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: 5.0
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Preface

The Encounter Data System (EDS) Companion Guide contains information to assist Medicare Advantage Organizations (MAOs) and other entities in the submission of encounter data. The EDS Companion Guide is under development and the information in this version reflects current decisions and will be modified on a regular basis. All versions of the EDS Companion Guide are identified by a version number which is located in the version control log on the last page of the document. Users should verify 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 Professional Processing and Pricing Error Codes

MAOs and other entities can now find the complete list of Professional Processing and Pricing Error Codes and Error Descriptions in Section 10.0.

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-edi.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. NDM and Gentran users may submit a maximum of 255 files per day.

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

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 files, using only 80 characters per line. At position 81, 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, it should be spaced out to position 80 and then save the file.

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

For example the ISA record is 106 characters long:

ISA*00* *00* *ZZ*ENH9999 *ZZ*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 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. 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 1 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

TABLE 1 – ISA-IEA INTERCHANGE ELEMENTS (CONTINUED)

Loop ID	Reference	Name	Codes	Notes/Comments
	ISA06	Interchange Sender ID		EN followed by Contract ID Number
	ISA07	Interchange ID Qualifier	ZZ	CMS expects to see a value of "ZZ" to designate that the code is mutually defined
	ISA08	Interchange Receiver ID	80882	
	ISA11	Repetition Separator	^	
	ISA13	Interchange Control Number		Must be a fixed length with nine (9) characters and match IEA02
	ISA14	Acknowledgement Requested	1	Interchange Acknowledgement Requested (TA1) A TA1 will be sent if the file is syntactically incorrect, otherwise only a '999' will be sent.
	ISA15	Usage Indicator	T P	Test Production
IEA		Interchange Control Trailer		
	IEA02	Interchange Control Number		Must match the value in ISA13

4.2 GS-GE

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

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 2 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
	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 3 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

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

Loop ID	Reference	Name	Codes	Notes/Comments
	ST03	Implementation Convention Reference	005010X222A1	
SE		Transaction Set Trailer		
	SE01	Number of Included Segments		Must contain the actual number of segments within the ST-SE
	SE02	Transaction Set Control Number		This value must be match the value in ST02

5.0 837 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 4 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. 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 7 8	1=Original claim submission 7=Replacement 8=Deletion
2300	PWK	Claim Supplemental Information		
	PWK01	Report Type Code	09	Populated for chart review submissions only
	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 T	P=Primary (when MAOs or other entities populate the payer paid amount) 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. 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.
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 Permanently Deactivated Front-End Edits

Several CEM edits currently active in the Fee-For-Service CEM edits spreadsheet will be permanently deactivated in order to ensure syntactically correct encounters pass front-edit editing. Table 5 provides the current EDS front-end edits that will be deactivated. The edit reference column provides the exact edit reference that will be deactivated. The edit description column provides the Claim Status Category Code (CSCC), the Claim Status Code (CSC), and the Entity Identifier Code (EIC), when applicable. The notes column provides a description of the edit reason. MAOs and other entities should reference the WPC website at www.wpc-edi.com for a complete listing of all CSCC, CSC, and EICs.

TABLE 5 - 837 PROFESSIONAL PERMANENTLY DEACTIVATED CEM EDITS

Edit Reference	Edit Description	Edit Notes
X222.087.2010AA.NM109.050	CSCC A8: “Acknowledgement/Rejected for relational field in error” CSC 496: “Submitter not approved for electronic claim submission on behalf of this entity” EIC 85: “Billing Provider”	2010AA.NM109 billing provider must be "associated" to the submitter (from a trading partner management perspective) in 1000A.NM109.
X222.091.2010AA.N301.070	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 503: "Entity's Street Address" EIC: 85 Billing Provider	2010AA.N301 must not contain the following exact phrases (not case sensitive): "Post Office Box", "P.O. Box", "PO Box", "P O Box", "Lock Box", "Lock Bin".
X222.091.2010AA.N302.060	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 503: "Entity's Street Address" EIC: 85 Billing Provider	2010AA.N302 must not contain the following exact phrases (not case sensitive): "Post Office Box", "P.O. Box", "PO Box", "P O Box", "Lock Box", "Lock Bin".
X222.138.2010BB.REF.010	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: PR "Payer"	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.
X222.140.2010BB.REF02.075	CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 496 "Submitter not approved for electronic claim submissions on behalf of this entity." EIC: 85 Billing Provider	2010BB.REF02 billing provider must be "associated" to the submitter (from a trading partner management perspective) in 1000A.NM109.
X222.157.2300.CLM05-3.020	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 535: "Claim Frequency Code"	2300.CLM05-3 must be "1".
X222.351.2400.SV101-7.020	CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 306: “Detailed description of service”	2400.SV101-7 must be present when 2400.SV101-2 is present on the table of procedure codes that require a description.

