisted a resident anesthetist during a thyroidectomy. Dr. Nitze submitted an encounter to World Peace Health Plan with an anesthesia code of 00320, but did not include a required anesthesia modifier. World Peace Health Plan submitted the encounter to CMS and received error code 00745 because the required modifier was not included on the service line.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00760	Adjusted Encounter Already Void/Adjusted	Reject	Submitter has previously voided an encounter and is attempting to replace the same voided encounter. Submitter should review returned MAO-002 reports to confirm processing of the voided encounter prior to resubmission of the replacement.

Scenario: On 8/20/2012, Pragmatic Health submitted a replacement encounter for ICN 123456789 to correct a CPT code. However, Pragmatic Health had already submitted a void for the same ICN on 8/18/2012, but had not yet received the MAO-002 report by 8/20/2012. Pragmatic Health received edit 00760 on a subsequent MAO-002 report because the EDPS had already processed the void encounter submitted on 8/18/2012.

TABLE 16 – EDPPPS EDITS PREVENTION AND RESOLUTION STRATEGIES – PHASE I (CONTINUED)

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00762	Unable to Void Reject Encounter	Reject	Submitter is attempting to void a previously rejected encounter. Submitter should review returned MAO-002 reports to confirm the rejected encounter.

Scenario: On 7/20/2012, Hero Health Plan submitted an encounter with an invalid HICN. On 7/26/2012, Hero Health Plan attempted to void the encounter due to the invalid HICN without referencing the MAO-002 report, dated 7/25/2012, that indicated that the encounter was rejected. On 8/1/2012, Hero Health Plan received an MAO-002 report with edit 00762 for the voided encounter because the original encounter had already been processed and rejected.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
03340	Dx Not Listed on the Reference Table	Reject	The diagnosis provided is not a valid/current code on the list of acceptable diagnosis codes. Submitter should verify that the diagnosis code is accurate, the diagnosis code is Medicare acceptable, and ICD-10 codes are not submitted prior to October 2015.

Scenario: Elysium Health Plan submitted an encounter for lab services, which included Blood Glucose Testing. The diagnosis code provided was 275.0 – Disorders of iron metabolism. Elysium Health Plan received an MAO-002 report with edit 03340 for this service because diagnosis code 275.0 was deleted from the list of acceptable diagnosis codes and is, therefore, not accepted by the EDS. Elysium Health Plan must obtain the correct diagnosis code and submit a replacement (CLM-05 = '7') encounter for this service line.

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

Table 17 outlines Phase II for edits mutually generated in all subsystems of the EDPS (Professional, Institutional, and DME).

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

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00010	From DOS Greater Than TCN Date	Reject	Encounter must have a DOS prior to submission date.

Scenario: Perfect Health of America submitted an encounter to the EDS on 5/10/2012 for tomosynthesis performed at Wonderful Hills Mediplex for DOS 6/20/2012. The encounter was rejected because the "from" DOS was after the date of the encounter submission.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00011	Missing DOS in Header/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 10/21/2012 for a turbinectomy and was released on 10/22/2012. 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 10/22/2012.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00012	DOS Prior to 2012	Reject	Encounter must contain 2012 "through" DOS for each line.

Scenario: Ion Health submitted an encounter with DOS from 12/2/2011 through 12/28/2011, for an inpatient admission at Better Health Hospital. EDS will only process encounters that include 2012 “through” DOS or later.

TABLE 17 – EDPS EDITS PREVENTION AND RESOLUTION STRATEGIES – PHASE II (CONTINUED)

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00699	Void Must Match Original	Reject	When submitting a void encounter, MAOs must match the linked ICN, HICN, Last Name, First Name, POS, Submitted Charges, DOS, Payer ID, and the service lines of an accepted encounter stored in the EODS. **Note**: The EDPS will validate the beneficiary's demographic data (HICN, Last Name, First Name) according to the Medicare Beneficiary Database (MBD), as well as validate the beneficiary's Billing Provider NPI and Rendering Provider NPI (if applicable) prior to posting edit 00699.

Scenario: Torchlight Healthcare submitted an original encounter for Gracie Macwell containing five (5) service lines. Torchlight Healthcare then submitted a void encounter to delete the previously accepted original encounter; however, the void encounter contained only four (4) of the five (5) original service lines. Torchlight Healthcare received an MAO-002 report with edit 00699 for the void encounter because one (1) of the service lines from the original encounter was not included.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
01415	Rendering Provider Not Eligible For DOS	Informational	Verify that NPI is accurate and that the provider was eligible for DOS submitted.

Scenario: ABC Care Plan submitted an encounter for a procedure performed by Dr. Destiny on 12/14/2012. The EDPS provider reference files indicate that Dr. Destiny's NPI was not effective until 12/16/2012.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
02106	Invalid Beneficiary Last Name	Informational	Verify that last name populated on the encounter matches the last name listed in CMS systems.

Scenario: Blue Skies Rural Health submitted an encounter for patient Ina Batiste-Rhogin. The CMS systems 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 CMS systems.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
02110	Beneficiary HICN Not On File	Reject	Verify that HICN populated on the encounter is valid in CMS systems.

