

NGSMedicare University Virtual Conference

Medicare 2021

A Journey to a Healthier Future and Partnership

Explanation of Part A Top Ten Edit Reports

5/11/2021



Today's Presenter

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Agenda

- EDI Top Ten Edits
- EDI Front End Rejection Lookup Tool
- Resources

Quarterly Top Ten EDI Edits

- NGS EDI has an important reminder to share regarding our process of listing the Top Ten edits providers receive after each quarterly implementation
 - January, April, July, October
- An ideal way of ensuring awareness of any new edit rejections in first 30 days after implementation of release
 - Reports typically produced and added to website February, May, August, November
- Part A and Part B each has own list generated

Where is the Top Ten Edit List Located?

- [NGS website](#)
 - Claims & Appeals > EDI Solutions > Technical Guides and Information > Quarterly Top Ten Institutional EDI Edits

January 2021 Top Ten Edits

- Quarterly Top Ten Institutional EDI Edits for January 2021
 - NGS EDI has identified the following the top ten edits that were received during January 2021 on the 277CA (Claim Acknowledgement) for 5010A1 formatted claims
 - The edit, its description, the edit logic and the claim status codes are provided

January Top Ten Edits

Edit	Description/Logic	How to Correct/Avoid
X223.084.2010AA.NM109.050	<p>A8:496:85</p> <p>Billing providers NPI is not associated with the submitter ID number. The trading partner/submitter ID is not authorized to submit claims for the provider.</p> <p>2010AA.NM109 billing provider must be “associated” to the submitter (from a trading partner management perspective) in 1000A.NM109.</p>	The provider must be enrolled with EDI for claims submission by this submitter.
X223.090.2010AA.REF02.050	<p>A8:562:128:85</p> <p>Billing provider secondary reference ID (tax ID) must be associated with the billing provider reference ID number.</p> <p>2010AA.REF must be associated with the provider identified in 2010AA.NM109.</p>	The tax ID must be the tax ID submitted on the 855 form when enrolling the provider with Medicare.

January Top Ten Edits

Edit	Description/Logic	How to Correct/Avoid
X223.112.2010BA.NM109.020	<p>A7:164:IL Invalid subscriber ID MBI must be valid format of 11 positions with CA AN N A AN N A A N N where C is a constrained numeric 1–9 A is alpha character A–Z excluding S L O I B Z N is numeric 0–9 AN represent A or N.</p> <p>2010BA.NM109 must be 7–12 positions in the format of: ANNNNNN AANNNNNN AAANNNNNN NNNNNNNNNA ANNNNNNNNN AANNNNNNNNN NNNNNNNNNAA NNNNNNNNNAN or AAANNNNNNNNN where A represents an alpha character and N represents a numeric digit.</p> <p>If MBI: 2010BA.NM109 must be 11 positions in the format of C A AN N A AN N A A N N where C represents a constrained numeric 1 through 9, A represents alphabetic character A–Z but excluding S, L, O, I, B, Z, N represents numeric 0 through 9 and AN represents either A or N.</p>	<p>Verify that the HIC or MBI billed is valid as it appears on the beneficiary's Medicare ID card.</p>

January Top Ten Edits

Edit	Description/Logic	How to Correct/Avoid
X223112.2010BA.NM109.040	<p>A7:164:IL</p> <p>The Subscriber Number must be a valid MBI (with a few exceptions) based on the claim Receipt date (submission date).</p> <p>If the HIC/MBI format is valid, and 2300 CLM05-1 is not = 11X, 32X or 41X OR 2300 CLM05-3 is not = 7, 8 or Q, then 2010BA.NM109 must be a valid HICN prior to the MBI transition start date, must be a valid HICN or valid MBI on or after the MBI transition start date, must be a valid MBI after the MBI transition end date based on the date in the +RC DTP segment.</p>	Verify that you are submitting an MBI.
X223.354.2320.SBR09.020	<p>A7:480:PR</p> <p>Other Subscriber Claim Filing Indicator Code must not be Medicare Part A (MA) or Medicare Part B (MB).</p> <p>2320.SBR09 must not be = "MA" or "MB."</p>	Ensure that that the Claim Filing indicator is MA for Part A claims.

