# Encounter Data System

**Standard Companion Guide Transaction Information**

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

**Companion Guide Version Number: 18.0**
**Created: January 2014**

**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 that they are using the most current version.

Questions regarding the contents of the EDS Companion Guide should be directed to encounterdata@cms.hhs.gov.

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## 1.0 Introduction

### 1.1 Scope

The CMS Encounter Data System (EDS) 837-P DME Companion Guide addresses how MAOs and other entities conduct Professional DME supplier claims Health Information Portability and Accountability Act (HIPAA) standard electronic transactions with CMS. The CMS EDS supports transactions adopted under HIPAA, as well as additional supporting transactions described in this guide.

The CMS EDS 837-P DME Companion Guide must be used in conjunction with the associated 837-P Implementation Guide (TR3) and the Encounter Data Front-End System (EDFES) CEM Edits Spreadsheets. The instructions in the CMS EDS 837-P DME Companion Guide are not intended for use as a stand-alone requirements document.

### 1.2 Overview

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

- Contact Information: Includes telephone numbers and email addresses for EDS contacts.
- Control Segments/Envelopes: Contains information required to create the ISA/IEA, GS/GE, and ST/SE control segments in order for the EDS to support these transactions.
- Acknowledgements and Reports: Contains information for all transaction acknowledgements and reports sent by EDS.
- Transaction Specific Information: Describes the details of the HIPAA X12N Implementation Guides (IGs), using a tabular format. The tables contain a row for each segment with CMS and IG specific information. That information may contain:
    - Limits on the repeat of loops or segments
    - Limits on the length of a simple data element
    - Specifics on a sub-set of the IG's internal code listings
    - Clarification of the use of loops, segments, and composite or simple data elements
    - Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with CMS.

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

## 1.3 Major Updates

There were no updates to the CMS EDS 837-P DME Companion Guide for January 2014.

## 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 EDS Companion Guidelines, for development of EDS' transactions. These documents are accessible on the CSSC Operations website at www.csscoperations.com.

Additionally, CMS publishes the EDS' submitter guidelines and application, testing documents, 837 EDS Companion Guides and Encounter Data Participant Guides on the CSSC Operations website.
MAOs and other entities must use the most current national standard code lists applicable to the 5010 transaction. The code lists is accessible at the Washington Publishing Company (WPC) website at http://www.wpc-edi.com

The applicable code lists are as follows:

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

CMS provides X12 5010 file format technical edit spreadsheets for the 837-P and 837-I. The edits included in the spreadsheets are provided to clarify the WPC instructions or add Medicare specific requirements. In order to determine the implementation date of the edits contained in the spreadsheet, MAOs and other entities should initially refer to the spreadsheet version identifier. The version identifier is comprised of ten (10) characters as follows:

- Positions 1-2 indicate the line of business:
    - EA – Part A (837-I)
    - EB – Part B (837-P)
- 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 that potentially occur on the first business Monday are considered when determining the implementation date. For example, the edits contained in a spreadsheet version of EB20113V01 are effective July 1, 2011 and 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) or by email at csscoperations@palmettogba.com.

### 2.2 Applicable Websites/Email Resources

The following websites provide information to assist in EDS submission:

| RESOURCE | WEB ADDRESS |
|---|---|
| EDPS Bulletin | http://www.csscoperations.com/ |
| EDS Inbox | encounterdata@cms.hhs.gov |
| EDS Participant Guides | http://www.csscoperations.com/ |
| EDS User Group Materials | http://www.csscoperations.com/ |
| ANSI ASC X12 TR3 Implementation Guides | http://www.wpc-edi.com/ |
| Washington Publishing Company Health Care Code Sets | http://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, dependent upon the connectivity method of the submitter. FTP and NDM users cannot exceed 85,000 encounters per file. Gentran/TIBCO users cannot exceed 5,000 encounters per file. For all connectivity methods, the TR3 allows no more than 5000 CLMs per ST/SE segment. The following table demonstrates the limits due to connectivity methods:

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

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

In an effort to support and provide the most efficient processing system, and to allow for maximum performance, CMS recommends that FTP submitters' scripts upload no more than one (1) file per five (5) minute intervals. Zipped files should contain one (1) file per transmission. MAOs and other entities

should refrain from submitting multiple files within the same transmission. NDM and Gentran/TIBCO users may submit a maximum of 255 files per day.

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

NDM/Connect Direct and Gentran/TIBCO submitters must format all submitted files in an 80-byte fixed block format. This means MAOs and other entities must upload every line (record) in a file with a length of 80 bytes/characters.

