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: 11.0
Created: October 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. Users should verify that they are using the most current version.

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

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1.0 Introduction

1.1 Scope

The CMS Encounter Data System (EDS) 837-I Companion Guide addresses how MAOs and other entities conduct Institutional claim 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-I Companion Guide must be used in conjunction with the associated 837-I Implementation Guide (TR3). The instructions in the 837-I CMS EDS Companion Guide are not intended for use as a stand-alone requirements document.

1.2 Overview

The CMS EDS 837-I Companion Guide includes information required to initiate 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 required to create the ISA/IEA, GS/GE, and ST/SE control segments in order for transactions to be supported by the EDS.
- Acknowledgements and Reports: This section contains information on all transaction acknowledgements sent by the EDS, including the TA1, 999, and 277CA.
- Transaction Specific Information: This section describes the details of the HIPAA X12 Implementation Guides (IGs), using a tabular format. The tables contain a row for each segment with CMS specific information, in addition to the information in the IGs. 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 are used to describe the EDS' usage for composite or simple data elements and for any other information.

1.3 Major Updates

1.3.1 EDIPPS Edits Enhancements Implementation Dates

MAOs and other entities are now able to reference Section 10.1 Table 13 for the implementation dates when CMS performs enhancements to the EDPS Institutional edits (i.e., the disposition of an error code is changed from "reject" to "informational", or an error code is activated/deactivated).

1.3.2 EDIPPS Edits Prevention and Resolution Strategies

MAOs and other entities are now able to reference Section 10.2 for a list of the most frequently generated Institutional error codes on the returned MAO-002 Encounter Data Processing Status Reports.

1.3.3 EDS Acronyms

The CMS EDS 837-I Companion Guide now includes a list of acronyms commonly used in documentation related to the Encounter Data System. The EDS Acronyms list is identified in Section 12.

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 Guides, for development of the 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 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 may 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 (CSCC)
- Claim Status Codes (CSC)

CMS provides X12 5010 file format technical edit spreadsheets for the 837-I and 837-P. 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 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. MAOs and other entities are able to contact the CSSC by phone at 1-877-534-CSSC (2772) or by email at csscoperations@palmettogba.com.

2.2 Applicable Websites/Email

The following websites provide information to assist in the 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, dependent 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 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	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 users may submit a maximum of 255 files per day.

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

NDM/Connect Direct and Gentran 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:

The first line of the file will contain the first 80 characters of the ISA segment; the last 26 characters of the ISA segment continue 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 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 below 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-I Companion Guide. If there are options expressed in the WPC/TR3 or the CEM edits spreadsheet that are broader than the options identified in the CMS EDS 837-I 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

TABLE 1 – ISA/IEA INTERCHANGE ELEMENTS (CONTINUED)

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
	ISA06	Interchange Sender ID		EN followed by Contract ID
	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	^	
	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.

MAOs and other entities must populate all 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
	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 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 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. MAOs and other entities must submit EDS transactions 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 the EDS' submission. Table 4 identifies the 837 Institutional Implementation Guide by loop name, segment name, segment identifier, data element name, and data element identifier for cross reference. Not all data elements listed in the table below are required, but if they are used, the table reflects the values CMS expects to see.

TABLE 4 - 837 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 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	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
2010AA	NM109	Billing Provider Identifier	1999999976	Must be populated with a ten digit number, must begin with 1 Institutional provider default NPI when the provider has not been assigned an NPI

TABLE 4 - 837 INSTITUTIONAL HEALTH CARE CLAIM (CONTINUED)

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
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	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
	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	

TABLE 4 - 837 INSTITUTIONAL HEALTH CARE CLAIM (CONTINUED)

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
2010BB	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
2300	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
2300	PWK	Claim Supplemental Information		

TABLE 4 - 837 INSTITUTIONAL HEALTH CARE CLAIM (CONTINUED)

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
2300	PWK01	Report Type Code	09	Populated for chart review submissions only
			OZ	Populated for encounters generated as a result of paper claims only
			PY	Populated for encounters generated as a result of 4010 submission only
	PWK02	Attachment Transmission Code	AA	Populated for chart review, paper generated, and 4010 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 encounter when submitting adjustment or chart review data
2300	REF	Medical Record Number		
	REF01	Medical Record Identification Number	EA	
2300	REF02	Medical Record Identification Number	8	***Chart review delete diagnosis code only submission –*** Identifies the diagnosis code populated in Loop 2300, HI must be deleted from the encounter ICN in Loop 2300, REF02.
			Deleted Diagnosis Code(s)	Diagnosis code(s) that must be deleted from the encounter ICN in Loop 2300, REF02 ***for "chart review – add and delete specific diagnosis codes on a single encounter" submissions only***.

