

0	837 to UB-92 Claim Correction	EMPIRE OMNIPRO <sup>™</sup>
0	837 to UB-92 Submission Validation Report	
0	837 to UB-92 Error Codes	BLUE CROSS
		837 TO UB92 CORRECTION UTILITIES
		USER MANUAL
		LAST REVISION: October 8, 2004

EMPIRE OMNIPRO<sup>SM</sup>

**BLUE CROSS** 

837 TO UB92 CORRECTION UTILITIES USER MANUAL

# EMPIRE OMNIPRO<sup>SM</sup>

# 837 TO UB92 CORRECTION UTILITIES USER MANUAL

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## Introduction

The Empire OMNIPRO<sup>SM</sup> Blue Cross 837 to UB92 Corrections User Manual is designed to assist with the correction of claims submitted in the X12 837 format and converted to UB-92 format. The manual contains 837 to UB92 corrections screens and instructions, online validation report screens, and 837 to UB92 error codes.

The 837 claims that are selected for correction must be free of any 837 IG errors. This means that the claims must be HIPAA compliant according to the X12 837 Institutional Implementation Guides (IG) for versions 004010X096 and 004010X096A1.

Claims that are IG compliant (i.e., contain no IG errors) and fail for 837 IGE external code set errors or selected 837 business errors will be converted to the UB92 format. These claims will be available for correction in "Selection 8 - 837 TO UB92 CORRECTION UTILITIES" on the OMNIPRO Main Menu. Selection 8 will offer the following features: CLAIM CORRECTION and the SUBMISSION VALIDATION REPORT.

Under the "Claim Correction" feature, 837 claims will be available to be corrected and submitted as UB92 claims the next business day after processing of the 837 file. The claims that are corrected (e.g. "Good" claims) will be extracted twice daily at noon and at 11:45 p.m. for entry into the Empire claims processing systems.

The feature for the "Submission Validation Report" will display the number of "Good" claims that were extracted for the day.

**Please note:** There are some 837 business edits that will not be selected for correction on OMNIPRO as follows:

- Any edits related to validation of the provider number. A valid provider number is mandatory for 837 to UB92 corrections.
- Any edits related to adjustment claims. Adjustments are excluded from 837 to UB92 corrections.
- Any edits related to negative amounts.
- Edit for 837 Reference Designator BHT06 Transaction Type Code must equal "CH".

# Integrated Electronic Services Contact

Inquiries regarding this publication, or general questions concerning electronic claim submission should be addressed to:

Phone: 1-866-889-7322 Fax: 1-416-774-4778

# **Getting Started**

WARNING: THE UNAUTHORIZED USE OF ANY EMPIRE COMPUTER, DATA OR COMPUTER SERVICE AND UNAUTHORIZED POSSESSION, DUPLICATION OF OR TAMPERING WITH ANY COMPUTER DATA OR PROGRAM ARE CRIMINAL OFFENSES. \*\*ALL VIOLATORS ARE SUBJECT TO PROSECUTION\*\*

SELECT --->

1 OMNIPRO - Available

/N-NOTIFY TERMINAL WHEN APPLID AVAIL /Q-QUEUE LOGON WHEN APPLID AVAIL

#### <u>Keying Instructions For</u> <u>Accessing OMNIPRO<sup>SM</sup> Main Menu</u>

Enter: Selection Code 1 - OMNIPRO<sup>SM</sup>.

Press: Enter

000	000	MM M	M NN	NN	IIIIII	PPPPI	PPP	RRR	RRRR	000	0000
00	00	MMM MM	M NNI	N NN	II	PP	PP	RR	RR	00	00
00	00	MMMMMMM	M NNI	NN NN	II	PP	PP	RR	RR	00	00
00	00	MM MM M	M NN	NN NN	II	PPPPI	PPP	RRR	RRRR	00	00
00	00	MM M	M NN	NNNN	II	PP		RR	RR	00	00
00	00	MM M	M NN	NNN	II	PP		RR	RR	00	00
000	000	MM M	M NN	NN	IIIIII	PP		RR	RR	000	0000

WARNING: The unauthorized use of any Empire computer, data or computer service and unauthorized possession, duplication of or tampering with any computer data or program are criminal offenses. \*\*\* ALL VIOLATORS ARE SUBJECT TO PROSECUTION \*\*\*

	Good	Morning!
Enter User ID Password New Password	-> ->	Date: Time: Applid: Terminal:
(enter twice)	->	Printer:

PA1 key will release your terminal from CICS.

#### Keying Instructions For Logging on to OMNIPRO<sup>SM</sup>

Enter: Your User ID (6 characters - numeric).

Enter: Your Password (up to 8 characters).

Press: Enter

To display initial OMNIPRO<sup>SM</sup> menu.

Note: The user ID and passwords are supplied to each facility by our office. Each facility is required to complete the Empire OMNIPRO<sup>SM</sup> Interactive Logon Request Form (SMC 1016) in order to access the system.

The 'PA1' key allows you to exit this screen and return to the initial Empire OMNIPRO<sup>SM</sup> screen shown on page 1-1. Providers that use personal computers should configure their keyboard function to utilize the 'ESC' key to correspond with the 'PA1' function.

# 837 to UB92 Correction Utilities

EMCO0050 TV220817	EMPIRE O M N I P R O	06/11/03 11.53.47
1 2	SELECTION ELECTRONIC MAIL MEDICARE PART A	
4	MEDICAL QUICKLINK	
8 9 10 11 ENTER SELECTION>	837 TO UB92 CORRECTION UTILITIES EMPIRE INTERNAL UTILITIES UB-92/QUICKLINK NYS SERVICE CENTER _8	
ENTER CLEAR=LOGOFF		

#### Keying Instructions For OMNIPRO Main Menu

- Enter: Selection Code 8 837 TO UB92 CORRECTION UTILITIES.
- Press: Enter To display 837 TO UB92 CORRECTION UTILITY MENU.
- Press: Clear To exit OMNIPRO<sup>SM</sup> Main Menu.

EMCO0120 EMPIRE	06/11/03
Empire provider # 837 TO UB92 CORRECTION UTILITY MENU	1.58.10
2 SUBMISSION VALIDATION REDORT	
Z SUBMISSION VALIDATION REPORT	
FNTER SELECTION>	
ENTER CLEAR=LOGOFF F2=MENU F3=EXIT	

#### Keying Instructions For 837 to UB92 Correction Utility Menu

Enter: Selection Code 1 – CLAIM CORRECTION.

-OR-

- Enter: Selection Code 2 SUBMISSION VALIDATION REPORT
- Press: F2 or F3 To return to Empire OMNIPRO<sup>SM</sup> Main Menu.
- Press: Clear To exit OMNIPRO<sup>SM</sup> Main Menu.

Note, The provider number displayed in the upper left corner is the number associated with the OMNIPRO logon.

# Selection 1: 837 to UB92 Claim Correction Overview

The 837 to UB92 Claim Correction Summary lists all claims available for claim correction. The summary screen displays the following information: Patient Control Number, Last Name, CERT/SSN/HIC/SUB ID Number, From Date, Type of Bill, Purge Date, and Input Mode. All claims should be corrected prior to the purge date. Claims that are not corrected by the purge date are removed from the correction file on the purge date given.

To view claim detail, select a claim by entering an 's' in the select field next to the desired patient control number. The screens displayed are similar to the UB92 Claim Correction screens. Once on the actual claim correction screens, make any corrections necessary and hit 'F10' to save the changes. Once the 'F10' key has been depressed, if the claim is error free a 'G' will appear on the select line next to the corrected claim, if additional corrections are necessary the select line will be blank and you have until the purge date displayed to correct the remaining errors. The claims that are corrected (e.g. "Good" claims) will be extracted twice daily; at noon and at 11:45 p.m. for entry into the Empire claims processing systems.

The facility has the option to delete any claims by entering a 'd' in the select field for the specific patient control number. This function removes the claim from the correction file twice daily at noon and at 11:45 p.m. If you enter a 'd' in error, to remove, position the cursor under the 'd', hit the space bar to erase, then hit enter. To refresh the summary list hit the 'F7' key or 'F8' key.

#### Search Capability on the Claim Correction Summary List

Search capability for claim correction summary list allows the user to searching for a specific claim.

The user may scroll through the summary list (F7 or F8) or enter search criteria as desired.

The key fields for searching are Patient Control Number, CERT/SSN/HIC/SUB Id Number, and From Date. The key fields can be entered on the first summary line in the following combinations to obtain a specific claim for display rather than searching the summary list:

- o Patient Control Number OR
- o CERT/SSN/HIC/SUB ID Number OR
- o Patient Control Number and CERT/SSN/HIC/SUB ID number OR
- o Patient Control Number and From Date OR
- o CERT/SSN/HIC/SUB ID Number and From Date OR
- o Patient Control Number, CERT/SSN/HIC/SUB ID Number, and From Date

Entering the From Date alone is not a valid search.

If the user enters invalid criteria, the following message will appear:

#### 'NO EXACT MATCH FOUND: VERIFY DATA ENTERED IN SEARCH FIELDS'

If the user enters only the From Date, the following message will appear:

#### 'SEARCH NOT ALLOWED ON FROM DATE: ENTER ADDITIONAL SEARCH FIELD'

If a match is found, the summary list will appear with the topmost line containing the search results, i.e., the specific claim.

If no match is found, an error message will be displayed as well as the search criteria that was entered; all other summary lines will be blank. The user will be able to rekey the search criteria or, if a search is not desired, press the 'F7' key. The summary list will then be displayed and the user can scroll to select a claim.

#### Additional Functionality:

**Exit Pop-Up-Window:** An 'exit pop-up-window' is available on all correction screens to confirm the exit with out saving any corrections made. When the 'F2' or 'F3' key is pressed a message will appear stating 'You haven't saved your current claim'. To exit without saving the changes 'F2' or 'F3' key again. To remove the 'exit pop-up-window' and return to the current claim, press enter.

