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Encounter Data System

Standard Companion Guide Transaction Information

Instructions related to the 837 Health Care Claim: Institutional Transaction based on ASC X12 Technical Report Type 3 (TR3), Version 005010X223A2

Companion Guide Version Number: 7.0
Created: May 2012

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. Questions regarding the contents of the EDS Companion Guide should be directed to eds@ardx.net.

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10.0   Encounter Data Institutional Processing and Pricing System Edits

1.0   Introduction

1.1   Scope

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

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

1.2   Overview

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

- Contact Information: This section includes telephone and fax numbers for EDS contacts.

- Control Segments/Envelopes: This section contains information needed to create the ISA/IEA, GS/GE, and ST/SE control segments for transactions to be supported by EDS.

- Acknowledgements and Reports: This section contains information on all transaction acknowledgements sent by EDS, including the TA1, 999, and 277CA.

- Transaction Specific Information: This section describes how X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment with CMS specific information in addition to the information in the IGs. That information can contain:

    o Limits on the repeat of loops, or segments
    o Limits on the length of a simple data element
    o Specifics on a sub-set of the IG's internal code listings
    o Clarifications of the use of loops, segments, composite and simple data elements
    o Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with CMS.

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

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1.3 Major Updates

1.3.1 Ambulance Submission

In order for MAOs and other entities to submit ambulance services on the 837-I, Loop 2300, segment HI (Value Information), data elements HI01-1 = 'BE' (Value Qualifier), HI01='A0' (Value Code), and HI01-5 = Ambulance Pick-Up ZIP Code (Value Code Amount). When available, MAOs and other entities must submit the ZIP Code +4 in order to most accurately price through the EDIPPS.

1.3.2 Duplicate Logic

In addition to the hash total, as detailed in Section 8.1, the Encounter Data Front-End System (EDFES) also collectively references the following data elements to perform duplicate checking:

- ISA13
- GS06
- ST02
- BHT03

If the collective aforementioned data elements are exactly the same as submitted in a previous file, a 277CA report is generated notifying the submitter of the duplicate file. Further information is provided in Table 4 and in Section 8.1.

1.3.3 EDIPPS Reject Edits

MAOs and other entities can now find the complete list of the reject Institutional Processing and Pricing Edits in Section 10.0. Informational edits are currently being reviewed and further guidance will be provided in a future release of the Companion Guide.

1.4   References

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

www.csscoperations.com.

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

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

The applicable code lists are as follows:

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

CMS provides X12 5010 file format technical edit spreadsheets for the 837-I and 837-P. The edits included in the spreadsheet are intended to clarify the WPC instructions or add Medicare specific requirements. In order to determine the implementation date of the edits contained in the spreadsheet, MAOs and other entities will first need to refer to the spreadsheet version. The version is a 10 character identifier as follows:

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

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

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2.0   Contact Information

2.1   The Customer Service and Support Center (CSSC)

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

2.2   Applicable websites/email

The following websites provide information to assist in EDS submission:

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

3.0   File Submission

3.1   File Size Limitations

Due to system limitations, the combination of all ST-SE transaction sets per file cannot exceed certain thresholds depending upon the connectivity method of the submitter. FTP and NDM users cannot exceed 85,000 encounters per file.   Gentran users cannot exceed 5,000 encounters per file. For all connectivity methods, the TR3 allows no more than 5000 CLMS per ST-SE segment. The following demonstrates the limits due to connectivity methods:

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

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

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

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

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

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

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

Segments should be stacked in the files, using only 80 characters per line.   At position 81, MAOs and other entities must create a new line. On the new line starting in position 1, continue for 80 characters, and repeat creating a new line in position 81 until the file is complete.   If the last line in the file does not fill to 80 characters, it should be spaced out to position 80 and then save the file.

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

For example the ISA record is 106 characters long:

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.

ISA*00*	*00*	*ZZ*	ENH9999*ZZ*	80881*120816*114
4*^*00501*000000031*1*P*:~

## 4.0	Control Segments/Envelopes

## 4.1	ISA-IEA

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

Note:	Only those elements that provide specific details relevant to encounter data are presented in the table. When developing the encounter data system, users should base their logic on the highest level of specificity. First, consult the WPC/TR3. Second, consult the CMS edits spreadsheets. Third,

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consult the Encounter Data Companion Guide. If there are options expressed in the WPC/TR3 or the CEM edits spreadsheet that are broader then the options identified in the Encounter Data Companion Guide, the rules identified in the Encounter Data Companion Guide must be used.

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

TABLE 1 – ISA-IEA INTERCHANGE ELEMENTS

Loop ID	Reference	Name	Codes	Notes/Comments
ISA		Interchange Control Header		
	ISA01	Authorization Information Qualifier	00	No authorization information present
	ISA02	Authorization Information		Use 10 blank spaces
	ISA03	Security Information Qualifier	00	No security information present
	ISA04	Security Information		Use 10 blank spaces
	ISA05	Interchange ID Qualifier	ZZ	CMS expects to see a value of "ZZ" to designate that the code is mutually defined
	ISA06	Interchange Sender ID		EN followed by Contract
	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	80881	
	ISA11	Repetition Separator	^	

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TABLE 1 – ISA-IEA INTERCHANGE ELEMENTS

Loop ID	Reference	Name	Codes	Notes/Comments
ISA		Interchange Control Header		
	ISA13	Interchange Control Number		Must be fixed length with nine (9) characters and match IEA02. Used to identify file level duplicate collectively with GS06, ST02, and BHT03.
	ISA14	Acknowledgement Requested	1	A TA1 will be sent if the file is syntactically incorrect, otherwise only a '999' will be sent.
	ISA15	Usage Indicator	T P	Test Production
IEA		Interchange Control Trailer		
	IEA02	Interchange Control Number		Must match the value in ISA13

4.2   GS-GE

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

All elements in the GS-GE functional group must be populated. There are several elements within the GS-GE that must be populated specifically for encounter data collection. Table 2 provides EDS functional group (GS-GE) specific elements.

