CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 1844	**Date: November 6, 2009**
	Change Request 6658

Subject: Additional Health Insurance Portability and Accountability Act (HIPAA) 837 5010 Transitional Changes and Further Modifications to the Coordination of Benefits Agreement (COBA) National Crossover Process

I. SUMMARY OF CHANGES: Through this instruction, the Centers for Medicare and Medicaid Services (CMS) 1) defines the new "222" error codes that the Coordination of Benefits Contractor (COBC) will return to Medicare contractors once crossover payers have transitioned to HIPAA 5010 production; and 2) activates a new "222" error code for situations when a COBA trading partner is bought out by another entity, thereby requiring that it obtain a new COBA identifier. In addition, CMS is directing all shared systems to always include "MA18" or "N89," if applicable, in association with loop 2320 Medicare Inpatient Adjudication Information and Medicare Outpatient Adjudication Information for all claims (versions 4010-A1 and 5010) that the Common Working File has identified for crossover to the COBC.

New / Revised Material
Effective Date: April 1, 2010
Implementation Date: April 5, 2010

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	Chapter / Section / Subsection / Title
R	28/70.6.1/ Coordination of Benefits Agreement (COBA) Detailed Error Report Notification Process
R	28/70.6.1.1/ Coordination of Benefits Agreement (COBA) 837 5010 Coordination of Benefits (COB) Flat File Errors

III. FUNDING:
SECTION A: For Fiscal Intermediaries and Carriers:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to

be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

Attachment – Business Requirements

Pub. 100-04	Transmittal: 1844	Date: November 6, 2009	Change Request: 6658

SUBJECT: Additional Health Insurance Portability and Accountability Act (HIPAA) 837 5010 Transitional Changes and Further Modifications to the Coordination of Benefits Agreement (COBA) National Crossover Process

Effective Date: April 1, 2010

Implementation Date: April 5, 2010

I. GENERAL INFORMATION

A. Background: Pursuant to Transmittal 474, Change Request (CR) 3709, if the Coordination of Benefits Contractor (COBC) determines that contractor-transmitted 837 institutional or professional claims contain Health Insurance Portability and Accountability Act (HIPAA) compliance (or "222") errors, it advises the affected Medicare contractors of this systematically via the COBC Detailed Error Report process. Upon receipt of the COBC Detailed Error Reports, Medicare contractors systematically determine if the percentage of "222" errors equals or exceeds (4) four percent. If the "222" error percentage falls below this level, the Medicare contractors systematically generate special notification letters to providers in association with "production" HIPAA 837 claims. Per CMS instruction, these letters indicate that Medicare cannot cross the listed patient-specific claims over to patient's supplemental payer and include a specific "222" error code and accompanying description. Medicare contractors do **not** generate these letters for beneficiary claims tied to COBA trading partners that are testing the national crossover process with the COBC.

Through this instruction, CMS is adding four (4) new "222" error codes to the COBC Detailed Error Report process. All four codes will apply as trading partners transition from their current receipt of HIPAA 837 4010A1 claims to HIPAA 837 5010 claims as part of the national COBA crossover process. The CMS' COBC is also creating a new "N22234" error code that it will utilize under both the 4010A1 and 5010 crossover processes when COBA trading partners cut over from use of one COBA identification number to another.

Additionally, through this CR, CMS will address mapping requirements for both 4010A1 and 5010 claims with respect to moving the MA-18 and N89 remark codes to all outbound 837 crossover claims.

The CMS is adding four (4) new "111" business level/flat file error codes to its global listing, as originally communicated through CR 6420. These will be applied strictly as part of COBC's processing of Medicare contractor flat files that contain HIPAA 5010 content.

Finally, through this CR, CMS is redefining the Beginning of the Hierarchical Transaction (BHT)-03 claim file identifier to ensure that the pre-existing 2-byte Data Center identifier will be replaced by a 2-byte COB claim version indicator.

B. Policy: The COBC shall develop four (4) new "222" error codes that will be used as COBA trading partners as they transition from the HIPAA 4010A1 to the HIPAA 5010 outbound crossover claims formats. The COBC shall develop the following new codes for use in the national COBA crossover process: 1) N22226—4010A1 "production" claim received, but the COBA trading partner is not accepting 4010A1 "production" claims; 2) N22227—4010A1 "test" claim received, but the COBA trading partner is not accepting 4010A1 "test" claims; 3) N22228—5010 "production" claim received, but the COBA trading partner is not accepting 5010 "production" claims; and 4) N22229—5010 "test" claim received, but the COBA trading partner is not accepting 5010 "test" claims. **IMPORTANT:** The COBC shall **not** begin to apply "222" editing

to incoming claims until 14 calendar days after a COBA trading partner's production cut-over to the HIPAA 5010 format have elapsed. The COBC shall begin to apply error codes N22226 and N22227, as applicable, to incoming 4010A1 "production" or "test" claims 14 calendar days following a COBA trading partner's production cut-over to the HIPAA 5010 format. Medicare contractors, in partnership with their shared system maintainers, shall **not** attempt to repair claims that the COBC returns via the COBC Error Reports with error codes N22226 through N22229, regardless of error percentage. Medicare contractors, in partnership with their shared system maintainers, shall create special provider letters to their affiliate suppliers, as per Transmittal 474, in association with "production" claims that the COBC rejects with error code N22226 or N22228.

Through this instruction, the COBC shall redefine the "N22224" error message as follows: "The patient's supplemental payer is ending its participation in the Medicare crossover process." The shared systems shall take the following combined actions on behalf of their affiliate contractors when receiving this "222" error via the COBC Detailed Error Report: 1) update claims history to indicate that the claim(s) cannot be crossed over; and 2) generate the special provider notification letters that contain the N22224 code with revised verbiage to the affected providers.

The COBC shall create a new N22234 error and shall return it to the Medicare contractor via the COBC Detailed Error Report. The COBC shall ensure that the verbiage used for the new message reads as follows: "New COBA ID now in use for Medicare crossover. The indicated claim(s) cannot be crossed over." All shared systems shall 1) accept the new N22234 code as received via the COBC Error Report processes; and 2) generate special provider notification letters that contain the new "N22234" error code with accompanying message.

All shared systems shall produce Medicare Remittance Advices (MRAs) that contain remark code MA18 and N89, as applicable, when they determine that the Common Working File (CWF) has tagged their affiliate Medicare contractors' claims for transmission to the COBC for crossover purposes. When the shared systems produce MRAs that contain remark code MA18, designating Medicare crossed the patient's claim over to a named supplemental payer, and an N89 remark code, which designates that Medicare crossed the claim over to multiple unnamed payers, the shared system shall consistently move the MA18 and N89 remark codes to the 2320 Medicare Inpatient Adjudication Information (MIA) and Medicare Outpatient Adjudication Information (MOA) segments within outbound 837 claims, as applicable. More specifically, the shared systems shall move remark codes MA18 and N89 to the 837 flat file fields that correspond to one of the available loop 2320 MIA20-MIA23 or MOA03-MOA07 (Reference Identification) elements, as applicable, when the Common Working File (CWF) has tagged the claim for crossover through the national COBA process. The shared systems shall apply this requirement to the outbound flat files created for HIPAA 4010A1 as well as HIPAA 5010 claims.

