

EMPIRE

OMNIPROSM

- o 837 to UB-92 Claim Correction
- o 837 to UB-92 Submission Validation Report
- o 837 to UB-92 Error Codes

EMPIRE OMNIPROSM

BLUE CROSS

837 TO UB92 CORRECTION UTILITIES

USER MANUAL

LAST REVISION: October 8, 2004

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Introduction

The Empire OMNIPROSM 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:

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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

Keying Instructions For **Accessing OMNIPROSM Main Menu**

Enter: Selection Code 1 - OMNIPROSM.

Press: Enter

```

OOOOOO MM MM NN NN IIIIII PPPPPPP RRRRRRR OOOOOO
OO OO MMM MMM NNN NN II PP PP RR RR OO OO
OO OO MMMMMMMM NNNN NN II PP PP RR RR OO OO
OO OO MM MM MM NN NN NN II PPPPPPP RRRRRRR OO OO
OO OO MM MM NN NNNN II PP RR RR OO OO
OO OO MM MM NN NNN II PP RR RR OO OO
OOOOOO MM MM NN NN IIIIII PP RR RR OOOOOO

```

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 ->
 (enter twice) ->

Date:
 Time:
 Applid:
 Terminal:
 Printer:

PA1 key will release your terminal from CICS.

**Keying Instructions For
 Logging on to OMNIPROSM**

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

Enter: Your Password (up to 8 characters).

Press: Enter
 To display initial OMNIPROSM menu.

Note: The user ID and passwords are supplied to each facility by our office. Each facility is required to complete the Empire OMNIPROSM 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 OMNIPROSM 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                EMPIRE                06/11/03
TV220817                O M N I P R O          11.53.47

                               SELECTION
                               1 ELECTRONIC MAIL
                               2 MEDICARE PART A

                               4 MEDICAL QUICKLINK

                               6 EMPIRE UTILITIES

                               8 837 TO UB92 CORRECTION UTILITIES
                               9 EMPIRE INTERNAL UTILITIES
                              10 UB-92/QUICKLINK
                              11 NYS SERVICE CENTER
ENTER SELECTION ----->  _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 OMNIPROSM Main Menu.

EMCO0120	EMPIRE	06/11/03
Empire provider #	837 TO UB92 CORRECTION UTILITY MENU	1.58.10
<p>1 CLAIM CORRECTION</p> <p>2 SUBMISSION VALIDATION REPORT</p>		
<p>ENTER SELECTION -----> ___</p> <p>ENTER CLEAR=LOGOFF F2=MENU F3=EXIT</p>		

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 OMNIPROSM Main Menu.

Press: Clear
To exit OMNIPROSM 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 DATA CORRECTION        SCREEN 07
                                                PAGE 01

PHYSICIAN INFORMATION RELATES TO PAYER LINE A

PHYSICIAN NUMBER QUALIFYING CODE SL

ATTEND PHYS # 999999          NAME: LAST SMITH          FIRST JOHN          MI A
OPERAT PHY +-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+
OTHER PHYS |                WARNING...                |                MI _
            |                YOU HAVEN'T SAVED YOUR CURRENT CLAIM!                |
            |                F2/F3 = OK TO EXIT    ENTER = RETURN TO CLAIM                |
            +-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+

MSG
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 SM)
ENTER	Process the data entered on the screen

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 _____	_____
	CITY _____	STATE ___ ZIP _____
SEX _	DATE OF BIRTH _____	
STATEMENT FROM _____	THRU _____	ADMISSION DATE _____ HR ___
TYPE OF ADMISSION _		SOURCE OF ADMISSION _
DISCHARGE HOUR ___		PATIENT STATUS ___
		NEWBORN BIRTH WEIGHT IN GRAMS _____
PATIENT PRIOR PAYMENTS _____		PATIENT ESTIMATED AMOUNT DUE _____
MEDICAL RECORD NUMBER _____		
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 #	PAYER DATA CORRECTION	SCREEN 02
	PAYER 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 OF BENEFITS _	
DAYS COVERED ____	NONCOVERED ____	COINSURANCE ____ LIFETIME RESERVE ____
PRIOR PAYMENTS _____		ESTIMATED AMOUNT DUE _____
PAYER IDENTIFICATION IND ____	CONTRACTOR NUMBER _____	
MSG		
MSG		
ENTER	F2=MENU F3=EXIT F5=BC 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.