TABLE 4 - 837 INSTITUTIONAL HEALTH CARE CLAIM (CONTINUED)

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
2300	NTE	Claim Note		
	NTE01	Note Reference Code	ADD	
	NTE02	Claim Note Text		See Section 11.0 for the use and message requirements of proxy data information
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+4, when available, in the following format: xxxxxxxx.x
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)
	SBR09	Claim Filing Indicator Code	16	Health Maintenance Organization (HMO) Medicare Risk
2320	CAS	Claim Adjustment		
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 Number available for a true other payer
2330B	N3	Other Payer Address		
	N301	Other Payer Address Line		MAO or other entity's address
	N4	Other Payer City, State, ZIP Code		

TABLE 4 - 837 INSTITUTIONAL HEALTH CARE CLAIM (CONTINUED)

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
	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
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 must 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 Encounter Data Front-End System (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 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 their consistency with the data contained. The 999 report provides MAOs and other entities information on whether the functional groups 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 the second functional group encounters errors, 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 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 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 that 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 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 is rejected 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 error code 98325 - Exact Duplicate of a Service Line within this Claim or a Previously Priced Claim, 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 – Exact Duplicate of a Service Line within this Claim or a Previously Priced Claim. MAOs and other entities must correct and resubmit all encounters and/or service lines for error code 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 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.

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 below 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 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	999xxxxx.RSP
999	T.xxxxx.EDS_ACCPT_FUNCT_TRANS.pn	999xxxxx.RSP
277CA	T.xxxxx.EDS_RESP_CLAIM_NUM.pn	RSPxxxxx.RSP_277CA

Table 6 below 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	T .xxxxx.EDPS_001_DataDuplicate_Rpt T.xxxxx.EDPS_002_DataProcessingStatus_Rpt T .xxxxx.EDPS_004_RiskFilter_Rpt T.xxxxx.EDPS_005_DispositionSummary_Rpt T .xxxxx.EDPS_006_EditDisposition_Rpt T .xxxxx.EDPS_007_DispositionDetail_Rpt	T .xxxxx.EDPS_001_DataDuplicate_File T.xxxxx.EDPS_002_DataProcessingStatus_File T .xxxxx.EDPS_004_RiskFilter_File T.xxxxx.EDPS_005_DispositionSummary_File T .xxxxx.EDPS_006_EditDisposition_ File T .xxxxx.EDPS_007_DispositionDetail_ File

TABLE 6 – TESTING EDPS REPORTS FILE NAMING CONVENTIONS (CONTINUED)

CONNECTIVITY METHOD	TESTING NAMING CONVENTION FORMATTED REPORT	TESTING NAMING CONVENTION FLAT FILE LAYOUT
FTP	RPTxxxxx.RPT.EDPS_001_DATDUP_RPT RPTxxxxx.RPT.EDPS_002_DATPRS_RPT RPTxxxxx.RPT.EDPS_004_RSKFLT_RPT RPTxxxxx.RPT.EDPS_005_DSPSUM_RPT RPTxxxxx.RPT.EDPS_006_EDTDSP_RPT RPTxxxxx.RPT.EDPS_007_DSTDTL_RPT	RPTxxxxx.RPT.EDPS_001_DATDUP_File RPTxxxxx.RPT.EDPS_002_DATPRS_File RPTxxxxx.RPT.EDPS_004_RSKFLT_ File RPTxxxxx.RPT.EDPS_005_DSPSUM_ File RPTxxxxx.RPT.EDPS_006_EDTDSP_ File RPTxxxxx.RPT.EDPS_007_DSTDTL_ File

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

TABLE 8 – PRODUCTION EDFES REPORTS FILE NAMING CONVENTIONS

REPORT TYPE	GENTRAN 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	999xxxxx.RSP
999	P.xxxxx.EDS_ACCPT_FUNCT_TRANS.pn	999xxxxx.RSP
277CA	P.xxxxx.EDS_RESP_CLAIM_NUM.pn	RSPxxxxx.RSP_277CA