EMCO2600-07 80	EMPIRE	12/09/03
Empire provider number PHYSICIAN	I DATA CORRECTION	SCREEN 07
		PAGE UI
PHYSICIAN INFORMATION RELATES TO PAY	YER LINE A	
PHYSICIAN NUMBER QUALIFYING CODE SL		
ATTEND PHYS # 9999999NAME:	LAST SMITH FIRST	JOHNMIA +LLTNMT
OTHER PHYS   WARN	NING	MI _
YOU HAVEN'T SAVE	ED YOUR CURRENT CLAIM!	
F2/F3 = OK TO EXIT	ENTER = RETURN TO CLAIM	
+		+
Mag		
MSG		
ENTER F2=MENU F3=EXIT F6=NEXT PG	F7=BKWD	
F8=FWD F10=SAVE/FINALIZE		NEXT SCR 00

**Next Screen:** The Next Screen function allows the user to go directly to any screen desired. The 'NEXT SCR' field is located in the lower right corner of every screen. Enter the screen number you wish to go to and press enter. This will take you directly to that screen.

**Payer Line Indicator:** A payer line indicator field located on screen 07 and is used to crosswalk data to the correct payer entered on screen 02. For example, if you want to enter physician data on screen 07 relating to two payers (i.e., payors 'A' and 'B' on screen 02), you must enter a payer line indicator of 'A' and applicable physician data then press the 'F6' key (next page) to prompt a new page, enter a payer line indicator of 'B' and applicable physician data.

# Keyboard Function Definition

The following function keys, when displayed at the bottom of select 837 to UB92 Correction screens, assist in the operation and navigation between various menus and screens. The function keys are labeled on each keyboard. They are usually located on the top of the keyboard. This may vary based on selected equipment manufacturers.

#### Function Keys and their definitions

F2=MENU	This key returns you to the Main Menu
F3=EXIT	Exit the screen or menu
F4=DIAG INQ	Located on screen 06: displays ICD-9-CM Diagnosis Code Inquiry
F4=POT DEL (25-D)	Located on screen 25-E: used to go to screen 25-D (Plan of Treatment Selection Screen)
F5=BC GROUP	Located on screen 02: displays Group Control Inquiry.
F5=PROC INQ	Located on screen 06: displays ICD-9-CM Procedure Code Inquiry
F6=NEXT PG	Screen refresh, displays a new page of that screen (when applicable) for entry of additional data
F7=BKWD	Scroll backward to a previous screen
F8=FWD	Scroll forward to the next screen
F9=NARRATIVE	Displays the narrative of a specific ICD-9-CM Diagnosis or Procedure code. The PF9 key is only available on the Diagnosis Code Inquiry Screen or Procedure Code Inquiry Screen.
F9=DEL	Located on screen 25-A: used to the Home Health/Hospice (25-A) Plan of Treatment Attachment
F10=SAVE/FINALIZE	Sends the claim to the correction file/submits the claim for processing keyboard to utilize the 'Print Screen' key to correspond with the PA2 function key).
CLEAR	Logoff the application screen (exit OMNIPRO <sup>SM</sup> )
ENTER	Process the data entered on the screen

EMCO????		EMPIRE			06/12/03	
Empire Browider #	227 TO TTO 2	CIATM CODDECTION STIMMAD	v		12 22 54	
Empire Frovider #	037 10 0892	CHAIM CONNECTION SUMMAR			12.22.34	
		GEDT / CON / UT C / CUD TD			DUDC TND	
PATIENI CONTROL		CERI/SSN/HIC/SUB ID	FROM		PORG INP	
NUMBER	NAME	NUMBER	DATE	TOB	DATE MDE	
<u> </u>	·	<u> </u>				
<u> </u>	·	<u> </u>				
	·					
	·					
	·					
ENTER F2=MENU F	3=EXTT F7=B	ACKWARD F8=FORWARD				

#### Keying Instructions For Claim Correction Summary

Enter: An 's' in the select column for the appropriate patient control number to display the detail claim data.

or

Enter: A 'd' in the select column to delete the patient control number if required. This option removes the claim from the correction file twice daily, at noon and 11:45 p.m. To undelete, space out the 'D' and hit enter.

Press: F2

To return to Empire OMNIPRO<sup>SM</sup> Main Menu.

Press: F3

To return to 837 TO UB92 CORRECTION UTILITY MENU.

Press: F7

To scroll backward.

Press: F8

To scroll forward.

Select line value and their definitions:

\_ = A blank select line

Claim is available for correction.

D = Delete.

Claims flagged for deletion are removed twice daily, at noon and at 11:45 p.m. To undelete a claim, space out the 'D' and hit enter. A deleted claim cannot be selected unless you 'undelete' the claim. Blank out the 'D' and press enter which will allow you to select the claim normally.

G = Good Records.

Claims that are corrected (e.g. "Good" claims) are extracted twice daily, at noon and at 11:45 p.m. for entry into the Empire claims processing systems.

EMCO3600-01 20	EMPIRE	06/12/03
Empire provider # PATIENT	DATA CORRECTION	SCREEN 01
PAYER DESTINATION CODE 00303	TOB PCN	
PATIENT NAME LAST	FIRST	MI _
PATIENT ADDRESS STREET		
SEX _ DATE OF BIRTH	STATE ZIP	
STATEMENT FROM THRU TYPE OF ADMISSION _ DISCHARGE HOUR	ADMISSION DATE SOURCE OF ADMISSION _ PATIENT STATUS NEWDORN BIDTH MELCUT IN C	HR
PATIENT PRIOR PAYMENTS MEDICAL RECORD NUMBER	PATIENT ESTIMATED AMOUNT DUE _	(AMS
MSG MSG ENTER F2=MENU F3=EXIT F7=BKWD F8=FWD F10=SAVE/FINALIZE		NEXT SCR 00

The payer destination code is auto populated with the value of 00303 and is not be alterable.

EMCO3600-02 30/31	EMPIRE	06/12/03
Empire provider # H	PAYER DATA CORRECTION	SCREEN 02
PA	AYER INFORMATION LINE-A	PAGE 01
PRIMARY PAYER CODE _ SOURCE (	OF PAYMENT CODE _ PAYER ID/PLAN	CODE
CERT/SSN/HIC/SUBID	PAT RELATIONSHIP	TO INSURED
INSURANCE GROUP NUMBER	INSURED GROUP NAME	
PAYER NAME	PROVIDER ID NUMBER	
INSURED'S NAME LAST	FIRST	MI _ SEX _
INSURED'S ADDRESS: STREET		
CITY	STATE ZIP	
RELEASE OF INFO _ ASSIGNMENT	F OF BENEFITS _	
DAYS COVERED NONCOVERED	COINSURANCE LIFETIME R	ESERVE
PRIOR PAYMENTS	ESTIMATED AMOUNT DUE	
PAYER IDENTIFICATION IND	CONTRACTOR NUMBER	
MSG		
MSG		
ENTER F2=MENU F3=EXIT F5=BC	C GROUP F6=NEXT PG F7=BKWD	
F8=FWD F10=SAVE/FINALIZE		NEXT SCR 00

If the Patient Relationship to Insured field is equal to "01" (self) the insured's information is automatically be pulled from the patient data on Screen 01 and placed in the insured's data fields on Screen 02.

The PF6 key is used to enter data for multiple payers (maximum of six).

At least one payer must have a source of payment code equal to G (Blue Cross).

Note, NEWBORN BIRTH WEIGHT IN GRAMS is now located on Screen 01.

	06/12/02
	CODEEN 02
Empire provider # IREAIMENT AUTHORIZATION/OCCORRENCE	SCREEN US
CORRECTION	PAGE 01
TREATMENT AUTHORIZATION CODES	
·	
·	
OCCURRENCE CODES/DATES	
ACCIEDENCE COAN CODES/DATES	
OCCORRENCE SPAN CODES/DATES	
MSG	
MSG	
ENTER F2=MENII F3=EXIT F6=NEXT PG F7=BKWD	
F8=FWD $F10=SAVE/FINALIZE$	NEXT SCR 00
	HEITI DER 00

Maximum number of pages allowed are 25, up to 350 occurrence codes and dates, up to 100 occurrence span codes and dates and up to 6 treatment authorization codes.

EMCO3600-04 41	EMPIRE	06/12/03
Empire provider #	CONDITION/VALUE CODE CORRECTION	SCREEN 4 PAGE 01
CONDITION CODES		
VALUE CODES/AMOUNTS		
MSG MSG ENTER E2-MENU E2-EXIT		
F8=FWD F10=SAVE/FINALI	ZE	NEXT SCR 00

Maximum number of pages allowed is 20, up to 400 condition codes and 480 value codes and amounts.

EMCO3600-05	50/60/61		EMPI	RE		06/12/03
Empire provi	der #	REVE	NUE CENTER	CORRECTIO	NC	SCREEN 05
						PAGE 01
REV HCPCS	MOD RAT	E	SER DATE	DAY/UNIT	TOT CHARGE	NC CHARGE
	MODIFIERS	3-4:		NATIONAL	DRUG CODE:	
	MODIFIERS	3-4:		NATIONAL	DRUG CODE:	
	MODIFIERS	3-4:		NATIONAL	DRUG CODE:	
	MODIFIERS	3-4:		NATIONAL	DRUG CODE:	
	MODIFIERS	3-4:		NATIONAL	DRUG CODE:	
	MODIFIERS	3-4:		NATIONAL	DRUG CODE:	
	MODIFIERS	3-4:		NATIONAL	DRUG CODE:	
	MODIFIERS	3-4:		NATIONAL	DRUG CODE:	
MSG MSG ENTER F2=ME	NU F3=EXIT	F6=NE	XT PG F7=1	BKWD		
F8=FWD F10=	SAVE/FINALIZE					NEXT SCR 00

Current state maximum number of pages allowed is 28, up to 224 revenue lines.

