

Appendix 4A. Deactivated Edits

Several CCEM edits currently active in the CMS 5010 Professional Edit Spreadsheet will be deactivated to ensure that syntactically correct encounters pass front-edit editing. This appendix provides a list of the deactivated EDFES CCEM edits.

The columns indicate the following:

- The Edit Reference column provides the exact reference for the deactivated edits
- The Edit Description column provides the Claim Status Category Code (CSCC), the Claim Status Code (CSC), and the Entity Identifier Code (EIC), when applicable
- The Edit Notes column provides a description of the reason for the edit
- Columns I, P, and D indicate if the edit is deactivated for Institutional, Professional, or DME encounters, respectively

MAOs and other entities should reference the WPC website at <http://www.wpc-edi.com> for a complete listing of all CSCCs and CSCs.

Table 4A.1. Deactivated Edits

| Edit Reference | Edit Description | Edit Notes | I | P | D |
|--------------------------|---|---|---|---|---|
| X223.087.2010AA.N301.070 | CSCC A7: Acknowledgement /Rejected for Invalid Information... CSC 503: Entity's Street Address EIC: 85 Billing Provider | Remove edit check for 2010AA N3 PO Box variations when ISA08 = 80881 (Institutional Payer Code). | X | | |
| X222.091.2010AA.N301.070 | CSCC A7: Acknowledgement /Rejected for Invalid Information... CSC 503: Entity's Street Address EIC: 85 Billing Provider | Remove edit check for 2010AA N3 P O Box variations when ISA08 = 80882 (Professional payer code) for professional encounters or ISA08 = 80887 (Professional payer code) for DME encounters. | | X | X |
| X222.091.2010AA.N302.060 | CSCC A7: Acknowledgement /Rejected for Invalid Information... CSC 503: Entity's Street Address EIC: 85 Billing Provider | Remove edit check for 2010AA N3 P O Box variations when ISA08 = 80882 (Professional payer code) for professional encounters or ISA08 = 80887 (Professional payer code) for DME encounters. | | X | X |



| Edit Reference | Edit Description | Edit Notes | I | P | D |
|---------------------------|---|--|---|---|---|
| X223.084.2010AA.NM109.050 | CSCC A8: Acknowledgement / Rejected for relational field in error CSC 496: Submitter not approved for electronic claim submissions on behalf of this entity. EIC: 85 Billing Provider | This Fee for Service edit validates the NPI and submitter ID number to ensure the submitter is authorized to submit on the provider's behalf. Encounter data cannot use this validation as we validate the plan number and submitter ID to ensure the submitter is authorized to submit on the plan's behalf. 2010AA.NM109 billing provider must be associated to the submitter (from a trading partner management perspective) in 1000A.NM109. | X | | |
| X222.087.2010AA.NM109.030 | CSCC A7: Acknowledgement /Rejected for Invalid Information... CSC 562: Entity's National Provider Identifier (NPI) EIC: 85 Billing Provider | Valid NPI Crosswalk must be available for this edit. | | X | X |
| X222.087.2010AA.NM109.050 | CSCC A8: Acknowledgement / Rejected for relational field in error CSC 496: Submitter not approved for electronic claim submissions on behalf of this entity. EIC: 85 Billing Provider | This Fee for Service edit validates the billing provider NPI in 2010AA.NM109 and submitter ID number in 1000A.NM109 to ensure the submitter is authorized to submit on the provider's behalf. Encounter data cannot use this validation as we validate the plan number and submitter ID to ensure the submitter is authorized to submit on the plan's behalf. | | X | X |



