CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 474

Department of Health & Human Services

Center for Medicare and & Medicaid Services

Date: February 11, 2005

Change Request 3709

SUBJECT: Coordination of Benefits Agreement (COBA) Detailed Error Report Notification Process

I. SUMMARY OF CHANGES: Through this Change Request (CR), Medicare contractors and their shared systems maintainers shall implement the COBA Detailed Error Report Notification Process as directed in this instruction. Contractor systems shall create a special piece of correspondence to notify physicians, suppliers, and providers that claims previously selected for crossover by the Common Working File (CWF) were not transmitted by the Coordination of Benefits Contractor (COBC) to the trading partner. The requirements for this CR will be manualized within a newly created section of the Medicare Claims Processing Manual, as indicated below.

NEW/REVISED MATERIAL :
EFFECTIVE DATE : July 01, 2005
IMPLEMENTATION DATE : July 05, 2005

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
N	28/70/70.6.1/Coordination of Benefits Agreement (COBA) Detailed Error Report Notification Process

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

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

Attachment - Business Requirements

Pub. 100-04	Transmittal: 474	Date: February 11, 2005	Change Request 3709

SUBJECT: Coordination of Benefits Agreement (COBA) Detailed Error Report Notification Process

I. GENERAL INFORMATION

A. Background: Through Transmittal 130 (Change Request (CR) 3614), all Medicare contractor shared systems were instructed to develop a unique 21-digit identifier to be populated in the BHT 03 (Beginning of Hierarchial Transaction Reference Identification) portion of the 837 flat file that is sent to the Coordination of Benefits Contractor (COBC) to be crossed over. That instruction also provided guidance to the Durable Medical Equipment Regional Carrier (DMERC) shared system regarding population of this identifier within the 504-F4 (Message) portion of the National Council for Prescription Drug Programs (NCPDP) file. Contractors received copies of the COBC Detailed Error Reports (Institutional, Professional, and NCPDP), herein referenced, via Joint Signature Memorandum (JSM) 05017, dated October 18, 2004. Requirements 1 and 2, below, were contained in Transmittal 130 but were slightly modified, without impact to shared system estimates for the April 2005 release, as part of each shared systems' CR walk-through processes.

B. Policy: Medicare contractors, and their shared system maintainers, shall implement the COBA Detailed Error Report Notification Process as directed through this instruction. Through this instruction, contractors shall **not** be required to search their claims history for previously processed claims for beneficiaries who were not identified on a COBA trading partner's eligibility file submission to the COBC. Contractor systems shall create a special electronic correspondence letter to notify physicians, suppliers, and providers that claims that were previously selected for crossover through the COBA process were not transmitted by the COBC to the trading partner due to claim data errors. In addition, contractor systems shall mark their claims history to reflect that claims previously selected for crossover were not actually crossed over to the COBA trading partner. CMS plans to release a future instruction detailing requirements for a COBA recreate/repair process.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3709.1	As previously referenced in Transmittal 130, but modified through this instruction, Medicare fee-for-service contractor systems shall populate the BHT 03 (Beginning of Hierarchial Transaction Reference Identification; field length=30 bytes) portion of their 837 COB flat files that are sent to the COBC for crossover with a 21-digit unique file identifier. The identifier shall be formatted as follows: **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.) **Julian date as YYDDD** (5-bytes) **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.) **Data Center ID** (2-bytes; a 2-digit numeric value assigned by CMS [See Attachment A]. The 21-digit unique Contractor Reference Identifier (CRI) shall be left-justified in BHT-03 with spaces used for the remaining 9 positions. (**NOTE:** The CRI is unique inasmuch as no two files should ever contain the exact same combination of numbers.)					X	X	X		
3709.2	For NCPDP claims sent to the COBC for crossover, the DMERC system shall also adopt the unique 21-digit format in field 504-F4 (Message) within the NCPDP file (field							X		

