Medicare Encounter Data System

Standard Companion Guide Transaction Information

Instructions related to the 837 Health Care Claim: Institutional Transaction based on ASC X12 Technical Report Type 3 (TR3), Version 005010X223A2

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Table of Contents

List of Tables

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 and the information in this version reflects current decisions and 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-I Companion Guide addresses how MAOs and other entities conduct Institutional 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-I Companion Guide must be used in conjunction with the associated 837-I Technical Report Type 3 (TR3) and the CMS 5010 Edits Spreadsheets. The instructions in the 837-I CMS EDS Companion Guide are not intended for use as a stand-alone requirements document.

1.2 Overview

The CMS EDS 837-I 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 transactions to be supported by the EDS.
- 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)'s internal code listings
    - Clarification of the use of loops, segments, and composite or simple data elements
    - Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with CMS.

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

1.3 Major Updates

File Submission

MAOs and other entities may reference Section 3.1 – File Size Limitations for enhanced guidance to assist with efficient processing of encounter submissions.

Business Cases

MAOs and other entities may reference Section 9.0 for updated Business Case Scenarios, which will provide clarification of each data string sample, as applicable.

1.4 References

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

The applicable code lists are as follows:

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

CMS provides X12 5010 file format technical edit spreadsheets (CMS 5010 Edits Spreadsheets) for the 837-I, 837-P, 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 and other entities should initially refer to the spreadsheet version identifier. The version identifier is comprised of ten (10) characters, as follows:

- Positions 1-2 indicate the line of business:
  - EA – Part A (837-I)
  - EB – Part B (837-P)
  - 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 AM – 7:00PM ET, Monday-Friday, with the exception of federal holidays. MAOs and other 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 Guide	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, ISA/IEA transaction sets should not exceed 5,000 encounters. Also, it is highly recommended that MAOs and other entities submit larger numbers of encounters within each ST/SE transaction set, 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. NDM and Gentran/TIBCO users may submit a maximum of 255 files per day.

These submission practices will assist with prevention of delays in the generation and distribution of EDFES Acknowledgement reports.

The following table demonstrates the limits due to connectivity methods:

LIMITATIONS IN CONNECTIVITY

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

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

In an effort to support and provide the most efficient processing system, and to allow for maximum performance, CMS recommends that FTP submitters' scripts upload no more than one (1) file per five (5) minute intervals. Zipped files should contain one (1) file per transmission. MAOs and other entities should refrain from submitting multiple files within the same transmission. NDM and Gentran/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 and other entities must upload every line (record) in a file with a length of 80 bytes/characters.

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

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

For example, the ISA record is 106 characters long:

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

ISA*00* *00* *ZZ* ENH9999*ZZ*80881 *120816*114
4*^*00501*000000031*1*P*:~

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 and other entities must populate all elements in the ISA/IEA interchange. There are several elements within the ISA/IEA interchange that must be populated specifically for encounter data purposes. Table 1 below provides EDS Interchange Control (ISA/IEA) specific elements.

Note: Table 1 presents only those elements that provide specific details relevant to encounter data. When developing the encounter data system, users should base their logic on the highest level of specificity. First, consult the WPC/TR3. Second, consult the CMS 5010 Edits Spreadsheets. Third, consult the CMS EDS 837-I Companion Guide. If there are options expressed in the WPC/TR3 or the CMS 5010 Edits Spreadsheets that are broader than the options identified in the CMS EDS 837-I Companion Guide, MAOs and other entities 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
LOOP ID	**REFERENCE**	**NAME**	**CODES**	**NOTES/COMMENTS**
	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
	ISA08	Interchange Receiver ID	80881	
	ISA11	Repetition Separator	^	
	ISA13	Interchange Control Number		Must be 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	A TA1 will be sent if the file is syntactically incorrect, otherwise only a '999' will be sent
	ISA15	Usage Indicator	T P	Test Production
IEA		Interchange Control Trailer		
	IEA02	Interchange Control Number		Must match the value in ISA13

4.2 GS/GE

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

MAOs and other entities must populate all 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 the ISA06
	GS03	Application Receiver's Code	80881	This value must match the value in ISA08
	GS06	Group Control Number		This value must match the value in GE02 Used to identify file level duplicates collectively with ISA13, ST02, and BHT03
	GS08	Version/Release/Industry Identifier Code	005010X223A2	
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 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	005010X223A2	
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 Institutional: Data Element Table

Within the ST/SE transaction set, there are multiple loops, segments, and data elements that provide billing provider, subscriber, and patient level information. MAOs and other entities should reference www.wpc-edi.com to obtain the most current TR3. MAOs and other entities must submit EDS transactions using the most current transaction version.

The 837 Institutional 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 Institutional TR3 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 INSTITUTIONAL 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 Info		
	PER03	Communication Number Qualifier	TE	It is recommended that MAOs and other entities populate the submitter's telephone number
	PER05	Communication Number Qualifier	EM	It is recommended that MAOs and other entities populate the submitter's email address
1000A	PER	Submitter EDI Contact Information		
	PER07	Communication Number Qualifier	FX	It is recommended that MAOs and other entities populate the submitter's fax number
1000B	NM1	Receiver Name		
	NM102	Entity Type Qualifier	2	Non-Person Entity
	NM103	Receiver Name		EDSCMS
	NM109	Receiver ID	80881	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 and other entities must first void the original encounter, then submit a new encounter with the correct Payer ID.

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
2010AA	NM1	Billing Provider Name		
	NM108	Billing Provider ID Qualifier	XX	NPI Identifier
	NM109	Billing Provider Identifier	1XXXXXXXXX	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 to be "atypical." Institutional Default NPI: 1999999976
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." Institutional Default EIN: 199999997
2000B	SBR	Subscriber Information		
	SBR01	Payer Responsibility Number Code	S	EDSCMS is considered the destination (secondary) payer
	SBR09	Claim Filing Indicator Code	MA	Must be populated with a value of MA – Medicare Part A
2010BA	NM1	Subscriber Name		
	NM108	Subscriber Id Qualifier	MI	Must be populated with a value of MI – Member Identification Number
	NM109	Subscriber Primary Identifier		This is the subscriber's Health Insurance Claim (HIC) number. Must match the value in Loop 2330A, NM109
2010BB	NM1	Payer Name		
	NM103	Payer Name		EDSCMS
	NM108	Payer ID Qualifier	PI	Must be populated with the value of PI – Payer Identification
	NM109	Payer Identification	80881	When the Payer ID must be changed for an encounter submitted to the EDS, MAOs and other entities 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 or other entities Contract ID Number
2300	CLM	Claim Information		
	CLM02	Total Claim Charge Amount		
	CLM05-3	Claim Frequency Type Code	1 2 3 4 7 8 9	1=Original claim submission 2=Interim – First Claim 3=Interim – Continuing Claim 4=Interim – Last Claim 7=Adjustment 8=Void 9=Final Claim for a Home Health PPS Episode
2300	DTP	Date – Admission Date/Hour		
	DTP02	Date Time Period Format Qualifier	D8 DT	D8=CCYYMMDD DT=CCYYMMDDHHMM
	DTP03	Admission Date/Hour		Hours (HH) are expressed as “00” for midnight, “01” for 1A.M., and so on through “23” for 11P.M. Minutes (MM) are expressed as “00” through “59”. If the actual minutes are not known, use a default of “00”. This is only required for original or final bills
2300	PWK	Claim Supplemental Info		
	PWK01	Report Type Code	09 OZ PY	Populated for chart review submissions only Populated for encounters generated as a result of paper claims only Populated for encounters generated as a result of 4010 submission only
	PWK02	Attachment Transmission Code	AA	Populated for chart review, paper generated, and 4010 generated encounters
2300	CN1	Contract Information		
	CN101	Contract Type Code	05	Populated for capitated/ staff model arrangements
2300	REF	Payer Claim Control Number		
	REF01	Original Reference Number	F8	
	REF02	Payer Claim Control Number		Identifies ICN from original encounter when submitting adjustment or chart review data

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 only submission*** – 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
2300	HI	Value Information		
	HI01-2	Value Code	A0	Required on all ambulance encounters
	HI01-5	Value Code Amount		If available, the ambulance pick-up location ZIP Code+4 should be provided. The ZIP code must be in the following format: XXXXXXX.XX (If a valid +4 cannot be populated, use '9998' as the +4 extension (XXXXX99.98)).
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
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	Payer 01	MAO or other entity's Contract ID Number. Only populated if there is no Contract ID Number available for a true other payer
2330B	N3	Other Payer Address		
	N301	Other Payer Address Line		MAO or other entity's address
	N4	Other Payer City, State, ZIP Code		
	N401	Other Payer City Name		MAO or other entity's City Name
	N402	Other Payer State		MAO or other entity's State
	N403	Other Payer ZIP Code		MAO or other entity's ZIP Code
2430	SVD	Line Adjudication Information		
	SVD01	Other Payer Primary Identifier		Must match the value in Loop 2330B, NM109

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
2430	CAS	Line Adjustments		
	CAS02	Adjustment Reason Code		If a service line is denied in the MAO's or other entity's 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/or 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 there are syntax errors in the file. Errors found in this stage will cause the entire X12 interchange to be rejected with no further processing.

MAOs and other entities 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 and other entities to associate the TA1 with a specific file previously submitted.

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

6.2 999 – Functional Group Acknowledgement

After the interchange passes the TA1 edits, the next stage of editing is to apply 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 and other entities information on whether the functional groups 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, 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 Edits 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 and other entities should navigate to the IK5 and AK9 segments. If an "A" is displayed in the IK5 and AK9 segments, the claim file is accepted and will continue processing. If an "R" is displayed in the IK5 and AK9 segments, an IK3 and an IK4 segment will be displayed. These segments indicate what loops and segments contain the error that 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 is accepted at the interchange and functional group levels, the third level of editing occurs at the transaction set level within the CEM in order to create the Claim Acknowledgement Transaction (277CA) report. The CEM checks the validity of the values within the data elements. For instance, data element N403 must be a valid nine (9)-digit ZIP code. If a non-existent ZIP code is populated, the CEM will reject the encounter. The 277CA is an unsolicited acknowledgement report from CMS to MAOs and other entities.

The 277CA is used to acknowledge the acceptance or rejection of encounters submitted using a hierarchical level (HL) structure. The first level of hierarchical editing is at the Information Source level. This entity is the decision maker in the business transaction receiving the X12 837 transactions (EDSCMS). The next level is at the Information Receiver level. This is the entity expecting the response from the Information Source. The third hierarchal level is at the Billing Provider of Service level; and the fourth and final level is done at the Patient level. Acceptance or rejection at this level is based on the WPC and the CMS 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 and other entities in order to correct and resubmit those encounters.

If an MAO or other entity receives a 277CA indicating that an encounter was 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 is rejected 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,

- 98300 – Exact Inpatient Duplicate Encounter,
- 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 and other entities will not receive the MAO-001 report if there are no duplicate errors received on submitted encounters.

The MAO-001 report is a fixed length report available in flat file and formatted report layouts. It provides information for encounters and service lines that receive a status of "reject" and specific error messages 98300, 98315, 98320, or 98325. MAOs and other entities must correct and resubmit only those encounters that received edits 98300, 98315, 98320, or 98325. The MAO-001 report allows MAOs and other entities the opportunity to more easily reconcile these duplicate encounters and service lines.

6.5 MAO-002 – Encounter Data Processing Status Report

After a file accepts through the EDFES, the file is transmitted to the Encounter Data Processing System (EDPS) where further editing, processing, pricing, and storage occurs. As a result of EDPS editing, the EDPS will return the MAO-002 – Encounter Data Processing Status Report.

The MAO-002 report is a fixed length report available in flat file and formatted report layouts that provide encounter and service line level information. The MAO-002 reflects two (2) statuses at the encounter and service line level: "accepted" or "rejected". Lines that reflect a status of "accept" yet contain an error message in the Error Description column are considered "informational" edits. MAOs and other entities 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 and other entities must correct and resubmit the encounter. If the '000' header line is "accepted" and at least one (1) other line (i.e., 001 002 003 004) is accepted, then the overall encounter is accepted.

6.6 Reports File Naming Conventions

In order for MAOs and other entities to receive and identify the EDFES 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 and other entities should note that Connect:Direct (NDM) users' reports file naming conventions are user defined.