Scenario: Bright Medical Center submitted a claim to Sunshine Complete Health for an office visit for Mr. Everett Banks for DOS of 5/26/2012. Sunshine Complete Health submitted an encounter to the EDS. The EDS rejected the encounter with edit 02110, because the HICN populated on the encounter was not on file in the CMS systems.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
02112	DOS After Beneficiary DOD	Reject	Verify that DOS submitted is accurate and does not exceed the beneficiary DOD.

Scenario: Mountain Hill Health submitted an encounter for an inpatient admission for Ray Rayson for DOS of 7/15/2012. EDPS was unable to process the encounter because the CMS systems indicated Mr. Rayson expired on 7/13/2012.

TABLE 17 – EDPS EDITS PREVENTION AND RESOLUTION STRATEGIES – PHASE II (CONTINUED)

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
02120	Beneficiary Gender Mismatch	Reject	Verify that gender populated on the encounter is accurate and matches gender listed in the CMS systems.

Scenario: Jenna Jorgineski went to Lollipop Lab for a sleep study on 9/4/2012. 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 edit 02120, because Ms. Jorgineski's gender was listed as "female" in the CMS systems.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
02125	Beneficiary DOB Mismatch	Reject	Verify that the DOB populated on the encounter matches DOB listed in CMS systems. The EDPS will accept these encounters, within plus or minus two (2) years from a beneficiary's birth year. **Note:** CMS anticipates that the change in this edit will be short term and expects plan sponsors to improve their submission of DOBs.

Scenario: Swan Health submitted an encounter to the EDS for Joe Blough that listed Mr. Blough's DOB as 12/13/1940. The CMS systems listed Mr. Blough's DOB as 12/13/1937. The EDS returned the MAO- 002 report to Swan Health with edit 02125 due to the conflicting dates of birth beyond the two (2)-year variance.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
02240	Beneficiary Not Enrolled In MAO For DOS	Reject	Verify beneficiary was enrolled in contract during DOS on the encounter. If the beneficiary is not enrolled in contract for the encounter DOS, do not submit the encounter. Encounters should only be submitted for DOS in which the beneficiary is enrolled in your contract.

Scenario: Gabrielle Boyd was admitted to Faith Hospital for an appendectomy on 6/11/2012 and was discharged on 6/14/2012. 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 7/12/2012. Ms. Boyd's effective date with Adams Healthcare was 7/1/2011. The EDS returned an MAO-002 report to Adams Health with edit 02240 because Ms. Boyd was not enrolled with the health plan for the DOS submitted by Faith Hospital.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
02256	Beneficiary Not Part C Eligible For DOS	Reject	Verify that beneficiary was enrolled in Part C for DOS listed on the encounter. Encounters should not be submitted for beneficiaries not enrolled with the contract for the DOS on the received claim. Encounters should only be submitted for DOS for which the beneficiary is actually enrolled with the contract.

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 does not have Part C Medicare coverage, because her Part C coverage is not effective until 8/1/2012. Underwood Memorial submits the claim to AmeriHealth. AmeriHealth submits an encounter to CMS and receives error code 02256, because Ms. Williams is not covered under Part C Medicare for the DOS.

TABLE 17 – EDPS EDITS PREVENTION AND RESOLUTION STRATEGIES – PHASE II (CONTINUED)

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
03015	HCPCS Code Invalid for DOS	Informational	Prior to encounter submission, the submitter should verify that the procedure code is valid/effective for the DOS populated on the encounter.

Scenario: Oren Davis goes to Independent Lab for a urinalysis on 2/24/2012. Independent Lab submits the claim to World Healthcare with a procedure code of 81000. As of 8/1/2011, procedure code 81000 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 edit 03015 because the procedure code was not valid on the DOS.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
03101	Invalid Gender for CPT/HCPCS	Informational	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. Valley View received an MAO-002 report with edit 03101 because the procedure identified for Ms. Bell was an orchiectomy, which is routinely performed for a male.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
25000	CCI Error	Informational	Ensure that CCI code pairs are appropriately used. Ensure that CCI single codes meet the MUE allowable units of service (UOS).

Scenario: Hippos Health Plan submitted an encounter to the EDS with a DOS of 5/5/2012 and HCPCS code 15780 and two (2) units of service. The returned MAO-002 report indicated an informational edit of 25000 because HCPCS code 15780 – dermabrasion, is only valid for one (1) unit of service per day.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
98325	Service Line(s) Duplicated	Reject	Verify encounter was not previously submitted and/or the service line does not contain the exact same data elements as a previously submitted service line on the same encounter. (Refer to Section 8.0 – Duplicate Logic in this Companion Guide for duplicate logic validation elements.) **Note**: The EDPS will bypass this edit when modifier 59, 76, 77, or 91 is submitted on one (1) of multiple service lines containing the exact same data elements.

Scenario: Sanford Health Systems submitted an encounter on 6/15/2015 for a claim received from Dr. Skye for an office visit. Dr. Skye resubmitted the claim to correct the office point of contact. Sanford Health submitted a replacement encounter to CMS and received error code 98325 because none of the data elements validated by the EDPS duplicate logic were changed from the previously submitted encounter. To correct the office point of contact only, Sanford Health Systems would need to void the previously submitted encounter and submit a new original encounter.

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

Table 18 outlines Phase III for the remaining EDPPPS edits generated on the MAO-002 Encounter Data Processing Status Reports.