Lastly, all shared systems shall modify the BHT03 identifiers that they include on the 837 institutional and professional claims generated to the COBC to be reflective of the claim version that the shared system is creating. The shared systems shall continue to reference the Common Working File (CWF)-generated Beneficiary Other Insurance (BOI) reply trailer 29 to determine the types of claims that the COBA trading partner is expecting to receive (e.g., 4010A1=P; 5010=T; NCPDP51=P; NCPDPD0=T). To ensure uniqueness of the BHT03 identifier, the shared systems shall globally replace bytes 20 and 21 of the 22-byte BHT03 identifier with one of the following, contingent upon the type of COB claim being created for transmission to the COBC: 1) 40—4010A1 version claim; 50—5010 version claim; 11—National Council for Prescription Drug Programs (NCPDP) 5.1, batch 1.1 claim; and 20—NCPDP D.0, batch 1.2 claim. (**NOTE:** These changes apply to all test or production claim versions created for COB purposes.)

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
							FISS	MCS	VMS	CWF	
6658.1	The COBC shall develop four (4) new "222" error codes that will be used as COBA trading partners as they transition from the HIPAA 4010A1 to the HIPAA 5010 outbound crossover claims formats.										COBC/COBA
6658.1.1	The COBC shall develop the following new codes for use in the national COBA crossover process: 1) N22226—4010A1 "production" claim received, but the COBA trading partner is not accepting 4010A1 "production" claims; 2) N22227—4010A1 "test" claim received, but the COBA trading partner is not accepting 4010A1 "test" claims; 3) N22228—5010 "production" claim received, but the COBA trading partner is not accepting 5010 "production" claims; and 4) N22229—5010 "test" claim received, but the COBA trading partner is not accepting 5010 "test" claims.										COBC/COBA
6658.1.2	The COBC shall **not** begin to apply "222" editing to incoming claims until 14 calendar days after a COBA trading partner's production cut-over to the HIPAA 5010 format have elapsed.										COBC/COBA
6658.1.2.1	The COBC shall begin to apply error codes N22226 and N22227, as applicable, to incoming 4010A1 "production" or "test" claims 14 calendar days following a COBA trading partner's production cut-over to the HIPAA 5010 format.										COBC/COBA
6658.1.3	Medicare contractors, in partnership with their shared system maintainers, shall **not** attempt to repair claims that the COBC returns via the COBC Error Reports with error codes N22226 through N22229, regardless of error percentage.	X	X	X	X	X	X	X	X		
6658.1.4	Medicare contractors, in partnership with their shared system maintainers, shall create special provider letters to their affiliate suppliers, as per Transmittal 474, in association with "production" claims that the COBC rejects with error code N22226 or N22228.	X	X	X	X	X	X	X	X		
6658.2	Through this instruction, the COBC shall redefine the "N22224" error message as follows: "The patient's supplemental payer is ending its participation in the Medicare crossover process."										COBC/COBA

Number	Requirement	Responsibility									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
							FISS	MCS	VMS	CWF	
6658.2.1	Upon receipt of an N22224 error code via the COBC Detailed Error Report, the shared systems shall update their affiliate contractors' claims histories to indicate that the affected claim(s) cannot be crossed over. (**NOTE:** This requirement is applicable to both the 4010A1 and 5010 crossover claim creation processes.)						X	X	X		
6658.2.1.1	The shared systems shall also generate the special provider notification letters containing error code N22224 with revised verbiage to their affected providers. (**NOTE:** This requirement is applicable to both the 4010A1 and 5010 crossover claim creation processes.)						X	X	X		
6658.2.2	The COBC shall create a new N22234 error and shall return it to the Medicare contractor via the COBC Detailed Error Report. (**NOTE:** This requirement is applicable to both the 4010A1 and 5010 crossover claim creation processes.)										COBC/COBA
6658.2.3	The COBC shall ensure that the verbiage used for the new message reads as follows: "New COBA ID now in use for Medicare crossover. The indicated claim(s) cannot be crossed over."										COBC/COBA
6658.2.4	All shared systems shall accept the new N22234 code as received via the COBC Error Report processes. (**NOTE:** This requirement is applicable to both the 4010A1 and 5010 crossover claim creation processes.)						X	X	X		
6658.2.4.1	All shared systems shall also generate special provider notification letters that contain the new "N22234" error code with accompanying message. (**NOTE:** This requirement is applicable to both the 4010A1 and 5010 crossover claim creation processes.)						X	X	X		
6658.3	All shared systems shall produce MRAs that contain remark codes MA18, and N89, as applicable, when they determine that the CWF has tagged their affiliate Medicare contractors' claims for transmission to the COBC for crossover purposes.						X	X	X		
6658.3.1	When the shared systems produce MRAs that contain remark code MA18, designating Medicare crossed the patient's claim over to a named supplemental payer, and an N89 remark code, which designates that						X	X	X		

Number	Requirement	Responsibility									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
							FISS	MCS	VMS	CWF	
	Medicare crossed the claim over to multiple unnamed payers, the shared system shall consistently move the MA18 and N89 remark codes to the 2320 MIA and MOA segments within outbound 837 claims, as applicable.										
6658.3.2	More specifically, the shared systems shall always move remark codes MA18 and N89 to the 837 flat file fields that correspond to one of the available loop 2320 MIA20--MIA23 or MOA03--MOA07 (Reference Identification) elements, as applicable, when CWF has tagged the claim for crossover through the national COBA process.						X	X	X		
6658.3.3	The shared systems shall apply requirements 6658.3.1 and 6658.3.2 to their outbound 837 COB flat files creation processes for HIPAA 4010A1 and HIPAA 5010 claims.						X	X	X		
6658.4	All shared systems shall accept the newly added “111” business level/flat file edits as found in Attachment A as part of their HIPAA 5010 COBC Detailed Error Report processing procedures.						X	X	X		
6658.5	All shared systems shall modify the BHT03 identifiers that they include on the 837 institutional and professional claims generated to the COBC to be reflective of the claim version that the shared system is creating.						X	X	X		
6658.5.1	The shared systems shall continue to reference the CWF-generated BOI reply trailer 29 to determine the types of claims that the COBA trading partner is expecting to receive (e.g., 4010A1=P; 5010=T; NCPDP51=P; NCPDPD0=T).						X	X	X		
6658.5.2	To ensure uniqueness of the BHT03 identifier, the shared systems shall globally replace bytes 20 and 21 of the BHT03 with one of the following, contingent upon the type of COB claim being created for transmission to the COBC: 40—4010A1 version claim; 50—5010 version claim; 11—NCPDP version 5.1, batch 1.1 claim; and 20—NCPDP D.0, version 1.2 claim.						X	X	X		

Number	Requirement	Responsibility									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
							FISS	MCS	VMS	CWF	
	(**NOTE:** These changes apply to **all** test or production claim versions created for COB purposes.)										

