



Encounter Data System

Test Case Specifications

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

Test Case Specifications: 3.0

Created: August 2, 2012

Posted: August 14, 2012

Preface

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

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

REVISION HISTORY

Version	Date	Organization/Point of Contact	Description of Changes
1.0	06/05/12	ARDX	Base Document
2.0	07/17/12	ARDX	Changed TC02 title to "Incident to Services" in the table of contents, test case summary, and details.
2.0	07/17/12	ARDX	Updated TC02 with specific instructions: Select any DMEPOS HCPCS code with a 'JURIS' (column D) = "D". Ensure a Provider NPI is submitted with a Payer ID 80881 or 80882.
3.0	08/02/12	ARDX	Updated TC02 to read "DMETC02" and included the following prerequisite: File must be identified as a test case 02-DME submission using Loop 2300 - CLM01 by appending "DMETC02" to the end of the Plan Encounter ID (CCN).

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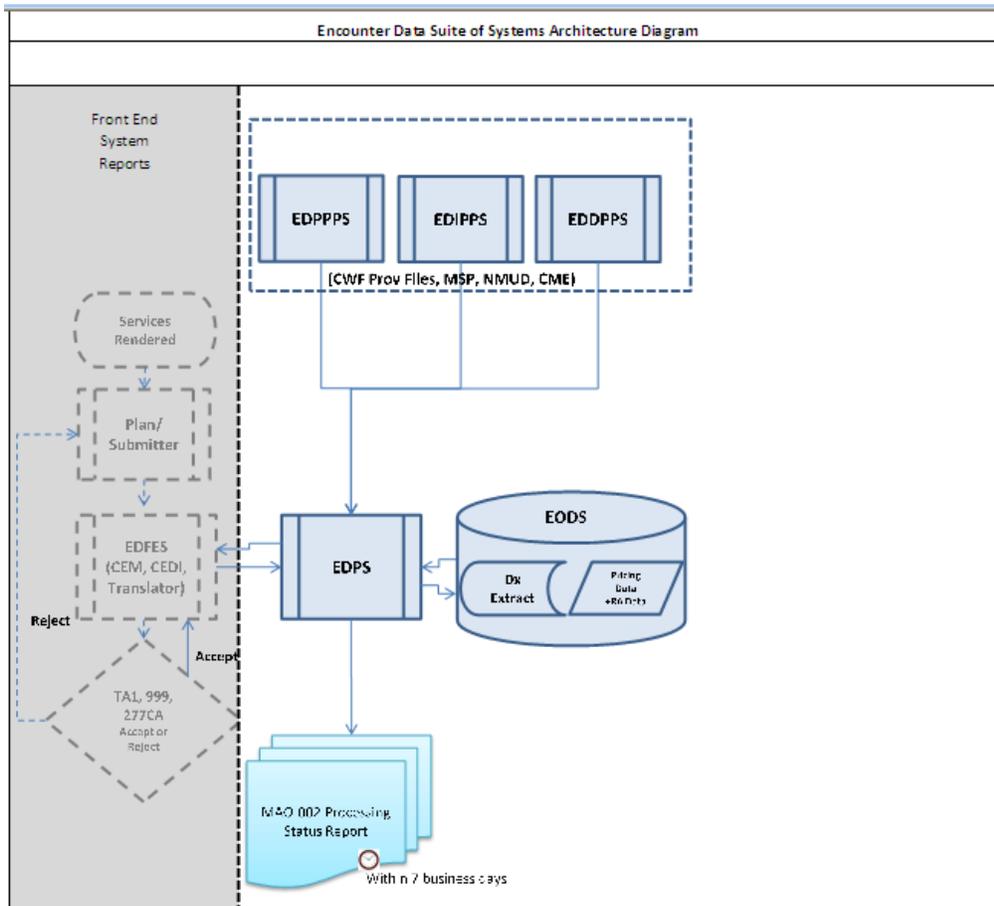
4.0 Acronyms

1.0 Introduction

This document may be used in conjunction with the business case examples referenced in the EDS 837 DME Companion Guide.

