CEDI 5010A1 Front End Acknowledgements and Reports Manual

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Overview

National Government Services, Inc. is the Common Electronic Data Interchange (CEDI) for Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) electronic transactions. CEDI creates a Transaction Response (TRN) Report as well as the Health Insurance Portability & Accountability Act (HIPAA) X12 5010A1 999, TA1 Interchange Acknowledgement and 277 Claims Acknowledgement (277CA) for transactions received from CEDI Trading Partners.

An additional electronic report specific to the DME Certificate of Necessity/DME Information Form (CMN/DIF) rejections is created by the DME MAC Jurisdictions and delivered to CEDI Trading Partners.

This manual provides a description of the files and reports returned by CEDI, instructions on what to do when the file is received and examples of the files.

The following files are included in this manual:

- TRN Report
- 999 Acknowledgment File
- TA1 Transaction Acknowledgment
- 277CA File
- DME MAC CMN/DIF Reject Report

List of CEDI Acronyms

ACRONYM	DESCRIPTION
CCN	Claim Control Number Number assigned to claims accepted by CEDI to be used to track claims processed by the DME MACs *Also referred to as internal control number (ICN)
CEDI	Common Electronic Data Interchange
CMN	Certificate of Medical Necessity A certificate to support the need of a DME item
CMS	Centers for Medicare & Medicaid Services
DIF	DME Information Form A form to support the need of a DME item
DME	Durable Medical Equipment Medical equipment used at the patient's place of residence contributing to a better quality of life and can be used over an extended period of time
DME MAC	Durable Medical Equipment Medicare Administrative Contractor
DMEPOS	Durable Medical Equipment, Prosthetics, Orthotics, and Supplies
EDI	Electronic Data Interchange
HCPCS	Healthcare Common Procedure Coding System
HICN (HIC)	Health Insurance Claim number NOTE: Effective January 1, 2020, the HICN cannot be submitted on claims. The MBI must be submitted as the beneficiary ID.
HIPAA	Health Insurance Portability and Accountability Act Requires the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans, and employers
ICN	Internal Control Number *Also known as the claim control number (CCN) and returned on the 277CA produced by CEDI

ACRONYM	DESCRIPTION
MAC	Medicare Administrative Contractor
MBI	Medicare Beneficiary Identifier NOTE: Effective January 1, 2020, only the MBI can be submitted as the beneficiary identifier.
NPEAST	National Provider Enrollment Eastern Region Assigns the unique Medicare DMPOS PTAN for suppliers in the eastern region
NPI	National Provider Identifier
NPWEST	National Provider Enrollment Western Region Assigns the unique Medicare DMPOS PTAN for suppliers in the western region
PTAN	Provider Transaction Access Number Unique supplier number assigned by the NPEAST or NPWEST
TA1	X12 Interchange Acknowledgement
TP	Trading Partner Submitter who exchanges electronic transactions with CEDI; Also referred to as a submitter or sender
TP ID	Trading Partner Identifier Unique identifier used by the Trading Partner (submitter/sender) assigned by CEDI
TRN	Transaction Acknowledgement Report A validation report showing a valid file has been received by CEDI for processing
X12	X12 Standards Development Committee / X12 Standard Format

CEDI Acronyms are listed for reference in the Overview at the beginning of the document.

TRN Report

The TRN Report validates the number of ISA-IEA transactions within a single transmission as well as Trading Partner authorization for submission of the transactions. This is a paired report with the X12 TA1 interchange acknowledgment. If a file rejects on the TRN, it will also be rejected on the TA1. If a file is accepted on the TRN, it will also be accepted on the TA1.

Report name: The report name begins with “TRN” and is followed by the file name and sequence number.

Timeframe: The TRN report is typically delivered immediately back to the Trading Partner. If the TRN is not received within two hours, contact the Common Electronic Data Interchange (CEDI) Help Desk at 1-866-311-9184.