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

**Note**: If MAOs and other entities are using a text editor to create the file, pressing the Enter key will create a new line. If MAOs and other entities are using an automated system to create the file, create a new line by using a CRLF (Carriage Return Line Feed) or a LF (Line Feed).
For example the ISA record is 106 characters long:

```
ISA*00*       *00*       *ZZ*ENH9999     *ZZ*80887       *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.

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

## 4.0 Control Segments/Envelopes

### 4.1 ISA/IEA

The term interchange denotes the transmitted ISA/IEA envelope. Interchange control is achieved through several "control" components, as defined in Table 1. The interchange control number is contained in data element ISA13 of the ISA segment. The identical control number must also occur in data element IEA02 of the IEA segment. MAOs and other entities must populate all elements in the ISA/IEA interchange. There are several elements within the ISA/IEA interchange that must be populated specifically for encounter data purposes. Table 1 provides EDS Interchange Control (ISA/IEA) specific elements.

**Note**: Table 1 presents only those elements that provide specific details relevant to encounter data. When developing the encounter data system, users should base their logic on the highest level of specificity. First, consult the WPC/TR3. Second, consult the CMS edits spreadsheets. Third, consult the CMS EDS 837-P Companion Guide. If the options expressed in the WPC/TR3 or the CEM edits spreadsheet are broader than the options identified in the CMS EDS 837-P Companion Guide, MAOs and other entities must use the rules identified in the Companion Guide.

| 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 |
| | 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 | 80887 | |
| ISA | | Interchange Control Header | | |
| | ISA11 | Repetition Separator | ^ | |
| | ISA13 | Interchange Control Number | | Must be a fixed length with nine (9) characters and match IEA02.<br>Used to identify file level duplicate collectively with GS06, ST02, and BHT03. |
| | ISA14 | Acknowledgement Requested | 1 | Interchange Acknowledgement Requested (TA1)<br>A TA1 will be sent if the file is syntactically incorrect, otherwise only a '999' will be sent. |

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

| LOOP ID | REFERENCE | NAME | CODES | NOTES/COMMENTS |
|---|---|---|---|---|
| | 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.

MAOs and other entities must populate elements in the GS/GE functional group. There are several elements within the GS/GE that must be populated specifically for encounter data collection. Table 2 provides EDS functional group (GS/GE) specific elements.

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

**TABLE 2 - GS/GE FUNCTIONAL GROUP ELEMENTS**

| LOOP ID | REFERENCE | NAME | CODES | NOTES/COMMENTS |
|---|---|---|---|---|
| GS | | Functional Group Header | | |
| | GS02 | Application Sender's Code | | EN followed by Contract ID Number<br>This value must match the value in ISA06 |
| | GS03 | Application Receiver's Code | 80887 | This value must match the value in ISA08 |
| | GS06 | Group Control Number | | This value must match the value in GE02<br>Used to identify file level duplicates collectively with ISA13, ST02, and BHT03 |
| | GS08 | Version/Release/Industry Identifier Code | 005010X222A1 | |
| GE | | Functional Group Trailer | | |
| | GE02 | Group Control Number | | This value must match the value in GS06 |

### 4.3 ST/SE

The transaction set (ST/SE) contains required, situational loops, unused loops, segments, and data elements. The transaction set is outlined by the transaction set header (ST segment) and the transaction set trailer (SE segment). The transaction set header identifies the start and identifies the transaction set. The transaction set trailer identifies the end of the transaction set and provides a count of the data segments, which includes the ST and SE segments. There are several elements that must be populated specifically for encounter data purposes. Table 3 provides EDS' transaction set (ST/SE) specific elements.

**Note**: Table 3 presents only those elements that require explanation.

**TABLE 3 - ST/SE TRANSACTION SET HEADER AND TRAILER ELEMENTS**

| LOOP ID | REFERENCE | NAME | CODES | NOTES/COMMENTS |
|---|---|---|---|---|
| ST | | Transaction Set Header | | |
| | ST01 | Transaction Set Identifier Code | 837 | |
| | ST02 | Transaction Set Control Number | | This value must match the value in SE02<br><br>Used to identify file level duplicates collectively with ISA13, GS06, and BHT03 |
| | ST03 | Implementation Convention Reference | 005010X222A1 | |
| SE | | Transaction Set Trailer | | |
| | SE01 | Number of Included Segments | | Must contain the actual number of segments within the ST/SE |
| | SE02 | Transaction Set Control Number | | This value must be match the value in ST02 |

## 5.0 Transaction Specific Information

### 5.1 837 Professional: Data Element Table

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

The 837 Professional (DME) 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, segment identifier, data element name, and data element identifier for cross reference. Not all of the data elements listed in Table 4 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<br>Used to identify file level duplicates collectively with ISA13, GS06, and ST02 |
| | BHT06 | Claim Identifier | CH | Chargeable |
| 1000A | NM1 | Submitter Name | | |
| | NM102 | Entity Type Qualifier | 2 | Non-Person Entity |
| | NM109 | Submitter Identifier | | EN followed by Contract ID Number |
| 1000A | PER | Submitter EDI Contact Information | | |
| | PER03 | Communication Number Qualifier | TE | It is recommended that MAOs 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 |
| | 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 | 80887 | 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 | 1999999992 | Must be populated with a ten digit number, must begin with the number 1 DME provider default NPI when the provider has not been assigned an 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 "9998" |

**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 | 199999999 | DME 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.<br>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 | 80887 | |
| 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 | |
| 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 | | |
| | CLM05-3 | Claim Frequency Type Code | 1<br>7<br>8 | 1=Original claim submission<br>7=Replacement<br>8=Deletion |

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

| LOOP ID | REFERENCE | NAME | CODES | NOTES/COMMENTS |
|---|---|---|---|---|
| 2300 | PWK | Claim Supplemental Information | | |
| | PWK01 | Report Type Code | 09<br><br>OZ<br><br>PY | Populated for chart review submissions only<br><br>Populated for encounters generated as a result of paper claims only<br><br>Populated for encounters generated as a result of 4010 claims only |
| | PWK02 | Attachment Transmission Code | AA | Populated for chart review, paper generated encounters, or 4010 claims |
| 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 |
| 2300 | REF | Medical Record Number | | |
| | REF01 | Medical Record Identification Number | EA | |
| | REF02 | Medical Record Identification Number | 8 | ***Chart review delete diagnosis code submission only*** – Identifies the diagnosis code populated in Loop 2300, HI must be deleted from the encounter ICN in Loop 2300, REF02 |
| | | | Deleted Diagnosis Code(s) | ***Chart review add and delete diagnosis code submission only*** – Identifies diagnosis code(s) that must be deleted from the encounter ICN in Loop 2300, REF02 |
| 2320 | CAS | Claim Adjustment | | |
| | CAS02 | Adjustment Reason Code | | If a claim is denied in the MAO or other entity's adjudication system, the denial reason must 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 |

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

| LOOP ID | REFERENCE | NAME | CODES | NOTES/COMMENTS |
|---|---|---|---|---|
| 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 Number<br>Only populated if there is no Contract ID Number available for a true other payer |
| 2330B | N3 | Other Payer Address | | |
| | N301 | Other Payer Address Line | | MAO or other entity's address |
| 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 | PWK | Durable Medical Equipment Certificate of Medical Necessity Indicator | | |
| | PWK01 | Attachment Report Type Code | CT | |
| | PWK02 | Attachment Transmission Code | NS | Not Specified – Paperwork is available on request<br>MAOs and other entities must not submit supplemental forms |
| 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 entity's adjudication system, the denial reason must be populated |

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

| LOOP ID | REFERENCE | NAME | CODES | NOTES/COMMENTS |
|---|---|---|---|---|
| 2430 | DTP | Line Check or Remittance Date | | |
| | DTP03 | | | Populate the claim receipt date minus one (1) day as the default primary payer adjudication date only in the instance that the primary payer adjudication date is not available |

## 6.0 Acknowledgements and/or Reports

### 6.1 TA1 – Interchange Acknowledgement

The TA1 report enables the receiver to notify the sender when there are problems with the interchange control structure. As the interchange envelope enters the EDFES, the EDI translator performs TA1 validation of the control segments/envelope. The sender will only receive a TA1 if there are syntax errors in the file. Errors found in this stage will cause the entire X12 interchange to reject with no further processing.

MAOs and other entities will receive a TA1 interchange report acknowledging the syntactical inaccuracy of an X12 interchange header ISA and trailer IEA and the envelope's structure. Encompassed in the TA1 is the interchange control number, interchange date and time, interchange acknowledgement code and interchange note code. The interchange control number, date, and time are identical to those populated on the original 837-I or 837-P ISA line, which allows for MAOs and other entities to associate the TA1 with a specific file previously submitted.

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

### 6.2 999 – Functional Group Acknowledgement

After the interchange passes the TA1 edits, the next stage of editing is to apply Implementation Guide (IG) edits and verify the syntactical correctness of the functional group(s) (GS/GE). Functional groups allow for organization of like data within an interchange; therefore, more than one (1) functional group 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 the consistency of

the data. 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 reject, and processing will continue to the next GS/GE segment. For instance, if a file is submitted with three (3) functional groups and there are errors in the second functional group, the first functional group will accept, the second functional group will reject, and processing will continue to the third functional group.

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

- "A" – Accepted
- "R" – Rejected
- "P" - Partially Accepted, At Least One Transaction Set Was Rejected

When viewing the 999 report, MAOs and other entities should navigate to the IK5 and AK9 segments. If an "A" is displayed in the IK5 and AK9 segments, the claim file is accepted and will continue processing.

If an "R" is displayed in the IK5 and AK9 segments, an IK3 and an IK4 segment will be displayed. These segments indicate what loops and segments contain the error that needs correcting so the interchange can be resubmitted. The third element in the IK3 segment identifies the loop that contains the error. The first element in the IK3 and IK4 indicates the segment and element that contain the error. The third element in the IK4 segment indicates the reason code for the error.

### 6.3 277CA – Claim Acknowledgement

After the file accepts at the interchange and functional group levels, the third level of editing occurs at the transaction set level within the CEM in order to create the Claim Acknowledgement Transaction (277CA) report. The CEM checks the validity of the values within the data elements. For instance, data element N403 must be a valid nine (9)-digit ZIP code. If a non-existent ZIP code is populated, the CEM will reject the encounter. The 277CA is an unsolicited acknowledgement report from CMS to MAOs and other entities.

The 277CA is used to acknowledge the acceptance or rejection of encounters submitted using a hierarchical level (HL) structure. The first level of hierarchical editing is at the Information Source level. This entity is the decision maker in the business transaction receiving the X12 837 transactions (EDSCMS). The next level is at the Information Receiver level. This is the entity expecting the response from the Information Source. The third hierarchal level is at the Billing Provider of Service level; and the fourth and final level is done at the Patient level. Acceptance or rejection at this level is based on the WPC and the CMS 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 rejected, the MAO or other entity must resubmit the encounter until the 277CA indicates no errors were found.

If an encounter is accepted, the 277CA will provide the ICN assigned to that encounter. The ICN segment for the accepted encounter will be located in 2200D REF segment, REF01=IK and REF02=ICN. The ICN is a unique 13-digit number.

If an encounter rejects, the 277CA will provide edit information in the STC segment. The STC03 data element will convey whether the HL structures accepted or rejected. The STC03 is populated with a value of "WQ", if the HL was accepted. If the STC03 data element is populated with a value of "U", the HL rejects and the STC01 data element will list the acknowledgement code.

## 6.4 MAO-001 – Encounter Data Duplicates Report

When the MAO-002 Encounter Data Processing Status Report is returned to an MAO or other entity, and contains edit 98325 – Service Line(s) Duplicated, the EDPS will also generate and return the MAO-001 Encounter Data Duplicates Report. MAOs and other entities will not receive the MAO-001 report if there are no duplicate errors received on submitted encounters.

The MAO-001 report is a fixed length report available in flat file and formatted report layouts. It provides information for encounters and service lines that receive a status of "reject" and the specific error message of 98325 – Service Line(s) Duplicated. MAOs and other entities must correct and resubmit all encounters and/or service lines for edit 98325. The MAO-001 report allows MAOs and other entities the opportunity to more easily reconcile these duplicate encounters and service lines.

## 6.5 MAO-002 – Encounter Data Processing Status Report

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

The MAO-002 report is a fixed length report available in flat file and formatted report layouts that provide encounter and service line level information. The MAO-002 reflects two (2) statuses at the encounter and service line level: "accepted" and "rejected". Lines that reflect a status of "accept" yet contain an error message in the Edit Description column are considered "informational" edits. MAOs and other entities are not required to take further action on "informational" edits.

The '000' line on the MAO-002 report identifies the header level and indicates either "accepted" or "rejected" status. If the '000' header line is rejected, the encounter is considered rejected and MAOs and other entities must correct and resubmit the encounter. If the '000' header line is "accepted" and at least one (1) other line (i.e., 001 002 003 004) is accepted, then the overall encounter is accepted.

## 6.6 Reports File Naming Conventions

In order for MAOs and other entities to receive and identify the EDFES acknowledge reports (TA1, 999, and 277CA) and EDPS MAO-002 Encounter Data Processing Status Report, specific reports file naming conventions have been used. The file name ensures that the specific reports are appropriately distributed to each secure, unique mailbox. The EDFES and EDPS have established unique file naming conventions for reports distributed during testing and production.

### 6.6.1 Testing Reports File Naming Convention

Table 5 provides the EDFES reports file naming conventions according to connectivity method. MAOs and other entities should note that Connect:Direct (NDM) users' reports file naming conventions are user defined.

**TABLE 5 – TESTING EDFES REPORTS FILE NAMING CONVENTIONS**

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

Table 6 provides the EDPS reports file naming convention by connectivity method. MAOs and other entities should note that Connect:Direct (NDM) users' reports file naming conventions are user defined.

**TABLE 6 – TESTING EDPS REPORTS FILE NAMING CONVENTIONS**

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

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

**TABLE 7 –FILE NAME COMPONENT DESCRIPTION**

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

### 6.6.2 Production Reports File Naming Convention

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

**TABLE 8 – PRODUCTION EDFES REPORTS FILE NAMING CONVENTIONS**

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