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

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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
	GS03	Application Receiver's Code	80881	This value must match the value in ISA08
	GS06	Group Control Number		This value must match the value in GE02. Used to identify file level duplicates collectively with ISA13, ST02, and BHT03.
	GS08	Version/Release/Industry Identifier Code	005010X223A2	
GE		Functional Group Trailer		
	GE02	Group Control Number		This value must match the value in GS06

4.3   ST-SE

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

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

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

Loop ID	Reference	Name	Codes	Notes/Comments
ST		Transaction Set Header		
	ST01	Transaction Set Identifier Code	837	

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

Loop ID	Reference	Name	Codes	Notes/Comments
ST		Transaction Set Header		
	ST02	Transaction Set Control Number		This value must match the value in SE02. Used to identify file level duplicates collectively with ISA13, GS06, and BHT03.
	ST03	Implementation Convention Reference	005010X223A2	
SE		Transaction Set Trailer		
	SE01	Number of Included Segments		Must contain the actual number of segments within the ST-SE
	SE02	Transaction Set Control Number		This value must be match the value in ST02

5.0 837 Institutional: Data Element Table

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

The 837 Institutional 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 Institutional Implementation Guide by loop name, segment name and identifier, and data element name and identifier for cross reference. Not all data elements listed in the table below are required, but if they are used, the table reflects the values CMS expects to see.

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TABLE 4 - 837 INSTITUTIONAL 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. 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 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	80881	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

TABLE 4 - 837 INSTITUTIONAL HEALTH CARE CLAIM (CONTINUED)

Loop ID	Reference	Name	Codes	Notes/Comments
	NM109	Billing Provider Identifier		Must be populated with a ten digit number, must begin with 1.
			1999999976	Atypical institutional provider default NPI
2010AA	N4	Billing Provider City, State, Zip Code		
	N403	Zip Code		The full nine (9) digits of the ZIP Code are required. If the last four (4) digits of the ZIP code are not available, populate a default value of "9999".
2010AA	REF	Billing Provider Tax Identification Number		
	REF01	Reference Identification Number	EI	Employer's Identification Number (EIN)
	REF02	Billing Provider Tax Identification Number	199999997	Atypical institutional 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	MA	Must be populated with a value of MA – Medicare Part A.
2010BA	NM1	Subscriber Name		
	NM108	Subscriber Id Qualifier	MI	Must be populated with a value of MI – Member Identification Number
	NM109	Subscriber Primary Identifier		This is the subscriber's Health Insurance Claim (HIC) number. Must match the value in Loop 2330A, NM109.
2010BB	NM1	Payer Name		
	NM103	Payer Name		EDSCMS
	NM108	Payer ID Qualifier	PI	Must be populated with the value of PI – Payer Identification

TABLE 4 - 837 INSTITUTIONAL HEALTH CARE CLAIM (CONTINUED)

Loop ID	Reference	Name	Codes	Notes/Comments
	NM109	Payer Identification	80881	
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 entities Contract ID number
2300	CLM	Claim Information		
	CLM02	Total Claim Charge Amount		Must balance to the sum SV2 service lines in Loop 2400.
	CLM05-3	Claim Frequency Type Code	1 2 3 4 7 8 9	1=Original claim submission 2=Interim – First Claim 3=Interim – Continuing Claim 4=Interim – Last Claim 7=Replacement 8=Deletion 9=Final Claim for a Home Health PPS Episode
2300	DTP	Date – Admission Date/Hour		
	DTP02	Date Time Period Format Qualifier	D8 DT	D8=CCYYMMDD DT=CCYYMMDDHHMM
	DTP03	Admission Date/Hour		Hours (HH) are expressed as "00" for midnight, "01" for 1A.M., and so on through "23" for 11P.M. Minutes (MM) are expressed as "00" through "59". If the actual minutes are not known, use a default of "00". This is only required for original or final bills.

TABLE 4 - 837 INSTITUTIONAL HEALTH CARE CLAIM (CONTINUED)

Loop ID	Reference	Name	Codes	Notes/Comments
2300	PWK	Claim Supplemental Information		
	PWK01	Report Type Code	09	Populated for chart review submissions only
			OZ	Populated for encounters generated as a result of paper claims only
	PWK02	Attachment Transmission Code	AA	Populated for chart review and paper generated encounters.
2300	CN1	Contract Information		
	CN101	Contract Type Code	05	Populated for capitated/ staff model arrangements
2300	REF	Payer Claim Control Number		
	REF01	Original Reference Number	F8	
	REF02	Payer Claim Control Number		Identifies ICN from original claim when submitting adjustment or chart review data.
2300	HI	Value Information		
	HI01-2	Value Code	A0	Required on all ambulance encounters
	HI01-5	Value Code Amount		Must include the ambulance pick-up location ZIP Code. Must include the ZIP Code +4, when available.
2320	SBR	Other Subscriber Information		
	SBR01	Payer Responsibility Sequence Number Code	P T	P=Primary (when MAOs or other entities populate the payer paid amount) T=Tertiary (when MAOs or other entities populate a true COB)

TABLE 4 - 837 INSTITUTIONAL HEALTH CARE CLAIM (CONTINUED)

Loop ID	Reference	Name	Codes	Notes/Comments
	SBR09	Claim Filing Indicator Code	16	Health Maintenance Organization (HMO) Medicare Risk
2320	CAS	Claim Adjustment		
	CAS02	Adjustment Reason Code		If a claim is denied in the MAO or other entities' adjudication system, the denial reason should be populated.
2320	AMT	COB Payer Paid Amount		
	AMT02	Payer Paid Amount		MAO and other entity's paid amount
2320	OI	Coverage Information		
	OI03	Benefits Assignment Certification Indicator		Must match the value in Loop 2300, CLM08
2330A	NM1	Other Subscriber Name		
	NM108	Identification Code Qualifier	MI	
	NM109	Subscriber Primary Identifier		Must match the value in Loop 2010BA, NM109
2330B	NM1	Other Payer Name		
	NM108	Identification Code Qualifier	XV	
	NM109	Other Payer Primary Identifier	Payer 01	MAO or other entity's Contract ID number. Only populated if there is no Contract ID available for a true other payer
2330B	N3	Other Payer Address		
	N301	Other Payer Address Line		MAO or other entity's address
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.