Table 9 below 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	P.xxxxx.EDPS_001_DataDuplicate_Rpt P.xxxxx.EDPS_002_DataProcessingStatus_Rpt P.xxxxx.EDPS_004_RiskFilter_Rpt P.xxxxx.EDPS_005_DispositionSummary_Rpt P.xxxxx.EDPS_006_EditDisposition_Rpt P.xxxxx.EDPS_007_DispositionDetail_Rpt	P.xxxxx.EDPS_001_DataDuplicate_File P.xxxxx.EDPS_002_DataProcessingStatus_File P.xxxxx.EDPS_004_RiskFilter_File P.xxxxx.EDPS_005_DispositionSummary_ File P.xxxxx.EDPS_006_EditDisposition_ File P.xxxxx.EDPS_007_DispositionDetail_ File
FTP	RPTxxxxx.RPT.PROD_001_DATDUP_RPT RPTxxxxx.RPT.PROD_002_DATPRS_RPT RPTxxxxx.RPT.PROD_004_RSKFLT_RPT RPTxxxxx.RPT.PROD_005_DSPSUM_RPT RPTxxxxx.RPT.PROD_006_EDTDSP_RPT RPTxxxxx.RPT.PROD_007_DSTDTL_RPT	RPTxxxxx.RPT.PROD_001_DATDUP_File RPTxxxxx.RPT.PROD_002_DATPRS_File RPTxxxxx.RPT.PROD_004_RSKFLT_ File RPTxxxxx.RPT.PROD_005_DSPSUM_ File RPTxxxxx.RPT.PROD_006_EDTDSP_ File RPTxxxxx.RPT.PROD_007_DSTDTL_ File

6.7 EDFES Notifications

The EDFES provides notifications to inform MAOs and other entities of the reason the submitted file was not sent to the EDPS. These are in addition to the EDFES acknowledgement reports' including the TA1, 999, and 277CA; and the EDPS Reports. Table 10 below 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: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

FILE CONTROL: XXXXXXXXX

NUMBER OF CLAIMS: 99,999

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

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Table 10 provides the complete list of testing and production EDFES notification messages.

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
End-to-End Testing – File 1	All	SUBMITTER NOT FRONT-END CERTIFIED	The submitter must be front-end certified to send encounters for validation
All files submitted	All	THE DATE ON ALL CLAIMS MUST START IN THE YEAR 2012	Encounters must contain dates in the year 2012
Production files submitted	All	SUBMITTER NOT CERTIFIED FOR PRODUCTION	The submitter must be certified to send encounters for production
Production files submitted	All	THE INTERCHANGE USAGE INDICATOR MUST EQUAL ‘T’	The Professional Tier 2 file is being sent with a ‘P’ in the ISA15 field

TABLE 10 – EDFES NOTIFICATIONS (CONTINUED)

APPLIES TO	ENCOUNTER TYPE	NOTIFICATION MESSAGE	NOTIFICATION MESSAGE DESCRIPTION
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
Institutional End-to-End Testing – File 1 Institutional End-to-End Testing – Additional File(s)	Institutional	FILE CANNOT CONTAIN MORE THAN 24 ENCOUNTERS	The number of encounters cannot be greater than 24
PACE End-to-End Testing – File 1 PACE End-to-End Testing – Additional File(s)	PACE Institutional	FILE CANNOT CONTAIN MORE THAN 14 ENCOUNTERS	The number of encounters cannot be greater than 14
End-to-End Testing – File 1 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 End-to-End Testing – Additional File(s)	Professional, Institutional, PACE Professional, PACE Institutional	FILE CANNOT CONTAIN BOTH UNLINKED AND LINKED TEST CASES	The test cases from File 1 and File 2 cannot be in the same file
End-to-End Testing – File 1 End-to-End Testing – Additional File(s)	Professional, Institutional, PACE Professional, PACE Institutional	CANNOT SEND LINKED TEST CASES UNTIL ALL UNLINKED TEST CASES HAVE BEEN ACCEPTED	The test cases for File 2 cannot be sent before all File 1 test cases are accepted
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
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

7.0 Permanently Deactivated Front-End Edits

Several CEM edits currently active in the Fee-For-Service CEM edits spreadsheet will be permanently deactivated in order to ensure syntactically correct encounters pass front-edit editing. Table 11 provides a list of the deactivated EDFES edits. 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 CSCCs and CSCs.

