# Encounter Data System

**Standard Companion Guide Transaction Information**

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

**Companion Guide Version Number: 3.0**
**Created: November 16, 2011**

**Preface**

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

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## 1.0 Introduction

### 1.1 Scope

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

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

### 1.2 Overview

The CMS EDS Companion Guide includes information needed to begin and maintain communication exchange with CMS. The information is organized in the sections listed below:

- Contact Information: This section includes telephone and fax numbers for EDS contacts.
- Control Segments/Envelopes: This section contains information needed to create the ISA/IEA, GS/GE, and ST/SE control segments for transactions to be supported by EDS.
- Acknowledgements and Reports: This section contains information on all transaction acknowledgements sent by EDS, including the TA1, 999, and 277CA.
- Transaction Specific Information: This section describes how X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment with CMS specific information in addition to the information in the IGs. That information can contain:
    - Limits on the repeat of loops, or segments
    - Limits on the length of a simple data element
    - Specifics on a sub-set of the IG's internal code listings
    - Clarifications of the use of loops, segments, composite and 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 EDS' usage for composite or simple data elements and for any other information.

## 1.3 Major Updates

### 1.3.1 CAS Segment

MAOs and other entities were previously instructed to populate the following values to indicate an encounter is a correction/replacement or deletion of a previously submitted encounter in the Encounter Operational Data Store:

- Loop 2300, REF01='F8' and REF02=ICN
- Loop 2300, CLM05-3='7' (Correct/Replacement) or CLM05-3='8' (Deletion)
- Loop 2320, CAS01='CR' (Correct/Replace) or CAS01='OA' (Delete), CAS02='223', and CAS03= the amount affected by the correction/replacement or deletion encounter.

Upon further review of technical specifications and testing, MAOs and other entities are now instructed to populate the following values to indicate an encounter is a correction/replacement or deletion of a previously submitted encounter in the Encounter Operational Data Store:

- Loop 2300, REF01='F8' and REF02=ICN
- Loop 2300, CLM05-3='7' (Correct/Replacement) or CLM05-3='8' (Deletion)

NOTE: MAOs and other entities are not required to populate the CAS segment to indicate a correction/replacement or deletion of a previously submitted encounter.

### 1.3.2 Atypical Provider Default Values

In order to submit atypical provider encounters, it may be necessary for MAOs and other entities to submit default values in order for the encounter to process correctly through the Encounter Data Front-End System and the Encounter Data Processing and Pricing System. MAOs and other entities were previously instructed to submit specific default NPIs; however, the default NPI provided in Table 6, Loop 2010AA, NM109 should be used.

Atypical provider encounters will not be used for risk adjustment purposes, but will be stored and used for analytic purposes.

## 1.4 References

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

Additionally, the EDS submitter guidelines and application, testing documents, 5010 companion guides, and Encounter Data Participant Guides can be found at that location.

MAOs and other entities must use the most current national standard code lists applicable to the 5010 transaction. The code lists may be accessed at the Washington Publishing Company (WPC) website:

http://www.wpc-edit.com

The applicable code lists are as follows:

- Claim Adjustment Reason Code
- Claim Status Category Codes
- Claim Status Codes

CMS provides X12 5010 file format technical edit spreadsheets for the 837-I and 837-P. The edits included in the spreadsheet are intended 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 will first need to refer to the spreadsheet version. The version is a 10 character identifier as follows:

- Positions 1-2 indicate the line of business:
  - EA – Part A (837-I)
  - EB – Part B (837-P)
- Positions 3-6 indicate the year (e.g. 2011)
- Position 7 indicates the release quarter month
  - 1 – January release
  - 2 – April release
  - 3 – July release
  - 4 – October release
- Positions 8-10 indicate the spreadsheet version iteration number (e.g. V01-first iteration, V02-second iteration)

The effective date of the spreadsheet is the first calendar day of the release quarter month. The implementation date is the first business Monday of the release quarter month. Federal holidays which could potentially fall on the first business Monday must be accounted for when determining the implementation date. For example, the edits contained in a spreadsheet version of EB20113V01 are effective July 1, 2011 and will be implemented on July 5, 2011.

## 2.0 Contact Information

### 2.1 The Customer Service and Support Center (CSSC)

The Customer Service and Support Center (CSSC) personnel are available for questions from 8:00A.M. – 7:00P.M. EST, Monday-Friday, with the exception of federal holidays and can be contacted at 1-877-534-CSSC (2772).