TABLE 18 – EDPS EDITS PREVENTION AND RESOLUTION STRATEGIES – PHASE III

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00025	Through DOS After Receipt Date	Reject	Encounter submitted prior to the latest "through" DOS for the service line or encounter

Scenario: On 10/27/2012, Northwest Community Health submitted an encounter to the EDS for DOS from 10/12/2012 through 10/31/2012. The encounter was rejected because the "through" DOS was after the date that the encounter was submitted.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
03017	Dx Not Covered for PET Scan Procedure	Informational	Encounter submitted with a diagnosis that is not appropriate for the PET Scan procedure identified.

Scenario: Pathway to Life submitted an encounter for Mr. Jones, who visited Dr. Michaels for a bone scan. The encounter contained a diagnosis for celiac disease (579.0), which is not an appropriate diagnosis for the service provided.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
03102	Invalid Provider Type/Specialty	Informational	The EDPS derives the Provider Specialty based on Provider's Address. . Ensure the correct Provider Address is included on the encounter relevant to the services rendered.

Scenario: Revive Center is an Independent Diagnostic Testing Center (provider specialty code 47) that contains a Mammography Screening Center (provider specialty code 45). Routine diagnostic tests were performed on Mr. Keene; however, the tests were billed under the location address for Provider Specialty code 45 rather than 47. The EDPS will post error code 03102 for this encounter due to the use of the wrong specialty code on the encounter.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
03105	Invalid Modifier 50	Informational	Relevant procedures corresponding to bilateral surgery indicator of '0', '2', '3', or '9' will post 03105 if Modifier 50 is present on the same service line.

Scenario: Heal You Therapy Center submitted an encounter containing procedure code 27395 (i.e., lengthening of hamstring tendon; multiple, bilateral) with modifier 50 for Stacy Winner. The EDPS posted error code 03105 for this service because this procedure code corresponds to bilateral surgery indicator '0' and should not be submitted with modifier 50.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
03110	Invalid Modifier RT or LT	Informational	Encounter submitted with a relevant unilateral/bilateral procedure code corresponding to bilateral surgery indicator of '2' on two separate service lines, for the same date of service, cannot contain modifier 'RT' on one (1) line and 'LT' on a subsequent line.

Scenario: First Medical submitted an encounter for Charles Mann with multiple service lines containing procedure code 76514 (echo exam of eye thickness). Modifier 'LT' is present on the first service line and 'RT' is present on a subsequent service line. The EDPS posted error code 03110 on both encounter service lines because procedure code 76514 is a unilateral/bilateral code and should not be submitted with these modifiers even if performed unilaterally only. In addition, each modifier on two (2) separate service lines indicates that the procedure was performed bilaterally and should be billed on one (1) single service line without either modifier.

TABLE 18 – EDPS EDITS PREVENTION AND RESOLUTION STRATEGIES – PHASE III (CONTINUED)

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
03120	Invalid Bilateral Modifier Combination	Informational	MAOs must ensure encounters do not contain invalid bilateral modifier combinations 50, RT, and/or LT for indicator '1'; and 52, RT and LT for indicator '2' on the same service line.

Scenario: Patient View Medical submitted an encounter with a single service line containing procedure code 27447 (total knee arthroplasty; indicator '1') for Charles Mann's bilateral knee replacement surgery. The EDPS returned the encounter to Patient View Medical with error code 03120 because the service line contained modifier 50 and RT on the same service line.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
03125	Bilateral Procedure Units Exceed One	Reject	Procedures with bilateral surgery indicator of '1' or '2' must be billed with only one (1) unit of service with appropriate modifier combinations of 50, RT, or LT for indicator '1' or 52, RT, or LT for indicator '2'.

Scenario: Mountain Breeze Surgery Center submitted an encounter containing procedure code 27447 (i.e., total knee arthroplasty) for David Kennell's knee replacement surgery on both knees. The EDPS posted error code 03125 for this encounter because the service line contained an appropriate modifier 50, but included two (2) units of service.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
03135	Invalid ASC Drug Procedure Code	Informational	The EDPS will post informational edit 03135 when procedure code billed is not listed in the fee schedule as covered drug or biological or allowed for separate payment for an ASC setting.

Scenario: XYZ Surgery submitted an encounter containing procedure code C9113 (Injection, Pantoprazole Sodium) for David Kennell's knee replacement surgery on both knees. The EDPS posted error code 03135 for this encounter because the service line contained a procedure code that is not listed in the fee schedule as a drug allowed for separate payment.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
03140	ASC Surgery Procedure Code Missing	Reject	Certain ancillary services administered in an ASC setting must be submitted with a related ASC surgical procedure code covered on the same date of service.

Scenario: Surgical Center of the Most Acclaimed submitted an encounter containing procedure code Q4121 (i.e., Theraskin) for David Kennell's skin graft. The EDPS posted error code 03140 for this service line because the encounter contained a covered ancillary service/drug procedure code without a related covered surgery procedure.

TABLE 18– EDPS EDITS PREVENTION AND RESOLUTION STRATEGIES – PHASE III (CONTINUED)

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
03160	Cardiovascular Global Test	Informational	Submitters transmitting global diagnostic procedure codes (PC/TC indicator = '4' on the Medicare Physicians Fee Schedule (MPFS)) will receive this edit to indicate the EDPS does not apply Multiple Procedure Pricing Reduction (MPPR) rules. No action is required from the submitter.