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	length=35 bytes). The DMERC system shall populate the new identifier, left justified, in the field. Spaces shall be used for the remaining bytes in the field.									
3709.3	Contractor systems shall accept the COBC Institutional, Professional, and NCPDP Detailed Error Reports received from the COBC as specified in Joint Signature Memorandum (JSM) 05017, but with the changes reflected in Attachment B. Errors may occur at the header, provider, subscriber, patient, or claim level (see Attachment C for more detailed information). If a claim that is rejected back to the contractor system is for two (2) or more COBA Identification Numbers (IDs), the contractor system shall receive a separate error record for each COBA ID. If a file submission to the COBC contains multiple provider, subscriber, or patient level errors for one COBA ID, the contractor system shall receive a separate error record for each provider, subscriber, or patient portion of the file on which errors were found.					X	X	X		
3709.4	With this release, contractors, or their shared systems, shall **not** attempt to repair claims whose error source code, as reflected in the COBC Error Report, is "111" (flat file error), "222" (Health Insurance Portability and Accountability Act [HIPAA] American National Standards Institute [ANSI] file error), or "333" (trading partner dispute). Contractors, or their shared systems, shall **not** resubmit claims reported as errors to the COBC. **NOTE:** A future change request will provide	X	X	X	X	X	X	X		

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	requirements for repairing those claims in error.									
3709.4-1	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) implement shared system changes necessary to prevent future errors when the COBA trading partner is in test mode or production mode (Test/Production Indicator=T or P), and (2) to notify providers that claims with error source codes "111," "222," and "333" will not be crossed over to the COBA trading partner (see also requirement 8 below).	X	X	X	X	X	X	X		
3709.5	DMERCs, or their shared system, will only receive error source codes for a flat file error ("111") and for a trading partner dispute ("333"). The individual tasks listed in requirement 4-1 also apply to this requirement.				X			X		
3709.6	Within five (5) business days of receipt of a COBC Detailed Error Report, contractors shall provide notification of the number of claims that will not cross to their financial management staff for purposes of reconciliation of crossover fee/complementary credit accruals.	X	X	X	X					
3709.7	Contractors, or their shared system, shall also take the 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). [See Transmittal 158 (CR 3273) for additional details about this indicator.]	X	X	X	X	X	X	X		

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	When contractors, or their shared systems, have received a COBC Detailed Error Report, they shall take the following 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 contain specific claim information, including, 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. In addition, the letter shall contain the following message: "The above claim(s) was/were not crossed over to the patient's supplemental insurer due to claim data errors." **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 their claims history to reflect that the claim(s) did **not** cross over as a result of the generation of the automated letter.									

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3709.8	A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into your outreach activities, as appropriate. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X	X	X					

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: July 1, 2005 **Implementation Date:** July 5, 2005 **Pre-Implementation Contact(s):** Brian Johnson (410)786-7601 or Brian Pabst (410)786-2487 **Post-Implementation Contact(s):** Brian Johnson (410)786-7601 or Brian Pabst (410)786-2487	**Medicare contractors shall implement these instructions within their current operating budgets.**

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

3 Attachments

ATTACHMENT A

Data Center Name	Identification Number
AdminiStar Federal	01
Alabama (Cahaba)	02
Arkansas BCBS	03
CIGNA	04
EDS/MCDC2 (Plano)	05
EDS/MCDC2 (Sacramento)	06
Empire Medicare Services	07
Florida BCBS	08
Highmark	09
IBM/MCDC1 (Southbury, CT)	10
Info Crossing	11
Medicare Northwest/Regence of Oregon	12
Mutual of Omaha	13
South Carolina BCBS	14
Trailblazer Health	15
Veritus Medicare Services	16

ATTACHMENT B

The Institutional Error File Layout will be used for Part A claim files.