ЕМСОЗ600-06 70	EMPIRE	06/12/03
Empire provider #	MEDICAL DATA CORRECTION	SCREEN 06
PRINCIPAL DIAGNOSIS CODE _	ECODE ADMITTI	NG DIAGNOSIS CODE
OTHER DIAGNOSIS CODES		
·		
PRINCIPAL PROCEDURE CODE/I	DATE	
OTHER PROCEDURE CODES/DATE	ES	
MSG MSG		
ENTER F2=MENU F3=EXIT F	F4=DIAG INQ F5=PROC INQ F7=B	KWD
FOFFWD FIU=SAVE/FINALIZE		NEAT SCR UU

EMCO3600-07 80 Empire provider # PHY	EMPIRE SICIAN DATA CORRECTION	0 SC	6/12/03 REEN 07 PAGE 01
PHYSICIAN INFORMATION RELATES	TO PAYER LINE _		
PHYSICIAN NUMBER QUALIFYING CO	DE		
ATTEND PHYS # OPERAT PHYS # OTHER PHYS #	NAME: LAST NAME: LAST NAME: LAST	FIRST FIRST FIRST	MI MI MI
MSG MSG			
F8=FWD F10=SAVE/FINALIZE	F /=BKWD	NEXT	SCR 00

The payer line indicator (physician information relates to payer line) must be entered to crosswalk the data entered on this screen to the correct payer on screen 02. For example, if you want to enter physician data relating to two payers (i.e. payer A and B), you must enter a payer line indicator 'A' and applicable physician data then press the F6 key (next page) to prompt a new page, enter a payer line indicator 'B' and applicable physician data.

EMCO3600-08 90/91 Empire provider #	REMARKS:	EMPIRE FREE FORMAT CORRECTION	06/12/03 SCREEN 08
MEDICAL RECORD NUMBER REMARKS	TOB	PATIENT CONTROL NUMBER NAME	PAGE 01
MSG MSG ENTER F2=MENU F3=EXIT F8=FWD F10=SAVE/FINALIZE	F6=NEXT PG	F7=BKWD	NEXT SCR 00

Additional free format information may be entered on this screen. This screen allows entry of two pages of free format narrative data.

The following criteria is applicable to Empire Blue Cross outpatient (type of bill equal to 13X, 14X, 72X, or 831) claims with sudden and serious illnesses:

If revenue code is equal to 450, 459, 51X with an admit type of 1, 605 or 606 with **non-emergency diagnosis**, please include the following information when relevant:

- o The duration of the patient's distress (i.e., duration of vomiting, diarrhea, fever, urinary retention, etc.).
- o Pain: intensity type, location and duration. If patient complains of chest pains, include professional observation and patient's comments.
- o The weight of an infant with symptoms of diarrhea and/or vomiting.
- o Bleeding: site, severity and onset.

Enter any additional details pertaining to signs/symptoms, etc.

EMCO3600-4271EMPIRE06/12/03Empire provider #HOME HEALTH/HOSPICE PLAN OF TREATMENTSCREEN 25-A CORRECTION ID NUMBER PATIENT NAME DATA ID \_ START OF CARE DATE \_\_\_\_\_ CERT PERIOD FROM \_\_\_\_\_ THRU \_\_\_\_\_ DATE OF ONSET OF PRINCIPAL DIAGNOSIS \_ SURGICAL PROCEDURE CODE \_\_\_\_\_ DATE SURGICAL PROCEDURE PERFORMED \_\_\_\_ DATE OF ONSET OF SECONDARY DIAGNOSIS 1 \_\_\_\_\_ 2 \_\_\_\_ VERBAL START OF CARE DATE \_\_ DATE PHYSICIAN LAST SAW PATIENT \_\_\_\_\_ DATE LAST CONTACTED PHYSICIAN MEDICARE COVERED \_ PATIENT RECEIVED CARE IN 1861 FACILITY \_ CERTIFICATION/RECERTIFICATION/MODIFIED ADMISSION DATE \_\_\_\_\_ DISCHARGE DATE \_\_\_\_\_ TYPE OF FACILITY \_ MSG MSG ENTER F2=MENU F3=EXIT F7=BKWD F9=DEL F8=FWD F10=SAVE/FINALIZE NEXT SCR 00

Screen 25A is automatically generated when the type of bill on screen 01 is equal to 33X, 34X, 81X or 82X.

o The Subscriber ID is system generated.

o The Patient Name is system generated.

Screens 25-A thru 25-E accommodate entry of the Home Health/Hospice Plan of Treatment Attachments.

NOTE: If the deletion of a Home Health/Hospice Plan of Treatment is necessary, the F9=DEL (Delete) key will delete all data from screens 25-A thru 25-E. When the F9=DEL key is pressed, a popup-window is displayed with the message "You are about to delete the Plan of Treatment Attachment in this claim". Press F9 to confirm deletion or press ENTER to return to the claim. This will eliminate the possibility of deleting the attachment data in error. EMC03600-4371EMPIRE06/12/03Empire provider #HOME HEALTH/HOSPICE PLAN OF TREATMENTSCREEN 25-B CORRECTION ID NUMBER FUNCTIONAL LIMITATION CODES \_ \_ \_ \_ \_ \_ \_ 1 AMPUTATION 4 HEARING 7 AMBULATION A DYSPNEA/MINIMAL 2 BOWEL/BLADDER5 PARALYSIS8 SPEECH3 CONTRACTURE6 ENDURANCE9 LEGALLY F B OTHER 9 LEGALLY BLIND ACTIVITIES CODES \_ \_ \_ D OTHER 2 BEDREST BRP6 PARTIAL WEIGHT BEARINGA WHEELCHAIR3 UP AS TOLERATED7 INDEPENDENT AT HOMEB WALKER 4 TRANSFER BED/CHAIR 8 CRUTCHES C NO RESTRICTIONS MENTAL STATUS \_ \_ \_ 1 ORIENTED 3 FORGETFUL 5 DISORIENTED 7 AGITATED 2 COMATOSE 4 DEPRESSED 6 LETHARGIC 8 OTHER PROGNOSIS CODE \_ 1 POOR 2 GUARDED 3 FAIR 4 GOOD 5 EXCELLENT MSG MSG ENTER F2=MENU F3=EXIT F7=BKWD F8=FWD F10=SAVE/FINALIZE NEXT SCR 00

The Subscriber ID is system generated.

NOTE: Enter the number or the letter that corresponds to the Functional Limitation, Activities Permitted or Mental Status Code required. You may enter more than one numeric or alphabetic character on the selection line.

Only one Prognosis code may be entered.

When you enter the number or letter that corresponds to "OTHER" on screen 25-B, you must enter all applicable information for "OTHER" under the narrative title "Updated Information/Other", on screen 25-E. To accomplish this, go to screen 25-D and key an "S" in front of the title "Updated Information/Other", and press ENTER. Key all information required to describe "Other" Function Limitations, Activities and/or Mental Status.

EMCO3600-44 7	2	EMPIRE		06/12/03
Provider #	HOME HEALTH/HOSPICE	SPECIFIC SERVICE	E/TREATMENT	SCREEN 25-C
	CC	DRRECTION		PAGE UI
ID NUMBER				
DISCIPLINE	VISITS (THIS BILL) H	RELATED TO PRIOR	CERTIFICATION	
FREQUENCY NUMBE	R/PERIOD/DURATION			
TREATMENT CODES				
	·		·	
TOTAL VISITS PR	OJECTED THIS CERTIFIC	CATION		
MSG				
MSG				
ENTER F2=MENU	F3=EXIT F6=NEXT PG	F7=BKWD		
F8=FWD F10=SAV	E/FINALIZE			NEXT SCR 00

The Subscriber ID is system generated.

NOTE: Enter the Frequency/Period/Duration and Treatment codes that apply for each Discipline. Use the F6=NEXT PG key to enter additional pages of Discipline, Frequency/Period/Duration and Treatment codes as necessary.

EMCO3600-45 73	EMPIRE		06/12/03
Empire provider # PLAN OF	TREATMENT/MEDICAL UPDATE	E NARRATIVE	SCREEN 25-D
	CORRECTION		PAGE 01
ID NUMBER	SELECTION SCREEN	00 OF 96	SEGMENTS USED
TITLE OF NARRATIVE _ MEDICATIONS: DOSE/FREQUE _ DME AND SUPPLIES _ SAFETY MEASURES _ NUTRITUTIONAL REQUIREMEN _ ALLERGIES _ ORDERS FOR DISCIPLINE AN _ GOALS/REHABILITATION POT _ UPDATED INFORMATION/OTHE _ FUNCTIONAL LIMITATIONS/R _ SUPPLEMENTARY PLAN OF TR _ UNUSUAL HOME/SOCIAL ENVI TIMES AND BEASONS DATIEN	ENCY/ROUTE ITS ID TREATMENTS CENTIAL/DISCHARGE PLANS R EEASON HOMEBOUND EEATMENT RONMENT	DATA ID NUMBER 48510 48514 48515 48516 48517 48521 48522 48616 48617 48618 48619 48620	STATUS
MEDICAL/NONMEDICAL REASON	NOI AI HOME NNS DATTENT LEAVES HOME	48621	
TYPE 'S' TO SELECT AND	) VIEW NARRATIVE. TYPE 'I	TO DELETE NA	RRATIVE
MSG MSG	, TEW WARKAILVE, IIIE I		
ENTER F2=MENU F3=EXIT F	'7=BKWD		
F8=FWD F10=SAVE/FINALIZE			NEXT SCR 00

The Subscriber ID is system generated.

NOTE: This screen allows you to select the Title of Narrative to enter medical information. Type an "S" (select) in the space to the left of the Title of Narrative and press the ENTER key. This will display screen 25-E (a free format data entry screen), with the Data ID Number and the Title of Narrative you selected.

To delete a Title of Narrative, key a "D" (delete) on screen 25-D in the space to the left of the title you wish to delete, and press ENTER. All narrative for that title will be deleted.