How to read the TRN Report

- Files **accepted** at the TRN level will show the message

  “***No input validation problems***subsequent reports to follow***”
- Files **rejected** at the TRN level will not display the message shown below.
  - Contact your software vendor and provide the error code and description received
  - Correct the file and resubmit

Accepted TRN Report Example

Transaction Acknowledgement

Time Stamp = 20080328152700
File Name = Ansi1.Dat
Trading Partner Id = B08111111
Original Filesize = 2519

No input validation problemssubsequent reports to follow***

This message indicates the file was accepted at the TRN level

1 envelope processed out of 1 identified

Field	Description
Time Stamp	The date and time this report was produced
File Name	The file name used by the Trading Partner to upload the file to the CEDI Gateway
Trading Partner ID	The Trading Partner’s alpha/numeric ID assigned by CEDI
Original Filesize	The original size of the file in bytes, the file size must be greater than zero

999 Acknowledgement File

The X12 999 acknowledgement file reflects the syntactical compliance of the received X12 transaction with the transaction standard. The layout of this transaction can be found in the *X12 999 v5010 Technical Report 3*. The following is provided as a reference for determining the status of the file submitted.

999 Acknowledgement File Name: The file name is

"999.filename_00001.datetime.sequencenumber" if accepted and

"999.filename.datetime.sequencenumber_00001" if rejected

- where date is the system date when the 999 was generated (in format CCYYMMDD)
- where time is the system time when the 999 was generated (in format HHMMSS)

Timeframe: The 999 is typically delivered immediately back to the Trading Partner. If the 999 is not received within two hours, contact the Common Electronic Data Interchange (CEDI) Help Desk at 1-866-311-9184.

What to do when a 999 Acknowledgement File is Received

- Determine if the file is accepted or rejected. The key values in the 999 transaction are found in the data elements of the IK5 and AK9 segments: (See example reports on the following page.)
  - IK5* = 'A' (Accepted), 'R' (Rejected) or 'E' (Accepted with Errors)
  - AK9* = 'A' (Accepted), 'R' (Rejected), 'P' (Partial Rejection), or 'E' (Accepted with Errors)
- If a Rejection or Partial Rejection is received on the 999:
  - Contact your software vendor and provide the information in the IK3, CTX and IK4 segments if the information is available
  - Correct the file and resubmit
  - Partial 999 rejections and 999s with an accepted with error status will still populate IK3 segments for claims which did not pass these checks and will create a 277CA with the accepted claims and the claims with warnings.
  - Rejected claims on the 999 will not be included on the 277CA file and will **not** be delivered to a DME MAC Jurisdiction. It is the Trading Partner's responsibility to monitor the 999 for rejections, correct the rejections and resubmit to CEDI.

Example of an Accepted 999 acknowledgement file

```
ISA*00*          *00*          *ZZ*19003          *ZZ*B08000000
*110513*1126*^*00501*133101468*0*P*:~
GS*FA*PCACEV3.0*B08000000*20110513*1126*133101510*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*HC*1001*005010X222A1~
AK2*837*000000001*005010X222A1~
IK5*A~
AK9*A*1*1*1~
SE*4*0001~
GE*1*133101510~
IEA*1*133101468~
```

A = Accepted
Check IK5 and AK9

Example of a Rejected 999 acknowledgement file

```
ISA*00*          *00*          *ZZ*19003          *ZZ*B08000000
*110523*1036*^*00501*143101596*0*P*:~
GS*FA*PCACEV3.0*B08000000*20110523*1036*143101648*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*HC*1001*005010X222A1~
AK2*837*000000001*005010X222A1~
IK3*SV1*29*2400*8~
CTX*CLM01:BENE1~
IK4*1:2*234*1~
IK5*R*5~
AK9*R*1*1*0~
SE*9*0001~
GE*1*143101648~
IEA*1*143101596~
```

Error information is located in the IK3 and IK4 segments if available for the type of error received. The CTX identifies the patient's PCN (patient control number) for the claim in error.

R = Rejected
Check IK5 and AK9

277 Claim Acknowledgement (277CA) File

The 277Claim Acknowledgement (277CA) explains the status of a Trading Partner's X12 837 Professional claims file (837P). Edits for electronic data interchange (EDI) enrollment, implementation edits, and business level edits will be reflected in the 277CA. The layout of this transaction can be found in the *X12 277 Health Care Claim Acknowledgment v5010 Technical Report 3*.