| Edit Reference | Edit Description | Edit Notes | I | P | D |
|---------------------------|---|---|---|---|---|
| X222.140.2010BB.REF02.075 | CSCC A8: Acknowledgement / Rejected for relational field in error CSC 496: Submitter not approved for electronic claim submissions on behalf of this entity. EIC: 85 Billing Provider | This Fee for Service edit validates the billing provider NPI in 2010AA.NM109 and submitter ID number in 1000A.NM109 to ensure the submitter is authorized to submit on the provider's behalf. Encounter data cannot use this validation as we validate the plan number and submitter ID to ensure the submitter is authorized to submit on the plan's behalf. | | X | X |
| X223.090.2010AA.REF02.050 | CSCC A8: Acknowledgement / Rejected for relational field in error CSC 562: Entity's National Provider Identifier (NPI) CSC 128: Entity's tax id EIC: 85 Billing Provider | Valid NPI Crosswalk must be available for this edit. 2010AA.REF must be associated with the provider identified in 2010AA.NM109. | X | | |
| X222.094.2010AA.REF02.050 | CSCC A8: Acknowledgement / Rejected for relational field in error CSC 562: Entity's National Provider Identifier (NPI) CSC 128: Entity's tax id EIC: 85 Billing Provider | Valid NPI Crosswalk must be available for this edit. | | X | X |
| X222.094.2010AA.REF02.040 | CSCC A7: Acknowledgement /Rejected for Invalid Information... CSC 128: Entity's tax id EIC: 85 Billing Provider | 2010AA.REF02 must be nine digits with no punctuation. | | X | X |
| X223.109.2000B.SBR03.004 | IK403 = I13: Implementation Dependent "Not Used" Data Element Present. | | X | | |



| Edit Reference | Edit Description | Edit Notes | I | P | D |
|--------------------------|--|------------------------------------|---|---|---|
| X223.109.2000B.SBR03.006 | CSCC A8: Acknowledgement/ Rejected for relational field in error CSC 163: Entity's Policy Number CSC 732: Information submitted inconsistent with billing guidelines EIC IL: Subscriber | | X | | |
| X222.116.2000B.SBR03.004 | IK403 = I13: Implementation Dependent "Not Used" Data Element Present | 2000B.SBR03 must not be present | | X | X |
| X222.116.2000B.SBR03.006 | CSCC A8: Acknowledgement /Rejected for relational field in error CSC 163: Entity's Policy Number CSC 732: Information submitted inconsistent with billing guidelines EIC IL: Subscriber | | | X | X |
| X223.109.2000B.SBR04.004 | IK403 = I13: Implementation Dependent "Not Used" Data Element Present. | | X | | |
| X223.109.2000B.SBR04.007 | CSCC A8: Acknowledgement /Rejected for relational field in error CSC 663: Entity's Group Name CSC 732: Information submitted inconsistent with billing guidelines EIC IL: Subscriber | | X | | |
| X222.116.2000B.SBR04.005 | IK403 = I13: Implementation Dependent "Not Used" Data Element Present. | | | X | X |



| Edit Reference | Edit Description | Edit Notes | I | P | D |
|---------------------------|--|---|---|---|---|
| X222.116.2000B.SBR04.007 | CSCC A8: Acknowledgement /Rejected for relational field in error CSC 663: Entity’s Group Name CSC 732: Information submitted inconsistent with billing guidelines EIC IL: Subscriber | | | X | X |
| X223.127.2010BB.REF.010 | CSCC A7: Acknowledgement /Rejected for Invalid Information... CSC 732: Information submitted inconsistent with billing guidelines. CSC 560: Entity’s Additional/Secondary Identifier. EIC: PR “Payer” | This REF Segment is used to capture the Plan number as this is unique to encounter submission only. The CEM applies the following logic: Non-VA claims: 2010BB.REF with REF01 = 2U, EI, FY or NF must not be present. VA claims: 2010BB.REF with REF01 = EI, FY or NF must not be present. This edit needs to remain off in order for the submitter to send in his or her plan number. | X | | |
| X223.129.2010BB.REF02.070 | IK403 = I12: Implementation Pattern Match Failure | Billing provider must be associated to the submitter in 1000A.NM109. | X | | |
| X222.138.2010BB.REF.010 | CSCC A7: Acknowledgement /Rejected for Invalid Information... CSC 732: Information submitted inconsistent with billing guidelines. CSC 560: Entity’s Additional /Secondary Identifier. EIC: PR “Payer” | This REF Segment is used to capture the Plan number, as this is unique to encounter submission only. The CEM has the following logic that is applied: Non-VA claims: 2010BB.REF with REF01 = 2U, EI, FY or NF must not be present. VA claims: 2010BB.REF with REF01 = EI, FY or NF must not be present. This edit needs to remain off in order for the submitter to send in his or her plan number. | | X | X |