Scenario: Dr. Barbara Hartz administered a Cardiovascular Stress Test as part of a comprehensive evaluation for Candy Stryker based on family history. Sunny Skies Health submitted an encounter on behalf of Dr. Hartz using procedure code 93015. The EDPS will report error code 03160 because the procedure has a PC/TC indicator of '4' on the MPFS, and is not subject to MPPR rules in the EDPS.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
03165	Telehealth Facility Fee Not Allowed	Reject	Professional Telehealth encounter service lines containing procedure code Q3014 (Telehealth Originating Site Facility Fee) must also contain place of service '11' (office setting).

Scenario: Dr. Smith used her practice's Telehealth option to follow-up with patient Saqib Murray. Dr. Smith submitted the Telehealth encounter service line with procedure code Q3014 and place of service '12' (home) to the MAO, 4YourHealth. 4YourHealth submitted the encounter to the EDS. The EDPS rejected the encounter service line since the place of service populated was not '11' (office setting).

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
03170	Modifiers FB/FC Billing Error	Informational	Encounters cannot contain both modifiers FB (full device credit policy applies) and FC (partial device credit policy applies) on the same service line for a relevant procedure code; or modifier FB or FC must be present with relevant procedure codes only.

Scenario 1: Heritage ASC submitted an encounter for Dawn Mills with modifier combination FB and FC on the same service line. The EDPS posted error code 03170 for this service line because only one modifier (FB or FC) is allowed for a relevant service.

Scenario 2: Heritage ASC submitted an encounter for Travis Thomas with modifier FB on the service line for a procedure code that is not relevant (i.e. the FB/FC indicator in the ASC Fee Schedule is "N"). The EDPS posted error code 03170 for this service line because the modifier was not applicable for the procedure code submitted.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
03335	Esophageal Doppler Billing Error	Reject	Encounters billed with HCPCS code G9157 must contain POS 21 and a DOS on or after 01/01/13.

Scenario: Soulmate Link submitted an encounter for Jim Hagler who was admitted into the ICU for cardiac ventilation on 12/11/12. The encounter contained HCPCS Code G9157 with a POS of 21. The encounter was rejected because HCPCS Code G9157 should not be submitted with a DOS prior to 1/01/13.

TABLE 18 – EDPS EDITS PREVENTION AND RESOLUTION STRATEGIES – PHASE III (CONTINUED)

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00265	Correct/Replace or Void ICN Not in EODS	Reject	Replacement or void encounter submitted with an invalid or rejected ICN. EDS does not store rejected ICNs.

Scenario: Wednesday Health Services sent an original encounter to the EDS and received accepted ICN 123456789. Dr. John May corrected the associated claim and resubmitted to Wednesday Health Services. Wednesday Health Services submitted the replacement encounter to the EDS using ICN 234567890. The encounter was rejected because the ICN was invalid for the replacement encounter submission.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00764	Original Must Be a Chart Review to Void	Reject	If the void encounter (frequency code '8') is populated with PWK01='09 and PWK02='AA', the original encounter submission must be a chart review encounter populated with PWK01='09' and PWK02='AA'

Scenario: On 1/12/2013, Paisley Community Health submitted an original encounter for Mr. Jolly Jones to the EDS and received the accepted ICN of 3029683010582. On 2/2/2013, Paisley Community Health submitted a chart review encounter to the EDPS to delete a diagnosis code from the original encounter and received the accepted ICN of 5039530285074. In April 2013, Paisley Community Health performed another chart review of Mr. Jones' medical records and discovered that the service was never provided. Paisley Community Health submitted a void encounter to the EDS using the reference ICN of 3029683010582 (the original encounter ICN) and populated PWK01='09' and PWK02='AA'. The EDS rejected the encounter because the ICN referenced was for the original encounter, not the initial chart review.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
01405	Sanctioned Provider	Reject	Submitter must ensure that the billing provider (claim level) as well as the rending provider (claim level) was not suspended or terminated from providing services to Medicare beneficiaries during the time(s) of service indicated on the encounter.

Scenario: Golden Gateway Health Plan submitted an encounter on behalf of Dr. Canen Harp for DOS of 2/12/2013. The EDPS provider files indicated that Dr. Harp was suspended effective 2/1/2013 and not authorized to provide healthcare services. The EDPS rejected the encounter for edit 01405.

TABLE 18 – EDPS EDITS PREVENTION AND RESOLUTION STRATEGIES – PHASE III (CONTINUED)

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00765	Original Must Be a Chart Review to Adjust	Reject	Submitter must ensure that, if the replacement encounter (frequency code '7') is populated with PWK01='09 and PWK02='AA', the original encounter submission was a chart review encounter populated with PWK01='09' and PWK02='AA'. The submitter must also ensure that the ICN references the initial chart review encounter, not the original full encounter. The replacement chart review (frequency code '7') must contain all data elements, including all relevant diagnosis codes populated on the original linked chart review encounter (frequency code '1'). **Important Note**: The accepted, replacement chart review submission will supersede any previous chart review encounter to which it is linked.