8.0 Duplicate Logic

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

8.1 Header Level

When a file (ISA – IEA) is received, the system assigns a hash total to the file based on the entire ISA-IEA interchange. 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.

8.2 Detail Level

Once an encounter passes through the institutional or professional processing and pricing system, it is stored in an internal repository, the Encounter Operational Data Store (EODS). If a new encounter is submitted that matches specific values to another stored encounter, the encounter will be rejected and 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.

9.0 837 Professional Business Cases

In accordance with 45 CFR 160.103 of the Health Insurance Portability and Accountability Act (HIPAA), Protected Health Information has been removed from all business cases. As a result, the business cases have been populated with fictitious information about the Subscriber, Medicare Advantage Organization (MAO), and provider(s). The business cases reflect 2012 dates of service; however, when submitting encounter data files, MAOs and other entities must use the date(s) of service provided on the claim received from the provider.

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."

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

9.1 Standard Professional Encounter

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

File String 1:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80882 *120430*114
4*^*00501*200000031*1*P*:~
GS*HC*ENH9999*80882*20120430*1144*69*X*005010X222A1~
ST*837*0534*005010X222A1~
BHT*0019*00*3920394930206*20120428*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS***46*80882~**
HL*120*1~**
NM1*85*1*SMITH*ELIZABETH*AMD*XX*12999999999~**
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139999~
REF*EI*344232321~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ123456747****MB~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80882~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997677856479709654A*100.50*11:B:1*Y*A*Y*Y~**
HI*BK:78901~
SBR*P*18*XYZ1234567****16~**
AMT*D*100.50~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
REF*T4*Y~

LX*1~
SV1*HC:99212*100.50*UN*1*1~**
DTP*472*D8*20120401~
SVD*H9999*100.50*HC:992121~**
DTP*573*D8*20120403~
SE*38*0534~
GE*1*69~
IEA*1*200000031~

9.2 Capitated Professional Encounter

Business Scenario 2: Mary Dough is the patient and the subscriber, and went to Dr. Elizabeth A. Smart because she was experiencing abdominal pain. Happy Health Plan is the Medicare Advantage Organization (MAO) and has a capitated arrangement with Mercy Hospital. Dr. Smart diagnosed Mary with abdominal pain in the upper quadrant.

File String 2:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80882 *120430*114
4*^*00501*000000032*1*P*:~
GS*HC*ENH9999*80882*20120430*1144*82*X*005010X222A1~
ST*837*0037*005010X222A1~
BHT*0019*00*3920394930206*20120428*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS***46*80882~**
HL*120*1~**
NM1*85*1*SMITH*ELIZABETH*AMD*XX*1299999999~**
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139999~
REF*EI*344345879~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ123456747****MB~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80882~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997677856479709654A*0.00*11:B:1*Y*A*Y*Y~**
HI*BK:78901~
SBR*P*18*XYZ1234567****16~**
AMT*D*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~
SV1*HC:99212*0.00*UN*1*1~**
DTP*472*D8*20120401~
CN1*05~
SVD*H9999*100.50*HC:992121~**
DTP*573*D8*20120403~
SE*40*0037~
GE*1*82~
IEA*1*000000032~

9.3 Chart Review Professional Encounter – No Linked ICN

Business Scenario 3: Mary Dough is the patient and the subscriber. Happy Health Plan is the Medicare Advantage Organization (MAO) and Dr. Elizabeth A. Smart is the professional service provider. Happy Health Plan performs a chart review at Dr. Smith's office and determines that Mary Dough was diagnosed with necrosis of artery. Dr. Smith never submitted a claim to Happy Health Plan. The medical record does not contain enough information to submit a full claim, yet there is enough information to support the diagnosis and link the chart review encounter back to the medical record. Happy Health Plan submits a chart review encounter with no linked ICN to add necrosis of artery diagnosis.