TABLE 5 – TESTING EDFES REPORTS FILE NAMING CONVENTIONS

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

TABLE 6 – TESTING EDPS REPORTS FILE NAMING CONVENTIONS

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

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

TABLE 7 – FILE NAME COMPONENT DESCRIPTION

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

6.6.2 Production Reports File Naming Convention

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

TABLE 8 – PRODUCTION EDFES REPORTS FILE NAMING CONVENTIONS

REPORT TYPE	GENTRAN/TIBCO MAILBOX	FTP MAILBOX
EDFES Notifications	P.xxxxx.EDS_RESPONSE.pn	RSPxxxxx.RSP.REJECTED_ID
TA1	P.xxxxx.EDS_REJT_IC_ISAIEA.pn	X12xxxxx.X12.TMMDDCCYYHHMMS
999	P.xxxxx.EDS_REJT_FUNCT_TRANS.pn	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_005_DispositionSummary_Rpt P.xxxxx.EDPS_006_EditDisposition_Rpt P.xxxxx.EDPS_007_DispositionDetail_Rpt	P.xxxxx.EDPS_001_DataDuplicate_File P.xxxxx.EDPS_002_DataProcessingStatus_File P.xxxxx.EDPS_004_RiskFilter_File P.xxxxx.EDPS_005_DispositionSummary_ File P.xxxxx.EDPS_006_EditDisposition_ File P.xxxxx.EDPS_007_DispositionDetail_ File
FTP	RPTxxxxx.RPT.PROD_001_DATDUP_RPT RPTxxxxx.RPT.PROD_002_DATPRS_RPT RPTxxxxx.RPT.PROD_004_RSKFLT_RPT RPTxxxxx.RPT.PROD_005_DSPSUM_RPT RPTxxxxx.RPT.PROD_006_EDTDSP_RPT RPTxxxxx.RPT.PROD_007_DSTDTL_RPT	RPTxxxxx.RPT.PROD_001_DATDUP_File RPTxxxxx.RPT.PROD_002_DATPRS_File RPTxxxxx.RPT.PROD_004_RSKFLT_ File RPTxxxxx.RPT.PROD_005_DSPSUM_ File RPTxxxxx.RPT.PROD_006_EDTDSP_ File RPTxxxxx.RPT.PROD_007_DSTDTL_ File

6.7 EDFES Notifications

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

Table 10 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
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)	The submitter is not authorized to send for this plan
All files submitted	PLAN ID CANNOT BE THE SAME AS THE SUBMITTER ID	The Contract ID cannot be the same as the Submitter ID
All files submitted	AT LEAST ONE ENCOUNTER IS MISSING A CONTRACT ID IN THE 2010BB-REF02 SEGMENT	The Contract ID is missing
Production files submitted	SUBMITTER NOT CERTIFIED FOR PRODUCTION	The submitter must be certified to send encounters for production
Tier 2 files submitted	THE INTERCHANGE USAGE INDICATOR MUST EQUAL ‘T’	The Institutional Tier 2 file is being sent with a ‘P’ in the ISA15 field
Tier 2 files 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 CONTAINS (X) TEST CASE (X) ENCOUNTER(S)	The file must contain two (2) of each test case
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
End-to-End Testing	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

APPLIES TO	NOTIFICATION MESSAGE	NOTIFICATION MESSAGE DESCRIPTION
All files submitted	FILE CANNOT EXCEED 5,000 ENCOUNTERS	The maximum number of encounters allowed in a file
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	DATE OF SERVICE CANNOT BE BEFORE 2011	Files cannot be submitted with a date of service before 2011
All files submitted	CAS ADJUSTMENT AMOUNT MUST NOT BE 0	The CAS Adjustment Amount cannot be zero (0).

7.0 Front-End Edits

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

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

MAOs and other entities are able to access the CMS 5010 Institutional 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 Institutional 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 and other entities should reference the WPC website at www.wpc-edi.com for a complete listing of all CSCCs and CSCs.

TABLE 11 – 837 INSTITUTIONAL DEACTIVATED EDFES EDITS

EDIT REFERENCE	EDIT DESCRIPTION	EDIT NOTES
X223.084.2010AA.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

EDIT REFERENCE	EDIT DESCRIPTION	EDIT NOTES
		plan's behalf. 2010AA.NM109 billing provider must be "associated" to the submitter (from a trading partner management perspective) in 1000A.NM109.
X223.087.2010AA.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 PO Box variations when ISA08 = 80881 (Institutional Payer Code).
X223.084.2010AA.NM109.040	CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 85 Billing Provider	Valid NPI Crosswalk must be available for this edit. 2010AA.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109.
X223.090.2010AA.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. 2010AA.REF must be associated with the provider identified in 2010AA.NM109.
X223.127.2010BB.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 data submission only. The CEM applies the following logic: 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.
X223.424.2400.SV202-7.025	CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 306 Detailed description of service 2400.SV202-7 must be present when 2400.SV202-2 contains a non-specific procedure code.	When using a not otherwise classified or generic HCPCS procedure code the CEM is editing for a more descriptive meaning of the procedure code. For example, the submitter is using J3490. The description for this HCPCS is Not Otherwise Classified (NOC) Code.
X223.153.2300.CL103.015	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 234: "Patient discharge status"	When 2300.CL103 value "20", "40", "41", or "42" is present, at least one occurrence of 2300.HI01-2 thru HI12-2 must = "55" where HI01-1 is "BH".
X223.424.2400.SV203.060	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"	SV203 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.
X223.143.2300.CLM02.070	CSCC A7: "Acknowledgement /Rejected for Invalid Information…"	2300.CLM02 must = the sum of all 2400.SV203 amounts.

EDIT REFERENCE	EDIT DESCRIPTION	EDIT NOTES
	CSC 400: "Claim is out of balance" CSC 178: "Submitted Charges"	
X223.143.2300.CLM02.080	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 400: "Claim is out of Balance" CSC 672 "Payer's payment information is out of balance	CLM02 must equal the sum of all 2320 CAS amounts and all 2430 CAS amounts and 2320 AMT02 (when AMT01=D).

7.2 Temporarily Deactivated Front-End Edits

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

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

TABLE 12 – 837 INSTITUTIONAL TEMPORARILY DEACTIVATED EDFES EDITS

EDIT REFERENCE	EDIT DESCRIPTION	EDIT NOTES
X223.364.2320.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	
X223.109.2000B.SBR03.004 X223.109.2000B.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	
X223.109.2000B.SBR04.004 X223.109.2000B.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	

7.3 New EDFES Edits

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

TABLE 13 – 837 NEW INSTITUTIONAL EDFES 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 exact same values populated as a previously submitted and accepted file, the file will be considered a duplicate and the error message CSCC - A8 = Acknowledgement / Rejected for relational field in error, CSC -746 = Duplicate Submission will be provided on the 277CA.

8.2 Detail Level

Once an encounter 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
- Type of Bill (TOB)
- Revenue Code(s)
- Procedure Code(s) and up to 4 modifiers
- Billing 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 Institutional Business Cases

In accordance with 45 CFR 160.103 of the HIPAA, Protected Health Information (PHI) is not included in the 837-I business cases. As a result, the business cases have been populated with fictitious information about the Subscriber, MAO, and provider(s). The business cases reflect 2012 dates of service.

Although the business cases are provided as examples of possible encounter submissions, MAOs and other entities must populate valid data in order to successfully pass translator and CEM level editing. MAOs and other entities should direct questions regarding the contents of the EDS Test Case Specification to encounterdata@cms.hhs.gov.

Note: The business cases identified in the CMS EDS 837-I 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 Institutional Encounter

Business Scenario 1: Patient/subscriber, Mary Dough, was admitted into Mercy Hospital complaining of heart pain. Happy Health Plan was the MAO. Mercy Hospital diagnosed Mary with Congestive Health Failure as the primary diagnosis and diabetes as an additional diagnosis.

File String 1:

```
ISA*00*          *00*          *ZZ*ENH9999       *ZZ*80881         *120816*114
4*^*00501*000000031*1*P*:~
GS*HC*ENH9999*80881*20120816*1144*31*X*005010X223A2~
ST*837*0034*005010X223A2~
BHT*0019*00*3920394930203*20120814*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*MICAH THOMAS*TE*5555552222~
NM1*40*2*EDSCMS*****46*80881~
HL*1**20*1~
NM1*85*2*MERCY HOSPITAL*****XX*1299999999~
N3*876 MERCY DRIVE~
N4*NORFOLK*VA*235089999~
REF*EI*344232321~
PER*IC*ELIZABETH SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567******MA~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS*****PI*80881~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850
REF*2U*H9999~
CLM*22350578967509876984536578798A*200.00***11:A:1**A*Y*Y~
DTP*096*TM*0958~
DTP*434*RD8*20120330-20120331~
DTP*435*D8*20120330~
CL1*2*9*01~
HI*BK:4280~
HI*BJ:4280~
HI*BF:25000~
HI*BR:3121:D8:20120330~
HI*BH:41:D8:20110501*BH:27:D8:20110715*BH:33:D8:20110718*BH:C2:D8:20110729~
HI*BE:30:::20~
HI*BG:01~
NM1*71*1*JONES*AMANDA*AL***XX*1005554104~
SBR*P*18*XYZ1234567******16~
AMT*D*200.00~
```

OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
REF*T4*Y~
LX*1~
SV2*0300*HC:81099*200.00*UN*1~
DTP*472*D8*20120330~
SVD*H9999*200.00*HC:81099*0300*1~
DTP*573*D8*20120401~
SE*50*0034~
GE*1*31~
IEA*1*000000031~

9.2 Capitated Institutional Encounter

Business Scenario 2: Patient/subscriber, Mary Dough, is enrolled in Happy Health Plan and went to Mercy Hospital because she was experiencing leg pain. Mercy Hospital diagnosed Mary with diabetes and leg pain. Happy Health Plan has a capitated arrangement with Mercy Hospital.

File String 2:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80881 *120816*114
4*^*00501*000000331*1*P*:~
GS*HC*ENH9999*80881*20120816*1144*30*X*005010X223A2~
ST*837*0021*005010X223A2~
BHT*0019*00*3920394930203*20120814*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*MICAH THOMAS*TE*5555552222~
NM1*40*2*EDSCMS***46*80881~**
HL*120*1~**
NM1*85*2*MERCY HOSPITAL***XX*1299999999~**
N3*876 MERCY DRIVE~
N4*NORFOLK*VA*235089999~
REF*EI*344232321~
PER*IC*ELIZABETH SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567****MA~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80881~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850
REF*2U*H9999~
CLM*22350578967509876984536578798A *0.00*11:A:1**A*Y*Y~**
DTP*096*TM*0958~
DTP*434*RD8*20120330-20120331~
DTP*435*D8*20120330~
CL1*2*9*01~
CN1*05~
HI*BK:4280~
HI*BJ:4280~
HI*BF:25000~
HI*BR:3121:D8:20120330~
HI*BH:41:D8:20110501*BH:27:D8:20110715*BH:33:D8:20110718*BH:C2:D8:20110729~
HI*BE:30:::20~
HI*BG:01~
NM1*71*1*JONES*AMANDA*AL*XX*1005554104~**
SBR*P*18*XYZ1234567****ZZ~**

AMT*D*100.50~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
LX*1~
SV2*0300*HC:81099*0.00*UN*1~
DTP*472*D8*20120330~
SVD*H9999*100.50*HC:81099*0300*1~
CAS*CO*24*-100.50~
DTP*573*D8*20120401~
SE*50*0021~
GE*1*30~
IEA*1*000000331~

9.3 Chart Review Institutional Encounter – No Linked ICN

Business Scenario 3: Patient/subscriber, Mary Dough, went to Mercy Hospital because she was experiencing leg pain. Happy Health Plan was the MAO. Happy Health Plan performs a chart review at Mercy Hospital and determines that a diagnosis for Mary Dough was never submitted on a claim. The medical record does not contain enough information to submit a full claim, yet there is enough information to support the diagnosis and link the chart review encounter back to the medical record. Happy Health Plan submits a chart review encounter with no linked ICN to add the diagnosis.