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

- Files are received by the EDFES
- Files process through the translator
- Files process through CEM
- Submitter receives front-end reports from EDFES
- Data received by EDPS
- Data processed and priced in EDPS
- Submitter receives Encounter Data Processing Status MAO-002 from EDPS



Test case submissions allow CMS to ensure system functionality based on specifically designed test cases. It also allows MAOs and other entities to confirm that the CMS operational guidance has been properly programmed in their systems.

837 DME Test Case Specifications 3.0

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The 837-P DME encounter test cases are submitted in **three (3)** files.

- File 1 includes all unlinked test cases 01, 03, 04, 05, and 06 (10 encounters) with unique ICNs.
- File 2 should only include DMETC02 with a Payer ID of '80881' or '80882' (2 encounters).
- File 3 includes the duplicate test case (2 encounters) using the DME Payer ID '80887', and should only be a duplicate of one of the test cases 01, 03, 04, 05, and 06.

All test cases included in File 1 and File 2 must be completely accepted as indicated on the MAO-002 report before the File 3 is submitted. File 1 and File 2 may be submitted at the same time or within the same day. File 3 can only be submitted once MAO-002 reports have been received for File 1 and File 2. MAOs and other entities must receive a 95% acceptance rate to be deemed certified for end-to-end testing.

EDS will reject the files if the designated numbers of encounters are not included in each of the test files. Rejected files must be corrected and resubmitted for File 1 and File 2 until all 12 encounters pass front end editing (translator and CEM) at 100% before it can be processed in the EDPS. MAOs and other entities must use the following guidance when preparing all unlinked (12 encounters) and the duplicate (2 encounters) test cases:

- The encounters submitted must comply with the TR3, CMS edits spreadsheet and Encounter Data Companion Guides.
- All encounters must include 2012 DOS only (no future 'From' dates).
- Files must be identified as a test case submission using Loop 2300 - CLM01 by appending "TC<test case #>" to the end of the Plan Encounter ID (CCN).

DME supplier encounters must be submitted using the 837-P. MAOs and other entities will receive the TA1, 999, and 277CA within 48 hours of submission. The MAO-002 report will be returned to the submitter within 7 business days of submission. MAOs and other entities must review and correct errors identified on the reports and resubmit data with a 95% acceptance rate in order to pass end-to-end certification. Acceptance notifications will be communicated to MAOs and other entities upon certification.

2.0 Test Case Summary

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

- I. Beneficiary Eligibility
 - a. New MA Member

- II. Data Validation
 - a. Incident to Services
 - b. Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

- III. Pricing
 - a. Purchased DME
 - b. Capped Rental
 - c. Oxygen

- IV. Processing
 - a. Duplicate

Test Case Summary Table

Test Case/Script Identifier	Test Case/Script Title
Beneficiary Eligibility	TC01- New MA Member
Data Validation	DMETC02- Incident to Services
Data Validation	TC03- DMEPOS
Pricing	TC04- Purchased DME
Pricing	TC05- Capped Rental
Pricing	TC06- Oxygen
Processing	TC07- Duplicate

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

3.25 TC25-Zip Code + 4 Type of test encounter requested for testing.

3.25.1 The purpose of TC25-Zip Code + 4 Submission is to test and collect data for accurate pricing. This line defines the purpose for testing this type of encounter.

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

1. System will accept 5010 version X12 standards for HIPAA transactions.
2. At least two (2) encounters are submitted for each type of test case scenario.

