

What does edit A7:507 mean?

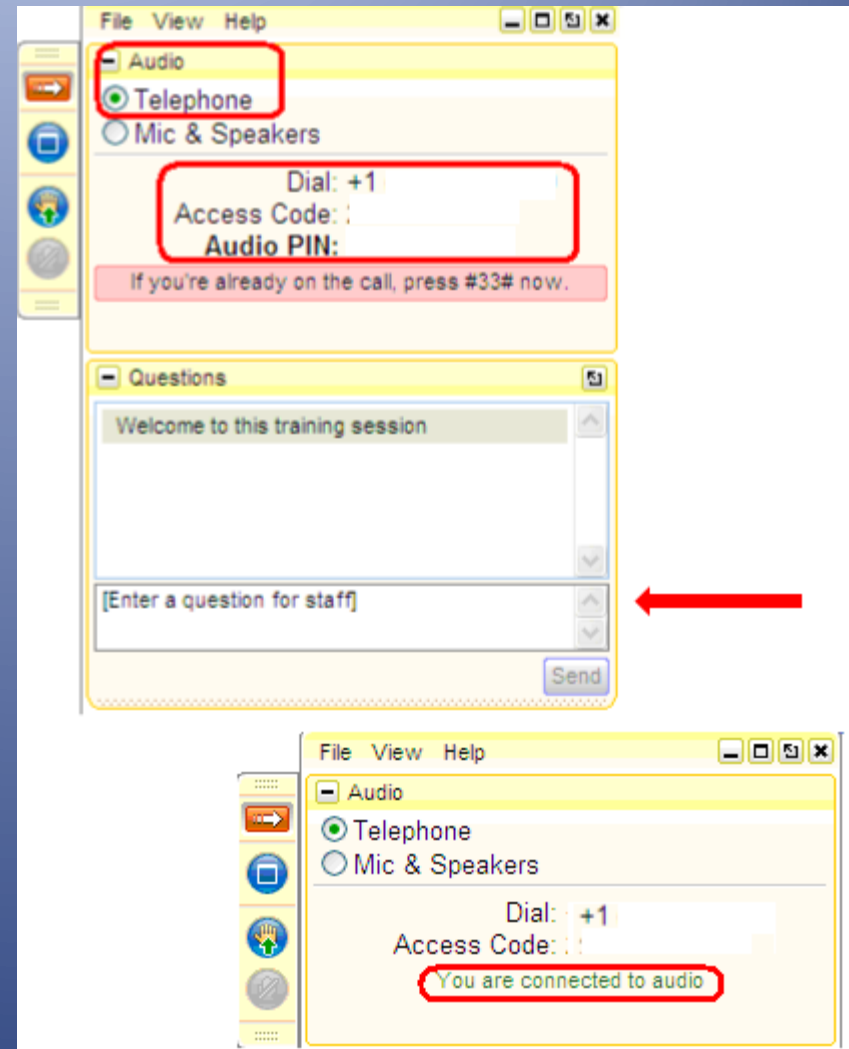
October 24, 2012

Agenda

- What the edits 247 and 507 mean
- Example of the 277CA
- What information is needed on the report
- How to use the edit guides
- Who to ask for support
- Verifying HCPCS and Modifiers
- Searching HCPCS, Fee Schedule, and Modifiers
- Medical Policy Center and Coding Information
- Resources
- Question and Answer Session

Using the Webinar Tool Bar

- Webinar tool bar
 - Be sure that you have indicated the telephone option and entered the PIN.
 - It should say “You are connected to audio”
 - This will allow us to hear you ask questions
- Questions can be typed in the questions section



Using the Webinar Tool Bar

- If you have a question, click on the hand icon with the green arrow – it will turn red indicating that your hand is raised.



- Click the icon again to lower your hand if your question is answered – the arrow should now appear green.



What the Edits 247 and 507 Mean

- A3:247 – Line Information
 - Entire claim rejected for an error on one of the charge lines
 - Error will need to be corrected and entire claim resent
 - Additional error codes and charge line information should be provided to help determine the rejection cause

What the Edits 247 and 507 Mean

- A7:507 – HCPCS
 - Caused by the procedure code or modifier combination being invalid
- Steps to Take
 - Verify the HCPCS is valid for the date of service
 - Verify the modifiers submitted are required
 - Verify that a modifier that was not included on the claim is required

Note: CEDI can not verify billing information.