File String 3:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80881 *120816*114
4*^*00501*000000031*1*P*:~
GS*HC*ENH9999*80881*20120816*1144*31*X*005010X223A2~
ST*837*0034*005010X223A2~
BHT*0019*00*3920394930203*20120814*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*MICAH THOMAS*TE*5555552222~
NM1*40*2*EDSCMS***46*80881~**
HL*120*1~**
NM1*85*2*MERCY HOSPITAL***XX*1299999899~**
N3*876 MERCY DRIVE~
N4*NORFOLK*VA*235089999~
REF*EI*344232321~
PER*IC*ELIZABETH SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567****MA~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80881~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850
REF*2U*H9999~
CLM*2235057896750987698453657879 8A*0.00*11:A:1**A*Y*Y~**
DTP*096*TM*0958~
DTP*434*RD8*20120330-20120331~
DTP*435*D8*20120330~
CL1*2*9*01~
PWK*09*AA~
HI*BK:4280~
HI*BJ:4280~
HI*BF:25000~
HI*BR:3121:D8:20120330~
HI*BH:41:D8:20110501*BH:27:D8:20110715*BH:33:D8:20110718*BH:C2:D8:20110729~
HI*BE:30:::20~

HI*BG:01~
NM1*71*1*JONES*AMANDA*AL*XX*1005554104~**
SBR*P*18*XYZ1234567****16~**
AMT*D*0.00~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
REF*T4*Y~
LX*1~
SV2*0300*HC:81099*0.00*UN*1~
SVD*H9999*65.00*HC:810991~**
DTP*472*D8*20120330~
SE*49*0034~
GE*1*31~
IEA*1*000000031~

9.4 Chart Review Institutional Encounter – Linked ICN (Add Diagnoses)

Business Scenario 4: Patient/subscriber, Mary Dough, went to Mercy Hospital because she was experiencing leg pain. Happy Health Plan was the MAO. Mercy Hospital submits the encounter to CMS and receives an ICN of 1294598098746. Happy Health Plan performs a chart review related to ICN 1294598098746 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 CLM05-3 = '1'(Original)) to add all necessary diagnoses, and submit a separate linked chart review encounter (also 2300 CLM05-3 = '1'(Original)) to delete all necessary diagnosis codes.

MAOs should submit an adjustment chart review encounter (2300 CLM05-3 = '7' (correct/replace)) 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' (void/delete)) only when the original chart review encounter (linked or unlinked) requires deletion.

File String 4:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80881 *120816*114
4*^*00501*000000031*1*P*:~
GS*HC*ENH9999*80881*20120816*1144*31*X*005010X223A2~
ST*837*0034*005010X223A2~
BHT*0019*00*3920394930203*20120814*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*MICAH THOMAS*TE*5555552222~
NM1*40*2*EDSCMS***46*80881~**
HL*120*1~**
NM1*85*2*MERCY HOSPITAL***XX*1299999899~**
N3*876 MERCY DRIVE~
N4*NORFOLK*VA*235089999~
REF*EI*344232321~
PER*IC*ELIZABETH SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567****MA~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80881~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850
REF*2U*H9999~
CLM*22350578967509876984536578798A*0.00*11:A:1**A*Y*Y~**
DTP*096*TM*0958~
DTP*434*RD8*20120330-20120331~
DTP*435*D8*20120330~

CL1*2*9*01~
PWK*09*AA~
REF*F8*1294598098746~
HI*BK:25000~ (First diagnosis to be added, 'BK' – not repeatable)
HI*BF:2720~ (Second diagnosis to be added, 'BF' – repeatable through HI12)
NM1*71*1*JONES*AMANDA*AL*XX*1005554106~**
SBR*P*18*XYZ1234567****16~**
AMT*D*0.00~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
REF*T4*Y~
LX*1~
SV2*0300*HC:81099*0.00*UN*1~
SVD*H9999*87.50*HC:810991~**
DTP*472*D8*20120330~
SE*50*0034~
GE*1*31~
IEA*1*000000031~

9.5 Chart Review Institutional Encounter – Linked ICN (Delete Diagnoses)

Business Scenario 5: Patient/subscriber, Mary Dough, went to Mercy Hospital because she was experiencing leg pain. Happy Health Plan was the MAO. Happy Health Plan submits the encounter to CMS and receives an ICN of 1294598098746. Happy Health Plan performs a chart review related to ICN 1294598098746 and determines that the original encounter should not have reported diagnoses related to diabetes and high cholesterol, which should be deleted. Happy Health Plan submits a Chart Review encounter to delete the relevant 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 an adjustment chart review encounter (2300 CLM05-03 = '7' (correct/replace)) 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' (void/delete)) only when the original chart review encounter (linked or unlinked) requires deletion.

File String 5:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80881 *120816*114
4*^*00501*000000031*1*P*:~
GS*HC*ENH9999*80881*20120816*1144*31*X*005010X223A2~
ST*837*0034*005010X223A2~
BHT*0019*00*3920394930203*20120814*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*MICAH THOMAS*TE*5555552222~
NM1*40*2*EDSCMS***46*80881~**
HL*120*1~**
NM1*85*2*MERCY HOSPITAL***XX*1299999899~**
N3*876 MERCY DRIVE~
N4*NORFOLK*VA*235089999~
REF*EI*344232321~
PER*IC*ELIZABETH SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567****MA~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80881~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850
REF*2U*H9999~
CLM*22350578967509876984536578798A*0.00*11:A:1**A*Y*Y~**
DTP*096*TM*0958~
DTP*434*RD8*20120330-20120331~

DTP*435*D8*20120330~
CL1*2*9*01~
PWK*09*AA~
REF*F8*1294598098746~
REF*EA*8~
HI*BK:25000~ (First diagnosis to be deleted, 'BK' – not repeatable)
HI*BF:2720 ~ (Second diagnosis to be deleted, 'BF' – repeatable through HI12)
NM1*71*1*JONES*AMANDA*AL*XX*1005554106~**
SBR*P*18*XYZ1234567****16~**
AMT*D*0.00~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
REF*T4*Y~
LX*1~
SV2*0300*HC:81099*0.00*UN*1~
SVD*H9999*87.50*HC:810991~**
DTP*472*D8*20120330~
SE*50*0034~
GE*1*31~
IEA*1*000000031~

9.6 Complete Replacement Institutional Encounter

Business Scenario 6: Patient/subscriber, Mary Dough, went to Mercy Hospital because she was experiencing heart pain. Mercy Hospital diagnosed Mary with Congestive Heart Failure and diabetes. Happy Health Plan submits the encounter to CMS and receives an ICN 1122978564098. After further investigation, it was determined that Happy Health Plan submitted the encounter with an incorrect payment. Happy Health Plan submits a replacement encounter to CMS, using ICN 1122978564098 to correct the payment amount.

File String 6:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80881 *120816*114
4*^*00501*000000554*1*P*:~
GS*HC*ENH9999*80881*20120816*1144*80*X*005010X223A2~
ST*837*0567*005010X223A2~
BHT*0019*00*3920394930203*20120814*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*MICAH THOMAS*TE*5555552222~
NM1*40*2*EDSCMS***46*80881~**
HL*120*1~**
NM1*85*2*MERCY HOSPITAL***XX*1299999999~**
N3*876 MERCY DRIVE~
N4*NORFOLK*VA*235089999~
REF*EI*344232321~
PER*IC*ELIZABETH SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567****MA~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80881~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850
REF*2U*H9999~
CLM*22350578967509876984536578798A*200.00*11:A:7**A*Y*Y~**
DTP*096*TM*0958
DTP*434*RD8*20120330-20120331~
DTP*435*D8*20120330-20120331~
CL1*2*9*01~
REF*F8*1222978564098~
HI*BK:4280~
HI*BJ:4280~
HI*BR:3121:D8:20120330~
HI*BH:41:D8:20110501*BH:27:D8:20110715*BH:33:D8:20110718*BH:C2:D8:20110729~
HI*BE:30:::20~
HI*BG:01~

NM1*71*1*JOHNSON*AMANDA*AL*XX*1005554104~**
SBR*P*18*XYZ1234567****16~**
CAS*CO*39*120.00~
AMT*D*80.00~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH ST~
N4*NORFOLK*VA*235048769~
LX*1~
SV2*0300*HC:81099*200.00*UN*1~
DTP*472*D8*20120330~
SVD*H9999*0.00*HC:992121~**
DTP*573*20120401~
SE*50*0567~
GE*1*80~
IEA*1*000000554~

9.7 Complete Deletion Institutional Encounter

Business Scenario 7: Patient/subscriber, Mary Dough, was admitted to Miracle Health Center because she was experiencing abdominal pain. Happy Health Plan is the MAO. Dr. Smart at Miracle Health Center diagnosed Mary with a gastric ulcer. Happy Health Plan submits the encounter to CMS and receives ICN 1212487000032. Happy Health Plan then determines that the claim for Mary's visit was not adjudicated in their internal system. Happy Health Plan submits a void encounter to delete the previously submitted encounter.

File String 7:

```
ISA*00*          *00*          *ZZ*ENH9999       *ZZ*80881         *120430*114
4*^*00501*000000298*1*P*:~
GS*HC*ENH9999*80881*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*80881~
HL*1**20*1~
NM1*85*1*MIRACLE HEALTH CENTER*****XX*1299999999~
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139999~
REF*EI*765879876~
PER*IC*ELIZABETH SMART*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567**47****MB~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS*****PI*80881~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997677856479709654A*100.50***11:B:8*Y*A*Y*Y~
REF*F8*1212487000032~
HI*BK:53190~
SBR*P*18*XYZ1234567******16~
CAS*CO*223*100.50~
AMT*D*0.00~
OI***Y***Y~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN*****XV*H9999~
N3*705 E HUGH ST~
```

N4*NORFOLK*VA*235049999~
REF*T4*Y~
LX*1~
SV2*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~