3.25.3 Test Procedure

Table 28: Test Procedure Steps for TC25- Zip Code + 4 Submissions

Step #	Action	Expected Results/ Evaluation Criteria
1.	<p>Submit an encounter with the zip code + 4 postal box identifier.</p> <ul style="list-style-type: none"> • Use "9999" as a default for the last four (4) digits of the zip code for one submission to test the case where this information does not exist on the original submission file. 	<ul style="list-style-type: none"> • Files pass duplicate validation, paid amount balancing and continue processing. • ED Processing Status Report is returned with "Accepted" status within 24 hours of submission. • Any errors found on the file will generate the ED Processing Status Report with a "Rejected" status. The Encounter Edit Disposition Report will also be generated if errors are found. • Encounters Summary, and Encounters Detail Reports are also returned within 24 hours of submission. • Encounter Data Risk Filter Report is generated and returned within 1 week, providing diagnosis codes identified as model diagnoses for risk adjustment.

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

3.25.4 Assumptions and Constraints

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

(Example Test Case Details)

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

3.0 Test Case Details

3.1 TC01-New MA Member

3.1.1 Purpose

The purpose of TC01-New MA Member is to test eligibility rules on a new member encounter submission.

3.1.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions in the 837-P format.
2. Two (2) encounters are submitted for each type of test case scenario.

3.1.3 Test Procedure

Table 1: Test Procedure Steps for TC01-New MA Member

Step #	Action	Expected Results/ Evaluation Criteria
1.	Submit an encounter for a new Medicare Advantage member enrolled in 2011 with effective date in 2012. Include the DME Payer ID: 80887.	<ul style="list-style-type: none">• The 999A and 277CA Reports are returned within 48 hours of submission.• Validation on the file for a unique encounter is based on the following data fields:<ul style="list-style-type: none">○ Beneficiary HICN○ Beneficiary Name○ Date of Service○ Place of Service○ Type of Service○ Procedure Code (and 4 modifiers as appropriate)○ Rendering Provider NPI○ Paid Amount• ED Processing Status Report is returned with “Accepted” status within 7 business days of submission.• Any errors found on the file will generate the ED Processing Status Report with a “Rejected” status within 7 business days of submission.

3.1.4 Assumptions and Constraints

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

3.2 DMETC02 - Incident to Services

3.2.1 Purpose

The purpose of DMETC02-Incident to Services is to ensure DME encounters incident to institutional or physician services submitted with DMEPOS Supplier HCPCS codes are rejected under the DMEPOS submission. This file must reject and will not count against the 95% encounter testing failure rate.

3.2.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions in the 837-P format.
2. Two (2) encounters are submitted for each type of test case scenario.
3. File must be identified as a DMETC02 submission using Loop 2300 - CLM01 by appending "DMETC02" to the end of the Plan Encounter ID (CCN).

3.2.3 Test Procedure

Table 2: Test Procedure Steps for DMETC02-Incident to Services

Step #	Action	Expected Results/ Evaluation Criteria
1.	<p>Submit a DME encounter incident to services with a DMEPOS Supplier HCPCS code selected from the DME Fee schedule located at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Fee-Schedule.html.</p> <p>Tip: Select DME12_C.zip file and select the DME2012 Jul.xls file.</p> <p>Select any DMEPOS HCPCS code with a 'JURIS' (column D) = "D". Ensure a Provider NPI is submitted with a Payer ID 80881 or 80882.</p> <p>Do not use Payer ID: 80887 which is specific to DMEPOS only.</p>	<ul style="list-style-type: none"> • The 999A and 277CA Reports are returned within 48 hours of submission. • Validation on the file for a unique encounter is based on the following data fields: <ul style="list-style-type: none"> ○ Beneficiary HICN ○ Beneficiary Name ○ Date of Service ○ Place of Service ○ Type of Service ○ Procedure Code (and 4 modifiers as appropriate) ○ Rendering Provider NPI ○ Paid Amount • Errors should be found on the file and will generate the ED Processing Status Report (MAO-002) with a "Rejected" status within 7 business days of submission.

3.2.4 Assumptions and Constraints

The file is submitted and processed under the Professional encounter data processing and pricing system as recorded by the servicing physician.

3.3 TC03-DMEPOS

3.3.1 Purpose

The purpose of TC03-DMEPOS is to test encounters submitted by a Medicare enrolled DME supplier.

3.3.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions in the 837-P format.
2. Two (2) encounters are submitted for each type of test case scenario.