COBC Institutional Error File Layout				
Field	***Name***	***Size***	***Displacement***	***Description***
1.	Date	8	1-8	Date Received (CCYYMMDD)
2.	Control Number	9	9-17	Transaction Set Control Number (Record 100, Field 26, ST02)
3.	COBA-ID	10	18-27	Receiver ETIN (Record 100, Field 55, NM109)
4.	Subscriber ID/HICN	12	28-39	Other Subscriber HICN (Record 590, Field 9, NM109)
5.	Claim DCN/ICN	14	40-53	Other Subscriber Secondary ID (Record 590, Field 17, REF02)
6.	Record Number	9	54-62	Record Sequence number in dataset sent.
7.	Record/Loop Identifier	6	63-68	Either Record Identifier (e.g., 100, 200, 300) or Loop Identifier (e.g., 1000A, 2010AA, 2300), left-justified.
8.	Segment	3	69-71	Segment Name
9.	Element	2	72-73	Element Name
10.	Error Source Code	3	74-76	Numeric value to identify source of error (e.g., flat file, HIPAA ANSI level, or trading partner dispute). The possible Error Source Codes for HIPAA Institutional claims are: 111= flat file error; 222=HIPAA ANSI file error; 333=trading partner dispute.
11.	Error /Trading Partner Dispute Code	6	77-82	Alpha-numeric Error /Trading Partner Dispute Code

COBC Institutional Error File Layout				
Field	***Name***	***Size***	***Displacement***	***Description***
12.	Error Description	100	83-182	Detailed Reason for Rejection
13.	Field Contents	50	183-232	Field Contents for Element in Error
14.	BHT 03 Identifier	21	233-253	An identifier that contains contractor number, julian date, sequence number, Data Center ID.
15.	Filler	50	254-303	For future use/expansion.

The Professional Error File Layout will be used for Part B and DMERC claim files.

COBC Professional Error File Layout				
Field	***Name***	***Size***	***Displacement***	***Description***
1.	Date	8	1-8	Date Received (CCYYMMDD)
2.	Control Number	9	9-17	Transaction Set Control Number ST Segment, ST02 element
3.	COBA-ID	10	18-27	Receiver ETIN; 1000B Loop, NM1 segment, NM109 element
4.	Subscriber ID/HICN	12	28-39	Other Subscriber HICN; 2010BA Loop, NM1 segment, NM109 element
5.	Claim DCN/ICN	14	40-53	Other Subscriber Secondary ID; 2330B Loop, REF segment, REF02 element with REF01 = F8
6.	Record Sequence Number	9	54-62	Record Sequence number in dataset sent.
7.	Loop Identifier	6	63-68	Loop Identifier (e.g., 1000A, 2010AA, 2300), left-justified
8.	Segment	3	69-71	Segment Name
9.	Element	2	72-73	Element Name
10.	Error Source Code	3	74-76	Numeric value to identify source of error (e.g., flat file, HIPAA ANSI level, or trading partner dispute). The possible Error Source Codes for HIPAA Professional claims are: 111= flat file error; 222=HIPAA ANSI file error; 333=trading partner dispute.
11.	Error/Trading Partner Dispute Code	6	77-82	Alpha-numeric Error /Trading Partner Dispute Code
12.	Error Description	100	83-182	Detailed reason for rejection
13.	Field Contents	50	183-232	Field contents for element in error

COBC Professional Error File Layout				
Field	***Name***	***Size***	***Displacement***	***Description***
14.	BHT 03 Identifier	21	233-253	An identifier that contains contractor number, julian date, sequence number, Data Center ID.
15.	Filler	50	254-303	For future use/expansion

The NCPDP Error File Layout will be used for by DMERCs for Prescription Drug Claims.

COBC NCPDP Error Report Layout				
Field	***Name***	***Size***	***Displacement***	***Description***
1.	Date	8	1-8	Date Received (CCYYMMDD)
2.	Batch Number	7	9-15	Batch number from the Header Record
3.	COBA ID	5	16-20	5 digit COBA ID
4.	HICN	12	21-32	HICN (first 12 positions of the Patient ID field) in the G1/01 Record
5.	CCN	14	33-46	CCN from G1/00 record
6.	Record Sequence Number	9	47-55	Record Sequence Number in dataset sent.
7.	Batch Record Type	2	56-57	Batch Record Type from Header Record
8.	Segment ID	2	58-59	Segment ID from Header Record
9.	Error Source Code	3	60-62	Numeric value to identify source of error (e.g., flat file or trading partner dispute). The possible Error Source Codes for NCPDP claims are: 111= flat file error; 333=trading partner dispute.
10.	Error/Trading Partner Dispute Code	6	63-68	Alpha-numeric Error/Trading Partner Dispute Code. (**NOTE:** Will not include Claredi-Faciledi HIPAA ANSI error codes.)
11.	Error Description	100	69-168	Detailed reason for rejection
12.	Field Contents	50	169-218	Field contents for element in error
13.	Unique File Identifier	21	219-239	Included in field 504-F4 (Message) of the NCPDP claim (field length=35).
14.	Filler	50	240-289	For future use/expansion