	10/00
MCO3600-46 73 EMPIRE 06/	12/03
npire provider #PLAN OF TREATMENT/MEDICAL UPDATE NARRATIVE SCREEN	[25-E
CORRECTION PA	GE 01
01 OF 96 SEGMENTS	USED
ATA ID NIMBER	
	_
	_
	_
	_
	_
	_
	_
20	
NTER FZ=MENU F3=EXIT F4=POT SEL (25-D) F6=NEXT PG F7=BKWD	
B=FWD F10=SAVE/FINALIZE NEXT S	CR 00

The Data ID Number and Title of Narrative will be system generated to match the selection made on screen 25-D.

NOTE: This screen is a free format entry area. Enter all information that pertains to the Title of Narrative and Data ID Number you selected on screen 25-D. The F6=NEXT PG key can be used to enter additional pages of free format information, if needed, for the Title of Narrative selected. Once the data has been entered, you may save the claim or use the F4=POT SEL (25-D) to go back to screen 25-D and select another narrative title for entry of additional information.

In the upper right corner of the screen, under PAGE #, the number of Segments Used out of a total of 96 is displayed. There are six segments available per screen. Currently we can store up to 96 segments of data. If more than 96 segments are entered, the data will not be stored and the message "Maximum amount of narrative entered: 96 segments allowed per claim" is displayed.

# Selection 2: Submission Validation Report

This selection displays the total number of 'Good' claims extracted and forwarded for adjudication, per cycle date.

EMCO6250	EMPIRE	05/23/03
INSTITU	TIONAL VALIDATION SUMMARY REPO	RT 12.09.25
	RETURN SUMMARY	
CYCLE DATE 052203	PROVIDER # 999999	SUBMITTER # INTERACT2
SUB CNTL NO 031421737	CLAIM TYPE U92	RETURN CAT CLM
DATE RECD 05/22/03	SUBMISSION STATUS ACCEPTED	INPUT MODE H
MOMAL CLAIMS CODDECHED;	00000000	
IOTAL CLAIMS CORRECTED.	00000002	
MSG:		
ENTER F2=MENU F3=EXIT	F10=NXT CYC	DT

#### Keying Instructions For Institutional Validation Summary Report

Enter: A valid cycle date in MMDDYY format and hit the enter key to display a submission validation report.

#### Press: F2

To return to Empire OMNIPRO<sup>SM</sup> Main Menu.

#### Press: F3

To return to the 837 to UB92 Correction Utility Menu.

#### Press: F10

Upon initial entry, hit F10 to view the first available validation report. When viewing a validation report hit F10 to scroll forward to the next available validation report.

## Blue Cross UB-92 Error Codes

#### GENERAL OMNIPRO EDITS:

#### G0000003 PAYER LINE INDICATOR MUST = A, B, C, D, E OR F

This edit applies only to interactive OMNIPRO<sup>SM</sup>. Physician data entered on screen 07 must correspond with payer information located on claim entry Screen 02. The payer line indicator will link the additional entry screens with the appropriate payer. For example: if Payer B is plan code 00303, attending physician data is required - the payer line indicator on Screen 7 must equal 'B'.

Screen: 07

#### G0000004 PAYER LINE INDICATOR ENTERED HAS NO MATCHING PAYER ON SCREEN 2

This edit applies only to interactive OMNIPRO<sup>SM</sup>. A payer line indicator of A, B, C, D, E or F may be entered on screen 07 if a corresponding screen 02 payer entry is present. If a payer line indicator is entered and no matching screen 02 payer entry is found, this edit will be prompted.

Screen:

07

# G0000005 <u>1ST TWO POSITIONS OF PAYER ID MUST BE ZERO FOR SOURCE OF PAY=G</u> Screen: 02

#### G0000006 INFORMATION FOR THIS PAYER LINE HAS ALREADY BEEN ENTERED

This edit applies only to interactive OMNIPRO<sup>SM</sup>. A payer line indicator may not be repeated on more than one page of screen 07. For example: payer line indicator 'A' may not be entered on screen 07, pages 1 and 2.

Screen: 07

#### G0000007 ALL PAYER LINES FOR THIS SCREEN HAVE BEEN FILLED, F6 INVALID

This edit applies only to interactive OMNIPRO<sup>SM</sup>. This message will be prompted if the 'F6' (NEXT PG) key is depressed on screen 07 and all available pages have been filled. For example: if payer line 'A' and 'B' is completed on screen 02, only payer line indicators 'A' and 'B' may be entered on screens 07.

Screen:

07

## **COMMON EDITS:**

Q100020003	PATIENT CONTROL NUMBER IS MIS	SSING
	Screen:	01
Q100020004	PATIENT'S LAST NAME IS MISSING	OR INVALID
	Only A-Z and 1 space and/or hyphen a	llowed.
	Screen:	01
Q100020005	PATIENT'S FIRST NAME IS MISSING	OR INVALID
	Only A-Z and 1 space and/or hyphen a	llowed.
	Screen:	01
Q100020006	PATIENT'S MIDDLE INITIAL MUST BI	E A-Z OR SPACE
	Screen:	01
Q100020007	PATIENT'S SEX IS NOT M (MALE) OF	R F (FEMALE)
	Screen:	01
Q115020008	PATIENT'S DOB IS MISSING OR INV	ALID
	Screen:	01
Q110020010	TYPE OF ADMISSION, IF PRESENT,	MUST BE VALID
	Screen:	01
Q110020011	SOURCE OF ADMISSION, IF PRESE	NT, MUST BE VALID
	Screen:	01
Q100020012	PATIENT'S STREET ADDRESS - LIN	E 1 IS MISSING OR INVALID
	Screen:	01
Q100020014	PATIENT'S CITY IS MISSING OR INV	ALID
	Screen:	01
Q110020015	PATIENT'S STATE IS MISSING OR IN	<u>IVALID</u>
	Screen:	01
Q10002016A	PATIENT'S ZIP CODE IS MISSING	
	Screen:	01

Q115020017	5020017 ADMISSION/START DATE IS NOT NUMERIC OR INVALID		
	Screen:	01	
Q500020018	ADMISSION HOUR PRESENT, ADMIT	START DATE MISSING	
	Applicable to inpatient bill types 11X and 21X.		
	Screen:	01	
Q505020018	ADMIT/START DATE PRESENT, ADM	IISSION HOUR MISSING	
	Applicable to inpatient bill types 11X ar	nd 21X.	
	Screen:	01	
Q110020018	ADMISSION HOUR, IF PRESENT, MU	IST BE VALID	
	Screen:	01	
Q115020019	STATEMENT FROM DATE IS MISSIN	<u>G OR INVALID</u>	
	Screen:	01	
Q510020019	STATEMENT FROM DATE IS GREAT	ER THAN THRU DATE	
	Screen:	01	
Q115020020	STATEMENT THRU DATE IS MISSING OR INVALID		
	Screen:	01	
Q110020021	PATIENT STATUS/DISP CODE IS NO	T NUMERIC OR INVALID	
	Screen:	01	
Q110020022	DISCHARGE HOUR, IF PRESENT, MI	JST BE VALID	
	Screen:	01	
Q120020023	PATIENT PAYMENT RECEIVED IS NO	DT NUMERIC	
	Screen:	01	
Q120020024	PATIENT ESTIMATED AMOUNT DUE	IS NOT NUMERIC	
	Screen:	01	
Q12002208C	NEWBORN BIRTH WEIGHT IS NOT NUMERIC		
	Screen:	01	
Q100030004	PAYER A,B,C,D,E, OR F: SOURCE O	F PAYMENT CD MISSING OR INVALID	
	Screen:	02	

Q100030005	PAYER A, B, C, D, E, OR F: PAYER I	DENTIFICATION IS MISSING	
	Screen:	02	
Q100030007	PAYER A,B,C,D,E, OR F: CERT/POLI	CY/HIC/ID NUMBER IS MISSING	
	Screen:	02	
Q100030008	PAYER A, B, C, D, E, OR F: PAYER N	AME IS MISSING	
	Screen:	02	
Q110030010	PRIMARY PAYER CD MUST= P, S, O	R T (PRIMARY/SECONDARY/TERTIARY)	
	Valid values are P, S, or T. Primary Pa the claim (P) and, if present, the secon	ayer Code is used to identify the primary payer for dary (S), and tertiary (T) payers.	
	Screen:	02	
Q100030012	PAYER A,B,C,D,E, OR F: INSURED'S	LAST NAME IS MISSING OR INVALID	
	Allow only A-Z and 1 space and/or hyp	hen	
	Screen:	02	
Q100030013	PAYER A, B, C, D, E OR F: INSURED'S FIRST NAME IS MISSING OR INVALID		
	Allow only A-Z and 1 space and/or hyp	hen.	
	Screen:	02	
Q100030014	PAYER A,B,C,D,E,F: INSURED'S MIDDLE INIT MUST = A-Z OR SPACE		
	Screen:	02	
Q110030015	PAYER A,B,C,D,E F: INSURED'S SEX	CODE MUST BE M, F, OR SPACE	
	Screen:	02	
Q110030016	PAYER A,B,C,D,E,F: RELEASE OF IN	FO IND, IF PRES, MUST BE VALID	
	Screen:	02	
Q110030017	PAYER A,B,C,D,E,F: ASSIGN OF BEN	NEFITS IND, IF PRES, IS INVALID	
	Screen:	02	
Q100030018	PAYER A,B,C,D,E,F: PAT'S RELATIO	NSHIP TO INSRD IS MISSING/INVALID	
	Screen:	02	
Q120030020	PAYER A, B, C, D, E, OR F: COVERE	D DAYS ARE NOT NUMERIC	
	Screen:	02	