File String 3:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80882 *120530*114
7*^*00501*000000056*1*P*:~
GS*HC*ENH9999*80882*20120530*1147*89*X*005010X222A1~
ST*837*0043*005010X222A1~
BHT*0019*00*3920394930206*20120530*1147*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS***46*80882~**
HL*120*1~**
NM1*85*1*SMITH*ELIZABETH*AMD*XX*1299999999~**
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139999~
REF*EI*456789032~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ123456747****MB~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80882~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*299767785647970965 4A*0.00*11:B:1*Y*A*Y*Y~**
PWK*09*AA~
HI*BK:4475~
SBR*P*18*XYZ1234567****16~**
AMT*D*0.00~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~

N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
NM1*82*1*SMITH*ELIZABETH*AMD*XX*1299999999~**
REF*T4*Y~
LX*1~
SV1*HC:99212*0.00*UN*1*1~**
DTP*472*D8*20120401~
SVD*H9999*100.50*HC:992121~**
DTP*573*D8*20120403~
SE*41*0043~
GE*1*89~
IEA*1*000000056~

9.4 Chart Review Professional Encounter – Linked ICN

Business Scenario 4: Mary Dough is the patient and the subscriber, and went to Dr. Elizabeth A. Smart because she was experiencing abdominal pain. Happy Health Plan is the Medicare Advantage Organization (MAO). Dr. Smart diagnosed Mary with abdominal pain. Happy Health Plan submits the encounter to CMS and receives an ICN 1298768987657. Happy Health Plan performs a chart review related to ICN 1298768987657 and determines that the incorrect NPI was populated for the Billing Provider.

File String 4:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80882 *120530*114
7*^*00501*000000056*1*P*:~
GS*HC*ENH9999*80882*20120530*1147*89*X*005010X222A1~
ST*837*0043*005010X222A1~
BHT*0019*00*3920394930206*20120530*1147*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS***46*80882~**
HL*120*1~**
NM1*85*1*SMITH*ELIZABETH*AMD*XX*1299999899~**
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139999~
REF*EI*456789032~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ123456747****MB~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80882~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997677856479709654A*0.00*11:B:1*Y*A*Y*Y~**
PWK*09*AA~
REF*F8*1298768987657~
HI*BK:4475~
SBR*P*18*XYZ1234567****16~**
AMT*D*0.00~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~

NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
NM1*82*1*SMITH*ELIZABETH*AMD*XX*1299999999~**
REF*T4*Y~
LX*1~
SV1*HC:99212*0.00*UN*1*1~**
DTP*472*D8*20120401~
SVD*H9999*100.50*HC:992121~**
DTP*573*D8*20120403~
SE*43*0043~
GE*1*89~
IEA*1*000000056~

9.5 Complete Replacement Professional Encounter

Business Scenario 5: Mary Dough is the patient and the subscriber, and went to Dr. Elizabeth A. Smart because she was experiencing abdominal pain. Happy Health Plan is the Medicare Advantage Organization (MAO). Dr. Smart diagnosed Mary with abdominal pain in the lower right quadrant (78903). Happy Health Plan submits the encounter to CMS and receives an ICN 1212278567098. Happy Health Plan determines that the diagnosis submitted was incorrect and was actually for the upper right quadrant (78901). Happy Health Plan submits a correct and replace adjustment encounter to replace encounter 1212278567098 with the newly submitted encounter.