TABLE 11 - 837 INSTITUTIONAL PERMANENTLY DEACTIVATED EDFES EDITS

EDIT REFERENCCE	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.
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 reject 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. 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 to another stored encounter, the encounter will reject as 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 used for matching an encounter in the EODS:

- Beneficiary Demographic
    - Health Insurance Claim Number (HICN)
    - Name
- Date of Service
- Type of Bill (TOB)
- Revenue Code(s)
- Procedure Code(s) and 4 modifiers
- Billing 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 Institutional 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 Specification to eds@ardx.net.

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 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*120*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*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: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 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*120*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~
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 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*120*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~
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 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*223505789675098769845365787 98A*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~
```

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 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*120*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*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 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*80881         *120430*114
4*^*00501*000000298*1*P*:~
GS*HC*ENH9999*80881*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*80881~
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*80881~
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~
SV2*HC:99212*100.50*UN*1*1~**
DTP*472*D8*20120401~
SVD*H9999*0.00*HC:992121~**
DTP*573*D8*20120403~
SE*41*0290~
GE*1*82~
IEA*1*000000298~

9. 7 Atypical Provider 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 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*120*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*22350578967509876984536578799A*50.00*83:A:1**A*Y*Y~**
DTP*434*RD8*20120330-20120331~
CL1*9*9*01~
HI*BK:78099~
NTE*ADD* NO NPI ON PROVIDER CLAIM NO EIN ON PROVIDER CLAIM~
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~
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~

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 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*120*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~
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 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*120*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~
DTP*573*D8*20120401~
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*56*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 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*120*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*100.00*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*9.48~
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*HC:82374*50.00*UN*1*1~**
DTP*472*D8*20120401~
SVD*H9999*9.48*HC:800511~**
CAS*CO*45*40.52~
DTP*573*D8*20120403~
LX*2~
SV2*HC:82435*50.00*UN*1*11~
DTP*472*D8*20120401~
SVD*H9999*0.00*HC:800511*1~**
CAS*OA*97*50.00~
DTP*573*D8*20120403~
SE*57*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 receives an ICN on a 277CA, the 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 with submission of encounter data through the EDIPPS, CMS has provided the current list of the EDIPPS edits in Table 12.

The EDIPPS edits are organized in nine (9) different categories, as provided in Table 12, Column 2. The EDIPPS edit categories include the following:

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

Table 12, Column 3 identifies two (2) edit dispositions: Informational and Reject. 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 transferring the data to the EDIPPS for reprocessing. The EDIPPS error message, as found in Column 4 in Table 12, is included on EDPS transaction reports and gives 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 reject, then the encounter will reject. If there is a reject edit at the header level, the encounter will reject.