ATTACHMENT C

COBC DETAILED ERROR REPORT CRITERIA FOR INSTITUTIONAL CLAIMS

Error Code	Error Description	Control #	COBA ID	HICN	ICN	Record ID	Segment	Element	Contents	BHT03	Reject Level
100	100 Record Missing	NO	NO	NO	NO	YES	NO	NO	NO	NO	HEAD
105	Submitter ETIN Invalid	YES	YES	NO	NO	YES	YES	YES	YES	YES	HEAD
110	Receiver Name Should be Spaces	YES	YES	NO	NO	YES	YES	YES	YES	YES	HEAD
115	Receiver ETIN Invalid	YES	YES	NO	NO	YES	YES	YES	YES	YES	HEAD
199	No Valid 300-Loops in 100-Loop	YES	YES	NO	NO	YES	NO	NO	NO	YES	HEAD
200	200 Record Missing	YES	YES	NO	NO	YES	NO	NO	NO	YES	PROV
300	300 Record Missing	YES	YES	NO	NO	YES	NO	NO	NO	YES	SUB
320	Payer Name Should Be Spaces	YES	YES	YES	NO	YES	YES	YES	YES	YES	SUB
321	Payer Addr 1 Should be Spaces	YES	YES	YES	NO	YES	YES	YES	YES	YES	SUB
322	Payer Addr 2 Should be Spaces	YES	YES	YES	NO	YES	YES	YES	YES	YES	SUB
323	Payer City Should be Spaces	YES	YES	YES	NO	YES	YES	YES	YES	YES	SUB
324	Payer State Should be Spaces	YES	YES	YES	NO	YES	YES	YES	YES	YES	SUB
325	Payer Zip Code Should be Spaces	YES	YES	YES	NO	YES	YES	YES	YES	YES	SUB
326	Payer Country Should be Spaces	YES	YES	YES	NO	YES	YES	YES	YES	YES	SUB
330	Payer ID Number Invalid	YES	YES	YES	NO	YES	YES	YES	YES	YES	SUB
350	No 500-Loops in 300-Loop	YES	YES	YES	NO	YES	NO	NO	NO	YES	SUB
351	Exceeds Max 500-Loops	YES	YES	YES	NO	YES	NO	NO	NO	YES	SUB
399	No Valid 500-loops in 300-Loop	YES	YES	YES	NO	YES	NO	NO	NO	YES	SUB
Error	Error Description	Control	COBA	HICN	ICN	Record	Segment	Element	Contents	BHT03	Reject

Code		#	ID			ID					Level
400	400 Record Found	YES	YES	YES	NO	YES	NO	NO	NO	YES	PAT
500	500 Record Missing	YES	YES	YES	NO	YES	NO	NO	NO	YES	CLM
505	No 575-Loops found in 500-Loop	YES	YES	YES	NO	YES	NO	NO	NO	YES	CLM
510	No 575 Primary Payer Loop Found	YES	YES	YES	NO	YES	NO	NO	NO	YES	CLM
515	No 600-Loops Found in 500-Loop	YES	YES	YES	YES	YES	NO	NO	NO	YES	CLM
520	Exceeds Max 600-Loop	YES	YES	YES	YES	YES	NO	NO	NO	YES	CLM
575	No 590-Loops Found in 575-Loop	YES	YES	YES	NO	YES	NO	NO	NO	YES	CLM
576	Only 575-Loop Not Primary Payer	YES	YES	YES	NO	YES	YES	YES	YES	YES	CLM
577	Only 575-Loop Not Self	YES	YES	YES	NO	YES	YES	YES	YES	YES	CLM
578	Only 575-Loop Not Medicare Part A	YES	YES	YES	NO	YES	YES	YES	YES	YES	CLM
579	Only 575-Loop, No Valid 590-Loop	YES	YES	YES	NO	YES	NO	NO	NO	YES	CLM
610	Exceeds Max 650-Loops	YES	YES	YES	YES	YES	NO	NO	NO	YES	CLM
620	No Valid 650-Loops in 600-Loop	YES	YES	YES	YES	YES	YES	YES	NO	YES	CLM
999	999 Record is Missing	YES	YES	YES	NO	YES	NO	NO	NO	YES	HEAD

