



NGS Medicare Virtual Conference Fall 2021

Electronic Data Interchange: Part B Top Ten Edits

11/10/2021





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 NGSMedicare website launched on 8/23/2021
- Here is where you'll find the EDI Solutions web page
- Log into NGSMedicare.com > read and accept the Attestation > Access NGS Medicare
- Select your Line of Business and State from the dropdown boxes
- Select "Resources" > "EDI Solutions"





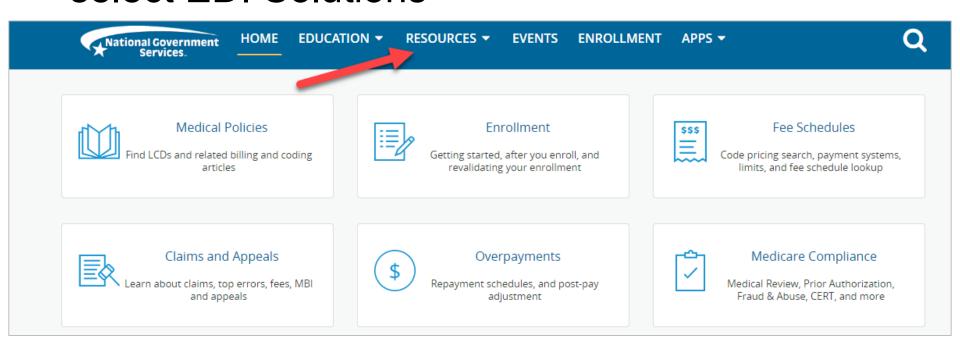
 National Government Services EDI has identified the following Top Ten Claim Edit Module (CEM) edits that were received during July 2021 on the 277CA (Claims Acknowledgement) report for 837I 5010A1 formatted claims. The edit, its description, the edit logic and the Technical Report Type 3 (837) Implementation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





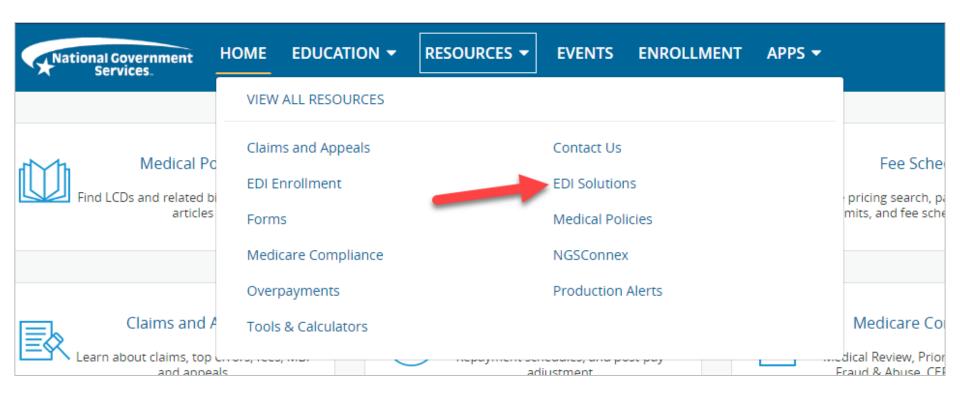
Where Is The Top Ten Edit List Located?

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



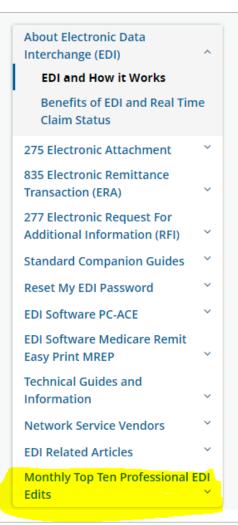












EDI and How it Works

<u>EDI</u> 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 <u>NGS</u> using one of our approved <u>NSVs</u> through <u>SETP</u> 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





Edit	Status Information Segment (STC)	How to Correct/Avoid	
Euit	Description	now to Correct/Avoid	
DUPLICATE CLAIM FOUND Logic	A3:78 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.	
X222.087.2010AA.NM109.050 Logic	A8:496:85 The billing providers' NPI is not associated with the Submitter ID number. The Trading Partner/Submitter ID is not authorized to submit claims for this provider. 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.	