Example of the 277CA

STC*A3:247*20120925*U*4800~

REF*D9*012345678912345~

DTP*472*D8*20120918~

SVC*HC:V2020:NU*150*****1~

STC*A7:507**U~

REF*FJ*00123~

DTP*472*D8*20120918~

What Information is Needed on the Report

- All Error Codes – the 247 and 507 codes
 - Code descriptions are not enough, please have the actual edit codes.
- The HCPCS that caused the error
- All modifiers sent with the HCPCS on the rejected charge line
- The date of service for the charge line that rejected

What Information is Needed on the Report

Software Vendors, Billing Services, and Clearinghouses will want to make sure all edit information is included in the readable report.

```
Service Line Item Identification: 00123
Service Line Date: 09/18/2012
Type: HC - Health Care Financing Administration Common Procedural
      Coding System (HCPCS) Code
Code: V2020 - VISION SVCS FRAMES PURCHASES
Mod #1: NU - NEW EQUIPMENT
Line Item Charge Amount: $150.00
Original Units of Service Count: 1

Acknowledgement #1: (Rejected)
Category: A7 - Acknowledgement/Rejected for Invalid Information
          - The claim/encounter has invalid information as
          specified in the Status details and has been rejected.
Status: 507 - HCPCS
```

How to Use the Edit Guides

- CEDI offers 2 help documents to assist with understanding front end rejections
 - 5010A1 CEDI Front-End Acknowledgement and Reports Manual
 - CEDI 277CA Edit Reference Guide
- The edit guides are located on the CEDI Web site <http://www.ngscedi.com> under Front End Report Documentation

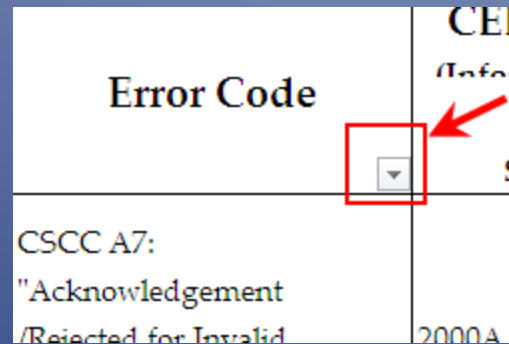
How to Use the Edit Guides

- 5010A1 CEDI Front-End Acknowledgement and Reports Manual
 - Review the reports/acknowledgement files returned to the Trading Partner
 - Explains what information should be provided on each report/acknowledgement file
 - Explains how to use the CEDI 277CA Edit Reference Guide
- CEDI 277CA Edit Reference Guide
 - Allows Trading Partners to search for edit codes
 - Provides the edit logic and explanation for an edit code
 - Provides an edit reference to the TR3 for additional information

How to Use the Edit Guides

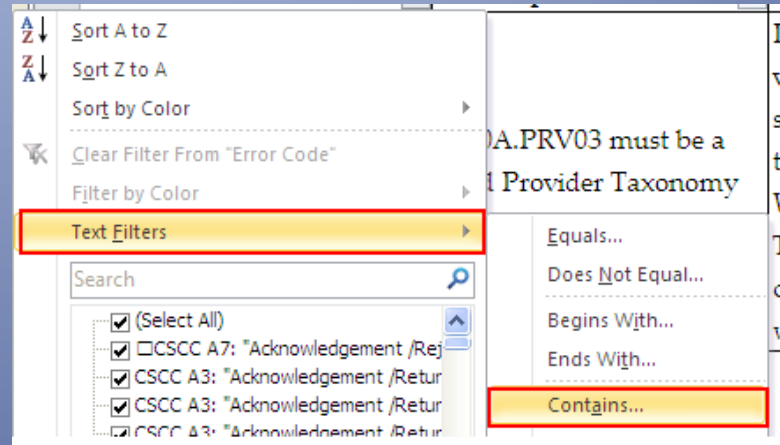
Open the **CEDI 277CA Edit Reference Guide**.

Once the spreadsheet is open, select the column labeled "Error Code". Then select the drop down button in that field

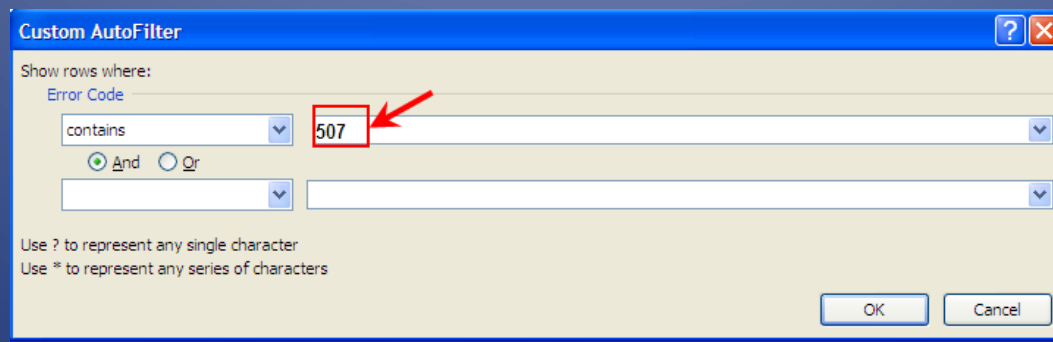


How to Use the Edit Guides

Select “Text Filters”
Then “Contains”



Type the Claim Status Code (Example 507)



How to Use the Edit Guides

- The spreadsheet will sort the codes to only display edits with the code entered
- Look for the code combination you received
- Review explanation to resolve the error

Error Code	CEDI Edit (Information from the C Spreads
<u>CSCC A7</u> : "Acknowledgement /Rejected for Invalid Information..." <u>CSC 507</u> : "HCPCS"	When 2400.SV101-1 2400.SV101-2 must be HCPCS Code on the 2400.DTP03 when E
<u>CSCC A7</u> : "Acknowledgement /Rejected for Invalid Information..." <u>CSC 507</u> : "HCPCS"	When 2400.SV101-1 2400.SV101-2 must be HCPCS Code on the 2400.DTP03 when E OR When 2400.SV101-1 2400.SV101-2 must be HCPCS Code from on the date in 2400.E DTP01 = "472".

Who to Ask for Support

CEDI

- For electronic claim information
- To verify the claim information sent
- For clarification on what an edit means

Jurisdiction

- For billing information
- To verify a HCPCS is valid for the date of service
- To verify what modifiers are required with the HCPCS used

Verify HCPCS and Modifiers

- Determine the Payment Category
- Pricing, Data Analysis and Coding Contractor (PDAC)
 - <http://www.dmepdac.com>
- Local Coverage Determinations (LCDs)
 - <http://www.NGS Medicare.com>
 - DME
 - **Medical Policy Center (LCDs) under the Quick Links section**

Medicare Pricing, Data Analysis and Coding Contractor



PDAC

Medicare Pricing, Data Analysis and Coding

Mission Statement: Pricing, Data Analysis and Coding (PDAC) contractor is committed to quality and accurate results, within time frames that exceed our customers' expectations and is of great value to CMS.

Home / DME Coding System (DMECS) Info

- HOME
- SEARCH DMECS FOR CODES AND FEES
- DME CODING SYSTEM (DMECS) INFO
- CODING VERIFICATION / ASSIGNMENT OF CODES
- ARTICLES / PUBLICATIONS
- NDC / HCPCS CROSSWALK
- ORAL ANTI-CANCER DRUG (OACD)
- OTHER RESOURCES
- CONTACT US

DME CODING SYSTEM (DMECS) INFO

[Click here to Search DMECS for Codes and Fees](#)

The Pricing, Data Analysis and Coding (PDAC) contractor maintains the Durable Medical Equipment Coding System (DMECS). This interactive tool can be used to search for the following information: (Refer to the [DMECS Guide](#) [PDF] for instructions on searching DMECS.)

A two page [DMECS At-A-Glance](#) [PDF] document has been created to briefly highlight the key features of DMECS. Please print this document for a quick reference.

- HCPCS Information:
 - All Level II HCPCS codes beginning with the letters A, B, E, G, J, K, L, Q, and V are listed; however, not all are valid for submission to a DME MAC for processing.
 - The tracking of coding and crosswalk history may be incomplete for codes invalid for DME MAC submission.
 - New HCPCS are added annually when they are released by CMS and any updates are applied quarterly.
 - See additional information below regarding Billable vs. Payable HCPCS codes.
- Modifiers: The PDAC can only provide the definitions of the modifiers as listed on DMECS. If assistance is needed regarding which modifier to use on claim submissions, please contact your DME MAC.
- Fee Schedules
 - If a code does not have an established Fee Schedule, first check DMECS to make sure it is a valid code, and then call your DME MAC for billing and/or coverage information.

Search by HCPCS Information



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SEARCH FOR CODES OR FEES

Search by HCPCS Information

- Active HCPCS Codes
 All HCPCS Codes

Keyword(s)

HCPCS Code *

k0001

GO

**All entries are treated as wildcards*

Search for Modifier

Modifier *

Description *

GO

**All entries are treated as wildcards*

Search for Fee Schedule

HCPCS Code **

Date of Service **
MM/DD/YYYY

10/22/2012

GO

***Required Fields*

CMS Fee Schedule (includes ceiling and floor information)

Search DMEPOS Product Classification List

Manufacturer/Distributor *

HCPCS Code *

GO

Product Name*

Product/Model **

HCPCS Search Results



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HCPCS SEARCH RESULTS

Your search for

HCPCS Code:k0001

Keyword(s):

Returned **1** result

[New Search](#)

Click on the code to see code detail

HCPCS Code	Short Description	Date of Service Valid for DMERC		Previous Date of Service Valid for DMERC
		From	To	
K0001	Standard wheelchair	10/01/1993	present	

Search for Fee Schedule



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SEARCH FOR CODES OR FEES

Search by HCPCS Information

- Active HCPCS Codes
 All HCPCS Codes

Keyword(s)

HCPCS Code *

GO

**All entries are treated as wildcards*

Search for Modifier

Modifier *

Description *

GO

**All entries are treated as wildcards*

Search for Fee Schedule

HCPCS Code **

Date of Service **
MM/DD/YYYY

GO

***Required Fields*

CMS Fee Schedule (includes ceiling and floor information)

Search DMEPOS Product Classification List

Manufacturer/Distributor *

HCPCS Code *

GO

Product Name*

Product/Model *

Fee Schedule



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FEE SCHEDULE

Your search for

HCPCS Code: **K0001**

Long Description: STANDARD WHEELCHAIR

Date of service requested: October 22, 2012
HCPCS code fee schedule category: Capped
Rental Items

Note: The start and end dates given for each HCPCS code reflect the effective dates of the fee schedule for the code, which include applicable grace periods.

Note: This HCPCS code may be subject to a Single Payment Amount under the Medicare DMEPOS Competitive Bidding Program. For information on when the Single Payment Amounts apply and specific rates for Single Payment Amounts, please check the website for the Competitive Bidding Implementation Contractor (CBIC) at <http://www.dmecompetitivebid.com>.



Beneficiary State of Residence	Modifier	Modifier	Fee	Effective dates:	
				From	To
AK	RR		\$57.20	01/01/2012	12/31/2012
AL	RR		\$49.87	01/01/2012	12/31/2012
AR	RR		\$57.21	01/01/2012	12/31/2012
AZ	RR		\$56.58	01/01/2012	12/31/2012
CA	RR		\$57.21	01/01/2012	12/31/2012
CO	RR		\$57.21	01/01/2012	12/31/2012
CT	RR		\$51.92	01/01/2012	12/31/2012
DC	RR		\$57.21	01/01/2012	12/31/2012
DE	RR		\$57.21	01/01/2012	12/31/2012
FL	RR		\$49.87	01/01/2012	12/31/2012

Search for Fee Schedule



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SEARCH FOR CODES OR FEES

Search by HCPCS Information

- Active HCPCS Codes
 All HCPCS Codes

Keyword(s)

HCPCS Code *

GO

**All entries are treated as wildcards*

Search for Modifier

Modifier *

Description *

GO

**All entries are treated as wildcards*

Search for Fee Schedule

HCPCS Code **

Date of Service **
MM/DD/YYYY

GO

***Required Fields*

CMS Fee Schedule (includes ceiling and floor information)

Search DMEPOS Product Classification List

Manufacturer/Distributor *

HCPCS Code *

GO

Product Name*

Product/Model *

HCPCS Modifier Search Results



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HCPCS MODIFIER SEARCH RESULTS

Your search for

Modifier Code: GL

Description:

Returned **1** result

[New Search](#)



HCPCS Modifier	Short Description	Long Description
GL	Upgraded item, no charge	MEDICALLY UNNECESSARY UPGRADE PROVIDED INSTEAD OF NON-UPGRADED ITEM, NO CHARGE, NO ADVANCE BENEFICIARY NOTICE (ABN)

- ### Quick Links
- » [Connex Online Inquiry](#)
 - » [Customer Service \(IVR and Telephone\)](#)
 - » [Mailing Addresses](#)
 - » [Fee Schedules](#)
 - » [Forms](#)
 - » [Jurisdiction B Connections](#)
 - » [Medical Policy Center \(LCDs\)](#)
 - » [News Articles](#)
 - » [Supplier Manual](#)
 - » [Training Events Calendar](#)

[Expand All](#) | [Collapse All](#)

- ### Publications
- Manuals
 - E-mail Updates
 - Jurisdiction B Connections
 - News Articles

- ### Claims
- Administrative Simplification Compliance Act
 - Code Pricing Search



Don't Forget! LSOs Must Recertify By October 26th

Recertification is quick and simple, so don't wait!

