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MEANINGFUL • INFORMATIVE • SIMPLIFIED EDUCATION



NGS Medicare Virtual Conference

Fall 2021

Electronic Data Interchange: Part A Top Ten Edits

11/9/2021





Today's Presenter

- Paul Root
 - EDI/POE Business Analyst

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 - This applies to our webinars, teleconferences, live events and any other type of National Government Services educational events

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Objectives

- Provide awareness of the resources and tools available for facilitating understanding of claim rejections in the EDI Gateway

Agenda

- New EDI Web Page
- Explanation and Location of Top Ten CEM Edits
- Explanation of Available Resources for Claim Corrections
- EDI Front End Rejection Code Lookup Tool

Where Is The New EDI Solutions Web Page Located?

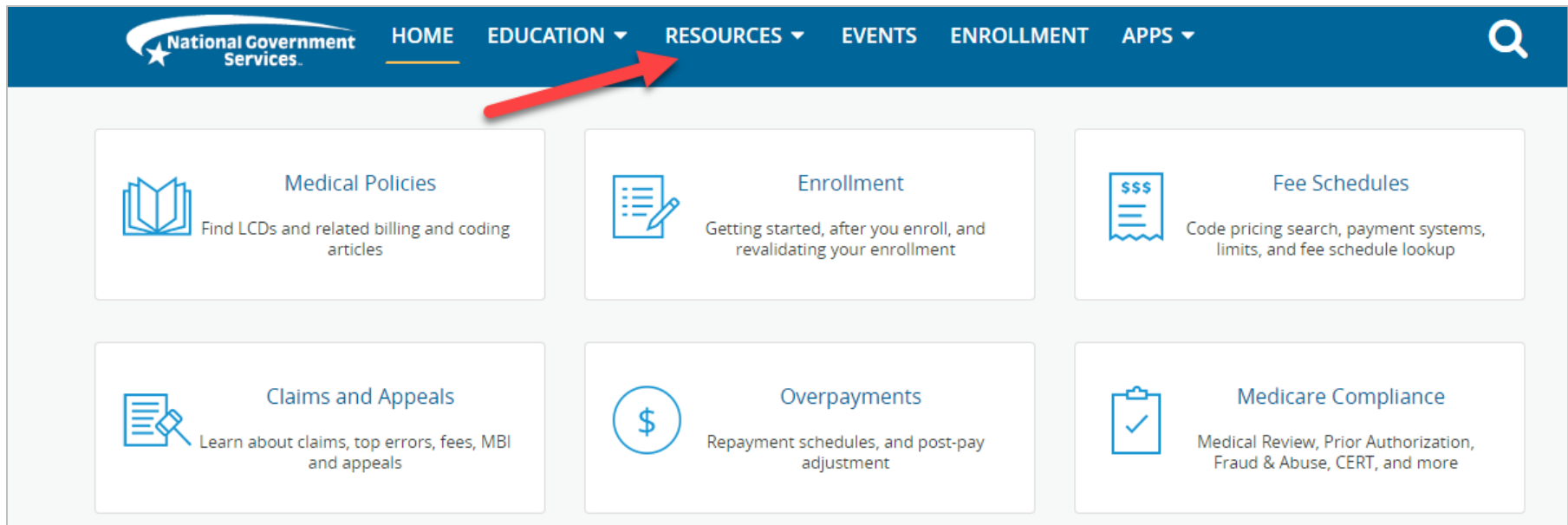
- [NGS website](#)
 - The new and improved NGS Medicare website launched on 8/23/2021
 - Here is where you'll find the EDI Solutions web page
 - Log into NGS Medicare.com > read and accept the Attestation > Access NGS Medicare
 - Select your Line of Business and State from the dropdown boxes
 - Select “Resources” > “EDI Solutions”

Top Ten EDI Edits July 2021

- National Government Services EDI has identified the following Top Ten Claim Edit Module (CEM) edits that were received during July 2021 on the 277CA (Claims Acknowledgement) report for 837I 5010A1 formatted claims. The edit, its description, the edit logic and the Technical Report Type 3 (837I Implementation Guide) edit reference are provided below.

Where Is The Top Ten Edit List Located?

- From the Home Page, select Resources, then select EDI Solutions



The screenshot shows the top navigation bar of the National Government Services website. The navigation menu includes: HOME, EDUCATION, RESOURCES, EVENTS, ENROLLMENT, and APPS. A red arrow points to the RESOURCES menu item. Below the navigation bar, there are six main content tiles arranged in a 2x3 grid:

- Medical Policies**: Find LCDs and related billing and coding articles. (Icon: Open book)
- Enrollment**: Getting started, after you enroll, and revalidating your enrollment. (Icon: Document with pencil)
- Fee Schedules**: Code pricing search, payment systems, limits, and fee schedule lookup. (Icon: Document with \$\$\$)
- Claims and Appeals**: Learn about claims, top errors, fees, MBI and appeals. (Icon: Document with magnifying glass)
- Overpayments**: Repayment schedules, and post-pay adjustment. (Icon: Dollar sign in a circle)
- Medicare Compliance**: Medical Review, Prior Authorization, Fraud & Abuse, CERT, and more. (Icon: Clipboard with checkmark)

National Government Services | HOME | EDUCATION ▾ | **RESOURCES ▾** | EVENTS | ENROLLMENT | APPS ▾

VIEW ALL RESOURCES

- Claims and Appeals
- EDI Enrollment
- Forms
- Medicare Compliance
- Overpayments
- Tools & Calculators
- Contact Us
- EDI Solutions
- Medical Policies
- NGSConnex
- Production Alerts

Medical Policies: Find LCDs and related bulletins and articles.