## 2.2 Applicable websites/email

The following websites provide information to assist in EDS submission:

| Resource | Web Address |
|---|---|
| Encounter Data Participant Guides | www.csscoperations.com |
| EDS Email | eds@ardx.net |
| ANSI ASC X12 TR3 Implementation Guides | www.wpc-edi.com |
| Washington Publishing Company Health Care Code Sets | www.wpc-edi.com |
| CMS Edits Spreadsheet | http://www.cms.gov/MFFS5010D0/20_TechnicalDocumentation.asp |

# 3.0 File Submission

## 3.1 File Size Limitations

Due to system limitations, the combination of all ST-SE transaction sets per file cannot exceed certain thresholds depending upon the connectivity method of the submitter. FTP and NDM users cannot exceed 85,000 encounters per file. Gentran users cannot exceed 5,000 encounters per file. For all connectivity methods, the TR3 allows no more than5000 CLMS per ST-SE. The following demonstrates the limits due to connectivity methods:

| Connectivity | Maximum Number of Encounters | Maximum Number of ST-SE |
|---|---|---|
| FTP/NDM | 85,000 | 5,000 |
| Gentran | 5,000 | 5,000 |

**Note: Due to system processing overhead associated with smaller numbers of encounters within the ST-SE, it is highly recommended that larger numbers of encounters within the ST-SE be used.**

In an effort to support and provide the most efficient processing system, it is recommended that FTP submitters' scripts should not upload more than one (1) file per five (5) minute interval to allow maximum performance. Files that are zipped should contain one (1) file per transmission. MAOs and other entities should refrain from submitting multiple files within the same transmission.

## 3.2 File Structure

80 byte fixed block is a common mainframe term. This means every line (record) in a file must be uploaded as 80 bytes/characters long. NDM/Connect Direct and Gentran submitters must use this approach.

Files should be created in a manner where the segments are one continuous stream of information that continues to the next line every 80 characters.

Segments should be stacked in the file, using only 80 characters per line. Using the Enter key or Carriage Return in position 81 will ensure no more than 80 bytes/characters are contained in each record. If the last line in the file does not fill to 80 bytes/characters, it should be spaced out to position 80 and then save the file. Do not use the Enter key or Carriage Return at the end of the last record because this will create an additional blank record at the end of the file.

For example the ISA record is 106 characters long:

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

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

## 4.0 Control Segments/Envelopes

### 4.1 ISA-IEA

The term interchange denotes the ISA-IEA envelope that is transmitted. Interchange control is achieved through several "control" components, as defined in Table 2. 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. All elements in the ISA-IEA interchange must be populated. There are several elements within the ISA-IEA interchange that must be populated specifically for encounter data purposes. Table 2 below provides EDS Interchange Control (ISA-IEA) specific elements.

Note: Only those elements that provide specific details relevant to encounter data are presented in the table. When developing the encounter data system, users should base their logic on the highest level of specificity. First, consult the WPC/TR3. Second, consult the CMS edits spreadsheets. Third, consult the Encounter Data Companion Guide. If there are options expressed in the WPC/TR3 or the CEM edits spreadsheet that are broader then the options identified in the Encounter Data Companion Guide, the rules identified in the Encounter Data Companion Guide must be used.

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

**TABLE 1 – ISA-IEA INTERCHANGE ELEMENTS**

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

**TABLE 1 – ISA-IEA INTERCHANGE ELEMENTS (CONTINUED)**

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---|---|---|---|---|
| | ISA13 | Interchange Control Number | | Must be a fixed length with nine (9) characters and match IEA02 |
| | ISA14 | Acknowledgement Requested | 1 | Interchange Acknowledgement Requested (TA1)<br><br>A TA1 will be sent if the file is syntactically incorrect, otherwise only a '999' will be sent. |
| | ISA15 | Usage Indicator | T<br>P | Test<br>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.

All elements in the GS-GE functional group must be populated. There are several elements within the GS-GE that must be populated specifically for encounter data collection. Table 3 provides EDS functional group (GS-GE) specific elements.

Note: Only those elements that require explanation are presented in the table.