File String 5:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80882 *120530*114
2*^*00501*000000045*1*P*:~
GS*HC*ENH9999*80882*20120530*1142*299*X*005010X222A1~
ST*837*0421*005010X222A1~
BHT*0019*00*3920394930206*20120430*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS***46*80882~**
HL*120*1~**
NM1*85*1*SMITH*ELIZABETH*AMD*XX*1299999999~**
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139999~
REF*EI*765876890~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ123456747****MB~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80882~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*29976778564797096 54A*100.50*11:B:7*Y*A*Y*Y~**
REF*F8*1212278567098~
HI*BK:78903~
SBR*P*18*XYZ1234567****16~**
CAS*CO*39*50.00~
AMT*D*50.50~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~

N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
REF*T4*Y~
LX*1~
SV1*HC:99212*100.50*UN*1*1~**
DTP*472*D8*20120401~
SVD*H9999*50.50*HC:992121~**
DTP*573*D8*20120403~
SE*41*0421~
GE*1*299~
IEA*1*000000045~

9. 6 Deletion Professional Encounter

Business Scenario 6: Mary Dough is the patient and the subscriber, and went to Dr. Elizabeth A. Smart because she was experiencing abdominal pain. Happy Health Plan is the Medicare Advantage Organization (MAO). Dr. Smart diagnosed Mary with abdominal pain. Happy Health Plan submits the encounter to CMS and receives ICN 1212487000032. Happy Health Plan then determines that they mistakenly sent the encounter without it being adjudicated in their internal system, so they want to delete the encounter. Happy Health Plan submits an adjustment encounter to delete the previously submitted encounter 1212487000032.

File String 6:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80882 *120430*114
4*^*00501*000000298*1*P*:~
GS*HC*ENH9999*80882*20120430*1144*82*X*005010X222A1~
ST*837*0290*005010X222A1~
BHT*0019*00*3920394930206*20120428*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS***46*80882~**
HL*120*1~**
NM1*85*1*SMITH*ELIZABETH*AMD*XX*1299999999~**
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139999~
REF*EI*765879876~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ123456747****MB~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80882~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*29976778564797096 54A*100.50*11:B:8*Y*A*Y*Y~**
REF*F8*1212487000032~
HI*BK:78901~
SBR*P*18*XYZ1234567****16~**
CAS*CO*223*100.50~
AMT*D*0.00~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~

NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
REF*T4*Y~
LX*1~
SV1*HC: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. 7 Atypical Provider Professional Encounter

Business Scenario 7: Mary Dough is the patient and the subscriber, and receives services from an atypical provider. Happy Health Plan was the Medicare Advantage Organization (MAO).

File String 7:

```
ISA*00*          *00*          *ZZ*ENH9999       *ZZ*80882         *120430*114
4*^*00501*000000031*1*P*:~
GS*HC*ENH9999*80882*20120430*1144*79*X*005010X222A1~
ST*837*0034*005010X222A1~
BHT*0019*00*3920394930206*20120428*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS*****46*80882~
HL*1**20*1~
NM1*85*2*MERCY SERVICES*XX*1999999984~
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139999~
REF*EI*199999998~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567**47****MB~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS*****PI*80882~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*PAYER01~
CLM*2997677856479709654A*100.50***11:B:1*Y*A*Y*Y~
HI*BK:78901~
SBR*P*18*XYZ1234567******16~
AMT*D*100.50~
OI***Y***Y~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN*****XV*H9999~
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
REF*T4*Y~
LX*1~
SV1*HC:99212*150.00*UN*1*1***1~
```

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

9.8 Paper Generated Professional Encounter – Under Development

9.9 True Coordination of Benefits Professional Encounter

Business Scenario 9: Mary Dough is the patient and the subscriber, and went to Dr. Elizabeth A. Smith because she was experiencing abdominal pain. Happy Health Plan is the Medicare Advantage Organization (MAO). Other Health Plan also provided payment for Mary Dough. Dr. Smith diagnosed Mary with abdominal pain in her right upper quadrant (78901).