9.8 Atypical Provider Institutional 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*80881  *120816*114
4*^*00501*000000032*1*P*:~
GS*HC*ENH9999*80881*20120816*1144*35*X*005010X223A2~
ST*837*0039*005010X223A2~
BHT*0019*00*3920394930203*20120814*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*MICAH THOMAS*TE*5555552222~
NM1*40*2*EDSCMS*****46*80881~
HL*1**20*1~
NM1*85*2*MERCY SERVICES*****XX*1999999976~
N3*876 MERCY DRIVE~
N4*NORFOLK*VA*235089999~
REF*EI*199999997~
PER*IC*ELIZABETH SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567******MA~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS*****PI*80881~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850
REF*2U*H9999~
CLM*22350578967509876984536578799A*50.00***83:A:1**A*Y*Y~
DTP*434*RD8*20120330-20120331~
CL1*9*9*01~
HI*BK:78099~
NTE*ADD*048052~
SBR*P*18*XYZ1234567******16~
AMT*D*50.00~
OI***Y***Y~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN*****XV*H9999~
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
REF*T4*Y~
LX*1~
```

SV2*0300*HC:D0999*50.00*UN*1~
DTP*472*D8*20120330~
SVD*H9999*50.00*HC:D0999*0300*1~
DTP*573*D8*20120401~
SE*41*0039~
GE*1*35~
IEA*1*000000032~

9.9 Paper Generated Institutional Encounter

Business Scenario 9: Patient/subscriber, Mary Dough, receives services from Mercy Center. Mercy Center submits the claim to Happy Health Plan on a UB-04. Happy Health Plan is the MAO and converts the paper claim into an electronic submission.

File String 9:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80881 *120816*114
4*^*00501*000000032*1*P*:~
GS*HC*ENH9999*80881*20120816*1144*35*X*005010X223A2~
ST*837*0039*005010X223A2~
BHT*0019*00*3920394930203*20120814*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*MICAH THOMAS*TE*5555552222~
NM1*40*2*EDSCMS***46*80881~**
HL*120*1~**
NM1*85*2*MERCY CENTER***XX*1234999999~**
N3*876 MERCY DRIVE~
N4*NORFOLK*VA*235089999~
REF*EI*128752354~
PER*IC*ELIZABETH SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567****MA~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80881~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*22350578967509876984536578799A*50.00*83:A:1**A*Y*Y~**
DTP*434*RD8*20120330-20120331~
CL1*9*9*01~
PWK*OZ*AA~
HI*BK:78099~
SBR*P*18*XYZ1234567****16~**
AMT*D*50.00~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
REF*T4*Y~

LX*1~
SV2*0300*HC:D0999*50.00*UN*1~
DTP*472*D8*20120330~
SVD*H9999*50.00*HC:D0999*0300*1~
DTP*573*D8*20120403~
SE*42*0039~
GE*1*35~
IEA*1*000000032~

9.10 True Coordination of Benefits Institutional Encounter

Business Scenario 10: Patient/subscriber, Mary Dough, was admitted into Mercy Hospital complaining of heart pain. Mercy Hospital diagnosed Mary with congestive heart failure and diabetes. Happy Health Plan is the MAO submitting the encounter to CMS. Mary Dough also has healthcare coverage through Other Health Plan, the secondary payer, who has distributed a payment for Mary.

File String 10:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80881 *120816*114
4*^*00501*000000031*1*P*:~
GS*HC*ENH9999*80881*20120816*1144*31*X*005010X223A2~
ST*837*0034*005010X223A2~
BHT*0019*00*3920394930203*20120814*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*MICAH THOMAS*TE*5555552222~
NM1*40*2*EDSCMS***46*80881~**
HL*120*1~**
NM1*85*2*MERCY HOSPITAL***XX*1299999999~**
N3*876 MERCY DRIVE~
N4*NORFOLK*VA*235089999~
REF*EI*344232321~
PER*IC*ELIZABETH SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567****MA~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80881~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850
REF*2U*H9999~
CLM*22350578967509876984536578799A*712.00*11:A:1**A*Y*Y~**
DTP*096*TM*0958~
DTP*434*RD8*20120330-20120331~
DTP*435*D8*20120330~
CL1*2*9*01~
HI*BK:78901~
NM1*71*1*JONES*AMANDA*AL*XX*1005554104~**
SBR*P*18*XYZ1234567****16~**
AMT*D*700.00
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**

N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
SBR*T*18*XYZ3489388****16~**
CAS*CO*223*700.00~
AMT*D*12.00~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*OTHER HEALTH PLAN***XV*PAYER01~**
N3*400 W 21 ST~
N4*NORFOLK*VA*235059999~
DTP*573*D8*20120401~
REF*T4*Y
LX*1~
SV2*0300*HC:81099*712.00*UN*1~
DTP*472*D8*20120330~
SVD*H9999*700.00*HC:D0999*0300*1~
CAS*CO*45*12.00~
DTP*573*D8*20120401~
SE*56*0034~
GE*1*31~
IEA*1*000000031~

9.11 Bundled Institutional Encounter

Business Scenario 11: Patient/subscriber, Mary Dough, was admitted into Mercy Hospital complaining of heart pain. Happy Health Plan was the MAO. Mercy Hospital diagnosed Mary with Congestive Health Failure as the primary diagnosis and diabetes.

File String 11:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80881 *120816*114
4*^*00501*000000031*1*P*:~
GS*HC*ENH9999*80881*20120816*1144*31*X*005010X223A2~
ST*837*0034*005010X223A2~
BHT*0019*00*3920394930203*20120814*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*MICAH THOMAS*TE*5555552222~
NM1*40*2*EDSCMS***46*80881~**
HL*120*1~**
NM1*85*2*MERCY HOSPITAL***XX*1299999999~**
N3*876 MERCY DRIVE~
N4*NORFOLK*VA*235089999~
REF*EI*344232321~
PER*IC*ELIZABETH SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567****MA~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80881~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850
REF*2U*H9999~
CLM*22350578967509876984536578798A*100.00*11:A:1**A*Y*Y~**
DTP*096*TM*0958~
DTP*434*RD8*20120330-20120331~
DTP*435*D8*20120330~
CL1*2*9*01~
HI*BK:4280~
HI*BJ:4280~
HI*BF:25000~
HI*BR:3121:D8:20120330~
HI*BH:41:D8:20110501*BH:27:D8:20110715*BH:33:D8:20110718*BH:C2:D8:20110729~
HI*BE:30:::20~
HI*BG:01~
NM1*71*1*JONES*AMANDA*AL*XX*1005554104~**
SBR*P*18*XYZ1234567****16~**
AMT*D*9.48~

OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
REF*T4*Y~
LX*1~
SV2*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~
SV2*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*57*0034~
GE*1*31~
IEA*1*000000031~

9.12 Skilled Nursing Facility Encounter

Business Scenario 12: Patient/subscriber, Mary Dough, was admitted into Mercy Health and Rehabilitation SNF for intensive physical therapy services. Happy Health Plan was the MAO. The SNF admitted Mary for inpatient monitoring and physical therapy for a fractured femur. Her length of stay was from 07/10/2014 through 07/26/2014.

File String 12:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80881 *120816*114
4*^*00501*000000031*1*P*:~
GS*HC*ENH9999*80881*20120816*1144*31*X*005010X223A2~
ST*837*0034*005010X223A2~
BHT*0019*00*3920394930203*20120814*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*MICAH THOMAS*TE*5555552222~
NM1*40*2*EDSCMS***46*80881~**
HL*120*1~**
NM1*85*2*MERCY HEALTH AND REHAB***XX*1299999999~**
N3*876 MERCY DRIVE~
N4*NORFOLK*VA*235089999~
REF*EI*344232321~
PER*IC*ELIZABETH SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567****MA~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80881~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850
REF*2U*H9999~
CLM*22350578967509876984536578798A*25453.42*21:A:1**A*Y*Y~**
DTP*096*TM*0958~
DTP*434*RD8*20140710-20140726~
DTP*435*D8*20140710~
CL1*2*9*01~
HI*BK:82021
HI*BJ:82021
HI*BH:50:D8:20140726~
NM1*71*1*LEACH*ELIZA*AL*XX*1005554104~**
SBR*P*18*XYZ1234567****16~**
AMT*D*25453.42~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~

N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
REF*T4*Y~
LX*1~
SV2*0022*HP:RML21*0*UN*1*1~**
LX*2~
SV2*0420*HC:97110*25453.42*UN*14~
DTP*472*RD8*20140712-20140726~
SVD*H9999*25453.42*HC:98925*0022*14*~
DTP*573*D8*20140930~
SE*57*0034~
GE*1*31~
IEA*1*000000031~

10.0 Encounter Data Institutional Processing and Pricing System Edits

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

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

The EDIPPS edits are organized in nine (9) different categories, as provided in Table 14, Column 2. The EDIPPS 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 C1 level editing prior to transferring the data to the EDIPPS for reprocessing. The EDIPPS 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 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 EDIPPS edits. MAOs and other entities should note that, as testing progresses, it may be determined that the current edits require modifications, additional edits may be necessary, or edits may be deactivated. MAOs and other entities must always reference the most recent version of the CMS EDS 837-I Companion Guide to determine the current edits in the EDIPPS.

TABLE 14 – ENCOUNTER DATA INSTITUTIONAL PROCESSING AND PRICING SYSTEM (EDIPPS) EDITS

EDIPPS EDIT#	EDIPPS EDIT CATEGORY	EDIPPS EDIT DESCRIPTION	EDIPPS EDIT ERROR MESSAGE
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
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
00699	Validation	Reject	Void Must Match Original
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 Chart Review to Void
00765	Validation	Reject	Original Must Be 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
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	Validation	Reject	HCPCS Code Invalid for DOS
03022	Pricing	Reject	Invalid CMG for IRF Encounter
03165	Validation	Reject	Telehealth Facility Fee Not Allowed
17085	Validation	Reject	CC 40 Required for Same Day Transfer
17100	Validation	Reject	DOS Required for HH Encounter
17257	Validation	Informational	Rev Code 091X Not Allowed
17310	Validation	Reject	Rev Code 036X Requires Surg Proc Code
17330	Reference	Reject	RAP Not Allowed
17404	Validation	Reject	Duplicate CPT/HCPCS and Unit Exceeds 1
17407	Validation	Reject	Modifier Requires HCPCS Code

EDIPPS EDIT#	EDIPPS EDIT CATEGORY	EDIPPS EDIT DESCRIPTION	EDIPPS EDIT ERROR MESSAGE
17735	Validation	Reject	Modifier Not Within Effective Date
18010	Reference	Informational	Age and Dx Code Conflict
18012	Reference	Informational	Gender and Dx Code Conflict
18018	Reference	Informational	Gender and CPT/HCPCS Conflict
18130	Reference	Reject	Duplicate Principal Dx Code
18135	Reference	Reject	Principal Dx Code is Manifestation Code
18140	Reference	Reject	Principal Dx Code is E-Code
18145	Reference	Reject	Unacceptable Dx Code
18260	Reference	Reject	HCPCS Required with Submitted Rev Code
18270	Validation	Informational	Rev Code and HCPCS Required
18300	Validation	Reject	FQHC Payment Code is Invalid/Missing
18305	Validation	Reject	Invalid/Missing FQHC Qualifying Visit
18310	Validation	Reject	Required FQHC Revenue Code is Missing
18315	Validation	Reject	Item/Service Not Covered Under FQHC
18500	Conflict	Informational	Multiple CPT/HCPCS for Same Service
18540	Reference	Informational	CPT/HCPCS Service Unit Out Of Range
18705	Validation	Reject	Invalid Discharge Status
18710	Validation	Reject	Missing/Invalid POA Indicator
18730	Reference	Reject	Invalid Modifier Format
18905	Validation	Reject	Age Is 0 Or Exceeds 124
20270	Validation	Reject	From & Thru Dates Equal - Day Count > 1
20450	Validation	Reject	Attending Physician is Sanctioned
20455	Validation	Informational	Operating Provider Is Sanctioned
20495	Validation	Reject	Revenue Code is Non-Billable for TOB
20500	Conflict	Reject	Invalid DOS for Rev Code Billed
20505	Conflict	Reject	Correct Ambulance HCPCS/Rev Code Required
20510	Conflict	Reject	Rev Code 054X Requires Specific HCPCS
20515	Conflict	Informational	Immunization Dx Must Align with HCPCS
20520	Validation	Informational	Invalid Ambulance Pick-up Location
20525	Validation	Reject	Multiple Ambulance Pick-up Locations
20530	Validation	Informational	Missing Ambulance Pick-up Zip Code
20835	Pricing	Reject	Service Line DOS Not Within Header DOS
20980	Pricing	Informational	Provider Cannot Bill TOB 12X or 22X
21925	Pricing	Reject	Swing Bed SNF Conditions Not Met
21950	Pricing	Reject	Line Level DOS Required
21951	Pricing	Informational	No OSC 70 or Covered Days Less Than 3
21958	Pricing	Informational	Rehab Therapy Ancillary Codes Required
21976	Validation	Informational	OSC 70 Dates Outside of Coverage Period
21979	Validation	Reject	Charges for Rev Code 0022 Must Be Zero
21980	Validation	Reject	CC D2 Requires Change in One HIPPS
21994	Validation	Informational	From Date Greater Than Admit Date
22015	Validation	Informational	Number of Days Conflicts With HH Episode

EDIPPS EDIT#	EDIPPS EDIT CATEGORY	EDIPPS EDIT DESCRIPTION	EDIPPS EDIT ERROR MESSAGE
22020	Validation	Informational	Conflict Between CC and OSC
22095	Validation	Reject	Encounter Must Be Submitted on 837-P DME
22100	Validation	Informational	Rev Code 0023 Invalid for DOS
22135	Validation	Reject	Multiple Rev Code 0023 Lines Present
22205	Validation	Reject	Service Line Missing DOS
22220	Validation	Reject	Admit/Provider Effective Date Conflict
22225	Validation	Informational	Missing Provider Specific Record
22280	Validation	Reject	Rev Code 277 Invalid for a HH
22290	Validation	Reject	Service Line Requires DOS
22320	Validation	Informational	Missing ASC Procedure Code
22340	Validation	Reject	ESRD Diagnosis Code Missing
22355	Validation	Reject	Inpatient Service Line Error
22390	Validation	Reject	HIPPS Code Required for SNF/HH
22395	Validation	Reject	HIPPS Codes Conflicts with Revenue Code
22400	Validation	Reject	HP Qualifier Must Exist for HIPPS Code
22405	Validation	Reject	Occurrence Code 55 & DOD Required (*DOS on or after 01/01/2013)*
22410	Pricing	Reject	Invalid Service(s) for TOB
22415	Pricing	Reject	Revenue Code 0274 Required
22420	Validation	Reject	TOB 33X Invalid for DOS
22430	Validation	Reject	HCPCS Codes with Invalid TOB
25000	NCCI	Informational	CCI Error
27000	Validation	Reject	Height or Weight Value Exceeds Limit
98300	Duplicate	Reject	Exact Inpatient Duplicate Encounter
98315	Duplicate	Reject	Linked Chart Review Duplicate
98320	Duplicate	Reject	Chart Review Duplicate
98325	Duplicate	Reject	Service Line(s) Duplicated

10.1 EDIPPS Edits Enhancements Implementation Dates

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

TABLE 15 – EDIPPS EDITS ENHANCEMENTS IMPLEMENTATION DATES

EDIT	EDIT DISPOSITION	EDIT DESCRIPTION	ENHANCEMENT	ENHANCEMENT DATE
00190	Informational	Encounter Beyond Timely Filing Req	Edit removed from MAO-002 Report	2/12/16
00770	Informational	Adjustment Beyond Timely Filing Req	Edit removed from MAO-002 Report	2/12/16
20035	Reject	Requires DOD for Rev Code 057X	Edit Deactivated	2/12/16

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 EDIPPS Edits Prevention and Resolution Strategies

In order to assist MAOs and other entities with the prevention of potential errors in their encounter data submission and with resolution of edits received on the generated MAO-002 reports, CMS has provided comprehensive strategies and scenarios. CMS has identified strategies and scenarios in three (3) phases.