	Status Information Segment (STC)	How to	
Edit	Description	Correct/Avoid	
X222.262.2310B.NM109.030	A7:562:82	The provider must be enrolled with EDI for	
	Rendering provider ID must be a valid NPI.	claims submission by this submitter.	
Logic	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.	tino submittor.	
X222.121.2010BA.NM109.020	A7:164:IL	If the submission is to obtain a denial from	
Logic	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.	Medicare, the 277CA report can be submitted to the secondary payer.	
	If Medicare HICN: 010BA.NM109 must be 10–11 positions in the format of NNNNNNNNA or NNNNNNNNNAA or NNNNNNNNNNN		





Edit	Status Information Segment (STC) Description	How to Correct/Avoid
X222.262.2310B.NM109.030 Logic	A7:562:82 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.	Ensure that that the claim filing indicator is MA for Part A claims.
X222.121.2010BA.NM109.30 Logic	A7:164:IL If the HIC/MBI format is valid, subscriber number must be a valid HICN or MBI based on the claim receipt date (submission date). If the HIC/MBI format is valid, subscriber number must be a valid HICN or MBI based on the claim receipt date (submission date).	Verify the date of submission for MBI.
X222.094.2010AA.REF02.050 Logic	A8:562:128:85 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.





Edit	Status Information Segment (STC) Description	How to Correct/Avoid
X222.087.210AA.NM109.030 Logic	A7:562:85 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.
X222.351.2400.SV101-2.020 Logic	A7:507 The procedure code must be a valid HCPCS code for the service date. 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.





Edit	Status Information Segment (STC) Description	How to Correct/Avoid
X222.196.2300.REF.010 Logic	A7:732:464 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.
X222.157.2300.CLM05-3.020 Logic	A7:535 2300.CLM05-3 must be "1".	Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type Claim Frequency Code must be 1. Medicare Part B only accepts original claims

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(837P)
- Standard Companion Guide Health Care Claim Status Request and Response





- 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)

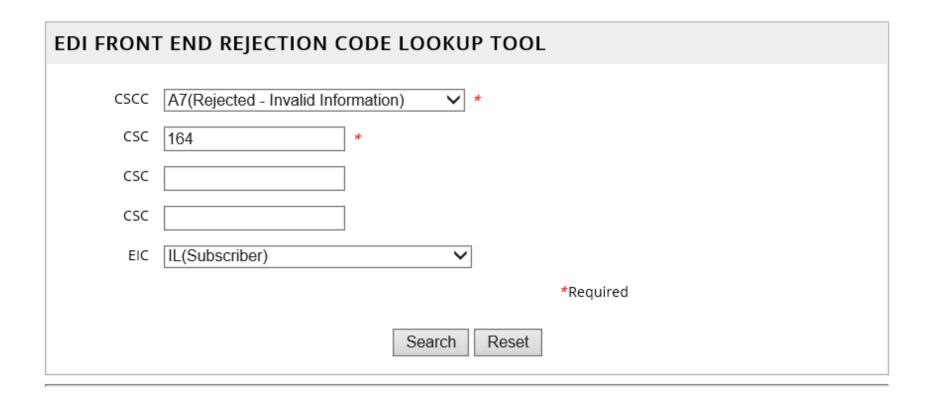




- To view easy to understand descriptions associated with the reject code(s) returned on the Status Information Segment of the version 5010 277CA (Claim Acknowledgement), enter the following code information in the appropriate form field then select **Submit**
- STC*A7:164:IL
- Examples
 - A7 = CSCC 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)











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?