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

**TABLE 9 – PRODUCTION EDPS REPORTS FILE NAMING CONVENTIONS**

| CONNECTIVITY METHOD | PRODUCTION NAMING CONVENTION FORMATTED REPORT | PRODUCTION NAMING CONVENTION FLAT FILE LAYOUT |
|---|---|---|
| GENTRAN/ TIBCO | P.xxxxx.EDPS_001_DataDuplicate_Rpt<br>P.xxxxx.EDPS_002_DataProcessingStatus_Rpt<br>P.xxxxx.EDPS_004_RiskFilter_Rpt<br>P.xxxxx.EDPS_005_DispositionSummary_Rpt<br>P.xxxxx.EDPS_006_EditDisposition_Rpt<br>P.xxxxx.EDPS_007_DispositionDetail_Rpt | P.xxxxx.EDPS_001_DataDuplicate_File<br>P.xxxxx.EDPS_002_DataProcessingStatus_File<br>P.xxxxx.EDPS_004_RiskFilter_File<br>P.xxxxx.EDPS_005_DispositionSummary_ File<br>P.xxxxx.EDPS_006_EditDisposition_ File<br>P.xxxxx.EDPS_007_DispositionDetail_ File |
| FTP | RPTxxxxx.RPT.PROD_001_DATDUP_RPT<br>RPTxxxxx.RPT.PROD_002_DATPRS_RPT<br>RPTxxxxx.RPT.PROD_004_RSKFLT_RPT<br>RPTxxxxx.RPT.PROD_005_DSPSUM_RPT<br>RPTxxxxx.RPT.PROD_006_EDTDSP_RPT<br>RPTxxxxx.RPT.PROD_007_DSTDTL_RPT | RPTxxxxx.RPT.PROD_001_DATDUP_File<br>RPTxxxxx.RPT.PROD_002_DATPRS_File<br>RPTxxxxx.RPT.PROD_004_RSKFLT_ File<br>RPTxxxxx.RPT.PROD_005_DSPSUM_ File<br>RPTxxxxx.RPT.PROD_006_EDTDSP_ File<br>RPTxxxxx.RPT.PROD_007_DSTDTL_ File |

## 6.7 EDFES Notifications

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

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

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

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

The report format example is as follows:

FILE NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

FILE CONTROL: XXXXXXXXX

NUMBER OF CLAIMS: 99,999

FILE WAS NOT SENT TO THE EDPS BACK-END PROCESS FOR THE FOLLOWING REASON(S)

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**TABLE 10 – EDFES NOTIFICATIONS**

| APPLIES TO | ENCOUNTER TYPE | NOTIFICATION MESSAGE | NOTIFICATION MESSAGE DESCRIPTION |
|---|---|---|---|
| All files submitted | All | FILE ID (XXXXXXXXX) IS A DUPLICATE OF A FILE ID SENT WITHIN THE LAST 12 MONTHS | The file ID must be unique for a 12 month period |
| All files submitted | All | SUBMITTER NOT AUTHORIZED TO SEND CLAIMS FOR PLAN (CONTRACT ID) | The submitter is not authorized to send for this plan |
| All files submitted | All | PLAN ID CANNOT BE THE SAME AS THE SUBMITTER ID | The Contract ID cannot be the same as the Submitter ID |
| All files submitted | All | AT LEAST ONE ENCOUNTER IS MISSING A CONTRACT ID IN THE 2010BB-REF02 SEGMENT | The Contract ID is missing |
| All files submitted | All | SUBMITTER NOT FRONT-END CERTIFIED | The submitter must be front-end certified to send encounters for validation or production |
| Production files submitted | All | SUBMITTER NOT CERTIFIED FOR PRODUCTION | The submitter must be certified to send encounters for production |
| Tier 2 file submitted | All | THE INTERCHANGE USAGE INDICATOR MUST EQUAL 'T' | The Professional Tier II file is being sent with a 'P' in the ISA15 field |
| Tier 2 file submitted | All | PLAN (CONTRACT ID) HAS (X,XXX) CLAIMS IN THIS FILE. ONLY 2,000 ARE ALLOWED | The number of encounters for a Contract ID cannot be greater than 2,000 |
| DME End-to-End Testing - PACE | DME | FILE CANNOT CONTAIN MORE THAN 8 ENCOUNTERS | The number of encounters cannot be greater than 8 |
| DME End-to-End Testing – File 1 | DME | FILE CAN ONLY CONTAIN FILE 1 ENCOUNTERS | The test cases from file 1 and Files 2 or 3 cannot be in the same file |
| DME End-to-End Testing – File 1 | DME | FILE CANNOT CONTAIN MORE THAN 10 ENCOUNTERS | The number of encounters cannot be greater than 10 |
| DME End-to-End Testing – File 2 | DME | FILE CANNOT CONTAIN MORE THAN 2 ENCOUNTERS | The number of encounters cannot be greater than 2 |
| DME End-to-End Testing – File 3 | DME | FILE CANNOT CONTAIN MORE THAN 2 ENCOUNTERS | The number of encounters cannot be greater than 2 |
| DME End-to-End Testing – File 3 | DME | CANNOT SEND TEST CASE 7 UNTIL AN MAO-002 REPORT HAS BEEN RECEIVED FOR FILE 1 | The MAO-002 report must be received before File 3 can be submitted |
| DME End-to-End Testing – File 3 | DME | FILE CAN ONLY CONTAIN TEST CASE 7 ENCOUNTERS | The test cases in File 3 can only be test case 7 Encounters |
| End-to-End Testing – File 1<br>End-to-End Testing – Additional File(s) | All | PATIENT CONTROL NUMBER IS MORE THAN 20 CHARACTERS LONG THE TC# WAS TRUNCATED | The Claim Control Number, including the Test Case Number, must not exceed 20 characters |
| End-to-End Testing – File 1 | All | FILE CONTAINS (X) TEST CASE (X) ENCOUNTER(S) | The file must contain two (2) of each test case |

**TABLE 10 – EDFES NOTIFICATIONS (CONTINUED)**

| APPLIES TO | ENCOUNTER TYPE | NOTIFICATION MESSAGE | NOTIFICATION MESSAGE DESCRIPTION |
|---|---|---|---|
| End-to-End Testing – Additional File(s) | All | ADDITIONAL FILES CANNOT BE VALIDATED UNTIL AN MAO-002 REPORT HAS BEEN RECEIVED | The MAO-002 report must be received before additional files can be submitted |
| All files submitted | All | DATE OF SERVICE CANNOT BE BEFORE 2011 | Files cannot be submitted with a date of service before 2011 |
| All files submitted | All | TRANSACTION SET (ST/SE) (XXXXXXXXX) CANNOT EXCEED 5,000 CLAIMS | There can only be 5,000 claims in each ST/SE Loop |
| All files submitted | All | FILE CANNOT EXCEED 85,000 ENCOUNTERS | The maximum number of encounters allowed in a file |
| Test | All | NO TEST CASES FOUND IN THIS FILE | This file was processed with the Interchange Indicator = 'T' and the Submitter was not yet Front-End Certified |

## 7.0 Front-End Edits

CMS provides a list of the edits used to process all encounters submitted to the EDFES. The Fee-for-Service (FFS) Professional CEM Edits Spreadsheet identifies active and deactivated edits for MAOs and other entities to reference for programming their internal systems and reconciling EDFES Acknowledgement Reports. The edits for Professional DME submission are identified in the column labeled "CEDI".

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

MAOs and other entities are able to access the Professional CEM Edits Spreadsheet on the CMS website at https://www.cms.gov/Medicare/Billing/MFFS5010D0/Technical-Documentation.html and on the CSSC Operations website at: http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Encounter%20Data~Resources?open&expand=1&navmenu=Encounter^Data||.

## 7.1 Deactivated Front-End Edits

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

**Note**: The EDFES has deactivated all DME translator and CEM level edits pertaining to balancing. The deactivated balancing edits are now included in Table 11.

**TABLE 11 – 837-P DME DEACTIVATED FRONT-END EDITS**

| EDIT REFERENCE | EDIT DESCRIPTION | EDIT NOTES |
|---|---|---|
| X222.087.2010AA.NM109.030 | CSCC A7: "Acknowledgement /Rejected for Invalid Information…"<br>CSC 562: "Entity's National Provider Identifier (NPI)"<br>EIC: 85 Billing Provider | Valid NPI Crosswalk must be available for this edit. |
| X222.087.2010AA.NM109.050<br>X222.140.2010BB.REF02.075 | CSCC A8: "Acknowledgement / Rejected for relational field in error"<br>CSC 496 "Submitter not approved for electronic claim submissions on behalf of this entity."<br>EIC: 85 Billing Provider | This Fee for Service edit validates the NPI and submitter ID number to ensure the submitter is authorized to submit on the provider's behalf. Encounter data cannot use this validation as we validate the plan number and submitter ID to ensure the submitter is authorized to submit on the plans behalf. |
| X222.091.2010AA.N301.070<br>X222.091.2010AA.N302.060 | CSCC A7: "Acknowledgement /Rejected for Invalid Information…"<br>CSC 503: "Entity's Street Address"<br>EIC: 85 Billing Provider | Remove edit check for 2010AA N3 P O Box variations when ISA08 = 80882 (Professional payer code). |
| X222.094.2010AA.REF02.040 | CSCC A7: "Acknowledgement /Rejected for Invalid Information…"<br>CSC 128: "Entity's tax id"<br>EIC: 85 Billing Provider | 2010AA.REF02 must be nine digits with no punctuation. |
| X222.094.2010AA.REF02.050 | CSCC A8: "Acknowledgement / Rejected for relational field in error"<br>CSC 562: "Entity's National Provider Identifier (NPI)"<br>CSC 128: "Entity's tax id"<br>EIC: 85 Billing Provider | Valid NPI Crosswalk must be available for this edit. |
| X222.116.2000B.SBR03.004<br>X222.116.2000B.SBR03.006 | CSCC A8: Acknowledgement/Rejected for relational field in error<br>CSC 163: Entity's Policy Number<br>CSC 732: Information submitted inconsistent with billing guidelines<br>EIC IL: Subscriber | |
| X222.116.2000B.SBR04.005<br>X222.116.2000B.SBR04.007 | CSCC A8: Acknowledgement/Rejected for relational field in error<br>CSC 663: Entity's Group Name<br>CSC 732: Information submitted inconsistent with billing guidelines<br>EIC IL: Subscriber | |

**TABLE 11 – 837-P DME DEACTIVATED FRONT-END EDITS (CONTINUED)**

| EDIT REFERENCE | EDIT DESCRIPTION | EDIT NOTES |
|---|---|---|
| X222.138.2010BB.REF.010 | CSCC A7: "Acknowledgement /Rejected for Invalid Information…"<br>CSC 732: "Information submitted inconsistent with billing guidelines."<br>CSC 560: "Entity's Additional/Secondary Identifier."<br>EIC: PR "Payer" | This REF Segment is used to capture the Plan number, as this is unique to Encounter Submission only. The CEM has the following logic that is applied:<br>Non-VA claims: 2010BB.REF with REF01 = "2U", "EI", "FY" or "NF" must not be present.<br>VA claims: 2010BB.REF with REF01 = "EI", "FY" or "NF" must not be present.<br>This edit needs to remain off in order for the submitter to send in his plan number. |
| X222.157.2300.CLM02.020 | IK403 = 6: "Invalid Character in Data Element" | 2300.CLM02 must be numeric. |
| X222.157.2300.CLM05-3.020 | CSCC A7: "Acknowledgement /Rejected for Invalid Information…"<br>CSC 535: "Claim Frequency Code" | Fee for Service does not allow a claim to come in with a frequency type other than 1 (Original Claim). This Edit is turned off for Encounter so that submitters can submit a frequency type = 7 Replacement and frequency type = 8 Deletion |
| X222.196.2300.REF.010 | CSCC A7: "Acknowledgement /Rejected for Invalid Information…"<br>CSC 732: "Information submitted inconsistent with billing guidelines."<br>CSC 464: "Payer Assigned Claim Control Number." | Fee for service does not allow a REF segment containing a claim control number to be used when sending a corrected (Frequency type = 7) or deleted (Frequency type = 8) claim. 2300.REF with REF01 = "F8" must not be present. This edit needs to remain off in order for the submitter to send the claim control number they are trying to correct or delete. |
| X222.262.2310B.NM109.030 | CSCC A7: "Acknowledgement /Rejected for Invalid Information…"<br>CSC 562: "Entity's National Provider Identifier (NPI)"<br>EIC: 82 Rendering Provider | Valid NPI Crosswalk must be available for this edit. |
| X222.351.2400.SV101-7.020 | "CSCC A8: ""Acknowledgement / Rejected for relational field in error""<br>CSC 306 Detailed description of service"<br>2400.SV101-7 must be present when 2400.SV101-2 is present on the table of procedure codes that require a description. | When using a not otherwise classified or generic HCPCS procedure code the CEM is editing for a more descriptive meaning of the procedure code. For example, the submitter is using J3490. The description for this HCPCS is Not Otherwise Classified (NOC) Code. CMS has made a decision not to price claims with these types of codes. |
| X222.430.2420A.NM109.030 | CSCC A7: "Acknowledgement /Rejected for Invalid Information…"<br>CSC 562: "Entity's National Provider Identifier (NPI)"<br>EIC 82 "Rendering Provider" | 2420A.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109. |
| X222.480.2430.SVD02.020 | IK403 = 6: Invalid Character in Data Element | |

## 7.2 Temporarily Deactivated Front-End Edits

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

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

**TABLE 12 – 837-P DME TEMPORARILY DEACTIVATED CEM EDITS**

| EDIT REFERENCE | EDIT DESCRIPTION | EDIT NOTES |
|---|---|---|
| X222.157.2300.CLM02.070 | CSCC A7: "Acknowledgement/Rejected for Invalid Information…"<br>CSC 178: "Submitted Charges" | 2300.CLM02 must equal the sum of all 2400.SV102 amounts. |
| X222.157.2300.CLM02.090 | CSCC A7: "Acknowledgement /Rejected for Invalid Information…"<br>CSC 400: "Claim is out of Balance"<br>CSC 672: "Payer's payment information is out of balance" | 2300.CLM02 must equal the sum of all 2320 & 2430 CAS amounts and the 2320 AMT02 (AMT01=D). |
| X222.305.2320.AMT.040 | CSCC A7: Acknowledgement/Rejected for Invalid Information<br>CSC 41: Special handling required at payer site<br>CSC 286: Other Payer's Explanation of Benefits/payment information<br>CSC 732: Information submitted inconsistent with billing guidelines | |
| X222.305.2320.AMT02.060 | CSCC A7: "Acknowledgement/Rejected for Invalid Information…"<br>CSC 672: "Other Payer's payment information is out of balance"<br>CSC 286: Other payer's Explanation of Benefits/payment information | 2320 AMT02 must = the sum of all existing 2430.SVD02 payer paid amounts (when the value in 2430.SVD01 is the same as the value in 2330B.NM109) minus the sum of all claim level adjustments (2320 CAS adjustment amounts) for the same payer.<br>NOTE: Perform this edit only when 2430SVD segments are present for this 2320-2330x iteration's payer. |
| X222.351.2400.SV102.060 | CSCC A7: "Acknowledgement/Rejected for Invalid Information…"<br>CSC 400: "Claim is out of balance:<br>CSC 583:"Line Item Charge Amount"<br>CSC 643: "Service Line Paid Amount" | SV102 must = the sum of all payer amounts paid found in 2430 SVD02 and the sum of all line adjustments found in 2430 CAS Adjustment Amounts. |

## 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 that determines the file is a duplicate, the file will reject, and an error report will be returned to the submitter.

## 8.1 Header Level

When a file (ISA/IEA) is received, the system assigns a hash total to the file based on the entire ISA/IEA interchange. The EDS uses hash totals to ensure the accuracy of processed data. The hash total is a total of several fields or data in a file, including fields not normally used in calculations, such as the account number. At various stages in processing, the hash total is recalculated and compared with the original. If a file comes in later in a different submission, or a different submission of the same file, and gets the same hash total, it will reject as a duplicate.

In addition to the hash total, the system also references the values collectively populated in ISA13, GS06, ST02, and BHT03. If two (2) files are submitted with the exact same values populated as a previously submitted and accepted file, the file will be considered a duplicate and the error message CSCC - A8 = Acknowledgement / Rejected for relational field in error, CSC -746 = Duplicate Submission will be provided on the 277CA.

## 8.2 Detail Level

Once an encounter 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 on another stored encounter, the encounter will be rejected and 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 – not submitted on the 837-P, but is derived from data captured***
- Procedure Code(s) and 4 modifiers
- Rendering Provider NPI
- Paid Amount*

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

## 9.0 837-P DME Business Cases

In accordance with 45 CFR 160.103 of the HIPAA, Protected Health Information (PHI) has been removed from all business cases. As a result, the business cases have been populated with fictitious information about the Subscriber, MAO and provider(s). The business cases reflect 2012 dates of service.

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

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

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

### 9.1 DME Supplier Encounter – Oxygen Services

**Business Scenario 1:** Mary Dough is the patient and the subscriber and went to Dr. Shannon Wilson, who prescribed Mary Dough with oxygen service rental from Oxygen Supply Company due to chronic airway obstruction. Happy Health Plan is the MAO.

**File String 1:**

**ISA*00* *00* *ZZ*ENH9999 *ZZ*80887 *120430*114**
**4*^*00501*200000031*1*P*:~**
**GS*HC*ENH9999*80887*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*80887~**
**HL*1**20*1~**
**NM1*85*2*OXYGEN SUPPLY COMPANY*****XX*1299999999~**
**N3*123 BREATH DRIVE~**
**N4*NORFOLK*VA*235149999~**
**REF*EI*344232321~**
**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*80887~**
**N3*7500 SECURITY BLVD~**
**N4*BALTIMORE*MD*212441850~**
**REF*2U*H9999~**
**CLM*29976778564797096 54A*260.12***11:B:1*Y*A*Y*Y~**
**HI*BK:496*BF:51881~**
**SBR*P*18*XYZ1234567******16~**
**AMT*D*260.12~**
**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:E1390:RR*230.55*UN*1***1:2~**

**PWK*CT*NS~**
**CR3*I*MO*99~**
**DTP*472*RD8*20120401-20120430~**
**DTP*463*D8*2012022212~**
**SVD*H9999*230.55*HC:E1390:RR*1~**
**DTP*573*D8*20120514~**
**LX*2~**
**SV1*HC:E0431:RR*29.57*UN*1***1:2~**
**PWK*CT*NS~**
**CR3*I*MO*99~**
**DTP*472*RD8*20120401-20120430~**
**DTP*463*D8*2012022212~**
**SVD*H9999*29.57*HC:E0431:RR**1~**
**DTP*573*D8*20120514~**
**SE*50*0534~**
**GE*1*69~**
**IEA*1*200000031~**

## 9.2 DME Supplier Encounter – Capped Rental – Wheelchair

**Business Scenario 2:** John Smith is the patient and the subscriber and went to Dr. Jim Fortune, who prescribed John Smith with a powered wheelchair rental from Scooter Rehab Store due to a stroke, which caused paralysis. Happy Health Plan is the MAO.

**File String 2:**