| Edit Reference | Edit Description | Edit Notes | I | P | D |
|-------------------------|---|--|---|---|---|
| X223.153.2300.CL103.015 | CSCC A7: Acknowledgement /Rejected for Invalid Information... CSC 234: Patient discharge status | When 2300.CL103 value 20, 40, 41, or 42 is present, at least one occurrence of 2300.HI01- 2 thru HI12-2 must equal 55, where HI01-1 is BH. | X | | |
| X223.143.2300.CLM02.070 | CSCC A7: Acknowledgement /Rejected for Invalid Information... CSC 400: Claim is out of balance CSC 178: Submitted Charges | 2300.CLM02 must equal the sum of all 2400.SV203 amounts. | X | | |
| X222.157.2300.CLM02.070 | CSCC A7: Acknowledgement /Rejected for Invalid Information... CSC 178: Submitted Charges | 2300.CLM02 must equal the sum of all 2400.SV102 amounts. | | X | X |
| X223.143.2300.CLM02.080 | CSCC A7: Acknowledgement /Rejected for Invalid Information... CSC 400: Claim is out of Balance CSC 672 Payer's payment information is out of balance | CLM02 must equal the sum of all 2320 CAS amounts and all 2430 CAS amounts and 2320 AMT02 (when AMT01 = D). | X | | |
| X222.157.2300.CLM02.090 | CSCC A7: Acknowledgement /Rejected for Invalid Information... CSC 400: Claim is out of Balance CSC 672: Payer's payment information is out of balance | 2300.CLM02 must equal the sum of all 2320 and 2430 CAS amounts and the 2320 AMT02 (AMT01 = D). | | X | X |



| Edit Reference | Edit Description | Edit Notes | I | P | D |
|---------------------------|---|---|---|---|---|
| X222.157.2300.CLM05-3.020 | CSCC A7: Acknowledgement /Rejected for Invalid Information... CSC 535: Claim Frequency Code | Fee for Service does not allow a claim to come in with a frequency type other than 1 (Original Claim). This edit is turned off for encounter data so submitters can submit a frequency type = 7 Replacement and frequency type = 8 Deletion | | X | X |
| X222.196.2300.REF.010 | CSCC A7: Acknowledgement /Rejected for Invalid Information... CSC 732: Information submitted inconsistent with billing guidelines. CSC 464: Payer Assigned Claim Control Number. | Fee for Service does not allow a REF segment containing a claim control number to be used when sending a replacement (Frequency type = 7) or void (Frequency type = 8) claim. 2300.REF with REF01 = F8 must not be present. This edit needs to remain off in order for the submitter to send the claim control number they are trying to replace or void. | | X | X |
| X222.262.2310B.NM109.030 | CSCC A7: Acknowledgement /Rejected for Invalid Information... CSC 562: Entity's National Provider Identifier (NPI) EIC: 82 Rendering Provider | Valid NPI Crosswalk must be available for this edit. | | X | X |
| X223.364.2320.AMT.040 | CSCC A7: Acknowledgement /Rejected for Invalid Information CSC 41: Special handling required at payer site CSC 286: Other Payer's Explanation of Benefits /payment information CSC 732: Information submitted inconsistent with billing guidelines | | X | | |