Table 12 reflects only the currently programmed EDIPPS 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 temporarily or permanently deactivated. MAOs and other entities must always reference the most recent version of the CMS EDS 837-I Companion Guide to determine the current edits in the EDIPPS.

TABLE 12 - ENCOUNTER DATA INSTITUTIONAL PROCESSING AND PRICING SYSTEM (EDIPPS) EDITS

EDIPPS EDIT#	EDIPPS EDIT CATEGORY	EDIPPS EDIT DESCRIPTION	EDIPPS EDIT ERROR MESSAGE
00010	Validation	Reject	From Date Of Service Is Greater Than TCN Date
00011	Validation	Reject	From or To Date of Service Missing in the Claim – Header or Line
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
00699	Validation	Reject	Void Submission Must Match Original Encounter
00761	Validation	Reject	Unable To Void Due To Different Billing Provider On Void From Original
01405	Provider	Reject	Sanctioned Provider
01415	Provider	Informational	Rendering Provider Not Eligible For Date Of Service
02106	Beneficiary	Informational	Invalid Beneficiary Last Name
02110	Beneficiary	Reject	Beneficiary Health Insurance Carrier Number (HICN) Not On File
02112	Beneficiary	Reject	Date Of Service Is After Beneficiary Date Of Death
02120	Beneficiary	Informational	Beneficiary Gender Mismatch
02125	Beneficiary	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	Informational	Provider Type Or Specialty Not Allowed To Bill For Procedure
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
17257	Validation	Informational	Revenue - Revenue Code 910 Not Allowed
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

TABLE 12 - ENCOUNTER DATA INSTITUTIONAL PROCESSING AND PRICING SYSTEM (EDIPPS) EDITS (CONTINUED)

EDIPPS EDIT#	EDIPPS EDIT CATEGORY	EDIPPS EDIT DESCRIPTION	EDIPPS EDIT ERROR MESSAGE
17407	Validation	Reject	Procedure - HCPCS Modifier Without HCPCS Code
17590	Validation	Reject	Value Code - Code 05 Not Present Or Conflicts With Dollar Amount
17595	Validation	Reject	Value Code - Code 05 And Revenue Codes Not Allowed
17735	Validation	Reject	Modifier - Not Within Effective Date
18010	Reference	Informational	Age Conflict With Diagnosis
18012	Reference	Informational	Gender – Inconsistency With Diagnosis
18018	Reference	Informational	Gender - Inconsistency With Procedure Code
18120	Reference	Reject	ICD-9 Diagnosis Code Error
18121	Reference	Reject	ICD-9 Procedure Code Error
18130	Reference	Reject	Diagnosis - Principal Diagnosis Code Is A Duplicate
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
18260	Reference	Reject	Revenue - Code Not Recognized
18265	Reference	Informational	Revenue - Diagnosis Code V70.7 Required
18270	Validation	Informational	Revenue Code and HCPCS Code Required On Outpatient
18495	Validation	Reject	Procedure - Invalid Digit
18500	Conflict	Informational	Procedure - Multiple Codes For The Same Service
18540	Reference	Informational	Procedure – Service Unit Out Of Range On Same Claim
18705	Validation	Reject	Discharge Status Is Invalid
18710	Validation	Reject	POA Indicator - Missing Or Invalid
18730	Reference	Reject	Modifier - Invalid Format
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
20450	Validation	Reject	Attending Physician is Sanctioned
20455	Validation	Informational	Operating Provider Is Sanctioned
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
20980	Pricing	Informational	Provider Not Eligible To Bill TOB 12X or 22X

TABLE 12 - ENCOUNTER DATA INSTITUTIONAL PROCESSING AND PRICING SYSTEM (EDIPPS) EDITS (CONTINUED)

EDIPPS EDIT#	EDIPPS EDIT CATEGORY	EDIPPS EDIT DESCRIPTION	EDIPPS EDIT ERROR MESSAGE
21925	Pricing	Reject	Conditions For Swing Bed SNF PPS Claim Are Not Met
21950	Pricing	Reject	Line Level DOS Is Required For Outpatient Claim
25000	NCCI	Informational	Correct Code Initiative Error
32001	Validation	Reject	Bill Type Not Implemented for Processing at This Time
98325	Duplicate	Reject	Exact Duplicate of a Service Line within this Claim or a Previously Priced Claim

10.1 EDIPPS Edits Enhancements Implementation Dates

As the EDS matures, the EDPS may require enhancements to the EDIPPS editing logic. As these enhancements occur, CMS will provide the updated information (i.e., disposition changes and activation or deactivation of an edit). Table 13 below provides MAOs and other entities with the implementation dates for enhancements made to the EDIPPS since the last release of the CMS EDS 837-I Companion Guide.

TABLE 13 – EDIPPS EDITS ENHANCEMENTS IMPLEMENTATION DATES

ERROR CODE	ERROR DISPOSITION	ERROR DESCRIPTION	ENHANCEMENT	ENHANCEMENT DATE
03102	Informational	Invalid Provider Type or Specialty	Disposition changed from “Reject” to “Informational”	10/11/2012