Q120030021	PAYER A, B, C, D, E, OR F: NON-COVERED DAYS ARE NOT NUMERIC	
	Screen:	02
Q120030022	PAYER A, B, C, D, E, OR F: CO-INSU	RANCE DAYS ARE NOT NUMERIC
	Screen:	02
Q120030023	PAYER A,B,C,D,E, OR F: LIFETIME R	ESERVE DAYS ARE NOT NUMERIC
	Screen:	02
Q100030024	PAYER A, B, C, D, E OR F: PROVIDE	R ID NUMBER IS MISSING
	Screen:	02
Q120030025	PAYER A,B,C,D,E,F: (PRIOR) PAYME	ENTS RECEIVED IS NOT NUMERIC
	Screen:	02
Q120030026	PAYER A, B, C, D, E, OR F: ESTIMAT	ED AMOUNT DUE IS NOT NUMERIC
	Screen:	02
Q120030027	SCREEN 02, PAGE 01: PRIMARY PA	YER CODE MUST = P
	Screen:	02
Q120030028	SCREEN 02, PAGE 02: PRIMARY PA	YER CODE MUST = S, IF PRESENT
	Screen:	02
Q120030029	SCREEN 02, PAGES 03-06: PRIMARY	Y PAYER CD MUST = T, IF PRESENT
	Screen:	02
Q110031007	PAYER A,B,C,D,E,F: INSURED'S STA	TE, IF PRESENT, MUST BE VALID
	Screen:	02
Q110040004	TYPE OF BILL IS MISSING OR INVAL	<u>ID</u>
	Screen:	01
Q110040008	OCCURRENCE CODE, IF PRESENT,	MUST BE VALID
	Screen:	03
Q535040008	OCCURRENCE CODE PRESENT, OC	CCURRENCE DATE MISSING
	Screen:	03
Q116040009	OCCURRENCE DATE IS NOT NUMER	RIC OR INVALID
	Screen:	03

Q535040009	OCCURRENCE DATE PRESENT, OCCURRENCE CODE MISSING		
	Screen:	03	
Q110040028	OCCURRENCE SPAN CODE, IF PRES	SENT, MUST BE VALID	
	Screen:	03	
Q535040028	OCCURRENCE SPAN CODE PRESEN	IT, SPAN FROM OR THRU DATE MISSING	
	Screen:	03	
Q115040029	OCCURRENCE SPAN FROM DATE IS	NOT NUMERIC OR INVALID	
	Screen:	03	
Q115040030	OCCURRENCE SPAN THRU DATE IS	NOT NUMERIC OR INVALID	
	Screen:	03	
Q535040029	OCCURRENCE SPAN FROM OR THR	U DATE PRESENT, SPAN CODE MISSING	
	Screen:	03	
Q510040029	OCCUR SPAN FROM DATE IS GREAT	FER THAN OCCUR SPAN THRU DATE	
	Screen:	03	
Q110041004	CONDITION CODE, IF PRESENT, MUS	ST BE VALID	
	Screen:	04	
Q110041016	VALUE CODE, IF PRESENT, MUST BE VALID		
	Screen:	04	
Q120041017	VALUE AMOUNT IS NOT NUMERIC		
	Screen:	04	
Q540041017	VALUE AMOUNT PRESENT, VALUE C	CODE MISSING	
	Screen:	04	
Q120050004	REVENUE CODE IS NOT NUMERIC		
	Screen:	05	
Q545050004	REVENUE CODES 10X THRU 21X RE	QUIRE ACCOMMODATION RATE	
	Screen:	05	
Q550050004	REVENUE CODES 10X THRU 21X RE	QUIRE DAYS/UNITS	
	Screen:	05	

Q555050004	REVENUE CODE IS PRESENT, TOTAL CHARGES MISSING		
	Screen:	05	
Q120050005	ACCOMMODATION RA	TE IS NOT NUMERIC	
	Screen:	05	
Q560050005	ACCOMMODATION RA	TE PRESENT, REVENUE CODE MISSING	
	Screen:	05	
Q120050006	REVENUE DAYS/UNITS	SARE NOT NUMERIC	
	Screen:	05	
Q560050006	REVENUE DAYS/UNITS	S PRESENT, REVENUE CODE MISSING	
	Screen:	05	
Q120050007	REVENUE CODE TOTA	L CHARGES ARE NOT NUMERIC	
	Screen:	05	
Q560050007	TOTAL CHARGES PRE	SENT, REVENUE CODE MISSING	
	Screen:	05	
Q120050008	REVENUE CODE NON-COVERED CHARGES ARE NOT NUMERIC		
	Screen:	05	
Q560050008	NON-COVERED CHAR	GES PRESENT, REVENUE CODE MISSING	
	Screen:	05	
Q120060004	HCPCS/CPT4 CODE EN	NTERED IS INVALID	
	Screen:	05	
Q120060005	HCPCS MODIFIER ENT	ERED IS INVALID	
	Screen:	05	
Q120060006	NATIONAL DRUG COD	E ENTERED IS INVALID	
	Currently not in use.		
	Screen:	05	
Q575060004	TOTAL CHG REV CODI	E 0001 CAN'T BE ONLY REV CODE BILLED	
	Screen:	05	

Q580060004	60004 TOTAL CHARGE REVENUE CODE 0001 IS MISSING			
	Screen:	05		
Q565060005	HCPCS PROC CODE PRESENT, RE	VENUE CODE MISSIN	<u>IG</u>	
	Screen:	05		
Q585060009	REV CODE 0001 MUST EQUAL SUN	1 OF ALL TOTAL CHAF	RGE ENTRIES	
	Screen:	05		
Q585060010	REV CODE 0001 (NON-COV) MUST	EQUAL SUM OF ALL N	NON-COV CHGS	
	Screen:	05		
Q115061009	DATE OF SERVICE IS NOT NUMER	IC OR INVALID		
	Screen:	05		
Q590061009	DATE OF SERVICE PRESENT, REV	ENUE CODE MISSING	<u>.</u>	
	Screen:	05		
Q595061009	DATE OF SERV, IF PRESENT, MUST BE WITHIN STATE FROM/THRU DTS			
	This edit does not apply to revenue co	ode 45X.		
	Screen:	01, 05		
Q600070013	PROCEDURE CODE PRESENT, PROCEDURE DATE MISSING			
	Screen:	06		
Q600070014	PROCEDURE DATE PRESENT, PRO	DCEDURE CODE MISS	SING	
	Screen:	06		
Q115070014	PROCEDURE DATE IS NOT NUMER	RIC OR INVALID		
	Screen:	06		
Q110071004	DATA ID, IF PRESENT, MUST EQUA	<u>L 1 OR 2</u>		
	Screen:	25A		
Q115071005	START OF CARE DATE NOT NUMERIC OR INVALID			
	The start of care date on the plan of tr date.	eatment must be equal	to or less than the currer	nt
	Screen:	25A		
Q115071006	CERTIFICATION PERIOD FROM DA	TE NOT NUMERIC OR	INVALID	
	Screen:	25A		
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Q115071007	CERTIFICATION PERIOD THRU DATE NOT NUMERIC OR INVALID		
	Screen:	25A	
Q510071006	CERTIFICATION PERIOD FROM DATE IS GREATER THAN THRU DATE		
	Screen:	25A	
Q115071008	DATE OF ONSET/EXACERBATION OF	F PRIN DIAG NOT NUMERIC OR INVALID	
	Screen:	25A	
Q600071009	SURG PROC CD PRESENT ON PLAN	OF TREATMENT, PROC DATE MISSING	
	If surgical procedure code present on th	ne plan of treatment, a valid date must be present	
	Screen:	25A	
Q115071010	SURG PROC DATE ON PLAN OF TRE	ATMENT IS NOT NUMERIC OR INVALID	
	Screen:	25A	
Q600071010	SURG PROC DATE PRESENT ON PL	AN OF TREATMENT, PROC CODE MISSING	
	If procedure date is present, A valid pro	cedure code must be present	
	Screen:	25A	
Q115071011	DATE OF ONSET OF SECONDARY D	IAG IS NOT NUMERIC OR INVALID	
	The date of onset or exacerbation of se be numeric and a valid date.	condary diagnosis on the plan of treatment must	
	Screen:	25A	
Q110071015	FUNCTIONAL LIMITATION CODE, IF PRESENT, MUST BE VALID		
	This field can only contain 1-9, A or B.		
	Screen:	25B	
Q110071016	ACTIVITIES PERMITTED CODE, IF PF	RESENT, MUST BE VALID	
	This field can only contain 1-9, A-D.		
	Screen:	25B	
Q110071017	MENTAL STATUS CODE, IF PRESENT, MUST BE VALID		
	This field can only contain 1-8.		
	Screen:	25B	

Q110071018	PROGNOSIS CODE, IF PRESENT, MUST BE VALID		
	This field can only contain 1-5.		
	Screen:	25B	
Q115071019	VERBAL START DATE NOT NUMER	RIC OR INVALID	
	Screen:	25A	
Q110071024	MEDICARE COVERED INDICATOR,	IF PRESENT, MUST BE Y OR N	
	Field value is equal to Y, N or blank.		
	Screen:	25A	
Q115071025	DATE PHYSICIAN LAST SAW PATIE	ENT NOT NUMERIC OR INVALID	
	Screen:	25A	
Q115071026	DATE LAST CONTACTED PHYSICIA	AN NOT NUMERIC OR INVALID	
	Screen:	25A	
Q110071027	PAT RECEIVING CARE IN FACILITY	, IF PRESENT, MUST BE Υ, N or D	
	Screen:	25A	
Q110071028	CERTIFICATION/RECERT/MODIFIED, IF PRESENT, MUST = C, R, OR M		
	Valid values are C, R, or M.		
	Screen:	25A	
Q115071029	HH/HOSPICE ADMISSION DATE IS NOT NUMERIC OR INVALID		
	Screen:	25A	
Q115071030	HH/HOSPICE DISCHARGE DATE IS	NOT NUMERIC OR INVALID	
	Screen:	25A	
Q530071030	HH/HOSPICE DISCHARGE DATE C	AN NOT BE > STATEMENT THRU DATE	
	Screen:	13, 25A	
Q110071031	TYPE OF FACILITY, IF PRESENT, M	IUST BE A, S, I, R, OR O	
	Screen:	25A	
Q110072004	DISCIPLINE CODE, IF PRESENT, MUST = SN, PT, ST, OT, MS OR AI		
	Valid values are SN, PT, ST, OT, MS	or Al.	
	Screen:	25C	