January Top Ten Edits

Edit	Description/Logic	How to Correct/Avoid
X223.423.2400.LX01.030	A3:121 Service Line must be > 0 and <= 449. 2400.LX01 must be > 0 and <= 449.	Do not submit more than 449 service lines on a claim.
X223.424.2400.SV202-2.020	A7:507 Service Line Product or Service ID must be a valid HCPCS Code. When 2400.SV202-1 = HC, 2400.SV202-2 must be a valid HCPCS code.	Verify the HCPCS code is valid.
X223.424.2400.SV202-7.025	A8:306 Procedure code sent requires a description/additional information. This description field is different than the general narrative (NTE) field. 2400.SV202-7 must be present when 2400.SV202-2 contains a nonspecific procedure code.	Include a detailed description for the NOC code that is being billed. This is the service line description field.

January Top Ten Edits

Edit	Description/Logic	How to Correct/Avoid
X999.DUPE	A8:746:40 Rejected due to duplicate STSE submission. X223.489 – X223.067 ST - SE cannot be a duplicate submission.	ST – SE cannot be a duplicate submission.
X223.433.2400.DTP03.040	A7: 510:187 Service Line Date must not be a future date except when TOB is 0322 allow for future date. 2400.DTP03 can only be a future date for TOB 0322.	The Service Date Must Not Be A Future Date. TOB 0322 is the only exception.

Resources for Claim Corrections

- **5010 Implementation Guides**
 - ASC X12 offers HIPAA 5010 implementation guides in various formats (downloadable PDF, PDF on CD, bound books and table data) through its online store
- **Companion Document for 5010 Transactions**
 - The standard companion guide trading partner information which provides instructions related to transactions based on ASC X12 Implementation Guides, version 005010
 - Companion Guides: Claims & Appeals > EDI Solutions > Technical Guides and Information
- **Washington Publishing Company**
 - Website offers a complete listing of all Medicare-related 5010 code sets as well as an array of reference publications and resources

EDI Front End Rejection Code Lookup Tool

- [NGS Website](#)
 - Claims & Appeals > EDI Solutions > EDI Front End Rejection Code Lookup Tool
- Same information as provided in top ten edit list
- Contains information on other edits associated with same rejection codes

EDI Front End Rejection Code Lookup Tool

EDI FRONT END REJECTION CODE LOOKUP TOOL

CSCC

A7(Rejected - Invalid Information) ▼ *

CSC

164 *

CSC

CSC

EIC

IL(Subscriber) ▼

*Required

Search

Reset

EDI Front End Rejection Code Lookup Tool

EDIT Code	CSCC	CSC	CSC	CSC	EIC	DESCRIPTION
X223.112.2010BA.NM109.020	A7	164			IL	Invalid subscriber ID, MBI must be valid format of 11 positions with CA AN N A AN N A A N N where "C" is a constrained numeric 1-9,"A" is alpha character A-Z excluding S,L,O,I,B,Z "N" is numeric 0-9 "AN" represent "A" or "N"
X223.112.2010BA.NM109.040	A7	164			IL	If Serv Loc Fac Code is not = 11X, 32X or 41X. Or Claim Freq Type is not = 7, 8 or Q, Subscriber ID must be valid HICN or MBI based on submission date
X223.150.2300.DTP03.040	A7	164	188		IL	If Serv Loc Fac Code is = 11X, 32X or 41X, and Claim Frequency Type Code is not = 7, 8 or Q, Subscriber Number must be a valid MBI when the first date in Claim Statement Dates, is greater than the MBI transition end date

EDI Help Desk

- Toll Free Numbers
 - JK: 888-379-9132
 - J6: 877-273-4334
- Email Inquiry Form
 - Located under list of Top Ten Edits

Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?

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