COBC ISSUES LOG

Loop and Item #	Issue	Shared System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DMBP Comments (formerly DDIS)	X12	Status	Maintainer Comments	Party Responciabl	Prob #	Prob Fix Date	CMS and Contractor Comments	Contractor Fix Date	Trading Partner Information
1000A-002	Telephone number with dashes seen in 1000A loop.	MCS	00973 - 08/08 - 1000A PER	08/09/05	**09/12/05 - This issue was corrected on 08/22, it is no longer occurring.** Data in the inbound file. Value seen is 787-749-4019 with a TE qualifier. Trading Partner mentioned that this did not occur prior to August. 00973 switched from VMS to MCS on August 1st.	Agree 8/10/05 - no dashes allowed.		Clos ed 09/13 /05	**08/18 - MCS - This is a carrier set up issue. I will be contacting the carrier to get this updated**				9/8/05 MCS The carrier was contacted and the file was corrected. GHI should no longer see this error. 9/8 CC Notes: o Gigi: The contractor has been contacted. The fix was in place as of 08/22.		WPS (Trading Partner)
2000A-001	CUR01 - Required element missing	FISS	00101- 10/27, 10/28 10/06(20426 701093102)	10/01/04	12/13 As of 12/13 this is no longer occurring. 11/02 - GHI sent follow-up info to FISS on 10/29. Data missing in contractor's file - Record 200	Agree. If CUR02 was submitted, agree that CUR01 is required.		Close d 12/13 /04	Need examples from GHI. 11/2 - This will be corrected with FS4459S1.	GHI	FS4459S1	12/2/04		12/2/04	

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2000A-002	2300-008	MCS	00900 - 11/16 - (2804307449140); 00952- 09/30(0204261774410, 0904261452790, 0904261457270, 0204261774470)	10/08/04	11/22/04 - Value of 'USA' in file from 00900. Value in contractor's file is 'ISO'; should be a country code	Agree 10/15. However, CUR is to be blank if claim is in US dollars.		Closed 12/21/04	12/8 MCS - The contractors identified have the prepass edit that would have rejected this claim turned off. They have been having problems with the edit. There EDI area has requested that a new gateway edit be created that will reject claims submitted with CUR02. 12/7 MCS sent request to carrier to review file. This would be cause by carrier set up. 11/29 MCS - This is a Carrier Set up Issue. This issue is either in the Carrier SPITAB table or Prepass edit. 11/12 CMS - GHI needs to validate if this problem is continuing. 10/20/04 - This claim was submitted with 2000A/CUR02 of ISO, so it was passed in the COBC file. The MCS has a prepass edit (M009) to prevent the 2000A/CUR from being	Contractor			1/18 CMS - Keep issue closed, however there may be a need to reopen. 11/4 Conference call Notes: Fixed 10/22/04	10/22/04	
2000B-001	SBR - XXXXX H24235 'Insured Group Name' was not expected because the Insured Group or Policy Number is present	FISS	00308/1006		12/13 As of 12/13 this is no longer occurring. Contractor's file has SBR03 = Blank and SBR04 = XXXXX, 837 file has SBR03 = 2047234g01MS and SBR04 = XXXXX. 2047234G01MS is the subscriber's group number from the eligibility file.	Agree. If SBR03 is present, SBR04 group name is not to be reported.	pg103;Use SBR04 only when no group number (SBR03) is reported	Closed 12/13/04	09/29/04 - FISS will not gap fill -- Gap-fill problem is plugging SBR04, and it shouldn't since it's not a required field. FISS needs to test to verify and then needs to correct. 11/2 - This will be corrected with FS4459S1.	GHI	FS4459S1	12/2/04		12/2/04	

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2000B-003	Missing 2010BA DMG Segment; Required when SBR02 = 18 (self)	FISS			12/13 As of 12/13 this is no longer occurring. (see 2010BA/00001)	Agree.	pg 112; If SBR02 = 18; DMG segment should be in 2010BA (see 2010BA)	Closed 12/13 /04	11/2 - This should be corrected with FS4459S1. 10/22/04 All COBA subscriber information is from the Medicare bene's information. 09/29/04 - FISS wil now populate the subscriber info, which is the medicare beneficiary info. --	GHI	FS4459S1	12/2/04		12/2/04	
2000B-004	PAT01 Data element should not be used	VMS	05535-09/08-0423675392 8000; 05535-11/12-0430375827 6000	09/13/04	11/30 - A fix has to put in the translator to not map this field. 11/12/04 - Value of G8 in contractor's (05535) file.	Agree that PAT01 is not to be used.	pg 109; PAT01 - NOT USED	Closed 11/30 /04	11/16/04 - VMS has found that the 2000B PAT01 is not used but that the 2000C does use the PAT01 field. Since we allow the 2000C thru our inbound process and do not pass this loop to COBC, VMS will need to make a coding change to the outbound process to send out the 2000B PAT without the PAT01 field. 11/12/04 - VMS - seems to be a translator issue either at the COBC or the trading partner. Please advise. 11/02/04 - This is a translator problem with either GHI or the Trading Partner.	GHI					

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2010AA-001	Invalid ZIP Code ('149078170'), not in USPS tables.	VMS, MCS, FISS	31141-11/01		03/09 - This issue no longer occurs. 01/18 - On the 01/13 call a decision was made to pass 5 or 9 byte fields for the zip code, no validation will be done. If an incorrect format is passed the maintainer will gap fill with 9's. This item , 2010AA-001, will be kept open to moniter the status of the zip code changes for the three systems. The other items will be closed. 01/10 - Based on IG, zip codes may appear in the following loops - Part A - 2010AA, 2010AB, 2010BA, 2010BC, 2010BD, 2010CA, 2310E, 2330A, 2330B; Part B - 2010AA, 2010AB, 2010BA, 2010BB, 2010BC, 2010CA, 2310D, 2330A, 2420C, 2420E Zip code must be used	Agree this is an error.	Not X12 - see Analysis Comments	Closed 03/09/05	2/3/05 - FISS - FS4459S3 changed logic to validate the zip codes. 01/17/05 VMS - PLOG 3205 to be implemented on 2/3/05. 01/10/05 VMS - Estimate sent to CMS for format validation of US zip codes. 01/11 MCS 17671 has been initiated to ensure the zip codes are always at least 5 or 9 numeic when the country code is blank. 11/29 MCS CR17144 was created to develop a process to scrub zip codes on the COBC file. 11/23 MCS - We are working on an analysis to determine amount of effort. 11/17 MCS - We agree with the VMS statement. Currently under the current process there is a possibility that an invalid zip will be passed as MCS does not	SS Maintainer	M-17671, V-3205, F-FS4459S3	V P-2/3, F M T 2/18, F T 1/27	12/21 CMS is revisiting the approach for vip code validation. 12/01 CMS - Using Finalists to scrub zip codes in the MCS may not be a viable option. Not all carriers on MCS use Finalists.		

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2010AA-002	Zip code not currently used by USPS	VMS	05535(0425 8719672000); 00805-11/17-0204309898 720		01/18 - On the 01/13 call a decision was made to pass 5 or 9 byte fields for the zip code, no validation will be done. If an incorrect format is passed the maintainer will gap fill with 9's. Item 2010AA-001 will be kept open to moniter the status of the zip code changes for the three systems. The other items will be closed. Zip code must be used by USPS	Agree this is an error.	Not X12 - see Analysis Comments	Closed 01/18/05	01/17/05 VMS - PLOG 3205 to be implemented on 2/3/05. 01/10/05 VMS - Estimate sent to CMS for format validation of US zip codes. 01/10/05 VMS - Estimate sent to CMS for format validation of US zip codes. 12/3 VMS - ViPS has provided an estimate for adding postal scrubbing to the beneficiary and provider address on the 837 COB. Waiting on the CMS decision. 12/3 VMS - ViPS has provided an estimate for adding postal scrubbing to the beneficiary and provider address on the 837 COB. Waiting on the CMS decision. 12/01 VMS - Doing analysis for estimate of work to accomplish zip code scrubing. 11/12 VMS - The VMS	SS Maintainer	Ps3205	2/3/05	12/21 CMS is revisiting the approach for vip code validation. 12/01 CMS - Using Finalists to scrub zip codes in the MCS may not be a viable option. Not all carriers on MCS have finalists		
2010AA-004	Medicare provider number missing from Billing Provider Loop	B				Agree. Although the guide does not require the REF, agree that the Medicare provider number should always be submitted in the REF.		Closed 09/29/04							

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2010AA-006	We're also getting in billing names presented as persons when they clearly aren't persons. NM1*85*1*BI-COUNTY AMBU*L SERV****34*112 310221~	VMS	00803-08/12; 00805-11/17-0204309898 720	09/10/04	01/18 - This was discussed with the Trading Partners on 01/18, the claim will pass their translator, but may cause lookup issues in their claims process. The inbound file had NM102 = 1, with the provider name	Agree. Contractors are to populate the outbound COB files with the provider's name that is present on CMS's provider files. We agree this is an organization name and not a person name, although it is syntactically correct. What was on the flat file? Follow up comment: NM1 is syntactically correct.		Closed 04/06/05	02/21/05 Neil H. stated on last Thursdays call that the VMS solution is good for now. So VMS will implement on 3/10/05. 02/10/05 VMS pushing back implementation date until it is determined that no other changes will be needed fix this issue. 02/04/05 VMS is still waiting on Neil's follow up with the TP's based on 1/19 COBC Issues meeting. 01/10/05 VMS - Opened Plog PS3029 but still discussing issues. 12/20 VMS - doing analysis for correcting these situations. 12/3 VMS - HICN and Carrier/file date provided and we are working with GHI to secure the specific example. 11/08/04 VMS - need example to continue research.	SS Maintainer	3029	3/10/05 2/24/05	3/31 CC Notes: No longer an issue. 2/17 CC Notes: VMS - VMS will resolve this by reading the PECOS file. VMS wants to verify that this is the final fix. Should be 85 – 90% solution, so it is sufficient. Fix will be pushed back to 3/10 and will go in with UPIN changes. 2/15 DDIS: The shared systems are supposed to populate the outbound claim with adjudicated data from our internal files (provider file in this case). The shared system should pull from the provider files, which should have an indicator of "individual" or "corporation" (or something to that effect), when populating the COB file. That indicator is the hook that should set the 1 (person) or 2 (non-		

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2010AA-007	N301 required data element missing	MCS	00882-09/03; 10/20(24042 67161400)	09/13/04	12/21 GHI validated -no longer occuring. 11/12/04 - In the 10/20 file the data is ***. Data missing in contractor's file	Agree that NM301 is a required element.	pg 84; Required	Closed 12/21/04	12/20 MCS - Is GHI still seeing an issue with this, can it be closed? 11/29 This was a carrier issue with their provider file. They have corrected the file. 11/23 MCS On 11/18/04 Sent request to Railroad for file information. 11/17/04 MCS - Carrier investigation is needed. I do not have access to the COBC file or on-line files needed to determine the cause of the problem. 10/27/04 - Contractor and file information is needed to provide a response.	GHI			11/29 This was a carrier issue with their provider file. They have corrected the file.	11/29/04	

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2010AA-009a	The REF-01 (Identification code Qualifier) Cannot equal "EI" when NM1-08 equals 24" because both refer to employer ID number	FISS	00160-04/18; ICN - 20509600494302, 20509600480502, 20509600493302 00181-11/01; 00270-11/02	11/11/04	05/09 - No feedback received from TPs, after error was added to the exclusion list 04/18 - This error was added to the Faciledi Exclusion List. We still see the same value (232980115) in NM109 and REF02 from 00160. 03/09 -Additional validation needs to be done 12/01- Flat file data 00181- ICN = 20429200876102; NM108 = 24, NM109 = 042103600 and REF01 = EI, REF02 = 042103600 00270 - ICN = 20428800374902; NM108 = 24, NM109 = 020369797 and REF01 = EI, REF02 = 020369797 10/00 - The value in the contractor's file - EI	Agree 12/02 - The Medicare provider number should be reported in the REF segment. Agree 11/23 - if the values are the same (24*123/EI*123), then there is an error. Disagree 11/23 - if the values are different (24*123/EI*124), it would be ok (i.e. hospital-123/hospital department-124). We need to see the flat file data.		Closed 05/09/05	3/16/05 - 3/7 note from GHI says "The values I'm seeing are different with a 24 and EI qualifier. The error is seen in Faciledi, since it's based on the qualifier." 2/3/05 - note that the FS4459S2 change will still allow REF01 of EI when the value in REF02 is different than the value in NM109. 1/13 - This should be corrected with FS4459S2. 12/13 FISS - TAR will be released to the user sites on 2/3/05 with an expected production date of 3/7/05. We also plan to include the EIN issue that has been recently identified as a FISS system problem. 11/30 - FISS is researching this issue and believes that a system change may be necessary. FISS will	GHI SS Maintainer	~~FS4459S2~~	~~Prod 2/17,~~ ~~Test 1/27~~	4/14 CC Notes: This issue is no longer a problem. 3/17 CC Notes: Still is an error because only looking at qualifier, even when the IDs are different. GHI will make changes to Claredi edits. No action needed by FISS.		MassHealth (00181, 00270)
2010AA-012a	NM101-INVALID QUALIFIER	FISS	00390-12/03/04 (20428601894602, 20432800409402)	11/06/04	03/09 - This issue no longer occurs. INBOUND FILE CONTAINED AN 87, SHOULD BE 85	Agree 12/10 - must be 85.		Closed 03/09/05	2010A|REF*1C segment with Medicare Provider Number. All other REF	SS Maintainer	FS4459S3	Prod 2/17, Test 1/27			Horizon(00390)

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2010AA-014	Missing HIPAA Required 'NM108'.	FISS MCS	00900 12/17/04 (3504327910080, 3504328911160, 3504328961180) 31141 12/21/04 (0104348040600, 0404341001080)	12/29/2004	03/09 - This issue no longer occurs. 01/31 - See updated Standard Systems Value in NM108 is blank, NM109 contains all zeros	Agree 12/30. NM108 is a required field. Spaces are not valid.		Closed 03/09/05	02/15 MCS - The MCS Carrier group has agreed to update their gap fill file to gap fill this element when blank. This is a carrier maintenance issue and carriers are in the process of updating the gap fill file to correct the issue. 2/10 - MCS - This has been placed on the agenda for the next MEHUGs call for the carriers to vote on how the gap fill should be set up. Once this is agreed to, I will distribute the gap fill solution to the carriers. 02/04/05 VMS - CMS asked what VMS does for this situation. If the datastore has invalid values, VMS gap fills NM108 with either 24 or 34 based upon value in NM102 and gap fills NM109 to '199999999'. 00/00 Segments are passed on 837	Contractor		Prod 2/18	3/3 CC Notes: This is still an issue according to Aru and Janice at GHI. Contractor # 590 had four occurrences of this error. This is First Coast Florida. Pam at FCSO asked for the ICNs. Neil will send Pam an e-mail with the ICNs and he will update the issues log. 2/17 CC Notes: Deb – carriers will update gap-fill table to correct this problem. Will be done today or soon by carriers. Neil will notify if continues to happen. 2/10 CC Notes: Gigi said a meeting with MEHUGS (MCS/EDI/HIPAA Users Group) is scheduled for 2/14. Linda will put this on the agenda for next week. 2/3 CC Notes: CMS said that either 34 or 24 gap fill would be OK. MCS will take it to the MEHUG group for a		Aetna Mass Health
2010AA-015	REF02 does not match the format for UPIN	FISS	454/12/14/04 (2043030053502, 20431400921902)	12/17/04	07/25 - This error is no longer occurring Value in inbound file is 223014175 with a 1G qualifier	Agree. UPIN must be the proper format.		Closed 07/25/05	3/16/05 - changes needed in other loops will be done with FS4459S6. 2/3/05 - 2/2 invalid surrogate UPIN email from CMS addresses this.	SS Maintainer	FS4459S6	P-7/05/05	3/17 CC Notes: Gary at FISS said changes in the other loops will be made in FS4459S6. 3/3 CC Notes: Gary Moon at FISS said there should not be a UPIN coming in for a Billing Provider. He will look at other loops also.		Horizon

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2010AA-017	Billing Provider Name Suffix was not expected because the entity is not a person	MCS, VMS	00811-01/19/05, ICN - 04364843516000	01/20/05	07/25 - This error is no longer occurring EHAB on inbound file	Agree 2/10. If the NM102 is "2" then only NM103 should be present.		Closed 07/25/05	8/4/05 - This was fixed with the July 2005 release. Is GHI still seeing this problem or can it be closed? 02/28/05 - VMS current example does not show an error. Waiting on GHI to response with good example.	SS Maintainer	19071		5/12 CC Notes: Gigi at EDS said that PLOG #19071 has been entered. It is being worked as a priority-3 problem. 4/14 CC Notes: Gigi said EDS is putting in additional testing of this issue. A PLOG will likely be requested. Testing should be complete by the end of next week. 3/31 CC Notes: Yes, examples were sent to Gigi with EDS. 3/17 CC Notes: Have examples, will sent to EDS today. GHI will call Gigi offline. 3/3 CC Notes: Neil has no examples for ViPS. He is now seeing this problem occurring for MCS. Neil will send MCS examples and will update this issue on the log.		

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2010AA-019a	PER 06, PER 08 - Telephone/FAX number in PER should be exactly 10 positions long. The value '6575' is too short	FISS	52280 - 2/12/05, ICN-20502600385202 03, 2050190016 3702 03, 2050310088 7302 01 00400 - 02/11/05, ICN - 2050320224 2801	02/14/2005	07/25 - This error is no longer occurring Values in file are less that 10 positions (3 or 4 digit), with a TE qualifier.	Agree 2/16.		Closed 07/25/05	3/16/05 - In the IG for 2010AA's PER segment, note 3's last sentence says "The extension, when applicable, should be included in the communication number immediately after the telephone number". This seems to mean that with a TE qualifier, the comm number could be 10 digits plus one or more digits for the extension.	SS Ma	FS4459S6	P-7/05/05	3/3 CC Notes: Gary said they are just moving the data that is on the file. Gary asked if he should plug in 9's when the filed is not ten digits long. Matt Klischer at CMS said to refer to the Implementation Guide for the phone number format. Billy at ViPS said they plug in 8009999999. Beverly at ViPS said this was done as part of CR3100 last July. The example provided for this issue appears to be a four digit extension number. The EX qualifier is a separate data element used expressly for extension numbers. Gary said this fix would be included in S6, which is due to production on 7/5.		

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2010AA-019b (Agree closed 3/30/07	**H20102 -** Telephone/FAX number in PER should be exactly 10 positions long. The value '4854611' is too short.	MCS	522 - 02/15/05,ICN - 1105027159 680 31140 - 02/15/05- 0205040665 910 31141 - 02/15/05 0205040593 490	02/15/05	02/20/07 - This error has not occurred recently (01/01/07 - 02/17/07) 03/27/06 - This error has been removed from the Exclusion list. Any claims received with this error will be returned to the contractor as a '222' error. 07/25 - This error was added to the Exclusion List in Faciledi on 07/11. The values are being passed to Trading Partners. Values in file are less that 10 positions (3 or 4 digit), with a TE qualifier. (4854611 was found in the field)	Agree 2/16.		**Clos ed 02/20 /07**	4/27 - MCS has updated the prepass to verify the PER for TE and FX meet the criteria, this should not longer be an issue on the file. Can this be moved to the Closed tab? 09/29 MCS 20149 has been initiated. 9/29 CC Notes: GHI - This edit has been turned off. The standard systems should validate that the phone number is 7-10 numeric digits. 06/30 MCS - The MCS contractors disagree with the DDIS agree. The IG does not prohibit the number from being less than or greater than 10 digits. The comment in the guide indicates the format should be AAABBBCCCC when it is a North American format number but techncially, there is not a way to determine the origin of the phone number.	Mainta	20149	P-04/06 ??	9/8 CC Notes: Neil: For 2010AA-019b, 021b and 023b, edits have been turned off and no complaints have been received from any trading partner that the values are too short. Waiting to hear whether it should be turned back on, or left off 5/12 CC Notes: Neil has not seen this error lately. He has seen instances where this field was too long and had alphas in the field. Neil will send out examples to NHIC and First Coast. 4/14 CC Notes: This issue is still a problem. Aru contacted the carriers identified today (4/14/05). The carriers were Noridian (#832), Triple S (Puerto Rico), and CIGNA (Med B). 3/31 CC Notes: This problem happened 521 times in the 3/30 file from MCS. GHI will	Immediat e	
2010AA-020	Missing HIPAA Required 'PER03'. Missing HIPAA Required 'PER04'.	FISS	00320 - 03/03/05, ICN - 2050410000 2609, 2050410000 2709	03/09/05	07/25 - This error is no longer occurring Data missing in inbound file	Agree 3/16.		Close d 07/25 /05		SS Maint ainer	FS4459S 6	P-7/5/05	3/31 CC Notes: Fix with S6		
2010AA-021	PER 04, PER 08 - Telephone/FAX number in PER should be exactly 10 positions long. The value is too long.	FISS	00320 - 03/03/05, ICN - 2050530124 2402, 2050530124 1302 00380 - 03/04/05, ICN - 2050480081 1505	03/09/05	07/25 - This error is no longer occurring Values in file are more than 10 positions, with a TE or FX qualifier. Values appears as 10-digit phone number, preceded by 1 or followed by the extension in the same field.	Agree 3/16. The EX qualifier is available for use in the IG and needs to be used.		Close d 07/25 /05		SS Maint ainer	FS4459S 6	P-7/5/05	3/31 CC Notes: Fix with S6		

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2010AA-021b (moved to agree closed 5/17/07	**H20108 -** Telephone/FAX number in PER should be exactly 10 positions long	MCS TX	00900 - 02/09/07 - 2207029093 180 01/31/07 - 2207024609 190 _____ 00883 - 03/31/05 - ICN 2050770905 40, 2050770882 00	03/31/05	02/20/07 - This error is still being seen from 00900. Recent example provided 03/27/06 - This error has been removed from the Exclusion list. Any claims received with this error will be returned to the contractor as a '222' error. 07/25 - This error was added to the Exclusion List in Faciledi on 07/11. The values are being passed to Trading Partners The data in the inbound file contained the ten-digit phone number + the extension in one field	Agree 6/1.		Close d 5/4/0 7	4/27 - MCS - This is the same issue as 2010AA-019b. 09/29 MCS 20149 has been initiated. 06/30 MCS - The MCS contractors disagree with the DDIS agree. The IG does not prohibit the number from being less than or greater than 10 digits. The comment in the guide indicates the format should be AAABBBCCCC when it is a North American format number but techncially, there is not a way to determine the origin of the phone number.	Mainta	R200600 20149	3/15/07 BT-11/04, P 01/03/06	4/26/07 CC Notes: COBC has not seen any recent examples. Issue can be closed. 4/3/07 Email TX: This edit was changed from a warning to a reject in our production systems on 3/15/07. 3/15/07 CC Notes: Had the edit set up as a warning instead of reject. 10/17 CMS/LS - Deliver delayed to allow 60 day provider notification of the new pre pass edit. 9/29 CC Notes: GHI - This edit has been turned off. The standard systems should validate that the phone number is 7-10 numeric digits. 9/8 CC Notes: Neil: For 2010AA-019b, 021b and 023b, edits have been turned off and no		
2010AA-023a	PER 04 - Telephone/FAX number in PER should be only digits..	FISS	00180 - 04/04/05, ICN - 2050800043 8102, 2050770037 4702	04/06/05	07/25 - This error is no longer occurring Data in inbound file in the format 2074745121 335	Agree 6/1.		Close d 07/25 /05							

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2010AA-023b (Agree closed 3/30/07	**H20101 -** Telephone/FAX number in PER should be only digits.	MCS	00883 - 03/31/05 - ICN 2050770905 40, 2050770882 00	03/31/05	02/20/07 - This error has not occurred recently (01/01/07 - 02/17/07) 03/27/06 - This error has been removed from the Exclusion list. Any claims received with this error will be returned to the contractor as a '222' error. 07/25 - This error was added to the Exclusion List in Faciledi on 07/11. The values are being passed to Trading Partners. Telephone number with dashes seen in 1000A loop. Value seen is 787-749-4019 with a TE qualifier. Data in inbound file in the format TE 93761930333297, and TE93761930333295	Agree 6/1.		**Clos ed 02/20 /07**	4/27 MCS - This is the same issue as 2010AA-019b. 09/29 MCS 20149 has been initiated. 06/30 MCS - The MCS contractors disagree with the DDIS agree. The IG does not prohibit the number from being less than or greater than 10 digits. The comment in the guide indicates the format should be AAABBBCCCC when it is a North American format number but techncially, there is not a way to determine the origin of the phone number.	Mainta	R200600 20149	BT-11/04, P 01/03/06	10/17 CMS/LS - Deliver delayed to allow 60 day provider notification of the new pre pass edit. 9/8 CC Notes: Neil: For 2010AA-019b, 021b and 023b, edits have been turned off and no complaints have been received from any trading partner that the values are too short. Waiting to hear whether it should be turned back on, or left off		

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2010AA-024 (closed 6/20/2007)	Missing HIPAA required 'NM102'	MCS	00630 - 09/02 - ICN 2505236006 350, 2505236006 570 31140 - 08/31 - ICN 0705217878 180, 0705217878 210 00904 - 04/28 - ICN 0805101775 310	05/01/05	4/9/07 GHI looking internally for recent examples. 09/08/05 - See recent examples. Data missing in inbound file; NM101 = 85, NM102 = space; NM103 = X	Agree 6/1.		Closed	4/27 MCS - This is a carrier specific processing issue. Have new issues been identified, or can this be moved to the closed tab?	Contractor			6/20/07 - Issue not recurring. Issue closed. 4/26/07 CC Notes: COBC has not seen any recent examples.

9/15 CC Notes: (Gigi) Will be discussed on next carrier workgroup call. Happens when no provider number is on the claim or the number is not on their file.

9/8 CC Notes: Neil: For 2010AA-024, this is still occurring for contractors 00630 and 31140. They do have recent examples of ICNs, and will update the log accordingly.

