

## Avoiding Common Encounter Data System Edits

### **Avoiding Common Edits in EDFES**

CMS regularly collects and ranks the most frequently occurring front-end edits. These edits are reported in EDS reports that follow the sequence of the submission envelope from submission file syntax through detailed line items. Presented below, are the most commonly occurring edits generated from the Combined Common Edits Module (CCEM). The CCEM produces Medicare-specific edits at the record and line levels and reports them through the 277CA report.

	Before submitting a EDRs to Encounter Data Front End System (EDFES), check the following criteria:				
	Confirm the file was not already submitted	Confirm HCPCS and Dx Codes are valid	Avoid entering future dates of service		
Rejection Edit	A8:746:40 – Duplicate Submission	A7:255 – Invalid Diagnosis Code A7:507 – Invalid HCPCS	A7:510, A7:187 – Invalid: Future date / Invalid: Future date of service		
Prevention & Submission Tips	When a file is received, the system assigns a hash total to the file based on the entire ISA/IEA interchange. The hash total is a total of several fields or data in a file. 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. Submitters should make the following segments unique for each submission: ISA13, GS06, ST02 and BHT03. The BHT03 should be a unique number for each ST-SE transaction set within the file (if there is more than one transaction set in a file).	Verify that HCPCS <sup>1</sup> codes and diagnosis codes <sup>2</sup> are valid on the date(s) of service.	Verify that segment DTP03 (Admission date or Service Date) is earlier than the date of submission to the EDS. A third segment of the error code may be present and indicates the entity identifier code for the field in error.		

Notes 1. <u>https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update</u>

2. https://csscoperations.com/internet/csscw3.nsf/DID/JGQF7KYOFG



## Avoiding Common Encounter Data System Edits

# Avoiding Common Errors in EDPS when Submitting a Replacement or Void EDR

The header-level, replacement or void EDR edits listed below are the leading causes for rejections of replacement or void EDRs. CMS analyzed the submission patterns of MAOs and developed the following job aid to highlight likely sources of rejection, and tips to improve EDR acceptance.

	Before submitting a replacement or void EDR, check the following criteria:				
	Confirm the ICN you want to replace or void is present in the EDPS	Confirm the ICN you want to replace has not already been adjusted or voided and accepted by EDPS	Confirm the ICN you want to void has not already been voided or adjusted by EDPS	Confirm key fields match original	
Rejection Edit	00265 – Correct / Replace or Void ICN not in EDPS	00760 – Adjusted Encounter Already Void / Adjusted	00755 – Void Encounter Already Void/Adjusted	00780 – Adjustment must match original	
Prevention & Submission Tips	Submitter should check the ICN the EDR is intending to replace or void exists in EDPS by checking all MAO-002 return reports that list the ICNs of accepted EDRs.	Submitter should review returned MAO-002 reports to confirm processing of the previously submitted adjustment encounter prior to re-submitting the adjustment encounter.	Submitter should review returned MAO-002 reports to confirm processing of the previously submitted void encounter prior to re- submitting the void	Submitter should check that the key data fields match those of the same record being replaced. Many rejections are due to	
	Maintain a list of all accepted ICNs to cross-check ICN on replacement or void EDRs.	When there are multiple adjustment or void attempts on the same ICN in the same submission, only one adjustment will be accepted, and all other attempts will fail. To prevent	encounter again. An ICN can only be voided or replaced once. Maintain a list of all accepted ICNs and any corresponding "Original ICNs", if applicable to cross-	<ul> <li>mismatches on:</li> <li>Claim type code / Type of bill 4700 vs 4800 (DME vs. Professional)</li> <li>Billing NPI</li> <li>Beneficiary last name or first name</li> </ul>	
		this, run a duplicate check on the submission's "Original ICN" field.	check ICNs.	See next page for fields checked for matching	



#### Key Data Fields for Matching a Replacement or Void EDR

Before submitting a replacement or void EDR, check that the following key fields match the accepted record you want to replace or void:				
When a <i>void</i> EDR is submitted, the system will check the following 11 key fields to ensure that the void EDR is for the EDR to be voided	When a <i>replacement</i> EDR is submitted, the system will check the following 7 key fields to ensure that the replacement EDR is for the EDR to be replaced			
Linked Internal Control Number (ICN) – header level	<ul> <li>Linked Internal Control Number (ICN) – header level</li> </ul>			
Beneficiary Identifier* – header level	<ul> <li>Beneficiary Identifier* – header level</li> </ul>			
<ul> <li>Beneficiary Last Name** (first 5 characters) – header level</li> </ul>	<ul> <li>Beneficiary Last Name** (first 5 characters) – header level</li> </ul>			
<ul> <li>Beneficiary First Name** (first character) – header level</li> </ul>	<ul> <li>Beneficiary First Name** (first character) – header level</li> </ul>			
Place of Service (PROF, DME) or Type of Bill (INST) – header level	<ul> <li>Place of Service (PROF, DME) or Type of Bill (INST) – header</li> </ul>			
Submitted Charges – header level	level			
Date of Service – header level	<ul> <li>Billing Provider NPI – header level</li> </ul>			
<ul> <li>Number of encounter lines (both accepted and rejected) –</li> </ul>	<ul> <li>Payer ID<sup>***</sup> – header level</li> </ul>			
derived from line level				
Billing Provider NPI – header level				
Rendering Provider NPI, if applicable – header level				
• Payer ID*** – header level				

\*\* As of February 19, 2021, validation of Beneficiary First Name and Last Name fields are matched with the names as of the DOS, or with any of the names from the history of names associated with that beneficiary.

\*\*\* Payer ID is derived by the Front End System and populated from ISA08 – Interchange Receiver ID.