**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 Number |
| | GS03 | Application Receiver's Code | 80882 | This value must match the value in ISA08 |

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

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---|---|---|---|---|
| | GS06 | Group Control Number | | This value must match the value in GE02 |
| | GS08 | Version/Release/Industry Identifier Code | 005010X222A1 | |
| GE | | Functional Group Trailer | | |
| | GE02 | Group Control Number | | This value must match the value in GS06 |

## 4.3 ST-SE

The transaction set (ST-SE) contains required, situational, and unused loops, segments, and data elements. The transaction set is outlined by the transaction set header (ST segment) and the transaction set trailer (SE segment). The transaction set header identifies the start and identifies the transaction set. The transaction set trailer identifies the end of the transaction set and provides a count of the data segments, which includes the ST and SE segments. There are several elements that must be populated specifically for encounter data purposes. Table 5 provides EDS transaction set (ST-SE) specific elements.

Note: Only those elements that require explanation are presented in the table.

**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 |
| | ST03 | Implementation Convention Reference | 005010X222A1 | |

**TABLE 3 - ST-SE TRANSACTION SET HEADER AND TRAILER ELEMENTS (CONTINUED)**

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---|---|---|---|---|
| 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 |

## 5.0 837 Professional: Data Element Table

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

The 837 Professional Data Element table identifies only those elements within the X12N Implementation Guide that require comment within the context of EDS submission. Table 6 identifies the 837 Professional Implementation Guide by loop name, segment name and identifier, and data element name and identifier for cross reference. Not all data elements listed in the table below are required, but if they are used, the table reflects the values CMS expects to see.

**TABLE 4 - 837 PROFESSIONAL HEALTH CARE CLAIM**

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---|---|---|---|---|
| | BHT | Beginning of Hierarchical Transaction | | |
| | BHT03 | Originator Application Transaction Identifier | | Must be a unique identifier across all files |
| | BHT06 | Claim Identifier | CH | Chargeable |
| 1000A | NM1 | Submitter Name | | |
| | NM102 | Entity Type Qualifier | 2 | Non-Person Entity |
| | NM109 | Submitter Identifier | | EN followed by Contract Number |

**TABLE 4 - 837 PROFESSIONAL HEALTH CARE CLAIM (CONTINUED)**

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---|---|---|---|---|
| 1000A | PER | Submitter EDI Contact Information | | |
| | PER03 | Communication Number Qualifier | TE | It is recommended that MAOs and other entities populate the submitter's telephone number |
| | PER05 | Communication Number Qualifier | EM | It is recommended that MAOs and other entities populate the submitter's email address |
| 1000A | PER | Submitter EDI Contact Information | | |
| | PER07 | Communication Number Qualifier | FX | It is recommended that MAOs and other entities populate the submitter's fax number |
| 1000B | NM1 | Receiver Name | | |
| | NM102 | Entity Type Qualifier | 2 | Non-Person Entity |
| | NM103 | Receiver Name | | EDSCMS |
| | NM109 | Receiver ID | 80882 | Identifies CMS as the receiver of the transaction and corresponds to the value in ISA08 Interchange Receiver ID |
| 2010AA | NM1 | Billing Provider Name | | |
| | NM108 | Billing Provider ID Qualifier | XX | NPI Identifier |
| | NM109 | Billing Provider Identifier | 1999999984 | Must be populated with a ten digit number, must begin with the number 1.<br><br>Atypical professional provider default NPI |
| 2010AA | N4 | Billing Provider City, State, Zip Code | | |
| | N403 | Zip Code | | The full nine (9) digits of the ZIP Code are required. If the last four (4) digits of the ZIP code are not available, populate a default value of "9999". |

**TABLE 4 - 837 PROFESSIONAL HEALTH CARE CLAIM (CONTINUED)**

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---|---|---|---|---|
| 2010AA | REF | Billing Provider Tax Identification | | |
| | REF01 | Reference Identification Qualifier | EI | Employer's Identification Number |
| | REF02 | Reference Identification | | 199999998 - Atypical professional provider default EIN |
| 2000B | SBR | Subscriber Information | | |
| | SBR01 | Payer Responsibility Number Code | S | EDSCMS is considered the destination (secondary) payer |
| | SBR09 | Claim Filing Indicator Code | MB | Must be populated with a value of MB – Medicare Part B. |
| 2010BA | NM1 | Subscriber Name | | |
| | NM108 | Subscriber Id Qualifier | MI | Must be populated with a value of MI – Member Identification Number |
| | NM109 | Subscriber Primary Identifier | | This is the subscriber's Health Insurance Claim (HIC) number. Must match the value in Loop 2330A, NM109. |
| 2010BB | NM1 | Payer Name | | |
| | NM103 | Payer Name | | EDSCMS |
| | NM108 | Payer ID Qualifier | PI | Must be populated with the value of PI – Payer Identification |
| | NM109 | Payer Identification | 80882 | |
| 2010BB | N3 | Payer Address | | |
| | N301 | Payer Address Line | 7500 Security Blvd | |
| 2010BB | N4 | Payer City, State, ZIP Code | | |
| | N401 | Payer City Name | Baltimore | |
| | N402 | Payer State | MD | |
| | N403 | Payer ZIP Code | 212441850 | |