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Q120072005	VISITS RELATED TO PRIOR CERTIFICATION IS NOT NUMERIC		
	Screen:	25C	
Q12007206A	2007206A FREQUENCY NUMBER IS NOT NUMERIC		
	Screen:	25C	
Q11007206A	FREQUENCY NUMBER, IF PRESENT	, MUST BE A VALUE OF 1 TO 9	
	Field value = 1-9		
	Screen:	25C	
Q11007206B	FREQUENCY PERIOD, IF PRESENT, MUST = DA, WK, MO, Q#, OR PR		
	Frequency period values are DA, WK, I Note: If indicating a frequency of 'Q' en	MO, Q <u>#</u> or PR. ter the number of days.	
	Screen:	25C	
Q110072018	TREATMENT CODE, IF PRESENT, M	UST BE VALID	
	Treatment code values are A01-A32, B F15.	01-B15, C01-C09, D01-D11, E01-E06 or F01-	
	Screen:	25C	
Q120072043	TOTAL VISITS PROJECTED THIS CE	RTIFICATION IS NOT NUMERIC	
	Screen:	25C	
Q110080004	PHYS NUMBER QUAL CODE, IF PRE	<u>SENT, MUST = UP, SL, SP, OR FI</u>	
	Screen:	07	

## PAYER SPECIFIC EDITS: PLAN CODE 00300 AND 00303

The following edits apply when the Payer Destination Code is equal to 00300 or 00303.

EB000401	100401 INVALID TYPE OF BILL ENTERED		
	The third digit of the Type of Bill (frequency type code) must not equal the letter A through O, X, Y, or Z, or the number 0, 7, 8, or 9.		
	Screen:	01	
EB000402	TOB=13X,14X,72X,831: REVENUE CC	DE LESS THAN 24X NOT ALLOWED	
	Screen:	01,05	
EB000604	ONE SERVICE DT OR SAME DT REPI	EATED: STATE FROM/THRU MUST EQUAL	
	This edit applies to outpatient bill types 13X, 14X, 72X, and 831: Statement covers from and thru dates must equal if only one revenue code and corresponding service date is entered or more than one revenue code is entered and all of the corresponding service dates are the same. This edit does not apply to revenue code 45X.		
	Screen:	01,05	
EB000605	INP/SNF/HH/HOSPICE: ADMIT DATE	MUST=STATEMENT COVERS FROM DATE	
	For type of bill 111, 211, 331, 332, 341, 342, 811, 812, 821 and 822, the admit date must equal the statement covers from date.		
	Screen:	01	
EB000606	ADMIT DATE, IF PRESENT, MUST EQ	UAL OR BE LESS THAN FROM DATE	
	Screen:	01	
EB000607	INTERIM BILL (CONTINUATION/FINAL	_): ADMIT DATE CAN NOT = FROM DATE	
	If the third digit of the type of bill is equa entered must be less than the statemen	I to a 3 or 4 (e.g. 113 or 114), the admit date to overs from date.	
	Screen:	01	
EB001100	PAYER 00300/00303: IF PRES, BIRTHWEIGHT MUST BE 400-7000 GRAMS		
	This edit applies to bill types 11X.		
	Screen:	01	

### EB001101 PAYER 00300/00303: TOB=11X:PAT'S AGE < 29 DAYS: BIRTHWGHT REQ

This edit applies to inpatient bill types 111, 112, 113, 114, and 115: If the patient's age is less than 29 days (admission date minus patient's birthdate), the birthweight must be entered unless the patient died (patient status of 20, 40, 41, or 42) or transferred (patient status of 02) within 4 days of birth (statement covers thru date minus birthdate is less than or equal to 4).

Screen: 01

EB001300 PATIENT'S CITY MUST NOT CONTAIN NUMERICS

Screen:

#### EB001400 OUTPATIENT/HH/HOSPICE: PATIENT DOB AFTER STATE COV FROM DATE

For bill types 13X, 14X, 72X, 831, 33X, 34X, 81X, 82X the patient's birthdate must be less than or equal to the statement covers period from date.

01

Screen:

01

#### EB001401 INP/HH/HOSPICE: PATIENT'S BIRTHDATE IS GREATER THAN ADMIT DATE

For type of bill 111-115, 33X, 34X, 81X or 82X, the patient's birthdate must be less than or equal to the admission date.

01

Screen:

#### EB001902 TOB=111-115: ADMIT TYPE='4': PATIENT AGE MUST BE UNDER 1 YEAR

For inpatient billing, when the type of admission is equal to '4', the patient's age must be less than one year.

Screen:

01

#### EB001905 OUTPT TOB:DIAGNOSTIC/THERAPY/HOME INFUS REQ VALID CPT4/HCPCS

Please note: this edit applies to facilities that have negotiated rates with Empire. If the type of bill is equal to 13X, 14X, 72X, 73X, 76X, 831 or 85X and the statement covers period from date is equal to or greater than August 1, 2000, and only diagnostic, therapy, and home infusion services are on the claim, then the CPT4/HCPCS code associated with each revenue code must be entered.

If the statement covers from date is equal to or greater than 4/01/99 and less than 8/01/00 and only diagnostic services are on the claim, then the CPT4/HCPCS code associated with each diagnostic revenue code must be entered.

Screen:

05

#### EB001906 OPT TOB W/REV 36X,45X,481,49X,70X,72X,75X,76X REQS CPT4/HCPCS

If the type of bill is equal to 13X, 14X, 72X, 73X, 76X, 831 or 85X and the revenue code is equal to 36X, 45X, 481, 49X, 70X, 72X, 75X, or 76X, then the CPT4/HCPCS code associated with that revenue code must be entered.

Screen:

05

#### EB001908 OUTPAT: REV CODES 250 & 64X ON SAME BILL REQUIRE CPT4/HCPCS

Please note: this edit applies to facilities that have negotiated rates with Empire. If the type of bill is equal to 13X, 14X, 72X, 73X, 76X, 831 or 85X and the statement covers period from date is equal to or greater than August 1, 2000, and the revenue code 0250 (pharmacy) is present on the claim with a revenue code from the 064X series (Home Infusion Therapy), then the CPT4/HCPCS codes associated with these revenue codes must be entered. For revenue code 0250, a CPT4/HCPCS must be present. For revenue code 064X, a CPT4/HCPCS must be present and appropriate for billing with the 064X code.

Screen: 05

#### EB002100 INP/SNF/HH/HOSPICE: PAT STATUS='30': DO NOT ENTER DISCHARGE HR

For type of bills 111-115, 211-215, 33X, 34X, 81X, or 82X, only spaces are allowed in the discharge hour field when the patient status is '30'.

01

Screen:

# EB002101 ADMIT TO DISCHARGE/FINAL BILL: PAT STATUS 30-39 NOT ALLOWED

If the third digit of the type of bill is equal to 1 or 4 (e.g. 111 or 114) the patient status code can not equal 30 thru 39 (still patient).

01

Screen:

#### EB002102 INPATIENT/HH/HOSPICE/SNF: PATIENT STATUS CODE MUST BE ENTERED

If the type of bill is equal to 11X, 21X, 33X, 34X, 81X, 82X the patient status code must be entered.

Screen:

#### EB002104 INTERIM BILL (FIRST OR CONTINUATION): PATIENT STATUS MUST = 30

If the third digit of the type of bill ends with 2 or 3 (eg, 112 or 113) the patient status code must equal "30" (still patient).

01

Screen: 01

#### EB002105 PATIENT PRIOR PAYMENTS CAN'T EXCEED REV CODE '0001' TOTAL CHGS

The patient prior payments (paid amount) cannot exceed revenue code 0001 total charges (sum of accommodation and ancillary total charges).

Screen: 01,05

# EB002400 <u>CONDITION CODE 40 ENTERED: STATEMENT FROM DATE MUST = THRU DT</u>

Screen: 01, 04

EB002401	COND CODE=71,72,73,74, OR 76: REV CODE 82X-85X OR 88X REQUIRED	
	This edit applies to outpatient bill types 72, 73, 74, or 76 is entered, then at least ranges must be entered: 82X, 83X, 84X	13X, 14X, 72X, and 831: If condition code 71, st one revenue code from one of the following K, 85X, or 88X.
	Screen:	01, 04, 05
EB002402	CONDITION CODES MUST NOT BE F	REPEATED
	Screen:	04
EB002405	COND CD 80, 81, 82, 83, 84 OR 85 PF	RESENT, OCC CD 24 REQUIRED
	Screen:	03, 04
EB002406	OCC CD 24 PRESENT, COND CD 80,	81, 82, 83, 84 OR 85 REQUIRED
	Screen:	03
EB003200	OCCURRENCE CODES MUST NOT B	E REPEATED
	Screen:	03
EB003203	INP/SNF/HH/HOSPICE:OCC SP 71/78	THRU DT MUST BE < OR = ADMT DT
	This edit applies to bill types 111-115,2 span code 71 or 78 (prior stay informati span thru date must be less than the ac	11-215, 33X, 34X, 81X, 82X. When occurrence ion) is entered, the corresponding occurrence dmission date.
	Screen:	01, 03
EB003204	OCC CD 01-06, OR 11: OCC DT AFTE	R STATE FROM DT NOT ALLOWED
	The corresponding occurrence date for greater than the statement covers from	occurrence code 01 thru 06 or 11 must not be date.
	Screen:	01, 03
EB003206	OCC CODE 24 ENTERED: OCC DATE	AFTER TODAY'S DATE NOT ALLOWED
	When occurrence code 24 is entered, than or equal to the current date.	he corresponding occurrence date must be less
	Screen:	03
EB003207	OCC CD 01-06,11 DATE=FROM DATE	E: VAL CD 45 HR AFTER ADMIT HR
	This edit applies to outpatient bill types occurrence date for occurrence code 0 from date, then the accident hour enter than or equal to the admission hour.	13X, 14X, 72X, and 831: If the corresponding 1 thru 06 and 11 is equal to the statement covers ed in the value code 45 amount field must be less
	Screen:	01, 03, 04