TABLE 4 - 837 INSTITUTIONAL HEALTH CARE CLAIM (CONTINUED)

Loop ID	Reference	Name	Codes	Notes/Comments
2430	SVD	Line Adjudication Information		
	SVD01	Other Payer Primary Identifier		Must match the value in Loop 2330B, NM109
2430	CAS	Line Adjustments		
	CAS02	Adjustment Reason Code		If a service line is denied in the MAO or other entities' adjudication system, the denial reason should be populated.

6.0   Acknowledgements and Reports

6.1   TA1 – Interchange Acknowledgement

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

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

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

6.2   999 – Functional Group Acknowledgement

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

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

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

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

When viewing the 999 report, MAOs and other entities should navigate to the IK5 and AK9 segments. If an "A" is displayed in the IK5 and AK9 segments, the claim file is accepted and will continue processing. If an "R" is displayed in the IK5 and AK9 segments, an IK3 and an IK4 segments will be displayed. These segments indicate what loops and segments contain the error that needs correcting so the interchange can be resubmitted. The third element in the IK3 segment tells the loop that contains the error. The first element in the IK3 and IK4 indicate the segment and element that contain the error. The third element in the IK4 segment indicates the reason code for the error.

6.3   277CA – Claim Acknowledgement

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

The 277CA is used to acknowledge the acceptance or rejection of encounters submitted using a hierarchical level (HL) structure. The first level of hierarchical editing is at the Information Source level. This entity is the decision maker in the business transaction receiving the X12 837 transactions (EDSCMS).The next level is at the Information Receiver level. This is the entity that expects the response from the Information Source. The third hierarchal level is at the Billing Provider of Service level and the

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fourth and final level is done at the Patient level. Acceptance or rejection at this level is based on the WPC and the CMS edits spreadsheet. Edits received at any hierarchical level will stop and no further editing will take place. For example, if there is a problem with the Billing Provider of Service submitted on the 837, individual patient edits will not be performed. For those encounters not accepted, the 277CA will detail additional actions required of MAOs and other entities in order to correct and resubmit those encounters.

 If an MAO or other entity receives a 277CA indicating an encounter was rejected, the MAO or other entity must resubmit the encounter until the 277CA indicates no errors were found.

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

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

6.4   MAO-002 – Encounter Data Processing Status Report

After a file is accepted through the EDFES, the file is then transmitted to the 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 Error 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.

MAOs and other entities should note that MAO-002 reports for Institutional submissions are still under development.

6.5   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 a unique file naming convention for reports distributed during testing and production.

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6.5.1   Testing Reports File Naming Convention

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

TABLE 5 – TESTING REPORTS FILE NAMING CONVENTIONS

Report Type	Gentran Mailbox	FTP Mailbox – Text	FTP Mailbox - Zipped
EDFES	T.xxxxx.EDS_RESPONSE.pn	RSPxxxxx.RSP.REJECTED_ID	RSPxxxxx.RSP.REJECTED_ID
EDFES	T.xxxxx.EDS_REJT_IC_ISAIEA.pn	X12xxxxx.X12.TMMDDCCYYHHMMS	X12xxxxx.X12.TMMDDCCYYHHMMS
EDFES	T.xxxxx.EDS_REJT_FUNCT_TRANS.pn	999xxxxx.RSP	999xxxxx.RSP
EDFES	T.xxxxx.EDS_ACCPT_FUNCT_TRANS.pn	999xxxxx.RSP	999xxxxx.RSP
EDFES	T.xxxxx.EDS_RESP_CLAIM_NUM.pn	RSPxxxxx.RSP_277CA	RSPxxxxx.RSP_277CA
EDPS	T.xxxxx.EDPS_002_DataProcessingStatus_Rpt	RPTxxxxx.RPT.EDPS_002_DATPRS_RPT	RPTxxxxx.ZIP.EDPS_002_DATPRS_RPT
EDPS	T.xxxxx.EDPS_002_DataprocessingStatus_File	RPTxxxxx.RPT.EDPS_002_DATPRS_FILE	RPTxxxxx.ZIP.EDPS_002_DATPRS_FILE

 * **Note: There is a limit of 20 characters on the description of the file. The description starts after RPT. Or ZIP.**

Table 6 below provides a description of the testing file name components, which will assist MAOs and other entities in identifying the report type.

TABLE 6 – TESTING 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'
RPT/ZIP	Determines if the file is a plain text 'RPT' or compressed 'ZIP'
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

6.5.2 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 7 below provides the reports file naming conventions per connectivity method for production reports.

TABLE 7 – PRODUCTION REPORTS FILE NAMING CONVENTIONS

Report Type	Gentran Mailbox	RISC Mailbox – Text	RISC Mailbox - Zipped
EDFES	P.xxxxx.EDS_RESPONSE.pn	RSPxxxxx.RSP.REJECTED_ID	RSPxxxxx.RSP.REJECTED_ID
EDFES	P.xxxxx.EDS_REJT_IC_ISAIEA.pn	X12xxxxx.X12.TMMDDCCYYHHMMS	X12xxxxx.X12.TMMDDCCYYHHMMS
EDFES	P.xxxxx.EDS_REJT_FUNCT_TRANS.pn	999xxxxx.RSP	999xxxxx.RSP
EDFES	P.xxxxx.EDS_ACCPT_FUNCT_TRANS.pn	999xxxxx.RSP	999xxxxx.RSP
EDFES	P.xxxxx.EDS_RESP_CLAIM_NUM.pn	RSPxxxxx.RSP_277CA	RSPxxxxx.RSP_277CA
EDPS	P.xxxxx.EDPS_002_DataProcessingStatus_Rpt	RPTxxxxx.RPT.EDPS_002_DATPRS_RPT	RPTxxxxx.ZIP.EDPS_002_DATPRS_RPT
EDPS	P.xxxxx.EDPS_002_DataProcessingStatus_File	RPTxxxxx.RPT.EDPS_002_DATPRS_FILE	RPTxxxxx.ZIP.EDPS_002_DATPRS_FILE

* **Note: There is a limit of 20 characters on the description of the file. The description starts after RPT. Or ZIP.**

Table 8 below provides a description of the production file name components, which will assist MAOs and other entities in identifying the report type.