8/11 CC Notes: The claim was processed with a provider not on the file. This is not a normal process and the provider file in question has been corrected. | | |

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2010AA-027 (Closed 2/12/09)	In the 2010AA NM102 segment houses a qualifier indicating that an entity exists but NM108 houses a qualifier indicating that a SSN will follow.		00524 - 08/16/2006 04062120242 20 02062120599 60 02061950395 40	8/16/06	2/12/09 COBC Comments: This should no longer be an issue, as the SSN is no longer acceptable in the 2010AA NM109. This issue can be closed. 6/21/07- G HI to provide new examples and Janis to provide error code under issue column. GHI The trading parnter is not expecting to see the SSN when the provider is an entity (2010AA NM102 = 2). Note the Entity's name and SSN has been de-identified. NM1*85*2* ENTITIES NAME*****34*SSN	Agree 9/14/06		(Closed 2/12/09)					7/13/07- C OBC will contact the Trading Partner.		
2010AA-028 Closed 7/16/09	MCS currently does not check to ensure that the NPI submitted on the incoming 837 Professional claim for the Bill-to & Pay-to Provider (2010AA, NM1=85 & 2010AB, NM1=87) is not duplicated for the rendering physician (2310B, NM1=82). TN Medicaid believes that provider group's NPI should not be the same as the individual rendering physician's NPI. I t believes that when the NPI is the same across Bill-to/Pay-to Provider and the Rendering Provider, the claim is thereby non-compliant. Do	MCS	00904 - 11/06/06 - 02062972473 10	12/8/06	7/09/2009 - TN Medicaid has responded that they've found no evidence of still experiencing this issue. 5/18/09 - We've requested and have been follow-up with TN Medicaid for recent examples. They hope to have example to us by 05/22/09. /23/09 - GHI will reach out to the Trading Partner. The Trading partner does not expect to see the same NPI	Agree 12/11/06		Closed 7/16/09					7/13/07 - CMS to take back to DMBP and/or talk to NPI staff. 5/17/07 email from Trailblazer - The NPI contingency is still in place so no NPI to PIN validation is currently being done. This issue will not be resolved until the NPI contingency plan has been lifted.		TN Medicaid

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2010AA-029 (added 7/1/07) Top Ten (closed 8/16/07)	H40171: When 'Billing Provider NPI' is used, an 'Employer's Identification Number' or 'Social Security Number' must appear as a 'Billing Provider Secondary Identifier'.	MCS	00805 - 06/22/07 - 0207159223370 00630 - 06/22/07 - 1107159707950 00882 - 06/22/07 - 2207162033650	6/19/07	Please see comments in the 'Issue' column. In the examples provided, both 2010AA and 2010AB contained the NPI (NM108 = XX), however only the 2010AB contained the EIN or SSN. The EIN or SSN is missing in the 2010AA	7-3-07 Agree bsr					28499	7/20/07	8/01/07 NGS email - Installed as an emergency release in model office 7/5/07 and now promoted to MCS production. We are no longer seeing these errors in daily error rpts. Issue - H40173 H40171 Can these issues be moved to a closed status? 7/05/07 - WPS- Illinois claims at all time error high. No further update from NGS (805) Identified by NGS (00630, 00805), and began appearing in the 'top ten' errors		
2010AB-001	Billing Provider and Pay-To Provider must be different.	VMS	14330 - 0501191258 6000; 05535 - 5012788031 000; 00811-10/09-0427184295 8000; 00630-11/16-0430771567 0000		03/09 - This issue is no longer occurring from VMS 01/18 - See updated file information sent to VMS on 01/18 01/03 - As of files received the week of 12/27, this error is still occurring. The data appears in both loops of the contractor's file	Agree, they must be different entities. Is all of the information in both loops?	pg 95; 2010AB(Pay to provider) is required if the billing provider (2010AA) is different. Pay To provider has 87 qualifier in NM1, Billing provider has 85 qualifier in NM1	Close d 03/09 /05	3/06/05 VMS - Could GHI (COBC) confirm if this issue is no longer occurring. 01/24/05 VMS - Carrier 14330 (GHI) has the VMS standard edits turned off which would have rejected the claim because of the presence of the NPI qualifier of 'XX' in the 2010AB NM108. As for the 5535 (Cigna) carrier, no 2010AB REF was sent so the new edit going in on 2/3/05 would not catch this error. Question: should we put in an edit to require the 2010AB REF01=1C as we have for 2010AA loop. 01/20/05 VMS - removed wrong references to plog 3205 and zip codes. Plog 3092 going live on 2/3/05. 01/17/05 VMS - PLOG 3205 to be implemented on 2/3/05. 01/10/05 VMS - Estimate sent to	SS Maint ainer	PS3205 PL 3092 front end edit Ps2946 - Back end only	3205 2/3/05 3092 - 2/3/05 PS2946 - 12/23/04	2/18 CMS response: No, you should not create that edit. 2/3 CC Notes: ViPs submitted a question to CMS asking for comments on how to address possible gaps in their solution to this issue, they are still waiting on the response. 12/13 CIGNA - COBC issue log # 2010AB-001 was discussed yesterday and Neil stated that it is the error #1 on VMS 837 crossover files. This is not the error. According to the IG 2010AB Pay-To Provider loop is required if it is different than the Billing provider but the IG is not prohibited to have the same information in the both loops.		

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2010AB-002	Value of element N403 is incorrect. It should be formatted as 5 or 9 digits for US Zip Code.	MCS	00883-10/30	11/10/04	01/18 - On the 01/13 call a decision was made to pass 5 or 9 byte fields for the zip code, no validation will be done. If an incorrect format is passed the maintainer will gap fill with 9's. Item 2010AA-001 will be kept open to moniter the status of the zip code changes for the three systems. The other items will be closed. Value in contractor's file is XXXXXXXXX	Agree 11/16		Closed 01/18/05	01/11 This was a result of carrier gap fill set up. The carriers should not have the gap fill of the N403 set to 9's instead of X's. MCS would need to know if GHI is still seeing an issue with this loop/element. 12/20 MCS - Is GHI still seeing an issue with this, can it be closed? 11/29 MCS the X's were a result of gap filling. This should be resolved with CR17144. 11/23/04 (MCS)- The 10/30 file for this contractor was searched and we could not find this error in the file. More information is needed from GHI	SS Maintainer	17671	Date under negotiation			Horizon(00883)
2010AB-003	NM109, The 'Pay-to Provider Identifier' must be a HIPAA NPI if code XX is used in NM1-08	FISS	308/01/07/04 (20436304146801, 20436304146901, 20436304147001, 20436304147401, 20436304147501)	01/12/04	03/09 - This issue no longer occurs. Value '00225379' in inbound file, with NM108 = XX	Agree. XX is not available for use yet.		Closed 03/09/05	2/3/05 - FISS will research.			Prod 2/17	2/17 CC Notes: FISS (Gary Moon) - Fix went in with S3 changes. GHI hasn't seen recently. GHI will verify and update log. 1/18 12/9 Conference Call notes - GHI update - IG edits were turned on and should resolve problem. The will continue to monit		Mass Health

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2010AB-008 (added 7/1/07) Top Ten (closed 8/16/07)	**H40173**:When 'Pay-to Provider NPI' is used, a REF-01=EI or REF-01=SY must exist in Loop 2010AB	MCS	00951 - 05/23/07 - 2207130372860	6/7/07	Please see comments in the 'Issue' column. In the examples provided, both 2010AA and 2010AB contained the NPI (NM108 = XX), however only the 2010AA contained the EIN or SSN. The EIN or SSN is missing in the 2010AB	7-3-07 Agree bsr					28737	########	8/01/07 NGS email - Installed as an emergency release in model office 7/5/07 and now promoted to MCS production. We are no longer seeing these errors in daily error rpts. Issue - H40173 H40171 Can these issues be moved to a closed status? Comments submitted by 00951 - The 2010AB should not have been created in this instance, and should never be created without all required loops as submitted. PROBLEM initiated-28737 has been written.		
2010BA-001	Subscriber Demographic Information was not found, but was expected because the Subscriber Relationship (SBR-02) is '18-Self'	FISS	00308-1006		12/13 As of 12/13 this is no longer occurring. In Contractor's file (Loop 2320), data not in 2000B (Record 300)	Agree this is an error.	pg 112 - If 2000B SBR02 = 18, DMG segment with 02(DOB) and 03(Gender) is required	Closed 12/13/04	09/29/04 - FISS wil now populate the subscriber info, which is the medicare beneficiary info. -- 10/25/04 All COBA subscriber information is from the Medicare bene's information. 11/2 - This should be corrected with FS4459S1.	GHI	FS4459S1	12/2/04		12/2/04	

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2010BA-002	NM109 - Populated with what seems to be the Supplemental ID, but in one instance it took the HICN. Also being truncated to 10 characters.	A			01/18 - 2010BA NM109 will contain the supplemental ID, if in the elig. file, otherwise the HICN. The policy number (suppl.ID) will now be in the REF segment where REF01=IG. This is being pulled from 2010BA/NM109, where NM108=MI	Agree. This should be the HICN from the eligibility file. The other policy number would be reported in the REF.		Closed 09/16 /04	All COBA subscriber information is from the Medicare bene's information. This should be corrected with FS4459S1.			09/16/04	1/27 CC Notes: Neil – this was resolved. The situation had more to do with a change in the ELIG file. A situation where a transmission to CWF and the update in our file occurs at different times. We had locked our file out because that bene was no longer associated with that COBA ID. We did not attempt to overwrite the HIC number with the SUPL ID. Since that problem Wendy has put a fix in so that situation does not occur.		

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2010BA-004	NM103, NM104 required data elements missing	MCS	00512-09/03	09/13/04	12/21 GHI - Validated, no longer occurring.	Agree that NM103 is a requirement data elmentg. NM104 is nly required if the entity is a person.	pg 113; NM103 required; NM104 situational (required if NM102 = 1 and the middle name/initial is known)	Closed 12/21/04	12/20 - MCS - The issues are now tagged as MCS however the date of the file identified is when the carrier was on VMS. If this is occurring now, MCS would need a file date example from when the carrier transitioned to the MCS system. If this is an issue related to the VMS file, the maintainer should be changed back to VMS. 12/7 MCS - This is now tagged as MCS however the date of the file identified is when the carrier was on VMS. If this is occurring now, MCS would need a file date example from when the carrier transitioned to the MCS system. 12/3 VMS - All examples provided to date are for non-VMS carriers. This issue is listed as ??? under Standard Systems. Should this be changed to MCS?	SS Maintainer					
2010BA-005	Subscriber Address' (N3) was not found, but was expected because the 'Individual Relationship Code' (SBR-02) is '18-Self'B	MCS	00801/0927/0604243042160	10/04/04	GHI will apply subscriber address.	Agree			Closed 12/20/04	11/23 MCS User CR 16868 will resolve this issue. 11/9 MCS will be implementing a fix to populate the bene information as the subscriber information and continue populating self = 18. 10/27/04 - Based on CMS CR3218, Attachment C The 2310BA/N3 in the file going to GHI from the carrier should be sent with spaces regardless of the SBR02. MCS will stop defaulting SBR02 to 18.	SS Maintainer	CR16868	M: Prod date 12/3			

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2010BA-006	Invalid US ZIP Code ('12163'), not in USPS tables of valid ZIP codes.	VMS	00803-10/30	10/04/04	01/18 - On the 01/13 call a decision was made to pass 5 or 9 byte fields for the zip code, no validation will be done. If an incorrect format is passed the maintainer will gap fill with 9's. Item 2010AA-001 will be kept open to moniter the status of the zip code changes for the three systems. The other items will be closed. Invalid data in inbound file. 11/2 Found 08795 in file from 00803	Agree		Closed 01/18/05	01/10/05 VMS - Estimate sent to CMS for format validation of US zip codes. 12/02/04 VMS - doing analysis to estimate adding zip code scrubbing. 11/23/04 MCS - This is a VMS contractor. The Maintainer should be changed to VMS. 11/17/04 MCS - The zip code is not validated prior to moving it to the file. A CR would be needed to make this change. 10/20/04 - More information is needed from GHI. The MCS would not send a value in the zip code field of the 2010BA based on CMS CR3218, Attachment C. Also the 09/27 file was searched and this zip code was not found on the file.	SS Maintainer			12/21 CMS is revisiting the approach for vip code validation.		
2010BA-007	n4/02 required element missing state code	MCS	00882-09/22	10/12	Data missing in inbound file	Agree 10/15.		Closed 12/20/04	11/23 MCS CR16868. 10/27/04 - Based on CMS CR3218, Attachment C The 2310BA/N3 in the file going to GHI from the carrier should be sent with spaces regardless of the SBR02. MCS will stop defaulting SBR02 to 18.	SS Maintainer	CR16868	Moves to prod 12/3			

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2010BA-008a	H50002 - Invalid state code	FISS MOONE, UGS CA, FL	52280 - 02/16/07 - 2070330035 1904 01 00454 - 02/16/07 - 2070370224 0302 00090 - 02/16/07 - 2070360224 3805 00090 - 03/31/06 - 2060870327 1408 00400 - 03/31/06 - 2060770254 2401 Also seen from other contractors 90/12/14/04 (204337014 57505) 400/12/15/0 4 (201347008	12/17/04	03/14/08 - This error continues to occur from most contractors 02/20/07 - This error is still occurring 03/27/06 - Values of UN are still being seen, see updated examples 07/25 - We are currently receiving the actual values, instead of the Gap Fill value of 'UN' Value in inbound file is 'UN' This same error occurs in the 2330A loop	Agree. State code must be valid.		Fix Sche dual	7/20/07 FISS email - this is a P3 Change Request and must be prioritized by the CCB. 5/17/06 FISS - FS4652 added logic to identify the state codes that we could, but when we cannot find a state code in the address area, we still fill with 'UN'. 11/4/05 - examples provided by the FI shows that a valid bene state code is on the FISS claim, but it is occasionally in the next to last address line used. If a valid state code cannot be found in the last address line used, the next to last address line will be checked for a valid state code, and if it's not found, the flat file state code will default to "UN". 9/1 - correction will be in FS4652, scheduled for production 3/6/06. 8/12 - FISS plans to restore the check for a	SS Maint ainer	FS 4652 ~~FS4459S 6~~ PAR AD0312	P- 3/6/06 ~~P-7/5/05~~	10/23/07 - First Coast was assigned issue 2010BA, error code H50002 for both Part A (00090) and Part B (00590). Part B only had three rejects for this error. However, Part A had several. In researching, I found that the beneficiary eligibility files were incorrect in regards to the state codes. Some had invalid characters in the state code, missing the state code all together or the state code was in the incorrect format. The beneficiary files have been identified and the state codes are being corrected. This should eliminate the rejects we receive in the future. 6/22/07 AR- This was not asked about, but just an FYI for issue 2010BA-008A - this is also a priority 3 User CR that		Horizon (both loops) Aetna (both loops)

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2010BA-009 closed 8/28/08	H10017 - Non-alphanum or space character (A,) is not allowed here (N402)	FISS TX, Palme tto NC	00400 - 01/10/08 - 2073630034 8301 00400 - 01/17/08 - 2080050167 9101 00308 - 01/31/08 - 2080220547 9901 00400 - 02/08/07 - 2070270199 7301 00382 - 02/05/07 - 2070230071 2902 00454 - - 2052070254 5102 00363 - 08/06 - 2052060263 3201	08/09/05	03/14/08 - Recent examples provided. "M." in the 2330A N402; "-" in the 2330A N402; "C." in the 2330B N404 respectively for the examples provided

02/20/07 - This error is still occurring. Please see recent examples 03/27/06 - Preliminary evaluation indicate that error code H10017 is no longer occurring since the FISS fix. This issue is referenced in 2010BA-008a. FISS implemented a fix to stop passing gap fill values ('UN'). The actual data is now seen. Example 'A,' | Agree 8/10/05 - "A," is not valid. | | Close d 8/28/ 08 | 5/17/06 FISS - according to 3/27/06 GHI comment in log this is no longer occurring since FS4652 fix. 9/1 - correction will be in FS4652, scheduled for production 3/6/06. | SS Maint ainer | Tar #43852 FS4652 | P-3/6/06 | 5/14/07 (5/10) email notes: TAR 51718 was closed since FISS does not edit the field so pls update your log show that we will continue provider education.

5/9/07 Email notes: Richard...please do not close log 2010BA-009 after all since the internal change that we made still did not correct this issue. Please reflect your log to show that we call in TAR 51718 to FISS to see why their 3SP28 edit is not correctly editing the insurer address.

5/4/07 CC Notes: Texas (lead contractor) needs to research.

3/15/07 CC Notes: No update. | | Veritus |

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2010BA-010 (opened 7/16/07) (Closed 2/8/09)	The 2010BA DMG or 2320 DMG on the inbound X837 comes into VMS with the wrong gender. VMS writes the segments to the outbound X837 exactly as they came in. When VMS sends the cross over claim, a new 2320 loop (DMG) is created with the correct gender (based on BUDS) to tell the trading partner what Medicare paid.	VMS	17003 - 02/23/2007 - 07054810340 000, 07054833478 000, 07054750645 000	06/28/07	Please see the 'issue' column, this was submitted by VMS. Please note this applies to both the 2010BA and 2320 DMG. Trading partners have questioned why they were receiving claims where the two loops have different demographic information for the same member indicated on the claim	7-18-07 These claims should not be corrected. CMS is re-thinking their position on data correction and initial thoughts are that incorrect claims must be returned, not corrected. bsr		(Closed 2/8/09)		C 2/08/09	CR 5866		11/12/07 - CMS -CR 5866 has been created to address this issue and is scheduled for the July 2008 release. 9/20/07 CMS Cathy M - COBC Issue 2010BA-010 opened 7/16/07, VMS. The MCS shared systems create the 2010BA subscriber information based on what is present on the beneficiary eligibility file not what is submitted on the inbound 837 file. For Medicare Part B the subscriber is always the patient. In previous correspondence with Rose and in speaking with VIPS maintainer it would be desirable to create the 2010BA subscriber information as the MCS shared system does to lessen variable systems logic between the two maintainers, as the trading partners have questioned. This change will require a CMS CR. VIPS has estimated this change at 200 hrs. Submitted VMS		
2010BB-001	Invalid Country Code ('ZZ')	VMS			Empire Medicare Services - 00803(VMS), Administar(00630-VMS), Triple S(00973-VMS) - sending ZZ; Trailblazers(00904) - sending spaces	Agree this is an error.	pg 136; Required if the address is out of the US	Closed 11/01 /04	11/1 ViPS will be making a system change to blank the ZZ.. 11/1 COBC made a system change to blank the ZZ.	SS Maint ainer	VMS: 2867	11/18/04			

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2010BC-001	N4 required data elements missing; N4***577831897~	MCS	00520-01/27-2050141787 20, 2050141787 10 00824-11/01	11/08/04	03/09 - Additional validation needs to be done 01/31 - See updated file information Contractor's file contained spaces in N401 and N402	Agree 11/16		Closed 04/11 /05	2/23 ARK: Arkansas has updated our gapfill sysins for all our states today with the most current gap fill from the MEHUGS group, so this should correct the problem for the COBC. 2/10 Sent information to Arkansas carrier to review their files based on the new example. 1/24 MCS - Updated the log to remove the 17144 reference. I have reviewed the gap fill file distributed by the gap fill group and all carriers should have the 2010BC/N401 and N402 set up with a minimum of 02 which should cause the system to gap fill these field up to the 2 minimum bytes. Noridian, who received the error, found that their SYSIN was incorrect and they have corrected the SYSIN. 1/03 - MCS - Carriers can set up their gap fill	Contr	17144	Prod 2/23	3/17 CC Notes: Problem does not still exist. GHI will update the issues log. 2/10 CC Notes: Arkansas is not on today's call. Carryover this issue to next week. 2/3 CC Notes: This was sent to the carrier for research. At this time, EDS is viewing this as carrier maintenance issue as the gap fill should be set up to gap fill the element. This was sent to the carrier for research. 1/27/05 -Noridian -This was fixed soon after it was first was reported, this is no longer occurring, confirmed with maintainer that gap fill is correct. 1/19 MCS Carriers need to set up their gap fill SYSINs to gap fill these elements when blank.	MD(0082 4)	

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2010BC-002	NM103, Missing HIPAA Required 'NM103'.	MCS	00805-01/27/05 - ICN - 205014021300, 905014235250, 905014235610, 205014397870, 205020230130	01/31/05	05/09 - This error is no longer occurring. 03/09 - This error is still occurring. Inbound file contained asterisk. COBC (VIPS) removes delimeters from the inbound file, this leaves the field empty.	Agree. NM103 cannot be blank.		Closed 05/09/05	02/15 - MCS - This is a carrier maintenance issue. The carrier found that an * was enter in the legal rep last name field. They have corrected the files and are investigating why the * was entered to begin with.	Contractor		Prod 2/15	04/07/05- Empire NJ has removed the asterisks from the legal rep name field for the 87 beneficiary files that were causing this problem. We have also updated internal procedures to make sure that this situation will not occur in the future. 3/17 CC Notes: 87 bene elig files with asterisk in the bene rep are being cleaned up, and that will solve the problem. Not all updates have been done yet. 2/17 CC Notes: Carrier maintenance issue. Found that '*' was entered in legal rep name in their file. Only one carrier, Empire NJ. They are researching the problem to keep it from happening.		

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2300-001 (Contractor 21 is the lead)	H30022 - The Sum of the SV2-03 elements is not equal to CLM-02 in the 2300 loop.	FISS Cahaba AL AR	00021 - 05/15/07 - 20602712285404 00382 - 06/19/07 - 20716600026704 00453 - 06/08/07 - 20715800149104 _____ 00010 - 02/14/07 - 20702900020108 00020 - 12/28/06 - 20627800010008 00380-10/19		06/25/07 - New examples provided 02/20/07 - This error is not seen that oftem, three within the past 6 weeks 04/04/06 - As of 04/04/06, this error is still being seen from Contractor ID 00011, 00380, 00450, 00454 07/25 - This error is still occurring from the four contractors. Recent examples forwarded to FISS. 03/09 - This error still occurs for contractors 00011, 00380, 00450, 00454. FISS Maintainer notified. 12/17 - This error still occurs for contractors 00011, 00380, 00454. Fowarded supporting data to FISS. 12/13 As of 12/13 this is still occurring for 00454. The amounts are as they appear in the	Agree this is an error	pg 156; CLM02 = Total amount of all submitted charges of service segments for the claim. This is the total of SV2 segments. Zero may be a valid amount	Closed 9/27/07	8/1/06 FISS - problem was with type of bill 33x not processing the same as TOB 32x. FS4837 will fix on the July U release, scheduled for production 9/4/06. 5/17/06 FISS - FS4669 was originally going to correct this, but had to be installed with or after FS9424. FS9424 was postponed, so this fix had to be pulled from FS4669. FS9424 has since been installed. FISS needs to write another PAR for this. 5/17/06 FISS - FS4669 was originally going to correct this, but had to be installed with or after FS9424. FS9424 was postponed, so this fix had to be pulled from FS4669. FS9424 has since been installed. FISS needs to write another PAR for this. 9/1 - correction will be in FS4669, scheduled for production 1/2/06.	SS Maintainer	FS4837 ~~FS4669~~ ~~FS9424~~ ~~FS4459S6~~ ~~FS4459S1~~	P 9/4/06 ~~P 1/2/06~~ ~~7/5/05~~ ~~12/2/04~~	6/22/07 - AR - This was installed with the July U 2006 release. There were no problems reported with this change request. If this is still a problem, we need a Question submitted for further research. 4/26/07 CC Notes: No update. Will email any findings. 3/15/07 CC Notes: No update. 3/17 CC Notes: GHI sent examples. This is the same kind of problem as before with home health RAPs. Will have to handle other situations, plan to have in S6. 1/27 CC Notes: FISS – this should be corrected with FS4459S3 which was sent today. 12/21 CMS - FISS	~~12/2/04~~	

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2300-002	Rendering Name' was not found, but was expected because both the Billing and Pay-To Providers are present (2010AA and 2010AB) and the Billing/Pay-To Provider Specialty Information (2000A PRV) is not present, so the Rendering Provider must be identified.	VMS	14330 - 4350901410 000 00630-10/23-0427144134 8000		03/09 - This issue no longer occurs for VMS. 01/18 - See updated file information provided to VMS on 01/14. 11/22/04 - Note that the Rendering provider information should be in 2310B	Agree this is an error. Either 2000A or 2310A Rendering Provider must be present		Closed 03/09/05	03/06/05 VMS - Could GHI (COBC) confirm if this issue is no longer occurring. 01/24/05 VMS - Plog will be completed on 2/10/05. 01/12/05 ViPS clarified approach with CMS to require that the PRV info be present in the 2310B loop, if both the loop and the specialty info submitted. 01/10/05 VMS In disscussions with CMS on proposed solution. 12/13/04 VMS is currently working on scheduling this new edit. 12/3 VMS - Received example from carrier on 11/23 and currently investigating need for a new inbound edit. 12/01/04 VMS - a new inbound edit will be needed. The PRV segment is situational but is required in either the 2000A or the 2310B loop. 11/08/04 VMS -	SS Maintainer	PS2945	Prod 2/10/05			
2300-004	Missing Mandatory 'CLM02'	FISS			This was an error in the translator, where zeros and negative values were not being populated.	Agree this is an error. Does the GHI translator check for mandatory fields prior to building the 837 COB	X - pg 162 Required field. Zero may be valid	Closed 09/03/04	GHI translator error. No FISS action required.						

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2300-007	Date - Admission was not found, but was expected because the Facility Type (CLM-05-1) is '21-Inpatient Hospital'	VMS	00630-10/23; 00803-11/06-04286400528000		11/10/04 - The Trading Partner requested that this issue be re-opened, based on the comment that on 09/07, DDIS promised to take back to the workgroup. 09/07/2004 - OIS will take back to work group. CWF show this as a denied claim. This claim should have been returned by the Medicare Contractor to the provider.	Agree 12/21 (changed from disagree per 12/21 COBA conference call) Disagree. 11/16/04 ViPS does have a front-end 837 edit which fires if the 2300 DTP03 is blank, and Place of service is 21 & 51 OR b. 2300 CRC01 = 7 (ambulance cert), CRC02 = Y (condition codes apply), and there is an "01" (hospital admission) in CRC03, CRC04, CRC05, CRC06, or CRC07. CMS CR 2351 was implemented to gap fill the date for non-HIPAA inbound claims for place of service "21" and "51" and if the type of service (from CWF) is medical care. The guide notes that the data is required for inpatient medical visits and when the patient was known to be admitted. Certain medical services provided in an inpatient	pg 163 - Req on all Amb claims and inpatient medical visits - 21, 41, 42	Closed 02/10/05	01/20/04 VMS - The examples given were for consultation claims which do not require the admission date per the IG. 11/24 ViPS - The example given with ICN 04286400528000 is for a type of service "Assistant to surgery". Per CR2361: Report the Admission date for "all inpatient medical visit claims. Do not report the admission date for other inpatient claims, such as surgery, anesthesia, and consultations." As we interpreted the CR, the Admission Date was not reported because the type of service was surgery.				1/18 CMS reopened. 1/27 CC Notes: Neil – situation where the provider is ambulance provider – they will never know the admission date. I believe we determined another provider type might never know the admission date. This was discussed some time ago and I thought the trading partners were like well and even though your systems have put in some additional edits there still might be times when the admission date is not known – I thought they were sort of like, well OK. 1/3 - CMS to follow up to determine why closed.		
2300-008	HI02-02 (HI02-1 = BE) is invalid	FISS			11/30 - Based on feed back from the TP and FISS this issue can be closed. 11/12/04 - GHI working with FISS and the Trading Partner to validate the fix; Value in outbound file = 76	Agree this is an error.	pg 288	Closed 11/30/04	09/29/04 - FS4278 has been put in place to correct this. These should no longer be occurring -- 11/2 - GHI still needs to validate.	GHI					
2300-009	HI04-02 (HI04-1 = BE) is invalid	FISS			11/30 - Based on feed back from the TP and FISS this issue can be closed. 11/12/04 - GHI working with FISS and the Trading Partner to validate the fix; Value in outbound file = 71	Agree this is an error.	pg 289	Closed 11/30/04	09/29/04 - FS4278 has been put in place to correct this. These should no longer be occurring -- 11/2 - GHI needs to validate.	GHI					

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2300-010	HI05-02 (HI05-1 = BE) is invalid	FISS			11/30 - Based on feed back from the TP and FISS this issue can be closed. 11/12/04 - GHI working with FISS and the Trading Partner to validate the fix; Value in outbound file = 76	Agree this is an error.	pg 289	Closed 11/30/04	09/29/04 - FS4278 has been put in place to correct this. These should no longer be occurring -- 11/2 GHI needs to validate.	GHI					
2300-011	Qualifier is RD8 which is for a range of date; the date pattern is incorrect; the dash is missing between the range of dates (HI*BI:72:RD8:2004041720040418~ segment in	FISS			Begin and end date in contractor's file.	Agree this is an error	pg 263; With an RD8 qualifier date should be in the format CCYYMMDD-CCYYMMDD	Closed 09/20/04	GHI translator error, fixed on 9/28. GHI needs to validate.						
2300-012	Claim number not being supplied	AB		09/03/04	CLM01 is being populated, TPs were referring to 2330B. See GHI comments in 2330B	Agree that CLM01 is a required field in 2300. It is situational in 2330B.	pg 215 - 2300; pg 350 -2330B	Closed 11/02/04	10/20 - GHI said this is not an issue now. 11/2 - Should this be closed? GHI should validate.						

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2300-013	CLM03 data element should not be used. It appears that an asterisk was used as part of the patient acct# in CLM01	MCS?	00901-10/01-0204263535 10, 10/06-0404254400 050	09/13/04	01/10 - A fix was put in at COBC (VIPS), to strip delimeters from the flat file. The field in the contractor's (31141) file contained an asterisk. Asterisk(*), Colon(:) and tilde(~), are delimeters, and should not be included in any field in the file.	Agree. This is in the COB Closed issue log . Paper claims containing asterisks in the CLM03 /patient account field on the MCS flat file. Contractors have 2 options - create a routine or process to strip the offending delimiter prior to creating COB or set a different delimiter which the TP will have to accept.	pg 162; CLM03 is NOT USED	Closed 01/10 /05	11/23/04 MCS - This should be resolved with the delimiter scrubbing GHI will be doing for 2300-013. 10/27/04 MCS - This is a carrier processing issue. The Patient Account number allows the entry of an * and if entered into the field will be passed on the outbound file.	GHI		GHI 12/20	11/4 Conference call notes: Before the COBC CR was placed into effect, MCS used a "fix-it" job to change fields that contained the delimiter used by the receiving trading partner. When the COBC CR was incorporated, these files are sent directly to COBC bypassing this "fix-it" job. During the discussion we found that most carriers do not run any programs that change the COBC files delimiters. Most agreed that GHI/COBC should set-up a solution as they would know what each trading partners delimiters would be and the carriers would not know. This issue was tabled for more discussion next week.		

