

National Government Services, Inc.



Common Electronic Data Interchange

**CEDI 5010A1 Front End
Acknowledgements and Reports Manual
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Chapter 1: Overview	3
<i>List of CEDI Acronyms</i>	<i>4</i>
Chapter 2: TRN Report.....	6
<i>How to read the TRN Report</i>	<i>6</i>
Chapter 3: 999 Acknowledgement File.....	7
<i>What to do when a 999 Acknowledgement File is Received</i>	<i>7</i>
Chapter 4: 277CA - Claim Acknowledgement File.....	9
<i>Understanding the Edit Codes.....</i>	<i>11</i>
Chapter 5: DME MAC CMN Reject Report	17
<i>CMN Reject Report Content & Layout</i>	<i>18</i>

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

CEDI 5010A1 Front End Acknowledgements and Reports Manual

Chapter 1: 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 the HIPAA X12 5010A1 TRN, 999, and 277CA acknowledgement files for transactions received from CEDI Trading Partners. An additional electronic report 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
- 277CA Acknowledgment File
- DME MAC CMN Reject Report

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

CEDI 5010A1 Front End Acknowledgements and Reports Manual

List of CEDI Acronyms

ACRONYM	DESCRIPTION
ANSI	American National Standards Institute
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 that supports the need of a DME item
CMS	Centers for Medicare & Medicaid Services
DIF	DME Information Form A form that supports the need of a DME item
DME	Durable Medical Equipment Medical equipment used at the patient's place of residence that contributes 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
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
MAC	Medicare Administrative Contractor
MBI	Medicare Beneficiary Identifier
NPI	National Provider Identifier
NSC	National Supplier Clearinghouse Assigns unique number (Provider Transaction Access Number [PTAN]/NSC number) that identifies the applicant as a supplier of DMEPOS
PTAN	Provider Transaction Access Number Unique supplier number assigned by the NSC

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CEDI 5010A1 Front End Acknowledgements and Reports Manual

ACRONYM	DESCRIPTION
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 that a valid file has been received by CEDI for processing

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CEDI 5010A1 Front End Acknowledgements and Reports Manual

Chapter 2: TRN Report

The TRN Report validates the number of ISA-IEA submissions within a single transmission. This is a paired report with the TA1. 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***

1 envelope processed out of 1 identified

This message indicates the file was accepted at the TRN level

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

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

CEDI 5010A1 Front End Acknowledgements and Reports Manual

Chapter 3: 999 Acknowledgement File

The 999 acknowledgement file checks the syntactical compliance of the inbound transaction (837, 276) with the transaction standard. The 999 is an American National Standards Institute (ANSI) Acknowledgement Transaction which does require processing by the receiver of the file through a translator. The layout of this transaction can be found in the *ANSI 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 report name is
“999.filename_00001.datetime.sequencenumber” if accepted and
“999.filename.datetime.sequencenumber_00001” if rejected

- where date is the system date that the 999 was generated (in format CCYYMMDD)
- where time is the system time that 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 as follows (See example reports that follow):
 - 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 that 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.

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

CEDI 5010A1 Front End Acknowledgements and Reports Manual

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~
  
```

IK5*A~
AK9*A*1*1*1~

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~
  
```

IK3*SV1*29*2400*8~
CTX*CLM01:BENE1~
IK4*1:2*234*1~

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.

IK5*R*5~
AK9*R*1*1*0~
SE*9*0001~

R = Rejected
Check IK5 and AK9

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

CEDI 5010A1 Front End Acknowledgements and Reports Manual

Chapter 4: 277CA - Claim Acknowledgement File

The 277CA (Claim Acknowledgement) explains the status of a Trading Partner's American National Standards Institute (ANSI) electronic claims file (837). Edits for electronic data interchange (EDI) enrollment, implementation edits, and business level edits will occur on the 277CA.

Report Name: The report name is "277CA.filename_00001.datetime.sequencenumber"

- where date is the system date that the 277CA was generated (in format CCYYMMDD)
- where time is the system time that 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.

All DME electronic front end claim editing is done through CEDI and all front end rejections are returned on the 277CA. Claims indicated as accepted on the 277CA are assigned a claim control number (CCN)/internal claim number (ICN). The CCN/ICN is reported on the 277CA that is returned to the Trading Partner from CEDI. This CCN/ICN is attached to the claim as it enters the appropriate DME MAC for processing.

Claims accepted on the 277CA will be delivered to the appropriate DME MAC Jurisdiction based on the beneficiary's two letter state abbreviation code submitted on the claim.

Claims that reject 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 that rejected and resubmit them to CEDI.

Note: DME MACs will generate the CMN/DIF rejections and notify of those rejections via the DME MAC CMN Reject Report (RPT), detailed in Chapter 5, which is returned to Trading Partners through CEDI.

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

CEDI 5010A1 Front End Acknowledgements and Reports Manual

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~

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

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~

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

HL*4*3*PT~

NM1*QC*1*PATIENT*BENE*****MI*999000000A~

TRN*2*BENE1~

STC*A1:19:QC*20110506*WQ*1065~
 REF*1K*1900311129800002000~
 DTP*472*RD8*20110201-20110501~
 HL*5*3*PT~

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

NM1*QC*1*BENEFICIARY*PATIENT*****MI*999000000A~

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*002H00000000205052011~
 DTP*472*D8*20110516~

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.

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

CEDI 5010A1 Front End Acknowledgements and Reports Manual

Using Unique Control / Reference Numbers

With the implementation of Accredited Standards Committee (ASC) X12 Version 5010A1 transactions for acknowledgements (TA1, 999, and 277CA), CEDI recommends the use of unique numbering for several enveloping control / reference numbers built into the Version 5010A1 claims transactions. Using unique numbering for the ISA13, ST02, and BHT03 data elements on the inbound 837 Professional claims will allow CEDI Trading Partners to easily match submitted claims with the acknowledgement transactions.

Examples of those pairing include:

- 837 ISA13 is mapped to the TA1 response transaction and located in the TA101 data element
 - The Technical Reference 3 (TR3) guide for the TA1 (ASC X12 TA1 TR3) states for TA101: “This is the value in ISA13 from the interchange to which this TA1 is responding.”
- 837 ST02 is mapped to the 999 response in the 2000.AK202 data element
 - The TR3 guide for the 999 (ASC X12 999 TR3) states for AK202: “Use the value in ST02 from the transaction set to which this 999 transaction set is responding.”
- 837 BHT03 is mapped to the 277CA response in the 2200B.TRN02 data element
 - The TR3 guide for the 277CA (ASC 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 Health Care Codes - 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 837 edits that will be returned on the 999 and 277CA files are maintained by CMS and are posted to the CEDI Web site <https://www.ngscedi.com> 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 second tab “Change Log”. The edit code descriptions provided on the spreadsheet will help determine what action to take to correct the error.

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

CEDI 5010A1 Front End Acknowledgements and Reports Manual

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 277 Claims Acknowledgement (277CA).

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

Examples:

1. **STC***A7:562:85**U*1983~
2. **STC***A7:507**U~
3. **STC***A8:562:85**U*1983*****A8:128:85
4. **STC***A7:453**U~

Understanding the Codes

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)

Each STC segment starts a new edit combination. However, one STC may have more than one (1) edit combination as shown in Example 3 below. Make sure you have all of the edit information in order for the tool to return accurate information.

Not all of these types of codes will be returned in all edit rejections. See Example 2 below.

Example 1:

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

A7 = CSCC

562 = CSC

85 = EIC

Example 2:

STC*A7:507**U~

A7 = CSCC

507 = CSC

Example 3:

STC*A8:562:85**U*1983*****A8:128:85

A8 = CSCC

562 = CSC

128 = CSC

85 = EIC

As shown in Example 3 above, if an edit code is in the same STC segment and is the same code type (example the CSCC **A8** starts both edits) it will only be entered into the tool once. While the CSCCs and EICs are the same in the example, the CSCs are different; therefore, both must be entered into the edit tool to pull the correct results.

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.

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

CEDI 5010A1 Front End Acknowledgements and Reports Manual



Select the 277CA Edit Tool button.



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

Example 1:

277CA edit code: **STC*****A8**:**562**:**85******U*****1983*****A8**:**128**:**85**

With this code, the below information would be entered into the edit tool:

- A8** = CSCC
- 562** = CSC
- 128** = CSC
- 85** = EIC

Notice that the repeating edits would not be used.

A screenshot of a web form titled "5010 277 REJECT CODE LOOKUP TOOL". The form contains five input fields: "CSCC" with the value "A8" and a red asterisk; "CSC" with the value "562" and a red asterisk; "CSC" with the value "128"; "CSC" which is empty; and "EIC" with the value "85". A legend at the bottom right indicates "*Required". At the bottom of the form are "Search" and "Reset" buttons.

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.

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

CEDI 5010A1 Front End Acknowledgements and Reports Manual

Example 2:

277CA edit code: **STC*****A7**:**507****U~

With this code, the below information would be entered into the edit tool:

A7 = CSCC

507 = CSC

5010 277 REJECT CODE LOOKUP TOOL

CSCC	<input type="text" value="A7"/>	*
CSC	<input type="text" value="507"/>	*
CSC	<input type="text"/>	
CSC	<input type="text"/>	
EIC	<input type="text"/>	

*Required

Once the edit information is entered, select “Search”.

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

CEDI 5010A1 Front End Acknowledgements and Reports Manual

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](#).

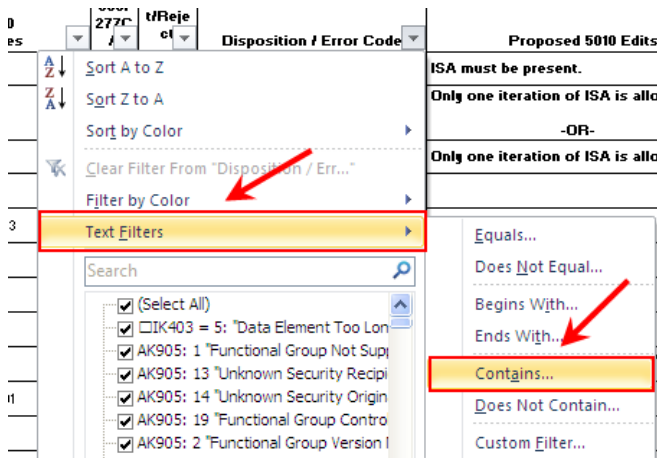
Once the spreadsheet is open, select the column labeled “Disposition/Error Code”.

Select the drop down button in that field

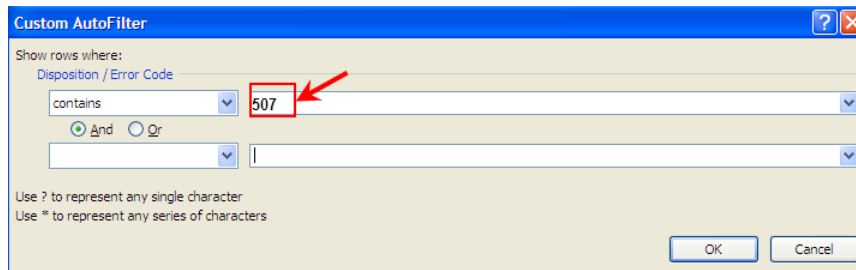
Copyright on the TR3 documents: Copyright (c) 2009, Data Interchange Standards Association on

5010 Values	TAI/999/277C	Accept/Reject	Disposition / Error Code	Proposed 5010 Edits
	TA1	R	TA105: 024 "Invalid Interchange Content"	ISA must be present.
	TA1	R	TA105: 022 Invalid Control Structure	Only one iteration of ISA is allowed
			TA105: 023 Improper	-OR-

Select “Text Filters”, then “Contains”



Type the Claim Status Code (Example 507)



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

CEDI 5010A1 Front End Acknowledgements and Reports Manual

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

TA#/ 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 that is occurring. 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.