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

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

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

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
17310	Rev Code 036X Requires Surg Proc Code	Reject	Revenue Code 036X must be submitted with a required surgical ICD-9 CM procedure code for TOBs 11X, 18X, or 21X.

Scenario: Life and Health Associates submitted an encounter for Galaxy Suburb Hospital for a prostate cryosurgery performed on 5/15/2012. The encounter was populated with Revenue Code of 036X, but did not include ICD-9-CM procedure code 6062.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
17407	Modifier Requires HCPCS Code	Reject	Service line submitted with HCPCS modifier, but not the required HCPCS code. Verify that codes/ modifiers are accurate.

Scenario: Dr. Whitty submitted the HCPCS modifier code 25- Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Day of a Procedure, without the appropriate level of E&M service.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
17735	Modifier Not Within Effective Date	Reject	Modifier not active for DOS reported. Submitter must verify that modifiers reported are valid and current.

Scenario: As a follow up to a postoperative surgery on 8/1/2012, Dr. Whitty submitted HCPCS modifier code 21- Prolonged evaluation and management services on 9/28/2012; however, the modifier was deactivated on 9/1/2012.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
20270	From & Thru Dates Equal - Day Count > 1	Reject	Inpatient encounter contains same “from” and “through” DOS; however, the day count reported in Loop 2320 MIA15 does not equal 1. Verify that DOS are accurate or that day count is equal to 1.

Scenario: Nightline Hospital admitted a patient at 8 p.m. on 10/23/2012 and the patient was discharged at 2 p.m. on 10/24/2012. Dawn to Dusk Healthcare submitted the encounter with a day count of “2” for admission, although the overnight stay is considered one (1) day.

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

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
20505	Correct Ambulance HCPCS/Rev Code Required	Reject	Revenue Code 540 populated without appropriate ambulance HCPCS codes and/or a unit greater than 1 for the HCPCS code. Also provide HCPCS mileage codes.

Scenario: Blue Flight Health Plan submitted an encounter for ground ambulance services with Revenue Code 540; however, the HCPCS code was not populated.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
20510	Rev Code 054X Requires Specific HCPCS	Reject	HCPCS code is not valid for submission with Revenue Code 540. Use an appropriate HCPCS code from the list of HCPCS codes acceptable for submission with Revenue Code 540.

Scenario: Blue Flight Health Plan submitted a ground transportation ambulance Revenue Code 540 with a HCPCS code A0021-Out of State Per Mile, which was valid for the service, but is invalid for Medicare.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
20530	Missing Ambulance Pick-up Zip Code	Informational	Submitter should provide a valid nine (9)-digit ZIP code for ambulance pick-up location on ambulance encounters submitted on an Institutional encounter. (See formatting guidance in Section 5.1, Table 4.)

Scenario: Mystery Health Plan submitted an encounter on behalf of Rush Ambulance with an ambulance ZIP code populated as "0" in Loop segment 2300 HI01-05.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
20835	Service Line DOS Not Within Header DOS	Reject	Line level DOS reported that does not fall within "from" and "through" DOS range reported on header level of encounter. Verify the accuracy of all DOS.

Scenario: Who Knows Hospital admitted Janet Doe on 6/1/2012 and discharged her on 6/10/2012. Padre Care Plan submitted an inpatient encounter on behalf of Who Knows Hospital for Ms. Doe. The service line DOS were correct; however, the claim header indicated that Ms. Doe was admitted on 6/6/2012 and discharged on 6/12/2012.

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

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

TABLE 17 – EDIPPS 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 a knee replacement performed at Wonderful Hills Mediplex for DOS of 6/20/2012. The encounter was rejected because the "from" DOS was after the date of encounter submission.

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

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.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00025	Through DOS After Receipt Date	Reject	Encounter submitted with a service line "through" DOS that occurred after the date the encounter was submitted.

Scenario: Leverage Community Health submitted an encounter on 8/23/2012 for a myringotomy performed by Dr. Earwell. The service line DOS for the procedure was on 8/29/2012. The encounter was rejected because the encounter was submitted to the EDS prior to the DOS listed on the encounter.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00265	Correct/Replace or Void ICN Not in EODS	Reject	Adjustment/Void encounter submitted with an invalid ICN. Verify accuracy of ICN on the returned MAO-002 report.

Scenario: Chance Medical Services submitted an encounter to the EDS and received an MAO-002 report with an accepted ICN of 123456789. The encounter required adjustment. Chance Medical Services submitted an adjustment encounter using ICN 234567899. The adjustment encounter was rejected because there was no original record in the EDS for this ICN with the same Submitter ID.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00699	Void Must Match Original	Reject	When submitting a void, MAOs must match the linked ICN, HICN, Last Name, First Name, TOB, 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: Grantham Healthcare submitted an encounter for pre-operation lab work for Juno Brac containing five (5) service lines. Torchlight Healthcare then submitted a void encounter for the same annual physical; 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 on the void encounter.

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

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

Scenario: Dr. Domuch performed a cystectomy for Wally Dowright on 10/2/2012. Dr. Domuch submitted a claim to Dermis Health Plan, who adjudicated the claim and submitted an encounter to the EDS. The EDS returned the encounter to Dermis Health Plan with edit 01405 because Dr. Domuch's privileges were suspended, effective 8/29/2012, for one (1) year; therefore, Dr. Domuch was not authorized to perform this procedure.

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 2/14/2012. The EDPS provider reference files indicate that Dr. Destiny's NPI was not effective until 2/16/2012.

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 system 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.

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 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.

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

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
02125	Beneficiary DOB Mismatch	Reject	Verify that DOB populated on the encounter matches DOB listed in CMS systems. The EDPS will accept these encounters within plus or minus two (2) years of 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: Watchman Health submitted an encounter to the EDS for Texas Joe, listing Mr. Joe's DOB as 9/8/1965. The CMS systems listed Mr. Joe's DOB as 9/8/1956. The EDS returned the MAO-002 report to Watchman 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 that beneficiary was enrolled in your contract during DOS on the encounter. If the beneficiary is not enrolled in your contract for the DOS on the encounter, 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 your contract.

Scenario: On 7/4/2012, Gail Williams has severe chest pains and goes to the emergency room for a chest x-ray at Underwood Memorial Hospital. At the time of the emergency room visit, Ms. Williams only has Part A Medicare coverage, and her Part C Medicare coverage is effective 8/1/2012. Underwood Memorial submits the claim to AmeriHealth. AmeriHealth submits an encounter to the EDS, which is rejected with edit 02256, because Ms. Williams is not covered under Part C Medicare for the DOS.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
25000	CCI Error	Informational	Ensure 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.

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

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 the Section 8.0 Duplicate Logic in this companion guide for duplicate logic validation elements.*) **Note:** The EDPS will bypass edit logic for 98325 when modifier 59, 62, 66, 76, 77, and/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 Sky High Hospital containing two (2) service lines for 15-minute therapy services. The encounter lines submitted were the same for the timed procedure code, totaling 35 minutes and should have been submitted with two (2) units of service under the total time rather than as separate duplicate lines.

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

Table 18 outlines Phase III for a portion of the remaining Institutional edits generated on the MAO-002 Encounter Data Processing Status Reports. Section 10.2.3 will be updated in future releases of the Institutional Companion Guide until all remaining edits are identified.

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

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 TOB 12X, 13X, 22X, 23X, 71X, 75X, 77X, or 85X.

Scenario: New Balance Home Health submitted an encounter for the purpose of billing Autologous Platelet-Rich Plasma (PRP) for a Mr. Garret's non-healing wound. The service was submitted using HCPCS Code G0460 and TOB 34X. The EDS posted error code 00195 because Home Health 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", Condition Code "30", 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" and ICD-9 diagnosis code V70.7, but did not contain Condition Code "30", as required for clinical trial submissions to the EDS. The EDS posted error code 00200 because the clinical trial encounter must contain Condition Code "30".

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
18010	Age and Dx Code Conflict	Informational	Verify that diagnosis populated on the encounter is age appropriate for beneficiary

Scenario: Clear Path Health submitted an encounter to the EDS for services provide to Mr. Jackson Leigh, who is 85-yrs old. The diagnosis provided on the encounter was V20.2-routine child health check. The MAO-002 report returned contained an informational edit of 18010 because the diagnosis provided was not appropriate for an 85-yr old.

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

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
18018	Gender and CPT/HCPCS Conflict	Informational	Gender provided for beneficiary does not agree with procedure/service identified on the encounter. Verify gender populated on encounter matches date in the CMS systems. Ensure that the procedure code is accurate and appropriate.

Scenario: Claims Health submitted an encounter for Jane Johnson with procedure code 58150-Total Hysterectomy. However, the gender populated on the encounter identified Ms. Johnson as a male. The MAO-002 report was returned with an informational error of 18018. CMS recommends that Claims Health verify the gender on Ms. Johnson's HICN information to ensure that it is corrected.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
18135	Principal Dx is Manifestation Code	Reject	Encounter submitted using a code for underlying disease or symptom instead of a principal diagnosis. Ensure that primary diagnosis is valid.

Scenario: Arbor Meadows Health submitted an encounter for an inpatient admission for Ms. Anabel Greaves. The diagnosis submitted on the encounter was 3214-Meningitis due to sarcoidosis. The EDS rejected the encounter because 3214 is not a primary diagnosis, but is a manifestation code for a condition related to the diagnosis.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
18260	Invalid Rev Code	Reject	Encounter submitted with a Revenue Code not related to services provided or a Revenue Code not used.

Scenario: Home Sweet Home submitted a claim to Foundation Health for Home Health services provided to Ms. Jean. Foundation Health submitted the encounter to the EDS using Revenue Code 0022. The encounter was rejected for edit 18260 because Foundation Health used a SNF revenue code for a Home Health encounter.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
18270	Rev Code and HCPCS Required	Informational	Certain revenue codes require HCPCS codes on the same service lines. TOBs 12X, 13X, 14X, 74X, 75X, and 76X billed without condition code 41 and include a relevant revenue code that requires a HCPCS code will receive this edit.

Scenario: Julie Barber was seen by Dr. Jo at Saint Mary Hospital for a hearing evaluation. Dr. Jo submitted a TOB 141 encounter with HCPCS code 92506 (Speech/Hearing Evaluation) but did not include revenue code 0440. The MAO submitted the encounter to the EDS which posted edit 18270 to advise the MAO that revenue codes are required with the submitted HCPCS code.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
18300	FQHC Payment Code is Invalid/Missing	Reject	An FQHC encounter (TOB 77X) must include a valid payment HCPCS code (G0466, G0467, G0468, G0469, or G0470) on the encounter service line for each billed service date.

Scenario: Heelum Health Center submitted an FQHC encounter using bill type 77X and only submitted HCPCS code G0463. The EDPS rejected the encounter because the encounter did not contain an FQHC payment HCPCS code.

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

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
18305	Invalid/Missing FQHC Qualifying Visit	Reject	FQHC encounters (TOB 77X) must include a qualifying visit procedure code related to the FQHC payment codes G0466, G0467, G0468, G0469, or G0470 for the same date of service.

Scenario: Howard Cankle was treated by Heelum Health Center on 11/20/2014 for an annual wellness visit (G0468). Heelum Health Center submitted an encounter (bill type 77X) for Howard Cankle with visit code 92002 (eye exam, new patient). The EDPS rejected the service line because 92002 is not a valid visit code for payment code G0468.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