COBC DETAILED ERROR REPORT CRITERIA FOR PROFESSIONAL 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
102	No REF Segment	YES	NO	NO	NO	NO	YES	NO	NO	YES	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
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	Error Description	Control	COBA	HICN	CCN	Loop	Segment	Element	Content	BHT	Reject

Code		#	ID			ID				03	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
399	All 2300 Loops Rejected	YES	YES	YES	NO	YES	YES	NO	NO	YES	SUB
400	2000C Found	YES	YES	YES	NO	YES	YES	NO	NO	YES	PAT
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
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	YES	YES	YES	NO	YES	YES	YES	YES	YES	CLM
581	2320.SBR Field Invalid	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 Spaces	YES	YES	YES	YES	YES	YES	YES	YES	YES	CLM
596	2330B.NM109 Invalid COBA ID	YES	YES	YES	YES	YES	YES	YES	YES	YES	CLM
610	# of 2430 Loops GT 25	YES	YES	YES	YES	YES	YES	NO	NO	YES	CLM
620	2430.SVD01 not equal 2330B.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 CRITERIA FOR NCPDP CLAIMS

Error Code	Error Description	Batch #	HICN	CCN	Batch Rec. Type	Segment	Contents	Unique File ID	Reject Level
100	No Batch Header Record	NO	NO	NO	YES	NO	NO	YES	BATCH
101	Invalid # of B00 Recs	NO	NO	NO	YES	NO	NO	YES	BATCH
105	Sender ID on BHDR Invalid	YES	YES	YES	YES	YES	YES	YES	BATCH
110	Recvr ID on BHDR Invalid	YES	YES	YES	YES	YES	YES	YES	BATCH
200	Invalid # of T00 Recs	YES	NO	YES	YES	YES	NO	YES	TRACT
300	Invalid # of T01 Recs	YES	YES	NO	YES	YES	NO	YES	TRACT
400	Invalid # of T04 Recs	YES	YES	YES	YES	YES	NO	YES	TRACT
410	Invalid Grp ID on T4 Rec	YES	YES	YES	YES	YES	YES	YES	TRACT
500	Invalid # of T05 Recs	YES	YES	YES	YES	YES	NO	YES	TRACT
510	COB Info Error on T05 Rec	YES	YES	YES	YES	YES	YES	YES	TRACT
700	No Claim (T07) Records	YES	YES	YES	YES	YES	NO	YES	TRACT
710	Over 4 Claim (T07) Recs	YES	YES	YES	YES	YES	NO	YES	TRACT
800	Invalid # of T11 Recs	YES	YES	YES	YES	YES	NO	YES	TRACT
900	Invalid # of B99 Recs	YES	YES	YES	YES	NO	NO	NO	BATCH

*** The Date, Record Sequence Number, Source, Error Code, and Error Description will always be supplied on reports generating from Institutional, Professional, or NCPDP claims.

Medicare Claims Processing Manual

Chapter 28 - Coordination With Medigap, Medicaid, and Other Complementary Insurers

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Table of Contents

(Rev. 474, 02-11-05)

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

(Rev. 474, Issued: 02-11-05, Effective: 07-01-05, Implementation: 07-05-05)

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 intermediary, carrier, or Durable Medical Equipment Regional Carrier (DMERC) 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 intermediary, carrier, or DMERC systems will have begun to populate the BHT 03 (Beginning of Hierarchial Reference Identification) portion of their 837 COB flat file submissions to the COBC with a unique 21-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.