17285	Reject	Billed Lines Require Charges (Few Exceptions)	Edit will be deactivated – editing logic only applies to roster billing, which is not applicable to the EDS	11/23/2012
17295	Reject	Inpatient Claim Missing Revenue Code Or Outpatient Claim Missing Either Revenue Code Or HCPCS Code	Edit will be deactivated – editing logic only applies to roster billing, which is not applicable to the EDS	11/23/2012

10.2 EDIPPS 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 will communicate the prevention and resolution strategies using a phased approach. Table 14 outlines Phase 1 of the prevention and resolution strategies for Institutional edits most frequently generated on the MAO-002 reports.

TABLE 14 – EDIPPS EDITS PREVENTION AND RESOLUTION STRATEGIES

FREQUENTLY GENERATED EDIPPS EDITS			
Error Code #	**Error Code Description**	**Error Code Disposition**	**Comprehensive Resolution/Prevention**
00011	From or To Date of Service Missing in the Claim – Header or Line	Reject	Encounter header and line levels must include the "from" and "through" DOS (procedure or service start date).
Scenario: Chloe Pooh was admitted to Regional Port Hospital on 10/21/2012 for a turbinectomy and was released on 10/22/2012. 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 10/22/2012.			
17310	Surgical Revenue code 036X Requires Surgical Procedure Code	Reject	Revenue Code 036X was submitted without the required Surgical CPT/HCPCS code. Submitter must provide the appropriate CPT/HCPCS code associated with this Revenue Code.
Scenario: Life and Health Associates submitted an encounter for Dr. Joshua Canterbury, who performed a prostate cryosurgery on 5/15/2012. The encounter reported the Revenue Code of 036X, but did not include CPT code 55873.			
17407	Procedure – HCPCS Modifier Without HCPCS Code	Reject	A service line was submitted with a HCPCS modifier, but not the required HCPCS code. Submitter should verify that the codes/ modifiers are accurate.
Scenario: Dr. Whitty submitted the HCPCS modifier code 25- Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Day of a Procedure, without the appropriate level of E&M service.			
17735	Modifier – Not Within Effective Date	Reject	This modifier is not active for the DOS reported. Submitter must verify that the modifiers reported are valid and current.
Scenario: As a follow up to a postoperative surgery on 8/1/2012, Dr. Whitty submitted HCPCS modifier code 21- Prolonged evaluation and management services on 9/28/2012; however, the modifier was deactivated on 9/1/2012.			
20035	Outpatient Claim Requires Date of Service for Revenue Code 57X	Reject	Revenue Code 57X requires that DOS be reported on separate service lines for each date of service. Submitter must ensure that each service line for Revenue Code 57X includes the appropriate DOS.
Scenario: Super Nurse Health submitted a claim to Grand Plan for five (5) nursing visits during the month of August. Grand Plan submitted an encounter to the EDS with five (5) separate service lines all populated with "from" DOS of 8/2/2012 and "through" DOS of 8/30/2012. Grand Plan received an MAO-002 report with error message 20035 because each service line requires a single "from" and "through" DOS.			
20270	Admit From and Thru Dates are Same – Day Count Does Not Equal 1	Reject	Submitter has populated the Inpatient encounter with the same "from" and "through" DOS; however, the day count reported in Loop 2320 MIA15 does not equal 1. Submitter should verify that the DOS are accurate or that the day count is equal to 1.
Scenario: Nightline Hospital admitted a patient at 8 p.m. on 10/23/2012 and the patient was discharged at 2 p.m. on 10/24/2012. Dawn to Dusk Healthcare submitted the encounter with a day count of "2" for admission, although the overnight stay is considered one (1) day.			

TABLE 14 – EDIPPS EDITS PREVENTION AND RESOLUTION STRATEGIES (CONTINUED)

FREQUENTLY GENERATED EDIPPS EDITS			
Error Code #	**Error Code Description**	**Error Code Disposition**	**Comprehensive Resolution/Prevention**
20505	Accurate Ambulance HCPCS and Revenue Code Required	Reject	Submitter has populated a service line for Revenue Code 540 without the appropriate ambulance HCPCS codes and/or has submitted a unit greater than 1 for the HCPCS code. Submitter must also provide HCPCS mileage codes.
Scenario: Blue Flight Health Plan submitted an encounter for ground ambulance services with Revenue Code 540; however, the HCPCS code was not populated.			
20510	Revenue Code 540 Requires specific HCPCS Codes	Reject	Submitter has provided a HCPCS code that is not valid for submission in association with Revenue Code 540. Submitter should use an appropriate HCPCS code from the list of HCPCS codes acceptable for submission with Revenue Code 540.