TABLE 8 – PRODUCTION FILE NAME COMPONENT DESCRIPTION

File Name Component	Description
RSPxxxxx	The type of data 'RSP' and a sequential number assigned by the RISC 'xxxxx'
X12xxxxx	The type of data 'X12' and a sequential number assigned by the RISC 'xxxxx'
TMMDDCCYYHHMMS	The Date and Time stamp the file was processed by the RISC
999xxxxx	The type of data '999' and a sequential number assigned by the RISC 'xxxxx'
RPTxxxxx	The type of data 'RPT' and a sequential number assigned by the RISC 'xxxxx'
RPT/ZIP	Determines if the file is a plain text 'RPT' or compressed 'ZIP'
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

7.0   Permanently Deactivated Front-End Edits

Several CEM edits that are currently active in the Fee-For-Service CEM edits spreadsheet will be permanently deactivated in order to ensure syntactically correct encounters pass front-edit editing. Table 9 provides the current EDS front-end edits that will be deactivated. The edit reference column provides the exact edit reference that will be deactivated. The edit description column provides the Claim Status Category Code (CSCC), the Claim Status Code (CSC), and the Entity Identifier Code (EIC), when applicable. The notes column provides a description of the edit reason. MAOs and other entities should reference the WPC website at www.wpc-edi.com for a complete listing of all CSCC, CSC, and EICs.

TABLE 9 - 837 INSTITUTIONAL PERMANENTLY DEACTIVATED CEM EDITS

Edit Reference	Edit Description	Edit Notes
X223.084.2010AA.NM109.040	CSCC A8: "Acknowledgement/rejected for relational field in error" CSC 562: "Entity's National Provider Identifier (NPI)" EIC 85: "Billing Provider"	Valid NPI Crosswalk must be available for this edit. 2010AA.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109.
X223.084.2010AA.NM109.050	CSCC A8: "Acknowledgement/rejected for relational field in error" CSC 496: "Submitter not approved for electronic claim submission on behalf of this entity"" EIC 85: "Billing Provider"	2010AA.NM109 billing provider must be "associated" to the submitter (from a trading partner management perspective) in 1000A.NM109.
X223.087.2010AA.N301.070	CSCC A7: "Acknowledgement/rejected for invalid information" CSC 503: "Entity's Street Address" EIC 85: "Billing Provider"	2010AA.N301 must not contain the following exact phrases (not case sensitive): "Post Office Box", "P.O. BOX", "PO BOX", "LOCK BOX", "LOCK BIN", "P O BOX".
X223.090.2010AA.REF02.050	CSCC A8: "Acknowledgement/rejected for relational field in error" CSC 562: "Entity's National Provider Identifier (NPI)" CSC 128: "Entity's Tax ID" EIC 85: "Billing Provider"	Valid NPI Crosswalk must be available for this edit. 2010AA.REF must be associated with the provider identified in 2010AA.NM109.
X223.127.2010BB.REF.010	CSCC A7: "Acknowledgement/rejected for invalid information" CSC 732: "Information inconsistent with billing guidelines" CSC 560: "Entity's Additional/Secondary Identifier" EIC PR: "Payer"	Non-VA claims: 2010BB.REF with REF01="2U", "EI", "FY", or "NF" must not be present. VA claims: 2010BB.REF with REF01="EI", "FY", or "NF" must not be present.

Edit Reference	Edit Description	Edit Notes
X223.424.2400.SV202-7.025	CSCC A8: "Acknowledgement/rejected for relational field in error" CSC 306: Detailed description of service	2400.SV202-7 must be present when 2400.SV202-2 contains a non-specific procedure code.

8.0   Duplicate Logic

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

8.1   Header Level

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

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 to another stored encounter, the encounter will be rejected and will be considered a duplicate encounter. The encounter will be returned to the submitter with an error message identifying it as a duplicate encounter. Currently the following values are the minimum set of items being used for matching an encounter in the EODS:

- Beneficiary Demographic
  - o Health Insurance Claim Number (HICN)
  - o Name
- Date of Service
- Type of Bill (TOB)

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- Procedure Code(s)
- Billing Provider NPI
- Paid Amount*

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

9.0   837 Institutional Business Cases

In accordance with 45 CFR 160.103 of the Health Insurance Portability and Accountability Act (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, Medicare Advantage Organization (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.

9.1   Standard Institutional Encounter

Business Scenario 1: Mary Dough is the patient and the subscriber, and was admitted into Mercy Hospital because she was complaining of heart pain. Happy Health Plan was the Medicare Advantage Organization (MAO). Mercy Hospital diagnosed Mary with Congestive Health Failure as the primary diagnosis and diabetes as an additional diagnosis.

File String 1:

ISA*00*   *00*   *ZZ*ENH9999   *ZZ*80881   *120816*114
4*^*00501*000000031*1*P*:~
GS*HC*ENH9999*80881*20120816*1144*31*X*005010X223A2~
ST*837*0034*005010X223A2~
BHT*0019*00*3920394930203*20120814*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS*****46*80881~
HL*1**20*1~
NM1*85*2*MERCY HOSPITAL*****XX*1299999999~
N3*876 MERCY DRIVE~
N4*NORFOLK*VA*235089999~
REF*EI*344232321~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567******MA~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS*****PI*80881~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850
REF*2U*H9999~
CLM*2235057896750987698453657879 8A*200.00***11:A:1**A*Y*Y~
DTP*096*TM*0958~
DTP*434*RD8*20120330-20120331~
DTP*435*D8*20120330~
CL1*2*9*01~
HI*BK:4280~
HI*BJ:4280~
HI*BF:25000~
HI*BR:3121:D8:20120330~
HI*BH:41:D8:20110501*BH:27:D8:20110715*BH:33:D8:20110718*BH:C2:D8:20110729~
HI*BE:30:::20~
HI*BG:01~
NM1*71*1*JONES*AMANDA*AL***XX*1005554104~

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SBR*P*18*XYZ1234567******16~
AMT*D*200.00~
OI***Y***Y~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN*****XV*H9999~
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
REF*T4*Y~
LX*1~
SV2*0300*HC:81099*200.00*UN*1~
DTP*472*D8*20120330~
SVD*H9999*200.00*HC:81099*0300*1~
DTP*573*D8*20120401~
SE*50*0034~
GE*1*31~
IEA*1*000000031~

9.2   Capitated Institutional Encounter

Business Scenario 2: Mary Dough is the patient and the subscriber, and went to Mercy Hospital because she was experiencing leg pain. Happy Health Plan was the Medicare Advantage Organization (MAO) and has a capitated arrangement with Mercy Hospital. Mercy Hospital diagnosed Mary with diabetes and leg pain.