Scenario: Flashback Health performed a chart review for Prosperous Living Medical Center. Flashback Health discovered two (2) additional diagnosis codes for an encounter previously submitted for Ms. Leanne Liberty. Flashback Health submitted an initial chart review encounter using the frequency code of '7'. The EDS rejected the chart review encounter submission because initial chart review encounters should contain a frequency code '1'.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00750	Service(s) Not Covered Prior To 4/1/2013	Reject	Encounters submitted for Ventricular Assist Devices (VADs) supplies and accessories with procedure code Q0507, Q0508, or Q0509 must contain dates of service (DOS) on or after 4/01/2013

Scenario: Dr. Zhivago's office submitted a claim to Healthy Heart Health Plan for a battery and battery charger provided to Mr. Joe Schmeaux following the attachment of his VAD on 2/3/2013. Healthy Heart submitted an encounter to the EDS using Q0507. The EDS rejected the encounter with error code 00750 because Q0507 was not an effective code for DOS prior to 4/1/2013.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00175	Verteporfin	Reject	Encounters submitted with TOB 13X or 85X for Ocular Photodynamic Tomography with Verteporfin must contain the same dates of service for the combination of these services, with the appropriate ICD-9 and ICD-10 diagnosis codes. Submitter must also ensure that the procedures are valid for the dates of service.

Scenario: Dr. Cuff conducted an OPT with Verteporfin (J3396 and 67225) for Mr. Jay Bird as treatment for Mr. Bird's diagnosis of atrophic macular degeneration (362.51). The encounter was submitted to the EDS by Strideways Health and rejected because the diagnosis of 362.51 should not be identified for the service submitted on the encounter.

TABLE 18 – EDPS EDITS PREVENTION AND RESOLUTION STRATEGIES – PHASE III (CONTINUED)

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00195	Wrong Setting for Autologous PRP	Informational	Encounters containing HCPCS code G0460 must only be billed with POS codes 11, 19, 22, or 49.

Scenario: Navajo Medical Associates submitted an encounter to bill Autologous Platelet-Rich Plasma (PRP) for a Mr. Garret's non-healing wound. The service was submitted using HCPCS Code G0460 and POS 06. The EDS posted error code 00195 because Indian Health Service Providers cannot administer this service.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00200	Clinical Trial Billing Error	Informational	Clinical trial encounters must contain Modifier "Q0" and clinical trial-specific ICD-9/10 Diagnosis Code V70.7/Z00.6

Scenario: Coagulate Community Health submitted a clinical trial encounter for patient Mr. Bumbly. The service was submitted with modifier 'Q0' but did not contain ICD-9 diagnosis code V70.7. The EDS posted error code 00200 because the clinical trial encounter must contain clinical trial-specific ICD-9 Diagnosis Code V70.7.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00755	Void Encounter Already Void/Adjusted	Reject	Submitter has previously voided an encounter and is attempting to void the same encounter. Submitter should review returned MAO-002 reports to confirm processing of the voided encounter prior to resubmission of the void.

Scenario: Happy Trails Health Plan submitted a void encounter on 10/10/2012. Happy Trails Health Plan voided the same encounter, in error, on 10/15/2012, prior to receiving the MAO-002 report for the initial void encounter, which was returned on 10/16/2012. The MAO-002 report for the subsequent voided encounter was returned with edit 00755 due to the submission of the second void encounter.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
20515	Immunization Dx Must Align with HCPCS	Informational	Administration of the Hepatitis B Vaccine must include relevant HCPCS codes and ICD-9 diagnosis code V05.3 (ICD-10 code Z23 once required)

Scenario: Elizabeth C.K. is a patient at Baltimore Metro ESRD facility. Elizabeth recently received the Hepatitis B Vaccine. Baltimore Metro ESRD submitted encounter with HCPCS code 90740 but failed to include diagnosis code V05.3. The EDS posted error code 20515 since the required ICD-9 diagnosis code V05.3 was not included in the encounter for the service.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
22320	Missing ASC Procedure Code	Informational	An ASC encounter must contain a procedure code for a covered surgical or ancillary service.

Scenario: Heritage ASC Facility submitted an encounter for Harold Wright with surgical procedure 20816 (Replantation digit complete). The EDPS posted error code 22320 for this encounter because surgical procedure 20816 cannot be performed in an ASC setting.

TABLE 18 – EDPS EDITS PREVENTION AND RESOLUTION STRATEGIES – PHASE III (CONTINUED)

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
98315	Linked Chart Review Duplicate	Reject	Linked Chart Review encounters cannot be submitted where the HICN, Associated ICN, header DOS, diagnosis code(s) and TOB contain the exact same values as another Chart Review encounter already present within the EODS.

Scenario: Sequoia Health Plan conducted an audit of Langhorne Hospital and discovered an encounter previously submitted to the EDS contained an unnecessary diagnosis code. On 4/01/2014, Sequoia Health Plan submitted a linked chart review encounter to the EDS containing the associated ICN of the original encounter to identify the unnecessary diagnosis code. On 5/01/2014, Sequoia Health Plan inadvertently submitted the exact same linked chart review encounter to the EDS. The EDS rejected the second submission of the linked chart review encounter because no changes were detected between the two linked chart review encounters.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
98320	Chart Review Duplicate	Reject	Unlinked Chart Review encounters cannot be submitted where the HICN, header DOS, diagnosis code(s) and TOB contain the exact same values as another Chart Review encounter already present within the EODS.