Claims and Appeals: Learn about claims, top errors, recovery, and appeals.

Fee Schedules: Pricing search, permits, and fee schedules.

Medicare Coverage: Medical Review, Prior Authorization, and Fraud & Abuse. CFI

About Electronic Data Interchange (EDI) ^

EDI and How it Works

Benefits of EDI and Real Time Claim Status

275 Electronic Attachment v

835 Electronic Remittance Transaction (ERA) v

277 Electronic Request For Additional Information (RFI) v

Standard Companion Guides v

Reset My EDI Password v

EDI Software PC-ACE v

EDI Software Medicare Remit Easy Print MREP v

Technical Guides and Information v

Network Service Vendors v

EDI Related Articles v

Monthly Top Ten Professional EDI Edits v

EDI and How it Works

EDI is an electronic communication method that enables fast, accurate and reliable exchange of data between the computer systems of organizations that do business together by using the same standardized message formatting, without the need for human intervention.

Our providers communicate with NGS using one of our approved NVA's through SETP Gateway for all approved transactions or directly through our Internet Gateway for the 276/277 and 835 transactions.

To enroll access EDI Enrollment section under Claims & Appeals.

Additional information on various EDI Solutions can be accessed on the left hand menu.

Helpful Resources

[EDI Front End Rejection Code Lookup Tool](#)

[Reset My EDI Password](#)

Contact the EDI Help Desk

888-379-9132

Available by phone or email Monday-Friday*

8:00 a.m.-4:00 p.m. ET

8:00 a.m.-4:00 p.m. CT

* Closed for training on the 2nd and 4th Friday of the month.

12:00 p.m.-4:00 p.m. ET

11:00 a.m.-3:00 p.m. CT

Form(s) you'll need:

[EDI Email Inquiry Form](#)

Top Ten EDI Edits July 2021

Edit	Status Information Segment (STC) Description	How to Correct/Avoid
X999.DUPE Logic	N/A Rejected due to duplicate ST/SE.	ST/SE cannot be a duplicate submission.
X223.090.2010AA.REF02.050 Logic	A8:562:128:85 Billing Provider Secondary Reference ID must be associated with the Billing Provider Reference ID number. 2010AA.REF 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.
X223.424.2400.SV201.020	A7: 455: "Acknowledgement /Rejected for Invalid Information..." 2400.SV201 must be a valid revenue code.	Revenue code must be valid.

Top Ten EDI Edits July 2021

Edit	Status Information Segment (STC) Description	How to Correct/Avoid
X223.084.2010AA.NM109.050 Logic	A8:496:85 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. 2010AA.NM109 billing provider must be “associated” to the submitter (from a trading partner management perspective) in 1000A.NM109.	The provider must be enrolled with EDI for claims submission by this submitter.
INVALID PRINCIPAL DIAGNOSIS Logic	A7:254 Claim must not be submitted with a Dental diagnosis code as the Principal diagnosis code.	If the submission is to obtain a denial from Medicare, the 277CA report can be submitted to the secondary payer.
X223.354.2320.SBR09.020 Logic	A7:480:PR Other subscriber claim filing indicator code must not be Medicare Part A (MA) or Medicare Part B (MB). 2320.SBR09 must not be = “MA” or “MB.”	Ensure that that the claim filing indicator is MA for Part A claims.

Top Ten EDI Edits July 2021

Edit	Status Information Segment (STC) Description	How to Correct/Avoid
<p>X223.112.2010BA.NM10 9.020</p> <p>Logic</p>	<p>A7:164:IL</p> <p>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>

Top Ten EDI Edits July 2021

Edit	Status Information Segment (STC) Description	How to Correct/Avoid
X223.112.2010BA.NM109.040 Logic	<p>A7:164:IL</p> <p>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.</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>	<p>Verify that you are submitting an MBI.</p>

Top Ten EDI Edits July 2021

Edit	Status Information Segment (STC) Description	How to Correct/Avoid
X223.143.2300.CLM05-1.020	Facility Type Code must be a valid Uniform Bill Type Code.	Facility Type Code must be the 1st and 2nd positions of a valid Uniform Bill Type Code.
X223.423.2400.LX01.030 Logic	A3:121 Service Line must be > 0 and <= 449. Service Line must be > 0 and <= 449.	Do not submit more than 449 service lines on a claim.

For more information regarding the 5010A1 front-end edits, please contact the EDI Help Desk by email by using the [EDI E-Mail Inquiry Form](#).

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
 - [NGS Website](#) > Resources (dropdown) > Standard Companion Guides (left side of screen)

Companion Documents for 5010 Transactions

- 277 Request Additional Information Companion Guide
- NGS 275/HL7 Claim Attachment Companion Guide
- Standard Companion Guide Health Care Claim Payment Advice (835)
- Standard Companion Guide Health Care Claim Professional (837I)
- Standard Companion Guide Health Care Claim Status Request and Response

EDI Front End Rejection Code Lookup Tool

- [NGS Website](#)
 - Resources (dropdown) > EDI Solutions > EDI Front End Rejection Code Lookup Tool (under Helpful Resources on right side of screen)
- Same information as provided in top ten edit list
- Contains information on other edits associated with same rejection codes in the Status Information Segment (STC)

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 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)

EDI Front End Rejection Code Lookup Tool

EDI FRONT END REJECTION CODE LOOKUP TOOL

CSCC *
CSC *
CSC
CSC
EIC

*Required

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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