File String 2:

ISA*00*   *00*   *ZZ*ENH9999   *ZZ*80881   *120816*114
4*^*00501*000000331*1*P*:~
GS*HC*ENH9999*80881*20120816*1144*30*X*005010X223A2~
ST*837*0021*005010X223A2~
BHT*0019*00*3920394930203*20120814*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS*****46*80881~
HL*1**20*1~
NM1*85*2*MERCY HOSPITAL*****XX*1299999999~
N3*876 MERCY DRIVE~
N4*NORFOLK*VA*235089999~
REF*EI*344232321~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567******MA~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS*****PI*80881~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850
REF*2U*H9999~
CLM*22350578967509876984536578798A *0.00***11:A:1**A*Y*Y~
DTP*096*TM*0958~
DTP*434*RD8*20120330-20120331~
DTP*435*D8*20120330~
CL1*2*9*01~
CN1*05~
HI*BK:4280~
HI*BJ:4280~
HI*BF:25000~
HI*BR:3121:D8:20120330~
HI*BH:41:D8:20110501*BH:27:D8:20110715*BH:33:D8:20110718*BH:C2:D8:20110729~
HI*BE:30:::20~

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HI*BG:01~
NM1*71*1*JONES*AMANDA*AL***XX*1005554104~
SBR*P*18*XYZ1234567******ZZ~
AMT*D*100.50~
OI***Y***Y~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN*****XV*H9999~
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
LX*1~
SV2*0300*HC:81099*0.00*UN*1~
DTP*472*D8*20120330~
SVD*H9999*100.50*HC:81099*0300*1~
CAS*CO*24*-100.50~
DTP*573*D8*20120401~
SE*50*0021~
GE*1*30~
IEA*1*000000331~

9.3   Chart Review Institutional Encounter – No Linked ICN

Business Scenario 3: Mary Dough is the patient and the subscriber, and went to Mercy Hospital because she was experiencing leg pain. Happy Health Plan was the Medicare Advantage Organization (MAO). Happy Health Plan performs a chart review at Mercy Hospital and determines that a diagnosis for Mary Dough was never submitted on a claim. The medical record does not contain enough information to submit a full claim, yet there is enough information to support the diagnosis and link the chart review encounter back to the medical record. Happy Health Plan submits a chart review encounter with no linked ICN to add the diagnosis.

File String 3:
```
ISA*00*    *00*    *ZZ*ENH9999    *ZZ*80881    *120816*114
4*^*00501*000000031*1*P*:~
GS*HC*ENH9999*80881*20120816*1144*31*X*005010X223A2~
ST*837*0034*005010X223A2~
BHT*0019*00*3920394930203*20120814*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS*****46*80881~
HL*1**20*1~
NM1*85*2*MERCY HOSPITAL*****XX*1299999899~
N3*876 MERCY DRIVE~
N4*NORFOLK*VA*235089999~
REF*EI*344232321~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567******MA~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS*****PI*80881~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850
REF*2U*H9999~
CLM*2235057896750987698453657 8798A*0.00***11:A:1**A*Y*Y~
DTP*096*TM*0958~
DTP*434*RD8*20120330-20120331~
DTP*435*D8*20120330~
CL1*2*9*01~
PWK*09*AA~
HI*BK:4280~
HI*BJ:4280~
HI*BF:25000~
```

HI*BR:3121:D8:20120330~
HI*BH:41:D8:20110501*BH:27:D8:20110715*BH:33:D8:20110718*BH:C2:D8:20110729~
HI*BE:30:::20~
HI*BG:01~
NM1*71*1*JONES*AMANDA*AL***XX*1005554104~
SBR*P*18*XYZ1234567******16~
AMT*D*0.00~
OI***Y***Y~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN*****XV*H9999~
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
REF*T4*Y~
LX*1~
SV2*0300*HC:81099*0.00*UN*1~
DTP*472*D8*20120330~
SE*49*0034~
GE*1*31~
IEA*1*000000031~

9.4   Chart Review Institutional Encounter – Linked ICN

Business Scenario 4: Mary Dough is the patient and the subscriber, and went to Mercy Hospital because she was experiencing leg pain. Happy Health Plan was the Medicare Advantage Organization (MAO). Mercy Hospital submits the encounter to CMS and receives an ICN of 1294598098746. Happy Health Plan performs a chart review related to ICN 1294598098746 and determines that there is an incorrect NPI was populated for the Billing Provider.