3.3.3 Test Procedure

Table 3: Test Procedure Steps for TC03-DMEPOS

Step #	Action	Expected Results/ Evaluation Criteria
1.	<p>Submit a DMEPOS HCPCS code selected from the DME Fee schedule located at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Fee-Schedule.html.</p> <p>Tip: Select DME12_C.zip file and select the DME2012 Jul.xls file.</p>	<ul style="list-style-type: none"> • The 999A and 277CA Reports are returned within 48 hours of submission. • Validation on the file for a unique encounter is based on the following data fields: <ul style="list-style-type: none"> ○ Beneficiary HICN ○ Beneficiary Name ○ Date of Service ○ Place of Service ○ Type of Service ○ Procedure Code (and 4 modifiers as appropriate) ○ Rendering Provider NPI ○ Paid Amount • ED Processing Status Report (MAO-002) is returned with “Accepted” status within 7 business days of submission. • Any errors found on the file will generate the MAO-002) with a “Rejected” status within 7 business days of submission.

3.3.4 Assumptions and Constraints

DMEPOS will be validated for enrollment to supply durable medical equipment under the Medicare program. The DME POS encounter submission will be processed under the DME claims processing system.

3.4 TC04- Purchased DME

3.4.1 Purpose

The purpose of TC04-Purchased DME is to test editing, processing, and appropriate pricing of purchased durable medical equipment.

3.4.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions in the 837-P format.
2. Two (2) encounters are submitted for each type of test case scenario.

3.4.3 Test Procedure

Table 4: Test Procedure Steps for TC04-Purchased DME

Step #	Action	Expected Results/ Evaluation Criteria
1.	<p>Submit a DMEPOS HCPCS code selected from the DME Fee schedule located at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Fee-Schedule.html.</p> <p>Tip: Select DME12_C.zip file and select the DME2012 Jul.xls file.</p> <p>Select any HCPCS code with a 1st Modifier code of 'NU'- Purchased, New.</p>	<ul style="list-style-type: none"> • The 999A and 277CA Reports are returned within 48 hours of submission. • Validation on the file for a unique encounter is based on the following data fields: <ul style="list-style-type: none"> ○ Beneficiary HICN ○ Beneficiary Name ○ Date of Service ○ Place of Service ○ Type of Service ○ Procedure Code (and 4 modifiers as appropriate) ○ Rendering Provider NPI ○ Paid Amount • ED Processing Status Report (MAO-002) is returned with "Accepted" status within 7 business days of submission. • Any errors found on the file will generate the (MAO-002) with a "Rejected" status within 7 business days of submission.

3.4.4 Assumptions and Constraints

The DME fee schedule will be used for pricing all durable medical equipment identified on the encounter submission. The DME POS encounter submission will be processed under the DME claims processing system.

3.5 TC05- Capped Rental

3.5.1 Purpose

The purpose of TC05-Capped Rental submission is to test editing, processing, and appropriate pricing of capped rental equipment.

3.5.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions in the 837-P format.
2. Two (2) encounters are submitted for each type of test case scenario.

3.5.3 Test Procedure

Table 5: Test Procedure Steps for TC05-Capped Rental

Step #	Action	Expected Results/ Evaluation Criteria
1.	<p>Submit a DMEPOS HCPCS code selected from the DME Fee schedule located at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Fee-Schedule.html.</p> <p>Tip: Select DME12_C.zip file and select the DME2012 Jul.xls file.</p> <p>Select any HCPCS code with the 1st modifier code of 'RR' – Rented and category code of 'CR' – Capped Rental Items category from the spreadsheet.</p>	<ul style="list-style-type: none"> • The 999A and 277CA Reports are returned within 48 hours of submission. • Validation on the file for a unique encounter is based on the following data fields: <ul style="list-style-type: none"> ○ Beneficiary HICN ○ Beneficiary Name ○ Date of Service ○ Place of Service ○ Type of Service ○ Procedure Code (and 4 modifiers as appropriate) ○ Rendering Provider NPI ○ Paid Amount • ED Processing Status Report (MAO-002) is returned with “Accepted” status within 7 business days of submission. • Any errors found on the file will generate the MAO-002 with a “Rejected” status within 7 business days of submission.