```
ISA*00*          *00*          *ZZ*ENH9999       *ZZ*80887         *120430*114
4*^*00501*200000331*1*P*:~
GS*HC*ENH9999*80887*20120430*1144*34*X*005010X222A1~
ST*837*0535*005010X222A1~
BHT*0019*00*4897574384904*20120428*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS*****46*80887~
HL*1**20*1~
NM1*85*2*SCOOTER REHAB STORE*****XX*1239999999~
N3*456 TRAVEL DRIVE~
N4*NORFOLK*VA*235159999~
REF*EI*809845839~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
NM1*DK*1*FORTUNE*JIM****XX*1234589999~
N3*1518 STATE PARK AVENUE~
N4*VIRGINIA BEACH*VA*234539999~
SBR*S*18*XYZ1234567**47****MB~
NM1*IL*1*SMITH*JOHN****MI*6459482938~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19460806*M~
NM1*PR*2*EDSCMS*****PI*80887~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997677886479709654A*378.12***11:B:1*Y*A*Y*Y~
HI*BK:436*BF:3449~
SBR*P*18*XYZ1234567******16~
AMT*D*378.12~
OI***Y***Y~
NM1*IL*1*SMITH*JOHN****MI*6459482938~
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:K0010:RR:BR:KH*378.12*UN*1***1:2~**
**PWK*CT*NS~**
**CR3*I*MO*99~**
**DTP*472*RD8*20120401-20120430~**
**DTP*463*D8*2012022212~**
**SVD*H9999*378.12*HC:K0010:RR:BR:KH**1~**
**DTP*573*D8*20120514~**
**SE*42*0535~**
**GE*1*34~**
**IEA*1*200000331~**

### 9.3 DME Supplier Encounter – Purchase – Portable Toilet

**Business Scenario 3:** Jasmine Connors is the patient and the subscriber and went to Dr. Martin Stevenson, who prescribed Jasmine Connors with a commode chair from the Loucks Family Medical Supply due to a broken back. Happy Health Plan is the MAO.