Scenario: Ohio Health Plan conducted an audit of Cincinnati City Hospital and discovered an encounter not previously submitted to the EDS required an additional diagnosis code. On 3/15/2014, Ohio Health Plan submitted an unlinked chart review encounter to the EDS to include the additional diagnosis code. On 6/01/2014, Ohio Health Plan submitted the same unlinked chart review encounter to the EDS due to a clerical error. The EDS rejected the second submission of the unlinked chart review encounter because the EDS detected no changes between the two unlinked chart review encounters.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00030	ICD-10 Dx Not Allowed	Reject	ICD-10 diagnosis codes cannot be submitted for encounters with 'From' DOS prior to 10/01/2015.

Scenario: Arthur Home Health submitted an encounter for Elizabeth Door with DOS from 11/15/2014 through 11/20/2014 with a primary diagnosis code of C509.19 (Malignant Neoplasm of Unspecified Site). The EDS rejected the encounter because an ICD-10 diagnosis code was reported prior to the established transition date to ICD-10 codes. The encounter must be updated with ICD-9 diagnosis code 174.9 and resubmitted to the EDS.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00035	ICD-9 Dx Not Allowed	Reject	ICD-9 diagnosis codes cannot be submitted for encounters with 'From' DOS on or after 10/01/2015 or DOS that spans 10/1/2015 (i.e. 'From' date prior to 10/01/2015 and 'Through' date on or after 10/01/2015).

Scenario: Arthur Home Health submitted an encounter for Elizabeth Door with DOS from 12/03/2015 through 12/10/2015 with a primary diagnosis code of 174.9 (Malignant Neoplasm of Breast (Female) Unspecified Site). The EDS rejected the encounter because an ICD-9 diagnosis code was reported after the established transition date to ICD-10 codes. The encounter must be updated with ICD-10 diagnosis code C509.19 and resubmitted to the EDS.

TABLE 18 – EDPS EDITS PREVENTION AND RESOLUTION STRATEGIES – PHASE III (CONTINUED)

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00775	Unable to Adjust Rejected Encounter	Reject	MAOs cannot submit an replacement encounter that links to a rejected encounter stored in the EODS.

Scenario: Torchlight Healthcare submitted an encounter for services provided to James Miramar by Dr. Gavin, and received ICN 5555555555552. The EDPS rejected the encounter due to invalid beneficiary information. Dr. Gavin's staff identified the need to adjust the payment amount, and sent the corrected payment information to Torchlight Healthcare. Torchlight Healthcare submitted the replacement encounter, containing the corrected payment amount, to the EDPS prior to reconciling the MAO-002 report that identified the original encounter as a rejected encounter. The EDPS rejected the replacement encounter because the original encounter stored in the EODS with ICN 5555555555552 is also rejected. In order to correct data in a rejected encounter (claim level), Dr. Gavin must submit a new, original claim.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00780	Adjustment Must Match Original	Reject	When submitting a replacement or void encounter, MAOs must match the ICN, HICN, Last Name, First Name, Payer ID, and POS header data elements of an accepted encounter stored in the EODS. **Note**: The EDPS will validate the beneficiary's demographic data (HICN, Last Name, First Name) according to the Medicare Beneficiary Database (MBD), as well as validate the beneficiary's Billing Provider NPI prior to posting edit 00780

Scenario: Torchlight Healthcare submitted an encounter totaling $250 for services provided to Ciao Bella by Dr. Gavin, and received ICN 5555555555557. Dr. Gavin's staff identified the need to adjust the payment amount, and sent the corrected payment information, $205, to Torchlight Healthcare under a new Payer ID. Torchlight Healthcare submitted the replacement encounter to the EDPS with the corrected payment information and the patient's new Payer ID. The EDPS rejected the replacement encounter because the patient's Payer ID did not match that of the stored encounter in the EODS or the MBD.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00785	Linked Encounter Not in EODS	Reject	The ICN referenced in a linked chart review must match the ICN of an accepted encounter stored in the EODS.

Scenario: ABC Health Plan submitted an encounter for Janice Wei, and received ICN 1231234564569. As a result of a routine medical record review 6 months later, ABC Health Plan submitted a linked chart review encounter for Ms. Wei, referencing ICN 1231234564568 to add a diagnosis code. The EDPS rejected the chart review encounter because there was not an existing, accepted encounter with ICN 1231234564568 stored in the EODS.

TABLE 18 – EDPS EDITS PREVENTION AND RESOLUTION STRATEGIES – PHASE III (CONTINUED)

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00790	Linked Encounter is Voided/Adjusted	Reject	The ICN referenced in a linked chart review must **not** match the ICN of a voided encounter stored in the EODS.

Scenario: ABC Health Plan submitted an encounter for Emanuel Spice, and received ICN 1234567890123. ABC Health Plan discovered they submitted the encounter in error and submitted a void request to the EDS three months following the original submission. After a chart audit a year later, ABC Health Plan submitted a linked chart review encounter referencing ICN 1234567890123 to delete an incorrectly reported diagnosis code. The EDPS rejected the chart review encounter because ABC Health Plan attempted to delete a diagnosis from the voided encounter.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00795	Linked Encounter is Rejected	Reject	The ICN referenced in a linked chart review must **not** match the ICN of a rejected encounter stored in the EODS.