File Name: The file name is "277CA.filename_00001.datetime.sequencenumber"

- where date is the system date when the 277CA was generated (in format CCYYMMDD)
- where time is the system time when the 277CA was generated (in form HHMMSS)

Timeframe: The 277CA is typically delivered back to the Trading Partner within 30 minutes; however, the size of the claims file will determine how long it takes to produce the 277CA. If the 277CA is not received within four hours, contact the CEDI Help Desk at 1-866-311-9184.

Claims which are rejected on the 277CA will **not** be delivered to a DME MAC Jurisdiction. It is the Trading Partner's responsibility to monitor the 277CA for rejected claims, correct the claims, and resubmit them to CEDI.

Claims accepted on the 277CA will be assigned a claim control number (CCN) – reported on the 277CA – and delivered to the appropriate DME MAC Jurisdiction based on the beneficiary's state code submitted on the claim.

Note: Chapter 5 has information for the CMN Reject Report (RPT) generated by the DME MACs and returned to Trading Partners through CEDI.

277CA – Claim Acknowledgement Example

```
NM1*41*2*SUBMITTERNAME*****46*B08000000~
TRN*2*000001~
STC*A1:19:PR*20110506*WQ*1418~
QTY*90*1~
QTY*AA*1~
AMT*YU*1065~
AMT*YY*353~
HL*3*2*19*1~
NM1*85*2*BILLINGPROVIDER*****XX*1234567891~
TRN*1*0~
STC*A1:19:85**WQ*1418~
QTY*QA*1~
QTY*QC*1~
AMT*YU*1065~
AMT*YY*353~
HL*4*3*PT~
NM1*QC*1*PATIENT*BENE****MI*1EG4TE5MK73~
TRN*2*BENE1~
STC*A1:19:QC*20110506*WQ*1065~
REF*1K*1900311129800002000~
DTP*472*RD8*20110201-20110501~
HL*5*3*PT~
NM1*QC*1*BENEFICIARY*PATIENT****MI*1EG4TE5MK73~
TRN*2*BENE2~
STC*A3:247*20110506*U*275~
DTP*472*RD8*20110416-20110516~
SVC*HC:V2020:RT*75*****1~
STC*A7:510**U*******A7:187~
REF*FJ*002H000000000205052011~
DTP*472*D8*20110516~
```

QTY*90 = Total Accepted Claims
QTY*AA = Total Rejected Claims
AMT*YU = Total dollar amount of accepted claims
AMT*YY = Total dollar amount of rejected claims

STC*A1:19:85 = accepted billing provider information and claim information will be provided. A rejected billing provider, no claim information will be provided.
QTY = Total accepted and rejected claims
AMT = Total dollar amount of accepted and rejected claims

STC*A1:19:QC = patient claim was accepted
REF*1K = CCN/ICN number
The first five(5) digits are the Jurisdiction payer ID.

STC*A3:247 = charge line rejection
Additional edit information should be provided for clarification on the error.
DTP*472 is the claims date of service that received the error.
If a charge line rejection is received, additional information about the charge line will be provided (SVC*HC) will additional rejection codes (STC*A7:510 and A7:187). Check these codes for more information.

Using Unique Control / Reference Numbers

CEDI recommends the use of unique numbering for several enveloping control / reference numbers built into the version 5010A1 837P claim transactions. Using unique numbering for the ISA13, ST02, and BHT03 data elements on the inbound 837P claims will allow CEDI Trading Partners to easily match submitted claims with the acknowledgement transactions (TA1, 999, and 277CA).

Examples of those pairing include:

- 837P ISA13 is mapped to the TA1 response transaction and located in the TA101 data element
  - The Technical Reference 3 (TR3) guide for the TA1 (X12 TA1 TR3) states for TA101: “This is the value in ISA13 from the interchange to which this TA1 is responding.”
- 837P ST02 is mapped to the 999 response in the 2000 AK202 data element
  - The TR3 guide for the 999 (X12 999 TR3) states for AK202: “Use the value in ST02 from the transaction set to which this 999 transaction set is responding.”
- 837P BHT03 is mapped to the 277CA response in the 2200B TRN02 data element
  - The TR3 guide for the 277CA (X12 277CA TR3) states for TRN02: “This element contains the value submitted in the BHT03 data element from the 837.”