File String 9:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80882 *120430*114
4*^*00501*000000031*1*P*:~
GS*HC*ENH9999*80882*20120430*1144*79*X*005010X222A1~
ST*837*0034*005010X222A1~
BHT*0019*00*3920394930206*20120428*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS***46*80882~**
HL*120*1~**
NM1*85*1*SMITH*ELIZABETH*AMD*XX*12999999999~**
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139999~
REF*EI*344232321~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ123456747****MB~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80882~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997677856479709654A*712.00*11:B:1*Y*A*Y*Y~**
HI*BK:78901~
SBR*P*18*XYZ1234567****16~**
CAS*CO*A2*12.00~
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*XYZ1234388****16~**
CAS*CO*A2*0.00~
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~
REF*T4*Y~
LX*1~
SV1*HC:99212*712.00*UN*1*1~**
DTP*472*D8*20120401~
SVD*H9999*712.00*HC:992121~**
DTP*573*D8*20120403~
SE*50*0034~
GE*1*79~
IEA*1*000000031~

9.10 Bundled Professional Encounter

Business Scenario 10: Mary Dough is the patient and the subscriber, and went to Dr. Elizabeth A. Smith because she was experiencing abdominal pain. Happy Health Plan is the Medicare Advantage Organization (MAO). Dr. Smith diagnosed Mary with abdominal pain in her right upper quadrant (78901).

File String 10:

ISA*00* *00* *ZZ*ENH9999 *ZZ*80882 *120430*114
4*^*00501*000000031*1*P*:~
GS*HC*ENH9999*80882*20120430*1144*79*X*005010X222A1~
ST*837*0034*005010X222A1~
BHT*0019*00*3920394930206*20120428*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN***46*ENH9999~**
PER*IC*JANE DOE*PE*5555552222~
NM1*40*2*EDSCMS***46*80882~**
HL*120*1~**
NM1*85*1*SMITH*ELIZABETH*AMD*XX*12999999999~**
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139999~
REF*EI*344232321~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ123456747****MB~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 SPAPE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS***PI*80882~**
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997677856479709654A*100.50*11:B:1*Y*A*Y*N~**
HI*BK:78901~
SBR*P*18*XYZ1234567****16~**
AMT*D*100.50~
OI*Y***Y~**
NM1*IL*1*DOUGH*MARY**MI*672148306~**
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN***XV*H9999~**
N3*705 E HUGH SP~
N4*NORFOLK*VA*235049999~
REF*T4*Y~

LX*1~
SV1*HC:80051*100.50*UN*1*121~**
DTP*472*D8*20120401~
SVD*H9999*100.50*HC:800511~**
DTP*573*D8*20120403~
SE*39*0034~
GE*1*79~
IEA*1*000000031~

10.0 Encounter Data Professional Processing and Pricing System Edits

After a Professional encounter passes translator and CEM level editing and an ICN is received on a 277CA, the Encounter Data Front-End System (EDFES) then transfers the encounter to the Encounter Data Professional Processing and Pricing System (EDPPPS), where editing, processing, pricing, and storage occurs. In order to assist MAOs and other entities in submission of encounter data through the EDPPPS, the current list of the EDPPPS edits is provided in Table 6 below.

The EDPPPS edits are organized in eight (8) different categories, as provided in Table 6, Column 2. The EDPPPS edit categories include the following:

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

There are two (2) edit dispositions: Informational and Reject, which are provided in Column 3 of Table 6 below. Informational edits will cause an informational flag to be placed on the encounter; however, the Informational edit will not cause processing and/or pricing to cease. Reject edits will cause an encounter to stop processing and/or pricing, and the MAO or other entity must resubmit the encounter through the EDFES. The encounter must then pass translator and CEM level editing prior to the data being transferred to the EDPPPS for reprocessing. The EDPPPS edit error message, as provided in Column 4 in Table 6 below, will be provided on Encounter Data Processing System (EDPS) transaction reports to provide further information to the MAO or other entity of the specific reason for the edit generated.

If there is no reject edit at the header level and at least one of the lines is accepted, then the encounter is accepted. If there is no reject edit at the header level, but all lines are rejected, then the encounter will be rejected. If there is a reject edit at the header level, the encounter will be rejected.