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
							FISS	MCS	VMS	CWF	
	None.										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Brian Pabst (brian.pabst@cms.hhs.gov; 410-786-2487)

Post-Implementation Contact(s): Brian Pabst (brian.pabst@cms.hhs.gov; 410-786-2487)

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs),* and/or *Carriers*:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: *For Medicare Administrative Contractors (MACs*:

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Attachment A

ATTACHMENT A--COBC DETAILED ERROR REPORT "111" ERROR CRITERIA FOR 837 VERSION 5010 INSTITUTIONAL COB CLAIMS

Error Code	Error Description	Control #	COBA ID	HICN	CCN	Loop ID	Segment	Element	Content	BHT 03	Reject Level
100	No ST Segment	NO	NO	NO	NO	NO	YES	NO	NO	NO	HEAD
101	No BHT Segment	YES	NO	NO	NO	NO	YES	NO	NO	NO	HEAD
103	Missing 1000A Records	YES	NO	NO	NO	YES	YES	NO	NO	YES	HEAD
104	Missing 1000B Records	YES	NO	NO	NO	YES	YES	NO	NO	YES	HEAD
105	Invalid 1000A.NM109	YES	NO	NO	NO	YES	YES	YES	YES	YES	HEAD
110	Invalid 1000B.NM103	YES	NO	NO	NO	YES	YES	YES	YES	YES	HEAD
115	Invalid 1000B.NM109	YES	YES	NO	NO	YES	YES	YES	YES	YES	HEAD
120	Multiple 1000A per ST/SE	YES	NO	NO	NO	YES	YES	NO	NO	YES	HEAD
125	Multiple 1000B per ST/SE	YES	NO	NO	NO	YES	YES	NO	NO	YES	HEAD
199	All 2000B Rejected	YES	YES	NO	NO	YES	YES	NO	NO	YES	HEAD
200	Missing 2000A	YES	YES	NO	NO	YES	YES	NO	NO	YES	PROV
201	Missing 2010AA	YES	YES	NO	NO	YES	YES	NO	NO	YES	PROV
210	Multiple 2010AA per 2000A	YES	YES	NO	NO	YES	YES	NO	NO	YES	PROV
211	Multiple 2010AB per 2000A	YES	YES	NO	NO	YES	YES	NO	NO	YES	PROV

Error Code	Error Description	Control #	COBA ID	HICN	CCN	Loop ID	Segment	Element	Content	BHT 03	Reject Level
212	Invalid presence of 2010AC per 2000A	YES	YES	NO	NO	YES	YES	NO	NO	YES	PROV
300	Missing 2000B	YES	YES	NO	NO	YES	YES	NO	NO	YES	SUB
301	Missing 2010BA	YES	YES	NO	NO	YES	YES	NO	NO	YES	SUB
302	Missing 2010BB Loop	YES	YES	YES	NO	YES	YES	NO	NO	YES	SUB
305	Multiple 2010BB per 2000B	YES	YES	YES	NO	YES	YES	NO	NO	YES	SUB
306	Multiple 2010BA per 2000B	YES	YES	YES	NO	YES	YES	NO	NO	YES	SUB
310	2010BB.NM109 not equal 1000B.NM109	YES	YES	YES	NO	YES	YES	YES	YES	YES	SUB
320	2010BB.N3 not equal spaces	YES	YES	YES	NO	YES	YES	YES	YES	YES	SUB
321	2010BB.N4 not equal spaces	YES	YES	YES	NO	YES	YES	YES	YES	YES	SUB
351	More than 100 2300 per 2000B	YES	YES	YES	NO	YES	YES	NO	NO	YES	SUB
355	*2300 REF01 Equal F5 Missing*	*YES*	*YES*	*YES*	*NO*	*YES*	*YES*	*NO*	*NO*	*YES*	*SUB*
356	*2300 HI Invalid*	*YES*	*YES*	*YES*	*NO*	*YES*	*YES*	*NO*	*NO*	*YES*	*SUB*
399	All 2300 Loops Rejected	YES	YES	YES	NO	YES	YES	NO	NO	YES	SUB
400	2010CA Found	YES	YES	YES	NO	YES	YES	NO	NO	YES	
500	2300 Not Found	YES	YES	YES	NO	YES	YES	NO	NO	YES	CLM
505	2320 Not Found	YES	YES	YES	NO	YES	YES	NO	NO	YES	CLM

Error Code	Error Description	Control #	COBA ID	HICN	CCN	Loop ID	Segment	Element	Content	BHT 03	Reject Level
506	*# of 2320 Loops GT 10*	*YES*	*YES*	*YES*	*YES*	*YES*	*YES*	*NO*	*NO*	*YES*	*CLM*
507	*2320 OI Not Found*	*YES*	*YES*	*YES*	*YES*	*YES*	*YES*	*NO*	*NO*	*YES*	*CLM*
515	2400 Not Found	YES	YES	YES	YES	YES	YES	NO	NO	YES	CLM
520	# of 2400 Loops GT 999	YES	YES	YES	YES	YES	YES	NO	NO	YES	CLM
575	2330A Not Found	YES	YES	YES	NO	YES	YES	NO	NO	YES	CLM
576	2330B Not Found	YES	YES	YES	NO	YES	YES	NO	NO	YES	CLM
580	2320.SBR01 not equal P (must be at least one “P” segment)	YES	YES	YES	NO	YES	YES	YES	YES	YES	CLM
581	2320.SBR Field Invalid (SBR09 does not equal MB when Medicare is primary in SBR01)	YES	YES	YES	NO	YES	YES	NO	NO	YES	CLM
590	Multiple 2330A	YES	YES	YES	NO	YES	YES	NO	NO	YES	CLM
591	Multiple 2330B	YES	YES	YES	NO	YES	YES	NO	NO	YES	CLM
595	2330B.REF02 Equal	YES	YES	YES	YES	YES	YES	YES	YES	YES	CLM
596	2330B.NM109 Invalid COBA ID *(Not Used)*	YES	YES	YES	YES	YES	YES	YES	YES	YES	CLM
597	2330B REF not found	YES	YES	YES	YES	YES	YES	YES	YES	YES	CLM

Error Code	Error Description	Control #	COBA ID	HICN	CCN	Loop ID	Segment	Element	Content	BHT 03	Reject Level
598	2330B NM103 equals spaces and invalid COBA ID in 2330B NM109	YES	YES	YES	YES	YES	YES	YES	YES	YES	CLM
610	# of 2430 Loops greater than 15	YES	YES	YES	YES	YES	YES	NO	NO	YES	CLM
620	2430.SVD01 not equal 1000A.NM109	YES	YES	YES	YES	YES	YES	YES	NO	YES	CLM
999	SE Segment Missing	YES	YES	NO	NO	NO	YES	NO	NO	YES	HEAD