18310	Required FQHC Revenue Code is Missing	Reject	FQHC encounters (TOB 77X) must include a valid revenue code on the same service line for the payment HCPCS codes G0466, G0467, G0468, G0469, or G0470.

Scenario: Heelum Health Center submitted an encounter (TOB 77X) for Eileen Bentley's annual eye exam (FQHC payment code G0467, visit code 92012) and revenue code 0530. The EDPS rejected the service line because revenue code 0530 is used for Osteopathic Services.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
18315	Item/Service Not Covered Under FQHC	Reject	All FQHC encounter service lines must contain only qualified FQHC services.

Scenario: Heelum Health Center submitted an encounter (TOB 77X) including a service line for Dr. Smart's professional fees. The EDPS rejected the service line because Dr. Smart's professional fees are not acceptable FQHC services even though Dr. Smart is an FQHC provider.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
18540	CPT/HCPCS Service Unit Out Of Range	Informational	Procedures submitted with number of units not permitted by the procedure will receive this edit.

Scenario: Cinderella Hospital submitted an encounter with HCPCS code 51860 for the bladder wound repair of Rob Snyder and billed two (2) units for the service. The encounter was rejected because submitters can only bill one (1) unit with HCPCS code 51860.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
18705	Invalid Discharge Status	Reject	Providers must use the correct patient status code in loop 2300 and segment CL103 in conjunction with the submitted type of bill and beneficiary status.

Scenario: Crisis Clinton Hospital submitted a TOB 112 encounter for Gary Fargo and the patient status code "01" was populated. The EDS posted edit 18705 as the encounter should have included patient status code "30" (still a patient) since TOB 112 was used for a continuous stay patient.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
21950	Line Level DOS Required	Reject	Certain procedures/services require date(s) of service at the service line. The EDPS will post error code 21950 when an Institutional encounter submitted with HCPCS codes other than Q0163 through Q0181 does not contain service line date(s) of service.

Scenario: Norview East Hospital submitted an encounter for Claire Beauchamp for an inpatient stay where continuous glucose monitoring was performed. The encounter service line contained HCPCS code 95250 but no service line dates of service. The EDS rejected the encounter due to missing DOS at the service line.

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

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
21958	Rehab Therapy Ancillary Codes Required	Informational	The EDS will notify MAOs when Rehabilitation Therapy encounters submitted through TOB 18X or 21X and revenue code 0022 do not contain the proper combination of HIPPS codes and related Rehabilitation Therapy Ancillary Revenue Codes.

Scenario: Sleeping Beauty Skilled Nursing Facility (SNF) submitted a TOB 21X encounter containing HIPPS Code RUAxx, but none of the following rehabilitation ancillary codes: 42X, 43X, or 44X. The EDS posted error code 21958 since this encounter contained an inaccurate combination of HIPPS codes and related Rehabilitation Therapy Ancillary Revenue Codes.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
21980	CC D2 Requires Change in One HIPPS	Reject	Adjustment encounter submitted with condition code D2; however, the associated HIPPS code was not revised to indicate the adjustment.

Scenario: Marxton Health sent an adjustment encounter to the EDS on behalf of Here For You Health, which contained condition code of 'D2" and an appropriate reason code to revise the HIPPs code originally submitted, but the HIPPS code itself was not revised.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00755	Void Encounter Already Void/Adjusted	Reject	Submitter has previously voided or adjusted 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/delete 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/delete 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/delete encounter.

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

Scenario: On 8/20/2012, Pragmatic Health submitted a correct/replace encounter to correct a CPT code. Pragmatic Health had not received their MAO-002 report by 8/23/2012 and decided to resubmit the correct/replace encounter. The MAO-002 report was returned on 8/24/2012 with the correct/replace encounter identified as accepted. Pragmatic Health received edit 00760 on the secondary MAO-002 report because the EDPS had already processed the resubmitted correct/replace encounter submitted on 8/23/2012.

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

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

Scenario: On 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
17330	RAP Not Allowed	Reject	Adjustments are not allowed for Type of Bill 322 or 332 (Request for Anticipated Payment)

Scenario: Magic Morning Health Plan submitted an encounter to the EDS for BackHome Health (a primary HHA) with TOB 322. The encounter was rejected because the EDS does not accept Request for Anticipated Payment (RAP) encounters.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
18012	Gender and Dx Code Conflict	Informational	Encounter submitted with a beneficiary gender that does not agree with the diagnosis populated on the encounter.

Scenario: Hindsight Health submitted an encounter for JuneBug Hospital for Mr. James Jewet with diagnosis code 641.1 – Hemorrhage from placenta previa. The encounter was rejected because the diagnosis submitted is a female specific diagnosis.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
18130	Duplicate Principal Dx Code	Reject	Secondary diagnosis code submitted is a duplicate of the primary diagnosis code.

Scenario: Solo Health Services submitted an encounter with a diagnosis code 413.9 in the 'BK' (primary diagnosis) and 'BF' (additional diagnosis) qualifier fields for the same service line. The encounter was rejected for duplicate primary diagnoses.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
18145	Unacceptable Dx Code	Reject	The diagnosis code populated on the encounter is invalid or incorrectly populated.

Scenario: Hopewell Health Plan submitted an encounter to the EDS for Cornerstone Hospital for services provide to Colonel Marcus on 2/3/2012. The diagnosis populated on the encounter was 518.5 – Pulmonary Insufficiency Following Trauma or Surgery. The encounter was rejected for an unacceptable diagnosis because diagnosis code was deleted and deemed invalid effective 10/1/2011.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
21994	From Date Greater Than Admit Date	Informational	Encounter submitted with a 'from' date prior to the date of the beneficiary's admission.

Scenario: Allison Oop was admitted to Mad Hatter Nursing Facility at 2:46 AM on 4/1/2012. Holiday Health submitted the SNF encounter to the EDS with an admit date of 4/1/2012, but the service line from date was listed as 3/29/2012.

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

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
22220	Admit/Provider Effective Date Conflict	Reject	Admission date indicated on encounter occurred before the provider's NPI was deemed active/effective. **Note**: The EDPS will validate bill types prior to posting edit 22220.

Scenario: Halo Home Health submitted an encounter to the EDS for Mr. Sweets' admission on 1/28/2011 for DOS from 2/1/2012 through 2/11/2012 with NPI 0002220001. The encounter was rejected because the NPI effective date was 2/2/2012, after the admission date.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00764	Original Must Be a Chart Review to Void	Reject	Submitter must ensure that, if the void encounter (frequency code '8') 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.

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
00765	Original Must Be a Chart Review to Adjust	Reject	Ensure that, if the correct/replace 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'.

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

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
17404	Duplicate CPT/HCPCS and Unit Exceeds 1	Reject	Encounter should not be submitted with a unit of greater than 1 when any of the following HCPCS codes are provided for a pap smear on a single DOS: Q0060, Q0061, P3000, P3001, Q0091, G0123, G0124, G0143, G0144, G0145, G0147, and G0148 nor can duplicate pap smear HCPCS Codes be submitted for the same day.

Scenario: Dr. Michaels performed a pap smear on Miss Annabelle Lee prior to a gynecological procedure. The lab lost the test sample. Dr. Michaels repeated the Pap smear and performed the gynecological procedure. Group Health Plan submitted the encounter for both of Miss Lee's pap smears, using HCPCS code Q0060, and her surgical procedure. The encounter was rejected because Medicare will not allow more than one (1) unit for Q0060 for a single service.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
18140	Principal Dx Code is E-Code	Reject	Submitter must ensure that an e-code is submitted as a subsequent diagnosis code. An E-code is never allowed as a primary/principal diagnosis code and must not be populated using the 'BK' qualifier

Scenario: Marney Gentos was admitted to Home Hospital for second degree burns. Fantasy Life Health Plan submitted the encounter to the EDS and received an accepted ICN. Fantasy Life Health Plan later performed a chart review and located an additional diagnosis code for services provided during Ms. Gentos' stay at Home Hospital. Fantasy Life submitted a chart review encounter to the EDS with a single diagnosis code of E9581 – Injury-burn, fire. The EDS rejected the chart review submission because e-codes must never be submitted without a primary/principal diagnosis.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
18905	Age Is 0 Or Exceeds 124	Reject	The age of the patient identified on the encounter must not contain non-numeric values; or the age must not be populated as 0 or greater than 124 years old

Scenario: Munali Mohair, a 27-yr old female was admitted to Petunia Mills General Hospital for an overnight stay due to complications following an outpatient procedure. Petunia Mills submitted a claim to Flowery Lanes Health with Ms. Mohair's DOB listed as 9/23/1985. Flowery Lanes Health submitted the encounter to the EDS with Ms. Mohair's DOB listed as 9/23/1885, due to a typographical error. The EDS returned edit 18905 on the MAO-002 report.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
20450	Attending Physician is Sanctioned	Reject	Submitter must ensure that the attending provider was not suspended or terminated from providing services to Medicare beneficiaries during the time(s) of service indicated on the encounter

Scenario: Dr. Jernigan, attending physician at Hospice Hotel, made rounds on 1/4/2013, for fellow physician due to an emergency. Hospice Hotel submitted Dr. Jernigan's claim to Better Health. Better Health submitted the encounter to the EDS. Dr. Jernigan's privileges were terminated on 12/20/2012, and he was not authorized to provide services for Hospice patients. Better Health received an MAO-002 report with a reject edit of 20450.

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

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
20455	Operating Provider Is Sanctioned	Informational	Submitter must ensure that the operating provider was not suspended or terminated from providing surgical services to Medicare beneficiaries during the time(s) of service indicated on the encounter

Scenario: Dr. Madhatter performed a cholecystectomy at Highway Hospital on 3/12/2013. Highway Hospital submitted an Institutional claim to Providers Health Plan. Providers Health submitted the encounter to the EDS on 5/6/2013. It was discovered that Dr. Madhatter's operating/surgical privileges were suspended on 3/3/2013. The EDS returned the MAO-002 report to Providers Health with edit 20455.

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) or this edit will post

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
20520	Invalid Ambulance Pick-up Location	Informational	Encounters for ambulance services must contain a valid nine (9)-digit ZIP code when revenue code 0540 is used and loop 2300 HI01-02='A0'.

Scenario: Family Health submitted an encounter for ambulance services provided by Monarch Medical Transport, but populated the ambulance pick-up location field (Loop segment 2300 HI01-05) as '9999999.98' (invalid). The EDS will accept the encounter and inform the submitter that a valid ambulance pick up ZIP code is required on all ambulance encounters.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
20525	Multiple Ambulance Pick-up Locations	Reject	Ambulance encounters cannot be submitted containing multiple iterations of loop 2300 HI01-01='BE' and HI01-02 = 'A0'

Scenario: Round About Health submitted an encounter for ambulance services provided by Maybach Medical Transport. Round About Health submitted the same ZIP code twice for the pick-up location. The EDS rejected the encounter due to multiple ZIP codes listed for the ambulance pick-up location for one (1) patient on the same day.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
27000	Height or Weight Value Exceeds Limit	Reject	Encounters submitted with TOB 72X Values for A8 and A9 must be submitted in kilograms. For Value Code A8: Weight must not exceed 318.2 Kg (700 lbs.). For Value Code A9: Height must not exceed 228.6 Kg (7ft 6 in)

Scenario: Mr. Nestle Parks, a 432 lb. male, was admitted to Mountain Top Memorial Hospital with kidney failure due to ESRD. River Run Health Plan submitted an encounter to the EDS for services provided to Mr. Parks during his stay at Mountain Top Memorial. The encounter contained Mr. Parks' weight in Loop 2300 HI Value Code A8 segment at 432.0. The encounter was rejected with edit 27000 because the A8 value exceeded the allowable value of 318.2 kg. The encounter should have been submitted with Mr. Parks weight identified as 196.36, because the EDS requires that the measurements be populated in kilograms.

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

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