TABLE 6: ENCOUNTER DATA PROFESSIONAL PROCESSING AND PRICING SYSTEM (EDPPPS) EDITS

EDPPPS Edit#	EDPPPS Edit Category	EDPPPS Edit Disposition	EDPPPS Edit Error Message
00010	Validation	Reject	From Date of Service is Greater than TCN Date
00015	Validation	Informational	Modifier 51 Invalid Units
00016	Validation	Informational	Nasal Punctum/Nasolacrimal Duct Dilation & Probing with or without Irrigation
00018	Validation	Informational	Cardiac Computed Tomography (CCT) and Cardiac Computed Tomography Angiography (CCTA)
00025	Validation	Reject	To Date of Service After Date of Claim Receipt
00100	Validation	Informational	Dermal Injections for Treatment of Facial Lipdystrophy Syndrome
00101	Validation	Informational	National Coverage Determination (NCD) – PRO Time Monitoring for Home Management
00102	Validation	Informational	NCD – Arthroscopic Lavage
00103	Validation	Informational	Tetanus Immunization
00104	Validation	Informational	NCD - Infrared Therapy
00105	Validation	Informational	Telehealth Service
00175	Validation	Informational	Verteporfin
00191	Validation	Informational	Drug Cap No Pay Modifier
00265	Validation	Reject	Adjustment or Void ICN Not Found in History
00285	Validation	Informational	Leuprolide Acetate Units Exceed More than 2
00365	Validation	Informational	Approved CAS Facilities for PTA
00445	Validation	Informational	Reproductive Medicine Procedures
00446	Validation	Informational	Human Papillomavirus
00448	Validation	Informational	Ophthalmic Ultrasound, Echography, Diagnostic; Corneal Pachymetry
00452	Validation	Informational	Lab Travel
00530	Validation	Informational	Service Payable Under Part A
00660	Validation	Reject	Codes Billed Together in Error
00910	Validation	Informational	Modifier GX
01040	Provider	Informational	Referring/Ordering Provider Not Allowed to Refer
01045	Provider	Informational	Referring/Ordering Provider Name Mismatch
01046	Provider	Informational	Performing Provider Name Mismatch
01050	Provider	Informational	Chirpractors Can Only Refer Consultation
01055	Provider	Informational	Diagnostic Testing
01235	Provider	Informational	Ambulance Extra Charge Codes
01340	Provider	Informational	Invalid Procedure for Chiropractor
01405	Provider	Reject	Sanctioned Provider
01415	Provider	Informational	Rendering Provider Not Eligible for Date of Service

TABLE 6: ENCOUNTER DATA PROFESSIONAL PROCESSING AND PRICING SYSTEM (EDPPPS) EDITS (CONTINUED)

EDPPPS Edit#	EDPPPS Edit Category	EDPPPS Edit Disposition	EDPPPS Edit Error Message
02106	Beneficiary	Informational	Invalid Beneficiary Last Name
02110	Beneficiary	Reject	Beneficiary Health Insurance Carrier Number (HICN) Not on File
02112	Beneficiary	Reject	Date of Service is After Beneficiary Date of Death
02120	Beneficiary	Informational	Beneficiary Gender Mismatch
02125	Beneficiary	Informational	Beneficiary Date of Birth Mismatch
02240	Beneficiary	Reject	Beneficiary Not Enrolled in Medicare Advantage Organization for Date of Service
02255	Beneficiary	Reject	Beneficiary Not Part A Eligible for Date of Service
02256	Beneficiary	Reject	Beneficiary Not Part C Eligible for Date of Service
03015	Reference	Informational	DOS Spans Procedure Code Effective/End Date
03016	Reference	Informational	Automatic Implantable Cardiac Defibrillator Q0 Modifier Requirement
03017	Reference	Informational	Diagnosis Not Covered for Reported Procedure
03020	Reference	Informational	Anesthesiologist vs CRNA
03100	Reference	Informational	NCD – Allogeneic Hematopoietic Stem Cell Transplantation
03105	Reference	Informational	Invalid Modifier 50
03106	Reference	Informational	Smoking Cessation Required Diagnosis
03107	Reference	Informational	Chiropractic Manipulation Submitted with AT Modifier
03145	Reference	Informational	Invalid Recipient Age For Procedure
03175	Reference	Informational	Invalid Place of Service for Procedure
03310	Reference	Informational	Opthalmic Biometry Error
03340	Reference	Reject	Diagnosis Not Found on the Reference Table
03345	Reference	Informational	DME Billing Tracheo-Esphageal Voice Prosthesis
03350	Reference	Informational	Podiatry Without Last Date Seen
03355	Reference	Informational	Pancreas Transplant Facilities and Diagnosis
03360	Reference	Informational	NCD Lumbar Artificial Disc Replacement
03390	Reference	Informational	Modifier Invalid with Procedure
03620	Reference	Informational	Modifier 26 Invalid for Specialty
03780	Reference	Informational	Optometrist Service Billed Without Modifier 55
03781	Reference	Informational	Corneal Pachymetry not Supported by Diagnosis
03785	Reference	Informational	Collagen Implant Billed
03790	Reference	Informational	Assistant At Surgery Services
03795	Reference	Informational	Health and Behavior Assessment-Intervention
03800	Reference	Informational	Cardiac Event Detection
03975	Reference	Informational	Mammography Screening Not Allowed
03985	Reference	Informational	Ambulatory Blood Pressure Monitoring