A. Inclusion of the Unique 21-Digit Identifier on the 837 Flat File and NCPDP File

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

   The intermediary, carrier, and Durable Medical Equipment Regional Carrier (DMERC) shared systems shall populate the BHT 03 (Beginning of Hierarchial Transaction Reference Identification; field length=30 bytes) portion of their 837 flat files that are sent to the COBC for crossover with a 21-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); and*

   d) ***Data Center ID*** *(2 bytes; a two-digit numeric value assigned by CMS; see Table below for specific value for each contractor Data Center).*

*The 21-digit CRI shall be left-justified in the BHT 03 segment of the 837 flat file, with spaces used for the remaining 9 positions. (**NOTE:** The CRI is unique inasmuch as no two files should ever contain the same combination of numbers.)*

Data Center Name	***Data Center Identification Number for BHT 03 Field***
AdminaStar Federal	*01*
Alabama (Cahaba)	*02*
Arkansas BCBS	*03*
CIGNA	*04*
EDS/MCDC2 (Plano)	*05*
EDS/MCDC2 (Sacramento)	*06*
Empire Medicare Services	*07*
Florida BCBS	*08*
Highmark	*09*
IBM/MCDC1 (Southbury, CT)	*10*
Info Crossing	*11*
Medicare Northwest/Regence of Oregon	*12*
Mutual of Omaha	*13*
South Carolina BCBS (Palmetto GBA)	*14*
TrailBlazer Health Enterprises	*15*
Veritus Medicare Services	*16*

2. *NCPDP 21-Digit Unique Identifier*

The DMERC system shall also adopt the unique 21-digit format, referenced directly above under "Populating the BHT 03 Portion of the 837 Flat File." However, the system shall populate the unique 21-digit identifier in field 504-F4 (Message) within the NCPDP file (field length=35 bytes). The DMERC 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 intermediary, carrier, and DMERC 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.

The Institutional Error File Layout will be used for Part A claim files.

COBC Institutional Error File Layout

Field	Name	Size	Displacement	Description
1.	Date	8	1-8	Date Received (CCYYMMDD)
2.	Control Number	9	9-17	Transaction Set Control Number (Record 100, Field 26, ST02)
3.	COBA-ID	10	18-27	Receiver ETIN (Record 100, Field 55, NM109)
4.	Subscriber ID/HICN	12	28-39	Other Subscriber HICN (Record 590, Field 9, NM109)
5.	Claim DCN/ICN	14	40-53	Other Subscriber Secondary ID (Record 590, Field 17, REF02)
6.	Record Number	9	54-62	Record Sequence number in dataset sent.
7.	Record/Loop Identifier	6	63-68	Either Record Identifier (e.g., 100, 200, 300) or Loop Identifier (e.g., 1000A, 2010AA, 2300), left-justified.
8.	Segment	3	69-71	Segment Name
9.	Element	2	72-73	Element Name
10.	Error Source Code	3	74-76	Numeric value to identify source of error (e.g., flat file, HIPAA ANSI level, or trading partner dispute). The possible Error Source Codes for HIPAA Institutional claims are: 111= flat file error; 222=HIPAA ANSI file error; 333=trading partner dispute.
11.	Error /Trading Partner Dispute Code	6	77-82	Alpha-numeric Error /Trading Partner Dispute Code
12.	Error Description	100	83-182	Detailed Reason for Rejection
13.	Field Contents	50	183-232	Field Contents for Element in Error
14.	BHT 03 Identifier	21	233-253	An identifier that contains contractor number, julian date, sequence number, Data Center ID.
15.	Filler	50	254-303	For future use/expansion.

The Professional Error File Layout will be used for Part B and DMERC claim files.