Understanding the Edit Codes

The edit codes received on the 277CA are the Claims Status Category Codes and Claims Status Codes. These codes can be found on the Washington Publishing Company Web site at http://www.wpc-edi.com.

The 837P edits returned on the 999 and 277CA files are maintained by CMS and are posted to the CEDI Web site at the following link: https://www.ngscedi.com/frontend.

Edits for DME X12 837 Professional claims will be updated quarterly by CMS with any changes noted on the Change Log. The edit code descriptions provided on the spreadsheet will help determine what action to take to correct the error.

In addition to the CMS Edit Spreadsheet, CEDI has provided a user friendly 277CA Edit Lookup Tool to provide further clarification regarding edit codes received.

How to Look Up Error Codes Using the CEDI 277CA Edit Lookup Tool

The CEDI 277CA Edit Lookup Tool provides easy to understand descriptions associated with the edit codes returned on the 277CA. Each STC segment starts a new edit combination; however, one (1) STC may have more than one (1) edit combination. Make sure you have all of the edit information in order for the tool to return accurate information.

There are three (3) types of codes returned in the STC segment:

- Claim Status Category Code (CSCC)
- Claim Status Codes (CSCs)
- Entity Identifier Code (EIC)

STC Segment Examples:

1. **STC*A7:562:85**U*1983~**

   A7 = CSCC

   562 = CSC

   85 = EIC

2. **STC***A7:**507****U~ (Note: In this example, only CSCC and CSC codes are returned.)

A7= CSCC

507 = CSC

3. **STC*A8:562:85**U*1983******A8:128:85** (Note: In this example, the same CSCC code (**A8**) starts both edits reported in the STC segment and will only be entered once in the 277 CA Lookup tool. However, there are two CSC codes (**562** and **128**) reported and both must be entered in the 277CA Lookup Tool to pull the correct results

   A8 = CSCC

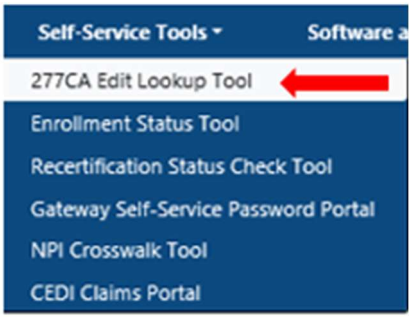
   562 = CSC

   128 = CSC

   85 = EIC

Access the CEDI 277CA Edit Lookup Tool

To access the CEDI 277CA Edit Lookup Tool, select “277CA Edit Lookup Tool” under Self-Service Tools on the CEDI Web site main page.



Enter the edit information into the 5010A1 277CA Reject Code Lookup Tool.

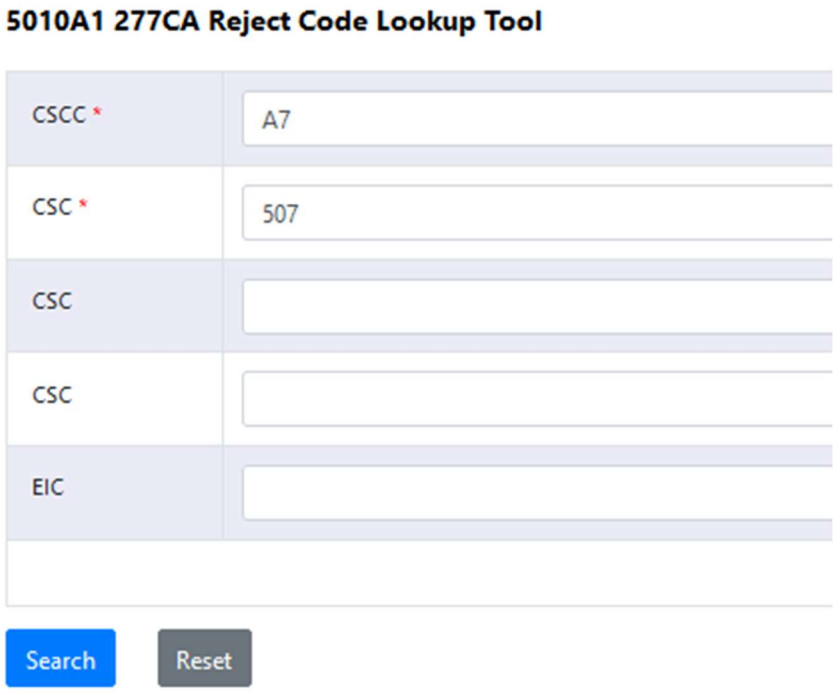
It is okay to leave the second and third CSC fields as well as the EIC field blank if the code being researched does not contain these types of codes. However, the CSCC and the first CSC fields are required.