EMCO3600-03 40	EMPIRE	06/12/03
Empire provider #	TREATMENT AUTHORIZATION/OCCURRENCE CORRECTION	SCREEN 03 PAGE 01
TREATMENT AUTHORIZATION CODES		
_____	_____	_____
_____	_____	_____
OCCURRENCE CODES/DATES		
_____	_____	_____
_____	_____	_____
_____	_____	_____
OCCURRENCE SPAN CODES/DATES		
_____	_____	_____
_____	_____	_____
MSG		
MSG		
ENTER F2=MENU F3=EXIT F6=NEXT PG F7=BKWD		
F8=FWD F10=SAVE/FINALIZE		
		NEXT SCR 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 F2=MENU F3=EXIT F6=NEXT PG F7=BKWD		
F8=FWD F10=SAVE/FINALIZE		
		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		EMPIRE			06/12/03	
Empire provider #		REVENUE CENTER			CORRECTION		SCREEN 05	
						PAGE 01		
REV	HCPCS	MOD	RATE	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:	_____	
MSG								
MSG								
ENTER F2=MENU F3=EXIT F6=NEXT PG F7=BKWD								
F8=FWD F10=SAVE/FINALIZE								
							NEXT SCR 00	

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

EMCO3600-07 80	EMPIRE	06/12/03
Empire provider #	PHYSICIAN DATA CORRECTION	SCREEN 07
		PAGE 01
PHYSICIAN INFORMATION RELATES TO PAYER LINE __		
PHYSICIAN NUMBER QUALIFYING CODE __		
ATTEND PHYS # _____	NAME: LAST _____	FIRST _____ MI __
OPERAT PHYS # _____	NAME: LAST _____	FIRST _____ MI __
OTHER PHYS # _____	NAME: LAST _____	FIRST _____ MI __
MSG		
MSG		
ENTER F2=MENU F3=EXIT	F7=BKWD	
F8=FWD F10=SAVE/FINALIZE		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.

EMCO3600-42	71	EMPIRE	06/12/03
Empire provider #	HOME HEALTH/HOSPICE PLAN OF TREATMENT	CORRECTION	SCREEN 25-A
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 pop-up-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.

EMCO3600-43	71	EMPIRE	06/12/03
Empire provider #	HOME HEALTH/HOSPICE PLAN OF TREATMENT		SCREEN 25-B
	CORRECTION		
ID NUMBER			
FUNCTIONAL LIMITATION CODES _ _ _ _ _			
1 AMPUTATION	4 HEARING	7 AMBULATION	A
DYSPNEA/MINIMAL			
2 BOWEL/BLADDER	5 PARALYSIS	8 SPEECH	B OTHER
3 CONTRACTURE	6 ENDURANCE	9 LEGALLY BLIND	
ACTIVITIES CODES _ _ _ _ _			
1 COMPLETE BED REST	5 EXERCISES PRESCRIBED	9 CANE	D OTHER
2 BEDREST BRP	6 PARTIAL WEIGHT BEARING	A WHEELCHAIR	
3 UP AS TOLERATED	7 INDEPENDENT AT HOME	B 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	72	EMPIRE	06/12/03
Provider #	HOME HEALTH/HOSPICE SPECIFIC SERVICE/TREATMENT	CORRECTION	SCREEN 25-C
ID NUMBER			PAGE 01
DISCIPLINE	___	VISITS (THIS BILL) RELATED TO PRIOR CERTIFICATION	___
FREQUENCY NUMBER/PERIOD/DURATION			
---	---	---	---
---	---	---	---
TREATMENT CODES			
---	---	---	---
---	---	---	---
TOTAL VISITS PROJECTED THIS CERTIFICATION	___		
MSG			
MSG			
ENTER	F2=MENU	F3=EXIT	F6=NEXT PG
F8=FWD	F10=SAVE/FINALIZE	F7=BKWD	
			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 NARRATIVE  SCREEN 25-D
CORRECTION                PAGE 01
ID NUMBER                SELECTION SCREEN                00 OF 96 SEGMENTS USED