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2300-014	1. CLM segment errors in loop 2300: CLM*DIX*0* 91.*** 22::1*Y*A*Y *Y *C~ When we reviewed the claim with this segment the actual billed charges, CLM02, should be $91.00. CLM05 shouldn't have a leading space. CLM08 and CLM09 are supposed to be one byte fields and are being sent as two byte fields. We have several other examples of the same issue: CLM*MG-27735:822* 150***	B		09/16/04	01/18 - A fix was put in at COBC (VIPS), to strip delimeters from the flat file. 12/07 - See comments for 2300-014. The CLM01 in the contractor's file contained an asterisk, this shifted the fields over.	Agree. This is way off. It should look like CLM*DIX*91***22::1*Y*A *Y*Y*C~ The IG doesn't say you can't send leading spaces, only that they should be supressed. However, in this case, we agree that there should not be a space in CLM05, CLM06, CLM07, CLM08 CLM09, CLM10. Please Note: our flat file allows for only one position so this seems to be a problem with GHI and their translator. GHI did not provide their analysis in the comments column.		Closed 12/21 /04		GHI			12/21 CMS - closed due to lack of documentation.		

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2300-015	The therapy begin date format is a single date in the YYYYMMDD format. This segment was found with a date range which is inappropriate for the segment. The DTP02 qualifier, D8, indicates a single date, not a date range. The example we offered is: DTP*463*D8*20040624-20040624~ and DTP*463*D8*20040628-20040628~	VMS		09/16/04	03/09 - Additional validation needs to be done 12/2 We will pass the from date when the D8 qualifier is present.	Agree. The loop reference is incorrect. This date is in loop 2400. We agree that the D8 indicates a single date.		Closed 04/06/05	02/10/05 VMS - Plog #3377 with implementation date of 03/03/05. 01/17/05 VMS - Still trying to determine the extent of changes needed and when the changes can be completed. 01/10/05 VMS - Will have estimate and estimate implementation date in our next update. 12/13/04 VMS - a new inbound edit will be implemented. Schedule to be determined yet. 12/03/04 VMS - The issue represents a provider submitting a segment with a D8 qualifier but containing both a from and thru date (both the same). On 12/2 we were advised that no change will be necessary as this will be handled at the COBC or trading partners. ViPS did raise the question as to whether this fix would	SS Maintainer	PS3377	VMS 3/3 11/30 - GHI fix	3/31 CC Notes: This is no longer a problem. 2/3 CC Notes: Just receive clarification from CMS so the estimated implementation date is March 3rd. 2/2 CMS/DDIS This is a critical IG edit. 1/27 CC Notes: VIPS – still researching, we will have estimate and implementation date by next week. Looking at all DP segments, not just therapy. Neil – when this goes in, we need to take a patch out.		
2300-016	CLM12 must equal '01' since CRC01 is 'ZZ'	MCS	00591-09/27-2204257019730	09/20/04	05/09 - This error is no longer occurring 11/10/04 - TP question - In the file or in the IG, if in the IG it is valid, but why would you not have CLM12 populated with 01 if CRC*ZZ?	Agree 12/20 CLM12 is situational and is not required based on a CRC segemnt requirement. There is no CRC01 with a value of "ZZ"Agree. Agree 11/16/04 We missed the CRC in the guide that had "ZZ". We agree that this is an error and have changed that above. Disagree 10/00 CLM12 is situational and is not required based on a CRC segemnt requirement. There is no CRC01 with a value of "ZZ"		Closed 05/09/05	12/7 MCS - CR16149 has been requested. 11/23 FCSO - We disagree with the DDIS comment. 11/23 MCS - MCS sent a request to FCSO to request a user CR to resolve this issue.	SS Maintainer	16149	Prod 4/4/05			

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2300-017	QTY01 and QTY03 - Required element missing from segment.	FISS	00308/0928	10/01/04	11/12/04 - This item was fixed in the translator, which wasn't handling zero values correctly. Data missing in contractor's file - Record 540	Agree - if the QTY segment is present, QTY01 and QTY03 are required		Closed 11/12/04	11/10 - per email received from Janis Pollard @ GHI, this issue has been resolved. 11/2- Still need examples from GHI.	GHI					
2300-018	CR1 segment, CR101 contains value "LB", CR102 is blank. If CR101 or CR102 is present then the other must be present also. See I/G 248. See MCN 1104257176630. See also MCN 1104257176740. See also MCN 1104257176790. Also four others, segments all start	MCS	00523/0927	10/01/04	This was an error in the translator, where zeros values were not being populated. Data in the contractor's file		pg 233 - If either CR101 or CR102 is present, then the other is required.	Closed 10/07/04							

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2300-021a (4/02/07) (Closed 9/24/08)	H51106 - HI01-02, 'M1' is not a valid NUBC Condition Code. or 'GO' is not a valid NUBC Condition Code.	FISS	00452 - 10/10/06 - 20626330073 1502 00322-12/02/04 (2043201541 2604, 20432336281 204) 00011-12/02/04 (2043240901 2204, 20432409094 004) 00350-12/02/04 (2043241259 1304) 00450 (2043243533 4104, 20432435334 004) 00454 (2043243752 9204)	12/06/04	9/24/08 - This error (H51106) is currently being bypassed; the claims are being sent to the Trading Partners 6/21/07 - Janis issue. Please confim the fix works. 10/25/06 - Based on the 'Agree' and 'Disagree' comments in the DDIS comments, can you please verify if this error code should be bypassed or whether COBC should be validating the condition code. Because of the original 'Disagree' this error code is currently being bypassed and the claims forwarded to Trading partners, but some Trading Partners are indicating that they are receiving claims with invalid condition codes. 03/09 - This issue no longer occurs. Value in inbound file. Values that have appeared - GO, M0, M1	11/1/06 Agree - GO is not a valid CC. 11/1/06 Disagree - M1 is a valid CC (payer use only). 11/1/06 - Yes, COBC should validate for compliant CCs, including CCs reserved for payer use only. Agree 12/10 - GO is not valid. Disagree 10/00 - M1 is valid. Per CR3255, the CMS will pass along to the COB trading partner any payer use condition codes it generates during the adjudication process.		C 03/09/05	1/13 - This should be corrected with FS4459S3.	M	FS4459S3	Prod 2/17, Test 1/27	7/13/07 - COBC is bypassing this error due to "M1" condition code. COBC is discussing edit changing with Claredi.		

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2300-022a	HI03-01, According to the HIPAA Regulation, ICD9 Procedure Codes should only be used on Inpatient Claims.	FISS	00130-02/02-2050320024 1608, 2050320078 1808, TOB=13; 00363-02/02-2050321641 2504, TOB=13; 00350/12/08 /04 (204342141 31904) 00454/12/09 /04 (204342016 88608)	12/10/04	07/25 - This error is no longer occurring 02/07 - See updated examples sent to FISS . This error is similar to 2300-025a, and also occurs in 2300 HI01-1, HI04-1; Value in inbound file. Values that have appeared - BQ	Agree 12/21.		Closed 07/25 /05	3/16/05 - will be corrected with FS4459S6. 2/3/05 - per FISS users, this problem was corrected in FISS months ago. Empire will check if problem still exists. 1/13 - FISS will research.	SS M	FS4459S 6	P-7/5/05	3/17 CC Notes: Will be in S6. 3/3 CC Notes: Janice at GHI said this problem is still occurring for FISS. FISS is changing the COBC process so that HI03-01 will only come through on inpatient claims. FISS will update the issues log. 2/17 CC Notes: Edits were put in to catch this, but FI adjustments bypass the edit. Asked Janis to send the 3rd digit of the type of bill for her examples so FISS can verify that's the problem. Neil will have that sent. 2/3 CC Notes (Mutual): There is an edit to correct this. It was installed in the October release. Any claims received after this date will be correct. 2/3 CC Notes: FISS was needing verification on why TOB should be applied to this policy.		

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2300-023a	Missing mandatory CR601, CR602, CR605, CR606, CR607, CR608	FISS	00454/12/15/04 (20433704504302(103))	12/17/04	07/25 - This error is no longer occurring Data missing in the inbound file	Agree. If the CR6 segment is used, it must be used in a compliant manner (see 2300-024a issue).		Closed 07/25/05	3/16/05 - Matt Klischer of CMS approved removing these segments from COB. Will be done with FS4459S6. 2/3/05 - FISS will research.	SS M	FS4459S6	P-7/5/05	3/3 CC Notes: These segments were dropped in the latest version of the IG. Fix will be part of S6. 2/17 CC Notes: Home health plan of treatment data. Had discussed long before that these segments were not used by Medicare and were only for Medicare, no other payers needed them. Did RHHI's have input? None answered. Matt (CMS) says there is no need to cross this data over, so FISS will stop sending this segment.		Regence
2300-024a	CR611 found, but CR609 missing	FISS	454/12/15/04 (20433704504302)	12/17/04	07/25 - This error is no longer occurring Data missing in the inbound file. CR610 and CR611 in file but CR609 missing	Agree. If the CR6 segment is used, it must be used in a compliant manner.		Closed 9/13/05	3/16/05 - Matt Klischer of CMS approved removing these segments from COB. Will be done with FS4459S6. 2/3/05 - FISS will research.	SS M	FS4459S6	P-7/5/05	9/8 CC Notes: o Neil: For 2300-024a, no longer occurring. This one can be closed. 3/3 CC Notes: These segments were dropped in the latest version of the IG. Fix will be part of S6. 2/17 CC Notes: Home health plan of treatment data. Had discussed long before that these segments were not used by Medicare and were only for Medicare, no other payers needed them. Did RHHI's have input? None answered. Matt (CMS) says there is no need to cross this data over, so FISS will stop sending this segment.		

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2300-025a	HI02-01, According to the HIPAA Regulation, ICD9 Procedure Codes should only be used on Inpatient Claims.	FISS	00130-02-02-2050310104 0308, 2050320024 1608, TOB=13; 00363-02-02-2050321641 2504, TOB=13; 00350/1208/04 (203421413 1904); 00454/1209/04 (204342016 88608);	12/10/04	07/25 - This error is no longer occurring 02/07 - See updated examples sent to FISS. Value in inbound file. Values that have appeared - BQ	Agree 12/21.		Closed 07/25/05	3/16/05 - will be corrected with FS4459S6. 2/3/05 - per FISS users, this problem was corrected in FISS months ago. Empire will check if problem still exists. 1/13 - FISS will research.	SS M	FS4459S6	P-7/5/05	3/3 CC Notes: Similar to issue 2300-022a listed above. The fix for these two issues will be included in FS4459S06. 2/17 CC Notes: Edits were put in to catch this, but FI adjustments bypass the edit. Asked Janis to send the 3rd digit of the type of bill for her examples so FISS can verify that's the problem. Neil will have that sent.		
2300-026a	HI01-2, HI02-2, HI08-2 ICD9 code not found in ICD9 database	FISS	00350/12/14/04 (204336131 94604(79)) 00380/12/15/04 (204338011 09905(68)) 00390/12/15/04 (204324013 23002, 2043230201 2802(68))	12/17/04	04/18 - This error is turned off in the validator. So far no comments were received from the TPs that this is an issue. value in file 70703 (HI01-2) with a BK qualifier 70707 (HI02-2) with a BJ qualifier; Type of Bill = 11 value in file 70704 (HI01-2) with a BF qualifier; Type of Bill = 32 value in file 70703 (HI01-2) with a BF qualifier; Type of Bill = 11 value in file V4611 (HI02-2) with a BF qualifier; Type of Bill = 11	Agree. Codes used must be valid per the external code source referenced in the IG.		Closed 04/18/05	3/16/05 - FISS checked out examples GHI provided. The first claim was for type of bill 14x, religious non-medical. The claim had no diagnosis codes, and they are not required according to the IG. The second claim had all the other diagnosis codes populated. All of them were valid, so possibly the invalid code came from the repository. 2/3/05 - FISS will research.				3/17 CC Notes: GHI has turned off edit, and hasn't gotten any feedback from the trading partners. They will note that in the log. 3/3 CC Notes: Gary asked what the question was for this issue. Linda checked the 2/17 minutes. The minutes indicated that FISS needed more examples from GHI. Sandy asked are ICD9 codes actually coming on the claim. Can only store ten on a claim. 24 can come in on an inbound claim. Gary said he needs HICNS from Janice at GHI and more examples of this problem. 2/17 CC Notes: These codes are editing by Medicare Code Editor to validate ICD9 codes, and the Outpatient Code Editor to validate HCPCS codes (see 2400-022 below). Need to check these		Horizon Value in file 70703 (HI01-2), V4611 (HI02-2) Aetna Value in file 70704 (HI01-2) Regence Value in file 70703 (HI01-2)

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2300-028 Closed 6/18/09	H51131 - CL102 - '0' is not a valid Admission Source Code	FISS TX	00012 - 01/31/08 - 2080180043 1604 03301 - 02/04/08 - 2080230016 1702 00400 - 06/12/07 - 2071500046 5804 52280 - 05/11/07 - 2071130017 2004 03 _____ 00400 - 11//1506 - 2063061153 0204 00390 - 04/14, ICN - 2050810020 0609, 2050810020 0809, 2050810020 1109	03/09/05	03/14/08 - Recent examples provided 06/25/07 - New examples provided 02/20/07 - This error has not been seen recently. The most recent example is from Nov 06 04/18 - Additional examples were forwarded to FISS. For the week of 04/11, this issue was seen from 00380, 00390, 00400 '0' in the inbound file	Agree 3/16.		Closed 6/18/09	7/1/08 - Fiss - Joannah stated that this is a provider billing issue and they receive approximately 5-10 claims a week that are impacted. They have sent out a number of educational notices to provider over time in an effort to education them on the appropriate data for the field in question. Keith does not see a need to elevate the priority of TX5051 as this is a educational issue. However, there is no workaround in place.FISS is allowing claims with an invalid admission source code to process through the system without catching it for 71X type of bill claims. 6/26/08 - FISS to get back to CMS on this issue. This is a piority 3 issue. Need direction from CMS to move to a priority 2. CMS to talk to Kelly Dehne. 6/22/07 - FISS -		PAR TX5051		06/18/09 CMS closed the issue. Fix will be done only through provider education. 05/09/09 - trailblazers - FISS updated the PAR TX5051 narrative on 4/15/09 to say$_t$ hat the core workgroup decided on their 3/23/09 conf call to leave TX5051 as a P3. 7/31/08 - Priority 3 issue. CMS to discuss at January 2009 CCB according to Kelly Dehne. 8/27/07 Trailblazers email - We will increase our provider education at the suggestion of CMS/Kelly Dean during today's CCB call to prioritize TX5051 which was denied & downgraded. 5/14/07 (5/10) email notes: the TAR 51671 was closed as FISS request so pls update your log to reflect that user PAR TX5051 was done to validate the		

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2300-029 Closed 7/31/08	H51115 - CL103 - '72' is not a valid Patient Status Code	FISS Riverb end TX Cahab a IA MOO	00090 - 02/04/08 - 2080230138 6104 00020 - 01/20/08 - 2080230053 6202 _____ 00011 - 06/13/07 - 2071510057 9304 00090 - 06/08/07 - 2071170031 3904 00390 - 06/05/07 - 2071440054 1704 52280 - 06/08/07 - 2071450110 7302 03 _____ 00390 - 02/15/07 - 2070340008 8904	03/09/05	03/14/08 - Recent examples provided 06/25/07 - New examples provided 02/20/07 - This error is still occurring. Please see recent examples provided 03/27/06 - GHI to verify that this is no longer an issue 07/18 - Additional information provided to FISS. Some codes were invalid, some were not in the Faciledi table. Need to verify which code list (FISS or Faciledi) is more current '72' in the inbound file	Agree 3/16.		Close d 7/31/ 08	5/17/06/FISS - FS4675 should have corrected this in January - GHI LOG note states that they will verify. 8/12 - analysis continuing	FS	FS4675	P-01/06	7/31/08 - Provider education performed. Issue is closed. 4/26/07 CC Notes: Provider Education issue. COBC says issue is still happening. Needs research. 4/20/07 Email RGBA (390) - I (Vicky W.) have researched the claims that received error code H51115 for contractor 00390 and found the problem was the provider submitting the incorrect patient status. They were submitting '10' instead of '01'. The 114 reports were generated for the claims impacted. We had around 22 claims with this error in February. 3/15/07 CC Notes: No update. 9/29 CC Notes: Gary - FS4675 is scheduled for the January release. 9/15 CC Notes: (Gary) Was TAR 44026, now a		

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2300-030 (Issue closed 6/20/07)	Missing HIPAA required 'REF02'	MCS	00902 - 09/02 - 2205221001 520, 2205221001 420 00512 - 09/02 - 0205234307 010 00590 - 09/02 - 1005231213 140 00902 - 04/29 - ICN 2205116001 430, 2205116001 120	05/03/05	4/9/07 GHI looking internally for recent examples. 09/08/05 - See recent examples. 07/25 -See Additional examples provided Data missing in inbound file	Agree 6/1.		Open	4/27 - This is carrier issue to resolve with the OCR input file. The examples are from 2005 have new examples been identified or can this be moved to the closed tab? 10/10 MCS - with the contingency this is only an issue with OCR claim, therefore, this is carrier issue to resolve with the OCR input file. 9/29 MCS - This was discussed at the workgroup and was carried over to determine if editing could be completed on the PRO field. Some carriers felt this should be resolved by GHI as the field is being sent in an IG compliant manner. 06/30 MCS Actually the REF02 was not blank, it was sent with an * because that is what was received on the NSF file for the PRO number. Since the claim was NSF	Contractor			6/20/07 - Issue not recurring. Issue closed. 4/26/07 CC Notes: COBC has no recent examples. 9/29 CC Notes: Gigi - . This issue has been carried over to the next workgroup call to allow time for the Carrier's to investigate. 9/15 CC Notes: (Gigi) There's an '*' on the file to GHI. GHI scrubber is removing the '*' making the field blank. GHI will work on this, and Linda will move this item to the GHI list. If GHI removed the '*' then there will be an error that the field is required. GHI removes the '*' because it's a delimiter. Linda asked that the MCS workgroup discuss this. 9/8 CC Notes: Neil: For 2300-30, that is still occurring from contractor 00902. There are new ICNs. The log		

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2300-031a (Closed 7/17/07)	2300 NTE, 2400 NTE Can COBC scrub the exclamation points from the NTE 02 in the 2300 and 2400 Loops	FISS	General	05/13/05	06/25/07 - This issue was originally reported by one or two Trading Partners and has not been reported recently. Systems changes will not be made at this time, since this seems to affect only a few claims. Please close. 4/9/07 GHI checking with IT 09/12/05 - Fix scheduled for 01/02/06 This is not a HIPAA issue. It was added to the log for tracking purposes. COBC will look into the possibility of doing this.	None required 6/1.		Closed 7/19/07	5/17/06 FISS - LOG states that COBC will look into possibility of doing this.			P-01-06	4/26/07 CC Notes: COBC needs to look for any recent examples. 9/8 CC Notes: o Neil: For 2300-031a & 031b, scrubbing issue. Trying to schedule a fix for this issue, but it has not been done yet. A change can be done, but it needs to be scheduled. This remains open.		
2300-031b (closed 7/17/07)	2300 NTE, 2400 NTE Can COBC scrub the exclamation points from the NTE 02 in the 2300 and 2400 Loops	MCS, VMS	General	05/13/05	06/25/07 - This issue was originally reported by one or two Trading Partners and has not been reported recently. Systems changes will not be made at this time, since this seems to affect only a few claims. Please close. 4/9/07 GHI checking with IT. 09/12/05 - Fix scheduled for 01/02/06 This is not a HIPAA issue. It was added to the log for tracking purposes. COBC will look into the possibility of doing this.	None required 6/1.		Closed 7/19/07				P-01-06	4/26/07 CC Notes: COBC needs to look at for any recent examples. 9/8 CC Notes: o Neil: For 2300-031a & 031b, scrubbing issue. Trying to schedule a fix for this issue, but it has not been done yet. A change can be done, but it needs to be scheduled. This remains open.		

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2300-032 (agree closed tab 4/09/07	2300 REF02 with an F5 qualifier Mandatory 4081 segment populated incorrectly. X	MCS, VMS	General	6/10/05	04/09/07 - This issue has been resolved. Please close. This issue was raised by UHG/AARP who has a Medigap COBA ID. They are receiving a "Y" which the implementation guide indicates corresponds to an NSF value of "1". They believe this should be set to an "N" which corresponds to an NSF value of "2".	Agree 6/28/05 - This appears to be more of a policy issue than a HIPAA issue. OFM will have to rule on how "dual method" trading partners are to be handled and program the shared systems accordingly.		Closed - 04/06/07					8/17/05 CMS will be issueing an instruction at a latter date regarding claim based Medigap, that will resolve this issue.		UHC/AARP
2300-034 Closed 7/31/08	H51130 - CL101 - '6' is not a valid Admission Type Code	FISS MOONE, Empire NY, Veritus PA	52280 - 02/01/08 - 20734400233504 03 _____ 52280 - 02/16/07 - 20703600469704 01 00308 - 02/05/07 - 20703100823004 00363 - 01/31/07 - 20701801735801 00363 - Veritas	########	03/14/08 - In the past three months, 9 claims rejected. Recent example provided 02/20/07 - This error is still occurring. Please see recent examples This issue was submitted directly to CMS/DDIS from the Contractors	Agree 8/10 - Per the NUBC "6" is invalid. The COBC reject is correct. FISS should not be allowing this code per IOM 100-4CP, chap 25 (attached).		Closed	5/17/06 FISS - Question 44027 - SAME AS 2300-028 above.	SS Maintainer			6/26/08 - WPS stated that it sent information to Provider Enrollment as they need a list serve on its website. This may take 60-90 days. 4/26/07 CC Notes: No update from Mutual (lead contractor). 3/21/07 Email Notes: To address this error, we plan to conduct provider education. Specifically, we plan to contact these two providers by calling them and issue communication on our website and via an Electronic Mail List (EML). 3/15/07 CC Notes: No update. 9/29 CC Notes: Gary - Still in research. 9/15 CC Notes: (Gary) TAR 44027.		

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2300-035	CR1 required for ambulance claim	VMS MCS	00740 - - 05210905159000 00650 - 07/15 - 05178808236000	########	09/12/05 - This error seemed to be occuring from Kansas, on the VMS system. They recently switched to MCS. Trading partner will monitor for the next week or two, based on the MCS file. The inbound file contained CLM05-1 = 41, with no CR1 segment.	Agree 8/10/05		Closed 09/12/05	9/08/05 - VMS - Since all VMS MEDB's have been converted to MCS and the DMERC's do not process ambulance claims, this becomes a non issue for VMS 08/18 - MCS - This is BCBS of KS and they are still on ViPS.				9/12 - CMS: Since this is a VMS issue and all carriers have transitioned to MCS this issue will be closed. 9/8 CC Notes: Billy: As of 9/6, Kansas became a MCS carrier. But when in VMS, we did not have an edit for CR1. Since Kansas is no longer in VMS and ambulance claims do not apply to DMERC carriers, this issue will not be pursued any further by VMS.		Veritus
2300-036 (Agree closed tab 3/30/07	H51112 - CLM05-3 - The last position of the Bill Type Code is not a valid NUBC Frequency code for this transaction.	FISS	00363 - 08/05/05 - 20521600300208	########	02/20/07 - This error has not occurred recently (01/01/07 - 02/17/07) 03/27/06 - GHI to verify that this is no longer an issue Value of P in the inbound file, with CLM05-1 = 11, CLM05-2 = A. Also seen from 00011 and 00390	Agree 8/10/05 - "P" is not valid for CLM05-3.		Closed 02/20/07	5/17/06 FISS - FS4669 should have corrected this - GHI LOG comment states that they will verify. 9/1 - correction will be in FS4669, scheduled for production 1/2/06.	SS M	FS4669	P-1/2/06	9/15 CC Notes: Veritus questions issue 2300-036 with type of bill 11P. FI's use 11P in FISS. Gary of FISS says that 'P' is not valid for NUBC, so FISS is changing 11P to 11N only in the COB in FS4669. Claredi should allow 11P bill type		Veritus

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2300-037 Closed 01-08-09	H10012 - CLM01 - Your data contains invalid character(s) from neither the basic, nor the extended character set.	FISS Veritus	00450 - 02/04/08 - 20802200309402 00180 - 01/29/08 - 20801600425904 00363 - 07/18/05 - 20518614545704 00363 - 07/18/05 - 20518615101404	########	03/14/08 - Recent examples provided (58 claims rejected in the past three months) 02/20/07 - This error is currently being bypassed in the 2330B loop. Should it remain this way or should the claims reject back to the contractor? On the mainframe the value appears as 5649640-1; Faciledi value - 5649640[x[x1d]+]1 On the mainframe the value appears as 5660985-1; Faciledi value - 5660985[x[x1d]+]1 The mainframe value results in Hex CA; the Faciledi value results in Hex AD being the invalid character	Agree 8/10/05 - Veritus will edit for this.		C 1/8/09	1/8/09- Closed due to error no longer occuring. 5/17/06 FISS - FS4690 was written for this, but it is not scheduled. Veritus updated TAR # 44161 to user status.				4/26/07 CC Notes: No update from Veritus (lead contractor). COBC update is claims are being bypassed on the Part B side only and should it stay that way. CMS believes it should be errored back. 3/22/07 Highmark feels FISS should implement fix via PAR FS4690. 3/15/07 CC Notes: No update. 9/29 CC Notes: GHI - GHI prefers that either the front end or FISS performs the scrubbing. 9/16 Veritus: 'Veritus strongly recommends FISS taking responsibility for 'scrubbing' the flat file for special characters created in FSSP0054 before it is NDM'ed to the COBC to be consistent. Veritus		Veritus

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2300-039 (Close 12/01/09)	H20802 - 2300 HI03-1, HI04-1 - The 'Diagnosis Code' composites must not leave gaps in them	MCS NAS WA, NHIC N CA, NHIC S CA	31141 - 02/07/08 - 0108010063 340 00883 - 02/06/08 - 0308028050 130 00836 - 02/19/07 - 1507022048 660 31140 - 02/19/07 - 0607036000 210 31146 - 02/16/07 - 1207019001 670 _____ 00803 - 08/29 - 0705213094 820 00900 - 08/29 - 1505215045 850	########	03/14/08 - Recent examples provided (approx. 650 claims rejects in a two week period) 02/20/07 - This error is still occurring. Please see recent examples For ICN 0705213094820 - HI03-1 error The inbound file contains data as follows HI*BK:2720**BF:5645~ For ICN 1505215045850 - HI04-1 error The inbound file contains data as follows HI*BK:78650*BF:7804** BF:6961~	Agree 9-8-05. Generally accepted EDI principles dictate that repeating elements follow without gaps.		C	3/15/07 CC Notes: No update. 3/13/07 Email Notes: I agree, I think this would be correct. I'm not sure why this isn't edited currently - Hopefully I'll have an answer soon. EJ 3/13/07 Email Notes: Part B claims, even paper claims, cause them to be returned to the provider as unprocessable? I know, for example, that we used to return paper claims w/ diagnosis codes not coded to the highest level of specificity to the provider. **Things may have changed, but I seem to remember that Brian Reitz supported the above thinking not that long ago…. Thanks, BRP 3/13/07 Email Notes: The claim in question is being investigated (ICN=1507019020360).	C			12/01/08 - Noridian - On 10/15/08 NAS OCR has stopped uploading box 19 for diagnosis codes 3 through 8. Julian Date 289 began to be seen on reject reports on 11/10/08 and other than adjustments (where the original claim is prior to Julian Date 289 as the adjustment may not change the Dx Codes so the would stay like this) error code H20802 no longer is occurring. 9/24/07 Sheryl K - Noridian - I found that there are existing prepass edits for both EDI and OCR to reject when there is a blank diagnosis in the middle of diagnosis that are present. (i.e.. 1st dx exists, blank 2nd dx, 3rd dx exists) - prepass 0464-0479. Noridian has these edits turned on for EDI claims and turned off for OCR		
2300-040 (moved to agree closed 5/17/07)	2300 REF01, 02 Original Reference Number loop not found	FISS	00450 - 09/29 - ICN 2052440136 4202	########	04/09/07 - Unless a Trading Partner identifies this issue. It will be difficult for GHI to verify that this is still occurring. Trading Partner is expecting to see an original ICN when the claim is an adjusted claim - CLM05-3 = 6, 7 or 8. Original ICN not found in inbound file. CLM05-3 = 8	Agree 10/27/05.		Closed 5/4/07	8/1/06 - FS4733 was written to address this issue, but it is not scheduled. 5/17/06 FISS = NEEDS FISS RESEARCH	SS Maintainer			4/26/07 CC Notes: COBC has no recent examples. This issue needs to be identified by the Trading Partner. Issue may be closed.		