COBC DETAILED ERROR REPORT "111" ERROR CRITERIA FOR PROFESSIONAL COB CLAIMS

Error Code	Error Description	Control #	COBA ID	HICN	CCN	Loop ID	Segment	Element	Content	BHT 03	Reject Level
100	No ST Segment	NO	NO	NO	NO	NO	YES	NO	NO	NO	HEAD
101	No BHT Segment	YES	NO	NO	NO	NO	YES	NO	NO	NO	HEAD
103	Missing 1000A Records	YES	NO	NO	NO	YES	YES	NO	NO	YES	HEAD
104	Missing 1000B Records	YES	NO	NO	NO	YES	YES	NO	NO	YES	HEAD
105	Invalid 1000A.NM109	YES	NO	NO	NO	YES	YES	YES	YES	YES	HEAD
110	Invalid 1000B.NM103	YES	NO	NO	NO	YES	YES	YES	YES	YES	HEAD
115	Invalid 1000B.NM109	YES	YES	NO	NO	YES	YES	YES	YES	YES	HEAD
120	Multiple 1000A per ST/SE	YES	NO	NO	NO	YES	YES	NO	NO	YES	HEAD
125	Multiple 1000B per ST/SE	YES	NO	NO	NO	YES	YES	NO	NO	YES	HEAD
199	All 2000B Rejected	YES	YES	NO	NO	YES	YES	NO	NO	YES	HEAD
200	Missing 2000A	YES	YES	NO	NO	YES	YES	NO	NO	YES	PROV
201	Missing 2010AA	YES	YES	NO	NO	YES	YES	NO	NO	YES	PROV
210	Multiple 2010AA per 2000A	YES	YES	NO	NO	YES	YES	NO	NO	YES	PROV
211	Multiple 2010AB per 2000A	YES	YES	NO	NO	YES	YES	NO	NO	YES	PROV

Error Code	Error Description	Control #	COBA ID	HICN	CCN	Loop ID	Segment	Element	Content	BHT 03	Reject Level
212	Invalid presence of 2010AC per 2000A	YES	YES	NO	NO	YES	YES	NO	NO	YES	PROV
300	Missing 2000B	YES	YES	NO	NO	YES	YES	NO	NO	YES	SUB
301	Missing 2010BA	YES	YES	NO	NO	YES	YES	NO	NO	YES	SUB
302	Missing 2010BB Loop	YES	YES	YES	NO	YES	YES	NO	NO	YES	SUB
305	Multiple 2010BB per 2000B	YES	YES	YES	NO	YES	YES	NO	NO	YES	SUB
306	Multiple 2010BA per 2000B	YES	YES	YES	NO	YES	YES	NO	NO	YES	SUB
310	2010BB.NM109 not equal 1000B.NM109	YES	YES	YES	NO	YES	YES	YES	YES	YES	SUB
320	2010BB.N3 not equal spaces	YES	YES	YES	NO	YES	YES	YES	YES	YES	SUB
321	2010BB.N4 not equal spaces	YES	YES	YES	NO	YES	YES	YES	YES	YES	SUB
351	More than 100 2300 per 2000B	YES	YES	YES	NO	YES	YES	NO	NO	YES	SUB
355	*2300 REF01 Equal F5 Missing*	*YES*	*YES*	*YES*	*NO*	*YES*	*YES*	*NO*	*NO*	*YES*	*SUB*
356	*2300 HI Invalid*	*YES*	*YES*	*YES*	*NO*	*YES*	*YES*	*NO*	*NO*	*YES*	*SUB*
399	All 2300 Loops Rejected	YES	YES	YES	NO	YES	YES	NO	NO	YES	SUB
400	2010CA Found	YES	YES	YES	NO	YES	YES	NO	NO	YES	
500	2300 Not Found	YES	YES	YES	NO	YES	YES	NO	NO	YES	CLM
505	2320 Not Found	YES	YES	YES	NO	YES	YES	NO	NO	YES	CLM

Error Code	Error Description	Control #	COBA ID	HICN	CCN	Loop ID	Segment	Element	Content	BHT 03	Reject Level
506	*# of 2320 Loops GT 10*	*YES*	*YES*	*YES*	*YES*	*YES*	*YES*	*NO*	*NO*	*YES*	*CLM*
507	*2320 OI Not Found*	*YES*	*YES*	*YES*	*YES*	*YES*	*YES*	*NO*	*NO*	*YES*	*CLM*
515	2400 Not Found	YES	YES	YES	YES	YES	YES	NO	NO	YES	CLM
520	# of 2400 Loops GT 50	YES	YES	YES	YES	YES	YES	NO	NO	YES	CLM
575	2330A Not Found	YES	YES	YES	NO	YES	YES	NO	NO	YES	CLM
576	2330B Not Found	YES	YES	YES	NO	YES	YES	NO	NO	YES	CLM
580	2320.SBR01 not Equal P (must be at least one “P” segment)	YES	YES	YES	NO	YES	YES	YES	YES	YES	CLM
581	2320.SBR Field Invalid (SBR09 does not equal MB when Medicare is primary in SBR01)	YES	YES	YES	NO	YES	YES	NO	NO	YES	CLM
590	Multiple 2330A	YES	YES	YES	NO	YES	YES	NO	NO	YES	CLM
591	Multiple 2330B	YES	YES	YES	NO	YES	YES	NO	NO	YES	CLM
595	2330B.REF02 Equal	YES	YES	YES	YES	YES	YES	YES	YES	YES	CLM
596	2330B.NM109 Invalid COBA ID *(Not Used)*	YES	YES	YES	YES	YES	YES	YES	YES	YES	CLM
597	2330B REF not found	YES	YES	YES	YES	YES	YES	YES	YES	YES	CLM

Error Code	Error Description	Control #	COBA ID	HICN	CCN	Loop ID	Segment	Element	Content	BHT 03	Reject Level
598	2330B NM103 equals spaces and invalid COBA ID in 2330B NM109	YES	YES	YES	YES	YES	YES	YES	YES	YES	CLM
610	# of 2430 Loops greater than 15	YES	YES	YES	YES	YES	YES	NO	NO	YES	CLM
620	2430.SVD01 not equal 1000A.NM109	YES	YES	YES	YES	YES	YES	YES	NO	YES	CLM
999	SE Segment Missing	YES	YES	NO	NO	NO	YES	NO	NO	YES	HEAD

70.6.1 - Coordination of Benefits Agreement (COBA) Detailed Error Report Notification Process

(Rev. 1844; Issued: 11-06-09; Effective Date: 04-01-10; Implementation Date: 04-05-10)

Effective with the July 2005 release, CMS will implement an automated process to notify physicians, suppliers, and providers that specific claims that were previously tagged by the Common Working File (CWF) for crossover will not be crossed over due to claim data errors. Claims transmitted via 837 flat file by the Medicare contractor systems to the COBC may be rejected at the flat file level, at an HIPAA ANSI pre-edit validation level, or by trading partners as part of a financial dispute arising from an invoice received. By contrast, claims transmitted via NCPDP file will be rejected only at the flat file and trading partner dispute levels. Effective with the April 2005 release, the contractor systems will have begun to populate the BHT 03 (Beginning of Hierarchical Reference Identification) portion of their 837 COB flat file submissions to the COBC with a unique 22-digit identifier. This unique identifier will enable the COBC to successfully tie a claim that is rejected by the COBC at the flat file or HIPAA ANSI pre-edit validation levels as well as claims disputed by trading partners back to the original 837 flat file submissions.