TITLE OF NARRATIVE                DATA ID NUMBER                STATUS
_ MEDICATIONS: DOSE/FREQUENCY/ROUTE                48510
_ DME AND SUPPLIES                48514
_ SAFETY MEASURES                48515
_ NUTRITUTIONAL REQUIREMENTS                48516
_ ALLERGIES                48517
_ ORDERS FOR DISCIPLINE AND TREATMENTS                48521
_ GOALS/REHABILITATION POTENTIAL/DISCHARGE PLANS                48522
_ UPDATED INFORMATION/OTHER                48616
_ FUNCTIONAL LIMITATIONS/REASON HOMEBOUND                48617
_ SUPPLEMENTARY PLAN OF TREATMENT                48618
_ UNUSUAL HOME/SOCIAL ENVIRONMENT                48619
_ TIMES AND REASONS PATIENT NOT AT HOME                48620
_ MEDICAL/NONMEDICAL REASONS PATIENT LEAVES HOME                48621
    TYPE 'S' TO SELECT AND VIEW NARRATIVE, TYPE 'D' TO DELETE NARRATIVE
MSG
MSG
ENTER F2=MENU F3=EXIT F7=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.

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
INSTITUTIONAL VALIDATION SUMMARY REPORT		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
TOTAL CLAIMS CORRECTED: 000000002		
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 OMNIPROSM 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.

COMMON EDITS:

- Q100020003 PATIENT CONTROL NUMBER IS MISSING
Screen: 01
- Q100020004 PATIENT'S LAST NAME IS MISSING OR INVALID
Only A-Z and 1 space and/or hyphen allowed.
Screen: 01
- Q100020005 PATIENT'S FIRST NAME IS MISSING OR INVALID
Only A-Z and 1 space and/or hyphen allowed.
Screen: 01
- Q100020006 PATIENT'S MIDDLE INITIAL MUST BE A-Z OR SPACE
Screen: 01
- Q100020007 PATIENT'S SEX IS NOT M (MALE) OR F (FEMALE)
Screen: 01
- Q115020008 PATIENT'S DOB IS MISSING OR INVALID
Screen: 01
- Q110020010 TYPE OF ADMISSION, IF PRESENT, MUST BE VALID
Screen: 01
- Q110020011 SOURCE OF ADMISSION, IF PRESENT, MUST BE VALID
Screen: 01
- Q100020012 PATIENT'S STREET ADDRESS - LINE 1 IS MISSING OR INVALID
Screen: 01
- Q100020014 PATIENT'S CITY IS MISSING OR INVALID
Screen: 01
- Q110020015 PATIENT'S STATE IS MISSING OR INVALID
Screen: 01
- Q10002016A PATIENT'S ZIP CODE IS MISSING
Screen: 01

Q115020017 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, ADMISSION HOUR MISSING
Applicable to inpatient bill types 11X and 21X.
Screen: 01

Q110020018 ADMISSION HOUR, IF PRESENT, MUST BE VALID
Screen: 01

Q115020019 STATEMENT FROM DATE IS MISSING OR INVALID
Screen: 01

Q510020019 STATEMENT FROM DATE IS GREATER THAN THRU DATE
Screen: 01

Q115020020 STATEMENT THRU DATE IS MISSING OR INVALID
Screen: 01

Q110020021 PATIENT STATUS/DISP CODE IS NOT NUMERIC OR INVALID
Screen: 01

Q110020022 DISCHARGE HOUR, IF PRESENT, MUST BE VALID
Screen: 01

Q120020023 PATIENT PAYMENT RECEIVED IS NOT 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 OF PAYMENT CD MISSING OR INVALID
Screen: 02