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2300-051 (4/02/07) (Contractor #00523 is the lead) (Closed 2/12/09)	Trading Partner (Missouri Medicaid) contends that 2300 loop DTP*435 (date of admission) & DTP*096 (date of discharge) must be present on 837 professional claims when the beneficiary is an inpatient w/in the hospital. **Per the Part B claims operations staff, the dates of admission & discharge are not necessary for Medicare adjudication. However, the notes within the IG read: "Required on all ambulance claims/encounters when the patient was known to be admitted to the hospital. Also required on inpatient medical visits claims/encounters." (For the example	MCS	06/25/07: 00523 - 06/18/07 - 1107155424060 ICN#4906244024118	02/14/07	06/25/07 - recent example provided 02/14/07 - Please see the comment submitted in the 'Issue' column. Issue 2300-007 (VMS) is on the log for date of admission. This issue includes both admission and discharge date.	2-28-07 Two part response: AGREE that the admission date is required, but DISAGREE that discharge is required. Discharge date is "required" when the patient HAS been discharged and the discharge date is KNOWN.			7/03/07 - MCS has reported the problem fo date of admission, when reported, not making it to the 837 professional claim. From what the contractor reports, it sounds like the date of admission is being reported , but no making it to the outbound 837 flate file from the store-and-foreward repository,. A PLOG 28606 has been assigned to have MCS correct this problem. IT has not been release, but is scheduled for the R20041BF release.		28606				

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2300-053 (closed 5/7/09)	H51104-'40' IS NOT A VALID nubc Occurrence Span ode.	FISS OK Palmet to SC MOO NE	00380 - 02/13/08 - 2080380073 7104 03 00380 - 06/29/07 - 2071310212 7505 03 07/02/07 - 2071720316 1405 01 07/13/07 - 2071840224 7805 03 00450 - 07/05/07 - 2071640055 9002~ 52280 - 07/06/07 - 2071720015 7204 04 00340 - 04/04/07 - 2070830023 9201	#######	03/14/08 - This stil occurs, but not ofter (approx. 35 claims since 01/2008) 07/17/07 - Recent examples provided. Invalid values are X0 from 00380; DD from 00450; 90 from 52280 6/26/06 CMS - No GHI comment needed	04/09/07 - This error is still seen, with '40' and other invalid codes. Recent examples provided. 6/26/06 CMS - No DDIS comment needed		(close d 5/7/ 09)	~~PAR FS4820~~	GHI	Schld for Jan U REL		05/11/09 - palmetto - A search of the records of Palmetto GBA (contractor #00380), for the past six weeks, did not find any occurrences of COBC Issue H51104. Therefore, since no items were found, please have this item closed. 6/07/07 confence call: Donna K asked Palmetto and MOO to look at examples to see if it is a "40" occurrence span code. Trailblazer sees a "99" code. 5/15/07 email notes: MS assigned this log to 00340/BCBSOK on last week's COBC call so I/00400 am replying on their behalf since we process their claims through our FISS. Occurrence span codes 70-99 are valid codes per CR3012. CMS will need to intervene if they feel that 70-99 was a typo over 70-79 in this CR. COBC will need to update		

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2300--054 (formerly 2300-) (Close 9/24/08)	In the 2300 loop - CLM09 segment, the claim was populated with an "N – Provider is Not Allowed to Release Data". Then, in the CLM10 segment contained a "B – Signed signature authorization forms".				9/24/08 - We haven't received any examples from the TP (ND Medicaid03/14/08 - We haven't been able to obtain recent examples from the Trading Partner 07/17/07 - COBC has requested reecnt examples from the Trading Partner The trading partner is claiming that the claim is NOT HIPAA-compliant because the CLM10 is not expected when the CLM09 contains an "N." The COBA team is of the assumption that Medicare should not have accepted the claim in the first place because of the presence of the "N". Could you please shed some light on this for us	Agree 12/28/06		closed 9/24/08					7/13/07 - COBC is requesting provider examples from ND Medicaid. 6/12/07 email - Brian J. North Dakota Medicaid is still seeing the error. The issue has only been reported on claims processed by Noridian DMAC (contractor #19003).		North Dakota Medicaid

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2300-058	Missing Required DTP Segment, DTP01=471, on claim in which frames and lenses are billed	VMS	19003 - 03/13/07 - 07024853204 000	3/30/07	The Trading Partner is indicating that the claim should include a DTP*471, since lenses and frames are being billed. CRC*E1*Y*L5~ CRC*E3*Y*L5~	4-9-07 AGREE							7/13/07 - CMS - A new prescription is not needed for replacement lenses. 5/24/07 email -I (Noridian) opened a Help Desk Inquiry with ViPs to take a look at this issue. The first response has been that VMS edits for formatting for valid dates in DTP segments if they are submitted as well as validates validity of the CRC segments but does not currently have front end edits in place to require that DTP*471 (Hearing and Vision Prescription date) is present when a CRC with and E1 or E3 is submitted. It would be up to the supplier to send complete and correct information on the claim. It sounds like it is going to boil down to supplier education.		Nebraska Medicaid

COBC ISSUES LOG

Loop and Item #	Issue	Shared System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DMBP Comments (formerly DDIS)	X12	Status	Maintainer Comments	Party Responciabl	Prob #	Prob Fix Date	CMS and Contractor Comments	Contractor Fix Date	Trading Partner Information
2300 - HI03 closed July 08	H51085 - allowing in ICD9 codes that are not a valid codes set. OCR Claim (2300-005)	VMS Palmetto Region C MCS WPS MN, NHIC	00803 - 02/07/08 - 0308009295 910 31140 - 02/05/08 - 0708014872 280 18003 - 02/06/08 - 0801050114 0000 00885 - 02/16/07 - 0702379161 6000 00954 - 02/16/07 - 3607040351 170 31141 - 02/16/07 - 1207019007 110 00951, 00952, 00953, 00954	6/23/06	03/14/08 - Recent examples provided 02/20/07 - This error is still occurring. Please see recent examples Agree-Sent to internal department at the WPS contractor for corrective action for rejecting ICD9 Code sets on the front end on the Header not just line.		Pg. 267	Closed		PS80 30 july 7, 08.		VMS User CR IN7004 ebtered to VMS 8/22/07. MCS issue closed 8/23/07	8/22/07 email Anthem-Error H51085 MCS New Edit installed in SCF Logic on 8/20/07 (125H) Claims will reject with message 396 "missing/incomplete/inv alid diagnosis or condition. 8/01/07 NGS email - Per discussion with VMS and NGS, VMS will draft a CR for approval to install Pre Pass Edits to reject claims w/invalid DX codes. 7/24/07, NGS waiting for Draft CR for review from VMS. 6/21/07 - NGS will look at more recent denied examples. Charlene - MCS problem for both electronic and paper claims. Will look at EMC claims first. 4/26/07 CC Notes: Hector at Palmetto has been researching. He will be sending an email update to this issue.	7/31/06 Not know at this time	CIGNA

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2310A-001	The value 'G-2105' at 'REF02' does not match the format for a 'UPIN'.	11/22/04 - MCS, VMS	2310E - 00805 - 01/06/05 - 0905004232 990 11/22/04 - 00590-11/17 - (100430880 4860) with a value of Y0596 with a 1G qualifier; 00805-11/17(07042 96026760) = C5899; 00801-11/17(02043 08678120) = NPP000. 00953/REF* F8*1104261 151550~; UPIN= SELF		05/09 - No feedback received from TPs, after error was added to the exclusion list 01/03 This is still occurring, seeing data with all numeric values, 5 or 6 bytes, and NPP000. 12/21 GHI to do more research and identify exactly what is happening. 11/22/04 -T his is still happening for both MCS and VMS as of 11/17. Must be 1 alpha + 5 numeric 'G2105'. NO DASH	Agree this is an error.	Not X12 - see Analysis Comments	Close d 05/09 /05	02/25/05 VMS - Changing our current outbound process to store out OTH000 for REF's with invalid format UPIN's instead of dropping the REF segment. 02/15 MCS - During the 2/14 MCS MEHUG call the carriers felt there was a conflict between the CR17834 to create a prepass edit for invalid format UPINs and Gerald Wright's response. Also FL requested CR18076 to edit the outbound file and when an invalid format UPIN is found it will be overlaid with OTH000. 01/27 MCS - Outstanding question to CMS to determine if policy will be changed to always edit the field for a valid UPIN format on paper/NSF claims. Florida has requested user CR 17834 to	VMS PS3029, MCS - 17834 prepass edit closed, 18076 back-end, VMS - #1060 (July '04 release)	VMS Prod 3/10/05, MCS - Currently not schedule d, VMS - July 04 release	1/17 CC Notes: Linda and Brian initially planned to have a CR to correct UPINs in the crossover now, and later have a CR for a pre-pass edit to reject the claim back to the provider. Cherl discussed what was said in the MEHUG call to just fix the invalid UPINs on the back end. Trading partners are okay with the overlay. CMS determined that the back end fix is all that is needed and that the pre-pass edit CR can be closed. 1/27 CC Notes: CMS - Just to let everyone know we are working internally here to get procedures in place on what to do with the UPIN number. Scheduled meeting had to be cancelled. Another will be scheduled. Hopefully have info by next		
									SS M						
2310A-002	2310A.NM1 was not expected because the Entity is not a person.	B			01/31 - This error is no longer occurring	Agree this is an error. Loop references are incorrect here. However, NM104 should not be present if NM102 = "2" (non-person)		Close d 01/31 /05	01/31/05 VMS - examples still needed. 01/10/05 VMS -s waiting on examples. 12/13/04 VMS -s till need examples from VMS carriers. 11/08/04 VMS - need example from VMS carrier to continue research.	Contractor			1/27 CC Notes: ViPS needs examples.. Neil – We will send examples today.		

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2310A-002a (Re-opened 5/30/07 for MCS only) 3/27/08. Closed 7/31/08	H20006:2310A.NM1 was not expected because the Entity is not a person.	MCS B	00952 - 03/11/08 - 0208057778650 14330 - 03/04/08 - 1108051088510 19003 - 02/27/08 - 08046851085000 00952 - 05/16/07 - 0207123476760, 0207123791500, 0207123476920 00885 - 04/26/07 - 07103776663000, 07103775633000 16003 - 02/26/07 - 07044703268000 19003 - 02/19/07 - 07037854428000		03/14/08 - This error still occurs for both MCS and VMS. Recent examples provided 05/19/07 - Please reopen for MCS. This issue is being seen in the reject report to 00952, please see their comments in the 'CCMS and Contractor Comments ' column. Recent examples included 01/31 - This error is no longer occurring	Agree this is an error. Loop references are incorrect here. However, NM104 should not be present if NM102 = "2" (non-person)		Closed 01/31/05 for VMS. Closed for MCS	01/31/05 VMS - examples still needed. 01/10/05 VMS - still waiting on examples. 12/13/04 VMS - still need examples from VMS carriers. 11/08/04 VMS - need example from VMS carrier to continue research.	Contractor			4/10/08 - WPS - Error code 2310a-002 H20006: NM1 not expected because the entity is not a person. The reason we are still seeing this is that edits that were installed with the January release were still set to informational. We usually set the M edits to informational for 60 days so the providers will have an educational period before teh claims start rejecting. These should have been set to delete already. Our systems area updated this yesterday. We will still see this until the claims already in the system work through, but it will prevent any new examples from coming in. Hopefully this will resolve the issue with this error for our contracts. 3/27/08 - Contractor 952 is the lead. 3/26/08 - CMS- contractors asked CMS at the last call to close this issue; however, the error is still being received. Issue will	1/07/08	
2310A-003	2310A.NM1 was not expected because the Referring Provider Name Qualifier (NM1-02) is not '1-	B				Agree this is an error. Loop references are incorrect here. However, NM104 should not be present if NM102 = "2" (non-person)	pg 270 - If NM102 = 1, NM103 = Name; If NM102 = 2, NM103 = Organization	Closed 12/21/04	12/13/04 VMS - still need examples from VMS carriers. 11/08/04 VMS - need example from VMS carrier to continue research.	Contractor			12/21 CMS - Closed, no current examples. If problem reoccurs issue will be reopened.		

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2310A-004	Invalid format for federal tax id in Referring Provider Loop - 2310A/NM1*DN; Value in file G + 8 alpha	MCS		09/20/04	05/09 - No feedback received from TPs, after error was added to the exclusion list 12/21 00650 - 04343813645000; 00740 - 04341906113000	Agree 12/20 - The EIN is based on what the provider submits. It is not edited for data content. The contractor will gap fill with 9's if it is less than 9 characters. 12/14 For HIPAA 837 claims, inbound edits need to occur to check for nine numerics. Disagree 10/00 - The EIN is based on what the provider submits. It is not edited for data content. The contractor will gap fill with 9's if it is less than 9 characters.		Closed 05/09/05	01/03 MCS - 16164 was created to ensure the NM109 was 9 numeric digits when NM108 was equal to 24 or 34. This is scheduled for the April 2005 Release.	SS M	16164	Prod 4/4/05			
2310A-006a	Unexpected N3	FISS	00390-12/02/04 ICN 20431700452402, and 20432302027702, 12/03/04 20432001733802, and 20432001734502 and 20432701115302	12/06/04	03/09 - This issue no longer occurs. Value of 'Pennington' in the inbound file Value of '805 Burkesville Street'	Agree 12/10 - there is no HIPAA 837i IG N3 segment available for use in 2310A.		Closed 03/09/05	1/13 - This should be corrected with FS4459S3.	SS M	FS4459S3	Prod 2/17, Test 1/27			
2310A-007a	Unexpected N4	FISS	00390/12/02/04 (20431700452402, 20432302027702) 12/03/04 (20432001733802, 20432001734502, 20432701115302)	12/06/04	03/09 - This issue no longer occurs. Value of 'Passaic' in the inbound file Value of 'Columbia'	Agree 12/10 - there is no HIPAA 837i IG N4 segment available for use in 2310A.		Closed 03/09/05	1/13 - This should be corrected with FS4459S3.	SS M	FS4459S3	Prod 2/17, Test 1/27			

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2310A-008	NM104, Attending Physician First Name was not expected because the Entity is not a person	FISS	00380-01/21/05, ICN - 2050110152130503 00400-01/19/05, ICN - 20500503100201	01/17/05	07/25 - This error is no longer occurring Data present in contractor's file.	Agree 2/10. If NM102 is "2" then only NM103 should be present.		Closed 07/25/05	3/16/05 - will be corrected with FS4459S6.	SS M	FS4459S6	P-7/5/05	3/3 CC Notes: Attending Physician should always be a person for FISS. Will put checks in the S6 fix.		
2310A-010	Missing mandatory PRV03	FISS	00320 - 03/03/05, ICN - 20504600023609, 2054100002609 00380 - Generation 121 - 03/04/05, ICN - 20505404367005, 20505404144905	03/09/05	07/25 - This error is no longer occurring Data missing in inbound file. PRV01 = AT, PRV02 = ZZ	Agree 3/16.		Closed 07/25/05		SS M	FS4459S6	P-7/5/05	3/31 CC Notes: Fix will be included with S6.		
2310A-013 (moved to agree closed 5/17/07)	In the 2310A loop the referring provider field contained "NOT SUBMITTED".	MCS	14330 - 10/14/05 - ICN 1205252001880	10/18/05	4/9/07 GHI unless the TPs alerts us of these issues, it's very difficult to identify recent occurrences. 10/18/05 Contractor's inbound file contained "NOT SUBMITTED". Trading Partner stated that "...on the direct claim file from the carrier it shows a referring provider of Kumar Sonpal Girish MD. Why was this not passed on the 837P file? "	Agree 11-01-05: If the referring info is present but not on the crossover then we agree.		Closed 5/4/07	4/27 - MCS - The example is a paper claim. For paper claims the referring provider name is not stored on on the claim, therefore, a default is used based on the clerk entry in a specific field on the claim file. Therefore, for paper claims the name is not passed even though it is on the claim. This should either be moved to disagree or a CR will need to be written to address this issue.			4/26/07 CC Notes: COBC has no recent examples. This issue needs to be identified by the Trading Partner. Issue may be closed.		

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2310A-014 (need May or later examples) 3/27/08 - Contractor 31140 is the lead. Closed 6/05/08	H20009 - Referring Provider Name Suffix was not expected because the entity is not a person	MCS HMS	31140 - 01/30/08 - 0708023050 090 31141 - 02/07/08 - 0108010077 700 00882 - 06/29/07 - 2407162096 920 31140 - 07/10/07 - 0607162008 080, 0607162008 130 00865 - 02/19/07 - 1107046857 840 00865 - 02/06/07 - 1807032230 840 00805 - 02/13/06 - 0906030286	12/15/04	03/14/08 - Recent examples provided for loop 2310D (approx. 65 claims rejects in a two week period) 07/17/07 - As of files processed after 07/01/07, this error is occurring in the 2310D loop. 7/13/07 - GHI will verify if this is still occurring. 02/20/07 - No recent example for this loop. However, this error is occurring on the 2010AB, examples provided The NM102 = 2 and NM107 = MD NM1*DN*2*HENRY KONG MD****MD*24*01069238 2~	Agree 3/6/06		Fix not sche duled. Issue close d 6/05/ 08	4/27/06 - MCS - I believe this has been corrected. I would need a current example to research the issue.	SS M	28183	Unsched uled 04/04/07 R200810 0	3/27/08 - Contractor 31140 is the lead. 3/26/08 - CMS-contractors asked CMS at the last call to close this issue; however, the error is still being received. Issue will remain open and will be discussed at the next call. Infoman CR 28183 for the R2008100 release resolved these issues. This issue can be closed. 9/24/07 CMS Cathy M - CR28183 will correct 2310A-014 and 2310A-015 and is scheduled for R2008100 Jan Release. 9/13/07 - This CR is scheduled for R2008100. 8/23/07 - Highmark- The July '07 CCB was cancelled by CMS so no ranking occurred. EDS submitted Ballpark Estimate of 113 hours on 8/20/07.	01/07/08	

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2310A-015 (need May or later examples) (need May or later examples) 3/27/08 - Contractor 31140 is the lead. (Closed 6/05/08)	H24380 - Referring Provider Name Suffix was not expected because the Referring Provider name Qualifier (NM102) is not '1-Person'	MCS FCSO VMS Noridi an MCS NHIC N CA	00904 - 11/21/07 - 0207310163 880 31146 - 12/11/07 - 1807332496 230 00904 - 06/28/07 - 0207166144 800, 0207166145 000 03302 - 07/11/07 - 1107179157 060, 1107179157 140 18003 - 07/03/07 - 0717174574 6000, 0717174574 5000 00590 - 01/18/07 - 1007005447 960	12/15/04	03/14/08 - Recent examples provided (146 claims rejected in the past three months) 07/17/07 - As of files processed after 07/01/07, this error is still occurring. 7/13/07 - GHI will verify if this is still occurring. 02/20/07 - This error is still being seen, but not because of the unexpected suffix, but an unexpected middle name. The NM102 = 2 and NM107 = MD NM1*DN*2*HENRY KONG MD****MD*24*01069238 2~	Agree 3//06		Close d 06/05 /08	4/27/06 MCS - This is the same issue as 2310A-014.		28183	Unsched uled 04/04/07 R200810 0	3/27/08 - Contractor 31140 is the lead. 3/26/08 - CMS-contractors asked CMS at the last call to close this issue; however, the error is still being received. Issue will remain open and will be discussed at the next call. 2/13/08 - Infoman CR 28183 for the R2008100 release resolved these issues. This issue can be closed. 9/24/07 CMS Cathy M - CR28183 will correct 2310A-014 and 2310A-015 and is scheduled for R2008100 Jan Release. 9/13/07 - This CR is scheduled for R2008100. 7/17/07-CMS/OIS - An estimate has been requested from EDS. This CR will be ranked during the July '07 CCB. 4/26/07 CC Notes: May be incorporated into prepass edit change for	01/07/08	

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2310B-002 (VMS and VMS contractors only)	'Rendering Provider Name' was not expected because the Billing/Pay-To Provider Specialty Information (2000A PRV) is present	VMS	00811-10/09-04271842958000; 00803-10/30-042926691 55000		03/09 - This issue no longer occurs. 11/12/04 - Rendering Provider data in contractor's file	Agree this is an error.	pg 76, pg 276	Closed 03/09/05	03/06/05 VMS - Could GHI (COBC) confirm if this issue is no longer occurring. 01/20/05 VMS - Plog 2945 will be completed on 2/10/05. 01/12/05 ViPS clarified approach with CMS to require that the PRV info be present in the 2310B loop, if both the loop and the specialty info submitted. 01/10/05 VMS In disscussions with CMS on proposed solution. 12/13/04 VMS is currently working on scheduling this new edit. 12/3 VMS - Received example from GHI and a new front-end edit may be required to resolve this issue. Investigation continues.	SS M	PS2945	Prod 2/10/05			
2310B-003	In the following example, the address is missing for the facility in Loop 2310B, but the Secondary ID in the REF segment is 'NOT SUBMITTED'. The REF segment is not required, so if you don't have it, why even create the segment? NM1*FA*2~	MCS			01/03 - Based on recent files this error has not been occurring. 12/07 - GHI to get feedback from TP as to whether this is still happening. 11/22/04 - GHI will monitor for a few days.	Agree this is an error.		Closed 01/03/05	12/20 MCS - Is GHI still seeing an issue with this, can it be closed? 10/27/04 - I believe this might be 2310D not 2310B. However, Contractor and file information is needed to provide a response.	GHI					

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2310B-004	The REF-01 (Identification code Qualifier) Cannot equal "TJ" when NM1-08 equals 24" because both refer to employer ID number	MCS	00904-07/16		11/02 - Originally reported as 2310B, but saw recent error in 2310D, will re-submit to OIS for review. Output file has a 'TJ' qualifier, which isn't a valid value. The contractor's (Trailblazer(00904)) file had a value of 'TJ'	Agree this is an error. The qualifier is "EI" for employer ID. The guide does not note that you can't have both numbers in NM109 and the REF. Although agree that they should be different. The REF should have the Medicare provider ID.	pg-274 Qualifier values (0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5)	Close d 11/09 /04 Refer to 2310 D-008.	10/27/04 File information is needed to provide a response.						
2310B-005	NM109 - The value 'A62212' at 'NM109' does not match the format for a 'Federal Tax Identification Number'.	FISS		12/15/04	03/09 - This issue no longer occurs in the 2310A, B, C loops. We have identified it in some header loops (2010AA, 2010AB, 2010BC), which will be added to the New log this week. 02/01 - on 0201 COBC (GHI) a temporary fix was put in place to gap fill the UPIN with a 9-byte field of 9's. It does not take care of invalid valuesmentioned below. When the FISS fix goes into effect, we will remove the temporary fix. 01/31 - We're also seeing values such as '&&&&&&&&' , '_DNE_' , '9999' and other values that are not 9 numeric. 01/10 - This error also occurs in 2310A and 2310C. Value in inbound file. 1287 out 1412 of the values appeared to be in the format of the UPIN (alpha + 5 numeric),	Agree 12/21.		Close d 03/09 /05	2/3/05 - corrected with FS4459S4. Change sent to users 2/3 with note requesting a prod date of 2/17. 1/13 - FISS will continue to research. This issue has been discussed on previous HIPAA calls. CMS has suggested that this should have been handled with CR3031 (Req 13). It has also been discussed that a front end edit may be required.	S4 Release	Prod 2/17/05	2/3 CC Notes: This has been taken care of with S4. It can be A, B or C and yes it is fixed with S4. 1/27 CC Notes: FISS – comments in issues log states it was brought up on HIPAA call a while back. We talked about this a couple of call backs. A correspondence was sent to maintainer. I spoke to Sandra Garner who attends the HIPAA calls. She has not received that correspondence. I did do some footwork to look back to CR3031, req 13. That CR was accommodated by CR3100 and was worked by FISS. The slight difference I see is that when the tax id or SSN was not present, we would gap-fill. In this case it is saying if it's not compliant format we should gap-fill. So I		

SS M

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2310C-001 (4/02/07) Top Ten Issue Closed 3/12/09	H60203:Purchased Service Provider (2310C NM1) not found, but was expectect because 'Total Purchased Service Amount' (AMT-01=NE) is present.	VMS MCS	17003 - 03/07/08 - 07284811423 001 00512 - 03/11/08 - 02071782919 00 00900 - 12/01/06 - 02063243602 40 00512 - 04/27 - ICN 02051020501 10 00900 - 04/27 - ICN 22051013514 70	04/29/05	03/14/08 - Recent examples provided 12/27/06 - Trading Partner (TRICARE) does not think this claim is compliant and is requesting that this be reviewed again by DDIS. They referred to the IG comment #3 of the 2310C loop and 2300 AMT01 = NE The 2310C Loop is missing in the inbound file	AGREE 2/9/07 Based on HIR #'s 283 & 509, the ruling indicates that the 2310C must be present when a component of purchased service tests are submitted. 1-11-07 DISAGREE While we understand your "logic", the written word is what is important in the IG. The IG makes no link between the 2310C and 2300 AMT. Feel free to submit an HIR to X12 and get a ruling from them. If they rule in your favor, we will reverse our ruling. Until that time, this remains a disagree and will not be reviewed again. 10/24/05 - DDIS re-view: Concur with previous comment. Disagree 6/1. The IG doesn't require the 2310C just because the AMT is populated.		C 3/12/0 9	8/14/07 VMS email - VMS problem #PS7099, which is COBC issue 2310C-001, is scheduled for the January 2008 release. 5/27/07 email - MCS-H60203 – 2310C-001 – MCS CR28078 will address this and is scheduled for the July 07 Release. 5/4/07 Email from MCS - Please add to Log# 2310C-001 as an MCS issue also - H60203 is occurring in MCS. MCS CR28078 will set up a prepass edit to reject on front-end. No implementation date as yet. 5/3/07 - VMS will develop a front end edit to prevent pass thru of 2300 AMT NE without the 2310C NM1 Loop or vice versa. Production problem PS 7099 opened by VIPs for tracking the software change. 4/20/07 - VIPS researched the CCN's and Hicn's above and found that the submitters are sending the 2300 AMT01 = NE or the 2310C NM1 loop		PS7099 (VMS) CR 28078 (MCS)	# PS7009 is scheduled for the Janury 2008 release. MCS CR 28078 will be in production with the July '07 Jan 2008 release. VMS must provide a fix date.	Trailblazer email 5/16/07 - This is the same issue that was covered on last week's COBC call in our discussion of error code H60203 on the top ten issues log for Part B. WPS has opened CR 28078 requesting a MCS pre-pass be created that will reject incoming claims that don't have a 2310C NM1 when the 2300 AMT01=NE. This issue won't be resolved until this CR is implemented to production.		
2310C-002 closed 3/13/09	Missing 2310C REF	MCS	00883 - 01/25/07 - 20701154214 0	2/12/07	03/14/08 - Trading Partner did not provide the additional information 06/25/07 - Additional information requested from Trading partner, for this issue to be re-submitted to DDIS for a decision 02/12/07 - The Trading Partner (Wellpoint) is expecting the 2310C REF segment to be present. Neither the 2310C NM109 or 2310C REF is present on the claim example provided	2-28-07 Need more info. Why are they expecting the 2310C REF?		C 3/13/0 9							Wellpoint

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2310D-002	The value 'HSP390174' at 'NM109' does not match the format for a 'Federal Tax Identification Number'.	MCS	00801-11/02		05/09 - No feedback received from TPs, after error was added to the exclusion list 11/30 - A fix has been put in the translator to only map a nine byte field. It does remove alphas from the data. Must be 9 numeric. Found FA3302859 in file from 00801	Agree this is an error. Contractors should be gap filling this with numeric values. Per Joy Glass - OIS, on TP conf. Call - 09/07/2004	Not X12 - see Analysis Comments. Must be 9 numeric	Closed 05/09 /05	11/29 MCS CR16164 will address this issue. It is schedule for R2005200 Release. 11/17/04 MCS - This is a alpha numeric field and currently MCS is designed to verify that when the NM108 is = 24 that the NM109 be 9 digits in length, we do not verify the digits are numeric. Per CMS CR 2361 "". If the qualifier in NM108 is "24", the value in NM109 must be nine digits. Your standard system must gap fill any missing characters with "9's". The CR did not specify that the digits must be numeric. A CR would be needed for this validation. 10/24/04 - File name and contractor is needed to determine if the problem is a set up issue or a maintainer issue.	SS M	16164	Prod 4/4/05	12/21 CMS - MCS CR 16164 combined with 16505; will be delivered with the Apr-05 release. Error % high (563 times on one file).		