**File String 3:**

```
ISA*00*          *00*          *ZZ*ENH9999       *ZZ*80887         *120430*114
4*^*00501*200000631*1*P*:~
GS*HC*ENH9999*80887*20120430*1144*98*X*005010X222A1~
ST*837*8876*005010X222A1~
BHT*0019*00*4897574384905*20120428*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS*****46*80887~
HL*1**20*1~
NM1*85*2*LOUCKS FAMILY MEDICAL SUPPLY*****XX*1239999999~
N3*459 TRAVEL DRIVE~
N4*NORFOLK*VA*235199999~
REF*EI*809845838~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567**47****MB~
NM1*IL*1*CONNORS*JASMINE****MI*6459472938~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19430812*F~
NM1*PR*2*EDSCMS*****PI*80887~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*299787788479709654A*158.98***11:B:1*Y*A*Y*Y~
HI*BK:8058~
SBR*P*18*XYZ1234567******16~
AMT*D*158.98~
OI***Y***Y~
NM1*IL*1*CONNORS*JASMINE****MI*6459472938~
N3*1235 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:E0170:RR:KX*158.98*UN*1***1~
```

**PWK*CT*NS~**
**DTP*472*D8*20120403~**
**DTP*463*D8*2012022212~**
**CR3*I*MO*99~**
**SVD*H9999*158.98*HC:E0170:RR:KX**1~**
**DTP*573*D8*20120514~**
**SE*42*8876~**
**GE*1*98~**
**IEA*1*200000631~**

## 9.4 DME Supplier Encounter – Prosthetic Device

**Business Scenario 4:** Kelly Anderson is the patient and the subscriber and went to Dr. James Washington, who prescribed Kelly Anderson with a below the knee leg prosthesis from Doctor's Choice due to an auto accident, which was conditionally covered. Happy Health Plan is the MAO.

**File String 4:**

**ISA*00* *00* *ZZ*ENH9999 *ZZ*80887 *120530*114**
**7*^*00501*200000931*1*P*:~**
**GS*HC*ENH9999*80887*20120530*1147*98*X*005010X222A1~**
**ST*837*0567*005010X222A1~**
**BHT*0019*00*3920394830206*20120530*1147*CH~**
**NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~**
**PER*IC*JANE DOE*TE*5555552222~**
**NM1*40*2*EDSCMS*****46*80887~**
**HL*1**20*1~**
**NM1*85*2*DOCTORS CHOICE*****XX*1299999799~**
**N3*129 DOCTOR DRIVE~**
**N4*NORFOLK*VA*235189999~**
**REF*EI*456769032~**
**PER*IC*BETTY SMITH*TE*9195551111~**
**HL*2*1*22*0~**
**SBR*S*18*XYZ1234567**47****MB~**
**NM1*IL*1*ANDERSON*KELLY****MI*672248306~**
**N3*1237 STATE DRIVE~**
**N4*NORFOLK*VA*235099999~**
**DMG*D8*19401224*F~**
**NM1*PR*2*EDSCMS*****PI*80887~**
**N3*7500 SECURITY BLVD~**
**N4*BALTIMORE*MD*212441850~**
**REF*2U*H9999~**
**CLM*2997677858479709654A*2245.89***11:B:1*Y*A*Y*Y~**
**HI*BK:V4975~**
**SBR*P*18*XYZ1234567******16~**
**AMT*D*2245.89~**
**OI***Y***Y~**
**NM1*IL*1*ANDERSON*KELLY****MI*672248306~**
**N3*1237 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:L5105:RR*2245.89*UN*1***1~**
**PWK*CT*NS~**
**CR3*I*MO*99~**
**DTP*472*D8*20120403~**
**DTP*463*D8*2012022212~**
**SVD*H9999*2245.89*HC:L5105:RR**1~**
**DTP*573*D8*20120514~**
**SE*42*0567~**
**GE*1*98~**
**IEA*1*200000931~**

### 9.5 DME Supplier Encounter – Bathtub Rail

**Business Scenario 5:** Zaffer Rahman is the patient and the subscriber and went to Dr. Jamar Lee, who prescribed Zaffer Rahman with a bathtub rail from Medical Supply Corporation due to rheumatoid arthritis. Happy Health Plan is the MAO that denied the claim because the safety item was not included in the benefit structure.

**File String 5:**

```
ISA*00*          *00*          *ZZ*ENH9999       *ZZ*80887         *120530*114
7*^*00501*700000459*1*P*:~
GS*HC*ENH9999*80887*20120530*1147*22*X*005010X222A1~
ST*837*0119*005010X222A1~
BHT*0019*00*3920304830206*20120530*1147*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS*****46*80887~
HL*1**20*1~
NM1*85*2*MEDICAL SUPPLY CORPORATION*****XX*1299699799~
N3*129 DOCTOR DRIVE~
N4*NORFOLK*VA*235189999~
REF*EI*456969032~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567**47****MB~
NM1*IL*1*RAHMAN*ZAFFER****MI*672248306~
N3*1230 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19411224*M~
NM1*PR*2*EDSCMS*****PI*80887~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997677898479709654A*38.98***11:B:1*Y*A*Y*Y~
HI*BK:7140~
SBR*P*18*XYZ1234567******16~
CAS*CO*204*38.98
AMT*D*0.00~
OI***Y***Y~
NM1*IL*1*RAHMAN*ZAFFER****MI*672248306~
N3*1230 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:E0240:NU*38.98*UN*1***1~**
**PWK*CT*NS~**
**CR3*I*MO*99~**
**DTP*472*D8*20120403~**
**DTP*463*D8*2012022212~**
**SVD*H9999*0.00*HC:E0240:NU**1~**
**DTP*573*D8*20120514~**
**SE*43*0119~**
**GE*1*22~**
**IEA*1*700000459~**

### 9.6 DME Supplier Encounter - Parenteral

**Business Scenario 6:** Hiro Hernandez is the patient and the subscriber and went to Dr. Kim Lee, who prescribed Hiro Hernandez with TPN from Doctor's Best due to dysphagia. Happy Health Plan is the MAO.

**File String 6:**

**ISA*00* *00* *ZZ*ENH9999 *ZZ*80887 *120530*114**
**7*^*00501*240000459*1*P*:~**
**GS*HC*ENH9999*80887*20120530*1147*42*X*005010X222A1~**
**ST*837*1372*005010X222A1~**
**BHT*0019*00*3927304830206*20120530*1147*CH~**
**NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~**
**PER*IC*JANE DOE*TE*5555552222~**
**NM1*40*2*EDSCMS*****46*80887~**
**HL*1**20*1~**
**NM1*85*2*DOCTORS BEST*****XX*1299899799~**
**N3*130 DOCTOR DRIVE~**
**N4*NORFOLK*VA*235189999~**
**REF*EI*456969032~**
**PER*IC*BETTY SMITH*TE*9195551111~**
**HL*2*1*22*0~**
**SBR*S*18*XYZ1234567**47****MB~**
**NM1*IL*1*HERNANDEZ*HIRO****MI*673248306~**
**N3*1230 STATE DRIVE~**
**N4*NORFOLK*VA*235099999~**
**DMG*D8*19410924*M~**
**NM1*PR*2*EDSCMS*****PI*80887~**
**N3*7500 SECURITY BLVD~**
**N4*BALTIMORE*MD*212441850~**
**REF*2U*H9999~**
**CLM*2997697898479709654A*248.99***11:B:1*Y*A*Y*Y~**
**HI*BK:78720~**
**SBR*P*18*XYZ1234567******16~**
**AMT*D*248.99~**
**OI***Y***Y~**
**NM1*IL*1*HERNANDEZ*HIRO****MI*673248306~**
**N3*1230 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:B4193:BR*248.99*UN*1***1~**

**PWK*CT*NS~**
**CR3*I*MO*99~**
**DTP*472*D8*20120403~**
**DTP*463*D8*2012022212~**
**SVD*H9999*248.99*HC:B4193:BR**1~**
**DTP*573*D8*20120514~**
**SE*42*1372~**
**GE*1*42~**
**IEA*1*240000459~**

## 10.0 Encounter Data DME Processing and Pricing System Edits

After a DME encounter passes translator and CEM level editing and receives an ICN on a 277CA, the EDFES then transfers the encounter to the Encounter Data DME Processing and Pricing System (EDDPPS) where editing, processing, pricing, and storage occur. In order to assist MAOs and other entities in submission of encounter data through the EDDPPS, CMS has provided the current list of the EDDPPS edits in Table 13.

**Note:** The edit descriptions listed in Table 13 have been revised to identify a maximum of 41 characters in order to display a more comprehensive explanation of edits on the MAO-002 Reports.

The EDDPPS edits are organized in four (4) different categories, as provided in Table 13, Column 2. The EDDPPS edit categories include the following:

- Validation
- Beneficiary
- Reference
- Duplicate

Table 13, Column 3 identifies two (2) edit dispositions: Informational and Reject. Informational edits will cause the encounter to be flagged; however, the Informational edit will not cause processing and/or pricing to cease. Reject edits will cause an encounter to stop processing and/or pricing, and the MAO or other entity must resubmit the encounter through the EDFES. T The encounter must then pass translator and CEM level editing prior to transferring the data to the EDDPPS for reprocessing. The EDDPPS edit description, as found in Table 13, Column 4, is included on the EDPS transaction reports to provide further information for the MAO or other entity to identify the specific reason for the edit generated.

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

Table 13 reflects only the currently programmed EDDPPS edits. MAOs and other entities should note that, as testing progresses, it may be determined that the current edits require modifications, additional edits may be necessary, or edits may be deactivated. MAOs and other entities must always reference the most recent version of the CMS EDS 837-P DME Companion Guide to determine the current edits in the EDDPPS.

**TABLE 13 – ENCOUNTER DATA DME PROCESSING AND PRICING SYSTEM (EDDPPS) EDITS**

| EDDPPS EDIT# | EDDPPS EDIT CATEGORY | EDDPPS EDIT DISPOSITION | EDDPPS EDIT ERROR MESSAGE |
|---|---|---|---|
| 00010 | Validation | Reject | From DOS Greater Than TCN Date |
| 00011 | Validation | Reject | Missing DOS in Header/Line |
| 00012 | Validation | Reject | DOS Prior to 2012 |
| 00025 | Validation | Reject | Through DOS After Receipt Date |
| 00265 | Validation | Reject | Correct/Replace or Void ICN Not in EODS |
| 00699 | Validation | Reject | Void Must Match Original |
| 00755 | Validation | Reject | Void Encounter Already Void/Adjusted |
| 00760 | Validation | Reject | Adjusted Encounter Already Void/Adjusted |
| 00761 | Validation | Reject | Billing Provider Different from Original |
| 00762 | Validation | Reject | Unable to Void Rejected Encounter |
| 00764 | Validation | Reject | Original Must Be Chart Review to Void |
| 00765 | Validation | Reject | Original Must Be Chart Review Encounter to Adjust |
| 02106 | Beneficiary | Informational | Invalid Beneficiary Last Name |
| 02110 | Beneficiary | Reject | Beneficiary HICN Not on File |
| 02112 | Beneficiary | Reject | DOS After Beneficiary DOD |
| 02120 | Beneficiary | Reject | Beneficiary Gender Mismatch |
| 02125 | Beneficiary | Reject | Beneficiary DOB Mismatch |
| 02240 | Beneficiary | Reject | Beneficiary Not Enrolled in MAO for DOS |
| 02255 | Beneficiary | Reject | Beneficiary Not Part A Eligible for DOS |
| 02256 | Beneficiary | Reject | Beneficiary Not Part C Eligible for DOS |
| 03015 | Reference | Informational | DOS Spans CPT/HCPCS Effective/End Date |
| 03101 | Validation | Informational | Invalid Gender for CPT/HCPCS |
| 30135 | Reference | Informational | Gender Mismatch for Dx Code |
| 30261 | Validation | Informational | Referring Physician NPI Required |
| 30262 | Validation | Informational | Invalid Modifier |
| 31000 | Validation | Informational | HCPCS Require LT or RT Modifier |
| 31100 | Validation | Informational | Invalid Dx Code For CPT/HCPCS |
| 31105 | Validation | Informational | Invalid Modifier AY/AX Combination |
| 98325 | Duplicate | Reject | Service Line(s) Duplicated |

### 10.1 EDDPPS Edits Enhancements Implementation Dates

As the EDS matures, the EDPS may require enhancements to the EDDPPS editing logic. As these enhancements occur, CMS will provide the updated information (i.e., disposition changes and activation or deactivation of an edit). Table 14 provides MAOs and other entities with the implementation dates for enhancements made to the EDDPPS since the last release of the CMS EDS 837-P DME Companion Guide.

**Note**: Table 14 will not be provided when there are no enhancements implemented for the current release of the CMS EDS Companion Guides.

### 10.2 EDPS Edits Prevention and Resolution Strategies

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

#### 10.2.1 EDPS Edits Prevention and Resolution Strategies – Phase I: Frequently Generated EDDPPS Edits

Edits previously identified in this section have been deactivated and are no longer required for submission of DME encounter data. Table 15 has been removed from the CMS EDS 837-P DME Companion Guide.

#### 10.2.2 EDPS Edits Prevention and Resolution Strategies

Table 16 outlines Phase II for edits mutually generated in all subsystems of the EDPS (Professional, Institutional, and DME).

**TABLE 16 – EDPS EDITS PREVENTION AND RESOLUTION STRATEGIES – PHASE II**

| COMMON EDPS EDITS | | | |
|---|---|---|---|
| **Edit #** | **Edit Description** | **Edit Disposition** | **Comprehensive Resolution/Prevention** |
| **00010** | From DOS Greater Than TCN Date | Reject | Encounter must have a DOS prior to submission date. |
| **Scenario**: Perfect Health of America submitted an encounter on May 10, 2012 for a knee replacement at Wonderful Hills Mediplex for DOS May 12, 2012. The encounter was rejected because "from" DOS was after date of encounter submission. | | | |
| **00011** | Missing DOS in Header/Line | Reject | Encounter header and line levels must include "from" and "through" DOS (procedure or service start date). |
| **Scenario**: Chloe Pooh was admitted to Regional Port Hospital on October 21, 2012 for a turbinectomy and was released on October 22, 2012. Regional Port Hospital submitted a claim to Robbins Health for the surgical procedure. Robbins Health submitted the encounter to the EDS, but did not include the "through" DOS of October 22, 2012. | | | |
| **00012** | DOS Prior to 2012 | Reject | Encounter must contain 2012 "through" DOS for each line. |
| **Scenario**: Ion Health submitted an encounter with DOS from December 2, 2011 through December 28, 2011, for an inpatient admission at Better Health Hospital. The encounter was rejected because the EDS will only process encounters that include a 2012 "through" DOS or later. | | | |
| **00025** | Through DOS After Receipt Date | Reject | Encounter submitted with a service line "through" DOS that occurred after the date the encounter was submitted. |
| **Scenario**: Leverage Community Health submitted an encounter on August 23, 2012 for a myringotomy performed by Dr. Earwell. The service line DOS for the procedure was August 29, 2012. The encounter was rejected because the encounter was submitted to the EDS before the DOS listed on the encounter. | | | |
| **00265** | Correct/Replace or Void ICN Not in EODS | Reject | Adjustment/Void encounter submitted with an invalid ICN. Verify the accuracy of the ICN on the returned MAO-002 report. |
| **Scenario**: Chance Medical Services submitted an encounter to the EDS and received an MAO-002 report with an accepted ICN of 123456789. The encounter required adjustment. Chance Medical Services submitted an adjustment encounter using ICN 234567899. The adjustment encounter was rejected because there was no original record in the EDS for this ICN with the same Submitter ID. | | | |

**TABLE 16 – EDPS EDITS PREVENTION AND RESOLUTION STRATEGIES – PHASE II (CONTINUED)**

| COMMON EDPS EDITS | | | |
|---|---|---|---|
| **Edit #** | **Edit Description** | **Edit Disposition** | **Comprehensive Resolution/Prevention** |
| **00699** | Void Must Match Original | Reject | Voided encounter must have the same number of lines as the original encounter. |
| **Scenario**: Lamb Professional Care submitted an encounter for an inpatient hospital stay with five (5) service lines. Lamb Professional Care submitted a void encounter for the hospital stay. However, the void encounter contained only 4 lines from the original encounter. Lamb Professional Care received an MAO-002 report with edit 00699 because one of the lines from the original encounter was not included on the void encounter. | | | |
| **00761** | Billing Provider Different from Original | Reject | Billing provider's NPI must be identical in both the original and void encounters. |
| **Scenario**: Mastermind General Hospital submitted an encounter for a procedure performed by Dr. Jackson Martinez on October 17, 2012. Spartacus Regional Health submitted the encounter to the EDS and received an MAO-002 report with an accepted ICN of 342431098. On October 27, 2012, Spartacus Regional Health submitted a void encounter for ICN 342431098 using an NPI for Dr. Mary Jane. The encounter was rejected because the billing provider NPI on the void encounter did not match the billing provider on the original encounter. | | | |
| **02106** | Invalid Beneficiary Last Name | Informational | Verify that last name populated on the encounter matches the last name listed in MARx database. |
| **Scenario**: BlueSkies Rural Health submitted an encounter for patient Ina Batiste-Rhogin. The MARx database listed the patient as Ina Rhogin. The EDPS processed and accepted the encounter with an informational flag indicating that the name provided on the encounter was not identical to the name listed in the eligibility database. | | | |
| **02110** | Beneficiary HICN Not on File | Reject | Verify that HICN populated on the encounter is valid in MARx database. |
| **Scenario**: Bright Medical Center submitted a claim to Sunshine Complete Health for an office visit for Mr. Everett Banks for DOS May 26, 2012. Sunshine Complete Health submitted an encounter to the EDS. The encounter was rejected for edit 02110, because the HICN populated on the encounter was not on file in the MARx database. | | | |
| **02112** | DOS After Beneficiary DOD | Reject | Verify that DOS submitted is accurate and does not exceed the beneficiary DOD. |
| **Scenario**: Mountain Health submitted an encounter for an inpatient admission for Ray Rayson for DOS July 15, 2012. The EDPS was unable to process the encounter because the MARx database indicated that Mr. Rayson expired on July 13, 2012. | | | |
| **02120** | Beneficiary Gender Mismatch | Reject | Verify that gender populated on the encounter is accurate and matches gender listed in MARx database. |
| Scenario: Jenna Jorgineski went to Lollipop Lab for a sleep study on September 4, 2012. Lollipop Lab submitted a claim for the sleep study to Capital City Community Care with Ms. Jorgineski's gender identified as "male". Capital City Community Care submitted the encounter. The EDS processed and accepted the encounter. The MAO-002 report was returned with a reject edit 02120, because Ms. Jorgineski's gender was listed as "female" in the MARx database. | | | |
| **02125** | Beneficiary DOB Mismatch | Reject | Verify that DOB populated on the encounter is accurate and matches DOB listed in MARx database. |
| **Scenario**: Swan Health submitted an encounter to the EDS for Joe Blough on March 3, 2012. The encounter listed Mr. Blough's DOB as December 13, 1940. The eligibility database (MARx) listed Mr. Blough's DOB as December 13, 1937. The EDS returned the MAO-002 report to Swan Health with edit 02125 due to the conflicting dates of birth. | | | |

**TABLE 16 – EDPS EDITS PREVENTION AND RESOLUTION STRATEGIES – PHASE II (CONTINUED)**

| COMMON EDPS EDITS | | | |
|---|---|---|---|
| **Edit #** | **Edit Description** | **Edit Disposition** | **Comprehensive Resolution/Prevention** |
| **02240** | Beneficiary Not Enrolled in MAO for DOS | Reject | Verify that beneficiary was enrolled in your MAO during DOS on the encounter. |
| **Scenario**: Gabrielle Boyd was admitted to Faith Hospital for an appendectomy on June 11, 2012 and was discharged on June 14, 2012. Faith Hospital submitted the claim for the hospital admission to Adams Healthcare. Adams Healthcare adjudicated the claim and submitted an encounter to the EDS on July 12, 2012. Ms. Boyd's effective date with Adams Healthcare was July 1, 2011. The EDS returned an MAO-002 report to Adams Health with edit 02240 because Ms. Boyd was not enrolled with the health plan for the DOS submitted by Faith Hospital. | | | |
| **02255** | Beneficiary Not Part A Eligible for DOS | Reject | Verify that beneficiary was enrolled in Part A for DOS listed on the encounter. |
| **Scenario**: Mr. Carl Evergreen was transferred from a VA hospital and admitted to Rainforest Regional on April 28, 2012. Mr. Evergreen was effective for Medicare Part A on May 1, 2012. Strides in Care Health Plan submitted the encounter for the admission to Rainforest Regional and received an MAO-002 report with edit 02255 because Mr. Evergreen was enrolled in Medicare Part A after the date of hospital admission. | | | |
| **02256** | Beneficiary Not Part C Eligible for DOS | Reject | Verify that beneficiary was enrolled in Part C for DOS listed on the encounter. |
| **Scenario**: On July 4, 2012, Gail Williams has severe chest pains and goes to the emergency room for a chest x-ray at Underwood Memorial Hospital. At the time of the emergency room visit, Ms. Williams only has Part A Medicare coverage. Underwood Memorial submits the claim to AmeriHealth and the claim is adjudicated under Part A Medicare. AmeriHealth submits an encounter to the EDS, which is rejected with edit 02256, because Ms. Williams is not covered under Part C Medicare for the DOS. | | | |
| **03015** | DOS Spans CPT/HCPCS Effective/End Date | Informational | The procedure code is not valid/effective for the DOS populated on the encounter |
| **Scenario**: Oren Davis goes to Independent Lab for a urinalysis on February 24, 2012. Independent Lab submits the claim to World Healthcare with a procedure code of 81000. As of August 1, 2011, procedure code 81004 is no longer a valid procedure code. World Health adjudicates the claim and submits the encounter to the EDS. World Health receives an MAO-002 report with a "reject" status for edit 03015 because the procedure code was not valid on the DOS. | | | |
| **03101** | Invalid Gender for CPT/HCPCS | Informational | Verify that the gender populated on the encounter is accurate. Ensure that the beneficiary's gender is appropriate for the CPT/HCPCS code provided |
| **Scenario**: True Blue General Hospital submitted a claim to Valley View Health for Ms. Clara Bell with CPT code 54530. Valley View adjudicated the claim and submitted an encounter. Valley View received an MAO-002 report with edit 03101 because the procedure identified for Ms. Bell was an orchiectomy, which is routinely performed for a male. | | | |
| **98325** | Service Line(s) Duplicated | Reject | Verify that encounter was not previously submitted. If not a duplicate encounter, ensure that elements validated by duplicate logic are not the same (refer to the 2012 ED Participant Guide for duplicate logic validation elements) |
| **Scenario**: Sanford Health Systems submitted an encounter for two (2) service lines for 15-minute therapy services. The encounter lines submitted were the same for the timed procedure code, totaling 35 minutes and should have been submitted with 2 units of service under the total time rather than as separate duplicate lines. | | | |

### 10.2.3 EDDPPS Edits Prevention and Resolution Strategies – Phase III: General EDDPPS Edits

Table 17 outlines Phase III for the remaining EDDPPS edits generated on the MAO-002 Encounter Data Processing Status Reports.

**TABLE 17 – EDPS EDITS PREVENTION AND RESOLUTION STRATEGIES – PHASE III**

| GENERAL EDPS EDITS | | | |
|---|---|---|---|
| **Edit #** | **Edit Description** | **Edit Disposition** | **Comprehensive Resolution/Prevention** |
| **00755** | Void Encounter Already Void/Adjusted | Reject | Submitter previously voided an encounter and is attempting to void the same encounter. After submitting a void/delete (CLM05-3='8'), wait for the MAO-002 report to confirm that the void/delete encounter was received and processed. |
| **Scenario:** Happy Trails Health Plan submitted a void/delete encounter on October 10, 2012. Happy Trails Health Plan voided the same encounter, in error, on October 15, 2012, prior to receiving the MAO-002 report for the initial void/delete encounter, which was returned on October 16, 2012. The MAO-002 report for the subsequent voided encounter was returned with edit 00755 due to the submission of the second void/delete encounter. | | | |
| **00762** | Unable to Void Rejected Encounter | Reject | Submitter is attempting to void a previously rejected encounter. Review returned MAO-002 reports to confirm the rejected encounter. |
| **Scenario:** On July 20, 2012, Hero Health Plan submitted an encounter with an invalid HICN. On July 26, 2012, Hero Health Plan attempted to void the encounter due to the invalid HICN without referencing the MAO-002 report, dated July 25, 2012, that indicated that the encounter was rejected. On August 1, 2012, Hero Health Plan received an MAO-002 report with edit 00762 for the voided encounter because the original encounter had already been processed and rejected. | | | |
| **00764** | Original Must Be Chart Review to Void | Reject | Submitter must ensure that, if the void encounter (frequency code '8') is populated with PWK01='09 and PWK02='AA', the original encounter submission was a chart review encounter populated with PWK01='09' and PWK02='AA' |
| **Scenario**: On January 12, 2013, Paisley Community Health submitted an original encounter for Mr. Jolly Jones to the EDS and received the accepted ICN of 3029683010582. On February 2, 2013, Paisley Community Health submitted a chart review encounter to the EDPS to delete a diagnosis code from the original encounter and received the accepted ICN of 5039530285074. In April 2013, Paisley Community Health performed another chart review of Mr. Jones' medical records and discovered that the service was never provided. Paisley Community Health submitted a void encounter to the EDS using the reference ICN of 3029683010582 (the original encounter ICN) and populated PWK01='09' and PWK02='AA'. The EDS rejected the encounter because the ICN referenced was for the original encounter, not the initial chart review. | | | |
| **00765** | Original Must Be Chart Review to Adjust | Reject | Submitter must ensure that, if the correct/replace encounter (frequency code '7') is populated with PWK01='09 and PWK02='AA', the original encounter submission was a chart review encounter populated with PWK01='09' and PWK02='AA'. The submitter must also ensure that the ICN references the initial chart review encounter, not the original full encounter. |
| **Scenario**: Flashback Health performed a chart review for Prosperous Living Medical Center. Flashback Health discovered two (2) additional diagnosis codes for an encounter previously submitted for Ms. Leanne Liberty. Flashback Health submitted an initial chart review encounter using the frequency code of '7'. The EDS rejected the chart review encounter submission because initial chart review encounters should contain a frequency code '1'. | | | |

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

| GENERAL EDPS EDITS | | | |
|---|---|---|---|
| **Edit #** | **Edit Description** | **Edit Disposition** | **Comprehensive Resolution/Prevention** |
| **30262** | Invalid Modifier | Informational | Ensure that the modifier populated on the encounter is appropriate for the service provide and is current and valid |
| **Scenario**: Institutional Health submitted an encounter to the EDS for Sleep Well Anesthesia with a primary modifier of QS-Monitored anesthesia care service. Modifier QS must be submitted as a secondary modifier and is considered invalid without the submission of an appropriate primary modifier. | | | |
| **31000** | HCPCS Require LT or RT Modifier | Informational | Verify that the HCPCS code includes the appropriate modifier for right or left anatomy. |
| **Scenario**: Gabriel Johan was admitted to Cradle Hospital for a left below the knee amputation with prosthesis (CPT 27881). The claim for Mr. Johan was submitted to Horizon Health. Horizon Health submitted an encounter to the EDS for the procedure, but did not include the LT modifier. | | | |
| **31100** | Invalid Dx Code for CPT/HCPCS | Informational | Verify that the diagnosis codes submitted is appropriate for the service populated on the encounter. |
| **Scenario**: Beach Health submitted and encounter for a bedside drainage bag (A4357) for beneficiary, Marsha Glee with a diagnosis of 683-Acute lymphadenitis. The MAO-002 report was returned with informational edit 31100 because the diagnosis was not valid for the service provided. | | | |
| **30135** | Gender Mismatch for Dx Code | Informational | Verify that the gender populated on the encounter matches the gender for the beneficiary in MARx. Ensure that the diagnosis is appropriate for the gender. |
| **Scenario**: GreenTrees Community Health submitted and encounter for Ms. Clara Shel with a diagnosis of 608.89-Seminal vesicle fibrosis. GreenTrees Community Health received an MAO-002 report with informational edit 30135 because the diagnosis was not valid for a female. | | | |
| **00760** | Adjusted Encounter Already Void/Adjusted | Reject | Submitter has previously adjusted an encounter and is attempting to adjust the same encounter. After submitting a correct/replace (CLM05-3='7'), the submitter must wait for the MAO-002 report to confirm that the correct/replace encounter was received and processed. |
| **Scenario:** On August 20, 2012, Pragmatic Health submitted a correct/replace encounter to correct a CPT code. Pragmatic Health had not received their MAO-002 report by August 23, 2012 and decided to resubmit the correct/replace encounter. The MAO-002 report was returned on August 24, 2012 with the correct/replace encounter identified as accepted. Pragmatic Health received edit 00760 on the secondary MAO-002 report because the EDPS had already processed the resubmitted correct/replace encounter. | | | |
| **30261** | Referring Physician NPI Required | Informational | Encounter submitted does not contain a valid referring physician's NPI or the referring physician's NPI is missing. |
| **Scenario**: Sobe SureStep Medical Supplies submitted a claim to Walk With Us Health Plan for a wheelchair order by Dr. Smooth. Walk With Us Health Plan submitted the encounter to the EDS, did not populate Dr. Smooth's NPI on the encounter. | | | |

## 11.0 DME Supplier vs. Incident to Services Submission

For submission of production data, DME Incident to and DMEPOS Supplier encounter submissions will be validated according to the NPI and Payer ID only**.** MAOs and other entities are not required to use the DMEPOS HCPCS Fee Schedule Job to determine the DME HCPCS jurisdiction.

## 12.0 Submission of Default Data in a Limited Set of Circumstances

MAOs and other entities may submit default data in a limited set of circumstances, as identified and explained in Table 18. MAOs and other entities cannot submit default data for any circumstances other than those listed in Table 18. CMS will use this interim approach for the submission of encounter data. In each circumstance where default information is submitted, MAOs and other entities are required to indicate in Loop 2300, NTE01='ADD', NTE02 = the reason for the use of default information. If there are questions regarding appropriate submission of default encounter data, MAOs and other entities should contact CMS for clarification. CMS will provide additional guidance concerning default data, as necessary.

## 12.1 Default Data Reason Codes (DDRC)

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

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

MAOs and other entities may submit multiple DDRCs with the appropriate three (3)-digit DDRC. Multiple DDRCs will be populated in a stringed sequence with no spaces or separators between each DDRC (i.e., 036040048). Table 18 provides the CMS approved situations for use of default data, the default data message, and the default data reason code.

**TABLE 18 – DEFAULT DATA**

| *DEFAULT DATA | DEFAULT DATA MESSAGE | DEFAULT DATA REASON CODE (NTE02) |
|---|---|---|
| Rejected Line Extraction | REJECTED LINES CLAIM CHANGE DUE TO REJECTED LINE EXTRACTION | **036** |
| Medicaid Service Line Extraction | MEDICAID CLAIM CHANGE DUE TO MEDICAID SERVICE LINE EXTRACTION | **040** |
| EDS Acceptable Anesthesia Modifier | MODIFIER CLAIM CHANGE DUE TO EDS ACCEPTABLE ANESTHESIA MODIFIER | **044** |
| Default NPI for atypical, paper, and 4010 claims | NO NPI ON PROVIDER CLAIM | **048** |
| Default EIN for atypical providers | NO EIN ON PROVIDER CLAIM | **052** |
| Chart Review Default Procedure Codes | DEFAULT PROCEDURE CODES INCLUDED IN CHART REVIEW | **056** |
| True COB Default Adjudication Date | DEFAULT TRUE COB PAYMENT ADJUDICATION DATE | **060** |

## 13.0 Tier II Testing

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

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

MAOs and other entities may submit chart review, correct/replace, or void/delete encounters to the Tier II testing environment only when the encounters are linked to previously submitted and accepted encounters in the Tier II testing environment.

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

- Files must be identified using the Authorization Information Qualifier data element "Additional Data Identification" in the ISA segment (ISA01= 03).
- Files must be identified using the Authorization Information data element to identify the "Tier II indicator" in the ISA segment (ISA02= 8888888888).
- Files must be identified as "Test" in the ISA segment (ISA15=T).
- Submitters may send multiple Contract IDs per file
- Submitters may send multiple files for a Contract ID, as long as each file does not exceed 2,000 encounters per Contract ID
- If any Contract ID on a given file exceeds 2,000 encounters during the processing of the file, the entire file will be returned

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

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

## 14.0 EDS Acronyms

Table 19 outlines a list of acronyms currently used in the EDS documentation, materials, and reports distributed to MAOs and other entities. This list is not all-inclusive and should be considered as a living document, as CMS will add acronyms as required.

**TABLE 19 – EDS ACRONYMS**

| ACRONYM | DEFINITION |
|---|---|
| **A** | |
| **ASC** | Ambulatory Surgery Center |
| **C** | |
| **CAH** | Critical Access Hospital |
| **CARC** | Claim Adjustment Reason Code |
| **CAS** | Claim Adjustment Segments |
| **CC** | Condition Code |
| **CCI** | Correct Coding Initiative |
| **CCN** | Claim Control Number |
| **CEM** | Common Edits and Enhancement Module |
| **CMG** | Case Mix Group |
| **CMS** | Centers for Medicare & Medicaid Services |
| **CORF** | Comprehensive Outpatient Rehabilitation Facility |
| **CPO** | Care Plan Oversight |
| **CPT** | Current Procedural Terminology |
| **CRNA** | Certified Registered Nurse Anesthetist |
| **CSC** | Claim Status Code |
| **CSCC** | Claim Status Category Code |
| **CSSC** | Customer Service and Support Center |
| **D** | |
| **DME** | Durable Medical Equipment |
| **DMEPOS** | Durable Medical Equipment, Prosthetics, Orthotics, and Supplies |
| **DMERC** | Durable Medical Equipment Carrier |
| **DOB** | Date of Birth |
| **DOD** | Date of Death |
| **DOS** | Date(s) of Service |
| **E** | |
| **E & M or E/M** | Evaluation and Management |
| **EDDPPS** | Encounter Data DME Processing and Pricing Sub-System |
| **EDFES** | Encounter Data Front-End System |
| **EDI** | Electronic Data Interchange |
| **EDIPPS** | Encounter Data Institutional Processing and Pricing Sub-System |
| **EDPPPS** | Encounter Data Professional Processing and Pricing Sub-System |

**TABLE 19 – EDS ACRONYMS (CONTINUED)**

| ACRONYM | DEFINITION |
|---|---|
| **EDPS** | Encounter Data Processing System |
| **EDS** | Encounter Data System |
| **EIC** | Entity Identifier Code |
| **EODS** | Encounter Operational Data Store |
| **ESRD** | End Stage Renal Disease |
| **F** | |
| **FFS** | Fee-for-Service |
| **FQHC** | Federally Qualified Health Center |
| **FTP** | File Transfer Protocol |
| **FY** | Fiscal Year |
| **H** | |
| **HCPCS** | Healthcare Common Procedure Coding System |
| **HHA** | Home Health Agency |
| **HICN** | Health Information Claim Number |
| **HIPAA** | Health Insurance Portability and Accountability Act |
| **HIPPS** | Health Insurance Prospective Payment System |
| **I** | |
| **ICD-9CM/ICD-10CM** | International Classification of Diseases, Clinical Modification (versions 9 and 10 |
| **ICN** | Interchange Control Number |
| **IRF** | Inpatient Rehabilitation Facility |
| **M** | |
| **MAC** | Medicare Administrative Contractor |
| **MAO** | Medicare Advantage Organization |
| **MTP** | Multiple Technical Procedure |
| **MUE** | Medically Unlikely Edits |
| **N** | |
| **NCD** | National Coverage Determination |
| **NDC** | National Drug Codes |
| **NPI** | National Provider Identifier |
| **NCCI** | National Correct Coding Initiative |
| **NOC** | Not Otherwise Classified |
| **NPPES** | National Plan and Provider Enumeration System |
| **O** | |
| **OCE** | Outpatient Code Editor |
| **OIG** | Officer of Inspector General |
| **OPPS** | Outpatient Prospective Payment System |

**TABLE 19 – EDS ACRONYMS (CONTINUED)**

| ACRONYM | DEFINITION |
|---|---|
| **P** | |
| **PACE** | Program for All-Inclusive Care for the Elderly |
| **PHI** | Protected Health Information |
| **PIP** | Periodic Interim Payment |
| **POA** | Present on Admission |
| **POS** | Place of Service |
| **PPS** | Prospective Payment System |
| **R** | |
| **RAP** | Request for Anticipated Payment |
| **RHC** | Rural Health Clinic |
| **RPCH** | Regional Primary Care Hospital |
| **S** | |
| **SME** | Subject Matter Expert |
| **SNF** | Skilled Nursing Facility |
| **SSA** | Social Security Administration |
| **T** | |
| **TARSC** | Technical Assistance Registration Service Center |
| **TCN** | Transaction Control Number |
| **TOB** | Type of Bill |
| **TOS** | Type of Service |
| **TPS** | Third Party Submitter |
| **V** | |
| **VC** | Value Code |
| **Z** | |
| **ZIP Code** | Zone Improvement Plan Code |

**REVISION HISTORY**

| VERSION | DATE | DESCRIPTION OF REVISION |
|---|---|---|
| 1.0 | 6/22/2012 | Baseline Version |
| 2.0 | 8/31/2012 | Release 1 |
| 3.0 | 9/26/2012 | Release 2 |
| 4.0 | 10/25/2012 | Release 3 |
| 5.0 | 11/26/2012 | Release 4 |
| 6.0 | 12/21/2012 | Release 5 |
| 7.0 | 01/25/2013 | Release 6 |
| 8.0 | 02/26/2013 | Release 7 |
| 9.0 | 03/20/2013 | Release 8 |
| 10.0 | 04/25/2013 | Release 9 |
| 11.0 | 05/20/2013 | Release 10 |
| 12.0 | 06/24/2013 | Release 11 |
| 13.0 | 7/25/2013 | Release 12 |
| 14.0 | 09/26/2013 | Release 13 |
| 15.0 | 10/25/2013 | Release 14 |
| 16.0 | 11/26/2013 | Release 15 |
| 17.0 | 12/27/2013 | Release 16 |
| 18.0 | 01/22/2014 | There were no updates for the January 2014 CMS EDS 837-P DME Companion Guide |