Scenario: ABC Health Plan submitted an encounter for Shaunna Brookstone, and received ICN 4561234561232. The EDPS rejected the encounter due to invalid beneficiary information populated on the encounter. As a result of a routine medical record review a year later, ABC Health Plan submitted a linked chart review encounter referencing ICN 4561234561232 to add diagnoses. The EDPS rejected the chart review encounter because the EDPS previously rejected the original linked encounter stored in the EODS with ICN 4561234561232

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00800	Parent ICN Not Allowed for Original	Reject	An original, non-chart review encounter should not contain a linked ICN.

Scenario: Southwest Health Plan submitted an original, non-chart review encounter for Samuel Anderson. The original, non-chart review encounter contained a reference to ICN 4561234561233. The EDPS rejected the encounter because an original, non-chart review encounter should not contain an ICN.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00805	Deleted Diagnosis Code Not Allowed	Reject	An unlinked chart review encounter should not be submitted with an indicator for deleting diagnosis code(s) **OR** A replacement chart review encounter for a previously accepted unlinked chart review encounter should not be submitted with an indicator for deleting diagnosis code(s). The EDPS does not allow deletion of a diagnosis from an unlinked chart review. To delete a diagnosis code from an unlinked chart review, the plan should void the existing unlinked chart review and resubmit without the diagnosis code.

Scenario 1: Southwest Health Plan submitted an unlinked chart review encounter (i.e., a chart review encounter without an ICN reference). The original unlinked chart review contains the indicator for deleting a diagnosis code (REF01 = 'EA'/REF02 = '8').

Scenario 2: Southwest Health Plan submitted a replacement encounter (frequency code '7') for a previously accepted unlinked chart review encounter (i.e., a chart review encounter without an ICN reference). The replacement includes an indicator for deleting a diagnosis code (REF01='EA'/REF 03 = '8').

TABLE 18 – EDPS EDITS PREVENTION AND RESOLUTION STRATEGIES – PHASE III (CONTINUED)

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
03150	Modifier 26 and TC on the Same Line	Informational	Diagnostic services containing both a professional component (modifier 26) and a technical component (modifier TC) should be submitted on separate service lines: one for each component.

Scenario: Dr. Jennifer Beck assisted patient Ryan Croft, who suffered a broken arm. Dr. Beck took several X-rays of the arm to assess the injury and submitted the claim to Good Health Plan. Good Health Plan submitted an encounter for X-ray procedure 73090 with modifiers 26 and TC on the same service line. Good Health Plan received error code 03150 on their MAO-002 Report because modifiers 26 and TC should be reported on separate service lines.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
03155	Modifiers Allowed are 26, TC, and 59	Informational	Submitters should not report modifiers other than 26 (professional component), TC (technical component), or 59 (distinct procedural service) for diagnostic services.

Scenario: Dr. Jared Leno administered an Echocardiography (EKG) to Susan Clear as part of an extensive review of Susan's health due to family history of heart disease. Sunny Skies Health submitted an encounter on behalf of Dr. Leno containing procedure code 93000 with modifiers 26, LT, and RT on the same service line. The EDS will report error code 03155 because the submitter should not report modifiers LT and RT for this service.

11.0 Submission of Default Data in a Limited Set of Circumstances

MAOs may submit default data in a limited set of circumstances, as identified and explained in Table 19. MAOs cannot submit default data for any circumstances other than those listed in the table below. CMS will use this interim approach for the submission of encounter data. In each circumstance where default information is submitted, MAOs are required to indicate in Loop 2300, NTE01='ADD', NTE02 = the reason for the use of default information. If there are questions regarding appropriate submission of default encounter data, MAOs should contact CMS for clarification. CMS will provide additional guidance concerning default data, as necessary.

11.1 Default Data Reason Codes (DDRC)

Loop 2300, NTE02 allows for a maximum of 80 characters and one (1) iteration, which limits the submission of default data to one (1) message per encounter.

In order to allow the population of multiple default data messages in the NTE02 field, CMS will use a three (3)-digit default data reason code (DDRC), which will map to the full default data message in the EDS.

MAOs may submit multiple DDRCs with the appropriate three (3)-digit DDRC. Multiple DDRCs will be populated in a stringed sequence with no spaces or separators between each DDRC (i.e., 036040048). Table 19 provides the CMS approved situations for use of default data, the default data message, and the default data reason code.

TABLE 19 - DEFAULT DATA

*DEFAULT DATA	DEFAULT DATA MESSAGE	DEFAULT DATA REASON CODE (NTE02)
Rejected Line Extraction	REJECTED LINES CLAIM CHANGE DUE TO REJECTED LINE EXTRACTION	**036**
Medicaid Service Line Extraction	MEDICAID CLAIM CHANGE DUE TO MEDICAID SERVICE LINE EXTRACTION	**040**
EDS Acceptable Anesthesia Modifier	MODIFIER CLAIM CHANGE DUE TO EDS ACCEPTABLE ANESTHESIA MODIFIER	**044**
Default NPI for atypical providers*	NO NPI ON PROVIDER CLAIM	**048**
Default EIN for atypical providers**	NO EIN ON PROVIDER CLAIM	**052**
Chart Review Default Procedure Codes	DEFAULT PROCEDURE CODES INCLUDED IN CHART REVIEW	**056**
True COB Default Adjudication Date	DEFAULT TRUE COB PAYMENT ADJUDICATION DATE	**060**

*Default NPIs should only be submitted to the EDS when the provider is considered "atypical." An atypical provider is defined as an individual or business that bills for services rendered but does not meet the definition of a healthcare provider according to the NPI Final Rule 45 CFR 160.103 (e.g., non-emergency transportation providers, Meals on Wheels, personal care services, etc.).
**Default EIN should only be submitted to the EDS when the provider is considered "atypical."