- Q100030005 PAYER A, B, C, D, E, OR F: PAYER IDENTIFICATION IS MISSING
Screen: 02
- Q100030007 PAYER A,B,C,D,E, OR F: CERT/POLICY/HIC/ID NUMBER IS MISSING
Screen: 02
- Q100030008 PAYER A, B, C, D, E, OR F: PAYER NAME IS MISSING
Screen: 02
- Q110030010 PRIMARY PAYER CD MUST= P, S, OR T (PRIMARY/SECONDARY/TERTIARY)
Valid values are P, S, or T. Primary Payer Code is used to identify the primary payer for the claim (P) and, if present, the secondary (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 hyphen
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 hyphen.
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 INFO IND, IF PRES, MUST BE VALID
Screen: 02
- Q110030017 PAYER A,B,C,D,E,F: ASSIGN OF BENEFITS IND, IF PRES, IS INVALID
Screen: 02
- Q100030018 PAYER A,B,C,D,E,F: PAT'S RELATIONSHIP TO INSRD IS MISSING/INVALID
Screen: 02
- Q120030020 PAYER A, B, C, D, E, OR F: COVERED 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-INSURANCE DAYS ARE NOT NUMERIC
Screen: 02

Q120030023 PAYER A,B,C,D,E, OR F: LIFETIME RESERVE DAYS ARE NOT NUMERIC
Screen: 02

Q100030024 PAYER A, B, C, D, E OR F: PROVIDER ID NUMBER IS MISSING
Screen: 02

Q120030025 PAYER A,B,C,D,E,F: (PRIOR) PAYMENTS RECEIVED IS NOT NUMERIC
Screen: 02

Q120030026 PAYER A, B, C, D, E, OR F: ESTIMATED AMOUNT DUE IS NOT NUMERIC
Screen: 02

Q120030027 SCREEN 02, PAGE 01: PRIMARY PAYER CODE MUST = P
Screen: 02

Q120030028 SCREEN 02, PAGE 02: PRIMARY PAYER CODE MUST = S, IF PRESENT
Screen: 02

Q120030029 SCREEN 02, PAGES 03-06: PRIMARY PAYER CD MUST = T, IF PRESENT
Screen: 02

Q110031007 PAYER A,B,C,D,E,F: INSURED'S STATE, IF PRESENT, MUST BE VALID
Screen: 02

Q110040004 TYPE OF BILL IS MISSING OR INVALID
Screen: 01

Q110040008 OCCURRENCE CODE, IF PRESENT, MUST BE VALID
Screen: 03

Q535040008 OCCURRENCE CODE PRESENT, OCCURRENCE DATE MISSING
Screen: 03

Q116040009 OCCURRENCE DATE IS NOT NUMERIC OR INVALID
Screen: 03

Q535040009 OCCURRENCE DATE PRESENT, OCCURRENCE CODE MISSING
Screen: 03

Q110040028 OCCURRENCE SPAN CODE, IF PRESENT, MUST BE VALID
Screen: 03

Q535040028 OCCURRENCE SPAN CODE PRESENT, 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 THRU DATE PRESENT, SPAN CODE MISSING
Screen: 03

Q510040029 OCCUR SPAN FROM DATE IS GREATER THAN OCCUR SPAN THRU DATE
Screen: 03

Q110041004 CONDITION CODE, IF PRESENT, MUST 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 CODE MISSING
Screen: 04

Q120050004 REVENUE CODE IS NOT NUMERIC
Screen: 05

Q545050004 REVENUE CODES 10X THRU 21X REQUIRE ACCOMMODATION RATE
Screen: 05

Q550050004 REVENUE CODES 10X THRU 21X REQUIRE DAYS/UNITS
Screen: 05

Q555050004 REVENUE CODE IS PRESENT, TOTAL CHARGES MISSING
Screen: 05

Q120050005 ACCOMMODATION RATE IS NOT NUMERIC
Screen: 05

Q560050005 ACCOMMODATION RATE PRESENT, REVENUE CODE MISSING
Screen: 05

Q120050006 REVENUE DAYS/UNITS ARE NOT NUMERIC
Screen: 05

Q560050006 REVENUE DAYS/UNITS PRESENT, REVENUE CODE MISSING
Screen: 05

Q120050007 REVENUE CODE TOTAL CHARGES ARE NOT NUMERIC
Screen: 05

Q560050007 TOTAL CHARGES PRESENT, REVENUE CODE MISSING
Screen: 05

Q120050008 REVENUE CODE NON-COVERED CHARGES ARE NOT NUMERIC
Screen: 05

Q560050008 NON-COVERED CHARGES PRESENT, REVENUE CODE MISSING
Screen: 05

Q120060004 HCPCS/CPT4 CODE ENTERED IS INVALID
Screen: 05

Q120060005 HCPCS MODIFIER ENTERED IS INVALID
Screen: 05

Q120060006 NATIONAL DRUG CODE ENTERED IS INVALID
Currently not in use.
Screen: 05