Effective with October 4, 2005, contractors or their shared systems will receive notification via the COBC Detailed Error Reports, whose file layout structures appear below, that a COBA trading partner is in test or production mode via the BHT 03 identifier that is returned from the COBC.

A. Inclusion of the Unique 22-Digit Identifier on the 837 Flat File and NCPDP File

1. Populating the BHT 03 Portion of the 837 Flat File

The contractor shared systems shall populate the BHT 03 (Beginning of Hierarchical Transaction Reference Identification; **field length=30 bytes**) portion of their 837 flat files that are sent to the COBC for crossover with a 22-digit Contractor Reference Identifier (CRI). The identifier shall be formatted as follows:

a. Contractor number (9-bytes; until the 9-digit contractor number is used, report the 5-digit contractor number, left-justified, with spaces for the remaining 4 positions);

b. Julian date as YYDDD (5 bytes);

c. Sequence number (5 bytes; this number begins with “00001,” so the sequence number should increment for each ST-SE envelope, which is specific to a trading partner, on a given Julian date);

d. Claim version indicator (2 bytes, numeric, to denote claim version)
***Acceptable values=40 (for 4010A1 version claims), 50 (for 5010 claims), 11 (for NCPDP 5.1 claims), and 20 (for NCPDP D.0 claims).*

e. COBA Test/Production Indicator (1-byte alpha indicator; acceptable values = "T" [test] and "P" [production]) or "R" if the claims were recovered for a "production" COBA trading partner (see §70.6.3 of this chapter for more details.

The 22-digit CRI shall be left-justified in the BHT 03 segment of the 837 flat file, with spaces used for the remaining 8 positions. (**NOTE:** The CRI is unique inasmuch as no two files should ever contain the same combination of numbers.)

2. NCPDP 22-Digit Unique Identifier

The DMERC/DME Medicare Administrative Contractor (DME MAC) contractor system shall also adopt the unique 2*2*-digit format, referenced directly above under "Populating the BHT 03 Portion of the 837 Flat File." However, the system shall populate the unique 22-digit identifier in field 504-F4 (Message) within the NCPDP file (field length=35 bytes). The DMERC/DME MAC contractor system shall populate the new identifier, left justified, in the field. Spaces shall be used for the remaining bytes in the field.

B. COBC Institutional, Professional, and NCPDP Detailed Error Reports

The contractor systems shall accept the COBC Institutional, Professional, and NCPDP Detailed Error Reports received from the COBC. The formats for each of the Detailed Error Reports appear below.

Beginning with July 2007, all contractor systems shall no longer interpret the percentage values received for 837 institutional and professional claim "222" and "333" errors via the COBC Detailed Error Reports as if the values contained a 1-position implied decimal (e.g., "038"=3.8 percent). DMERCs/DME MACs shall also no longer interpret the percentage values received for NCPDP claims for "333" errors via the COBC Detailed Error Report for such claims as if the values should contain a 1-position implied decimal.

In addition, contractors and their systems shall now base their decision making calculus for initiation of a claims repair of "111" (flat file) errors upon the number of errors received rather than upon an established percent parameter, as otherwise described within this section.

Effective with July 2009, the shared systems shall accept the modified versions of the COBC Detailed Error Reports for institutional and professional claims as reflected below. As part of the July 2009 changes, the COBC will, at CMS's direction, expand the length of the "error description" field. (NOTE: This means that the shared systems shall therefore include the expanded error description code as part of their special provider notification letters.)

The Institutional Error File Layout, including summary portion, will be used for Part A claim files.

COBC Detailed Error Report

Institutional Error File Layout

(Detail Record)

1. Date	**8**	**1-8**
2. Control Number	**9**	**9-17**
3. COBA-ID	**10**	**18-27**
4. Subscriber ID/HICN	**12**	**28-39**
5. Claim DCN/ICN	**14**	**40-53**
6. Record Number	**9**	**54-62**
7. Record/Loop Identifier	**6**	**63-68**
8. Segment	**3**	**69-71**
9. Element	**2**	**72-73**
10. Error Source Code	**3**	**74-76 (‘111,’ ‘222,’ or ‘333’)**
11. Error/Trading Partner Dispute Code	**6**	**77-82**
12. Filler	**100**	**83-182**
13. Field Contents	**50**	**183-232**
14. BHT 03 Identifier	**30**	**233-262**
15. Claim DCN/ICN	**23**	**263-285**
16. Error Description	**300**	**286-585**
17. Filler	**15**	**586-600**

Institutional Error File Layout – (Summary Record)

1. Date	**8**	**1-8**
2. Total Number of Claims For Processing Date	**10**	**9-18**
3. Number of ‘111’ Errors	**10**	**19-28**
4. Number of ‘222’ Errors	**10**	**29-38**
5. Percentage of ‘222’ Errors	**3**	**39-41**
6. Number of ‘333’ Errors	**10**	**42-51**
7. Percentage of ‘333’ Errors	**3**	**52-54**
8. Filler	**19**	**55-73**
9. Summary Record Id (Error Source Code)	**3**	**74-76 (‘999’)**
10. Filler	**524**	**77-600**

The Professional Error File Layout, including summary portion, will be used for Part B and DME MAC claim files.

COBC Detailed Error Report

Professional Error File Layout

(Detail Record)

1. Date	**8**	**1-8**
2. Control Number	**9**	**9-17**
3. COBA-ID	**10**	**18-27**
4. Subscriber ID/HICN	**12**	**28-39**
5. Claim DCN/ICN	**14**	**40-53**
6. Record Number	**9**	**54-62**
7. Record/Loop Identifier	**6**	**63-68**
8. Segment	**3**	**69-71**
9. Element	**2**	**72-73**
10. Error Source Code	**3**	**74-76 (‘111,’’ 222,’ or’ 333’)**
11. Error/Trading Partner		
Dispute Code	**6**	**77-82**
12. Filler	**100**	**83-182**
13 Field Contents	**50**	**183-232**
14 BHT 03 Identifier	**30**	**233-262**
15 Claim DCN/ICN	**23**	**263-285**
16. Error Description	**300**	**286-585**
17. Filler	**15**	**586-600**

Professional Error File Layout – (Summary Record)

1. Date	**8**	**1-8**
2. Total Number of Claims		
For Processing Date	**10**	**9-18**
3. Number of ‘111’ Errors	**10**	**19-28**
4. Number of ‘222’ Errors	**10**	**29-38**
5. Percentage of ‘222’ Errors	**3**	**39-41**
6. Number of ‘333’ Errors	**10**	**42-51**
7. Percentage of ‘333’ Errors	**3**	**52-54**
8. Filler	**19**	**55-73**
9. Summary Record Id		
(Error Source Code)	**3**	**74-76 (‘999’)**

10. Filler	**524**	**77-600**

The NCPDP Error File Layout, including summary portion, will be used by DME MACs for Prescription Drug Claims

