NGSMedicare University Virtual Conference

Medicare 2021
A Journey to a Healthier Future and Partnership

Explanation of Part B Top Ten Edit Reports

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Today's Presenter

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Agenda

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

Where is the Top Ten Edit List Located?

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

January 2021 Top Ten Edits

- Quarterly Top Ten Professional EDI Edits for January 2021

  - NGS EDI has identified the following the top ten edits that were received during October 2020 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	How to Correct/Avoid
X222.087.2010AA.NM109.030	A7:562:85 **Logic:** Billing provider identifier must be a valid NPI. 2010AA.NM109 must be a valid NPI on the crosswalk when evaluated with 1000B.NM109.	Verify that the billing provider identifier is a valid NPI on the crosswalk found on our website.
X222.087.2010AA.NM109.050	A8:496:85 **Logic:** The 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. If this error is received, the provider must complete and sign the appropriate form on the EDI website and return to EDI enrollment for processing. 2010AA.NM109 billing provider must be "associated" to the submitter (from a trading partner management perspective) in 1000A.NM109.	Verify the billing provider NPI is registered with the submitter ID prior to submitting claims.

January Top Ten Edits

Edit	Description	How to Correct/Avoid
X222.094.2010AA.REF02.050	**A8:562:128:85** **LOGIC:** Billing provider tax identification number must be associated with the billing providers' NPI. 2010AA.REF02 must be associated with the provider identified in 2010AA.NM109.	The Tax ID must be the Tax ID submitted on the 855 form when enrolling the provider with Medicare..
X222.121.2010BA.NM109.020	**A7:164:IL** **LOGIC:** Invalid subscriber Medicare ID. HICN/MBI must be valid format. MBI format is 11 positions with CA AN N A AN N A A N N where C is a constrained numeric 1 through 9, A is alpha character A–Z excluding S, L, O, I, B, Z, N is numeric 0–9, AN represent A or N. If Medicare HICN: 2010BA.NM109 must be 10–11 positions in the format of NNNNNNNNNA or NNNNNNNNNAA or NNNNNNNNNAN where "A" represents an alpha character and "N" represents a numeric digit. Or 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 thru 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.	Verify that the HIC or MBI billed is valid as it appears on the beneficiary's Medicare ID card.

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January Top Ten Edits

Edit	Description	How to Correct/Avoid
X222.121.2010BA.NM109.030	**A7:164:IL** **LOGIC** The subscriber number must be a valid MBI (with a few exceptions) based on the claim receipt date (submission date). If the HIC/MBI format is valid, 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.	Verify the date of submission for MBI.

January Top Ten Edits

Edit	Description	How to Correct/Avoid
X222.196.2300.REF.010	**A7:732:464** **LOGIC** Payer claim control number with qualifier of F8 must not be present. 2300.REF with REF01 = F8 must not be present.	Verify that the claim being submitted is an original claim.
X222.262.2310B.NM109.030	**A7:562:82** **LOGIC** Rendering provider ID must be a valid NPI. 2310B.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109, except when 2300.REF with REF01 = P4 and REF02 = 82.	Verify the rendering provider NPI matches what is registered in PECOS.
X222.351.2400.SV101-2.020	**A7:507** The procedure code must be a valid HCPCS code for the service date. **LOGIC:** When 2400.SV101-1 = HC, 2400.SV101-2 must be a valid HCPCS Code on the date in 2400.DTP03 when DTP01 = 472.	Verify that the HCPCS code is valid on the date the service was performed.

January Top Ten Edits

Edit	Description	How to Correct/Avoid
X222.157.2300.CLM05-3.020	**A7:535** **LOGIC** Claim Frequency Code must be 1. 2300.CLM05-3 must be 1.	Medicare Part B only accepts original claims.
DUPLICATE CLAIM FOUND	**A3:78** **LOGIC** Duplicate of an existing claim which is awaiting processing. EDI determined that this claim was previously submitted.	Ensure that appropriate processes are in place internally and with any third-party submitters to avoid the resubmission of previously submitted claims.

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

- To view easy to understand descriptions associated with the reject code(s) returned on the Status Information Segment (STC) of the version 5010 277CA (Claim Acknowledgement), enter the following code information in the appropriate form field then select **Submit**

- **STC*A7:164:IL**

- Examples

  - **A7 = CSCC** – Claim Status Category Code (required): This code indicates the general category of the status (e.g., accepted, rejected, additional information requested), which is further detailed in the CSC element

  - **164 = CSC** – Claim Status Code (required): This code conveys the status of an entire claim or a specific service line

  - **IL = EIC** – Entity Identifier Code (when applicable): These are unique codes used to identify an entity (e.g., organization, facility, provider, physical location, individual)

- *Note: This edit tool is for Part B specific edit descriptions only. If you are trying to view Part A edit explanations, please return to the NGS home page (click on the NGS logo) and sign in as a Guest, using 'I am a Part A Provider' and follow the prompts*

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EDI Front End Rejection Code Lookup Tool

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

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Thank You!

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

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