COBC ISSUES LOG

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2310D-005	Loop 2310D is Situational, so if you have no information to populate the required fields in the Loop, why even create it? See example below. NM1*77*2*XXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXX~ N3*XXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXX~ N4*XXXXXXXXX XXXXXXXXXXXX XXXXXXXXX*IN* 47150~	VMS			12/13 Per Trading Partner, this is no longer occurring 12/07 - GHI to get feedback from TP as to whether this is still happening.	Agree. This is gap filling and should not be created.		Closed 12/13/04	12/13/04 VMS - moving this issue to the disagree tab. 12/3 VMS - notes that VMS is gap-filling an unnecessary loop. On 12/2 ViPS was advised that the DDIS may be moving this to the Disagree list and no further action is required at this time. 12/01/04 VMS - The 2310D loop is situational, but the zip code is known. 11/12 VMS - notes that VMS is gap-filling an unnecessary loop. However, the claim in question did contain the state and zip code. In order to pass those on the remaining fields required gap filling. Please advise if an edit or other logic change is required. 11/2/2004 - The only information that VMS has is the state and zip code. But to produce the	SS Maintainer			12/13 CIGNA - According to the IG 2310D loop is required if the information is different than in 2310AA loop. VMS is compare both loops but for the skinny incoming claims only State and Zip code are available to create 2310D loop. MCS system is also created 2310D loop for this situation only with old gap filling value "Submitted but not forwarded" instead of XXXXs. 12/2 CMS - GHI to get the ICN to determine if the claim was submitted as paper or electronic before the final decision is made on changing the agree. May be deemed situational.		

11/16/2009

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2310D-006	N402 invalid state code (N4*SUBMITTED BUT NOT FORWARDED* WM*02446; N4*SUBMITTED BUT NOT FORWARDED*N N*03878)	MCS	31141-09/07-2104222004920	09/13/04	The contractor's (31141) file contained the invalid value	Agree. These are paper claims that are gap filled. MCS contractors are redefining their gap fill values and will use a valid state code when it is necessary to gap fill.	pg 293;Code as defined by approp agency; required only if N401 (city name) is in the US	Closed 06/03/05	02/15 MCS Carriers will be setting up SCF rules to verify the field used in mapping this element. Once carrier maintenance is complete this error should be resolved. 02/10 - MCS - Carriers are aware of the SCF elements that can be used to verify the State code used for this loop is valid. This has been placed on the 2/14 MEHUGs call for carrier discussion as to what should happen with the claims that set this error. 01/24 MCS - EDS will be asking that this information be added to the MEHUGs call to verify all carriers are aware of the SCF elements. Once all carriers have editing in place, this will resolve this issue. 01/03 MCS - CR6222 was initiated to edit the field used to map this	Contr	CR6222	Currently not scheduled.	5/12 CC Notes: Neil said this error is no longer occurring. This issue can be closed on the log. 4/14 CC Notes: This is actually an Arkansas, Part B issue (includes Missouri). GHI needs to provide an example of this problem. Neil said he would send out an example to Arkansas. 3/31 CC Notes: Yes, Georgia is now sending correct files. However contractor 00523, Missouri is still sending an incorrect state code. 3/17 CC Notes: GHI has example of it still happening. Carriers were to set up rules to solve this, and that should have been done. Problem is still in Georgia, 00511. Alabama will check will Georgia. Gigi – some carriers were still trying to get a complete list of state codes, and that	MCS?	
2310D-009 (moved to agree closed 5/17/07	In the 2310D loop the service facility Name and address contained "SUBMITTED BUT NOT FORWARDED".	MCS	14330 - 10/14/05 - ICN 1205252001880	10/18/05	4/9/07 GHI unless the TPs alerts us of these issues, it's very difficult to identify recent occurrences. 10/18/05 Contractor's inbound file contained "SUBMITTED BUT NOT FORWARDED". Trading Partner stated that "...on the direct claim from the carrier the service location is listed as 2412 150TH ST, Itestone, NY 113573634.	Agree 11-01-05. If the service location info is present but not on the crossover then we agree.		Closed 5/4/07					4/26/07 CC Notes: COBC has no recent examples. This issue needs to be identified by the Trading Partner. Issue may be closed.		

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2310e 001	Are any checks being done to determine if a Tax ID is in the correct format (00-0000000 or 000000000)? The value 'U51550999' at 'NM109' does not match the format for a 'Federal Tax Identification Number'.	MCS	12/21 00740 - 0434190689 4000 31146-10/25	11/03/04	05/09 - No feedback received from TPs, after error was added to the exclusion list Value in contractor's file is U51550999	Agree 12/20/04. 11/16: there is no code set for tax ID therefore the structure of tax ID number is not defined by the IG . See 2310A-004 above. Disagree 11/16: there is no code set for tax ID therefore the structure of tax ID number is not defined by the IG		Closed 05/09/05	01/03 MCS - 16164 was created to ensure that the NM109 is 9 numeric digits when NM108 is 24 or 34.		16164	Prod 4/4/05			IPN(31146)
2320-001	Missing Mandatory 'CAS03'	FISS			This was an error in the translator, where zeros and negative values were not being populated. Data in the contractor's file	Agree this is an error. Does the GHI translator check for mandatory fields prior to building the 837 COB	X-pg 361; CAS03 is a required field - the amount of the adjustment. When the submitted charges are paid in full, the value for CAS03 should be 0	Closed 09/03/04	10/20 - per GHI, translator error. No FISS action required.						

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2320-002	Balancing is not correct. Payor Paid Amount + Patient Responsibility Amount should add up to the Allowed Amount. Then if you add the Allowed Amount plus the CAS*CO Adjustments, you get the Total Billed Charges from CLM02. It doesn't look like this is the case in this example. Also, the AMT*F2 indicates there is a Patient Responsibility Amount of 44.73, however if you add up the CAS*PR Amounts, you get 16.37. CLM*20990*130***11::1*Y*A*Y*Y*C~	MCS	00952 - 12/23 - 0904345179890; 31146 - 12/27 - 1104348667820 00511		05/09 - This error was reported by the TP, there is no evidence of it still occurring 01/10 - See updated file information provided to MCS on 01/06. 11/22/04 - This error was originally reported in August for contractor 00511. Only the contractor was captured. We're in contact with the TP that reported this, to verify that it's still happening, with examples.	Agree this is an error. In this example Medicare approved $81.88 of the $130 submitted amount. The CAS patient responsibility totals to $16.37. $81.88 less the $16.37 is $65.51, which is what Medicare aid and is shown in the AMT. The AMT patient responsibility "F2" is 44.73 is cross walked from CLP05 in the 835 remittance. This includes coinsurance, deductible, etc. Although only the 835 is required to balance, the 837 should use the same information from the 835 CAS. The 835 states that when CLP05 is present, they should have corresponding CAS amounts for the patient responsibility.		Closed 05/09/05	01/11 MCS In both examples Carriers believe the claims do actually balance. The reason that this claim looks odd is because it is a non assigned claim. The 2400 PR adjustments will add up to the full billed amount because we paid nothing to the provider. In this case the 2320 paid amount and the 2320 patient responsible amount add up to the allowed. In addition, the IG does not require that the file balance. 12/20 MCS - Are now tagged as MCS however the date of the file identified is when the carrier was on VMS. If this is occurring now, MCS would need a file date example from when the carrier transitioned to the MCS system. If this is an issue related to the VMS file, the maintainer should be changed back SS M	CR14632	Prod 4/22, Test 4/8/05	2/15 MCS - Cross-reference to 2430-006 - OOB 1/18 CMS - Need to discuss further with EDS and DDIS. There is not an IG edit to balance, however, claims are rejecting at the TP. EDS will need to initate a user CR to inplement balancing logic.		

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2320-002a (moved to agree closed 5/17/07)	Balancing is not correct. Payor paid amount + Patient responsibility amount should add up to allowed amount. The 1.50 that is listed in patient responsibility is causing the balancing problem. 477.94 (pd) + 119.87 (pt resp) = 597.81. The allowed amount listed in AMT with qualifier B6 = 599.31. The difference is 1.50. Loop 2300 CLM02 = 5254.5 Loop 2320 AMT*B6*599.31~ AMT*T3*5254.5~ AMT*N1*477.94~	FISS	00454 - 08/22/05 - 20521704535502	09/07/05	4/9/07 GHI unless the TPs alerts us of these issues, it's very difficult to identify recent occurrences. 9/7/05 Values are in the contractor's file	09/22/05 - Pending - Although the IG does not require the claim to balance, CMS is looking into requiring the claim to balance.		Closed 5/4/07	5/17/06 FISS - IG currently does not require this.				4/26/07 CC Notes: COBC has no recent examples. This issue needs to be identified by the Trading Partner. Issue may be closed. 7/26/06 CMS/LS - Is this a MSP claim and if yes then the claims should balance….according to CR4261.		BCBS of Minnesota
2320-005a	Incomplete loop (2320). Missing mandatory 2330A (Other Subscriber Name).	FISS			12/13 As of 12/13 this is no longer occurring. This item is now closed for Part B. In the Part B file the data is in the contractors file.	Agree this is an error. 2330A is required if 2320 is present	pg 50, pg 394 - 2330A is required when Loop 2320 is used	Closed 12/13/04	Proposed Solution - 09/29/04 - FISS wil now populate the subscriber name, which is the medicare beneficiary name. -- All COBA subscriber information is from the Medicare bene's information. 11/2 -This will be corrected with FS4459S1.	GHI	FS4459S1	12/2/04		12/2/04	
2320-005b	Incomplete loop (2320). Missing mandatory 2330A (Other Subscriber Name).	B			This item is now closed for Part B. In the Part B file the data is in the contractors file.	Agree this is an error. 2330A is required if 2320 is present	pg 50, pg 394 - 2330A is required when Loop 2320 is used	Closed 11/02/04							

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2320-006a	Incomplete loop (2320). Missing mandatory 2330B (Other Payer Name).	FISS			12/13 As of 12/13 this is no longer occurring. There was a bug in the translator. After the translator fix, Part A still had missing elements. Research showed the data was missing in the inbound file from the contractor. The NM1 01, 02, 03, 08, 09 are required fields. In GHI's file the TP name is in the other payer loop (2330B); The contractor's file had 3 SBR segments with related 2330B, 2 contained blanks and zeros. (575, 585, 590 IL, 590 PR), one had valid data	Agree this is an error. 2330B is required if 2320 is present	pg 50	Closed 12/13/04	Proposed Solution - 09/29/04 - FISS will now populate the payer name, which could be a COBA Trading Partner. 11/2 - This will be corrected with FS4459S1.	GHI	FS4459S1	12/2/04		12/2/04	
2320-006b	Incomplete loop (2320). Missing mandatory 2330B (Other Payer Name).	B			There was a bug in the translator. After the translator fix, Part A still had missing elements. Research showed the data was missing in the inbound file from the contractor. The NM1 01, 02, 03, 08, 09 are required fields. In GHI's file the TP name is in the other payer loop (2330B); The contractor's file had 3 SBR segments with related 2330B, 2 contained blanks and zeros. (575, 585, 590 IL, 590 PR), one had valid data	Agree this is an error. 2330B is required if 2320 is present	pg 50	Closed 11/02/04							

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2320-007	Segment has data element errors; Elements 5 is required Element 6 is not used; On the file Element 5 is not used and element 6 is used; also in element 6 data should be SP without the space in front.	MCS	00901-10/06-0204267068 660		01/10 - A fix was put in at COBC (VIPS), to strip delimeters from the flat file. Will monitor for another week. The data in the contractor's (00901) file for SBR01, contained an asterisk (456750*01), which shifted the data over. SBR*S*18*456750*01** SP***~	Agree this is an error. SBR 06 should not be used, per Joy Glass - OIS at TP conference call - 09/07/2004. SBR*S*18*456750*01** SP***~		Closed 01/10 /05	11/23/04 MCS - Carrier found that the 2320 SBR03 on the outbound file was created using the policy number from our trading partner's eligiblity file and it has an * in it. This should be resolved with delimiter scrubbing GHI will be doing to resolve 2300-013. 11/17/04 - Carrier research is needed to determine what is causing the problem. 10/27/04 - The file date would be needed to further research this issue.	GHI					
2320-008a	DMG Segment required when 2330A/NM102 = 1	FISS	00308-10/06	09/30/04	12/17 Need to verify next file from 52280 12/13 As of 12/13 this is no longer occurring. Data missing in inbound file	Agree		Closed 12/13 /04	All COBA subscriber information is from the Medicare bene's information. 11/2 -This will be corrected with FS4459S1.	GHI	FS4459S1	12/2/04		12/2/04	

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2320-008b	DMG Segment required when 2330A/NM102 = 1	VMS	14330-08/18, 10/05	09/30/04	12/21 GHI validated; no longer occurring. Data missing in inbound file	Agree		Closed 12/21/04	12/13/04 VMS - GHI carrier turned on their IG level edits. 12/01/04 VMS - This segment is required for Medicare claims only as the patient is the subscriber, otherwise the segment is situational. 11/3 The problem GHI/carrier is experiencing with the missing 2320.DMG segment is directly related to their IG level edits being turned off. GHI/carrier was very helpful in tracking down the original claim input. It, as well as the VANS display, identified one 2320.SBR without a matching 2320.DMG. With the IG level edits turned off, the claim was allowed into the VMS system. Had the IG level edits been turned on, edit 10491 would have fired. On the outbound claim, two 2320/SBR 'packets' were	Contr	912	Jul-04 fixed			
2320-009	sbr09 claim filing code is an invalid code	VMS	14330-0923	10/12	12/21 GHI validated, no longer occurring. Invalid data in inbound file. The value = MI.	Agree. MI is invalid for SBR09.		Closed 12/21/04	Our preliminary research shows that the reporting carrier 14330 (GHI) has the VMS IG-level edits currently turned off.	Contractor			12/9 Confernce Call Notes - GHI update – IG edits were turned on and should resolve problem. The will continue to monitor and it should be left on the log until it is verified it is resolved.		

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2320-011	CAS05 - 'A3' is not a valid 'Claim Level Adjustment Reason Code'	FISS	00450 - 03/04/05, ICN - 20504903397702U, 20505403036102U	03/09/05	Data 'A3' in the inbound file. Also appears from other contractors (00011, 00190, 00390, 00453, 52280)	Agree 3/16.		Closed 06/03/05	Contractor issue	Contractor			5/12 CC Notes: This error is still occurring at Arkansas (#00020). It is the contractor/ carrier responsibility to annually update their files. Nothing the SSMs can do to prevent this issue. This issue can be closed. 3/31 CC Notes: 3/22/05 sent alert gen		
2320-012	MOA04 - 'M43' is not a valid 'Remark Code'	FISS	00450 - 04/15, ICN - 20509104245002U 00452 - 04/15, ICN - 20509402092002U 00320 - 03/03/05, ICN - 20504917262804	03/09/05	04/18 - Additional examples were forwarded to FISS and individual contractor. Data 'M43' in the inbound file. Also appears from other contractors (00452, 00453, 00454)	Agree 3/16.		Closed 06/15/05		Contractor			5/12 CC Notes: This error is still occurring. It is the contractor/ carrier responsibility to annually update their files. Nothing the SSMs can do to prevent this issue. This issue can be closed. 4/14 CC Notes: FIs will need to verify their files. Neil will send out examples to FIs having this problem. Linda Shanabrough suggested in the future identifying these types of errors as Contractor specific, not FISS in general. 3/31 CC Notes: Deactivated on 1/23/04, need additional information.		

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2320-013 (agree closed tab 4/09/07)	MOA01 - From Mass Health - The MOA segment is causing problems for our compliance checker. We expect to see a percentage as stated in the IG.	FISS	00450/03/15/05, ICN 20506100652002	03/15/05	04/09/07 - No reports from Trading Partners of this still being an issue. Please close 03/27/06 - GHI to verify that this is no longer an issue 07/18 - Additional examples, including Medicare number sent to FISS. Data in inbound file. example 109.88 Error reported by Mass Health.	Agree 3/31. This is not a HIPAA issue (this is a valid percentage). FISS needs to make a change unless there are indeed instances where the percentage can be greater than 100.		**Clos ed 04/09 /07**	5/17/06 FISS - FS4669 should have corrected this - GHI LOG comment states that they will verify. 9/1 - correction will be in FS4669, scheduled for production 1/2/06. The reimbursement rate will be populated only for percentages. 8/12- the "reimbursement rate" may be a percent or a dollar amount in Part A pricing. FISS is moving the "reimbursement rate" regardless of which kind of rate it is, which isn't valid according to the 837 IG. FISS can change the logic to move the rate only when it is a percent.	SS M	FS4669	P-1/2/06	5/12 CC Notes: Linda said she needs a better understanding of what this problem is. Gary M. at FISS said he is not familiar with this problem. The MOA segment displays a percentage greater than 100%. Follow up on the next call.		
2320-014 (closed 7/13/07)	Subscriber group # field (SBR03) is populated with ".."	FISS	52280 - 2/19/05 - ICN 20503801193702	2/19/05	06/25/07 - This issue was originally reported by one or two Trading Partners and has not been reported recently. Systems changes will not be made at this time, since this seems to affect only a few claims. Please close. 4/9/07 GHI checking with IT. 09/12/05 - Fix scheduled for 01/02/06 Data found in inbound file.	Agree 6/1. ".." is not valid for SBR03.		Close d 7/19/ 07	5/17/06 FISS - LOG indicates that GHI was to add this to a scrubber that they have and the fix was scheduled for 1/2/06. 8/12 – COBC has a scrubber that they use to remove this kind of junk, so we request that they should add this field to that process.				6/21/07 CC Notes: Janis at COBC needs to follow-up internally at GHI. 4/26/07 CC Notes: Janis at COBC needs to follow-up internally at GHI. 9/8 CC Notes: o Neil: For 2300-14, scrubbing issue. Trying to schedule a fix for this issue, but it has not been done yet. A change can be done, but it needs to be scheduled. This remains open.		

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2320-015 (agree closed tab 4/09/07)	MassHealth payer is being reported incorrectly in Loop 2320.	FISS	52280/022205 ICN 20503209004704 00010/031505 ICN 20505512435204	04/20/05	**04/09/07 - Please close. No recent reports of this occurring 03/27/06 - GHI and Trading Partners have confirmed that this is no longer an issue 09/12/05 - This is still occurring, being questioned by other Trading Partners - BCBS of Alabama.** The Trading Partner contends that, based on extract from IG (Loop ID-2320 occurs once for each payer responsible for the claim, except for the payer receiving the 837	Agree 6/1. The intent of the IG is to not report the same data in more than one segment.		**Clos ed 04/09 /07**	5/17/06 FISS - FS4652 corrected this issue. 11/4/05 - the problem is that the logic to put the "current" COBA payer only in the 300 record and not in the 590 record is not working correctly. Correction will be in FS4652, scheduled for production 3/6/06. 8/12 – The problem is that the destination payer appears in both the 2000B and the 2330B loops. FISS agrees that the destination payer should only appear in the 2000B loop, and not in the				10/13 CC Notes: o This is an issue for FISS. The file is showing other COBA IDs before the Medicare loop. It is typically the receiving insurer. GHI will send FISS new examples. GHI is also receiving comments that the Medicare information should be included in the 2010BC when Medicare is the Primary payer, does that sound correct? Everyone agreed that was incorrect because the 2010BC is reporting who is receiving the file,		

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2320-019 (agree closed 4/9/07	2320 CAS and 2430 CAS - The claims did not contain the group/reason codes at the line level. " According to page 160 of the implementation guide, "Medicare processes claims at the line level." The reason codes can only be found at the claim level. There is no consistency, some claims had reason codes at the claim level, some at the line level and some had reason codes at both the claim level and the line level. It almost seems like there is some differentiation between in-patient and out-patient claims, but there is nothing spelled out in the implementation guide, only that Medicare	FISS	00450 - 04/20/06 - 20611002424 802 00450 - 04/25/06 - 20610800323 202 00450 - 04/25/06 - 20610901777 202 00450 - 04/25/06 - 20611501081 802	05/18/06	04/09/07 - Based on the comments in the maintainer column, Trading Partners are being advised on which loop the CAS segment would occur, depending on the bill type. Please close The Trading Partner is expecting consistency in how the CAS segments are being reported.	Agree 06/28/06 - In cases of MSP claims, we pass what we receive. Per CR4261, eff 07/03/06, we will require MSP claims to balance. Once implemented, this may resolve this issue for MSP claims. In cases where Medicare is primary, DDIS agrees there needs to be consistency.		Closed 04/09/07	8/1/06 - as discussed by Kathy S. on the 7/27 COBC call, inpatient claims are generally priced at the claim level, and outpatient claims are generally priced at the line level. The CAS segments are populated according to how the claim was priced. This may be confusing to the trading partner, but is consistent with how Medicare processed the claim. We need specific examples of any problems the TP sees in the data.						
2330A-001	Other Insured First Name was not found, but was expected because the Entity Type Qualifier (NM102) is '1 - Person'.	FISS			After the translator fix of 2320/2330A, Part A still had missing elements. Research showed the data was missing in the inbound file from the contractor.	Agree this is an error. Does the GHI translator check for mandatory fields prior to building the 837 COB?	pg 394-395; when NM102 = 1, NM103 should be Last Name or Org name, NM104 s/b First Name which is req. when NM102 = 1	Closed 12/21/04	See 2300/00005 --This appears to be related to 2320-008 not 2300-00005. -- All COBA subscriber information is from the Medicare bene's information. 11/2 - This will be corrected with FS4459S1.		FS4459S1	12/2/04			

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2330A-003	Missing HIPAA Required 'NM103' - Other Insurer last Name	FISS	00010-10/21-2042821346 4104	10/22/04	12/13 As of 12/13 this is no longer occurring. The data was missing in the contractor's file. It's possibly directly related to issues FISS is currently looking at (2320-005A, 2330A-001)	Agree. NM103 is required.	Required element - pg 335	Closed 12/13 /04	11/10 - This will be corrected with FS4459S1. 11/2 - FISS will research.	GHI	FS4459S1	12/2/04		12/2/04	
2330A-004	NM110 is not used.	MCS	00901-10/06-0204267068 660	10/26	01/10 - A fix was put in at COBC (VIPS), to strip delimeters from the flat file. NM109 in the contractor's file contained an asterisk	Agree. The other insured identifier is obtained from the eligibility file. If the other payer sent a bad number what does OFM require contractors to do? Why is the issue noted as NM110 not used, but GHI comments reflect NM109?		Closed 01/10 /05	11/23/04 MCS - Carrier found that the 2330A/NM109 on the outbound file was created using the policy number from our trading partner's eligiblity file and it has an * in it. This should be resolved with delimiter scrubbing GHI will be doing to resolve 2300-013. 11/1 MCS: Carrier investigation is needed to determine if the 2330A is for Medicare information or other payer information. If other payer, it is possible that the * was allowed to come in on the inbound record or entered on the paper claim.	Contractor					
2330A-006	loop 2330A under the 1W qualifier for segment REF 01 it states 'if NM108=MI, this qualifier cannot be used'.	MCS	05440/03-03-05 ICN, 0205045757 670	03/15/05	error found on the inbound contractor file example: NM1*IL*1*BAKER*ROBERT*EDWARD***MI*YVB54022868701~ REF*1W*YVB54022868 701~	I do not see any such note		Closed 06/03 /05					5/12 CC Notes: Neil Hoosier said he is no longer seeing these errors so he cannot provide examples. Can close this issue by next week's call if these errors do not reappear.		

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2330A-007 (Agree closed tab 4/9/07	Subscriber address' (N302) was populated by a ".",	MCS	31141 - 2/9/05 - ICN, 0205027440 410	2/9/2005	**04/09/07 - No recent examples received. Please close** **09/12/05 - Requested recent examples from Trading Partner, no response received.** Data found in inbound file.	Agree 6/1.		**Clos ed 04/09 /07**	4/27 - The last example provided was over a year ago. Can this be moved to the closed tab since new examples have not been provided? 6/16 MCS the example identified is from February. We would need a more current example				9/29 CC Notes: GHI - Waiting on examples from the Trading Partner that reported the error. 9/8 CC Notes: o Neil: For 2330A-007, requested examples from the trading partner because Claredi does not catch this edit. We still waiting for examples. 8/11 CC Notes: On 6/16 EDS responded on the log that the examples identified are from February. EDS would need a more current example to determine what caused the file to be created the way it was.		

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2330A-008 Closed 1/27/09	H10017 - Non-alphanum or space character (A,) is not allowed here (N402) H50002 - Invalid State/Province Code ('08')	FISS Palme tto NC	00400 - 12/31/07 - 2073480412 8901 00400 - 02/15/08 - 2080360388 6001 00382 - 01/30/07 - 2070160533 2102 00400 - 02/09/07 - 2070270199 7301 00090 - 03/31/06 - 2060870327 1408 00400 - 03/31/06 - 2060770254 2401 Also seen from other contractors 00454 - -	08/09/05	03/14/08 - Recent examples provided (8 claims rejected in the past two months) 02/20/07 - Both of these errors (H10017 and H50002) are still occurring. Please see recent examples 03/27/06 - Preliminary evaluation indicate that error code H10017 is no longer occurring since the FISS fix. We are still seeing H50002, where the value in the state code filed is 'UN', see updated examples This issue is referenced in 2010BA-008a. FISS implemented a fix to stop passing gap fill values ('UN'). The actual data is now seen. Example 'A,' and '08'	Agree 8/10/05 - "A," is not valid.		C 1/27/ 09	5/17/06 FISS - FS4652 corrected this issue. 9/1 - correction will be in FS4652, scheduled for production 3/6/06.	M	FS4652 43852 FS4652	P-3/6/06	1/27/09 - Palmetto critiqued the records going back to 31 October 2008 and did not observe any incidents of "H10017" - Non-alphanumeric or space character being errored out in the reports. 7/7/2007 PalmettoGBA email - This issue was resolved by the contractor updating the record. This item should be closed. 7/6/07 -The COBC Issues Log Loop and Item # 2330A-008, H10017 - Non-Alphanum or space character (A.) is not allowed here, regarding Palmetto GBA (North Carolina), Claim number 20701605332102, was resolved through a maintenance process. 3/15/07 CC Notes: No		Veritus

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2330A-009 Closed 3/12/09	2330A NM103 populated with the Other Payer Name from the 2330B NM103, instead of a subscriber's last name	FISS	00090 - 02/26/07 - 20704500972 005 00390 - 02/26/07 - 20704500670 402 00400 - 02/26/07 - 20704503765 501 03001 - 02/26/07 - 20704400056 602	4/27/07	05-09-07 - When there is another payer, other than Medicare and the Trading Partner, the 2330A NM103 is populated with that other payer's name instead of the subscriber's last name. Two of the 4 contractors identified have indicated that the problem has already been reported in Question 48684 and is scheduled to be fixed in PAR FS7506. The PAR is currently in a Research status.	5/22/07 - Agree.		C 3/12/0 9	7/20/07 FISS email - This is a P3 Change Request and will have to be prioritized by the CCB.		FS7506	Need PLOG Fix Date.	11/7/07 - FCSO - SAR #39560 was created and submitted to the Florida Data Center to request a TAR be sent to FISS. The Florida Data Center created GINS XFL00118 to FISS requesting the FIX/Release date for PAR FS7506. On 10/31/07, FISS updated GINS that they have received the GINS and are researching. Comments received from contractors 00390 (via email to COBC) - According to FISS this problem has already been reported in Question 48684 and is scheduled to be fixed in PAR FS7506. The PAR is currently in a Research status. 00400 (via email to COBC) - we are aware of this problem and FISS is still researching the fix for this under FS7506.		