COBC Detailed Error Report

NCPDP Error File Layout
(Detail Record)

1. Date	**8**	**1-8**
2. Batch Number	**7**	**9-15**
3. COBA-ID	**5**	**16-20**
4. HICN	**12**	**21-32**
5. CCN	**14**	**33-46**
6. Record Number	**9**	**47-55**
7. Batch Record Type	**2**	**56-57**
8. Segment ID	**2**	**58-59**
9. Error Source Code	**3**	**60-62 (‘111’ or ‘333’)**
10. Error/Trading Partner Dispute Code	**6**	**63-68**
11. Error Description	**100**	**69-168**
12. Field Contents	**50**	**169-218**
13. Unique File Identifier	**30**	**219-248**
14. CCN	**23**	**249-271**
15. Filler	**18**	**272-289**

NCPDP Error File Layout – (Summary Record)

1. Date	**8**	**1-8**
2. Total Number of Claims For Processing Date	**10**	**9-18**
3. Number of ‘111’ Errors	**10**	**19-28**
4. Number of ‘333’ Errors	**10**	**29-38**
5. Percentage of ‘333’ Errors	**3**	**39-41**
6. Filler	**18**	**42-59**
7. Summary Record Id (Error Source Code)	**3**	**60-62 (‘999’)**
8. Filler	**227**	**63-289**

If the COB Contractor has rejected back to the contractor system for 2 or more COBA Identification Numbers (IDs), the contractor system shall receive a separate error record for each

COBA ID. Also, if a file submission from a contractor system to the COBC contains multiple provider, subscriber, or patient level errors for one COBA ID, the system will receive a separate error record for each provider, subscriber, or patient portion of the file on which errors were found.

C. Further Requirements of the COBA Detailed Error Report Notification Process

1. Error Source Code

Contractors, or their shared systems, shall use all information supplied in the COBC Detailed Error Report (particularly error source codes provided in Field 10 of Attachment B) to (1) identify shared system changes necessary to prevent future errors in test mode or production mode (Test/Production Indicator= T or P) and (2) to notify physicians, suppliers, and providers that claims with the error source codes "111," "222," and "333" will not be crossed over to the COBA trading partner.

The DME MACs, or their shared system, will only receive error source codes for a flat file error ("111") and for a trading partner dispute ("333"). Both error types shall be used to identify shared system changes necessary to prevent future errors and notify physicians, suppliers, and providers that claims with error source codes of "111" and "333" will not be crossed over to the COBA trading partner.

2. Time frames for Notification of Contractor Financial Management Staff and Providers

Contractors, or their shared systems, shall provide notification to contractor financial management staff for purposes of maintaining an effective reconciliation of crossover fee/ complementary credit accruals within five (5) business days of receipt of the COBC Detailed Error Report.

Effective with the October 2005 release, contractors and their shared systems shall receive COBC Detailed Error Reports that contain BHT03 identifiers that indicate "T" (test) or "P" (production) status for purposes of fulfilling the provider notification requirements. (Note: The "T" or the P" portion of the BHT03 indicator will be identical to the Test/Production indicator originally returned from CWF on the processed claim.)

a) Special Automated Provider Correspondence

Contractors, or their shared systems, shall also take the following actions indicated below only when they determine via the Beneficiary Other Insurance (BOI) reply trailer (29) that a COBA trading partner is in crossover production mode with the COBC (Test/Production Indicator=P). After a contractor, or its shared system, has received a COBC Detailed Error Report that contains claims with error source codes of "111" (flat file error) "222" (HIPAA ANSI error), or "333" (trading partner dispute), it shall take the following two specified actions within five (5) business days:

1. Notify the physician, supplier, or provider via automated letter from your internal correspondence system that the claim did not cross over. The letter shall include specific claim information, not limited to, Internal Control Number (ICN)/Document Control Number (DCN), Health Insurance Claim (HIC) number, Medical Record Number (for Part A only), Patient Control Number (only if it is contained in the claim), beneficiary name, date of service, and the date claim was processed.

   Effective with July 2007, contractors and their systems shall ensure that, in addition to the standard letter language (the claim(s) was/were not crossed over due to claim data errors and was/were rejected by the supplemental insurer), their contractors' special provider letters/reports, which are generated for '222' and '333' error rejections in accordance with CR 4277, now include the following additional elements, as derived from the COBC Detailed Error Report: 1) Claredi HIPAA rejection code or other rejection code, and 2) the rejection code's accompanying description.

   NOTE: Contractors, or their shared systems, are not required to reference the COBA trading partner's name on the above described automated letter, since the original remittance advice (RA)/electronic remittance advice (ERA) would have listed that information, if appropriate.

2. Update its claims history to reflect that the claim(s) did not cross over as a result of the generation of the automated letter.

   Effective with October 1, 2007, all contractors shall modify their special provider notification letters that are generated for "111," "222," and "333" error situations to include the following standard language within the opening paragraph of their letters: "This claim(s) was/were not crossed over due to claim data errors or was/were rejected by the supplemental insurer."

   Contractors shall reformat their provider notification letters to ensure that, in addition to the new standard letter language, they continue to include the rejection code and accompanying description, as derived from the COBC Detailed Error Report, for "222" or "'333" errors in association with each errored claim.

   Effective with the July 7, 2009, release, upon receipt of the COBC Detailed Error Report (DER), the Part A shared system shall configure the existing 114 report, as derived from the COBC DER, so that it 1) continues to display in landscape format; and 2) includes a cover page that contains the provider's correspondence mailing address.

b) Special Exemption from Generating Provider Notification Letters

   Effective July 7, 2008, upon their receipt of COBC Detailed Error Reports that contain "222" error codes 000100 ("Claim is contained within a BHT envelope previously crossed; claim rejected") and 00010 ("Duplicate claim; duplicate ST-SE detected"), all contractor systems shall automatically suppress generation of the special provider notification letters that they would normally generate for their associated contractors in accordance with the requirements of this section as well as §70.6.3 of this chapter. In addition, upon receipt of COBC Detailed Error Reports that contain "333" (trading partner dispute) error code 000100 (duplicate claim) or 000110 (duplicate ISA-IEA) or

000120 (duplicate ST-SE), all contractor systems shall automatically suppress generation of the special provider notification letters, as would normally be required in accordance with this section as well as §70.6.3 of this chapter.

NOTE: When suppressing their provider notification letters for the foregoing qualified situations, the contractors shall also not update their claims histories to reflect the non-crossing over of the associated claims. Contractors should, however, continue to take into account the volume of claims that they are suppressing for financial reconciliation purposes.

Effective with October 6, 2008, when the COBC returns the "222" error code "N22225" to Medicare contractors via the COBC Detailed Error Report, the contractors' shared systems shall suppress generation of the special provider notification letters that they would normally issue in accordance with CRs 3709 and 5472.

When suppressing their provider notification letters following their receipt of a "N22225" error code, the contractors' shared systems shall also not update their claims histories to reflect the non-crossing over of the associated claims. Contractors should, however, continue to take into account the volume of claims that they are suppressing for financial reconciliation purposes.