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EB003300	TOB=13X,14X,72X,831: OCC CD 40 DT NOT AFTER STATEMENT FROM DT			
	For outpatient billing, when occurrence date must be greater than the statement	code 40 is entered, the t covers from date.	corresponding occurrence	e
	Screen:	01, 03		
EB003301	TOB=13X,14X,72X,831: OCC CD 41 D	ATE NOT WITHIN STA	TEMENT DATES	
	When occurrence code 41 is entered, the to or greater than the statement covers covers thru date.	ne corresponding occu from date and less tha	rrence date must be equa n or equal to the statemer	l nt
	Screen:	01, 03		
EB003800	PAYER ID 00300/00303: INSD'S STRE	ET ADDRESS MISSIN	IG OR INVALID	
	Screen:	02		
EB003801	PAYER ID 00300/00303: INSURED'S C	CITY IS MISSING OR I	NVALID	
	Screen:	02		
EB003802	PAYER ID 00300/00303: INSURED'S S	TATE MUST BE ENTE	ERED	
	Screen:	02		
EB003803	PAYER ID 00300/00303: INSURED'S Z	IP CODE MUST BE E	NTERED	
	Screen:	02		
EB003900	VALUE CODE ENTERED REQUIRES	VALUE AMT GREATE	R THAN ZERO	
	This edit does not apply to value codes value amounts greater than zero.	02 and 45. All other va	lue codes entered require	;
	Screen:	04		
EB003901	VALUE CD 45 ENTERED: AMOUNT M	<u>UST = '0000'-'2300' (E</u>	NTER AS DOLLARS)	
	Value code 45 requires the accident ho dollar/cents delimiter (decimal point). O	ur to be entered as dol nly values '00' thru '23'	ars to the left of the are allowed.	
	Screen:	04		
EB003902	VALUE CODE 45 ENTERED: OCCUR	RENCE CODE 01-06 C	OR 11 REQUIRED	
	Screen:	03, 04		
EB003903	VALUE CODE 14 ENTERED: OCCUR	RENCE CODE 02 REC	UIRED	
	Screen:	03, 04		
EB003904	VALUE CODE 15 ENTERED: OCC CO	DE 04 OR COND COE	E 02 REQUIRED	
	Screen:	03, 04		
837 TO UB92 C	ORRECTIONS USER MANUAL		Rev. Date 10/08/04	44

EB003905	VALUE CD 45 ENTERED: AMOUNT IN CENTS POSITION MUST EQUAL '00'		
	The accident/onset hour should not be field. The two position hour should be e value amount field.	entered in the cents position of the value amount ntered as dollars in the 6th and 7th position of the	
	Screen:	04	
EB004000	VALUE CODES MUST NOT BE REPE	ATED	
	Screen:	04	
EB004200	REVENUE CODE ENTERED IS INVAL	ID	
	Screen:	05	
EB004201	TOB=13X,14X,72X,831: ONLY REV CI	0 0001 ALLOWED WITH REV CD 24X	
	Screen:	01, 05	
EB004203	REV CODES 82X-85X, 88X REQUIRE	COND CODE 71, 72, 73, 74, OR 76	
	This edit applies to outpatient bill types revenue code from the 82X, 83X, 84X, the above condition codes.	13X, 14X, 72X, and 831: The entry of any 85X, or 88X ranges requires the entry of one of	
	Screen:	01, 04, 05	
EB004205	REV CODES 36X,49X,70X,72X: STAT	E FROM DT MUST = THRU DT	
	This edit applies to outpatient bill types any of the above categories is entered, statement covers thru date. This edit does not apply to revenue cod when 49X is billed with 71X or 76X.	13X, 14X, 72X, and 831: If a revenue code from the statement covers from date must equal the le 45X, or when 36X is billed with 71X or 76X, or	
	Screen:	01, 05	
EB004206	REV CODES 360, 369, 450, 490, 710,	720: UNITS ENTERED MUST = 1	
	This edit applies to outpatient bill types	13X, 14X, 72X, and 831.	
	Screen:	01, 05	
EB004207	REV CODE 51X & ADMIT TYPE = 1: E	NTER UNITS = 1	
	This edit applies to outpatient bill types	13X, 14X, 72X, and 831.	
	Screen:	01, 05	
EB004210	REV CODE 45X ENTERED: OCC CD	01-06 OR 11 REQUIRED	
	This edit applies to outpatient bill types	13X, 14X, 72X, and 831.	
	Screen:	01, 03, 04, 05	

#### EB004500 <u>REV CD DATE OF SERVICE MUST BE WITHIN STATEMENT COVERS DATES</u>

The date of service for a revenue code must be equal to or greater than the statement covers period from date and less than or equal to the statement covers period thru date. This edit does not apply to revenue code 45X.

Screen: 01, 05

#### EB004501 OUTPATIENT/HH/HOSPICE: ENTER DATE OF SERVICE FOR REVENUE CODE

For bill types 13X, 14X, 72X, 831, the date of service must be entered for every revenue code entered, except revenue code 0001. For bill types 33X, 34X, 81X, 82X, the date of service must be entered for every revenue code, except 10X-21X.

05

Screen:

#### EB004502 SERVICE DATES FOR THIS REV CODE MUST BE WITHIN THE SAME MONTH

This edit applies to outpatient bill types 13X, 14X, 72X, and 831: The following revenue codes may be billed for multiple dates, but the dates must be within the same month for the same revenue code:

300-333, 335, 339, 341, 342, 349-359, 380-387, 389, 390-399, 400, 402-409, 420-424, 429-434, 439-444, 449, 460, 471, 482, 489, 51X (only when admit type = '3'), 610-619, 730-740, 820-859, 880-889, 909, 911-929, 941-945, 949, 977-979.

Screen: 01, 05

#### EB004600 ONLY ONE REV CD BILLED: FROM/THRU MUST BE SAME, UNITS MUST = 1

This edit applies to outpatient bill types 13X, 14X, 72X, and 831: If only one revenue code is entered and is not equal to one of the revenue codes listed below, then the units of service for the revenue code must equal one and the statement covers from and thru dates must be equal.

All inclusive revenue codes: 300-333, 335, 339, 341, 342, 349-359, 380-387, 389, 390-399, 400, 402-409, 420-424, 429-434, 439-444, 449, 460, 471, 482, 489, 51X (only if admit type = '3'), 610-619, 730-740, 820-859, 880-889, 909, 911-929, 941-945, 949, 977-979.

Screen: 01, 05

#### EB004601 SUM OF REV CD 10X-21X DAYS MUST = BILL PERIOD FOR PAT'S STATUS

This edit applies to inpatient bill types 111-115 and 211-215: When the patient status is equal to '30', the sum of the days for revenue codes 10X thru 21X must equal the statement covers period thru date minus the from date plus one. For all other patient status's, the days must equal the thru date minus the from date unless the statement covers from and thru dates are equal, in which case the days must equal one.

Screen: 01, 05

EB004700 TOB=11X OR 21X: MUST ENTER AT LEAST 1 ACCOM REV CD (10X-21X) Inpatient claims must contain at least one Accommodation Revenue Code (10X-21X). This edit applies to inpatient bill types 111-115 and 211-215. Screen: 01.05 EB004701 TOB=11X OR 21X: REV CODES 10X-21X:DAYS X RATE MUST=REV TOT CHG This edit applies to inpatient bill types 111-115 and 211-215. Screen: 01,05 EB005000 AT LEAST ONE FIELD OF PAYER INFORMATION MUST BE COMPLETED Record Type 30 and Screen 2 are mandatory for claims processing. Data must be entered in at least one field to activate the appropriate edits. Screen: 02 EB005100 PAYER 00300/00303: SCREEN 2 PROV # MUST = PROV # ON SCREEN 1 For interactive claim entry, when a payer entered on Screen 2 is equal to Empire Blue Cross plan code 00300 or 00303, the corresponding provider number entered must match the provider number displayed on Screen 1. Screen: 02 EB005203 MEDICARE PAYER 00308 MUST NOT BE BILLED ALONE Medicare payer 00308 data must be billed prior to the Empire Blue Cross payer 00300/00303 data. Screen: 02 EB005204 PAYER DEST 00300/00303:PAYER CD 00308, SOURCE PYMT MUST = C When the payer destination code equals 00300 or 00303 and the payer code is equal to 00308, then the source of payment code must equal C. Screen: 01.02 PAYER DEST 00300/00303:SOURCE PYMT CD 'C' PAYER CD MUST=00308 EB005207 When the payer destination code is Empire Blue Cross (00300/00303) and the source of payment code is equal to 'C', then the payer code must equal 00308. Screen: 01,02

#### EB005301 MEDICARE NOT ALLOWED 2ND TO EMPIRE IF PRIOR PAY/EST AMT DUE > 0

Medicare payer (00308) cannot be billed as the second payer on a claim when Empire Blue Cross payer (00300/00303) prior payment and/or estimated amount due fields are greater than 0.

02

Screen:

#### EB005301 MEDICARE NOT ALLOWED 2ND TO EMPIRE IF PRIOR PAY/EST AMT DUE > 0

Medicare payer (00308) cannot be billed as the second payer on a claim when Empire Blue Cross payer (00300/00303) prior payment and/or estimated amount due fields are greater than 0.

02

Screen:

EB005302 SC: EMPIRE COINS DAYS ENTERED ARE > MEDICARE COINS DAYS ENTERED

Senior Care Claim. The number of co-insurance days entered for Empire Payer 00300 or 00303 cannot be greater than the number of co-insurance days entered for Medicare Payer 00308.