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

CEDI 5010A1 Front End Acknowledgements and Reports Manual

Chapter 5: DME MAC CMN Reject Report

The DME MACs will create the CMN Reject Report which includes information for Certificates of Medical Necessity/DME Information Forms (CMNs/DIFs) submitted on the 837 claims that are rejected by the DME MAC.

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 next few pages provide a description and an example of the report as well as the error explanations that may be received.

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.

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

CEDI 5010A1 Front End Acknowledgements and Reports Manual

CMN Reject Report Content & Layout

All 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. Refer to the listing of the four digit reject codes returned on the CMN Reject Listing at the end of this chapter.

Information present on this report includes:

- MBI/HICN – this is the Medicare ID (i.e. HICN or 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 that of a CMN/DIF already transmitted to and on file with the DME MAC?

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

CEDI 5010A1 Front End Acknowledgements and Reports Manual

```

CARRIER: XXXXX A
PROGRAM: X8371600
REPORT: 716006
BILLER/SUBMITTER ID: XXXXXXXXX
MBI/HICN          CCN          PROC CODE  ORIGINAL SUBMIT  TYPE  RECERT/  LENGTH FORM  ERROR CODES
                INITIAL INITIAL  REVIS  REVISED  OF
                DATE   DATE   DATE   DATE     NEED

SUPPLIER/PAY-TO ID: XXXXXXXXXX
XXXXXXXXXX XXXXXXXXXXXXXXXX E1390RR 01152015 02152015 REVIS 04152015 99 484.0 3047 - RCT/REV INIT DATE INVALID
TOTAL CMNS REJECTED: 0000001
                F          G          H          I          J          K          L          M          N

```

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/HICN 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

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

CEDI 5010A1 Front End Acknowledgements and Reports Manual

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

Error Code	Edit Description	Edit Explanation
3030	Init Date Dup	<p>The initial CMN/DIF transmitted electronically has the same initial date as the original CMN/DIF on file for this procedure code. This error occurs when a duplicate initial CMN/DIF was transmitted. An initial CMN/DIF should be transmitted only with the initial claim for that item.</p> <p>For example, a claim is transmitted for a wheelchair with a date of service of 01/14/11 along with an initial CMN/DIF with an initial date of 01/14/11. The following month a claim is transmitted with the date of service 02/14/11 along with the same CMN/DIF previously transmitted with an initial date of 01/14/11. Since a DME MAC already has the first initial CMN/DIF with an initial date of 01/14/11, the duplicate CMN/DIF would be rejected with an error code of 3030.</p> <p>Resolution: Suppliers should check their software to make sure that a CMN/DIF will be transmitted only when necessary. Remember to only transmit a CMN/DIF when necessary and not with every subsequent claim.</p>
3031	Init Date < Prev End Date	<p>The initial CMN/DIF transmitted electronically has an initial date that is prior to the end date of the original CMN/DIF on file for the same procedure code. This error most often occurs when a beneficiary changes suppliers for rental equipment. The initial CMN/DIF was already on file from the original supplier and another initial CMN/DIF was transmitted either by the same supplier or subsequent supplier. CMNs/DIFS are categorized by beneficiary not supplier.</p> <p>For example, ABC Oxygen transmits initial oxygen CMN for Jane Doe with an initial Date of 06/01/11 for a 12-month length of need. On 09/01/11, Jane Doe changes suppliers and XYZ Oxygen transmits initial oxygen CMN with an initial date of 09/01/11. The CMN from XYZ Oxygen would be rejected with an error code of 3031 because the initial oxygen CMN from ABC Oxygen is not scheduled to end until 06/01/12.</p>

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CEDI 5010A1 Front End Acknowledgements and Reports Manual