Effective with January 5, 2009, when the COBC returns claims on the COBC Detailed Error Report whose COBA ID falls in the range 89000 through 89999 (range designates "Other-Health Care Pre-payment Plan [HCPP]"), the contractors' systems shall take the following actions:

1) Suppress generation of the special provider letters; and

2) Not update their affiliated contractors' claims histories to indicate that the COBC will **not** be crossing the affected claims over.

70.6.1.1 - Coordination of Benefits Agreement (COBA) 837 5010 Coordination of Benefits (COB) Flat File Errors

(Rev. 1844; Issued: 11-06-09; Effective Date: 04-01-10; Implementation Date: 04-05-10)

Effective with the implementation of the Health Insurance Portability and Accountability Act (HIPAA) 837 5010 COB requirements, the Coordination of Benefits Contractor (COBC) will return the error codes shown in the chart below to Medicare contractors whose flat file submissions lack structural elements necessary for the building of outbound HIPAA compliant crossover claims.

The shared systems shall, in addition, make modifications to any "111" error tables that they maintain, in accordance with the following charts, **only** in association with 837 5010 COB flat files.

COBC DETAILED ERROR REPORT "111" ERROR CRITERIA FOR 837 VERSION 5010

INSTITUTIONAL COB CLAIMS

Error Code	Error Description	Control #	COBA ID	HICN	CCN	Loop ID	Segment	Element	Content	BHT 03	Reject Level
100	No ST Segment	NO	NO	NO	NO	NO	YES	NO	NO	NO	HEAD
101	No BHT Segment	YES	NO	NO	NO	NO	YES	NO	NO	NO	HEAD
103	Missing 1000A Records	YES	NO	NO	NO	YES	YES	NO	NO	YES	HEAD
104	Missing 1000B Records	YES	NO	NO	NO	YES	YES	NO	NO	YES	HEAD
105	Invalid 1000A.NM109	YES	NO	NO	NO	YES	YES	YES	YES	YES	HEAD
110	Invalid 1000B.NM103	YES	NO	NO	NO	YES	YES	YES	YES	YES	HEAD
115	Invalid 1000B.NM109	YES	YES	NO	NO	YES	YES	YES	YES	YES	HEAD
120	Multiple 1000A per ST/SE	YES	NO	NO	NO	YES	YES	NO	NO	YES	HEAD

Error Code	Error Description	Control #	COBA ID	HICN	CCN	Loop ID	Segment	Element	Content	BHT 03	Reject Level
125	Multiple 1000B per ST/SE	YES	NO	NO	NO	YES	YES	NO	NO	YES	HEAD
199	All 2000B Rejected	YES	YES	NO	NO	YES	YES	NO	NO	YES	HEAD
200	Missing 2000A	YES	YES	NO	NO	YES	YES	NO	NO	YES	PROV
201	Missing 2010AA	YES	YES	NO	NO	YES	YES	NO	NO	YES	PROV
210	Multiple 2010AA per 2000A	YES	YES	NO	NO	YES	YES	NO	NO	YES	PROV
211	Multiple 2010AB per 2000A	YES	YES	NO	NO	YES	YES	NO	NO	YES	PROV
212	Invalid presence of 2010AC per 2000A	YES	YES	NO	NO	YES	YES	NO	NO	YES	PROV
300	Missing 2000B	YES	YES	NO	NO	YES	YES	NO	NO	YES	SUB
301	Missing 2010BA	YES	YES	NO	NO	YES	YES	NO	NO	YES	SUB
302	Missing 2010BB Loop	YES	YES	YES	NO	YES	YES	NO	NO	YES	SUB

Error Code	Error Description	Control #	COBA ID	HICN	CCN	Loop ID	Segment	Element	Content	BHT 03	Reject Level
305	Multiple 2010BB per 2000B	YES	YES	YES	NO	YES	YES	NO	NO	YES	SUB
306	Multiple 2010BA per 2000B	YES	YES	YES	NO	YES	YES	NO	NO	YES	SUB
310	2010BB.NM109 not equal 1000B.NM109	YES	YES	YES	NO	YES	YES	YES	YES	YES	SUB
320	2010BB.N3 not equal spaces	YES	YES	YES	NO	YES	YES	YES	YES	YES	SUB
321	2010BB.N4 not equal spaces	YES	YES	YES	NO	YES	YES	YES	YES	YES	SUB
351	More than 100 2300 per 2000B	YES	YES	YES	NO	YES	YES	NO	NO	YES	SUB
355	*2300 REF01 Equal F5 Missing*	*YES*	*YES*	*YES*	*NO*	*YES*	*YES*	*NO*	*NO*	*YES*	*SUB*
356	*2300 HI Invalid*	*YES*	*YES*	*YES*	*NO*	*YES*	*YES*	*NO*	*NO*	*YES*	*SUB*
399	All 2300 Loops Rejected	YES	YES	YES	NO	YES	YES	NO	NO	YES	SUB

Error Code	Error Description	Control #	COBA ID	HICN	CCN	Loop ID	Segment	Element	Content	BHT 03	Reject Level
400	2010CA Found	YES	YES	YES	NO	YES	YES	NO	NO	YES	
500	2300 Not Found	YES	YES	YES	NO	YES	YES	NO	NO	YES	CLM
505	2320 Not Found	YES	YES	YES	NO	YES	YES	NO	NO	YES	CLM
506	*# of 2320 Loops GT 10*	*YES*	*YES*	*YES*	*YES*	*YES*	*YES*	*NO*	*NO*	*YES*	*CLM*
507	*2320 OI Not Found*	*YES*	*YES*	*YES*	*YES*	*YES*	*YES*	*NO*	*NO*	*YES*	*CLM*
515	2400 Not Found	YES	YES	YES	YES	YES	YES	NO	NO	YES	CLM
520	# of 2400 Loops GT 999	YES	YES	YES	YES	YES	YES	NO	NO	YES	CLM
575	2330A Not Found	YES	YES	YES	NO	YES	YES	NO	NO	YES	CLM
576	2330B Not Found	YES	YES	YES	NO	YES	YES	NO	NO	YES	CLM
580	2320.SBR01 not equal P (must be at least one “P” segment)	YES	YES	YES	NO	YES	YES	YES	YES	YES	CLM

Error Code	Error Description	Control #	COBA ID	HICN	CCN	Loop ID	Segment	Element	Content	BHT 03	Reject Level
581	2320.SBR Field Invalid (SBR09 does not equal MB when Medicare is primary in SBR01)	YES	YES	YES	NO	YES	YES	NO	NO	YES	CLM
590	Multiple 2330A	YES	YES	YES	NO	YES	YES	NO	NO	YES	CLM
591	Multiple 2330B	YES	YES	YES	NO	YES	YES	NO	NO	YES	CLM
595	2330B.REF02 Equal	YES	YES	YES	YES	YES	YES	YES	YES	YES	CLM
596	2330B.NM109 Invalid COBA ID *(Not Used)*	YES	YES	YES	YES	YES	YES	YES	YES	YES	CLM
597	2330B REF not found	YES	YES	YES	YES	YES	YES	YES	YES	YES	CLM
598	2330B NM103 equals spaces and invalid COBA ID in 2330B NM109	YES	YES	YES	YES	YES	YES	YES	YES	YES	CLM
610	# of 2430 Loops greater than 15	YES	YES	YES	YES	YES	YES	NO	NO	YES	CLM
620	2430.SVD01 not	YES	YES	YES	YES	YES	YES	YES	NO	YES	CLM

	equal 1000A.NM109										
999	SE Segment Missing	YES	YES	NO	NO	NO	YES	NO	NO	YES	HEAD

