

5010 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: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	Prob #	Prob Fix Date	CMS and Contractor Comments	Contractor Fix Date	Trading Partner Information
2000B-001a	H46283: The Subscriber Group or Policy Number was found but was not expected because it is the same as the value sent as the Subscriber Primary ID.	FISS	21026790022908 GAA 10201 102700000150T	09/29/10	01/13/2011 COBC fix in place. In the example reviewed, the value in the 2000B SBR03 is the same as the 2010BA NM109. Please verify (Agree/Disagree) whether this is a valid HIPAA error  The data in the example (with HICN and name removed) is SBR*U*18*XXXXXXXXXX AL GA*****ZZ- NM1*IL*1*LAST NAME*FIRST NAME***MI*XXXXXXXXXX AL GA-	10/5/10 AGREE. (MK)		C					02/03/2011: Issue closed per COBC		
2300-004a	The Admission Date (Loop 2300, DTP) is required on claims for Home Health (H40135) or Hospice (H40136). This is coming from the 2011 UB04 Manual for FL12 Admission/Start of Care Date where it states for 005010: Required on inpatient claims, home health claims and hospice claims.  Trying to find out the view of CMS on this edit and if you agree or disagree. We have a high number 5010 base test claims from the COBC reject for this edit and need to know the standpoint of CMS based on the 2011 UB04 Manual for FL12.	FISS	21101801574302V AR 00011 110240001850T  21101300282002V AR 00011 110240001850T	01/26/11	01/28/11: Please see the Trading Partner's comments in the "issue" column. Please review and determine (Agree/Disagree) whether this is a valid error. The examples are for TOB 32:A:9 and 33:A:9. For both examples, there is a DTP*434, but no DTP*435. Example 1: CLM*235959HH*320***32:A:9**A**Y~ DTP*434*RD8*20101223-20101230~  Example 2: CLM*13941*500***33:A:9**A**Y~ DTP*434*RD8*20101216-20101224~	2/7/11: Agree. MK		C	02/08/2011 - FISS - C. Keil - FISS has retested the 22X TOB without an admit date and did, in fact, receive Reason Code 11501. It looks like FISS requires an admit date for the TOBs listed below. 2/10/2011 - Deany will verify whether CEM edit is in place. 06/02/2011- Will not edit in place in CEM beginning in October 2011. After October it will not be an issue. 8/25/11 - No release date yet. FISS is working on the estimate.	FS6511 FS6465	12/05/11	9/14/11 - CMS email note to CMS FISS production lead in OIS requesting this issue be addressed asap. COB partners will not move into 5010 production until they feel they're receiving comparable volumes of claims in version 5010 (Errata) as in 4010A1. Right now, for Part A, the differential is about 7%, which isn't small.			