Durable Medical Equipment Home

Self-Service Center [View All Self-Service Tools](#)

Quick access to important Medicare, CMS, and National Government Services initiatives

- » [CERT Program](#)
- » [CMS.gov CERT Demonstration](#)
- » [EDI Self-Service Password Portal](#)
- » [File Appeals Online with Connex!](#)
- » [Standard Documentation Language for Local Coverage Determinations](#)
- » [CMS Electronic Submission of Medical Documentation for J13/JB MAC Providers and Suppliers](#)
- » [Centers for Medicare & Medicaid Services e-News Archive Page](#)
- » [Elimination of Redetermination Acknowledgement Letters and Alternative Methods of Checking Redetermination/Reopening Status Requests](#)
- » [Power Mobility Devices Prior Authorization Coversheet](#)

Medical Policy Center

Active Policies

Search for Medical Policy Center Information

Search

[[Go to Draft Policies](#) | [Archived/Retired Policies](#)]

POLICY TITLE	LCD EFFECTIVE DATE	POLICY ARTICLE	POLICY ARTICLE EFFECTIVE DATE
Ankle-Foot/Knee-Ankle-Foot Orthoses (L27229)	02/04/2011	View	01/01/2011
Automatic External Defibrillators (L27232)	01/01/2011		
Canes and Crutches (L27224)	02/04/2011	View	07/01/2009
Cervical Traction Devices (L27233)	02/04/2011	View	09/01/2009
Cold Therapy (L27213)	01/01/2011	View	01/01/2011
Commodes (L27225)	02/04/2011	View	09/01/2009
Enteral Nutrition (L27214)	02/04/2011	View	07/01/2009
External Breast Prostheses (L26999)	02/04/2011	View	02/04/2011
External Infusion Pumps (L27215)	02/04/2011	View	01/01/2009
Eye Prosthesis (L27034)	07/01/2007	View	07/01/2009
Facial Prostheses (L27001)	01/01/2010	View	01/01/2010
Glucose Monitors (L27231)	08/02/2011	View	07/01/2011
Heating Pads and Heat Lamps (L28399)	04/01/2011	View	04/01/2011
High Frequency Chest Wall Oscillation Devices (L27042)	01/01/2011	View	01/01/2011
Hospital Beds And Accessories (L27216)	02/04/2011	View	10/01/2009
Immunosuppressive Drugs (L27036)	04/01/2010	View	06/01/2011
Infrared Heating Pad Systems (L27044)	07/01/2007	View	08/01/2009

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

CPT/HCPCS Codes

The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS:

EY - No physician or other licensed health care provider order for this item or service
GA - Waiver of liability statement issued as required by payer policy, individual case
GK - Reasonable and necessary item/service associated with a GA or GZ modifier
GL - Medically unnecessary upgrade provided instead of non-upgraded item, no charge, no ABN
GZ - Item or service expected to be denied as not reasonable and necessary
KX - Requirements specified in the medical policy have been met

HCPCS CODES:

FIXED HEIGHT BEDS:

HCPCS	DESCRIPTION
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS
E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS
E0328	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS

VARIABLE HEIGHT BEDS

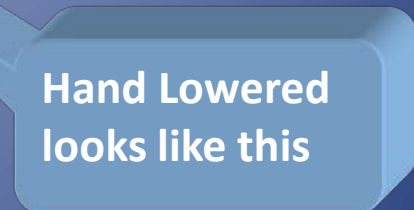
HCPCS	DESCRIPTION
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS

Resources

- <http://www.dmepdac.com>
- <http://www.NGS Medicare.com>
 - Fee Schedule
 - Medical Policy Center
 - Supplier Manual
 - Chapter 14
- <http://www.medicareuniversity>
 - Medical University
 - Computer Based Training, Catalog ID: DME-C-0019, title “DME Modifiers”

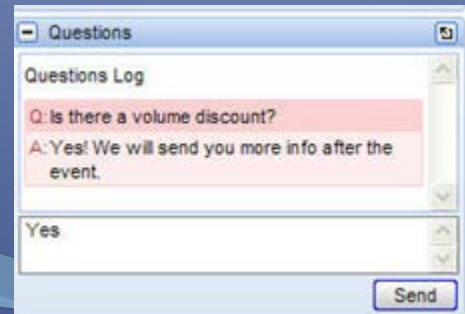
Question and Answer Session

- Raise your hand
 - The Green Arrow means your hand is NOT raised (Click to raise your hand)
 - The Red Arrow means your hand IS raised (Click to lower your hand)
- You can also type your questions



Hand Lowered looks like this

Type Questions in here



CEDI Help Desk Contact Information: 866-311-9184

Ngs.cedihelpdesk@wellpoint.com