COBC Professional Error File Layout				
Field	***Name***	***Size***	***Displacement***	***Description***
1.	*Date*	*8*	*1-8*	*Date Received (CCYYMMDD)*
2.	*Control Number*	*9*	*9-17*	*Transaction Set Control Number ST Segment, ST02 element*
3.	*COBA-ID*	*10*	*18-27*	*Receiver ETIN; 1000B Loop, NM1 segment, NM109 element*
4.	*Subscriber ID/HICN*	*12*	*28-39*	*Other Subscriber HICN; 2010BA Loop, NM1 segment, NM109 element*
5.	*Claim DCN/ICN*	*14*	*40-53*	*Other Subscriber Secondary ID; 2330B Loop, REF segment, REF02 element with REF01 = F8*
6.	*Record Sequence Number*	*9*	*54-62*	*Record Sequence number in dataset sent.*
7.	*Loop Identifier*	*6*	*63-68*	*Loop Identifier (e.g., 1000A, 2010AA, 2300), left-justified*
8.	*Segment*	*3*	*69-71*	*Segment Name*
9.	*Element*	*2*	*72-73*	*Element Name*
10.	*Error Source Code*	*3*	*74-76*	*Numeric value to identify source of error (e.g., flat file, HIPAA ANSI level, or trading partner dispute). The possible Error Source Codes for HIPAA Professional claims are:* *111= flat file error;* *222=HIPAA ANSI file error;* *333=trading partner dispute.*
11.	*Error /Trading Partner Dispute Code*	*6*	*77-82*	*Alpha-numeric Error /Trading Partner Dispute Code*
12.	*Error Description*	*100*	*83-182*	*Detailed reason for rejection*
13.	*Field Contents*	*50*	*183-232*	*Field contents for element in error*

COBC Professional Error File Layout				
Field	***Name***	***Size***	***Displacement***	***Description***
14.	*BHT 03 Identifier*	*21*	*233-253*	*An identifier that contains contractor number, julian date, sequence number, Data Center ID.*
15.	*Filler*	*50*	*254-303*	*For future use/expansion*

The NCPDP Error File Layout will be used for by DMERCs for Prescription Drug Claims

COBC NCPDP Error Report Layout				
Field	***Name***	***Size***	***Displacement***	***Description***
1.	*Date*	*8*	*1-8*	*Date Received (CCYYMMDD)*
2.	*Batch Number*	*7*	*9-15*	*Batch number from the Header Record*
3.	*COBA ID*	*5*	*16-20*	*5-digit COBA ID.*
4.	*HICN*	*12*	*21-32*	*HICN (first 12 positions of the Patient ID field) in the G1/01 Record*
5.	*CCN*	*14*	*33-46*	*CCN from G1/00 record*
6.	*Record Sequence Number*	*9*	*47-55*	*Record Sequence Number in dataset sent.*
7.	*Batch Record Type*	*2*	*56-57*	*Batch Record Type from Header Record*
8.	*Segment ID*	*2*	*58-59*	*Segment ID from Header Record*
9.	*Error Source Code*	*3*	*60-62*	*Numeric value to identify source of error (e.g., flat file or trading partner dispute). The possible Error Source Codes for NCPDP*

COBC NCPDP Error Report Layout				
Field	***Name***	***Size***	***Displacement***	***Description***
				claims are: *111= flat file error;* *333=trading partner dispute.*
10.	*Error/ Trading Partner Dispute Code*	*6*	*63-68*	*Alpha-numeric Error/Trading Partner Dispute Code. (NOTE: Will not include Claredi-Faciledi HIPAA ANSI error codes.)*
11.	*Error Description*	*100*	*69-168*	*Detailed reason for rejection*
12.	*Field Contents*	*50*	*169-218*	*Field contents for element in error*
13.	*Unique File Identifier*	*21*	*219-239*	*Included in field 504-F4 (Message) of the NCPDP claim (field length=35)*
14.	*Filler*	*50*	*240-289*	*Future use/expansion.*

If a claim is rejected back to the intermediary, carrier, or DMERC system for 2 or more COBA Identification Numbers (IDs), the intermediary, carrier, or DMERC system shall receive a separate error record for each COBA ID. Also, if a file submission from an intermediary, carrier, or DMERC 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

Intermediaries, carriers, and DMERCs, 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.

DMERCs, 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. ***Timeframes for Notification of Contractor Financial Management Staff and Providers***

   Intermediaries, carriers, and DMERCs 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.

Special Automated Provider Correspondence

Intermediaries, carriers, and DMERCs, 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 an intermediary, carrier, or DMERC, 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 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. In addition, the letter shall contain the following message: "The above claim(s) was/were not crossed over to the patient's supplemental insurer due to claim data errors." **NOTE:** Intermediaries, carriers, and DMERCs, 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.*