Error Code	Edit Description	Edit Explanation
		<p>Resolution: In the example above, the therapy for the oxygen starts with the initial date the beneficiary needed the oxygen. Therefore, even if a beneficiary changes suppliers assuming the medical need has not ended, the initial date of therapy has not changed. The subsequent supplier should have obtained a revised CMN. The revised date would be the date the new supplier took over the services for the beneficiary.</p> <p>If the oxygen order is the same, the CMN does not have to be transmitted with the claim. However, the subsequent supplier must furnish the revised CMN upon request from the DME MAC.</p> <p>If a change occurred in the medical condition of the beneficiary that has caused a break in medical necessity of at least 60 days plus whatever days remain in the rental month during which the need for oxygen ended, the supplier should obtain a new initial CMN. An explanation is needed to document this change in medical condition stating why a new medical need is being established. This CMN must be submitted on paper with the documentation for the break of medical necessity.</p> <p>In this case, the CMN cannot be transmitted electronically.</p>
3032	Cur Rec/Rev Date <= Prev	The recertification or revised CMN/DIF transmitted electronically has a recertification or revised date that is prior to or the same as the recertification or revised date on the CMN/DIF on file for this procedure code for this beneficiary. This error most often occurs when duplicate recertification or revised CMNs/DIFs are transmitted, or when recertification or revised CMNs/DIFs are transmitted out of order.

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CEDI 5010A1 Front End Acknowledgements and Reports Manual

Error Code	Edit Description	Edit Explanation
		<p>For example, The Enteral Company transmits a revised DIF with a 08/01/11 date for procedure code B4150 (enteral formula). The DIF is transmitted electronically and posted to a DME MAC's CMN/DIF files a day or more later. The Enteral Company realizes they have a revised DIF with a date of 07/01/11 for B4150. The Enteral Company transmits the revised DIF for 07/01/11. This DIF rejects with edit 3032 because a DME MAC has already posted the DIF with the revised date of 08/01/11.</p> <p>Resolution: Make sure CMNs/DIFs are transmitted in sequence.</p> <p>If this error is received and the claim was processed and paid incorrectly due to the wrong CMN/DIF for that date of service, request a review. If the claim was processed and payment was not made, submit the claim and recertification or revised CMN/DIF to the DME MAC on paper for processing.</p> <p>CMNs/DIFs cannot be transmitted electronically once the recertification or revised CMN/DIF has been transmitted out of sequence.</p>
3047	Rct/Rev Init Date Invalid	<p>The recertification or revised CMN/DIF transmitted electronically has an initial date that is not the same as the initial date on the initial CMN/DIF currently on file for the same procedure code.</p> <p>Resolution: The initial date on file with a DME MAC will be returned on the CMN Reject Listing. Verify the date submitted with the initial date on the CMN Reject Listing and if necessary, correct the CMN/DIF and retransmit the claim and CMN/DIF.</p>
3048	Cannot Rec/Rev Disc	<p>The recertification or revised CMN/DIF transmitted electronically cannot be accepted for this procedure code. The initial CMN/DIF on file for this procedure code has been discontinued. Any CMN/DIF in a discontinued status cannot be recertified or revised.</p> <p>Resolution: If this happens, contact the beneficiary, physician, and/or other supplier. Check the medical files and if it still cannot be resolved, call the Provider Contact Center of the DME Jurisdiction that rejected the CMN/DIF.</p>

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CEDI 5010A1 Front End Acknowledgements and Reports Manual

Error Code	Edit Description	Edit Explanation
3052	CMN CLSD-NO REV	<p>The revised CMN/DIF that was transmitted electronically cannot be accepted for this procedure code. The CMN/DIF on file for this procedure code has been closed and any CMN/DIF in a closed status cannot be revised.</p> <p>Resolution: Contact the beneficiary, physician, and/or other supplier. Check the medical files to see how many months the beneficiary rented the item or if the beneficiary purchased at initial issuance. If still cannot be resolved, call the Provider Contact Center of the DME Jurisdiction that rejected the CMN/DIF.</p>

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CEDI 5010A1 Front End Acknowledgements and Reports Manual