TABLE 6: ENCOUNTER DATA PROFESSIONAL PROCESSING AND PRICING SYSTEM (EDPPPS) EDITS (CONTINUED)

EDPPPS Edit#	EDPPPS Edit Category	EDPPPS Edit Disposition	EDPPPS Edit Error Message
03990	Reference	Informational	MR Service Audit on 99239
04000	Reference	Informational	Category III CPT Codes
04005	Reference	Informational	MR Service Audit on 73564
04015	Reference	Informational	Review Botox Surgery Codes
04020	Reference	Informational	Review Botox Injection Codes
04025	Reference	Informational	Vertebroplasy and Kphoplasty
04030	Reference	Informational	Medical Nutrition Therapy Codes
04035	Reference	Informational	High Sensitivity C-Reactive Testing Code
12000	Limit	Informational	Procedure 76872 Limit Exceeded
12001	Limit	Informational	Ophthalmic A & B Scans – 8 per Year
12002	Limit	Informational	Pacemaker Transtelephonic Monitoring Exceeds One Unit in 90 days
12003	Limit	Informational	Services Allowed Twice Per Day
12004	Limit	Informational	Excessive Initial Visits
12006	Limit	Informational	Non-Invasive Vascular Allowed Once Per Day
12007	Limit	Informational	Darbepoetin Alfa Services Allowed Once Per Day
12008	Limit	Informational	Bilateral Indicator of 2 – Limit of 1 per Day
12009	Limit	Informational	Services Allowed Once Per Day
12040	Limit	Informational	Initial Visit Limit Exceeded
12045	Limit	Informational	Hemorrhoid Treatment Limit Exceeded (2 Year)
12050	Limit	Informational	Hemorrhoid Treatment Limit Exceeded (90 Day)
12055	Limit	Informational	CPO Limit Exceeded
12060	Limit	Informational	SCF Initial Visit vs Subsequent Visit
12065	Limit	Informational	Footcare 60 Day Limit
12070	Limit	Informational	Dialysis 30 Limit Exceeded
12075	Limit	Informational	MCP Monthly Limit Exceeded (Same Code)
12080	Limit	Informational	MCP Monthly Limit Exceeded (Different Code)
12105	Limit	Informational	Smoking Cessation Counseling Limit Exceeded
12106	Limit	Informational	Services that Exceed 2 Units on the Same Date of Service
12107	Limit	Informational	Services that Exceed 6 Units on the Same Day
12110	Limit	Informational	Care Plan Oversight Limit Exceeded
13185	Limit	Informational	Lifetime Limit Exceeded
14010	Conflict	Informational	Sleep Studies Procedure Conflict
14015	Conflict	Informational	ESRD Monthly vs Daily Billing
14020	Conflict	Informational	Dialysis Treatment Conflicts with E&M Codes
14025	Conflict	Informational	Infusion Encounter Conflict
14030	Conflict	Informational	Kidney Disease Service Conflict

TABLE 6: ENCOUNTER DATA PROFESSIONAL PROCESSING AND PRICING SYSTEM (EDPPPS) EDITS (CONTINUED)