From the STC Segment in the 277CA: **STC***A7:507**U~

Enter this information in the Lookup tool, and select “Search”:

A7 = CSCC

507 = CSC



From the STC segment in the 277CA: **STC*A8:562:85**U*1983******A8:128:85**

Enter this information in the Lookup tool and select “Search”:

A8 = CSCC

562 = CSC

128 = CSC

85 = EIC

Notice the repeating codes are not used.

5010A1 277CA Reject Code Lookup Tool

CSCC *	A8
CSC *	562
CSC	128
CSC	
EIC	85

Search Reset

How to Look Up Error Codes Using the CMS 5010 Spreadsheet

Locate your error codes in the STC segment or reported on your 277CA.

Example:

STC*A7:507*20120101*U*950~

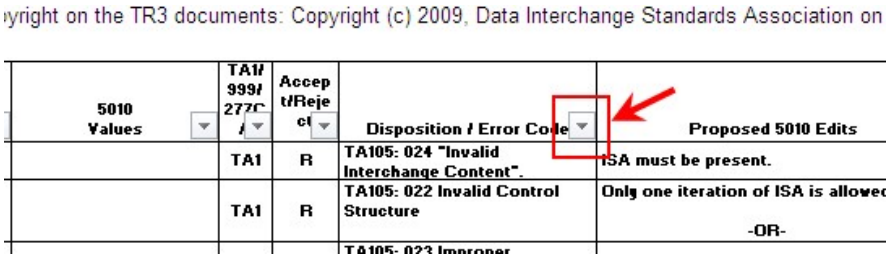
A7 = Claim Category Status Code (CCSC)

507 = Claims Status Code (CSC)

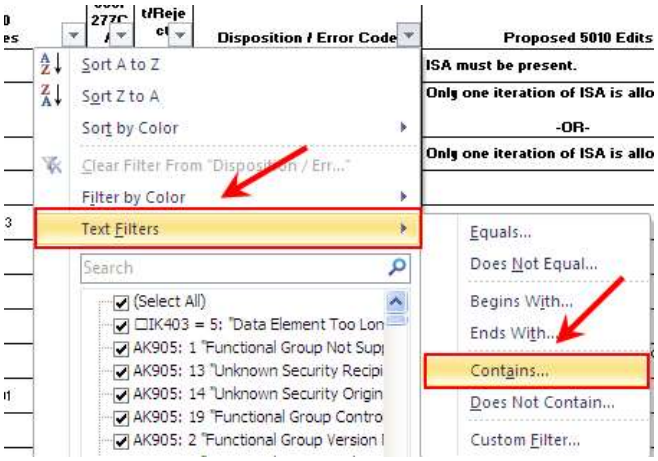
Open the CMS 5010 Edit Spreadsheet.

Once the spreadsheet is open, select the column labeled “Disposition/Error Code”.

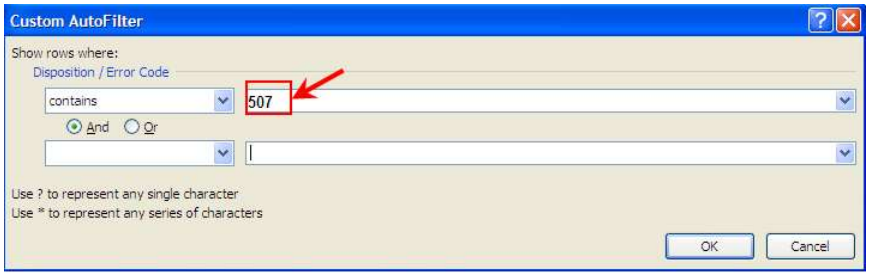
Select the drop-down button in the field.



