

DEPARTMENT OF HEALTH & HUMAN  
SERVICES  
Centers for Medicare & Medicaid Services  
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## **MEDICARE PLAN PAYMENT GROUP**

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**DATE:** May 1, 2026

**TO:** All Medicare Advantage, Cost, PACE, and Demonstration Organizations  
Systems Staff

**FROM:** Shruti Rajan, Acting Director, Medicare Plan Payment Group

**SUBJECT:** Encounter Data Dental Phase 2 Submission and Reporting

The purpose of this memorandum is to provide information for Encounter Data Dental Phase 2 submissions and reporting as originally announced in the August 15, 2025, HPMS memo 'Medicare Advantage Encounter Data Dental Submissions Clarifications Update'. These updates will be effective for submissions<sup>1</sup> on or after May 21, 2026. Phase 1 began on September 13, 2024, when the EDS began accepting 837D files. In this phase, MA organizations submitted supplemental dental services in the 837D format and received only front-end edit reports (TA1, 999, Dental Validation Report). This memo is announcing the start of Phase 2 on May 21, 2026, where the updates include the introduction of new dental specific edits, common EDPS edits that will be applied to Phase 2 dental submissions, submission reminders and MAO-001 DEN format and MAO-002 updates. Edits within the Encounter Data Processing System (EDPS) have two possible dispositions: Informational and Reject.

In support of the Phase 2 Dental implementation for encounter processing, CMS will be reprocessing all data submitted between August 2024 and May 21, 2026, in order to align all supplemental dental encounter data submissions with Phase 2 edits and standards and ensure consistent validation of all supplemental dental encounter data.

Data will be reprocessed in the order received. CMS anticipates this effort will be completed within approximately two weeks. Reprocessing of Phase 1 submissions will begin on or around May 22, 2026. During that time CMS will hold new dental submissions that are in the 837-D format until all Phase 1 submissions have been reprocessed.

Reprocessing means that the previously submitted 837-D will go through full editing and receive 999, TA1, 277CA and MAO reports as applicable. The Dental Validation Report was only applicable to Phase 1 and will not continue in Phase 2. The Dental Validation Report for Phase 1 submissions provided the same processing information that will be included in the MAO-001

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<sup>1</sup> The Medicare Advantage Supplemental Dental Services Submission Guide is available on [csscoperations.com](https://www.cms.gov/medicare/medicare-coverage-database/details/mao-001-submission-guide) for details on Medicare Advantage supplemental dental submissions.

and MAO-002 reports for all reprocessed records and for Phase 2 submissions. CMS expects that the reprocessing of the Phase 1 submissions will result in rejected records and transaction reports returned to submitters. To the extent possible, CMS expects that the rejected files will be corrected and resubmitted by February 28, 2027. CMS will announce via a listserv message when Phase 1 reprocessing is complete.

For questions related to this memo, please contact the CMS Risk Adjustment mailbox at [riskadjustmentoperations@cms.hhs.gov](mailto:riskadjustmentoperations@cms.hhs.gov) with the subject line 'Encounter Data Software Release Phase 2 Dental implementation'.

## **EDPS Dental Specific Edits**

The section below lists new dental-specific edits that will be reported on the MAO-001 and MAO-002 reports in Phase 2.

**Edit 60000 - 'Line Level DOS Required'** is a dental line level reject edit that validates the submission of the specific Service Date at the line when the header Service Date spans more than one day.

**Edit 60005 - 'Service Date Greater Than ICN Date'** is a dental header and line level reject edit that validates the encounter submission date (ICN date) is not before the Service Date on the encounter. The line level portion of this edit validates the line level Service Date is greater than the receipt date within the ICN Date. The header level portion of this edit validates the submitter 'to' Service Date is greater than the ICN Date.

**Edit 60010 - 'DOS Prior to 2024'** is a dental header and line level reject edit that validates the header or line Service Date is after January 1, 2024. CMS announced the collection of dental encounters in August of 2024 starting with Service Dates on or after January 1, 2024.

**Edit 60015 - 'Service Line Duplicated'** is a dental line level reject edit that validates the following criteria submitted on the encounter are not the same as a previously submitted line or line within the encounter: Beneficiary Identifier, Line Service Date, Place of Service, Procedure code, Modifiers, Rendering Provider NPI, Service Line Billed amount, Area of Oral Cavity, Tooth Number, and Tooth Surface code.

**Edit 60020 - 'Invalid Assistant Surgeon NPI'** a dental header and line level reject edit that validates the submitted assistant surgeon NPI is not a dental atypical provider NPI and is not found in the NPPES reference data for the from Service Date.