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2330A-010 (closed 5/7/09)	The Trading Partner is indicating that the 2330A N402 is missing and should be included on the claim. Both the 2010BA and 2330A contains the subscriber data, except the state code is missing in the 2330A	MCS	00590 - 08/23/07 - 0907229648320	10/4/07	4/17/09 - Issue 2330A-010 was initially reported by Florida Medicaid. They've indicated that this is still an issue, and have provided examples for contractor 09102 1009043532190 – 02/25/09 0909044020570 – 02/26/09 0209047461040 – 03/03/09 The 837 implementation guide indicates that this element (2330A N402) is situational, stating "Required when information is available". In addition there is a comment stating "N402 is required only if city name (N401) is in the US or Canada". Please verify, for COBC and the Trading Partner, whether a missing value for this element is compliant. The data in the file: 2010BA N4*DADE*FL*335250000~ 2330A N4*DADE**335250000~	10-09-07 Agree - State code is required for a compliant file. bsr		(closed 5/7/09)					4/23/09 - FCSO will look into this issue.		Florida Medicaid
2330B-001	Syntax error: NM108 was found but NM109 was missing. X12 syntax rule: 'P0809' - if one element is present, all must be present.	MCS	00591/2704 314409490		05/09 - This error is no longer occurring 03/09 - This error is still occurring. 01/10 - This error is related to 2330B-002, which has spiked, after being closed.	Agree this is an error. Does the GHI translator check for mandatory fields prior to building the 837 COB?	pg 342;If either NM108 or NM109 is present, then the other is required	Closed 05/09/05	01/11 MCS PLOG 17194 will resolve this issue. 12/15 MCS Sent request to FCSO to review file and determine why the field is blank. Believe it may be related to PLOG 17194. 12/13/04 VMS - still need examples from VMS carriers. 11/08/04 VMS - need example from VMS carrier to continue research.	Contr	18075 (3/10), 17194	Test 3/10/05, 1/21/05	02/17 CC Notes: Neil – still occurring, but only one contractor. Deb at MCS, has initiated PLOG 18075 to address this problem.		

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2330B-002	Missing Mandatory 'NM109'	MCS ~~VMS~~	00511-12/17-4704218642 040; 00900-12/17-1604327861 370; 14330-0927		05/09 - This error is no longer occurring 03/09 - This error is still occurring. 01/10 - Please re-open, as this error is still occurring. Issue closed for VMS now a MCS issue. 01/03-There was a spike in this error on files processed 12/21 and 12/22 for several contractors. 12/21 GHI validted, no longer occurring. Data missing in contractor's file - 14330.	Agree this is an error. Does the GHI translator check for mandatory fields prior to building the 837 COB?	pg 344;Require d - Must be identical to 2430 SVD01	Close d 05/09 /05	02/16 MCS Reviewed example from 12/21 file and found additional issue that was not addressed with PLOG 17194. A new PLOG 18075 has been created to address the new issue. 01/24 MCS - This will be fixed with PLOG 17194 which will be released to production tomorrow. This is the same issue as 2330B-001. 12/01/04 VMS - after reviewing examples, VMS found that the carrier had the IG level edits off. We also understand that the carrier is working to turn the IG level edits on. 11/08/04 VMS - need example to continue research.	SS M	New PLOG 18075, ~~17194~~	Test 3/10/05 Prod 4/4/05, ~~1/21/05~~	02/17 CC Notes: Neil – still occurring, but only one contractor. Deb at MCS, has initiated PLOG 18075 to address this problem. 2/10 CC Notes: – Fix went into production on 1/21/05, is this problem still occurring? Response - Aru at GHI said the he saw two examples of this error still occurring from the file received by NHIC on 02/08/05. Someone suggested waiting 14 days to check for this error again due to the payment floor. It was stated that this file should have been after the error was corrected. Gigi at EDS asked for the Claim number – 0805021001330 – Claim crossed to Mass Health. The NHIC contractor # is 31141. PLOG # 17194 is assigned to this issue - missing mandatory		

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2330B-003 (Closed 2/17/09)	H24391 - NM103 required data element missing	MCS Cahaba AL Cigna NC	00510 - 02/19/07 - 2207036563 400 05535 - 02/19/07 - 0207046729 050 8/16 00512 - 08/05 - 0205215159 510 00901 - 08/05 - 0705193866 110 05535 - 08/05 - 0205215775 380 00511-12/17- 4704218642 040; 00900-12/17- 1604327812 390, 1604327861 370; 31141-10/04- 0804251000	09/13/04	03/14/08 - This error is still occurring an can be seen in other loops 02/20/07 - This error is still occurring 09/12/05 - Of the files received between 09/10 and 09/12, this error is seen primarily from 14330, which recently converted to MCS. There are also a few occurrences from 00512, 00650, 00824, 00865, 00880, 00901, 00904, 05535 08/09 - Additional example provided - NM103 = spaces, but NM109 contains values that are not COBA IDs. Example 00512 has a value of BCBSM; 00901 - BCBS; 05535 -18936. 07/25 -See example provided 05/09 - This error is still occurring from the following contractors - 00520, 00528, 00590,	Agree this is an error.	pg 343; Required - Payer name	C 2/17/ 09	3/15/07 CC Notes: No update. 4/27 - MCS - CR21488 has been initiated, but is currently not scheduled. The NM103 will be blank with the carrier has a Primary Payer record on file with an insurer ID that is not found on the insurer file. 10/10 MCS - FCSO will be requesting CR to prevent this from happening when the SP file has an invalid insurer ID. 9/29 MCS - This was discussed at the workgroup call and was carried over for carrier research on how invalid insurer IDs are allowed to be loaded to the record. 9/1 - MCS - The new examples I am finding files with invalid insurer ID. Based on carrier response the file should not have an invalid ID and it has been corrected.	C	CR17847 CR28575 5/18/07 - CR 28592	Test 4/8/05, Prod 4/22/05 April 08 release	2/17/09 - Researching the 2330b-003 error, I see that the H24391 error was reporting for the 2330B NM103, which was corrected last year with the April 08 release. No recent examples could be found where we are still receiving this error for this loop. Claims will now suspend if they hit the edit (bene signature) so that a value can be entered. The contractorl could find no recent examples of where the H24391 is found in any loop and feel this issue can be closed. 9/24/07 CMS Cathy M - CR28592 will go in April Release if it is one of the top CRS voted on for April 08. 9/13/07 Cathy M. -User CR has been initiated for this problem 28575 it was estimated at 128		
2330B-004	REF02 segment missing. Therefore claim number missing	VMS		09/30/04	This was based on an 08/20 file. Since the 2320/2330A/2330B error was fixed, this should no longer be occuring.	Agree that CLM01 is a required field in 2300. It is situational in 2330B.		Close d 11/02 /04							
2330B-005	Invalid ZIP Code ('13222'), not in USPS tables.	FISS	00308/0928- 2042580322 8901	10/04/04	Invalid data in inbound file	Agree		Close d 01/18 /05	1/13 - This should be corrected FS4459S3. 11/2 - FISS does not currently validate the ZIP in the COB/COBC process. FISS has access to a ZIP code table used for ambulance claims. However, a CR will be needed in order for FISS to make a change.	SS M	FS4459S 3	Test 1/27	12/21 CMS is revisiting the approach for zip code validation.		

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2330B-007	nm108 required element is missing (identification code qualifier)	MCS; VMS	00910 - 1704351002 180, 1704350002 010 00590 - 1404210028 040, 1404355026 480 14330-09/27	10/12	MCS; VMS	Agree 10/15	10/12	Closed 02/22 /05	02/25/05 VMS - GHI has not been able to find any examples for a VMS carrier on this issue. 01/24 MCS - Is this issue that the NM109 is blank or the NM108 is blank? If the issue is that the NM109 is blank with is addressed in 2330B-001 and 002? 00/00 VMS - Our preliminary research shows that the reporting carrier 14330 (GHI) has the VMS IG-level edits currently turned off.	Contractor			2/17 CC Notes: Neil – not seeing problem any more. Can be closed. 1/18 12/9 Conference Call notes - GHI update - IG edits were turned on and should resolve problem. The will continue to monitor and it should be left on the log until it is verified it is resolved.		
2330B-009	Missing mandatory n401	FISS	400/12/15/0 4 (201177005 67101R)	12/17/04	The DDIS Comments does not accurately reflect error reported in issue (2300-024A) Data missing in the inbound file. CR610 and CR611 in file but CR609 missing	Agree 2/10 Update 2/10/95 If the N4 segment is used, N401 is required. Agree 1/20. If the CR6 segment is used, it must be used in a compliant manner.		Closed 09/28 /05	3/16/05 - will be corrected in FS4459S6. 2/3/05 - invalid data on inbound.	SS M	FS4459S6	P-7/5/05	9/15 CC Notes: GHI says fix worked; can be closed 3/3 CC Notes: Put fixes in S6 fix. 2/3 CC Notes: There has been discussion on maintainer HIPAA calls that this is on repository and not editing and that is why it is passing on the outbound. The answer on this is to change COB to validate the file before sending.		Aetna
2330B-010	Element n404 is missing. This elements user option is "Must Use"	FISS	390/01/07/0 5 (204362121 10804, 2043621240 1104)	01/12/200 5	2/10 "Element should state N403 not N404" 02/07 - Additional info sent to DDIS on 01/26. Data missing in the inbound file	Agree 2/10. Update 2/10/05 If N4 segment is used, then N403 is required. 1/20 Need more info. N404 is required if the address is outside of the U.S. Is it?		Closed 09/28 /05	3/16/05 - will be corrected in FS4459S6. 2/3/05 - IG says situational, "required when the address is outside of the U.S."	SS M	FS4459S6	P-7/5/05	9/15 CC Notes: GHI says fix worked; can be closed. 3/3 CC Notes: Put fixes in S6 fix.		Horizon Aetna
2330B-011	N402, Missing HIPAA required N402	FISS	00181- 01/17/05, ICN - 2042860829 2904, 2043071353 2704	01/17/05	Data missing in inbound file (city and state in N401 in the format 'City, State').	Agree 2/10. A delimiter must separate NM401 and NM402.		Closed 09/28 /05	3/16/05 - will be corrected in FS4459S6.	SS M	FS4459S6	P-7/5/05	9/15 CC Notes: GHI says fix worked; can be closed. 3/3 CC Notes: Put fixes in S6 fix.		

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2330B-014	Claim adjudicated date required if there is no line item adjudication in loop 2430	FISS	00011 - 05/13 - 20512201386702	6/1/05	**10/25/05 - The issue can be closed, the Trading Partner is no longer seeing it.** 09/12/05 - Since this error does not appear in Faciledi, we will follow-up with the Trading Partner on whether this is still happening. No 2430 loop present in the inbound file. This error does not appear in Faciledi. They are currently reviewing it.	Agree 6/28/05 - When a payer adjudicates a claim, this 2330B date needs to be present if there is no 2430 date.		**Clos ed 10/25 /05**	9/1 - correction was in FS4599, which is in production. 8/12 – The claim adjudication date in loop 2330B is populated for types of bill 11, 18, 21, and 41. The line adjudication date in loop 2430 is populated when the TOB is considered "outpatient", which doesn't include Home Health TOBs 31x and 32x. So neither adjudication date is populated for these Home Health TOBs. It must be determined which date should be populated for them and FISS COB must be changed accordingly.	SS M	FS4599	P-8/8/05	9/29 CC Notes: GHI - Waiting on examples from the Trading Partner that reported the error.		WPS
2330E-001	Element NM103 is present, though marked 'Not Used'	MCS, VMS	00751- 10/29; 11/22 (0204302053930, 0204303069350)		11/30 - A fix has to put in the translator to not map this field. Value of X in file. Data in contractor's file	Agree this is an error. Does the GHI translator check for mandatory fields prior to building the 837 COB?		Close d 11/30 /04	11/17/04 MCS - If NM103 has a value and is not used this would be a carrier set up issue with their gap fill SYSIN. 11/08/04 VMS - need example to complete research. 10/27/04 MCS - contractor and file information is needed to provide a response.						
2330E-002	Data Element Error; Exclusion condition violated;According g to the addendum, Other Payor Rendering Provider Last Name is unused and should not exist but it does The 'G' is the last name.	MCS	00882- 08/31, 09/03		11/30 - A fix has to put in the translator to not map this field. 11/29/04-The value of G was in the contractor's file	Agree this is an error. Does the GHI translator check for mandatory fields prior to building the 837 COB?		Close d 11/30 /04	11/08/04 VMS - need example from VMS carrier to continue research.						

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2330G-001	Element NM103 is present, though marked 'Not Used'	MCS	00751-10/29	09/13/04	12/21 GHI validated, no longer occurring. 11/30 - A fix has to put in the translator to not map this field. Value of X in file. Data in contractor's file	Agree this is an error.		Closed 12/21 /04	12/20 MCS - Is GHI still seeing an issue with this, can it be closed? 12/8 MCS - The contractor found they had the gap fill set up to gap fill NM103 for all files not just 4010. They corrected the set up on 12/8/04 so the problem should not be seen on files created after this date. 12/7 Sent request to carrier to review file and determine the set up causing the problem. 11/17/04 MCS - This is a carrier set up issue related to their Gap Fill SYSIN. 10/27/04 MCS - This is a carrier set up issue, but overall the contractor and file information is needed to provide a response.	GHI			12/13 CMS - GHI needs to validate before issue can be closed.		
2330G-001	MISSING REF02 SEGMENT	MCS	00524-02/04/05 ICN, 0205013019 520	3/30/05	Error '2330G 0001REF 00011C ..' Error reported by Mass Health.	Agree 3/31. If REF02 is missing that is an error.		Closed 06/15 /05	04/12 MCS - We need a more current example. The carrier was able to determine the information came from the SFR, but due to the age we are unable to determine if there is an issue with the SFR or if the file came in this way.				5/12 CC Notes: Neil said that this problem is no longer occurring. This issue can now be closed.		

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2330G-003 (Agree closed tab 3/30/07	**H45141** - Other Payer Service Facility Location was not expected because the Facility Type (CLM-05-1) is '12-Home'	MCS	00865 - 08/29/05 - 1205213080 430 00900 - 08/16/05 - 3105202009 460 00900 - 08/16/05 - 6705192901 785	8/1/05	02/20/07 - This error has not occurred within the past 3 weeks. Please close this issue The inbound file contained 2330G data as follows NM1*FA*2~ REF*1C*SUBMITTED BUT NOT FORWARDED~	Agree 9-8-05.		**Clos ed 02/20 /07**	**4/27 - This is still a large error for the carriers. We are waiting on the response from Brian with CMS as the IG does not prohitbit this loop when the POS is home.**				9/29 CC Notes: GHI - Brian of CMS is investigating this. 9/15 CC Notes: (Gigi) Status IG does not prohibit this, so MCS questions it. Brian of CMS will look at it. FPI – facility provider indicator. The history claim doesn't have the provider name, so it is defaulted when the COB is created. Brian thinks that jurisdictional pricing is requiring the facility, so DDIS will disagree and trading partners will be getting facility more often. Utah thinks that there shouldn't be a facility on a 12 place of service. GHI will get volume counts and see if the claim is paper or electronic. Issue will be on agenda for next meeting. 00900 (TrailBlazer Health Enterprises) Comments: For ICN		

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2400-SV2-02 (H51000 issues are found in 2400-022, 2400-022b, 2430-005a and 2400-SV2-02) Closed 5/22/08	H51000 - Procedure Codes are not valid CPT or HCPCS for this date of service . This error has been ongoing, CLAREDI edits and rejects HCPC codes, therefore rejecting otherwise good crossover claims. Some of these HCPC codes have been terminated and the dates of service for a claim is invalid for a specific HCPC code termed or the HCPC code does not exist. FISS does not do any type of editing on HCPCS. Example HCPC codes rejected by	FISS	00363/0036 6	8/11/06	03/14/08 - This error sometime appear on the Top ten error report			Close d 5/22/08					5/22/08- CMS - CMS DMSPPO Agrees this is non-compliant, however, it will take major system changes to accomodate this error. No system changes will take place. 4/10/08 - Anthem - Ticket number 56578 was opened with FISS concerning codes Q5001, 90999, 99999 and A0405. We are continuing to research codes that are rejecting from GHI. We are getting different codes rejected everyday. The volume of errors are very very low. Maybe just 1 or 2 a week. Does GHI need to edit for these codes?		

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2400-001a	Missing Mandatory 'DTP03'	FISS	00454-10/28		04/18 - This error no longer occurs 03/09 - This error still occurs from contractor 00180 12/17 - This still occurs from 00011, 00380, 00450, 00454. Fowarded supporting data to FISS. 12/13 - As of 12/13 this is still occurring for 00454. 11/02 - GHI sent follow-up info to FISS on 10/29. Data is missing in contractor's file	Agree this is an error. Does the GHI translator check for mandatory fields prior to building the 837 COB?	X-pg 415-Required field	Closed 04/18/05	3/16/05 - will correct problem with Maine's gap fill file by installing FS4459S3 change. 09/29/04 - GHI to provide qualifier for FISS to do more research -- Should be correct now with CR3031R5. GHI needs to validate. 11/2 - A fix is required that will be delivered with FS4459S1.	SS M	FS4459S3, ~~FS4459S1~~	Prod 2/17, ~~12/2/04~~	4/14 CC Notes: Gary at FISS said he has not heard back from the Maine FI to see if they installed the fix yet or not. Gary said their Data Center in Arkansas was informed. Neil will send Gary an update. Gary will follow up with the Arkansas Data Center. 3/17 CC Notes: Still is a problem in 00180, Maine. Gary Moon at FISS researched and found that the fix for the problem was not installed by their data center. He has notified the data center and the problem will be resolved. 1/27 CC Notes: FISS – that should be corrected with FS4459S3		
2400-001b	Missing Mandatory 'DTP03'	B			02/07 - This error is no longer occurring. If it starts again, examples will be supplied and this issue will be reopened	Agree this is an error. Does the GHI translator check for mandatory fields prior to building the 837 COB?	X-pg 415-Required field	Closed 02/07/05	01/31/05 VMS - still need examples from a VMS carrier. 12/13/04 VMS - still need examples from VMS carriers. 12/3 VMS - describes a missing mandatory DTP03 segment. ViPS research lists this segment as situational except for the service date (DTP01 = 472). Please advise. 12/01/04 VMS - Segment is situational except for service date (DTP01 = 472). 11/08/04 VMS - need example from VMS carrier to continue research.	Contractor					

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2400-002	'Assessment Date' was not expected because 'Date of Service' is present.	FISS			04/18 - This error no longer occurs 03/09 - This error this occurs from contractor 00180 12/17 - This error still occurs for contractor 00011, 00380. Fowarded supporting data to FISS. 12/13 - As of 12/13 this is still occurring for 00454. Data is in the contractor's file. The Date of service (DTP472) segment was created, but the date was missing. The assessment date (DTP866) segment was also created.	Agree this is an error	pg 445 - Assessment date is not used when 'Service Line Date' segment is present	Closed 04/18/05	3/17 CC Notes: Still is a problem in 00180, Maine. Gary Moon at FISS researched and found that the fix for the problem was not installed by their data center. He has notified the data center and the problem will be resolved. 3/16/05 - will correct problem with Maine's gap fill file by installing FS4459S3 change. 1/13 - This should be corrected with FS4459S3. 09/29/04 - FISS will create this error and test at their end	FS4459S3, FS4459S1 SS M		Prod 2/17, Test 1/27 12/2/04	4/14 CC Notes: The fix worked correctly. This is no longer a problem.		
2400-003a	Missing Mandatory 'SV203'	FISS			Data in contractor's file	Agree this is an error. Does the GHI translator check for mandatory fields prior to building the 837 COB?	pg 438; Required field-used to indicate submitted charge amount	Closed 11/02/04	10/20 - GHI translator error. No FISS action required. 11/2 - GHI needs to validate. Should this be closed?			#######			
2400-003b	Missing Mandatory 'SV203'	B			Data in contractor's file	Agree this is an error. Does the GHI translator check for mandatory fields prior to building the 837 COB?	pg 438; Required field-used to indicate submitted charge amount	Closed 11/02/04				#######			
2400-005	Missing Mandatory 'DTP01'	FISS	52280 - 10/02, 10/09		As of 12/13 this is still occurring for 00454.	Agree this is an error. Does the GHI translator check for mandatory fields prior to building the 837 COB?	pg445, pg447; DTP01 is a required field	Closed 12/13/04	11/2 - A fix is required that will be delivered with FS4459S1. 09/29/04 - GHI to provide qualifier for FISS to do more research -- Should be correct now with CR3031R5. GHI needs to validate.	GHI	FS4459S1	12/2/04		12/2/04	

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2400-006	Missing Mandatory 'DTP02'	FISS	52280 - 10/02, 10/09		11/02 - GHI sent follow-up info to FISS on 10/29. Data is missing in contractor's file	Agree this is an error. Does the GHI translator check for mandatory fields prior to building the 837 COB?	X-pg445, pg447; DTP02 is a required field	Closed 12/13/04	09/29/04 - GHI to provide qualifier for FISS to do more research -- Should be correct now with CR3031R5. GHI needs to validate. 11/2 - A fix is required that will be delivered with FS4459S1.	GHI	FS4459S1	12/2/04		12/2/04	
2400-007	SV104 - the quantity is a required field and is missing	B			This was an error in the translator, where zeros values were not being populated. Data in the contractor's file	Agree this is an error. Does the GHI translator check for mandatory fields prior to building the 837 COB?	pg 385;Required field	Closed 10/07/04							
2400-008	loop 2400, CR106, mileage, is a required element and is missing.	B			This was an error in the translator, where zeros and negative values were not being popluated. Should be loop 2300.	Agree this is an error. Does the GHI translator check for mandatory fields prior to building the 837 COB?	pg 397;Required field	Closed 10/06/04							
2400-011	MEA03 required data element missng	VMS MCS	00635/0923	09/13/04	This was an error in the translator, where zeros values were not being populated. Data in the contractor's file	Agree. MEA03 is a requirement element.	pg 441; required	Closed 10/07/04							
2400-012	SV102 required data element (line item amount) missing	MCS		09/13/04	This was an error in the translator, where zeros values were not being populated.	Agree. SV102 is a required element.	pg 384; required	Closed 10/06/04							
2400-013	CR303 Required data element missing	VMS		09/13/04	This was an error in the translator, where zeros values were not being populated. Data (00) was in the contractor's file	Agree. CR303 is a required element.	pg 400; the segment is situational, but when present the field is required.	Closed 10/06/04							

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2400-014	Loop 2400, PS1 segment, PS102, purchased service charge amount, is mandatory and is missing. See I/G 488. See MCN 04258714947000, also MCN 04258715050000.	VMS	00660-09/28; 00901-10/14	10/01/04	12/04 - This error is no longer occurring. Data missing in contractor file. The PS102 field was blank	Agree. PS102 is required.	pg 466. PS102 and 02 required	Closed 12/07/04	12/03 CMS - GHI needs to validate before the issue can be closed. 12/02 VMS - Please mark as closed and move to closed tab. Our preliminary research shows that the reporting carrier 00660 (KY) has an issue with their translator. The field in question is a required field 'R' field that should be flagged by the translotor as an error when it contains spaces. If this is done correctly, the VMS system will reject the claim.	GHI			11/19/04 - The KY Translator has been fixed for the PS102 and the field is now mapping correctly. 11/11 KY - According to the IG (pages 489-490) PS102 for the Purchased Charge Amount is a required field. Providers are submitting the PS102 but we are not mapping to the inbound flat file. If it isn't on the inbound, it won't be on the outbound. There is also no VMS edit on the PS102 to reject the claim if the PS101 is populated but the PS102 is blank. MCS will reject the claim if the PS1 segment is used but the PS102 is not numeric. I will forward a request to our Tech Support to make a change to the inbound translator.	11/15/04	

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2400-015	Invalid date for 2400 DTP03 since service date is prior to patient's date of birth. 2010BA-DMG*D8*20040910 2400-DTP*472*D8*20040907	VMS	00803-09/23-0425466501 0000;04254 665020000	10/06/04	01/31 - This problem would be identified by the Trading Partners, who haven't reported seeing it recently. The data in the outbound file came in on the inbound file	Agree. Service date can't be before birth date.		Closed 01/31 /05	01/17/05 VMS Can we move this to the closed tab? 12/20/04 VMS - completed. Code will be in production on 12/23/04. 12/13/04 VMS - CMS has decided to go with the CWF DOB on the outbound file. I will try to implement ASAP. 11/12 VMS - This record contained an invalid bene DOB. We offered two possible solutions: a front-end reasonableness edit for the DOB or using the CWF DOB in the outgoing record. Please advise as to which approach you would prefer. 11/08/04 VMS - in this instance the Bene Date of Birth was sent in incorrectly. Two possible solutions: 1) add a front-end edit to	SS M	PS2946	12/23/04	1/27 CC Notes: GHI will provide ststus next log update.		
2400-016	NTE 02 is required and is missing. See I/G page 488. MCN - 1104261520760	MCS	31146-09/30-1104261520 760	10/08	01/10 - A fix was put in at COBC (VIPS), to strip delimeters from the flat file. Data in contractor's file with asterisk. NTE02 had an asterisk as the first character - *DECADRON PHOS 8MG.	Agree. The data should appear as NTE*ADD*DECADROM PHOS MG~ The implementation guide (appendix A) states that delimiters are not to be used in a data element value elsewhere in the transaction. The contractor's translator should have caught this up front and rejected as non-compliant.		Closed 01/10 /05	11/23/04 MCS - This should be resolved with delimiter scrubbing GHI will be doing to resolve 2300-013. 10/27/04 - The 2400/NTE02 contained *DECADRON PHOS 8MG it was not blank. The claim was received electronically in HIPAA format and included the * in the NTE02. For this field the MCS passes what was received.	GHI					

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2400-017	CR5 is situational If you use it and use CR514 the value to use is 2, not 3 -8 errors. CLAIMS=042668 33501000CR5*I* 12*********88*R** 3~	VMS	00635-10/05-0426683350 1000	10/26	11/29/04 - Fixed in the Map. The CR15 field was being mapped to the CR14. 11/22/04 - Took a look at the position of the data, and it matches the field (col 68) for CR515. GHI will research as a translator issue. Value in the contractor's file is 3	Agree. 3 is not a valid value for CR514.	pg 405	Closed 11/29 /04	11/12 VMS - has a write-up that does not match our findings. Our comments indicate that CR514 is equal to spaces in the examples we have found, not '3' as indicated. This would lead to a translator error. Please advise if our understanding is incorrect. 11/03/04 - VMS has found that the CR514 = spaces and that CR515 = 3. This would lead to a translator error at GHI or at the trading partner.	GHI or Tradi ng Partn er					
2400-018b	Missing total purchased service amount (AMT-01=NE). Required when Purchased Service Information (PS1) is present.	VMS	05440-0435871608 9000; 05535-0500574438 9000; 00803-0500574438 9000; 5006671527 000 00803/12/04 /2004 (432785484 8000)	12/08/04	05/09 - This error is no longer occurring on inbound contractor file 2400 PS1 was found, but missing 2300 amt	Agree 12/10.		Closed 05/09 /05	03/14/05 VMS - CMS has agreed to the April release for implementation. Thanks. 03/07/05 VMS - VIPS would like to place this PLOG into the April release to give the carriers more time for testing. Is this aggreable? 02/28/05 VMS delayed until 03/10/05. 02/10/05 VMS - Plog #3366 with implementation date of 03/03/05. 01/20/05 VMS - looking to add new inbound edit. Plog # and scheduling TBD. 01/17/05 VMS - reviewing examples. 12/15 MCS - This is a		PS3366	Prod - 4/4/05, 3/10/05 3/03/05	2/10 CC Notes: – PLOG # PS3366 is assigned to this issue. The fix is scheduled to go into production on 03/03/05.		