Select “Text Filters”, then select “Contains”



Type the Claim Status Code (Example 507)



The spreadsheet will then sort all the descriptions involving the error (Example 507).

TA1/ 999/ 277CA	Accept/ Reject	Disposition / Error Code
277	C	CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 507: "HCPCS"
277	C	CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 507: "HCPCS"
277	C	CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 507: "HCPCS"
277	C	CSCC A8: Acknowledgement / Rejected for relational field in error. CSC 218: "NDC number" CSC 507: "HCPCS"
277	C	CSCC A8: Acknowledgement / Rejected for relational field in error. CSC 218: "NDC number" CSC 507: "HCPCS"
		CSCC A7: "Acknowledgement /Rejected for Invalid Information..."

Look for the error code with the correct combination of edits. There may be more than one explanation for the edit combination you received. However, if additional edits are present, this will not represent the same edit received on the 277CA. For example, the first three edits in the screen shot above would be caused by the A7:507 edit but the fourth edit combination displayed, A8:218:507, is not the same error as A7:507.

Refer to the edit logic in the column **Proposed 5010A1 Edit CEDI**. This will provide suggested explanations for the error. Review all possible explanations, make the correction required, and resend the claim for processing.

To search for another error code, go to the column labeled “Disposition/Error Code”.

Select the drop down button and select the “Clear Filter from Disposition/Err…”.

Once it has been cleared, go back to the beginning and repeat.

DME MAC CMN Reject Report

The DME MACs will create the CMN Reject Report (RPT) which includes information for Certificates of Medical Necessity/DME Information Forms (CMNs/DIFs) submitted on the 837P claims and rejected by the DME MAC. **Note: Trading Partners should rely on the 277CA for claims accepted by CEDI and forwarded to the DME MAC. Claims that receive a CMN/DIF rejection are still sent to the DME MAC; however, the CMN/DIF will not be entered into the claims processing system with the claim.**

Certificates of Medical Necessity & Durable Medical Equipment Information Forms Eliminated for Dates of Service January 1, 2023 and After

All Certificates of Medical Necessity (CMNs) and Durable Medical Equipment (DME) Information Forms (DIFs) have been discontinued effective for dates of service January 1, 2023 and after.

If CMNs or DIFs are included on any claims with dates of service on or after January 1, 2023, the claims will be rejected by CEDI. Claims with dates of service prior to January 1, 2023 should still include CMN and DIF information in accordance with DME MAC processing and policy guidelines.

Report Name: The report name is “RPT.ccyymmdd.sequence number.txt”

(Where ccyymmdd = century, year, month, day)

Timeframe: The RPT typically returns within 24-48 business hours after the claims file has been submitted to CEDI if it is returned. The RPT file will only be generated if CMN/DIF rejections are found.

Report Information:

- CONTRACTOR: 16013 – Jurisdiction A
  17013 – Jurisdiction B
  18003 – Jurisdiction C
  19003 – Jurisdiction D

The following pages provide a description and an example of the report as well as explanations why the error may have occurred.

CMN Reject Report Content & Layout

CMN/DIF rejections occur when another CMN/DIF or duplicate CMN/DIF is on file at the DME MAC for the same procedure code and beneficiary. CMNs/DIFs should only be transmitted when needed and not with every claim.

The four digit reject codes returned on the CMN Reject Listing are listed at the end of this chapter.

Information present on the CMN Reject Report includes:

- MBI/HICN – this is the Medicare ID (i.e. MBI) for the beneficiary for whom the CMN/DIF was rejected.
- CCN (Claim Control Number) – this is the CCN of the claim with the rejected CMN/DIF.

  Note: Since a CCN was assigned to the claim, the claim will be processed by the DME MAC.
- Procedure code – the HCPCS code submitted on the claim for the rejected CMN/DIF.
- Original initial date – this is the initial date of the original CMN/DIF on file at the DME MAC.
- Submitted initial date – this is the date the billing provider submitted the initial CMN/DIF.
- Type - the type of CMNDIF submitted with the claim.
  - **INIT** = Initial
  - **RECER** = Recertification
  - **REVIS** = Revised
- Recert/revised date – this date is the billing provider submitted a recertification or revised CMN/DIF.
- Form – this is the CMN/DIF form number.
- Error Codes – the error code is four digits and explains why the CMN/DIF was rejected. A brief description is provided next to the error code. (A list of the error codes is provided after the CMN Reject Listing example in this chapter.)
- Total CMNs Rejected – this number indicates the total number of CMNs/DIFs rejected per Trading Partner.