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2300-005a	H25390: The 'Payer Claim Control Number' was not found but was expected because the 'Claim Submission Reason Code' (CLM05-3) is 7 or 8.	FISS	21104000203004SDA 03001 110470004550T  21104700620708AZA 03001 110490006450T  21104801121508N CAF 11501 110490002150T	02/17/11	02/23/11: COBC is currently rejecting claims with the error defined in the "Issue" column. This error seem to be occurring on adjustment claims for CLM0503 = 7 or 8. Please see the Contractor/FISS comments in the "CMS and Contractor Comments " column. On a similar note Trading Partners are questioning why adjustment claims (with CLM0503 values such as G or I, or other adjustment indicators), are missing the original ICN in the 2300 loop. Please advise if: 1. The H25390 is a valid error or if it should be bypassed 2. If it is a valid error, should it include the other adjustment indicator values  For the ICN example provided (21104000203004SDA) CLM*686881*3930.9***85:A:7**A*Y*Y~ 2300 REF*F8 - not present 2330B REF*F8*21104000203004SDA~  For the ICN example provided (21104700620708AZA) CLM*8094420018*1808.1***13:A:I**A*Y*Y~ 2300 REF*F8 - not present REF*F8*21104700620708AZA~	10/14/11: Agree (MAK, via email)  03/07/11: The edit/error is incorrect. FISS is correctly placing the data in the 2330B REF (payer to payer COB situation – TR3 pg 395). The data does not get populated in both loops. MAK						06/02/11 CR 7447 Fixes this problem.  8/25/11: CR 7447 is scheduled for the October 2011 release.	Noridian: I opened a TAR, 72533, at FISS with the following: OUR EXISTING CONCERN IS THIS: IT APPEARS GHI IS LOOKING FOR THE PAYER CLAIM CONTROL NUMBER (F8) THE FISS DCN IN THE 2300 LOOP WHEN IT APPEARS FISS IS PUTTING IT IN THE 2330B F8 REF. THIS SEEMS TO BE THE DIFFERENCE. CAN FISS SHED LIGHT ON THIS -MAYBE GHI NEEDS TO BE TOLD TO LOOK IN THE 2330B REF F8 IF THIS IS WHERE IT IS SUPPOSE TO BE ONLY-I THINK IT CAN BE IN BOTH AND THE 2330B SAYS "OTHER" PAYER CLAIM CONTROL NUMBER"...PLEASE ADVISE-THANKS  FISS responded as follows: FISS PUTS THE DCN IN THE 2330B LOOP REF F8 FOR MEDICARE. THE TR3 (5010) SAYS IN THE SITUATIONAL RULE ON P. 375: "REQUIRED WHEN THE OTHER PAYER'S CLAIM CONTROL NUMBER IS AVAILABLE". FISS DOES NOT PUT THE REF F8 IN THE 2300 LOOP. THE TR3 SAYS IN THE TR3 NOTES ON P. 166: "THIS INFORMATION IS SPECIFIC TO THE DESTINATION PAYER REPORTED IN LOOP 2010BB". LOOP 2010BB IS THE COBA TRADING PARTNER AND FISS DOESN'T HAVE THEIR DCN. WE BELIEVE THAT THE GHI EDIT IS INCORRECT. PLEASE REPORT THIS PROBLEM TO GHI. THANKS FISS		

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2310A-001b	<b>H20204</b> —In terms of <b>2310A NM102</b> , the NPI reported in the NM109 is for an organization and not a person and NM102=2 In terms of <b>2310D NM102</b> , the NPI reported in the NM109 is for an organization and not a person and NM102=2	MCS		11/18/10	<b>11/18/10</b> : This issue was discussed on the 11/18/10 COBC/CMS/Contractor call. This error was listed as one of the top ten errors on the Part B file. DMBP was contacted and responded via email.	BSR Response (11/22/10 email): We do have CEM Part B edits in place which require both 2310A and 2310D NM102 to be a value of 1. A value of 2 is not acceptable.		C	1/11/11 (MCS) : Currently both 2310A and 2310D NM102 are mapped based on the contractor provider file. If the provider identified is a facility provider a 2 is being mapped. A USER CR would need to be written to change this mapping logic. How would CMS want to address the following: 1. Skinny version - If provider identified as Referring or Supervising is set up as a facility type what should be done with the 2310A or 2310D? Should it be suppressed from mapping? Should there be claim processing edits to prevent a facility type provider from being reported as the Referring or Supervision provider? 2. Full Version - If provider submitted is set up as a facility type but was submitted with a NM102 of 1, should the SFR information be used or should 2310A and 2310D be suppressed. If SFR should be used, this is in conflict of CMS CR3101		2011 MCS fix CR 43942	08/19/11	01/13/2011 - CMS to take the lead and must talk to DMBP. 2/10/2011 - CMS to talk to Brian Reitz 8/25/11 - GiGi M. will verify if fix went in. Fix implemented		
2320-001a	<b>H46216</b> :The Other Insurance Group Name must not be used if the Group Number is submitted.	FISS	21026790022908 GAA 10201 102700000150T	09/29/10	In the example reviewed, both the 2320 SBR03 and SBR04 are populated. Please verify (Agree/Disagree) whether this is a valid HIPAA error  The data in the example (with HICN and name removed) is SBR*P*18*XXXXXXXXX AL GA*MEDICARE*****MA~	<b>Agree. MK 10-5-10</b>		C			FS6409	October U for December 5th 2011 release.	01/13/2010 - Cahaba is the lead and will follow up with FISS. 02/10/2011 - CAHABA will email CMS with an update. 02/10/2011 - FISS is researching this issue. 04/07/2011- Pinnacle - For the issue below, currently FISS puts out whatever comes in from a primary payer in SBR03 and SBR04 in loop 2320. The note indicating that SBR04 not be put out if SBR03 is present is new for 5010. There is a CEM edit X223.354.2320.SBR04.010 that keeps this from coming in via 837 5010 however if we are creating a crossover from hardcopy or a skinny 5010 crossover from an inbound 4010A1 this data might be present. I think a change needs to be made when FISS populates that flat file to not populate the SBR04 if the SBR03 is present, we would just need direction from CMS to make this change. Additionally we need to remember if an issue is identified via the COBC workgroup FISS needs a question created or a CR from CMS to work it. 06/02/2011 Cahaba will write the question to FISS.		