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2400-019b	Purchased Service Provider Name' was not found, but was expected because the Purchased Service Provider Identifier (PS1-01) is present and the Claim Level Purchased Service Provider is not present	VMS	05535-5005777322 000, 0500579319 3000; 00803/12/04 /2004 (432785484 8000)	12/08/05	05/09 - This error is no longer occurring. in contractors file 2400 PS1*B17359*65.14~ was found, but there is no 2310c nm1	Agree 12/10.		Close d 05/09 /05	03/14/05 VMS - CMS has agreed to the April release for implementation. 03/07/05 VMS - VIPS would like to place this PLOG into the April release to give the carriers more time for testing. Is this aggreable? 02/28/05 VMS delayed until 03/10/05. 02/10/05 VMS - Plog #3366 with implementation date of 03/03/05. 01/20/05 VMS - looking to add new inbound edit. Plog # and scheduling TBD 01/17/05 VMS - researching inbound edits. 12/15 MCS - This is a		PS3366	Prod - 4/4/05, 3/10/05 3/03/05	2/10 CC Notes: – PLOG # PS3366 is assigned to this issue. The fix is scheduled to go into production on 03/03/05.		

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2400-020	The Unit fields that are in 2400 sv103 could contain a decimal value but in most cases the units values are rounded. The value of 10 in that field would mean the 1 because there is an implied decimal point.	MCS	00910-11/19-1104322132 470	11/24104	03/09 - A fix was put in place at COBC (VIPS) to correct this. Additional validation needs to be done 01/31 - COBC (VIPS) will put a fix in place to pass the correct decimal format in the 837 outbound file to the Trading Partners. Value in contractor's file is 0010. Value to Trading Partner is 10	Agree 12/1: The contractor flat file has a different COBOL PIC for each qualifier - "F2" = 9(7)V999, "MJ" = 9(4), and "UN" = 9(3)V9. The assumed decimal is used only for internal processing. The carrier shared system needs to populate the actual decimal on the oubound 837.		Closed 03/28/05	1/13 MCS - The 4010/4010A1 National Flat File defines the format of SV104 with an implied decimal when the qualifier is UN. This CR would force MCS to deviate from the requirements for that file. Once this format is defined on the flat file, both inbound and outbound translators are positioned to assume the implied decimal, therefore, I do not agree that the implied decimal is used for internal processing only. 12/20 MCS - GHI states the problem is - The Unit fields that are in 2400 sv103 could contain a decimal value but in most cases the units values are rounded. The value of 10 in that field would mean the 1 because there is an implied decimal point. - The MCS approach for fixing this issue is to	GHI	17302	GHI fixed 2/25	3/17 CC Notes: Can be closed per CMS. 1/27 CC Notes: Neil – worked out internally that the trading partners need an implied decimal along with DDIS. This permanently is in the PART B professional file. We have written requirements for our VIPS contractors to make changes in the sub-system. Based on the qualifier, we will be able to insert the decimal. The only question I have for ???? was on the PART A side we know that FISS is rounding. We checked the implementation guide and our understanding is on the institutional file it is required as a whole number. If that is the case, we will work on a change to install the decimal. Now Linda is that a patch and leave open for part B		Horizon(00910); Regence
2400-021 (Agree closed tab 3/30/07)	H10614 - Missing mandatory SV202-1, SV202-2	FISS	00400/12/15/04 (201052008 05001R(93))	12/17/04	2/20/07 - This error is no longer occurring. Please close this issue 03/27/06 - GHI to verify that this is no longer an issue 08/10 - Please re-evaluate. There are a few cases where SV202-3 is populated while SV202-1 and SV202-2 blank. The type of bill is 21. 2/10 The Type of Bill type = 11. 02/07 - Additional info sent to DDIS on 01/26. Data missing in the inbound file	Agree 8/10 If SV202 is submitted, SV202-1 and SV202-2 are required, per the IG. Disagree 2/10 Update 2/10/05 If SV2 segment is used, then SV202-1 is required. However, since the type of bill is 11 (inpatient) SV202-2 is not required. 1/20 Need more info. Elements are required on outpatient claims. Was this an outpatient claim?		Closed 02/20/07	5/17/06 FISS - FS4652 should have corrected - GHI LOG comment states that they will verify. 11/4/05 - Problem is that the HCPCS modifiers are moved even if there is not a HCPCS code. Correction will be made in FS4652, scheduled for production 3/6/06. 2/3/05 - IG says situational, "required for outpatient claims when an appropriate HCPCS exists for the service line item."	FS	FS4652 44028	P-3/06/06	9/29 CC Notes: Gary - TAR 44028 was closed due to no response being received from the Contractor. GHI will get examples for this issue. 9/15 CC Notes: (Gary) TAR 44028.		Aetna

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2400-022	The procedure code is not a valid CPT or HCPCS Code	FISS	00011-02/02-2050321053 4604, TOB = 85; 00363-02/02-2050070052 4208, TOB = 71; 00090/12/14 /04 (204337006 02105(70)); 00390/12/15 /04 (204341009 03602(68));	12/17/04	02/07 - see updated examples sent to FISS. This error also occurs in 2430 SVD03-02; Value in file is X0063 for 00090 and a value of 90659 for 00390	Agree. Codes used must be valid per the external code source referenced in the IG.		Close d 03/28 /05	2/3/05 - FISS researching.				3/17 CC Notes: GHI has edit turned off. The trading partners haven't said anything, so CMS said to close. 3/3 CC Notes: Janice said this problem is still occurring. Neil said the code doesn't matter to the Trading Partners. The edit has been turned off for one week and there has not been a response from the TPs. Neil said this issue could now be closed. Neil said he is in the midst of going through the issues log and will send an update to Linda shortly. 2/17 CC Notes: Nancy of Veritus said that some codes are never terminated on the HCPCS file. They saw a lot of problems with codes with Claredi, and often Claredi was incorrect. The FI's HCPCS file may have a problem too. Neil – this		Horizon

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2400-022a 6/4/07 (H51000 issues are found in 2400-022, 2400-022b, 2430-005a and 2400-SV2-02) Closed 5/08/08	H51000 - The procedure code is not a valid CPT or HCPCS Code	FISS Cahab a AL Cahab a IA FCSO FL Palme tto NC	00010 - 02/09/07 - 2063600010 0004 00011 - 02/12/07 - 2070300115 6004 00090 - 02/16/07 - 2070380234 8605 00382 - 02/15/07 - 2070300005 6604 00363 - 2052080048 7301 00011-02/02- 2050321053 4604, TOB = 85; 00363-02/02- 2050070052 4208, TOB = 71; 00090/12/14	12/17/04	03/14/08 - This error is still occurring and sometimes appear on the top ten error report 02/20/07 - This error is still occurring. Please see recent examples 08/24 - Please re-open as current testers are having trouble translating claims with this error. Some values seen in the inbound file are 'XXXXX'. Also COBC currently testing Faciledi upgrade (current code sets, etc) which would eliminate some of the invalid codes 02/07 - see updated examples sent to FISS. This error also occurs in 2430 SVD03-02; Value in file is X0063 for 00090 and a value of 90659 for 00390	Agree. Codes used must be valid per the external code source referenced in the IG.		Close d 05/08 /08	7/20/07 FISS email - the log states that FISS will request a CWF change. The previous entry states that the FI should contact their RO. FISS does not request changes directly from CWF and I think the FI needs to pursue this with the CMS regional office as instructed. I do not know how the FISS update got there. 5/17/06 FISS - NO UPDATE. 2/3/05 - FISS researching.	FS	Tar #44156		4/10/08 - Anthem - Ticket number 56578 was opened with FISS concerning codes Q5001, 90999, 99999 and A0405. We are continuing to research codes that are rejecting from GHI. We are getting different codes rejected everyday. The volume of errors are very very low. Maybe just 1 or 2 a week. Does GHI need to edit for these codes? 5/24/07 - FISS contractor will be requesting a CWF change to edit claims against HCPCS files. 5/24/07 email from wheatlands - It has recently been brought to our attention that CWF has never edited the HCPCs file for Outpatient records. CWF only validates Effective and Termination dates for HCPCs on Part B and		Veritus -00363, who provided the Tar# 44156 Horizon

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2400-022b (Top Ten error) (H51000 issues are found in 2400-022, 2400-022b, 2430-005a and 2400-SV2-02) 3/27/08 - CMS-31146 and 00836 will be the lead. Closed 5/08/08	H51000 - Procedure Code "Q9950' is not a valid CPT or HCPCS Code. This edit should be corrected or deactivated. All procedure codes listed on error report are valid.	MCS Cahaba AL AR FCSO FL Noridian NV NHICN CA	00510 - 02/12/07 - 2207039474930 00520 - 02/14/07 - 0207032198870 00590 - 02/13/07 - 1007030122070 00834 - 02/14/07 - 2207033040240 31140 - 02/12/07 - 0707029115460 00865- 08/09/2005	8/9/05	03/14/08 - This error is still occurring and sometimes appear on the top ten error report 02/20/07 - This error is still occurring. Please see recent examples Similar to 2430-005, recently submitted for re-evaluation. These errors were previously turned off based on response from Beta Testers. New Trading partners indicate that they cannot process these claims. The error is now turned back on. Effective 08/02, the claims are no longer being passed to Trading Partners.	Agree 8/17/05 - All new HCPCS codes added in the April 05 update are rejecting as invalid (LS). 8/10/05 DDIS: Wouldn't this claim be excluded from crossover? If the procedure code is invalid, then Medicare is not paying the claim either. If the TP wants denied claims, then they will have to accept these types of crossovers.		Closed 05/08/08	4/27 - Is this still an issue or can it be moved to the closed tab?				4/10/08 - Anthem - Ticket number 56578 was opened with FISS concerning codes Q5001, 90999, 99999 and A0405. We are continuing to research codes that are rejecting from GHI. We are getting different codes rejected everyday. The volume of errors are very very low. Maybe just 1 or 2 a week. Does GHI need to edit for these codes? 3/27/08 - CMS- 31146 and 00836 will be the lead. All contractors will look at this error. 10/10/07 Trailblazers - Michelle - I have not heard back from CMS about what their position is regarding the procedure codes identified in CMS CRs 5635 and 5645 and don't know if there is some other action that we need to take to address this. Will you		HGSA
2400-023	DTP - 'Service Line Date' was not found, but was expected because this Claim is for Outpatient services	FISS	52280 - 02/12/05, ICN - 20503100743902 04, 2050110083 1602 04, 2050170184 7102 03 00400 - 02/11/05, ICN - 2050270020 5701	02/15/05	04/18 - This Error has not occurred within the past week. If there is any further issue we will re-open. Data missing in inbound file (610 record missing). Type of Bill = 13	Agree 2/16.		Closed 04/18/05					4/14 Mutual said they installed the fix on 12/11/2004. Aru at GHI checked today's error report and did not see this error listed. Linda will close this issue on the log. 3/31 CC Notes: Mutual is checking to ensure the FS4459s1 was loaded and when. 3/17 CC Notes: Researching.		

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2400-025 (Closed tab 4/9/07	**H30201** - The charge amount, SV203, does not equal the sum of paid amount (SVD02) and all line level adjustment amounts (CAS)	FISS	00190 - 06/18 - 20513834230604	7/28/05	04/09/07 - No recent examples found. Please close 02/20/07 - Could not find a recent occurrence of this error Values are in the contractor's file in the contractor's file. Example LX*2~ SV2*0306*HC:87621*191.2*UN*1*0~ DTP*472*D8*20050516~ SVD*00190*179.73*HC:87621*0306*1~ CAS*CR*45*-11.47~ DTP*573*D8*20050621~	Agree 8/10/05 this should balance. This is the same issue as 2430-006 in the agree tab in spreadsheet 05-0802.		**Clos ed 04/09 /07**	5/17/06 FISS - Need current examples since CR4119 was installed 4/1/06.				9/29 CC Notes: This issue will be addressed through CR4119 which should eliminate the majority of the Out of Balance situations. 9/15 CC Notes: Discussions between CMS and FISS concerning 837 balancing. Matt will discuss with Kathy. The 835 IG specifies the balancing, but the 837 IG doesn't. This is also a problem with the professional 837 IG. Trading partners are complaining about it. Perry at Arkansas says it usually depends on the software the TPs are using, and if it reports the out-of-balance the TP will complains. Joyce at Empire – since 835 must balance, why shouldn't 837 since it's using the same amounts. Gary at FISS – since the 837 IG didn't say it must balance it		
2400-026	SV206 required if SV201 = 100-219	FISS	00130 - 07/20 - 20518909250804	08/03/05	**10/18 - This can be closed.** 08/10 - Trading Partner is questioning whether SV206 can be blank or zero, if SV201 = 100-219. In the example they provided the value of SV206 is zero Value in inbound file is zero	Agree 09/01/05. SV206 can contain a zero. SV206 cannot contain a space. 8/11 - zero is valid in SV206. Space is not valid in SV206. Disagree 8/04 - Just because SV206 is required if SV201 = 100-219, that does not mean SV206 cannot be submitted when SV201 is not 100-219.		**Clos ed 10/18 /05**					9/29 CC Notes: FISS feels this is an issue with the Translator. GHI will follow up with FISS.		

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2400-031 (Closed 11/20/08)	H51061, Invalid Modifiers (Ambulance Modifiers)	FISS Cahaba AL AR OK NGS IN Palmetto Ohio/W VA NHIC S CA	00510 - 02/13/07 - 2207040476380 00522 - 01/16/07 - 1107002377760 00630 - 02/13/07 - 2107024004060 00880 - 02/12/07 - 0207029006050 31146 - 02/13/07 - 1107031426660 00865 - 09/20/2005 - ICN 1805249039430, 1805249442780 00511 - Reject Date - 05/09/2006 -	5/24/06	03/14/08 - This error is still occurring and sometimes appear on the top ten error report 02/20/07 - This error is still occurring. Please see recent example 05/24/06 - Contacted Claredi re modifier 'EG', which is valid. It will be added in their next (velocedi rpm) update release.	6/22/06 Based on the GHI comment, it appears that CLAREDIs list of modifiers was not up to date. NO ISSUE?		C	7/6/07 - Terry S - FS4962 was written to address the H51062 and H51061 errors based on Question 51531. The Question stated that edit W7022 should be modified. However, the claims that were sent to FISS as examples of this problem were not bill types that hit the OCE edit. Emails were sent between NGS (Anthem) and CMS questioning if the GHI edit could be modified. Then NGS requested the FISS place FS4962 in RETURN status. There is not a next step for the maintainer unless we receive a new Question on this issue. 5/24/07 - Terry FS 4962 will be the fix.	M	FS 4962	09/04/07	PalmettoGBA (00880) 6/25/07-This is not an ambulance modifier it is a HPSA modifier that has been deleted. At the time the claim processed the modifier was not deleted in our system but maintenance has been done to correct the problem. 5/17/07 Cahaba (510) email - Modifier AQ was effective 01/01/06. The date of service it was used on was prior to this date. This was the one error where 00511 also had this error and disputed it with the COBC because it was a valid modifier. They had sent documentation of where it was a valid code and Claredi was supposed to update their codes so it would be accepted. 5/9/07 Email notes (4/30/07): 00510 - This claim does not contain		

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2400-034 (4/02/07) Closed 9/10/08	H21102:Only the code 'HC-HCPCS' is valid for HIPAA.	VMS	00885 - 01/02/07 - 06354775839 000 16003 - 01/02/07 - 06354738801 000 17003 - 01/02/07 - 06352750430 000 19003 - 01/02/07 - 06353824773 000	12/26/06	The contractor/system maintaineter is indicating that 'ZZ' is a valid value for this element. The Claredi validator is flagging ZZ as invalid 'ZZ' appears in the file received from the contractor SV1*ZZ:00004110150*1333.99*UN*84***1~	1-11-07 Agree - ZZ is not valid for Medicare claims		Closed 9/24/08	9/10/08 - CIGNA - Error H21102 was corrected for the DME MACs in the April 2008 quarterly system release. Ths issue can be closed. 3/09/2007 - VMS: still waiting for CMS to schedule a meeting with the proper CMS departments and VMS.				10/31/07 - NGS - H21102 - The issue was initially reported in Dec. 06 and is now one of the top ten errors. CMS Held meeting in April but no reported result of meeting. Issue is whether or not "ZZ" Mutually defined is valid qualifier for Medicare claims. GHI continues to reject these. Please provide some update as to what direction is to be taken for a resolution. Providers are continuing to make inquiries as this is high volume reject. This qualifier is used for oral cancer drug NDC Code 00004110150. 04/07 - CMS meeting held .		
2400-034a (added 6/5/07) (Closed 2/8/09)	Is WW093 a valid HCPC code?	VMS	16003- 17003- 18003- 19003	1/8/07	Submitted by Trading Partner	Agree 04/07 - WW093 is used for internal Medicare Claims Processing - not a valid HCPC - TP must look for NDC in 2410 LIN		C 2/09/08	XXXXX will be used on outbound COB in place of WW093				7/5/07 - VMS will update. CMS agrees this issue is separate from 2400-034 and appreciates resolution provided by maintainer		

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2400-035 (Closed 5/7/09)	The Trading partner (MO Medicaid) believes it is inappropriate to change anesthesia time from 9 minutes, qualified by 'MJ,' to .6 units & reflect the anesthesia time as units on the 837 professional COB claim? (NOTE: We realize that MCS converts minutes to units internally but were not sure if the outbound crossover file could differ from the incoming file in terms of this element.)	MCS	ICN#4906258 027572	2/14/07	03/19/09 - MO Medicaid indicated that this is still an issue, and have provided recent examples Contractor F ile date ICN 05202 02/04/09 109022048230 05202 01/28/09 1109015088690 05392 02/02/09 1809019014590, 1809019014560 03/14/08 - Recent examples were not provided 06/25/07 - Recent example requested from Trading Partner 02/14/07 - Please see the comment submitted in the 'Issue' column as it relates to the SV1	2-28-07 AGREE		(Closed 5/7/0 9)					4/23/09 - CMS may need to issue a CR. 3/26/09 - WPS - When we receive an anesthesia claim with the quantity billed as minutes (MJ) we will convert the minutes to units. T hat is what you will see on the Claim screen, HI etc. The EDS base logic is to send what is on SR, the submitted data, unless what is on history does not match. If it is differnet and the provider submitted with MJ we send what is on history. This is the verbiage from Spec - S2608000, If history units and SFR units (SV104) do NOT match AND SFR SV103 = MJ, map UN. E lse map from SFR 2400/SV103. We would not be able to send out the submitted data unless we had system changes, so someone would have to submit a CMS CR.		MO Medicaid

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2400-036 (opened 5/30/07) (closed 3/23/09)	H40192:When a 'Diagnosis Code Pointer' is '2', a 'Diagnosis Code' in 2300/HI-02-2 must exist	VMS	16003 - 03/10/08 - 08058728619 000 19003 - 03/06/08 - 08052814181 000 00590 - 03/10/08 - 02080532911 00 00954 - 03/05/08 - 32080631029 10 17003 - 05/22/07 - 07129848038 000, 07129817895 000 16003 - 05/22/07 - 07122712417 000	5/14/07	03/13/08 - This error still occurs, for both VMS and MCS. Recent examples provided Please see the comments from the contractor. A similar error message may appear for HI-01-2 thru HI-08-2, with error codes H40191 thru H40198 For the ICN 07129848038000 the data in the HI and SV1 segments are as follows: 2300 HI*BK:V4365~ 2400 SV1*HC:E0148:NU:KX*158.81*UN*1*12**1:2********0~	5-30-07 Agree		(closed 3/23/09)			IN7004	?	3/23/09 NHIC- edits are in place to reject a claim if the diagnosis code pointer refers to a blank diagnosis code field. NHIC currently has no examples of claims hitting H40192. This issue can be closed. 8/22/07 A User CR was initiated on 8/22/07 to VMS IN7004 - Diagnosis Reference by 17003 NGS. 7/19/07 - NGS will create a CR to update this issue and to place edits to check that all pointers are valid.. 7/13/07 - CMS - If issues continue CMS will request a front end edit. 6-21-07- NGS- This issue is a Submitter Education Requirement. A list-serve has been posted on NGS Website for all Jurisdiction B DME MAC EDI Vendors, Billing Svcs, Clearinghouses, and Electronic Submitters advising them not to include more than 1 Diag.Code Pointer in 2400 Loop SV1 when only 1 Diag Code is listed in 2300 Loop HI Segment. The supplier is submitting		

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2400-038 NGS & Trailblazers are the lead. Closed 3/12/09	H20803:The 'Diagnosis Code Pointers' must not leave gaps in them. (2400 SV107 - Service Line / Professional Service / Diagnosis Code Pointer)	MCS	00900 - 06/13/08 - 2208154824830 22081548355 20	6/17/08	Please see the comments from the contractor, in the "CCMS and Contractor Comments" column, and provide a ruling. The data in the respective claims are as follows: 1. SV1*HC:99233*283*UN*1*21**1::2~ 2. SV1*HC:99285*601*UN*1*23**1::2~	6-17-08 AGREE. The pointers must not leave gaps.		C 3/12/0 9			CR33010		**2/27/09 - TrailBlazer has created our own front-end edit to reject claims that meet the criteria to receive error H20803 since our EDI area did not choose to turn on the MCS pre-pass edit that was created with MCS CR 33010. Our new edit will be turned on effective Monday 3/2/09. We have only been receiving a very small volume of COBC rejects for this error and should not see any more after our new edit has been turned on for about a month. I think you can go ahead and close this issue.**		

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2400-039 GHI is the lead (closed 5/7/09)	H10614:Missing Mandatory 'PS102'	MCS FISS	04102 - 05/16/08 - 0208126319780 07/18/08 - 0208189310030	7/22/08	3/12/09 - GHI - GHI testing. Soon to be in production. 7/31/08 - GHI opened Ticket # 1367922 with Injenix. Please see the comments provided by the contractor (04102) in the "CCMS and Contractor Comments" column. COBCis receiving the zero value in the PS102, but it is not being translated to the 837 file. We are in contact with our vendor to determine what corrective actions have to be taken. In the meantime, please state whether you agree or disagree that zero is a valid value for this element.	7-23-08 Agree that zero is a valid value per the IG. bsr		(closed 5/7/09)	2/26/09 - NGS - The repair for error H10614 has been completed for all MedA regions for NGS. See below when each data center completed the process. This issue is closed for us. 01/08/09 - NGS will be running the repair jobs for the claims that are on hold for error H10614 on Sunday, 1-11-09. These files will also be sent to GHI on Sunday, 1-11-09. This is for regions, 00130, 00160, 00332 and 00452 . We are still waiting for a response from CDS and EDS on when the repairs will be done. 12/17/08 - NGS sent a request to our BSO area to **request a repair job from** FISS. NGS 2-16-08 Installed FS5355R1, CDS 12-16-08 Installed FS5355R1, EDS R FS5355R1, release is planned for installation into production >on 12/22/08.			Fiss #5355R1 was installed on 12/30/09	7/22/08 - Trailblazer - I'm seeing this error on EMC claims that were submitted with the 2400 PS1 (Purchased Service) segment. The 2400 PS101 (Purchased Service Provider Identifier) contains an identifier for the Purchased Service Provider and the PS102 (Purchased Service Charge Amount) contains all zeros. I was not able to find any MCS pre-pass edit that will reject the PS102 if it contains all zeros. I've only identified MCS pre-pass edits that will set if the segment is used and the value is not numeric (edit 0914) or if there is a decimal placement error (edit M176). I agree that if a service has been identified as a purchased service, the purchased service amount should be some amount other than all zeros. The 4010A1 IG only says that the PS102 is a monetary amount and that it is the cost of the purchased service. It does not prohibit		

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2410-001 (merged with GEN-009)	**H20760** - NDC Code value '0074234402' is too short. Must be a 5-4-2 formatted code without the hyphens (11 digits only).	MCS VMS	05440 - 07/15 - 0205182364 140 05655 - 07/15 - 0518080682 8000	08/05/05	04/09/07 - Based on previous discussions, this error is being bypassed (the claims sent to the Trading Partners). If the TP reports this as an issue, it may be re-opened. In the meantime, please close. 04/04/06 - This Error Code is on the Exclusion list. Please see comments in GEN-009 The codes appear in the inbound file. 0074234402 for 05440 and J1563 for 05655	Agree 09/22/05. The NDC must comply with the format 5-4-2. Agree 8/10/05		C 04/09 /07	4/27 - MCS Based on GHI note should this be moved to the appropriate closed tab? 10/13 CC Notes: o Questioning why contractors disagree with validating the NDC code when other code sets are validated. CMS comment that validation was not being done by Medicare contractors because it is not used for processing. Other codes sets that are validated are used for processing purposes. GHI's comment was that we are sending claims to trading partners who need a valid NDC to process the claim. The IG does imply that code sets should be validated. Today, contractors validate the Taxonomy code and it is not used for processing purposes. □ The last comment from Brian R. was that the NDC code must be				9/29 CC Notes: Gigi - This issue will be tabled until CMS reviews CR4064 and discusses the impact to this issue. 03/30/07 Deleted GEN-009 same issue		WPS (Trading Partner) 8/21/07 email - WPS TRICARE requested this issue be discussed because they receive claims that are not in the 5-4-2 format.

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2420C-002	N402 invalid state code (N4*ALPENA*49*49707; N4*LUDINGTON*49*49431)	MCS	00953-10/25, 11/01	09/13/04	12/21 GHI validated, no longer occurring. Data is in the contractor's file. Value of 48 in file from 00953	Agree. Appears part of the zip code was moved to the state code.	pg 503;Code as defined by approp agency; required only if N401 (city name) is in the US	Closed 12/21/04	12/20 MCS - The fix for this was installed into production on 11/08/04. Is GHI still seeing an issue with this, or can this be closed? 11/29 MCS - This issue was correct with CR15173 which was installed into production on 11/8/04 11/23/04 MCS - Sent a request to Florida for file information. 11/17/04 MCS - 2420C is directly mapped from the SFR. Currently there is a prepass edit to ensure the N402 is present, but it does not validate the value. A CR would be needed to enhance this edit. 10/27/04 MCS - Contractor and file information is needed to provide a response.	GHI	15173	11/08/04			
2420E-004 closed 10/24/2008	H61074:'Ordering Provider Contact Information' was not found, but was expected because the Arterial Blood Gas Quantity (CR5-10) is present or Oxygen Saturation Quantity (CR5-11) is present	VMS	17003 - 10/09/07 - 07269805804000 00635 - 02/01/06 - 06030860833000	02/15/06	03/14/08 - This error is being bypassed, the claims are going to the Trading Partner. The TPs are disputing the claims. Awaiting CMS' advise on whether the bypass should be lifted 04/09/07 - No recent examples available for this issue No contact information found. CRC segment as follows: CR5*I*99*********87*R~ CRC*11*Y*P1*37~ CRC*11*N*38*AL*ZV~	Agree 3/6/06		Closed due to July 2008 release	12/6/07 - CMS email- VMS will implement a solution with the July 2008 Release under the Problem Process. 03/09/2007 VMS - Waiting on COBC to find more recent examples. 7/31/06 VMS - no coding change made. Have asked COBC to give me recent examples to use for researching this problem. COBC could not find any but will keep trying.	VMS, PS7829		July 08	4/26/07 CC Notes: COBC is looking for examples		

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2420E-005 closed 10/24/2008	H61075:'Ordering Provider Contact Information' was not found, but was expected because the DMERC Code Category (CRC-01) is '11-Oxygen Therapy Certification'	VMS	17003 - 10/09/07 - 0726980580 4000 00635 - 02/01/06 - 0603086083 3000	02/15/06	03/14/08 - This error is being bypassed, the claims are going to the Trading Partner. The TPs are disputing the claims. Awaiting CMS' advise on whether the bypass should be lifted 04/09/07 - No recent examples available for this issue No contact information found. CRC segment as follows: CR5*I*99*********87*R~ CRC*11*Y*P1*37~ CRC*11*N*38*AL*ZV~	Agree 3/6/06		Close d due to July 2008 relea se	12/6/07 - CMS email - VMS will implement a solution with the July 2008 Release under the Problem Process.03/09/2007 VMS - Waiting on COBC to find more recent examples. 7/31/06 VMS - no coding change made. Have asked COBC to give me recent examples to use for researching this problem. COBC could not find any but will keep trying.	VMS, PS7829		July 08	4/26/07 CC Notes: COBC is looking for examples		
2430-001	Undefined 'Other Payer ID Number'. This pointer must point to an existing 'Other Payer ID Number' in Loop 2330B.	FISS			11/02 - This may no longer be happening, since we are currently populating 2330B. Found data in 2330B/NM109. It doesn't match. Nothing in 2010BC	Agree this is an error. The SVD01 must match either 2010BC or 2330B. Does it match 2010BC	pg 405, pg 480;2330B NM109 (payor identifier) must be identical to 2430 SVD01	Close d 11/02 /04	Need examples from GHI. 11/2 - Examples sent seem to be okay. GHI needs to provide examples with this specific issue.	GHI					

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2430-002 (assigned to 18003 to assist in follow-up on VMS side.) (Closed 11/20/08)	H41110 - Undefined 'Other Payer ID Number'. This pointer must point to an existing 'Other Payer ID Number' in Loop 2330B. SVD01 must match at least one 2330B NM109, or 2010BC NM109	MCS TX AR OK AR AR	18003 - 06/21/07 - 0715976177 1000, 0715976177 2000 00900 - 06/13/07 - 2807144517 150 00900 - 06/12/07 - 2807144517 140 00900 - 03/30/07 - 2807074534 210 00522 - 02/07/07 - 1107029363 720 00520 - 03/13/07 - 0207059258 130 00865 - - 1105208357		03/14/08 - This error has been significantly reduced, seen on a few claims 06/25/07 - Recent examples provided, including examples from VMS 04/09/07 - This error occurs every once in a while. Recent examples provided 04/04/06 - Based on data for the passed 2 weeks, this error is no longer occurring 09/12 - Please reopen. This error is occurring again. See examples provided ICN 1105208357340 and 1105208357330 - SVD01 contained 8408645, there were three 2330B loops with Payer IDs 8342060, 00865 and 48003 11/12 - This may no longer be happening, since we are currently	Agree 10/18/04: This is an error. It appears that there are descrepancies between the Igs. Because of those discrepancies, we agree this is an error. Note change from Disagree. The guide notes that it "should" match.	see 2430 - 'Undefined 'Other Payer ID Number'. ….	C	4/27 - MCS - Based on GHIs note from 4/4 can this be moved to the closed tab? 9/29 MCS - 20934 will be released with R20054AP will be in model Oct 7 and move to production on Oct. 21. Need examples from GHI.	M	20934 CR #29932 PROB # 30075: fix date TBD	T-10/7 P-10/21	11/20/08 - For TrailBlazer this issue occurred for two different scenarios. Problem 30075 addressed one of the scenarios and the fix for the issue described in problem 30075 was promoted to production in the R2008100 release. This issue can be closed. 10/10/07 - Trailblazier - MCS Problem #30075 was also opened for this issue yesterday. This problem addresses claims that are received with a primary payer insurer ID in the 2330B NM109 and the 2430 SVD01. We are incorrectly gapfilling the 2430 SVD01 on the COB files with XX when we should be populating the 2430 SVD01 with insurer ID from the 2430 SVD01 SFR. CR 29932 addresses		
2430-003	The value '651' at 'SVD04' does not match the format for a 'NUBC Revenue Code. Revenue codes must be 4 digits, usually including a leading zero.'. Several occurrences (Segments 1090, 1097, 1104, 1174, 1229,	A			Input file has '0320'. Don and Wendy are aware. The Part A layout has it defined as a 4 digit numeric value. Translator expected Alpha. 11/2 Fixed at COBC.	Agree this is an error.	pg 481-no reference to size; Revenue Code - possibly HIPAA related	Closed 11/02/04	GHI translator error. No FISS action required. 11/2 - GHI needs to validate. Should this be closed?	GHI					

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2430-004	Missing Mandatory 'CAS03'	FISS			This was an error in the translator, where zeros and negative values were not being populated. Data in the contractor's file	Agree this is an error. Does the GHI translator check for mandatory fields prior to building the 837 COB?	pg485; Required. Use for the amount of adjustment. For charges applied to the reason code in CAS02	Close d 09/03 /04	Closed by GHI???						
2430-005a (H51000 issues are found in 2400-022, 2400-022b, 2430-005a and 2400-SV2-02) Closed 05/08/08	H51000 - The Procedure Code '%d' is not a valid CPT or HCPCS Code. - 2430.SVD.SVD0 3-2	FISS GA HMS MD TX MOO NE	00101 - 03/30/07 - 2070430050 0004 00366 - 03/30/07 - 2070870038 0204 00400 - 03/30/07 - 2070780080 9404 52280 - 03/30/07 - 2070730042 2104 02 00363 - 08/05/05 - 2052060059 1501, 2052060104 1801	08/10/05	03/14/07 - This error continues to occur, and has appeared on the Top ten list 04/09/07 - This error is seen from several contractors. Some recent examples provided Value in file is C9223 with an HC qualifier for ICN 20520600591501 Value in file is Q9941 with an HC qualifier for ICN 20520601041801	Agree 8/10/05 - value must be compliant per the external code source.		Close d 5/08/ 08	7/20/07 - FISS email - We do not have a Change Request or a Question on this. No action will be taken by FISS until we receive a Question to research. The last 2 questions we received on this (11/06 and 3/06) were a result of the FI's HCPC file not being updated with new HIPPS codes 5/17/06 FISS - NO UPDATE .				4/10/08 - Anthem - Ticket number 56578 was opened with FISS concerning codes Q5001, 90999, 99999 and A0405. We are continuing to research codes that are rejecting from GHI. We are getting different codes rejected everyday. The volume of errors are very very low. Maybe just 1 or 2 a week. Does GHI need to edit for these codes? 4/10/08 - Anthem - Ticket number 56578 was opened with FISS concerning codes Q5001, 90999, 99999 and A0405. We are continuing to research codes that are rejecting from GHI. We are getting different codes rejected everyday. The volume of errors are very very low. Maybe just 1 or 2 a week. Does GHI need to edit for these codes?4/26/07		Veritus

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2430-006a (closed tab 4/9/07)	**H30201** - The Service Line Paid amounts (2430/SVD-02) and all Service Line Adjustment amounts (2430/CAS) do not equal the 'Line Item Charge' for this Service Line (Loop 2400). Totals in the 2430 loop are accumulated for each unique COB payer (2430/SVD-01). This is a duplicate issue of 2430-006 which includes MSP	FISS	00160 - 01/04/06 - 2053410101 6602	01/20/06	04/09/07 - No recent examples found. Please close. Note:this is the same issue in 2400-025 This issue is seen from several Intermediaries, and Trading Partners are questioning whether the claim should balance.	01/24/06 - draft CR 4261 addresses this issue. It should be published shortly. It has a July 06 implementation. This is the same issue as 2320-002a.		Closed 04/09 /07	5/17/06 FISS - Same 2320-002A - Balancing not correct - IG currently does not require this.						

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2430-006aa Contractor 590 is the lead (However, assigned to all contractors: need to identify whether MSP or 10% related) Top ten error. 3/27/08 - CMS- 590 and 18003 will be the lead. (Closed 9/10/09)	H30201 - The Service Line Paid amounts (2430/SVD-02) and all Service Line Adjustment amounts (2430/CAS) do not equal the 'Line Item Charge' for this Service Line (Loop 2400). This issue addresses the 10% provider penalty only - bundling, unbundling part of the issue moved to disagree log.	MCS; VMS	06/25/07: 00590 - 06/21/07 - 97071451701 00, 97071418710 90 31141 - 06/20/07 - 96071650379 00 17003 - 06/21/07 - 07159848270 000, 07159848270 000 19003 - 06/21/07 - 07159850936 000, 07142846331 000 8/16 00590 - 08/04 - 97052009018 60 (MCS); 00910 - 08/05 - 11052030354 80 (MCS); 00635 - 08/05 - 52067514850		03/14/08 - This error continues to occur, and has appeared on the Top ten list 06/25/07 - Additional examples provided. These were taken after 06/05/07 (the VMS fix) 08/09 - See additional examples (MCS, VMS) with file date (based on BHT03 value) 07/18 - Additional examples sent to MCS 05/09 - This error is still occurring from the following contractors - 00590, 00635, 00660, 00801, 00805, 00811, 00826, 00832, 00900, 00901, 00902, **00910, 00954, 05655,** 31141, 31164; primarily from 00811 and 00900.	PRIOR RESPONSE Date unknown. Agree this should balance		(Closed 9/10/ 09	7/31/08 - Prob 20702 not yet scheduled. 4/27 MCS - CR 20702 has been initiated to resolve the OOB when an adjustment reverses the late filing reduction. This CR is currently not scheduled. 9/29 - MCS CR 20702 has been initiated to resolve the OOB when an adjustment reverses the late filing reduction. However , we are also getting an OOB on MSP claims when the Primary Payer Paid amount is reported in the 2400/SV1 and there are no 2430/CAS for the Primary payer. When balancing is the Primary Payer Paid included **in the calculation?** CMS CR4119/INFOMAN 21204 may resolve the MSP OOB issue since the 2430/CAS will be required on these claims and they will be required to balance. 9/1 - MCS CR 20702 has been initiated to resolve the OOB when an adjustment reverses the late filing reduction. However , we are also getting an OOB on MSP claims when the Primary	M	20702	July 2009 release	11/20/08 - The fix will be in the 5010 CR scheduled for July 2009. 3/27/08 - CMS- 590 and 18003 will be the lead. 7/19/07 - CMS is this issue related to the 10% penalty issue? 7/14/07-C MS -To contractor 590: See new examples and followup and provide status by August 2. 7/5/07 - Contractors still researching 10% penalty. 5/17/07 - Need new examples after 6/5/07. 4/26/07 CC Notes: Bundling and unbundling issue was split off and that issue has been closed. The MSP and 10% Provider penalty issue still remains. **CR20702 is for the 10%** issue. Fix has not been scheduled. MSP issue is CMS CR4119 that went in with the April 2006 Release. Will take the MSP issue out of this issue and put into a separate issue. 8/11 CC Notes: Out of the 8 examples EDS found: o 1 of the ICNs provided was not found on the file identified. o 3 were found not to be a		

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2430-006b Contractor 590 is the lead (however, assigned to all contractors: need to identify whether MSP or 10% related) Top Ten error. 3/27/08 - CMS- 590 and 18003 will be the lead. Closed 7/16/2009	H30201 - The Service Line Paid amounts (2430/SVD-02) and all Service Line Adjustment amounts (2430/CAS) do not equal the 'Line Item Charge' for this Service Line (Loop 2400). This issue addresses MSP only bundling, unbundling part of the issue moved to disagree log.	MCS; VMS	06/25/07: 00590 - 06/21/07 - 9707145170100, 9707141871090 31141 - 06/20/07 - 9607165037900 17003 - 06/21/07 - 07159848270000, 07159848270000 19003 - 06/21/07 - 07159850936000, 07142846331000 8/16 00590 - 08/04 - 97052009018 60 (MCS); 00910 - 08/05 - 11052030354 80 (MCS); 00635 - 08/05 - 52067514850		03/14/08 - This error is still occurring, primarily from MCS contractors 06/25/07 - Additional examples provided. These were taken after 06/05/07 (the VMS fix) 08/09 - See additional examples (MCS, VMS) with file date (based on BHT03 value) 07/18 - Additional examples sent to MCS 05/09 - This error is still occurring from the following contractors - 00590, 00635, 00660, 00801, 00805, 00811, 00826, 00832, 00900, 00901, 00902, 00910, 00954, 05655, 31141, 31164; primarily from 00811 and 00900.	PRIOR RESPONSE Date unknown. Agree this should balance		Closed 7/16/ 2009	4/27 MCS - CR 20702 has been initiated to resolve the OOB when an adjustment reverses the late filing reduction. This CR is currently not scheduled. 9/29 - MCS CR 20702 has been initiated to resolve the OOB when an adjustment reverses the late filing reduction. However , we are also getting an OOB on MSP claims when the Primary Payer Paid amount is reported in the 2400/SV1 and there are no 2430/CAS for the Primary payer. When balancing is the Primary Payer Paid included in the calculation? CMS CR4119/INFOMAN 21204 may resolve the MSP OOB issue since the 2430/CAS will be required on these claims and they will be required to balance. 9/1 - MCS CR 20702 has been initiated to resolve the OOB when an adjustment reverses the late filing reduction. However , we are also getting an OOB on MSP claims when the Primary Payer Paid amount is reported in the 2400/SV1	M			11/20/08 - The fix will be in the 5010 CR scheduled for July 2009. 3/27/08 - CMS- 590 and 18003 will be the lead. 8/29/07 - NGS - In research both situations are found, with MSP related claim errors exceeding the Adjustment claims. The following ICN's are MSP related Errors - Loop 2430/SVD-02 provides the primary paid amount, however there are no 2430 CAS Segments to accompany the primary paid amounts. COBC Error report for 8/27/07: **The following are example** ICN's from 00630 rejected for MSP. 1107221684740 1107221367430 1107221367360 1107221259840 2207221138240 The following ICN's are adjustment to reverse the 10% late filing penalty. 5707213900522		

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2430-007 (closed tab 4/9/07)	I have several examples of the DTP*573 Adjudication Date being present at both the claim level in Loop 2330B and Loop 2430 at the line item level. It should be at one or the other, but not both. ‗ Sometimes in 2330B or 2430, which is it?	MCS			04/09/07 - No recent examples from the Trading partners that this is still occurring. Please close. Data appears in both segments of the contractor's (00904) file.	Agree. 2330B is used if 2430 is not present. Both should not be present.	pg 348 - This segment is required in 2330B when the payer identified in this loop has previously adjudicated the claim and Loop 2430 is not used	**Clos ed 04/09 /07**	OOB. 1. On MSP claims we are passing a negative PR23 to report the coinsurance. 4/27 MCS - This was fixed with the July 2005 release, if new issues have not been identified, should this be moved to the closed tab? 8/4 MCS -This was fixed with the July 2005 release. Is GHI still seeing the problem or can this be closed. 11/23/04 MCS CR17101 has been created for this issue. 10/27/04 - The MCS is designed to map both. ₐ CR would be needed to change this. SS M		17101	P-7/5/05, ~~Currently not schedule d.~~	01/24 CMS - Estimate has been requested.		

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2430-009a	CAS02, '46' is not a valid 'Line Level Adjustment Reason Code'	FISS	00380 - 04/15, ICN - 20509503213805, 20509501350905 00230 - 12/28/04 (20434902188602) 00380- 12/28/04 (20435000876702, 20435201976105, 20435201997905)	01/05/05	04/18 - Additional examples were forwarded to FISS and individual contractors. For the week of 04/11, this issue was seen from 00230, 00322, 00390, 52280 '46' found in inbound file. Other values found 'D16'	Agree. 46 is not valid		Closed 06/03/05	4/14 CC Notes: Gigi said this problem is an MCS issue as well as FISS. Linda will update the Issues Log to reflect this. 3/16/05 - FISS will send out an alert GIN to the FI's notifying them of the problems and requesting that they update their code file. 1/13 FISS will research.	Contractor - 00230, 00380			5/12 CC Notes: This error is still occurring. It is the contractor/ carrier responsibility to annually update their files. Nothing the SSMs can do to prevent this issue. This issue can be closed. Frank at Noridian asked if contractors are not updating their files in a timely fashion, are the CR implementation dates in jeopardy. Linda Shanabrough at CMS said that yes the implementation dates are being put in jeopardy. 4/14 CC Notes: The problem is still occurring. The affected carriers are Noridian (#832) and Triple S (Puerto Rico). GHI will contact these carriers shortly. 3/17 CC Notes: Alert GIN will be sent to contractors (was sent on 3/21).		Horizon

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2430-009b (closed tab 4/9/07)	**H51108** - CAS02, '46' is not a valid 'Line Level Adjustment Reason Code'	MCS	00380 - 04/15, ICN - 2050950321 3805, 2050950135 0905 00230 - 12/28/04 (204349021 88602) 00380- 12/28/04 (204350008 76702, 2043520197 6105, 2043520199 7905)	01/05/05	04/09/07 - No recent examples available for this issue. Please close 04/18 - Additional examples were forwarded to FISS and individual contractors. For the week of 04/11, this issue was seen from 00230, 00322, 00390, 52280 '46' found in inbound file. Other values found 'D16'	Agree. 46 is not valid		Close d 04/09 /07	4/27 - MCS - This is a file maintenance issue for the specific carrier. Last example is from 2005, if no new examples, should this be moved to the closed tab? 4/14 CC Notes: Gigi said this problem is an MCS issue as well as FISS. Linda will update the Issues Log to reflect this. 3/16/05 - FISS will send out an alert GIN to the FI's notifying them of the problems and requesting that they update their code file. 1/13 FISS will research.	Contr actor - 0023 0, 0038 0			10/25 CMS reopened issue for MCS at the request of GHI. 5/12 CC Notes: This error is still occurring. It is the contractor/ carrier responsibility to annually update their files. Nothing the SSMs can do to prevent this issue. This issue can be closed. Frank at Noridian asked if contractors are not updating their files in a timely fashion, are the CR implementation dates in jeopardy. Linda Shanabrough at CMS said that yes the implementation dates are being put in jeopardy. 4/14 CC Notes: The problem is still occurring. The affected carriers are Noridian (#832) and Triple S (Puerto Rico). GHI will contact these carriers shortly. 3/17 CC Notes: Alert		Horizon

Loop and Item #	Issue	Shared System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DMBP Comments (formerly DDIS)	X12	Status	Maintainer Comments	Party Responciabl	Prob #	Prob Fix Date	CMS and Contractor Comments	Contractor Fix Date	Trading Partner Information
2430-013 Closed 3/26/09	H40132: The 'Bundled/Unbundled Line Number' must be less than or equal to the Line Counter (2400/LX-01) for Loop 2400 or equal to a previously occurring 'Line Item Control Number' (2400 REF-01=6R).	MCS VMS	18003 - 02/19/08 - 08037710767 100 18003 - 03/05/08 - 08052706239 000 00954 - 07/19/07 - 02071949193 20 00954 - 07/12/07 - 33071918840 50 19003 - 07/09/07 - 07163823894 100 16003 - 07/20/07 - 07187749202 000 17003 - 07/18/07 - 07186847670 000	06/22/07	03/14/08 - This error is still occurring for VMS, examples provided. Please see comments from an MCS contractor	7/25/07 - Would it be possible to get more specifics? I can assume from the description that this was a MSP claim. In order to better grasp what I'm dealing with, I'd really like to see the file layout on how it looked when it came in the door and how we made it look when it went out the door.		C 3/26/09	See below, when EDS and CDS will install. 12-18-08 - CDS and NGS Installed FS5355R1. 12-22-08 - EDS installed PAR FS5355R1.		problem 30541 in the R20081AP release.	1/28/08 cycle	3/26/09 - Fix is working. Issue should be closed. 1/10/08 - Michelle B. Trailblazer - The MCS contractors have received a fix for this issue (problem #30541) in the R20081AP release which will be loaded to production after the 1/25/08 cycle. This fix will be effective beginning with the 1/28/08 cycle. 11/28/07 - Michelle B. Trailbazer - I just wanted to let you know that today TrailBlazer has opened MCS problem 30541 for this issue. The example I found for error H40132 matches the error description provided in the comments from WPS on the log. The most current MCS mapping spec. indicates that spaces should be mapped in the 2430 SVD06 on the COB file regardless of what came in on the claim. Therefore, MCS should not be mapping any value in this element on the COB file.		

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2430-014 (Close 9/24/08)	**H51108**: Adjustment Reason Code (ARC) 57 was replaced by ARC 150 on 7/1/07. ARC 57 is still appearing on 837P claims in the 2430 CAS segment for DME claims. ARC 57 was used previously to identify bundling/unbundling claims. ARC 57 should be replaced by ARC 150.	VMS	18003 - 08/16/07 - 07215705923 000, 07159721043 001 16003 - 08/16/07- 07215709590 000, 07215727372 000 17003 - 08/16/07- 07215807332 000, 07215829713 000 19003 - 08/16/07- 07226830017 000, 07215817603 000	08/15/07	9/24/08 - A few claims are rejecting (correctly) with this error code, but there are no issues with reason code 57 mentioned in the issue. 03/14/08 - Claims meeting the three criteria identified by CMS (MSP, Adjustments , Corrections/reversals) were still being rejected. COBC implemented changes on 03/08 to allow the claims to go to the Trading partner. We will monitor this for the next few weeks. Please see comments in the 'Issue' column, submitted by CMS/OFM in conjunction with the SSM, VMS	9/13/07: Agree. CARC 57 has been replaced with 5 CARCs: 150, 151, 152, 153, and 154. MSP claims received with CARC 57 or any other deactivated code should be accepted and processed if the deactivated code was used by the primary payer prior to the deactivation date (see definition of "stop"). Starting in April, Medicare will reject any MSP claim where a deactivated CARC (e.g., 57) is used as the original business message after the deactivation date. Definition of Stop: When populated, this date identifies that the code can no longer be used in original business messages after that date. The code can only be used in derivative business messages (messages where the code is being reported from the original business message). For example, a Claim Adjustment Reason Code with a Stop date of		closed 9/24/0 8	9/12/07 - For VMS this issue went into production as plog #PS7489 on 8/30/07		PS7489	8/30/07			
Flat-001	2320.SBR01 not equal P	MCS	00824-1026 00590-1026 00952-1026 00883-1026	01/12/04	11/12/04 - As of 11/08 this error has been cleared	Agree.		Close d 11/12 /04	10/27/04 - This is a known issue		CR15628	Moves to Prod 11/6/04			

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Flat-002	Invalid 1000B.NM109	MCS	00900-1026 00902-1026	10/07/04	01/31 - This error has not occurred recently. The issue will be closed. If the error happens again the issue will be re-opened and examples will be provided. 11/2 The value in this field should be the COBA ID from the BOI reply trailer 29. In the file for 00902 the value was 0000M			Closed 01/31/05	01/19 MCS Has GHI seen this happen lately? Can the issue be closed? 12/7 MCS Found the invalid values in the files received from Wendy Wagner. However, the most current file was from 10/26 and due to the age of the file we are unable to determine the source of the invalid value. Part of the review is to verify the number given to the carrier by CWF in the 29 Trailer. The carrier did not have the response files back that far. A more current example is needed to determine the source of the problem. 11/30 MCS sent an updated request to Texas with information from Wendy Wagner. 11/23 MCS Files for (00900) and (00902) were reviewed for 10/26/04 and neither one of them have a value of	Contractor			1/27 CC Notes: Close and reopen if problem reoccurs. 12/9 Conference Call Notes - MCS Found the invalid values in the files received from Wendy Wagner. However, the most current file was from 10/26 and due to the age of the file we are unable to determine the source of the invalid value. Part of the review is to verify the number given to the carrier by CWF in the 29 Trailer. The carrier did not have the response files back that far. A more current example is needed to determine the source of the problem.		
GEN-001	Your data contains invalid character(s) from neither the basic, nor the extended character set.	VMS	00803/11/30/04(86) (043206459 63000)		03/09 - Additional validation needs to be done	Agree this is an error. Does the GHI translator check for mandatory fields prior to building the 837 COB?		Closed 4/6/05	02/04/05 VMS - Change has been placed into production. 01/10/05 VMS will add logic to change any asterisks, accents marks, colons, and tildes to spaces.	Contr	PS3205	2/03/05	3/31 CC Notes: No longer a problem		

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Gen-003	Six ST-SE loops appear to be exact duplicates of one another. Three are from Noridian SW (HCFA ID 00832). The ST02 of duplicate pairs are 2259 and 2262, 2260 and 2263, and 2261 and 2264. The other three are from Noridian NW (HCFA ID 00835). The ST02 of the duplicate pairs are 2271 and 2274, 2272 and 2275, and 2273 and 2276.	MCS	00832/0923; 00835/0923	09/30/04	11/12/04 - As of 11/08 duplicates no longer appear in the files. The files from the contractors (00832, 00835), contained duplicate ST/SE. Note: 00835 comes in on 00836	Agree. Contractor must not create duplicates		Closed 11/12/04	11/1/04 - Noridian has submitted change request to InfoCrossing (fmrly Verizon IT) to have transmissions to COBC stopped. 11/3/04 This has been completed. -Eric Jorgenson. 10/20/04 - This is a carrier specific issue. They contract with two datacenters and in this case the data center that processes the NW and SW files are sending the file to the other Datacenter in addition to sending it to GHI. The other datacenter also send the file from the first datacenter to GHI causing the duplicate. The carrier is aware of this issue and is working with the datacenters to resolve.	Contractor					

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GEN-004 (closed tab 4/9/07)	Duplicate Claims	Data Center	5535/01/01/05 (04341423687000(102-103))	01/04/05	04/09/07 - It is possible that this may occur again, when there is manual intervention. In the meantime, please close. On (1/1 and 1/4), (12/26 and 12/28) and (1/5 and 1/8) duplicate flat files rec'd from Cigna			Closed 04/09/07	01/11 MCS in the examples that have been reviewed the OOB happens on MSP when coinsurance is included in the 2430/CAS, the OOB is the total of the coinsurance. The other OOB happens on non-assigned claims that are 100% paid to the beneficiary. We disagree with the DDIS finding. It is not a IG requirement that the 837 file balance. 12/15 MCS We disagree with the DDIS finding. It is not a IG requirement that the 837 file balance. 12/13/04 VMS - all examples for VMS involve unbundling. Unbundled lines will always be double the original amounts. CMS agreed to change to inform trading partners of unbundling situations. 12/07 MCS We disagree with the DDIS finding. It is not a IG requirement				1/27 CC Notes: Neil – 3 situations at COBC where we received dup files. The 1st situation occurred because files sent to multiple Data Centers from contractors under the same name with different contractor numbers. The 2nd time it occurred, it occurred with a contractor that had a batch job that ran with claims and an NDM job. The claim job continued to run and the NDM job kicked off and used yesterday's generation of the dataset. So yesterday's claims were sent twice. Now another situation with a contractor sending dup claims. We are going to try to identify dup claims. But the best place to stop it would be at the contractors. I am very interested to know what's in place today		

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GEN-007a (closed tab 4/9/07)	2010BA being populated with the HICN instead of the Supplemental ID	FISS			**04/09/07 - The 2010BA NM109 is populated with the member's supplemental ID in the eligibility file. If non is provided, the HICN is used. Please close 08/23 - A fix will be implemented on Friday 08/26 This is not a HIPAA issue. It was added to the log for tracking purposes.** COBC looks at the begin dates on the service lines (2400 DTP with qualifiers 472 or 866). These dates are used to compare to the eligibility periods. We reviewed the IG and inpatient Part A claims have an Admission date (2300 DTP with qualifier 435). This date applies to the service lines if a service line date does not override it. We are NOT currently looking at this date. Should COBC be using the 2300 DTP	None required 6/1.		Clos ed 04/09 /07	5/17/06 FISS - NO UPDATE	GHI			9/29 CC Notes: GHI - . VIPS has implemented a fix for this issue, but an additional patch is required. This issue will stay open.		

COBC ISSUES LOG

Loop and Item #	Issue	Shared System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DMBP Comments (formerly DDIS)	X12	Status	Maintainer Comments	Party Responciabl	Prob #	Prob Fix Date	CMS and Contractor Comments	Contractor Fix Date	Trading Partner Information
GEN-007b (closed tab 4/9/07)	2010BA being populated with the HICN instead of the Supplemental ID	MCS/VMS			**04/09/07 - The 2010BA NM109 is populated with the member's supplemental ID in the eligibility file. If non is provided, the HICN is used. Please close 04/04/06 - A COBC fix was implemented 02/2006, but this error is still occurring. It is currently being reviewed by the COBC IT** 08/23 - A fix will be implemented on Friday 08/26. This is not a HIPAA issue. It was added to the log for tracking purposes. COBC looks at the beneficiary's eligibility for the supplemental insurance and populates the 2010BA NM109 with the supplemental ID if the bene was eligible at the time of the claim's service. COBC is comparing the begin service date on the first	None required 6/1.		**Closed 04/09/07**		GHI		08/26/05	9/29 CC Notes: GHI - . VIPS has implemented a fix for this issue, but an additional patch is required. This issue will stay open.		
GEN-010 (closed tab 4/9/07)	**H51090** - NDC Code value '%d' not found in NDC database.	GEN	GEN	09/15/05	04/04/06 - This Error Code is on the Exclusion list. Based on discussions on the 09/15/05 CMS/COBC/Contractor call. Trading partners do not edit for NDC codes	Agree 09/22/05. The NDC must comply with the format 5-4-2.		New							

11/16/2009