**TABLE 4 - 837 PROFESSIONAL HEALTH CARE CLAIM (CONTINUED)**

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---|---|---|---|---|
| 2010BB | REF | Other Payer Secondary Identifier | | |
| | REF01 | Contract ID Identifier | 2U | |
| | REF02 | Contract ID Number | | MAO or other entity's Contract ID number |
| 2300 | CLM | Claim Information | | |
| | CLM02 | Total Claim Charge Amount | | Must balance to the sum SV2 service lines in Loop 2400. |
| | CLM05-3 | Claim Frequency Type Code | 1<br>7<br>8 | 1=Original claim submission<br>7=Replacement<br>8=Deletion |
| 2300 | PWK | Claim Supplemental Information | | |
| | PWK01 | Report Type Code | 09 | Populated for chart review submissions only |
| | PWK02 | Attachment Transmission Code | AA | Populated for chart review submissions only. Available upon request at provider site |
| 2300 | CN1 | Contract Information | | |
| | CN101 | Contract Type Code | 05 | Populated for capitated arrangements |
| 2300 | REF | Payer Claim Control Number | | |
| | REF01 | Original Reference Number | F8 | |
| | REF02 | Payer Claim Control Number | | Identifies ICN from original claim when submitting adjustment or chart review data. |
| 2320 | SBR | Other Subscriber Information | | |
| | SBR01 | Payer Responsibility Sequence Number Code | P<br>T | P=Primary (when MAOs or other entities populate the payer paid amount)<br>T=Tertiary (when MAOs or other entities populate a true COB |

**TABLE 4 - 837 PROFESSIONAL HEALTH CARE CLAIM (CONTINUED)**

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---|---|---|---|---|
| | SBR09 | Claim Filing Indicator Code | 16 | Health Maintenance Organization (HMO) Medicare Risk |
| 2320 | CAS | Claim Adjustment | | |
| | CAS02 | Adjustment Reason Code | | If a claim is denied in the MAO or other entities' adjudication system, the denial reason should be populated. |
| 2320 | AMT | COB Payer Paid Amount | | |
| | AMT02 | Payer Paid Amount | | MAO and other entity's paid amount |
| 2320 | OI | Coverage Information | | |
| | OI03 | Benefits Assignment Certification Indicator | | Must match the value in Loop 2300, CLM08 |
| 2330A | NM1 | Other Subscriber Name | | |
| | NM108 | Identification Code Qualifier | MI | |
| | NM109 | Subscriber Primary Identifier | | Must match the value in Loop 2010BA, NM109 |
| 2330B | NM1 | Other Payer Name | | |
| | NM108 | Identification Code Qualifier | XV | |
| | NM109 | Other Payer Primary Identifier | Payer01 | MAO or other entity's Contract ID.<br><br>Only populated if there is no Contract ID available for a true other payer |
| 2330B | N3 | Other Payer Address | | |
| | N301 | Other Payer Address Line | | MAO or other entity's address |

**TABLE 4 - 837 PROFESSIONAL HEALTH CARE CLAIM (CONTINUED)**

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---|---|---|---|---|
| 2330B | N4 | Other Payer City, State, ZIP Code | | |
| | N401 | Other Payer City Name | | MAO or other entity's City Name |
| | N402 | Other Payer State | | MAO or other entity's State |
| | N403 | Other Payer ZIP Code | | MAO or other entity's ZIP Code. The full nine (9) digits of the ZIP Code are required. If the last four (4) digits of the ZIP code are not available, populate a default value of "9999". |
| 2400 | CN1 | Contract Information | | |
| | CN101 | Contract Type Code | 05 | Populated for each capitated/ staff service line. |
| 2430 | SVD | Line Adjudication Information | | |
| | SVD01 | Other Payer Primary Identifier | | Must match the value in Loop 2330B, NM109 |
| 2430 | CAS | Line Adjustments | | |
| | CAS02 | Adjustment Reason Code | | If a service line is denied in the MAO or other entities' adjudication system, the denial reason should be populated. |

## 6.0 Acknowledgements and Reports

### 6.1 TA1 – Interchange Acknowledgement

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

MAOs and other entities will receive a TA1 interchange report acknowledging the syntactical incorrectness of an X12 interchange header ISA and trailer IEA, and the envelope's structure.

Encompassed in the TA1 is the interchange control number, interchange date and time, interchange acknowledgement code, and interchange note code. The interchange control number, date, and time are identical to those that were 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 was 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 was rejected due to errors. The interchange note code is a numeric code that notifies MAOs and other entities of the specific error. The TA1 interchange acknowledgment report is generated and returned within 24 hours after submitting the interchange if a fatal error occurs. If a TA1 interchange control structure error is identified, MAOs and other entities must correct the error and resubmit the interchange file.

## 6.2 999 – Functional Group Acknowledgement

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

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

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

- "A" – Accepted
- "R" – Rejected
- "E" – Accepted with non-syntactical errors

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 segments will be displayed. These segments indicate what loops and segments contain the error that needs correcting so the interchange can be resubmitted. The third element in the IK3 segment tells the loop that contains the error. The

first element in the IK3 and IK4 indicate 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 that expects the response from the Information Source. The third hierarchal level is at the Billing Provider of Service level and the fourth and final level is done at the Patient level. Acceptance or rejection at this level is based on the WPC and the CMS edits spreadsheet. Edits received at any hierarchical level will stop and no further editing will take place. For example, if there is a problem with the Billing Provider of Service submitted on the 837, individual patient edits will not be performed. For those encounters not accepted, the 277CA will detail additional actions required of MAOs and other entities in order to correct and resubmit those encounters.
If an MAO or other entity receives a 277CA indicating an encounter 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 is rejected, 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.

## 7.0 Duplicate Logic

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

## 7.1 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. Hash totals are a method for ensuring 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 account number. At various stages in the 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 be rejected as a duplicate. There will be other duplicate edits in the processing system.

## 7.2 Detail Level

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

- Beneficiary Demographic
    - Health Insurance Claim Number (HICN)
    - Name
- Date of Service
- Place of Service (2 digits)
- Type of Service
- Procedure Code(s) and 4 modifiers
- Rendering Provider NPI
- Paid Amount*

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

## 837-P Transaction Example – Under Development

The following example will present three (3) formats for the data contained within the 837-P claim:

1) A business scenario typical within encounter data processing
2) A data string illustrating the actual record transmission
3) A file map that allows participants to see all submitted data elements and their relationship to the entire transaction

**REVISION HISTORY**

| Version | Date | Description of Revision |
|---|---|---|
| 2.1 | 9/9/2011 | Baseline Version |
| 3.0 | 10/31/11 | **Table 4 –** Added BHT03 and BHT06 |
| 3.0 | 10/31/11 | **Table 4 –** Changed 2000B, SBR09=16 to SBR09=MB |
| 3.0 | 10/31/11 | **Table 4 –** Added 2010AA, REF01=EI, REF02=199999997 |
| 3.0 | 10/31/11 | **Table 4 –** Added 2010BB, NM109 Atypical professional provider default NPI=1999999976 |
| 3.0 | 10/31/11 | **Table 4 –** Deleted Loop 2300, NTE, Billing Note |
| 3.0 | 10/31/11 | **Table 4 –** Changed Loop 2320, SBR09=16 to SBR09=16 |
| 3.0 | 10/31/11 | **Table 4 –** Deleted Loop 2320, CAS01=CR (Correct/Replace) and CAS01=OA (Delete) |
| 3.0 | 10/31/11 | **Table 4 –** Deleted Loop 2320, CAS02=223 |
| 3.0 | 10/31/11 | **Table 4 –** Deleted Loop 2320, CAS03 |
| 3.0 | 10/31/11 | **Table 4 –** Deleted 2320, AMT02 (Remaining Patient Liability) |
| 3.0 | 10/31/11 | **Table 4 –** Added 2330B, NM109=Payer01 |
| 3.0 | 10/31/11 | **Table 4 –** Deleted 2330B, REF01 and REF02 |
| 3.0 | 10/31/11 | **Section 1.3 –** Added Section 1.3 - Major Updates |
| 3.0 | 10/31/11 | **Section 1.4 -** Added CEM edits spreadsheet release information |
| 3.0 | 10/31/11 | **Section 3.0 -** Added File Size Limitations and File Structure |
| 3.0 | 10/31/11 | **Section 6.2 –** Points Clarified |
| 3.0 | 10/31/11 | **Section 6.3 –** Points Clarified |
| 3.0 | 10/31/11 | **Section 7.0** – Added current duplicate logic |