Medicare-Medicaid Encounter Data System

Addendum to Encounter Data System Companion Guide and State assigned Medicaid Companion Guides

Instructions related to the 837 Health Care Claim: Durable Medical Equipment (DME) Supplier Professional Transaction

Transaction based on ASC X12 Technical Report Type 3 (TR3), Version 005010X222A1

Version Number: 2.0
Created: November 15, 2013

Preface

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The Medicare-Medicaid Encounter Data System (MMEDS) Addendum contains information to assist Medicare Medicaid Plans (MMPs) and other entities in the submission of Medicare-Medicaid Encounter data. Information in this MMEDS addendum reflects current decisions and may be subject to change. Each version of the MMEDS addendum is identified with 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 MMEDS addendum should be directed to csscoperations@palmettogba.com.

Table of Contents

1.0   Introduction

The purpose of this addendum is to provide MMPs and other entities with unique requirements of the MMEDS to be used in conjunction with the 837P DME Encounter Data System Companion Guide and your State assigned Medicaid Companion Guides.

2.0   Website/Email Resources

Contact CSSC Operations at 1-877-534-2772 or csscoperations@palmettogba.com for any MMP support related questions. You may also visit our website at www.csscoperations.com.

3.0   Connectivity

MMPs must use FTP or NDM/Connect:Direct for connectivity to the MMEDS. Gentran is not for use in submission of Medicare-Medicaid Encounter Data (MMED). Please refer to section 3.0 of the 837P DME Encounter Data System Companion Guide for information regarding file size limitations and structure.

4.0   Control Segments/Envelopes

The control segments/envelopes in Section 4 of the 837P DME Encounter Data System Companion Guide will apply with the following exceptions:

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

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
ISA		Interchange Control Header		
	ISA06	Interchange Sender ID		Submitter ID assigned by Palmetto GBA
	ISA08	Interchange Receiver ID	80890	Medicare
			80895	Medicaid

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
GS		Functional Group Header		
	GS02	Application Sender's Code		Submitter ID assigned by Palmetto GBA This value must match the value in ISA06
	GS03	Application Receiver's Code	80890	Medicare
			80895	Medicaid

5.0   837 Professional DME Data Elements

The data elements in Section 5 of the 837P DME Encounter Data System Companion Guide will apply with the following exceptions:

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
1000A	NM1	Submitter Name		
	NM109	Submitter Identifier		Submitter ID assigned by Palmetto GBA
1000B	NM1	Receiver Name		
	NM103	Receiver Name		MMEDSCMS
	NM109	Receiver ID	80890	Medicare
			80895	Medicaid
2000B	SBR	Subscriber Information		
	SBR01	Payer Responsibility Number Code	S	MMEDSCMS is considered the destination (secondary) payer
	SBR09	Claim Filing Indicator Code	MB	Medicare Part B
			MC	Medicaid
2010BA	NM1	Subscriber Name		
	NM108	Subscriber Id Qualifier	MI	Must be populated with a value of MI – Member Identification Number
	NM109	Subscriber Primary Identifier		This is the subscriber's Health Insurance Claim (HIC) number. Must match the value in Loop 2330A, NM109
2010BB	NM1	Payer Name		
	NM103	Payer Name		MMEDSCMS
	NM109	Payer Identification	80890	Medicare
			80895	Medicaid

6.0   Acknowledgements and/or Reports

The acknowledgement and/or reports in Section 6 of the 837P DME Encounter Data System Companion Guide will apply with the following exceptions:

- Encounters designated as Medicaid will receive a validation report.
- Additionally, Encounters designated as Medicaid will not receive the MAO-001 or MAO-002 reports.

6.1   Report File Naming Conventions

Please note that the references to Gentran/TIBCO do not apply to Medicare-Medicaid encounter data submissions. These references can be found in Sections 6.6.1; Tables 5 and 6, and 6.6.2; Tables 8 and 9 of the 837P DME Encounter Data System Companion Guide.

7.0   EDFES Notifications

This table replaces Table 10 found in Section 6.7 of the 837P DME Encounter Data System Companion Guide.

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
Production files submitted	All	SUBMITTER NOT CERTIFIED FOR PRODUCTION	The submitter must be certified to send encounters for production
All files submitted	All	FILE CANNOT EXCEED 5,000 ENCOUNTERS	The maximum number of encounters allowed in a file
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	DATE OF SERVICE CANNOT BE BEFORE 2011	Files cannot be submitted with a date of service before 2011

8.0   Business Scenarios

The Submitter ID, Payer Code, and Receiver Name (EDSCMS) contained in the business scenarios in Section 9 of the 837P DME Encounter Data System Companion Guide will not apply to MMP Medicare or Medicaid data submissions. (**Note:** MMP submitters should use Receiver Name MMEDSCMS)

9.0   Medicaid Data Elements

Refer to your State assigned companion guide for data element specifications with the exception of the data elements specified in Sections 4.0 and 5.0 of this addendum.

10.0   Testing Requirements

MMPs will be required to submit test files to ensure the submitter's systems are properly configured for data submission. Before exchanging production transactions, each plan must complete testing to become certified. This process allows MMPs to confirm that the CMS operational guidance has been properly programmed in their systems. A test file will need to be submitted for Professional DME data containing 25 encounters and must pass 100% of the front end edits. Tier-II testing as outlined in Section 12.0 of the 837P DME Encounter Data System Companion Guide does not apply to MMPs. (**Note:** MMPs must first enroll to submit MMP data before any testing occurs.)

REVISION HISTORY

VERSION	DATE	DESCRIPTION OF REVISION
1.0	11/15/2013	Baseline Version
2.0	12/12/2013	Updated table in Section 5.0 – Changed segment from NM103 to NM108 in the 2010BA loop
2.0	12/12/2013	Removed EDFES notifications from table in Section 7.0
2.0	12/12/2013	Changed MMEDSCMS acronym to EDSCMS acronym in Section 8.0
2.0	12/12/2013	Updated title page