

FIRST COAST SERVICE OPTIONS: May 5, 2008 - Important Information for 4010A1 837 Medicare Part B Submitters

Effective May 5, 2008, informational pre-pass edits are being implemented that will alert you to future NPI reject conditions. The end of contingency is May 23, 2008; at that time, these edits will cause your claims to reject.


ACTION REQUIRED: If you are receiving informational edits, your claim submission must change before May 23, 2008.

Claims submitted electronically containing a legacy Medicare PIN qualifier in the primary and/or secondary provider loops (REF01 with a 1C or 1G qualifier) will receive one of the following informational edits:

Primary Provider	Loop	Pre-pass Edits
Billing Provider	2010AA	M402
Pay-to Provider	2010AB	M403
Claim Rendering Provider	2310B	M404
Detail Rendering Provider	2420A	M405
Other Payer Rendering Provider	2330E	M406
Secondary Provider	Loop	Pre-pass Edits
Claim level referring provider	2310A	M417
Claim level purchased service provider	2310C	M418
Claim level service facility location	2310D	M419
Claim level supervising provider	2310E	M420
Detail level purchased service provider	2420B	M421
Detail level service facility location	2420C	M422
Detail level supervising provider	2420D	M423
Detail ordering provider	2420E	M424
Detail referring provider	2420F	M425
Other payer referring provider	2330D	M426
Other payer purchased service provider	2330F	M427
Other payer service facility location	2330G	M428
Other payer supervising provider	2330H	M429

Claims submitted electronically containing a legacy Medicare PIN qualifier other than "XX" in the secondary provider loops (NM1 08) will receive one of the following informational edits:

Secondary Provider	Loop	Pre-pass Edits
Claim level referring provider	2310A	M393
Claim level purchased service provider	2310C	M394
Claim level service facility location	2310D	M395
Claim level supervising provider	2310E	M396
Detail level purchased service provider	2420B	M397
Detail level service facility location	2420C	M398
Detail level supervising provider	2420D	M399
Detail ordering provider	2420E	M400
Detail referring provider	2420F	M401

IMPORTANT: Claims that receive an informational edit do NOT have to be resubmitted before May 23, 2008. They are for informational purposes only until that date. Details of these edits can be found in the ANSI X12 V4010A1 Part B Pre-Pass Edits  document.

What Should I Do?

- Check with your vendor / system support staff to ensure you will comply with these "NPI only" requirements.
- Submit a small batch containing "NPI only" claims for both primary and secondary provider fields. Check your Batch Detail Control report for any rejects and correct any errors.
- If no errors, begin sending more of your files with "NPI only." Do not wait until May 23.
- For additional information related to these pre-pass edits, please contact Medicare EDI Transaction Support at (904) 354-5977 option 4 (FL) or (203) 639-3160, option 6 (CT).