File String 4:
```
ISA*00*      *00*      *ZZ*ENH9999    *ZZ*80881      *120816*114
4*^*00501*000000031*1*P*:~
GS*HC*ENH9999*80881*20120816*1144*31*X*005010X223A2~
ST*837*0034*005010X223A2~
BHT*0019*00*3920394930203*20120814*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS*****46*80881~
HL*1**20*1~
NM1*85*2*MERCY HOSPITAL*****XX*1299999899~
N3*876 MERCY DRIVE~
N4*NORFOLK*VA*235089999~
REF*EI*344232321~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567******MA~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS*****PI*80881~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850
REF*2U*H9999~
CLM*22350578967509876984536578798A*0.00***11:A:1**A*Y*Y~
DTP*096*TM*0958~
DTP*434*RD8*20120330-20120331~
DTP*435*D8*20120330~
CL1*2*9*01~
PWK*09*AA~
REF*F8*1294598098746~
HI*BK:4280~
HI*BJ:4280~
HI*BF:25000~
HI*BR:3121:D8:20120330~
HI*BH:41:D8:20110501*BH:27:D8:20110715*BH:33:D8:20110718*BH:C2:D8:20110729~
```

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HI*BE:30:::20~
HI*BG:01~
NM1*71*1*JONES*AMANDA*AL***XX*1005554106~
SBR*P*18*XYZ1234567******16~
AMT*D*0.00~
OI***Y***Y~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN*****XV*H9999~
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
REF*T4*Y~
LX*1~
SV2*0300*HC:81099*0.00*UN*1~
DTP*472*D8*20120330~
SE*50*0034~
GE*1*31~
IEA*1*000000031~

9.5   Complete Replacement Institutional Encounter

Business Scenario 5: Mary Dough is the patient and the subscriber, and went to Mercy Hospital because she was experiencing heart pain. Happy Health Plan is the Medicare Advantage Organization (MAO). Mercy Hospital diagnosed Mary with Congestive Heart Failure and diabetes. Happy Health Plan submits the encounter to CMS and receives an ICN 1122978564098. After further investigation, it was determined that Happy Health Plan should not have paid for $120.00. Happy Health Plan submits a correct and replace adjustment encounter to replace encounter 1122978564098 with the newly submitted encounter.

File String 5:
```
ISA*00*      *00*      *ZZ*ENH9999    *ZZ*80881      *120816*114
4*^*00501*000000554*1*P*:~
GS*HC*ENH9999*80881*20120816*1144*80*X*005010X223A2~
ST*837*0567*005010X223A2~
BHT*0019*00*3920394930203*20120814*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS*****46*80881~
HL*1**20*1~
NM1*85*2*MERCY HOSPITAL*****XX*1299999999~
N3*876 MERCY DRIVE~
N4*NORFOLK*VA*235089999~
REF*EI*344232321~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567******MA~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS*****PI*80881~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850
REF*2U*H9999~
CLM*2235057896750987698453657879 8A*200.00***11:A:7**A*Y*Y~
DTP*096*TM*0958
DTP*434*RD8*20120330-20120331~
DTP*435*D8*20120330-20120331~
CL1*2*9*01~
REF*F8*1222978564098~
HI*BK:4280~
HI*BJ:4280~
HI*BR:3121:D8:20120330~
HI*BH:41:D8:20110501*BH:27:D8:20110715*BH:33:D8:20110718*BH:C2:D8:20110729~
```

HI*BE:30:::20~
HI*BG:01~
NM1*71*1*JOHNSON*AMANDA*AL***XX*1005554104~
SBR*P*18*XYZ1234567******16~
CAS*CO*39*120.00~
AMT*D*80.00~
OI***Y***Y~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN*****XV*H9999~
N3*705 E HUGH ST~
N4*NORFOLK*VA*235048769~
DTP*573*20120401~
LX*1~
SV2*0300*HC:81099*200.00*UN*1~
DTP*472*D8*20120330~
SE*49*0567~
GE*1*80~
IEA*1*000000554~

9. 6   Complete Deletion Institutional Encounter

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

File String 6:
ISA*00*   *00*   *ZZ*ENH9999   *ZZ*80882   *120430*114
4*^*00501*000000298*1*P*:~
GS*HC*ENH9999*80882*20120430*1144*82*X*005010X222A1~
ST*837*0290*005010X222A1~
BHT*0019*00*3920394930206*20120428*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS*****46*80882~
HL*1**20*1~
NM1*85*1*SMITH*ELIZABETH*A**MD*XX*1299999999~
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139999~
REF*EI*765879876~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567**47****MB~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS*****PI*80882~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997677856479709654A*100.50***11:B:8*Y*A*Y*Y~
REF*F8*1212487000032~
HI*BK:78901~
SBR*P*18*XYZ1234567******16~
CAS*CO*223*100.50~
AMT*D*0.00~
OI***Y***Y~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN*****XV*H9999~

N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
REF*T4*Y~
LX*1~
SV1*HC:99212*100.50*UN*1***1~

DTP*472*D8*20120401~
SVD*H9999*0.00*HC:99212**1~
DTP*573*D8*20120403~
SE*41*0290~
GE*1*82~
IEA*1*000000298~

9. 7 Atypical Provider Institutional Encounter

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

File String 7:
ISA*00*   *00*   *ZZ*ENH9999   *ZZ*80881   *120816*114
4*^*00501*000000032*1*P*:~
GS*HC*ENH9999*80881*20120816*1144*35*X*005010X223A2~
ST*837*0039*005010X223A2~
BHT*0019*00*3920394930203*20120814*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS*****46*80881~
HL*1**20*1~
NM1*85*2*MERCY SERVICES*****XX*1999999976~
N3*876 MERCY DRIVE~
N4*NORFOLK*VA*235089999~
REF*EI*199999997~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567******MA~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS*****PI*80881~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850
REF*2U*H9999~
CLM*2235057896750987698453657879 9A*50.00***83:A:1**A*Y*Y~
DTP*434*RD8*20120330-20120331~
CL1*9*9*01~
HI*BK:78099~
SBR*P*18*XYZ1234567******16~
AMT*D*50.00~
OI***Y***Y~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN*****XV*H9999~
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
REF*T4*Y~
LX*1~

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SV2*0300*HC:D0999*50.00*UN*1~
DTP*472*D8*20120330~
SVD*H9999*50.00*HC:D0999*0300*1~
DTP*573*D8*20120401~
SE*41*0039~
GE*1*35~
IEA*1*000000032~

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9.8   Paper Generated Institutional Encounter

Business Scenario 8: Mary Dough is the patient and the subscriber, and receives services from Mercy Health Plan. Mercy Health Plan submits the claim to Happy Health Plan on a UB-04. Happy Health Plan is the Medicare Advantage Organization (MAO) and converts the paper claim into an electronic submission.