3.5.4 Assumptions and Constraints

The DME fee schedule will be used for pricing all durable medical equipment identified on the encounter submission. The DME POS encounter submission will be processed under the DME claims processing system.

3.6 TC06- Oxygen

3.6.1 Purpose

The purpose of TC06-Oxygen DME submission is to ensure accurate editing and pricing for oxygen related durable medical equipment.

3.6.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions in the 837-P format.
2. Two (2) encounters are submitted for each type of test case scenario.

3.6.3 Test Procedure

Table 6: Test Procedure Steps for TC06-Oxygen

Step #	Action	Expected Results/ Evaluation Criteria
1.	<p>Submit a DMEPOS HCPCS code selected from the DME Fee schedule located at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Fee-Schedule.html.</p> <p>Tip: Select DME12_C.zip file and select the DME2012 Jul.xls file.</p> <p>Select any HCPCS code with a category code of 'OX' – Oxygen and Oxygen Equipment category from the spreadsheet.</p>	<ul style="list-style-type: none"> • The 999A and 277CA Reports are returned within 48 hours of submission. • Validation on the file for a unique encounter is based on the following data fields: <ul style="list-style-type: none"> ○ Beneficiary HICN ○ Beneficiary Name ○ Date of Service ○ Place of Service ○ Type of Service ○ Procedure Code (and 4 modifiers as appropriate) ○ Rendering Provider NPI ○ Paid Amount • ED Processing Status Report (MAO-002) is returned with "Accepted" status within 7 business days of submission. • Any errors found on the file will generate the MAO-002 with a "Rejected" status within 7 business days of submission.

3.6.4 Assumptions and Constraints

The DME fee schedule will be used for pricing all durable medical equipment identified on the encounter submission. The DME POS encounter submission will be processed under the DME claims processing system.

3.7 TC07- Duplicate

3.7.1 Purpose

The purpose of TC07-Duplicate is to ensure information is not duplicated and stored for pricing and risk adjustment in EODS.

3.7.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions in the 837-P format.
2. Two (2) encounters are submitted for each type of test case scenario.
3. An original submission should be “Accepted” in EDPS prior to submitting a duplicate encounter submission.
4. Ensure that the interchange date and time (ISA09 and ISA10) are unique in the ISA-IEA interchange header file.

3.7.3 Test Procedure

Table 7: Test Procedure Steps for TC07-Duplicate

Step #	Action	Expected Results/ Evaluation Criteria
1.	Submit a duplicate 837P encounter, to the EDFES with duplicate data in all of the following fields: <ul style="list-style-type: none">○ Beneficiary HICN○ Beneficiary Name○ Date of Service○ Place of Service○ Type of Service○ Procedure Code (and 4 modifiers as appropriate)○ Rendering Provider NPI○ Paid Amount	<ul style="list-style-type: none">• The 999A and 277CA Reports are returned within 48 hours of submission.• The file is rejected due to duplicate data contained in EODS.• Any errors found on the file will generate the ED Processing Status Report (MAO-002) with a “Rejected” status within 7 business days of submission.

3.7.4 Assumptions and Constraints

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

1. ACRONYMS

CMS	Centers for Medicare & Medicaid Services
DME	Durable Medical Equipment
DMEPOS	Durable Medical Equipment, Prosthetics, Orthotics, and Supplies
EDFEC	Encounter Data Front End Contractor
EDFES	Encounter Data Front End System
EDDPPS	Encounter Data DME Pricing and Processing System
EOS	Encounter Operational Data Store
EDPS	Encounter Data Processing System
EDPSC	Encounter Data Processing System Contractor
EDS	Encounter Data System
MA	Medicare Advantage
MAO	Medicare Advantage Organization