

UNDERSTANDING ELECTRONIC DATA INTERCHANGE SUPPORT SERVICES (EDISS) MEDICARE PART A INBOUND REJECT REPORT GUIDE

Purpose: This document provides directions on how to analyze EDISS Medicare Part A Inbound reject reports.

Background: Once EDISS receives the file from providers, the file will be authenticated on different levels before being processed by the claims system. If the transmission fails at one of these levels, EDISS' claims system rejects the individual claims or the entire file. Trading Partners will get the Medicare Part A Inbound Reject Report when the claims system rejects the claims.

Note: Correct and resend the claims that are on the report.

ANALYZING REJECT REPORTS

The reject reports contain file rejects (ISA), functional group rejects (GS), transaction set rejects (ST), individual claim rejections (IG). The following is a sample report.

SAMPLE REPORT

This report gives an example of an individual claim rejection.

IREPORT ID: HB997ZRJ-A		NORIDIAN ADMIN SERVICES, LLC		PAGE: 1				
SYSTEM DATE: 02/01/07		MEDICARE PART A INBOUND REJECT REPORT		SYSTEM TIME:				
21:09:32								
INTERCHANGE DATE: 2/01/07								
SUBMITTER: ██████████		-XXXXXXXXXXXXXX		PROVIDER: ██████████				
				-XXXXXXXXXXXXXX - NPI:				
OISA	CTRL NBR	GS SUBM	TER	GS CTRL NBR	TXNSET ID	ST CTRL NBR		
670320001	██████████	██████████	██████████	670320001	837	670320029		
0-----								
LAST NAME	FIRST NAME	HIC	TOB	PATIENT CTL NBR	MEDICAL REC NBR	ADMIT FROM THRU		
TOTAL CHARGES								

ERR TYPE	LOOP	SEG	ELE	SUB	SEG POS	DATA REF ERR CD	ERROR MESSAGE	QUALIFIER
BAD DATA							VAN CLAIM ID	
H	I	J	K	L	M	N		
0DOE	JANE	XXXXXXXXXXA	851	XXXXXXXXXXXXXX			11/09/2006 11/09/2006	11/09/2006
192.24								
IG EDIT	2300	HI	02			99	ADMIT DIAG CODE INVALID	BJ
2387								
0DOE	JOHN	XXXXXXXXXXA	851	XXXXXXXXXXXXXX			08/09/2005 08/09/2005	08/09/2005
298.24								
IG EDIT	2300	HI	02			99	ADMIT DIAG CODE INVALID	BJ
5859								
NOTE	THIS ST/SE TRANSACTION SET HAS BEEN PROCESSED SUCCESSFULLY BY THE TRANSLATOR. IMPLEMENTATION/MEDICARE EDIT ERRORS EXIST. CLAIMS SHOWN ON THIS REJECT REPORT WILL NOT BE ENTERED INTO THE CLAIMS SYSTEM.							

- A. REPORT ID HB997ZRJ-A is the report identification number for accepted Medicare Part A claims.
- B. SUBMITTER is the submitter number from the ISA06. (a.k.a. the trading partner identification (ID).)
- C. SUBMITTER NAME is the name of the submitter in the 1000A/NM103. (a.k.a. the name of the provider.)
- D. The PROVIDER field contains the provider number. The PROVIDER field indicates the provider number in the 2010AA/REF02 or the 2010AB/REF02.
- E. The PROVIDER Field contains the submitted name of the provider. The name is located in the 2010AA/NM103 or the 2010AB/NM103.
- F. CTRL NBR contains the data from the ISA13.
- G. GS SUBMITTER is the submitter number located in the GS02.
- H. LAST NAME is the beneficiary's last name that is located in the 2010BA/NM103.
- I. FIRST NAME is the beneficiary's first name that is located in the 2010BA/NM104.
- J. HIC is the Health Insurance Claim number of the beneficiary. This information is located in the 2010BA/NM109.
- K. TOB is the type of bill from the 2300/CLM.
- L. PATIENT CTL NBR is the patient account number found in the 2300/CLM01.
- M. ADMIT is the patient admission date located in the 2300/DTP if submitted on the claim.
- N. FROM and THRU are the statement dates located in the 2300/DTP if submitted on the claim.
- O. TOTAL CHARGES is the total claim charges located in the 2300/CLM02.
- P. ERR TYPE is the level the claim or file was denied.
- Q. LOOP identifies the loop in which the error has occurred.
- R. SEG identifies the segment that contains the error.
- S. ELE identifies the specific data element with the segment that contains the error.
- T. CD is a code that identifies the error.
- U. ERROR MESSAGE gives a brief description of the error.
- V. MEDICAL REC NBR is the medical record number from the 2300/REF if submitted on the claim.

W. BAD DATA is the information sent that is not correct.

X. NOTE provides information if claims or entire file were rejected.

COMMON ERRORS

Error Message	Resolution
Qualifier: BK <ul style="list-style-type: none"> • PRIN DIAG CODE INVALID • PRIN DIAG Q1 REQUIRED • PRIN DIAG REQUIRED • ADMITTING DIAG REQUIRED 	Please verify that the codes are correct. Send the diagnosis codes or reason codes with the qualifier. The codes should be at the current release level.
Qualifier: BF <ul style="list-style-type: none"> • OTH DIAG CODE INVALID 	Make sure to use a valid code.
Qualifier: BR <ul style="list-style-type: none"> • PRIN PROC CD INVALID FOR TOB 	Use for performed procedures on inpatient claims.
Qualifier: DR <ul style="list-style-type: none"> • DRG INVALID FOR OUTPATIENT • DRG INFORMATION MISSING • INVALID DRG 	The FISS system requires DRG information for all the inpatients. Do not report DRG information for the outpatients.
Loop: 2000B; Segment: SBR; Element: 09 <ul style="list-style-type: none"> • PAYMNT SRCE CD NOT = MA 	Report 'MA' in the SBR09 field (for the primary subscriber.)
Loop: 2000B; Segment: SBR; Element: 02 <ul style="list-style-type: none"> • PAT REL 2 INS CANNOT BE SPACES 	Report '18' in SBR 02. (Not reporting this will cause the claim to reject.)
Loop: 2300; Segment: CL1 Element: 01 – TYPE ADMISSION Element: 02 – ADMISSION SOURCE REQUIRED FOR TOB Element: 03 – PAT STATUS REQUIRED FOR TOB	CL1 is a required segment for all the inpatient and Medicare outpatient claims or encounters. Element: 01 – is required for all the inpatients. Element: 02 – is required for all inpatients admissions and Medicare outpatients Registrations. Element: 03 – is required for all inpatient claims or encounters.
Loop: 2000B; Segment: DTP; Element: 01 <ul style="list-style-type: none"> • DISCHRG HOUR QL REQUIRED FOR FINAL TOB 	The FISS system requires the DTP segment for all final inpatient claims or encounters.
Loop: 2310A; Segment: REF; Element: 02 <ul style="list-style-type: none"> • ATTN PHYS UPIN REQUIRED 	Report the REF segment for the attending physician. Use the REF segment for reporting the UPIN number.
Loop: 2310A; Segment: NM1; Element: 09 <ul style="list-style-type: none"> • NPI ID CODE DOES NOT PASS 	The NPI number is not a correct number.

CHECKSUM	
Segment: REF; Element 02 • VERSION 4010A1 REQUIRED	The incorrect version has been sent. 004010X096DA1 could have been sent instead of 004010X096A1
Loop: 2410; Segment: CTP • UNIT PRICE NOT >0 • UNITS NOT >0 - UN	Verify that the price and units is greater than 0.