Many CMNs/DIFs are rejected because they are not completed properly. Consider the following before transmitting claims to help ensure the CMNs/DIFs are completed correctly:

- Is this the correct type of CMN/DIF transmitted based on the documentation requirements in the various policies: initial, revision, or recertification?
- Are all the sections of the CMN/DIF completed?
- Is the correct CMN/DIF sent with the first claim?

- Does the date on the CMN/DIF transmitted overlap a CMN/DIF already transmitted to and on file with the DME MAC?

```
CARRIER: XXXXX                    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                    RUN DATE: XX/XX/XX
PROGRAM: X837I600                                                                        RUN TIME: XX:XX:XX
REPORT:  7I6006                                   CMN REJECT LISTING                          PAGE:        1
BILLER/SUBMITTER ID: XXXXXXXXX
MBI/HICN      CCN          PROC CODE  ORIGINAL SUBMIT  TYPE  RECERT/  LENGTH FORM  ERROR CODES
                                      INITIAL  INITIAL       REVISED  OF
                                      DATE     DATE          DATE     NEED
SUPPLIER/PAY-TO ID:  XXXXXXXXXX
XXXXXXXXXX   XXXXXXXXXXXXXX E1390RR   01152015 02152015 REVIS 04152015   99   484.0 3047  - RCT/REV INIT DATE INVALID
             TOTAL CMNS REJECTED:  0000001
```

A	Carrier code of the DME MAC Jurisdiction generating report	H	Initial CMN/DIF date submitted in the 837 file
B	Name of the DME MAC Jurisdiction generating report	I	Type of CMN/DIF submitted in the 837 file
C	Date and time report was created by the DME MAC system	J	CMN/DIF Recert/Revised date submitted in the 837 file, if applicable
D	MBI of the patient	K	Length of need submitted in the 837 file
E	Claim Control Number as assigned by CEDI and reported on the 277CA	L	CMN/DIF form number submitted in the 837 file
F	HCPCS with attached CMN/DIF	M	Reject code
G	Initial CMN/DIF date on file with Medicare	N	Reject reason

The following are definitions of the CMN/DIF reject error codes, the reason for the rejection, and possible resolutions to these situations.

Please contact the DME MAC Jurisdiction where the report was created for additional assistance.

Error Code	Edit Description	Edit Explanation
3030	Init Date Dup	A previously submitted CMN/DIF is already on file with this initial date.
3031	Init Date < Prev End Date	The initial date submitted on this CMN/DIF is prior to the end date of a previously submitted CMN/DIF.
3032	Cur Rec/Rev Date <= Prev	The revision/recertification date submitted on this CMN/DIF is prior to or the same as the date on a previously submitted CMN/DIF for this HCPCS.
3047	Rct/Rev Init Date Invalid	The initial CMN/DIF date on this revision/recertification is not the same as the initial CMN/DIF date on file for this HCPCS.
3048	Cannot Rec/Rev Disc	A previously submitted CMN/DIF for this HCPCS was discontinued and a revision/recertification CMN/DIF cannot be submitted.
3050	ROP OVERLAP	A CMN/DIF is already on file with the same date range of this CMN/DIF; however, the HCPCS code is not an exact match.
3052	CMN CLSD-NO REV	A previously submitted CMN/DIF for this HCPCS was closed and the CMN/DIF cannot be revised.
3053	CMN NOT UNIQUE	The initial date for this CMN/DIF is after the end date of a CMN/DIF already on file for this HCPCS.
3056	CANT REC/REV DENIED CMN WITH PA REC	A previously submitted CMN/DIF with a prior authorization is already on file; however, it was denied.
3063	NCB SUPPLIER CHANGE	The HCPCS on the submitted CMN/DIF is already on file for another supplier and is within the Competitive Bid effective range.
3066	NCB RECERT/REVISION INVALID	On the submitted revision/recertification CMN/DIF is already on file for another supplier and is within the Competitive Bid effective range.