COBC DETAILED ERROR REPORT "111" ERROR CRITERIA FOR PROFESSIONAL COB CLAIMS

Error Code	Error Description	Control #	COBA ID	HICN	CCN	Loop ID	Segment	Element	Content	BHT 03	Reject Level
100	No ST Segment	NO	NO	NO	NO	NO	YES	NO	NO	NO	HEAD
101	No BHT Segment	YES	NO	NO	NO	NO	YES	NO	NO	NO	HEAD
103	Missing 1000A Records	YES	NO	NO	NO	YES	YES	NO	NO	YES	HEAD
104	Missing 1000B Records	YES	NO	NO	NO	YES	YES	NO	NO	YES	HEAD
105	Invalid 1000A.NM109	YES	NO	NO	NO	YES	YES	YES	YES	YES	HEAD
110	Invalid 1000B.NM103	YES	NO	NO	NO	YES	YES	YES	YES	YES	HEAD
115	Invalid 1000B.NM109	YES	YES	NO	NO	YES	YES	YES	YES	YES	HEAD
120	Multiple 1000A per ST/SE	YES	NO	NO	NO	YES	YES	NO	NO	YES	HEAD
125	Multiple 1000B per ST/SE	YES	NO	NO	NO	YES	YES	NO	NO	YES	HEAD

Error Code	Error Description	Control #	COBA ID	HICN	CCN	Loop ID	Segment	Element	Content	BHT 03	Reject Level
199	All 2000B Rejected	YES	YES	NO	NO	YES	YES	NO	NO	YES	HEAD
200	Missing 2000A	YES	YES	NO	NO	YES	YES	NO	NO	YES	PROV
201	Missing 2010AA	YES	YES	NO	NO	YES	YES	NO	NO	YES	PROV
210	Multiple 2010AA per 2000A	YES	YES	NO	NO	YES	YES	NO	NO	YES	PROV
211	Multiple 2010AB per 2000A	YES	YES	NO	NO	YES	YES	NO	NO	YES	PROV
212	Invalid presence of 2010AC per 2000A	YES	YES	NO	NO	YES	YES	NO	NO	YES	PROV
300	Missing 2000B	YES	YES	NO	NO	YES	YES	NO	NO	YES	SUB
301	Missing 2010BA	YES	YES	NO	NO	YES	YES	NO	NO	YES	SUB
302	Missing 2010BB Loop	YES	YES	YES	NO	YES	YES	NO	NO	YES	SUB
305	Multiple 2010BB per 2000B	YES	YES	YES	NO	YES	YES	NO	NO	YES	SUB
306	Multiple 2010BA per 2000B	YES	YES	YES	NO	YES	YES	NO	NO	YES	SUB

Error Code	Error Description	Control #	COBA ID	HICN	CCN	Loop ID	Segment	Element	Content	BHT 03	Reject Level
310	2010BB.NM109 not equal 1000B.NM109	YES	YES	YES	NO	YES	YES	YES	YES	YES	SUB
320	2010BB.N3 not equal spaces	YES	YES	YES	NO	YES	YES	YES	YES	YES	SUB
321	2010BB.N4 not equal spaces	YES	YES	YES	NO	YES	YES	YES	YES	YES	SUB
351	More than 100 2300 per 2000B	YES	YES	YES	NO	YES	YES	NO	NO	YES	SUB
355	*2300 REF01 Equal F5 Missing*	*YES*	*YES*	*YES*	*NO*	*YES*	*YES*	*NO*	*NO*	*YES*	*SUB*
356	*2300 HI Invalid*	*YES*	*YES*	*YES*	*NO*	*YES*	*YES*	*NO*	*NO*	*YES*	*SUB*
399	All 2300 Loops Rejected	YES	YES	YES	NO	YES	YES	NO	NO	YES	SUB
400	2010CA Found	YES	YES	YES	NO	YES	YES	NO	NO	YES	
500	2300 Not Found	YES	YES	YES	NO	YES	YES	NO	NO	YES	CLM
505	2320 Not Found	YES	YES	YES	NO	YES	YES	NO	NO	YES	CLM
506	*# of 2320 Loops GT 10*	*YES*	*YES*	*YES*	*YES*	*YES*	*YES*	*NO*	*NO*	*YES*	*CLM*

Error Code	Error Description	Control #	COBA ID	HICN	CCN	Loop ID	Segment	Element	Content	BHT 03	Reject Level
507	*2320 OI Not Found*	*YES*	*YES*	*YES*	*YES*	*YES*	*YES*	*NO*	*NO*	*YES*	*CLM*
515	2400 Not Found	YES	YES	YES	YES	YES	YES	NO	NO	YES	CLM
520	# of 2400 Loops GT 50	YES	YES	YES	YES	YES	YES	NO	NO	YES	CLM
575	2330A Not Found	YES	YES	YES	NO	YES	YES	NO	NO	YES	CLM
576	2330B Not Found	YES	YES	YES	NO	YES	YES	NO	NO	YES	CLM
580	2320.SBR01 not Equal P (must be at least one “P” segment)	YES	YES	YES	NO	YES	YES	YES	YES	YES	CLM
581	2320.SBR Field Invalid (SBR09 does not equal MB when Medicare is primary in SBR01)	YES	YES	YES	NO	YES	YES	NO	NO	YES	CLM
590	Multiple 2330A	YES	YES	YES	NO	YES	YES	NO	NO	YES	CLM
591	Multiple 2330B	YES	YES	YES	NO	YES	YES	NO	NO	YES	CLM
595	2330B.REF02 Equal	YES	YES	YES	YES	YES	YES	YES	YES	YES	CLM

Error Code	Error Description	Control #	COBA ID	HICN	CCN	Loop ID	Segment	Element	Content	BHT 03	Reject Level
596	2330B.NM109 Invalid COBA ID *(Not Used)*	YES	YES	YES	YES	YES	YES	YES	YES	YES	CLM
597	2330B REF not found	YES	YES	YES	YES	YES	YES	YES	YES	YES	CLM
598	2330B NM103 equals spaces and invalid COBA ID in 2330B NM109	YES	YES	YES	YES	YES	YES	YES	YES	YES	CLM
610	# of 2430 Loops greater than 15	YES	YES	YES	YES	YES	YES	NO	NO	YES	CLM
620	2430.SVD01 not equal 1000A.NM109	YES	YES	YES	YES	YES	YES	YES	NO	YES	CLM
999	SE Segment Missing	YES	YES	NO	NO	NO	YES	NO	NO	YES	HEAD