| Edit Reference | Edit Description | Edit Notes | I | P | D |
|---------------------------|---|---|---|---|---|
| X222.305.2320.AMT.040 | CSCC A7: Acknowledgement /Rejected for Invalid Information CSC 41: Special handling required at payer site CSC 286: Other Payer's Explanation of Benefits /payment information CSC 732: Information submitted inconsistent with billing guidelines | | | X | X |
| X222.305.2320.AMT02.060 | CSCC A7: Acknowledgement /Rejected for Invalid Information... CSC 672: Other Payer's payment information is out of balance CSC 286: Other payer's Explanation of Benefits /payment information | 2320 AMT02 must equal the sum of all existing 2430.SVD02 payer paid amounts (when the value in 2430.SVD01 is the same as the value in 2330B.NM109) minus the sum of all claim level adjustments (2320 CAS adjustment amounts) for the same payer. NOTE: Perform this edit only when 2430SVD segments are present for this 2320-2330x iteration's payer. | | X | X |
| X223.389.2330B.DTP.030 | IK304 = 2: Unexpected Segment | If 2430 DTP with 573 is present, then 2330B DTP must not be present. | X | | |
| X222.325.2330B.DTP.030 | IK304 = 2: Unexpected Segment | If 2330B.NM1 is present and 2340.DTP with DTP01 = 573 is not present, 2330B.DTP may be present. | | X | X |
| X222.351.2400.SV101-7.020 | CSCC A8: Acknowledgement / Rejected for relational field in error CSC 306: Detailed description of service 2400.SV101-7 must be present when 2400.SV101- 2 is present on the table of procedure codes that require a description. | When using a not otherwise classified or generic HCPCS procedure code, the CEM is editing for a more descriptive meaning of the procedure code. For example, the submitter is using J3490. The description for this HCPCS is Not Otherwise Classified (NOC) Code. CMS has made a decision not to price claims with these type of codes. | | X | X |



| Edit Reference | Edit Description | Edit Notes | I | P | D |
|---------------------------|--|---|---|---|---|
| X222.351.2400.SV102.060 | CSCC A7: Acknowledgement /Rejected for Invalid Information... CSC 400: Claim is out of balance: CSC 583:Line Item Charge Amount CSC 643: Service Line Paid Amount | SV102 must equal the sum of all payer amounts paid found in 2430 SVD02 and the sum of all line adjustments found in 2430 CAS Adjustment Amounts. | | X | X |
| X223.424.2400.SV202-7.025 | CSCC A8: Acknowledgement / Rejected for relational field in error CSC 306: Detailed description of service 2400.SV202-7 must be present when 2400.SV202-2 contains a nonspecific procedure code. | When using a not otherwise classified or generic HCPCS procedure code, the CEM is editing for a more descriptive meaning of the procedure code. For example, the submitter is using J3490. The description for this HCPCS is Not Otherwise Classified (NOC) Code. | X | | |
| X223.424.2400.SV203.060 | CSCC A7: Acknowledgement /Rejected for Invalid Information... CSC 400: Claim is out of balance CSC 583: Line Item Charge Amount CSC 643: Service Line Paid Amount | SV203 must = the sum of all payer amounts paid found in 2430 SVD02 and the sum of all line adjustments found in 2430 CAS Adjustment Amounts. | X | | |
| X222.430.2420A.NM109.030 | CSCC A7: Acknowledgement /Rejected for Invalid Information... CSC 562: Entity's National Provider Identifier (NPI) EIC 82: Rendering Provider | 2420A.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109. | | X | X |



| Edit Reference | Edit Description | Edit Notes | I | P | D |
|---------------------------|---|--|---|---|---|
| X223.486.2430.DTP.015 | IK403 = I12: Implementation Pattern Match Failure | Per payer, if 2330B.DTP is present, 2430.DTP must not be present. | X | | |
| X223.143.2300.CLM05-1.040 | CSCC A6: "Acknowledgement /Rejected for Missing Information..." CSC 232: "Admitting diagnosis" | The admitting diagnosis code must be populated for inpatient claims (2300.CLM05-1 = 11, 12, 18, 21, 22, or 41). | X | | |