File String 8:

ISA*00*   *00*   *ZZ*ENH9999   *ZZ*80881   *120816*114
4*^*00501*000000032*1*P*:~
GS*HC*ENH9999*80881*20120816*1144*35*X*005010X223A2~
ST*837*0039*005010X223A2~
BHT*0019*00*3920394930203*20120814*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS*****46*80881~
HL*1**20*1~
NM1*85*2*MERCY SERVICES*****XX*1234999999~
N3*876 MERCY DRIVE~
N4*NORFOLK*VA*235089999~
REF*EI*128752354~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567******MA~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS*****PI*80881~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*22350578967509876984536578799A*50.00***83:A:1**A*Y*Y~
DTP*434*RD8*20120330-20120331~
CL1*9*9*01~
PWK*OZ*AA~
HI*BK:78099~
SBR*P*18*XYZ1234567******16~
AMT*D*50.00~
OI***Y***Y~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN*****XV*H9999~
N3*705 E HUGH ST~

> Indicates the encounter submitted is a result of a paper claim.

N4*NORFOLK*VA*235049999~
REF*T4*Y~
LX*1~
SV2*0300*HC:D0999*50.00*UN*1~
DTP*472*D8*20120330~

SVD*H9999*50.00*HC:D0999*0300*1~
DTP*573*D8*20120403~
SE*42*0039~
GE*1*35~
IEA*1*000000032~

9.9   True Coordination of Benefits Institutional Encounter

Business Scenario 9: Mary Dough is the patient and the subscriber, and was admitted into Mercy Hospital because she was complaining of heart pain. Happy Health Plan was the Medicare Advantage Organization (MAO). Other Health Plan also provided payment for Mary Dough. Mercy Hospital diagnosed Mary with Congestive Health Failure as the primary diagnosis and diabetes.

File String 9:

ISA*00*   *00*   *ZZ*ENH9999   *ZZ*80881   *120816*114
4*^*00501*000000031*1*P*:~
GS*HC*ENH9999*80881*20120816*1144*31*X*005010X223A2~
ST*837*0034*005010X223A2~
BHT*0019*00*3920394930203*20120814*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS*****46*80881~
HL*1**20*1~
NM1*85*2*MERCY HOSPITAL*****XX*1299999999~
N3*876 MERCY DRIVE~
N4*NORFOLK*VA*235089999~
REF*EI*344232321~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567******MA~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS*****PI*80881~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850
REF*2U*H9999~
CLM*22350578967509876984536578799A*712.00***11:A:1**A*Y*Y~
DTP*096*TM*0958~
DTP*434*RD8*20120330-20120331~
DTP*435*D8*20120330~
CL1*2*9*01~
HI*BK:78901~
NM1*71*1*JONES*AMANDA*AL***XX*1005554104~
SBR*P*18*XYZ1234567******16~
AMT*D*700.00
OI***Y***Y~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~

N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN*****XV*H9999~
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
SBR*T*18*XYZ3489388******16~
CAS*CO*223*700.00~
AMT*D*12.00~
OI***Y***Y~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*OTHER HEALTH PLAN*****XV*PAYER01~
N3*400 W 21 ST~
N4*NORFOLK*VA*235059999~
REF*T4*Y
LX*1~
SV2*0300*HC:81099*712.00*UN*1~
DTP*472*D8*20120330~
SVD*H9999*700.00*HC:D0999*0300*1~
CAS*CO*45*12.00~
DTP*573*D8*20120401~
SE*57*0034~
GE*1*31~
IEA*1*000000031~

9.10   Bundled Institutional Encounter

Business Scenario 10: Mary Dough is the patient and the subscriber, and was admitted into Mercy Hospital because she was complaining of heart pain. Happy Health Plan was the Medicare Advantage Organization (MAO). Mercy Hospital diagnosed Mary with Congestive Health Failure as the primary diagnosis and diabetes.

File String 10:

ISA*00*   *00*   *ZZ*ENH9999   *ZZ*80881   *120816*114
4*^*00501*000000031*1*P*:~
GS*HC*ENH9999*80881*20120816*1144*31*X*005010X223A2~
ST*837*0034*005010X223A2~
BHT*0019*00*3920394930203*20120814*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS*****46*80881~
HL*1**20*1~
NM1*85*2*MERCY HOSPITAL*****XX*1299999999~
N3*876 MERCY DRIVE~
N4*NORFOLK*VA*235089999~
REF*EI*344232321~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567******MA~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS*****PI*80881~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850
REF*2U*H9999~
CLM*223505789675098769845365787 98A*200.00***11:A:1**A*Y*Y~
DTP*096*TM*0958~
DTP*434*RD8*20120330-20120331~
DTP*435*D8*20120330~
CL1*2*9*01~
HI*BK:4280~
HI*BJ:4280~
HI*BF:25000~
HI*BR:3121:D8:20120330~
HI*BH:41:D8:20110501*BH:27:D8:20110715*BH:33:D8:20110718*BH:C2:D8:20110729~
HI*BE:30:::20~
HI*BG:01~
NM1*71*1*JONES*AMANDA*AL***XX*1005554104~

SBR*P*18*XYZ1234567******16~
AMT*D*200.00~
OI***Y***Y~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN*****XV*H9999~
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
REF*T4*Y~
LX*1~
SV2*0300*HC:80051*200.00*UN*1~
DTP*472*D8*20120330~
SVD*H9999*200.00*HC:80051*0300*1~
DTP*573*D8*20120401~
SE*49*0034~
GE*1*31~
IEA*1*000000031~

10.0   Encounter Data Institutional Processing and Pricing System Edits

After an Institutional encounter passes translator and CEM level editing and an ICN is received on a 277CA, the Encounter Data Front-End System (EDFES) then transfers the encounter to the Encounter Data Institutional Processing and Pricing System (EDIPPS), where editing, processing, pricing, and storage occurs. In order to assist MAOs and other entities in submission of encounter data through the EDIPPS, the current list of the EDIPPS edits is provided in Table 10 below.