17257	Rev Code 091X Not Allowed	Informational	Medicare no longer accepts Revenue Code 910 for Psychiatric/Psychological Services. Ensure that the revenue code submitted for psychiatric services is current and valid.

Scenario: Mr. Zane Zany was admitted to Far Side Institution due to severe depression. Way Out There Health Care submitted an encounter on behalf of Far Side Institution populated with revenue code 0910, for services provided to Mr. Zany during his admission from 12/15/2012 to 1/14/2013. The EDPS rejected the encounter submission because, as of October 2003, revenue code 0910 was no longer a valid and acceptable Medicare revenue code.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
18730	Invalid Modifier Format	Reject	Submitter must ensure that the modifier on the encounter is acceptable and valid for EDS submission. Ensure that the format is accurate and the appropriate characters are used.

Scenario: Pinky Marvelous was admitted to Check-In Memorial Hospital for a radical mastectomy of her left breast. Check-In Memorial submitted a claim for the surgical procedure to Gallant Health Plan. Gallant Health Plan submitted the encounter to the EDS, populated with CPT 19307, modifier 'L6'. The EDPS rejected the encounter with edit 18730 because the modifier was not entered accurately. The correct submission should be CPT 19307, modifier 'LT'.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
22015	Number of Days Conflicts With HH Episode	Informational	Submitter must ensure that the sum of the from and through dates for the episode of care does not exceed 60 days

Scenario: Big Bell Home Health submitted a claim to Whamo Health Plan for Home Health services provided to Major Colonel from 2 3/2013 through 4/17/2013. Whamo Health Plan submitted the encounter to the EDS with the 'from' and 'through' dates of 2/ 3/2013 through 4/ 17/2013 on one (1) service line. The encounter was rejected because the episode of care exceeded the required maximum of 60 days.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
22095	Encounter Must Be Submitted on 837-P DME	Reject	If the NPI on the encounter identifies a DME Supplier, the submitter must use the Payer ID of 80887 to indicate the service is for DMEPOS. *Note:* When the Payer ID must be changed for an encounter submitted to the EDS, MAOs and other entities must first void the original encounter, then submit a new encounter with the correct Payer ID.

Scenario: Reach Rehab submitted an encounter for an electric hospital bed provided for Mr. Anton upon his discharge from Meyers Medical Center. Reach Rehab Services submitted the encounter to the EDS using the Institutional payer ID of 80882.The encounter was rejected because, although Mr. Anton was discharged from the hospital and received care that would be submitted on an Institutional encounter, services provided by Reach Rehab were specific to DMEPOS.

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

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
22135	Multiple Rev Code 0023 Lines Present	Reject	TOB 32X Home Health encounters must not contain more than one (1) service line containing revenue code 0023. Only one (1) revenue code is defined for each prospective payment system that requires HIPPS codes.

Scenario: Harmony Home Health submitted an encounter with two (2) service lines containing HIPPS codes HBFK2 and HAEJ1. Harmony Home Health submitted separate revenue code 0023 service lines for each HIPPS code service line. The EDS rejected the encounter because revenue code 0023 may not be used more than once on a single Home Health encounter in conjunction with HIPPS codes.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
22225	Missing Provider Specific Record	Reject	Encounter was submitted that contains a provider NPI that is not identified in the EDPS provider tables as a participating Medicare provider.

Scenario: Ipse Institutional Hospital submitted an encounter file to the EDS for an inpatient procedure performed by Dr. Wymee using NPI 0000000000. The EDPS rejected the encounter because Dr. Wymee was not identified in the EDS as a participating Medicare provider.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
22020	Conflict Between CC and OSC	Reject	Encounters submitted with condition code=C3 (Partial Approval) must contain Occurrence Span Code (OSC) 'MO' to indicate the service dates that were approved.

Scenario: Blue Bellman was admitted to The Best Nursing Facility on 3/3/2013 and discharged on 4/26/2013. The Quality Improvement Organization (QIO) reviewed the claim submitted to Service Plus Health Plan by The Besting Nursing Facility and denied service dates from 4/3/2013 through 4/26/2013. Service Plus Health Plan submitted the approved dates of service (DOS) using condition code C3, but did not populate the encounter with the 'MO' modifier to indicate that the 3/3/2013 through 4/2/2013 DOS were approved.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
21951	No OSC 70 or Covered Days Less Than 3	Informational	Skilled Nursing Facility (SNF) encounters submitted using revenue code 0022 and TOB 21X, 22X, or 23X must include the submission of Occurrence Span Code 70 to indicate the dates of a qualifying hospital stay of at least three (3) consecutive days, which qualifies the beneficiary for SNF service.

Scenario: Stay With Us Nursing Care submitted a claim to Cornerstone Health Care for Mr. Bobst's SNF stay from 5/3/2013 through 5/13/2013. Cornerstone Health Care submitted the encounter to the EDS using OSC 70; however, due to a data entry error, the 'from' and 'through' dates on the encounter were 5/3/2013, indicating a one day service.

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

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
17085	CC 40 Required for Same Day Transfer	Reject	Encounters submitted with TOB 11X and a patient status code of 02, 03, 05, 50, 51, 61, 62, 63, 65, 66, or 70; and the admission date is equal to the statement covers through date must contain Condition Code 40.

Scenario: Wendy Wonder was admitted to Healthy Hospital on the morning of 2/21/2013 for a fall due to hallucinations. Healthy Hospital transferred Ms. Wonder to their inpatient psychiatric unit on the evening of 2/21/2013. Health Hospital submitted Ms. Wonder's claim to Wholeness Health using a patient status code of 65 (Discharged/ Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital) without providing the required Condition Code 40. Wholeness Health adjudicated the claim and submitted the encounter to the EDS. The EDPS rejected the encounter because inpatient hospital encounters populated with patient status code 65 must also contain Condition Code 40 to indicate that Ms. Wonder was admitted and discharged on the same date.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
22280	Rev Code 277 Invalid for a HH	Reject	Home Health encounters cannot be submitted using revenue code 277(Medical/surgical supplies oxygen (take home)).

Scenario: Fawn Home submitted a claim to Hulu Health Care for provision of oxygen to Cletus Clapp, using revenue cod 0023 for the home health service and revenue code 277 for the supply service. Hulu Health Care adjudicated the claim and submitted the encounter to the EDS. Home Health received an MAO-002 report rejecting the encounter with edit 22280 because revenue code 277 is not a Medicare acceptable revenue code.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
18710	Missing/Invalid POA Indicator	Reject	Encounter type requires that an indicator of 'Y' or 'N' for Present on Admission according to NUBC requirements, but the indicator is not populated or is inaccurate for the data provided in the encounter.

Scenario: Miss Ames was admitted to Hope Hospital for a stroke and a cerebral infarction with complications on 3/26/2013. She was discharged on 4/5/2013. Hope Hospital submitted a claim to Mount Vios for Miss Ames' hospital admission. Hope Hospital submitted an encounter to the EDS that did not include the required POA indicator of 'Y' due to the diagnoses populated on the encounter. The EDS rejected the encounter with error code 18710.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
21925	Swing Bed SNF Conditions Not Met	Reject	Encounter submitted with TOB 18X or 21X with Revenue Code 0022 and Occurrence Span Code 70 is not present or Occurrence Code 50 is not present for each submission of Revenue Code 0022.

Scenario: Riverwalk Rehab, a Skilled Nursing Facility, submitted a claim to Haven Health Care for Mr. Benson's admission, following his transfer after a ten (10) day stay at Marco General Hospital. Haven Health submitted an encounter to the EDS using TOB 21X, Revenue Code 0022, and the required Occurrence Span Code of '70', which indicated Mr. Bensons' inpatient hospital stay of three (3) days or greater. The EDS rejected the encounter with error code 21925 because it did not also include the Occurrence Code of '50', which is required for each service line submitted for Revenue Code 0022.

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

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
22405	Occurrence Code 55 & DOD Required	Reject	When patient discharge status code is 20 (expired), 40 (expired at home), 41 (expired in a medical facility), or 42 (expired – place unknown), submitter must ensure that Occurrence Code 55 and the date of death are present.

Scenario: Gentle HealthCare submitted a final claim to Monument Medical Health Plan for Mr. G. Barnes, who expired on 9/15/2013. Monument Medical Health submitted and encounter to the EDS with a patient discharge status code of 41 in Loop 2300 CL103, but the Occurrence Code and Date of Death (occurrence code date) were not provided. The EDS rejected the encounter on the MAO-002 Report with error code 22405.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
17100	DOS Required for HH Encounter	Reject	Home Health encounters submitted with Revenue Codes 42X-44X and 55X-59X must contain dates of service for the revenue code line.

Scenario: Tympany Home Health submitted an encounter to the EDS for physical therapy services (Revenue Code 42X) provided during a Home Health episode of care to Mrs. Waterman from 8/3/2013 through 8/31/2013. The encounter was rejected with error code 17100 because, although the dates of service were populated on the encounter header level, the revenue code line did not contain the physical therapy service dates.

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.

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/accessories with procedure code Q0507, Q0508, or Q0509 must contain dates of service 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
22320	Missing ASC Procedure Code	Informational	The procedure codes present on TOB 83X encounter service lines cannot be located in the ASC Fee Schedule or ASC Drug Fee Schedule.

Scenario: Flex Medical ASC submitted a TOB 83X encounter to the EDS with procedure code G0261 (prostate brachytherapy), which is not listed in the ASC Fee Schedule. The EDPS posted error 22320 because procedure code G0261 is not an acceptable procedure code in an ASC setting.

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

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
22340	ESRD Diagnosis Code Missing	Reject	ERSD encounters (TOB 72X) must use the ESRD-related ICD-9 or ICD-10 diagnosis codes based on DOS (i.e., ICD-9 prior to 10/01/2015; ICD-10 on or after 10/01/2015).

Scenario: On 10/15/2015, Health4U submitted an encounter to the EDS with bill type 72X for Feng Li's consultation with Dr. Jones on 9/1/2015 with ICD-10 diagnosis code N18.2 "Chronic Kidney Disease, Stage 2 (Mild)". The EDPS rejected the encounter because the DOS submitted on the encounter requires the use of ICD-9 diagnosis codes.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
22355	Inpatient Service Line Error	Reject	EDPS will reject Institutional inpatient encounters (TOB 11X, 18X, 21X, and 41X) at the header level when any of the associated service lines have been rejected. MAOs must correct the service line errors and resubmit the encounter.

Scenario: On 6/28/2015, Care Bear Health resubmitted an encounter to the EDS with bill type 21X and a billed amount of $240.00 on the Revenue Code 0022 service line. The EDS previously rejected the encounter and returned an MAO-002 Report containing error code 21979 "Charges for Rev Code 0022 Must Be Zero" because the Revenue Code service line billed amount and non-covered charge amounts must be either blank or equal to zero. The adjusted encounter received error code 22355 at the header level because it contained a reject error on the service line.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
22390	HIPPS Code Required for SNF/HH	Reject	Encounters must contain HIPPS codes when submitted with TOB 18X or 21X and Revenue Code 0022 or TOB 32X and Revenue Code 0023.

Scenario: Lamplight Home Health submitted an encounter to the EDS containing TOB 32X (Home Health – Inpatient), Revenue Code 0023, and procedure code G0154(x2). The encounter did not contain a HIPPS code on the Revenue Code 0023 service line. The EDS returned the encounter with error code 22390, because all Home Health encounters must be submitted with appropriate HIPPS codes.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
22395	HIPPS Code Conflicts with Revenue Code	Reject	Encounters must contain the appropriate HIPPS code for the service submitted. Revenue Code 0022 must contain appropriate SNF HIPPS codes. Revenue Code 0023 must contain appropriate HH HIPPS codes.

Scenario: Pink Lady Nursing Care submitted a claim to Aurelia Health Plan for SNF services provided for Ms. Jamella Fantastic. Aurelia Health Plan submitted the encounter to the EDS with TOB 21X, Revenue Code 0022 and HIPPS code HAEK2. The EDS returned the encounter with error code 22395, because the HIPPS code populated on the encounter indicated a Home Health service instead of a Skilled Nursing Facility service.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
22400	HP Qualifier Must Exist for HIPPS Code	Reject	Encounters submitted with TOB 18X or 21X and Revenue Code 0022 or TOB 32X and Revenue Code 0023 must contain a value of 'HP' in the SV202-1 element for HIPPS codes.

Scenario: Serenity Care Nursing submitted a claim to Universal Medical Health Plan for Mr. Bacchus' two (2) week stay at their Skilled Nursing Facility. Universal Medical Health Plan submitted the encounter to the EDS with the appropriate HIPPS codes; however, the qualifier was populated with 'HC' (procedure code qualifier).

