

5010 COBC ISSUES LOG

Loop and Item #	Issue	Shared System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DMBP Comments (formerly DDIS)	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	Prob #	Prob Fix Date	CMS and Contractor Comments	Contractor Fix Date	Trading Partner Information	
Gen-001	In testing the 5010 837 files, we came across an issue that needs to be clarified. In the implementation guides (TR3) some segments that contain monetary amounts have the following statement: Zero "0" is an acceptable value for this element. Example of this would be in Loop 2320 AMT* or Loop 2400. The interpretation of this statement is that a negative number is not acceptable for these monetary fields. Other segments are much clearer and state "The Total Claim Charge Amount must be greater than or equal to zero" . And other monetary fields such the CAS elements do not have any limitations on positive or negative amounts, so we presume that negative amounts are acceptable in these fields. Is this a correct assumption on our part? Could you please clarify that segments that state "Zero "0" is an acceptable value for this element" , negative numbers are non compliant.	837I 837P	21111600103402KYA 00160 111190008250TO	05/10/11	05/20/11: Please see the Trading Partner's comments in the "issue" column. Please advise for both 837I and 837P. The example provided is for the 837I, the claim is populated as follows: CLM*11469111*83***71:A:1** A*Y*Y- 2320: AMT*D*-.93-	05/24/11: Agree with the presumption. There is no TR3 language for this element prohibiting a negative value. MAK COBC Question: Could you please clarify that segments that state "Zero "0" is an acceptable value for this element", negative numbers are non compliant. CMS/OIS (MAK) Response: Data elements categorized at 782 (Amount) in the standard have examples in the TR3 Appendix B. There is an example of a negative amount. So unless there is a TR3 segment or element note prohibiting a negative amount, it would be allowed.		C								
Gen-002	Editing of Incoming National Drug Codes (NDC)	FISS MCS VMS		12/6/2011	Please see the comments in the "CMS and Contractor Comments " column, with additional detail in the Tue 12/6/2011 4:42 PM COBVA email.			C	Tue 12/6/2011 4:42 PM The Centers for Medicare & Medicaid Services (CMS) has decided that relative to incoming version 5010 Health Insurance Portability and Accountability Act (HIPAA) 837 claims, it will now be editing national drug codes (NDCs) only to ensure that the codes conform to the proper 5-4-2 syntactical pattern. The CMS recently learned that the Food & Drug Administration (FDA), which is the official code source for the NDCs, does not have all valid possible NDCs loaded in its tables. Accordingly, CMS has decided that it will need to switch to a syntactical editing of incoming NDCs as soon as possible.							

Legend for Status:
 N = New
 O = Open
 FS = Fix Scheduled
 C = Closed
 D = TP Disagreed

Responsibility:
 M = SS Maintainer
 C = Contractor
 G = GHI
 T = Trading Partner