The EDIPPS edits are organized in eight (8) different categories, as provided in Table 10, Column 2. The EDIPPS edit categories include the following:

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

There are two (2) edit dispositions: Informational and Reject, which are provided in Column 3 of Table 10 below. Informational edits are being reviewed and further guidance will be provided in a future release of the Companion Guide. Informational edits will cause an informational flag to be placed on the encounter; however, the Informational edit will not cause processing and/or pricing to cease. Reject edits will cause an encounter to stop processing and/or pricing, and the MAO or other entity must resubmit the encounter through the EDFES. The encounter must then pass translator and CEM level editing prior to the data being transferred to the EDIPPS for reprocessing. The EDIPPS edit message, as provided in Column 4 in Table 10 below, will be provided on Encounter Data Processing System (EDPS) transaction reports to provide further information to the MAO or other entity of the specific reason for the edit generated.

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

Table 10 reflects only those edits that are currently programmed in the EDIPPS. 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 temporarily or permanently deactivated. MAOs and other entities must always reference the most recent version of the Companion Guide to determine the current edits in the EDIPPS.

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TABLE 10: ENCOUNTER DATA INSTITUTIONAL PROCESSING AND PRICING SYSTEM (EDIPPS) EDITS

EDIPPS Edit#	EDIPPS Edit Category	EDIPPS Edit Disposition	EDIPPS Edit Error Message
00010	Validation	Reject	From Date Of Service Is Greater Than TCN Date
00012	Validation	Reject	Date Of Service Is Less Than 01-01-2012
00025	Validation	Reject	To Date Of Service Is After Date Of Claim Receipt
00265	Validation	Reject	Adjustment Or Void ICN Not Found In History
00761	Validation	Reject	Unable To Void Due To Different Billing Provider On Void From Original
02110	Beneficiary	Reject	Beneficiary Health Insurance Carrier Number (HICN) Not On File
02112	Beneficiary	Reject	Date Of Service Is After Beneficiary Date Of Death
02125	Beneficiary	Reject	Beneficiary Date Of Birth Mismatch
02240	Beneficiary	Reject	Beneficiary Not Enrolled In Medicare Advantage Organization For Date Of Service
02255	Beneficiary	Reject	Beneficiary Not Part A Eligible For Date Of Service
02256	Beneficiary	Reject	Beneficiary Not Part C Eligible For Date Of Service
03015	Reference	Reject	DOS Spans Procedure Code Effective/End Date
03022	Pricing	Reject	Invalid Case Mix Group For Inpatient Rehabilitation Facility Claim
03101	Reference	Reject	Invalid Gender For Procedure Code
03102	Pricing	Reject	Provider Type Or Specialty Not Allowed To Bill For Procedure
01405	Provider	Reject	Sanctioned Provider
17085	Validation	Reject	Inpatient/SNF Same Day Transfer Must Have Condition Code 40
17100	Validation	Reject	Type Of Bill - Home Health Claim Missing Date Of Service
17110	Validation	Reject	TOB 74X Or 75X Requires HCPCS And Revenue Code
17285	Validation	Reject	Billed Lines Require Charges (Few Exceptions)
17295	Conflict	Reject	Inpatient Claim Missing Revenue Code Or Outpatient Claim Missing Either Revenue Code Or HCPCS Code
17310	Validation	Reject	Surgical Revenue Code 036X Requires Surgical Procedure Code
17330	Reference	Reject	Adjustment Not Allowed For A RAP
17404	Validation	Reject	Procedure - HCPCS Code Cannot Be Duplicated And Max Unit Of 1 Per Visit
17407	Validation	Reject	Procedure - HCPCS Modifier Without HCPCS Code
17735	Validation	Reject	Modifier - Not Within Effective Date
18130	Reference	Reject	Diagnosis - Principal Diagnosis Code Is A Duplicate

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TABLE 10: ENCOUNTER DATA INSTITUTIONAL PROCESSING AND PRICING SYSTEM (EDIPPS) EDITS

EDIPPS Edit#	EDIPPS Edit Category	EDIPPS Edit Disposition	EDIPPS Edit Error Message
18135	Reference	Reject	Diagnosis - Principal Diagnosis Code Is A Manifestation Code
18140	Reference	Reject	Diagnosis - Principal Diagnosis Is An E-Code
18145	Reference	Reject	Diagnosis - Unacceptable Code
18495	Validation	Reject	Procedure - Invalid Digit
18705	Validation	Reject	Discharge Status Is Invalid
18710	Validation	Reject	POA Indicator - Missing Or Invalid
18905	Validation	Reject	Age Is 0 Or Exceeds 124
20035	Validation	Reject	Outpatient Claim Requires Date Of Service For Revenue Code 57X
20270	Validation	Reject	Admit From And Thru Dates Are Same; Day Count Does Not Equal 1
20500	Conflict	Reject	Valid Service Date For Revenue Code Billed
20505	Conflict	Reject	Accurate Ambulance HCPCS and Revenue Code Required
20510	Conflict	Reject	Revenue Code 540 Requires Specific HCPCS Codes
20520	Validation	Reject	Invalid Ambulance Pickup Location
20530	Validation	Reject	Zip Code Cannot Be 0 or Blank For Ambulance Pickup
20835	Pricing	Reject	Service Line Date Of Service Must Be Valid And Within Header Date of Service
21925	Pricing	Reject	Conditions For Swing Bed SNF PPS Claim Are Not Met
98325	Duplicate	Reject	Claim Is An Exact Duplicate Of A Previously Priced Claim

REVISION HISTORY

Version	Date	Description of Revision
2.1	9/9/2011	Baseline Version
3.0	11/16/2011	Release 1
4.0	12/9/2011	Release 2
5.0	12/20/2011	Release 3
6.0	3/8/2012	Release 4
7.0	4/6/2012	Table 4 – Added PWK='OZ' for paper generated
7.0	4/6/2012	Table 4 – Added ambulance submission guidance
7.0	4/30/2012	Table 4 – Added paper claim submission provider default NPI and EIN.
7.0	4/30/2012	Provided additional duplicate logic to include ISA13, GS06, ST02, BHT03
7.0	4/30/2012	Table 10 – Added EDIPPS Edits
7.0	5/8/2012	Table 9 – Updated the Institutional Permanently Deactivated CEM Edits