Screen:

02

#### EB005303 SC: EMPIRE LTR DAYS ENTERED ARE > MEDICARE LTR DAYS ENTERED

Senior Care Claim. The number of LTR days (lifetime reserve) entered for Empire Payer 00300 or 00303 cannot be greater than the number of LTR days entered for Medicare Payer 00308.

Screen:

02

EB005304 <u>SC: VALUE CD REQ (DED/COIN/LTR) IF NO OCC CD A3, B3, C3, OR 24</u> Senior Care Claim. Enter the Medicare coinsurance, deductible, or lifetime reserve amounts. If there is no value code entered on the claim for deductible, coinsurance, or lifetime reserve and there is no occurrence code (A3, B3, C3, or 24) that indicates that the Medicare benefits are exhausted, or that Medicare has denied the claim, the claim will reject with this edit.

Screen: 03, 04

#### EB005400 SUB ID PREFIX YLG,GC OR G, REQS VALID GROUP # IN GROUP # FLD

If the subscriber ID prefix is equal to 'G', 'GC', OR 'YLG: the group number must be present and must be a valid number on Empire's Group Control File.

Screen: 02

#### EB005401 <u>YLG,GC OR G PREFIX: GROUP # REQ (FROM 1 TO 4 NUMBERS ALLOWED)</u>

If the prefix equals 'G', 'GC' or 'YLG', the group number must be present and must not contain any of the following conditions: Less than 1 numeric, more than 4 numerics, non-numeric data including special characters and low values, leading spaces or blanks, an embedded space, literals equal to unknown, unk, individual, self, or none. Group number must be entered exactly as it appears on the Group Control file (no leading zeros).

Screen:

02

#### EB005402 <u>SUBSCRIBER ID FORMAT IS INVALID</u> This edit will reject the claim if the Subscriber ID contains one or more of the following conditions (**note:** this edit does not apply to a Subscriber ID that has a prefix

- equal to 'YLG', 'GC', or 'G'): • All spaces
  - All alphas
  - First position equal to space
  - An embedded space
  - Special characters
  - Low values
  - Data not greater than zero
  - All 1's, 2's, 3's, 4's, 5's, 6's, 7's, 8's, 9's, or 0's
  - Literals equal to unknown, unk, individual, self, none, 123456789, or 1234567890.

#### Screen:

02

#### EB006002 ID BODY LENGTH INVALID AS ENTERED FOR SUBSCRIBER

If the subscriber ID has no prefix (positions 1, 2, or 3 not alpha), the subscriber ID body length must be no less than 6 and no greater than 9 positions.

If the subscriber ID prefix is equal to 'G', 'GC', OR 'YLG: the subscriber ID body length is determined by Empire's Group Control File and the subscriber ID body may contain alphas.

If any of the first 3 positions of the subscriber ID are equal to alpha characters, the subscriber id will be considered to have a prefix. The prefix can be from 1 to 3 alpha characters; the body begins with the first numeric after the alpha prefix. If the prefix does not equal 'G', 'GC', 'YLG', the body size must be no less than 4 and no greater than 14 alphanumeric characters.

Screen: 02

#### EB006003 00300/00303: SUB ID PREFIX IS INVALID, 3 NUMERICS NOT ALLOWED

The subscriber id prefix can not equal three numerics.

Screen:

02

EB006007	BLUE CARD/OUT OF AREA SUBSCRIBER: 3 ALPHA PREFIX MISSING			
	When the source of payment code (sca and the payer identification code (scre 00300 or 00303, the subscriber id pref equal 3 alphabetic characters.	reen 02/record type 30, field 4) is equal to 'G', en 02/record type 30, field 5) is not equal to ix (screen 02/record type 30, field 7A) must		
	Screen:	02		
EB006700	PRINCIPAL DIAGNOSIS CODE MUS	T BE ENTERED		
	Screen:	06		
EB006701	DIAGNOSIS CODE ENTERED IS INV	ALID (NOT ICD-9-CM)		
	Screen:	06		
EB006702	PRINCIPAL DIAGNOSIS CODE MAY	PRINCIPAL DIAGNOSIS CODE MAY NOT BEGIN WITH 'E'		
	Screen:	06		
EB006705	DIAGNOSIS CODES MAY NOT BE REPEATED			
	Screen:	06		
EB007100	TOB = 33X OR 34X: BILL VISIT, NOT HOURLY CHARGE REVENUE CODES			
	If the Type of Bill (TOB) is equal to 33) revenue codes is allowed: 422, 432, 4 revenue codes for visit charges.	K or 34X, none of the following hourly charge 42, 552, 572, or 582. Home care requires		
	Screen:	01, 05		
EB007101	SURGICAL PROCEDURE CODE ON	THE PLAN OF TREATMENT IS INVALID		
	TOB 33X, 34X, 81X, 82X, the procedu file.	re code present must be valid on the ICD-9-CM		
	Screen:	25A		
EB007102	STATEMENT FROM AND THRU DAT	ES MUST BE WITHIN SAME MONTH/YEAR		
	For bill types 33X, 34X, 81X, 82X the statement covers period from and thru date must be within the same month and year.			
	Screen:	01		
EB007103	FROM/THRU DTE MUST BE WITHIN	THE PLAN OF TREATMENT CERT PERIOD		
	For bill types 33X, 34X, 81X, 82X, the must be within the Plan of Treatment 0 data is present on screens 25A-25D for Certification Period must be entered.	statement covers period from and thru dates Certification period from and thru dates. If r interactive claim entry, the Plan of Treatment		
	Screen:	01, 25A		

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#### EB007104 REVENUE CODE NOT ALLOWED WITH REVENUE CODES 655, 656, OR 658

For bill types 33X, 34X, 81X, and 82X, the following revenue codes are not allowed to be billed with revenue codes 655 or 656 or 658 : 41X-44X, 55X-60X, 64X, 650, 651, 652, 657, 659 66X.

Screen:

05

25B

25B

EB007107 DUPLICATE FUNCTIONAL LIMITATION CODES NOT ALLOWED

Screen:

EB007110 DUPLICATE ACTIVITIES CODE NOT ALLOWED

Screen:

EB007111 DUPLICATE MENTAL STATUS CODES NOT ALLOWED

Screen:

25B

#### EB007112 FUNCT LIMITATION=OTHER: EXPLAIN IN UPDATED INFO (DATA ID 48616)

For interactive entry, when the Functional Limitation Code entered on screen 25B is selection "B" (Other), go to screen 25D, select the free format narrative 'Updated Information/Other'(Data ID 48616). This brings you to free format screen 25E, key applicable information for "Other" on this screen.

Screen: 25B, 25E

#### EB007113 ACTIVITIES PERMIT=OTHER:EXPLAIN IN UPDATED INFO (DATA ID 48616)

For interactive entry, when the Functional Limitation Code entered on screen 25B is selection "D" (Other), go to screen 25D, select the free format narrative 'Updated Information/Other (Data ID 48616). This brings you to free format screen 25E, key applicable information for "Other" on this screen.

Screen: 25B, 25E

#### EB007114 MENTAL STATUS CD=OTHER: EXPLAIN IN UPDATED INFO (DATA ID 48616)

For interactive entry, when the Functional Limitation Code entered on screen 25B is selection "8" (Other), go to screen 25D, select the free format narrative 'Updated Information/Other' (Data ID 48616). This brings you to free format screen 25E, key applicable information for "Other" on this screen.

Screen:

25B, 25E

#### EB007116 FOR REV CD 655,656,OR 658: UNITS MUST= STATEMENT COVRS PERIOD

This edit applies to Home Health/Hospice bill types 33X, 34X, 81X, and 82X: When the patient status is equal to "30", the sum of the days (units) for revenue codes 655 or 656 or 658 must equal the statement covers period thru date minus the from date plus one.

For all other patient status's, the days must equal the thru date minus the from date unless the statement covers from and thru dates are equal, in which case the days must equal one.

Screen: 01, 05

#### EB007117 CORRESPONDING DATA (REMARKS) ENTERED: VALID DATA ID # REQUIRED

If Corresponding Data (Remarks) is entered in screen 25-E, then a valid Data ID # is required. Valid data id #'s are 48510, 48514, 48515, 48516, 48517, 48521, 48522, 48616, 48617, 48618, 48619, 48620 and 48621.

Screen

25E

#### EB007118 PROVIDER NOT AUTHORIZED TO BILL HOME HEALTH/HOSPICE CLAIM

The provider number must be authorized for submission of home health/hospice claims.

Screen 02, 03

#### EB007200 HOSPICE:CERTIFICATION OF TERMINAL STATUS MISSING (DATA ID 48522)

If the type of bill is equal to 81X or 82X the certification of terminal status (a statement that indicates the patient has a terminal illness) must be indicated under data id 48522 (Goals/Rehabilitation Potential/Discharge Plans).

Screen 25E

#### EB007600 TOB = 11X OR 21X: MUST ENTER ADMITTING DIAGNOSIS CODE

This edit applies to inpatient bill types 111 -115 and 211-215

Screen: 01, 06

# EB008000 PROCEDURE CODE ENTERED IS INVALID (NOT ICD-9-CM)

06

# EB008003 PROCEDURE DATE MUST BE WITHIN STATEMENT FROM AND THRU DATES

Screen: 01, 06

#### EB008200 PAYER 00300/00303: TOB=11X OR 21X: ENTER ATTEND PHYS NUMBER

Applicable to type of bill 11X and 21X only.

Screen: 07

Screen:

# EB008201 PAYER 00300/00303: TOB=11X, 21X:ATTEND PHYS FIRST&LAST NAM REQ Applicable to type of bill 11X and 21X only. Screen: 07 EB008300 PAYER 00300/303: OPER PHYS NAME REQUIRES ENTRY OF OPER PHYS NO

07

Screen: