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Thank you for joining the CEDI Webinar, “What does edit A7:507 mean?”. The slides in this presentation are available on the CEDI Web site <http://www.ngscedi.com> under the Webinar link.

My name is Tonya Lewis and I am the CEDI Team Lead. Also joining the Webinar today is Brain MacDonald a CEDI Analyst, Lisa Hare from National Government Services - Jurisdiction B, and Angie Cooper from CGS – Jurisdiction C.

(1:00)

Today we will be discussing what the edits 247 and 507 mean, review examples of the 277CA and report information, walk through how to use the edit guides, and discuss who to ask for support. Lisa Hare with Jurisdiction B will discuss how to verify HCPCS, modifiers, and fee schedules and where to find medical policy and coding information as well as additional resources. At the end of the presentation, we will have a question and answer session.

(1:36)

Before we begin our presentation, we would like to review some of the webinar tool bar features. We do encourage you to use the telephone option to listen to the webinar instead of using your computers microphone and speakers. Be sure to select the telephone audio button and use the dial in number, access code, and audio pin to complete the connection. This will allow us to hear you if you would like to ask a question during the question and answer session.

Once you have connected successfully, it should read “You are connected to audio”.

Questions can be typed in the Questions section of the webinar tool bar. We will try to answer questions entered here at the end of the call.

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When we get to the question and answer session, you will be able to raise your hand by clicking on the hand icon to let us know you have a question. The hand with a red arrow will indicate that your hand is raised and the hand icon with a green arrow will indicate that your hand is not raised to ask a question. We will review this again before we begin the question and answer session.

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CEDI receives a lot of inquiries about the edit codes 247 and 507. The A3:247 – Line Information edit is a generic edit that fires on a claim to indicate that a charge line contained an error which caused the entire claim to reject. CEDI is unable to reject only a charge line so the entire claim must be resubmitted once the error is corrected.

With the A3:247 – Line Information edit, additional edit codes should be provided. This edit is never received by itself.

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One of the most common edit codes to be received with the A3:247 edit is the A7:507 – HCPCS edit. This edit is caused by either the HCPCS or procedure code being invalid for the date of service or the HCPCS and modifier combination is invalid for the date of service.

CEDI recommends verifying the HCPCS is valid and that all required modifiers, if modifiers are required, are sent with the charge.

CEDI is not able to verify billing information and it is recommended that you use the available resources discussed later in this presentation to obtain that information.

(4:18)

Here is an example of the 277CA data that is returned for a claim that received the 507 edit. You will see that the A3:247 edit is indicated first, then the HCPCS and modifiers that were received, then the 507 edit and the date of service.

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CEDI recommends that the following information is included on the readable reports provided to the supplier by the software vendor.

All error codes - CEDI actually needs the numbers not just the descriptions if the supplier needs to call the CEDI Help Desk for assistance.

The HCPCS, modifiers, and date of service for the charge line that rejected. This will allow the supplier to know which code set caused the error and CEDI would be able to verify that this information was received in the claim file. This information would also be needed to verify the billing policy and why the rejection was received.

All of this information is provided in the rejection provided on the 277CA.

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CEDI offers a software program called PC-ACE Pro32. Here is an example of how the PC-ACE Pro32 software displays this information. You will notice that the date of service, the HCPCS, modifiers, and edit codes are displayed on the readable report. It is recommended that all software vendors, billing services, and clearinghouses providing a readable report to suppliers include this information.

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There are 2 help documents located on the CEDI Web site at <http://www.ngscedi.com> under Front End Report Documentation to assist with understanding the edit codes.

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The 5010A1 CEDI Front End Acknowledgement and Reports Manual will review all of the front end reports and acknowledgement files returned by CEDI to the Trading Partner and how to read those reports. The CEDI 277CA Edit Reference Guide will provide additional edit information about the edits returned on the 277CA acknowledgement file.

(7:09)

To use the 277CA Edit Reference Guide to locate your edit, use the filter option to show only the edit codes you received. To use the filter option, you will want to select the drop down button in the "Error Code" column as shown here.

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Next, you will select "Text Filters" and "Contains". In the box next to "contains" you will want to type the first edit code received. If more than one is received, you can use the second row to enter a second code. Select "OK" once your edit is entered. In the example above, we are checking for the edit 507.

(7:57)

The spreadsheet will now only show edit combinations that contain the 507 edit. You will want to review all options for the edit combinations that match the edit you received. Note that more than 1 explanation can cause the same edit combination. For the edit 507, there are 3

explanations provided in the edit spreadsheet. You will want to review the explanations and determine which one caused your error.

(8:31)

You will want to contact the CEDI Help Desk at 866-311-9184 or at [ngs.cedihelpdesk@wellpoint.com](mailto:ngs.cedihelpdesk@wellpoint.com) if you need assistance with the information sent in the original file or clarification of an edit you received.

If you need assistance with billing information or determining the valid combination for HCPCS and modifiers, you will want to contact the Jurisdiction where the claim will be processed.

Now I am going to hand the presentation over to Lisa Hare with Jurisdiction B.

(9:20)

Thanks Tonya.

What I would like to go over is how to determine whether or not your HCPCS is valid and that your HCPCS and modifiers are valid. We have several resources available for you to make these determinations. Now in order to verify that the HCPCS is valid you will want to look at the second bullet on your slide. You would go to the Pricing, Data Analysis and Coding Contractor Web site, also referred to as PDAC. When you go to their Web site, you can actually look up a Web site and look up a HCPCS code and find out the actual date range that that code is effective.

Now to verify that the HCPCS code and Modifiers go together, one of the things that you want to do is determine the payment category. By determining the payment category, you can do this through the PCAC Web site. You can see there on the second bullet. When you determine the payment category, at that point you know whether or not if that HCPCS code needed a pricing and/or capped rental modifier.

Now the very last bullet there, you need to check the Local Coverage Determinations, or the LCD's, to determine if there is an informational modifier needed.

So the payment category tells you if there is a pricing or capped rental modifier needed. And the LDC would then tell you if an informational modifier is needed, because it would be specific to that policy.

I have provided on this slide a link to our Web site, to the Jurisdiction B Web site and the path to obtain access to the Local Coverage Determination. You would go to “DME” and under the “Quick Links” section you would select “Medical Policy” And again this is just this information for Jurisdiction B. All Jurisdictions also have Local Coverage Determination available on their Web sites as well.

What I want to do in the next few slides is show you an example of the PDAC Web site and walk through that how it works. And then I’m going to show you the medical policy example as well through our Web site.

(11:35)

As we move to the next slide you’ll see this is the same page of the Pricing, Data Analysis and Coding contractor site. When you go out here, again that Web site is <http://www.dmepdac.com> – on the left hand side in the red box you can either select “Search DMECS For Codes and Fees” or “DME Coding System information”. Once you do that you will go to another screen.

(12:05)

Where you can actually “Search by HCPCS Information” which you will see in the top green bar; “Search for Modifier” or “Search for Fee Schedule” information. I am going to show you each one of those options. The first one I want to show you is “Search by HCPCS Information”.

(12:21)

If you key in a HCPCS code, Click on the “Go” button, it will take you to the page you see here. And this is going to give you the “HCPCS Code”, “Short Description”, as well as the “Dates Of Service” it was valid. Right next to that you will notice if there were “Previous Dates Of Service” it was valid for as well. And in this example, it has been valid from 1993 until the present. You can also click on the HCPCS code if you want more detailed information about that code.

(12:54)

Now in the next example, I want to show you how to determine the payment category for a code. You can use this by using the “Search for Fee Schedule” option. Here all you do is key in the HCPCS code, click on the “Go” button.

(13:08)

And then you will see fee schedule information for that code. At that top red box you'll notice the fee schedule category, also referred to as payment category. And in this example, it is a "Capped Rental Item." So you know that would be applicable to you need pricing and capped rental modifier.

(13:33)

Now the last option in the PDAC Web site I want to show you is, The title shows you "Search for Fee Schedule" but actually here we are searching for modifier. So I've already shown you how to see whether or not a HCPCS is valid for a Date Of Service, and to determine a payment category. Through the PDAC Web site you can also search for a Modifier. You can type in a modifier to get a definition. Or you can type in part of a description to find a modifier that you are looking for.

(14:04)

So for this example today, let's just say we typed in the modifier and clicked on the "Go" button. In the next screen here you'll notice what's returned is the "HCPCS Modifier" A "Short Description" as well as the "Long Description." So that's just where you get that additional information. So again the PDAC Web site you can obtain all of that information, and hopefully by showing you some of these screens it will encourage you to go out and use this great resource.

(14:32)

Now on the next slide, I wanted to go over the "Medical Policy Center (LCDs)" and show you how to access that on the Jurisdiction B DME Web site. When you go to our Web site, which is <http://www.ngsmedicare.com> - You would then select "DME" - Then on the left hand side like you see here on the screen, under "Quick Links" you would select "Medical Policy Center (LCDs)."

(15:08)

Once you do that you will go to our "Medical Policy Center" page. In here you'll notice there is a column called "Policy Title" and "Policy Article." When you are reviewing a specific policy you will want be sure you look at the "Policy Title" as well as the "Policy Article." So you want to review both of those documents for the item, or for the policy that you want that information HCPCS and Modifiers.

(15:33)

For today's example let's just say we clicked on "Hospital Beds and Accessories (L27216)" and as you look through the policy information, you'll notice there will be sections that list not only HCPSC codes but any informational modifiers that are applicable to this policy. So that's why it's important not only to determine the payment category, but also go out and see through the Local Coverage Determination what actual informational modifiers apply to that policy.

(16:11)

Now the Last slide I wanted to review had to do with resources.

The first one again is the DME PDAC Web site which I have already gone some screenshots of that <http://www.dmepdac.com>.

Also our Web site <http://www.ngsmedicare.com>, couple things I would like to mention that's available on our Web site.

The Fee Schedules - Through the fee schedule just like I showed you the PDAC Web site, you can get the payment category there as well as the fee schedule information.

I've already reviewed the Medical Policy Center. Again this is where you are going to determine what informational modifiers you will apply to the policy that you're reviewing.

Also our Supplier Manual has a chapter dedicated specifically dedicated to Modifiers, and that's chapter 14. You can find our supplier manual under the "Quick Links" section, the one that I showed you earlier that also lists medical policy center.

There are two articles that I don't actually have listed on this slide that I would like to mention. If you go to our Web site, under the "Resources" Tab, you would select "Tools and Materials" and under that section there is a section titled "Modifier Tips." There are several articles that are very helpful in determining which modifiers are appropriate to use in different situations. There are two specific articles that I would like to recommend that you review. One is titled "Modifier Billing Reminders," and the other article is "Pricing Modifiers NU RR and UE." And again you can access those articles by going to our Web site. Under "Resources" you would select "Tools and Materials" then look under the "Modifier Tips" section.

And the last resource you'll see there on your slide is our "Medicare University." With DME Jurisdiction MAC we have Medicare University that houses all of our "Computer Based



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Training” courses. There is no charge or anything to use the system, all you have to do is go out there and set up a user id and password and go out there and access any Computer Based Training course you would like to take. One I would recommend based on today’s discussion would be the one titled “DME Modifiers” and we have provided that catalog ID # there on your screen (DME-C-0019).

So hopefully these resources will help you all in determining your HCPCS and modifiers. If at that point, you’ve reviewed these resources and you still need assistance I would suggest that you contact the appropriate provider contact center for your jurisdiction. The one for Jurisdiction B is (866) 590-6727.

(19:11)

At this point I will turn the call back over to Tonya.

Thank you Lisa. We appreciate you and Angie, with Jurisdiction C, taking the time to join us for this presentation today.