EDPPPS Edit#	EDPPPS Edit Category	EDPPPS Edit Disposition	EDPPPS Edit Error Message
14035	Conflict	Informational	Dialysis Service Conflict
14244	Conflict	Informational	ASC Code Must be Billed with a Surgery Procedure
14245	Conflict	Informational	Portable X-Ray Billed without X-Ray
14246	Conflict	Informational	Q2043 Sipueleucel-T (Provenge®) without supporting diagnosis.
14247	Conflict	Informational	J1250 Present on Claim without 93015, 93017, or 93351
14248	Conflict	Informational	Annual Wellness Visit Billed with E&M and no Modifier 25 is Present
14249	Conflict	Informational	Smoking Cessation Billed with E&M and no Modifier 25 is Present
14250	Conflict	Informational	Dialysis vs E/M Visits with Modifier 25
14251	Conflict	Informational	Thermal Intradiscal Procedures
14252	Conflict	Informational	Add-On A4648 or A4650
14253	Conflict	Informational	Outpatient or Other Concurrent Care Conflict
14254	Conflict	Informational	Discharge Management Billed Same Day as Observation Codes
14255	Conflict	Informational	Visit vs. Visit Conflict
14256	Conflict	Informational	Status T Code Denial when Billed with a Physician's Service
14257	Conflict	Informational	Breast Imaging Mammography-Breast Echography (Sonography) Breast-MRI Ductography
14258	Conflict	Informational	Critical Care Service Provided by Same Specialty
14259	Conflict	Informational	Nonvascular Extremity Ultrasound
14260	Conflict	Informational	Global 90 (90 Days Post Op)
14261	Conflict	Informational	Corneal Pachymetry Global Surgery Conflict
14262	Conflict	Informational	Opthal Biometry Global-Technical
14265	Conflict	Informational	Global 90 (1 Day Pre Op)
14270	Conflict	Informational	Visit Same Day as Major Surgery
14275	Conflict	Informational	Global Same Day (Same Day Visit 000 and 010)
14280	Conflict	Informational	Global 010 (10 Days Post Op)
14285	Conflict	Informational	Surgery in Post-Op of Another Surgery
14290	Conflict	Informational	Surgery in Post-Op of Another Surgery – Same Provider
14295	Conflict	Informational	Global vs. Modifier Conflict
14300	Conflict	Informational	Admission Conflict with E&M Service
14301	Conflict	Informational	New Technology Intraocular Lens Conflict on Claim
16001	Pricing	Informational	No Rate on File for Service Line

TABLE 6: ENCOUNTER DATA PROFESSIONAL PROCESSING AND PRICING SYSTEM (EDPPPS) EDITS (CONTINUED)

EDPPPS Edit#	EDPPPS Edit Category	EDPPPS Edit Disposition	EDPPPS Edit Error Message
16002	Pricing	Informational	Service Line Amount Adjusted for Multiple Technical Procedure
16070	Pricing	Reject	ASC Non-Approved Codes
25000	NCCI	Informational	Correct Code Initiative Error
25001	NCCI	Informational	Medically Unlikely Error
98325	Duplicate	Reject	Claim is an Exact Duplicate of a Previously Priced Claim
98326	Duplicate	Informational	Anesthesia and Surgical Services by Same Provider
98330	Duplicate	Informational	Post Op vs Pre Op Conflict
98335	Duplicate	Informational	Surgeon vs Assistant Surgeon Conflict
98340	Duplicate	Informational	Non DME Duplicate
98350	Duplicate	Informational	Administration Code with Non-Covered Injection
98355	Duplicate	Informational	Prolonged Care without E&M Billed
98360	Duplicate	Informational	Bariatric Surgery Billing Conflict
98365	Duplicate	Informational	NCD Bone Mass Measurement
98370	Duplicate	Informational	Anesthesia vs Anesthesia Same Code
98375	Duplicate	Informational	Anesthesia vs Anesthesia Different Code
98500	Duplicate	Reject	Multiple Claims for Surgery

REVISION HISTORY

Version	Date	Description of Revision
2.1	9/9/2011	Baseline Version
3.0	11/16/2011	Release 1
4.0	12/9/2011	Release 2
5.0	12/20/2011	**Section 10.0 –** Added EDPPPS Edits