12.0 Tier II Testing

CMS developed the Tier II testing environment to ensure that MAOs have the opportunity to test a more inclusive sampling of their data. MAOs that have obtained end-to-end certification may submit Tier II testing data.

CMS encourages MAOs to utilize the Tier II testing environment when they have questions or issues regarding edits received on EDFES Acknowledgement Reports or MAO-002 Encounter Data Processing Status reports; and when they have new submission scenarios that they wish to test prior to submitting to production.

MAOs may submit chart review, replacement, or void encounters to the Tier II testing environment only when the encounters are linked to previously submitted and accepted encounters in the Tier II testing environment.

Encounter files submitted to the Tier II testing environment must comply with the TR3, CMS Edits Spreadsheet, and the CMS EDS Companion Guides, as well as the following requirements:

- Files must be identified using the Authorization Information Qualifier data element "Additional Data Identification" in the ISA segment (ISA01= 03).
- Files must be identified using the Authorization Information data element to identify the "Tier II indicator" in the ISA segment (ISA02= 8888888888).
- Files must be identified as "Test" in the ISA segment (ISA15=T).

- Submitters may send multiple Contract IDs per file
- Submitters may send multiple files for a Contract ID, as long as each file does not exceed 2,000 encounters per Contract ID
- If any Contract ID on a given file exceeds 2,000 encounters during the processing of the file, the entire file will be returned

As with production encounter data, MAOs will receive the TA1, 999, and 277CA Acknowledgement Reports and the MAO-002 Reports.

While not required, MAOs are strongly encouraged to correct errors identified on the reports and resubmit data.

13.0 EDS Acronyms

Table 20 outlines a list of acronyms currently used in the EDS documentation, materials, and reports distributed to MAOs. This list is not all-inclusive; and should be considered a living document. CMS will add acronyms as required.

TABLE 20 – 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 Enhancements 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	
DCN	Document Control Number
DDRC	Default Data Reason Code
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

ACRONYM	DEFINITION
EDI	Electronic Data Interchange
EDIPPS	Encounter Data Institutional Processing and Pricing Sub-System
EDPPPS	Encounter Data Professional Processing and Pricing Sub-System
EDPS	Encounter Data Processing System
EDR	Encounter Data Record
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 / Internal Control Number
IG	Implementation Guide
IPPS	Inpatient Prospective Payment System
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

ACRONYM	DEFINITION
O	
OASIS	Outcome and Assessment Information Set
OBRA	Omnibus Budget Reconciliation Act of 1993
OCE	Outpatient Code Editor
OIG	Officer of Inspector General
OPPS	Outpatient Prospective Payment System
P	
PACE	Programs of 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
RNHCI	Religious Nonmedical Healthcare Institution
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

TABLE 21 - REVISION HISTORY

VERSION	DATE	DESCRIPTION OF REVISION
2.1	9/9/2011	Baseline Version
3.0	11/16/2011	Release 2
4.0	12/9/2011	Release 3
5.0	1/9/2012	Release 4
6.0	3/8/2012	Release 5
7.0	5/8/2012	Release 6
8.0	6/22/2012	Release 7
9.0	8/31/2012	Release 8
10.0	9/26/2012	Release 9
11.0	11/2/2012	Release 10
12.0	11/26/2012	Release 11
13.0	12/21/2012	Release 12
14.0	1/25/2013	Release 13
, 15.0	2/26/2013	Release 14
16.0	, 3/20/2013	Release 15
17.0	4/15/2013,	Release 16
18.0	5/20/2013	Release 17
19.0	6/24/2013,	Release 18
20.0	7/25/2013	Release 19
21.0	9/26/2013,	Release 20
22.0	10/25/2013	Release 21
23.0	11/26/2013,	Release 22
24.0	12/27/2013	Release 23
25.0	1/20/201, 4	Release 24
26.0	2/21/2014	Release 25
27.0	3/18/2014	Release 26

VERSION	DATE	DESCRIPTION OF REVISION
28.0	4/28/2014	Release 27
29.0	5/30/2014	Release 28
30.0	7/30/2014	Release 29
31.0	9/30/2014	Release 30
32.0	11/28/2014	Release 31
33.0	3/31/2015	Release 32
34.0	6/1/2015	Release 33
35.0	9/4/2015	Release 34
36.0	11/28/2015	Release 35
37.0	3/25/2016	**Release 37**
38.0	**7/8/16**	**Section 3.1 –** Removed Limitations in Connectivity Table
38.0	**7/8/16**	**Section 6.7, Table 10 –** Added new EDFES notification
38.0	**7/8/16**	**Section 9.3 –** Added new scenario and file string for Capitated/Non-Capitated Claims (Mixed Claims).
38.0	**7/8/16**	**Section 10.0, Table 14 –** Added new edits 00800 and 00805
38.0	**7/8/16**	**Section 10.0, Table 15 –** Added new edits 00800 and 00805
38.0	**7/8/16**	**Section 10.2.3, Table 18 –** Updated EDPS Edits Prevention and Resolution Strategies and scenarios to include new edits 00800 and 00805.