Scenario: Blue Flight Health Plan submitted a ground transportation ambulance Revenue Code 540 with a HCPCS code A0021-Out of State Per Mile, which was valid for the service, but is invalid for Medicare.			
20530	ZIP Code Cannot Be 0 or Blank for Ambulance Pickup	Reject	Submitter must provide a valid nine (9)-digit ZIP code for ambulance pick-up location.
Scenario: Mystery Health Plan submits an encounter on behalf of Rush Ambulance with an ambulance service line that has the street address, city, state, and the ZIP code is indicated as "0".			
20835	Service Line Date of Service Must Be Valid and Within Header Date of Service	Reject	Submitter has reported a line level DOS that does not fall within the "from" and "through" DOS range reported on the header level of the encounter. Submitter must verify the accuracy of all DOS.
Scenario: Who Knows Hospital admitted Janet Doe on 6/1/2012 and discharged her on 6/10. Padre Care Plan submitted an inpatient encounter on behalf of Who Knows Hospital for Ms. Doe. The service line DOS were correct; however, the claim header indicated that Ms. Doe was admitted on 6/6/2012 and discharged on 6/12/2012.			
32001	Bill Type Not Implemented for Processing at This Time	Reject	Submitter has submitted an encounter for a TOS or TOB that is not currently processable by the EDS. Submitter must refrain from submitting these TOSs or TOBs until CMS provides further guidance regarding submission.
Scenario: BBD Health Plan submitted TOB 21X for a SNF encounters on 11/09/2012, prior to the implementation of SNF/HH submission.			

11.0 Submission of Proxy Data in a Limited Set of Circumstances

MAOs and other entities will be allowed to submit proxy data in a limited set of circumstances for dates of service in 2012, as identified and explained in the table below. MAOs and other entities cannot submit proxy data for any circumstances other than those listed in the table below. CMS will use this interim approach for the submission of encounter data for 2012 and will provide additional guidance for the submission of 2013 encounter data. In each circumstance where proxy information is submitted, MAOs and other entities are required to indicate in Loop 2300, NTE01='ADD', NTE02 = the reason for the use of proxy information. If there is any question about the submission of proxy encounter data and when it may be used, CMS should be contacted for clarification. CMS will provide MAOs and other entities with additional guidance concerning proxy data in the near future.

TABLE 15 – PROXY DATA

PROXY DATA	PROXY DATA MESSAGE (NTE02)
To submit encounters with 2011 Dates of Service (DOS), the "from" and "through" dates must be revised to show DOS on January 1, 2012 or later, with an exception of TOBs 11X, 18X, and 21X	DOS CLAIM CHANGE DUE TO 2011 DOS DURING EDS IMPLEMENTATION PERIOD
Rejected Line Extraction	REJECTED LINES CLAIM CHANGE DUE TO REJECTED LINE EXTRACTION
Medicaid Service Line Extraction	MEDICAID CLAIM CHANGE DUE TO MEDICAID SERVICE LINE EXTRACTION
EDS Acceptable Anesthesia Modifier	MODIFIER CLAIM CHANGE DUE TO EDS ACCEPTABLE ANESTHESIA MODIFIER
Default NPI for atypical, paper, and 4010 claims	NO NPI ON PROVIDER CLAIM
Default EIN for atypical providers	NO EIN ON PROVIDER CLAIM
Chart Review Default Procedure Codes	DEFAULT PROCEDURE CODES INCLUDED IN CHART REVIEW

12.0 EDS Acronyms

Table 16 below outlines a list of acronyms that are currently used in EDS documentation, materials, and reports distributed to MAOs and other entities. This list is not all-inclusive and should be considered a living document, as acronyms will be added as required.

TABLE 16 – 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

TABLE 16 – EDS ACRONYMS (CONTINUED)

ACRONYM	DEFINITION
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
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

TABLE 16 – EDS ACRONYMS (CONTINUED)

ACRONYM	DEFINITION
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 16 – 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
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	5/9/2012	Release 5
8.0	6/22/2012	Release 6
9.0	8/31/2012	Release 7
10.0	9/26/2012	**Release 8**
11.0	10/24/2012	**Section 8.0 – added "4 modifiers" to validation check for duplicate logic**
11.0	10/24/2012	**Section 10.1 – Added EDIPPS Error Code Implementation Dates table**
11.0	10/24/2012	**Section 10.2 – Added EDIPPS Prevention and Resolution Strategies**
11.0	10/24/2012	**Section 12.0 – Added EDS Acronyms list**