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2320-001b	H46216: The Other Insurance Group Name must not be used if the Group Number is submitted.	MCS	2811111012180; 04402 111240006050TO 1011111772370; 09102 111240006650TO 0211103857000; 14002 111240004450TO	05/16/11	This issue was previously submitted for Part A, and has been ruled an "Agree". It's now occurring on the Part B claims. Please review and determine (Agree/Disagree) whether this is a valid HIPAA error for Part B.  In the example reviewed, both the 2320 SBR03 and SBR04 are populated. The (de-identified) data in the examples: SBR*P*18*000XXXXXXXXXX*000XXXXXXXXXXXX*CI- SBR*P*18*0XXXXXXXXXX*7XXX1*****CI- SBR*P*18*2XXXXXXXXX2*3XXXXXXXXX0*****CI-	5-11-11 Agree. Bsr		C			2011 MCS fix CR 43942	08/19/11			
2320-002b	In the 2320 Loop the SBR03 is the same value as in 2330A NM109. According to the TR3 the value in SBR03 should be the group ID, not the individual ID found in the NM109.	MCS	2210279216240 00882 1029200001350T	10/29/10	02/23/11: The HIPAA validation software was updated on 02/20/11, adding Error code H45255: The Other Subscriber Primary Identifier (2330A NM109) cannot be the same as the Group or Policy Number (2320 SBR03). The claims are now rejecting back to the medicare contractors. Please see the comments from a COBA Trading Partner and advise if the 2320 SBR03 can contain the same value as the 2330A NM109. This seems to be similar to issue 2000B-001a, previously ruled on for the 837I.  Data in the ICN example provided are as follows: 2320 SBR*P*18*WA474XXXXX*****MB- 2330A NM1*IL*1*LAST NAME*FIRST NAME*B**M*WA474XXXXX-	11/15/10 AGREE. The number in SBR03 is for a "group". It is not to be the same as the 2330A NM109. bsr		C	COBC (11/18/10): Ingenix ticket #1908907 was opened on. Status?  1/11/11 (MCS): Is there a CEM edit to prevent this on the inbound 5010 claim? A USER CR will need to be written to suppress the SBR03 when it is the same as 2330A/NM109. Currently there is mapping criteria to map both using the same value. 02/10/2011 - H45255 edit that will reject for this is now being tested.			01/13/2010 - Palmetto will contact MCS and initiate the user CR. 02/10/2011 - Ken R. will send update to CMS. 04/07/2011 - Palmetto - 2320-002B will be resolved with CR43515 and released in the R20112CP release. R20112CP will release to Production on May 20th.			
2400-002a	Leading and trailing zeros in the 2400 SV205 and 2430 SVD05 on the 4010 and 5010 837I file.	COBC		1/6/11	02/23/11: The changes to not display leading and/or trailing zeros were implemented the weekend of 01/15/11  With the changes to the format of the 2400 SV205 and 2430 SVD05 (CR 7065), COBC is sending values such as 0.9 and 10.0 on the 837I file to partners. Partners that have received the leading zeros have disagreed. Please advise whether leading or trailing zeros are allowed in these two elements. This would apply to both the 4010 and 5010.  Note: This issue will be on the 5010 Issues log as item 2400-004a 2400-002a.	1/10/11: AGREE. Leading or trailing zeros such as found in 0.9 and 10.0 are not valid. mk This response should be considered both a Part A and Part B response as leading and/or trailing spaces are not acceptable regardless of line of business or transaction. br		C							

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