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

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
22410	Invalid Service(s) for TOB	Reject	Encounters submitted for Ventricular Assist Devices (VADs) supplies and accessories with procedure codes must only contain specific bill types (12X, 13X, 22X, 23X, 32X, 33X, 34X, 74X, or 85X). **Note:** TOB 33X is not applicable on or after 10/1/2013

Scenario: Dr. Pandora submitted a claim to Healthy Heart Health Plan for wound care and dressings provided after Mr. Jingleheimer's pacemaker insertion. The encounter was submitted to the EDS with TOB 14X. The encounter was rejected with error code 22410, because VAD supplies and accessories cannot be submitted with this bill type.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
22415	Revenue code 0274 Required	Reject	Encounters submitted for Ventricular Assist Devices (VADs) supplies/accessories with procedure code Q0507, Q0508, or Q0509 must contain Revenue Code 0274 and the appropriate bill types (12X, 13X, 22X, 23X, 32X, 33X, 34X, 74X, or 85X).

Scenario: Karma Health submitted an encounter to the EDS for VAD replacement leads using Revenue Code 0022. The encounter was rejected with error code 22415 because Revenue Code 0274 is the only appropriate code for submission of VAD supplies and accessories.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
22420	TOB 33X Invalid for DOS	Reject	Encounters submitted with dates of service (DOS) on or after 10/01/2013 must not contain TOB 33X.

Scenario: Strong's Home Care submitted an encounter with TOB 33X (Home Health – Outpatient) to the EDS for Home Health services provided for Mr. V. Triumph from November 3, 2013 through 11/18/2013. The EDS rejected the encounter and returned an MAO-002 report with error code 22420, because TOB 33X was deactivated for all DOS on or after 10/1/2013.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
18500	Multiple CPT/HCPCS for Same Service	Informational	Encounters cannot be submitted with multiple procedure codes to identify the same service/procedure.

Scenario: ProHealth submitted an encounter to the EDS with procedure code 15839 (labiaplasty) performed on Ms. Cross on 11/13/2013. The EDS returned an MAO-002 report to ProHealth with error code 18500 because ProHealth had already submitted another encounter for the same dates of service for Ms. Cross with procedure code 56620 (labiaplasty).

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

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
20500	Invalid DOS for Rev Code Billed	Reject	Encounter's Revenue Code service date must be within the range of the procedure service line DOS when submitting: **a**)TOB 71X, 75X, or 77X with a valid Revenue Code; **b**) Revenue Code 054X with TOBs 13X, 22X, 23X, 83X, or 85X; **c**) Revenue Codes 042X, 43X, 044X, or 047X with TOBs 12X, 13X, 22X, 23X, 74X, or 83X; **d**) Revenue Code 047X with TOB 34X; or **e**) Revenue Codes within the range of 0300-0319 with HCPCS Codes 78267, 78268,80002-89399, or G0000-G9999 and TOBs 13X, 14X, 23X, 72X, 83X, or 85X

Scenario: Pink Acres Health Clinic submitted a claim to Way Out Health Plan for behavioral health services provided to Cookie Triton from 3/26/2013 through 4/12/2013. Way Out Health Plan submitted an encounter to the EDS with TOB 71X and Revenue Code 0900 with procedure service line DOS of 3/26/15 – 4/12/15 and Revenue Code service dates of 4/26/15 – 5/12/15. The EDS rejected the encounter because the Revenue Code service dates were not valid for the dates of the service provided.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
21979	Charges for Rev Code 0022 Must Be Zero	Reject	For encounters submitted with TOB 18X or 21X and Revenue Code 0022, the billed amount (Loop 2400 SV203) and non-covered charge amount (Loop 2400 SV207) should equal zero when these fields are populated for the Revenue Code service line.

Scenario: Mohair Nursing Camp submitted a claim to Fancy Free Health Plan for services provided to Curly Sue Skumptik. Fancy Free Health Plan submitted an encounter for the services to the EDS containing a billed amount of $240.00 on the Revenue Code 0022 service line. The EDS rejected the encounter and returned an MAO-002 Report containing error code 21979 because the Revenue Code service line billed amount and non-covered charge amounts must be either blank or equal to zero.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
98300	Exact Inpatient Duplicate Encounter	Reject	MAOs must submit adjustment or void encounters when altering Inpatient encounters. The EDPS will reject Inpatient encounters submitted with bill types 11X, 18X, 21X, or 41X that contain duplicate header level (loop 2300) data elements for the HICN, DOS, TOB, and Billing Provider NPI of an existing accepted and stored encounter.

Scenario: On 8/3/2015, A Fine MAO submitted an encounter for Mayank Deshpande's stay at Mercy Hospital from 6/15/2015 through 6/23/2015. On 8/10/2015, A Fine MAO resubmitted the same encounter as an original to the EDPS with altered procedure modifiers. The EDPS rejected the encounter submitted on 8/10/2015 because the header level (loop 2300) HICN, DOS, TOB, and Billing Provider NPI data values matched those of the previous encounter submitted on 8/3/2015. If the provider wishes to adjust the line level (loop 2400) elements, they must submit an adjustment encounter or void the original encounter then resubmit.

TABLE 18 – EDIPPS 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 (2) 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 (2) unlinked chart review encounters.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00030	ICD-10 Dx Not Allowed	Reject	ICD-10 diagnosis and/or procedure codes cannot be submitted for inpatient or home health encounters with 'Through' DOS prior to 10/01/2015 or outpatient encounters with a 'From' DOS prior to 10/1/2015. ICD-9 codes are required.

Scenario: Arthur Home Health submitted an encounter (TOB 32X) 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 and/or procedure codes cannot be submitted for inpatient or home health encounters with 'Through' DOS on or after 10/01/2015 or outpatient encounters with a 'From' DOS on or after to 10/1/2015. ICD-10 codes are required.

Scenario: Arthur Home Health submitted an encounter (TOB 32X) 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 – EDIPPS 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 adjustment 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 adjustment 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 adjustment encounter because the original encounter stored in the EODS with ICN 5555555555552 is also rejected.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
00780	Adjustment Must Match Original	Reject	When submitting an adjustment, MAOs must match the ICN, HICN, Last Name, First Name, Payer ID, and TOB 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 Grammar City Hospital, and received ICN 5555555555557. Grammar City Hospital resubmitted the encounter to correct the payment amount to $205, to Torchlight Healthcare under a new Payer ID. Torchlight Healthcare submitted the adjustment encounter to the EDPS with the corrected payment information and the patient's new Payer ID. The EDPS rejected the adjustment 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 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.

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 or adjusted encounter stored in the EODS.

Scenario: ABC Health Plan submitted an encounter for Emanuel Spice, and received ICN 1234567890123. ABC Health Plan discovered the encounter was submitted 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 the encounter stored in the EODS with ICN 1234567890123 was voided.

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

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 encounter stored in the EODS with ICN 4561234561232 was rejected.

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

Scenario: Oxford Hospital submits an encounter on 3/01/2013 for Chance Borny for a DOS 2/17/2013 which included HCPCS code G0290. The EDS will report error code 03015 with a "reject" status on the MAO-002 report because HCPCS code G0290 was terminated 12/31/2012.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
03022	Invalid CMG for IRF Encounter	Reject	TOB 11X Inpatient Rehabilitation Facility encounter service lines billed with Revenue Code 0024 must contain acceptable HIPPS codes.

Scenario: Duane Max suffered a minor stroke and is recovering at Summer Rehab Facility. Summer Rehab submitted a TOB 11X encounter with a service line containing Revenue Code 0024 and HIPPS code 1BFLS. The EDPS posted edit 03022 since HIPPS code 1BFLS is invalid and A0101 (Stroke with Motor >51.05 w/o comorbidities) should have been entered on the service line containing Revenue Code 0024, based on the HIPPS assessment performed.

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 and Procedure Specialty Crosswalk table. 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.

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

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
03165	Telehealth Facility Fee Not Allowed	Reject	Institutional Telehealth encounter service lines containing procedure code Q3014 (Telehealth Originating Site Facility Fee) must include revenue code 078X (telemedicine) and one (1) of the following bill types: 12X, 13X, 22X, 23X, 71X, 72X, 76X, 77X, or 85X.

Scenario: Dr. Smith, working through Century Hospital, used the Telehealth option to follow-up with patient Saqib Murray. Dr. Smith submitted a Telehealth encounter service line with procedure code Q3014, revenue code 0780, and bill type 11X to the MAO, 4YourHealth. 4YourHealth submitted the encounter to the EDS. The EDPS rejected the service line because bill type 11X is not an accepted bill type for the Telehealth Originating Site Fee.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
20495	Revenue Code Is Non-Billable for TOB	Reject	Encounters with TOB 22X with certain revenue codes will receive this edit.

Scenario: Skilled Nursing Facility Summit Peak submits a TOB 22X encounter incorrectly containing a service with revenue code 0944 – Drug Rehabilitation. The EDS will report error code 20495 because revenue code 0944 is not permitted on TOB 22X encounters.

Edit #	Edit Description	Edit Disposition	Comprehensive Resolution/Prevention
22430	HCPCS Codes with Invalid TOB	Reject	Encounters with TOB 22X or 23X billed with the following HCPCS codes will receive this edit: G0446, G0442, G0443, G0444, and G0447.

Scenario: Skilled Nursing Facility Summit Peak submits a TOB 22X encounter incorrectly containing a service with HCPCS code G0442 – Annual Alcohol Misuse Screening – 15 Minutes. The EDS will report error code 22430 because HCPCS code G0442 is not permitted on TOB 22X or 23X encounters.

11.0 Submission of Default Data in a Limited Set of Circumstances

MAOs and other entities may submit default data in a limited set of circumstances, as identified and explained in Table 19. MAOs and other entities 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 and other entities are required to indicate in Loop 2300, NTE01='ADD', NTE02 = the reason for the use of default information. If there are any questions regarding appropriate submission of default encounter data, MAOs and other entities 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 and other entities 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 (NTE02)	DEFAULT DATA REASON CODE
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 and other entities have the opportunity to test a more inclusive sampling of their data. MAOs and other entities that have obtained end-to-end certification may submit Tier II testing data.

CMS encourages MAOs and other entities 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 and other entities may submit chart review, correct/replace, or void/delete 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 5010 Edits Spreadsheets, 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 and other entities will receive the TA1, 999, and 277CA Acknowledgement Reports and the MAO-002 Reports.

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

13.0 EDS Acronyms

Table 20 below outlines a list of acronyms that are currently used in EDS documentation, materials, and reports distributed to MAOs and other entities. This list is not all-inclusive and should be considered a living document; as acronyms will be added, as required.

TABLE 20 – EDS ACRONYMS

ACRONYM	DEFINITION
A	N/A
ASC	Ambulatory Surgery Center
C	N/A
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
EDI	Electronic Data Interchange
EDIPPS	Encounter Data Institutional Processing and Pricing Sub-System
EDPPPS	Encounter Data Professional Processing and Pricing Sub-System
EDPS	Encounter Data Processing System
EDS	Encounter Data System
EIC	Entity Identifier Code
EODS	Encounter Operational Data Store

ACRONYM	DEFINITION
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
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

ACRONYM	DEFINITION
RHC	Rural Health Clinic
RNHCI	Religious Nonmedical Health Care 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	12/20/2011	Release 4
6.0	3/8/2012	Release 5
7.0	5/9/2012	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	1/21/2013	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	11/22/2013	Release 22
24.0	12/27/2013	Release 23
25.0	1/20/2014	Release 24
26.0	2/21/2014	Release 25
27.0	3/18/2014	Release 26
28.0	4/28/2014	Release 27
29.0	5/30/2014	Release 28
30.0	7/30/2014	Release 29

VERSION	DATE	DESCRIPTION OF REVISION
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**	**Section 3.1 –** Updated to revise guidance for efficient submission of encounter files.
37.0	**3/25/2016**	**Section 7.1, Table 11** – Removed two (2) CEM edits from list of deactivated EDFES edits.
37.0	**3/25/2016**	**Section 9.0** – Revised scenarios for all applicable Business Cases to provide clarity for associated data string samples.
37.0	**3/25/2016**	**Section 10.1, Table 14** – Updated to remove reference to edits (00190, 00770 and 20035)
37.0	**3/25/2016**	**Section 10.2, Table 15** – Updated to note removal of resolution strategies for edits (00190, 00770 and 20035)