Q575060004 TOTAL CHG REV CODE 0001 CAN'T BE ONLY REV CODE BILLED
Screen: 05

Q580060004 TOTAL CHARGE REVENUE CODE 0001 IS MISSING
Screen: 05

Q565060005 HCPCS PROC CODE PRESENT, REVENUE CODE MISSING
Screen: 05

Q585060009 REV CODE 0001 MUST EQUAL SUM OF ALL TOTAL CHARGE ENTRIES
Screen: 05

Q585060010 REV CODE 0001 (NON-COV) MUST EQUAL SUM OF ALL NON-COV CHGS
Screen: 05

Q115061009 DATE OF SERVICE IS NOT NUMERIC OR INVALID
Screen: 05

Q590061009 DATE OF SERVICE PRESENT, REVENUE CODE MISSING
Screen: 05

Q595061009 DATE OF SERV, IF PRESENT, MUST BE WITHIN STATE FROM/THRU DTS
This edit does not apply to revenue code 45X.
Screen: 01, 05

Q600070013 PROCEDURE CODE PRESENT, PROCEDURE DATE MISSING
Screen: 06

Q600070014 PROCEDURE DATE PRESENT, PROCEDURE CODE MISSING
Screen: 06

Q115070014 PROCEDURE DATE IS NOT NUMERIC OR INVALID
Screen: 06

Q110071004 DATA ID, IF PRESENT, MUST EQUAL 1 OR 2
Screen: 25A

Q115071005 START OF CARE DATE NOT NUMERIC OR INVALID
The start of care date on the plan of treatment must be equal to or less than the current date.
Screen: 25A

Q115071006 CERTIFICATION PERIOD FROM DATE NOT NUMERIC OR INVALID
Screen: 25A

- 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 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 the plan of treatment, a valid date must be present
Screen: 25A
- Q115071010 SURG PROC DATE ON PLAN OF TREATMENT IS NOT NUMERIC OR INVALID
Screen: 25A
- Q600071010 SURG PROC DATE PRESENT ON PLAN OF TREATMENT, PROC CODE MISSING
If procedure date is present, A valid procedure code must be present
Screen: 25A
- Q115071011 DATE OF ONSET OF SECONDARY DIAG IS NOT NUMERIC OR INVALID
The date of onset or exacerbation of secondary diagnosis on the plan of treatment must be numeric and a valid date.
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 PRESENT, 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 NUMERIC 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 PATIENT NOT NUMERIC OR INVALID
 Screen: 25A
- Q115071026 DATE LAST CONTACTED PHYSICIAN NOT NUMERIC OR INVALID
 Screen: 25A
- Q110071027 PAT RECEIVING CARE IN FACILITY, IF PRESENT, MUST BE Y, 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 CAN NOT BE > STATEMENT THRU DATE
 Screen: 13, 25A
- Q110071031 TYPE OF FACILITY, IF PRESENT, MUST 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 AI.
 Screen: 25C

- Q120072005 VISITS RELATED TO PRIOR CERTIFICATION IS NOT NUMERIC
 Screen: 25C
- Q12007206A 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, MO, Q# or PR.
 Note: If indicating a frequency of 'Q' enter the number of days.
 Screen: 25C
- Q110072018 TREATMENT CODE, IF PRESENT, MUST BE VALID
 Treatment code values are A01-A32, B01-B15, C01-C09, D01-D11, E01-E06 or F01-F15.
 Screen: 25C
- Q120072043 TOTAL VISITS PROJECTED THIS CERTIFICATION IS NOT NUMERIC
 Screen: 25C
- Q110080004 PHYS NUMBER QUAL CODE, IF PRESENT, MUST = UP, SL, SP, OR FI
 Screen: 07

EB004500 REV CD DATE OF SERVICE MUST BE WITHIN STATEMENT COVERS DATES

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.

Screen: 05

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

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

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 SUBSCRIBER ID FORMAT IS INVALID

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

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

Screen: 07