**Edit 60025 - 'Invalid Supervising Provider NPI'** a dental header and line level reject edit that validates the submitted supervising provider NPI is not a dental atypical provider NPI and is not found in the NPPES reference data for the from Service Date.

## **I. Common Edits for Dental Encounters**

The list of edits below represents existing encounter edits that will be applied to dental encounters. Appendix A includes the logic for each edit.

Edit 00035 – 'ICD-9 Codes Not Allowed'

Edit 00265 – 'Correct/Replace or Void ICN Not in EDPS'

Edit 00699 – ‘Void Must Match Original’  
Edit 00755 – ‘Void Encounter Already Void/Adjusted’  
Edit 00760 – ‘Adjusted Encounter Already Void/Adjusted’  
Edit 00762 – ‘Unable to Void Rejected Encounter’  
Edit 00775 – ‘Unable to Adjust Rejected Encounter’  
Edit 00780 – ‘Adjustment Must Match Original’  
Edit 00800 – ‘Parent ICN Not Allowed for Original’  
Edit 01405 – ‘Sanctioned Provider’  
Edit 01410 – ‘Invalid Billing Provider NPI’  
Edit 01425 – ‘Invalid Rendering Provider NPI’  
Edit 01430 – ‘Invalid Referring Provider NPI’  
Edit 02106 – ‘Invalid Beneficiary Last Name’  
Edit 02110 – ‘Beneficiary ID Not on File’  
Edit 02112 – ‘DOS After Beneficiary DOD’  
Edit 02120 – ‘Beneficiary Sex Mismatch’  
Edit 02125 – ‘Beneficiary DOB Mismatch’  
Edit 02240 – ‘Beneficiary Not Enrolled in MAO for DOS’  
Edit 02256 – ‘Beneficiary Not Part C Eligible for DOS’  
Edit 03015 – ‘HCPCS Code Invalid for DOS’

## II. MAO Transaction report changes; MAO-001 DEN Format, new values in MAO-002

**Phase 2 implementation includes updates to the format of the MAO-001 Encounter Data Duplicates Report and the addition of new values to the MAO-002 Encounter Data Processing Status Report, which are described in detail below.**

**MAO-001 DEN**  
Announced in the April 3, 2026 HPMS Memo titled 'Medicare Advantage Encounter Data Dental Submissions - Phase Two Update' the MAO-001 DEN has been updated to provide a reporting for the tooth number. There is no change to the length of the MAO-001 report you receive for Professional, Institutional or DME submissions currently; instead, the MAO-001 DEN repurposes positions 134-136 from available filler for reporting tooth number.

### MAO-001 DEN File Layout:

HEADER RECORD There is only one header per record per file.				
Position(s)	Item	Notes	Length	Format
1	Record Type	0=Header	1	Numeric, no commas and/or decimals
2	Delimiter		1	Uses the * character value
3-9	Report ID	Value is <b>"MAO-001"</b>	7	Alpha Numeric
10	Delimiter		1	Uses the * character value
11-18	Report Date	Date that the report was created by EDPS.	8	Numeric, format CCYYMMDD
19	Delimiter		1	Uses the * character value
20-27	Transaction Date		8	Numeric, format CCYYMMDD
28	Delimiter		1	Uses the * character value
29-67	Report Description	Value is <b>"Encounter Data Duplicates Report"</b>	39	Alpha Numeric, Left justify, blank fill
68	Delimiter		1	Uses the * character value
69-73	Filler		5	Blank – (Removal of Contract ID)
74	Delimiter		1	Uses the * character value
75-104	Submission Interchange Number	Interchange Sender ID (ISA06) + Interchange Control Number (ISA13) + Interchange Date (ISA09)	30	Alpha Numeric
105	Delimiter		1	Uses the * character value
106-108	Record Type	Value is <b>"INS"</b> , <b>"PRO"</b> ,	3	Alpha Numeric

Position(s)	Item	Notes	Length	Format
		<b>“DME”, “DEN”</b>		
109	Delimiter		1	Uses the * character value
110-113	Submission File Type	Value is <b>“TEST”</b> or <b>“PROD”</b>	4	Alpha Numeric
114	Delimiter		1	Uses the * character value
115-200	Filler		86	Spaces

**DETAIL RECORD** There may be multiple detail records per file.

Position(s)	Item	Notes	Length	Format
1	Record Type	1=Detail	1	Numeric, no commas and/or decimals
2	Delimiter		1	Uses the * character value
3-9	Report ID	Value is <b>"MAO-001"</b>	7	Alpha Numeric
10	Delimiter		1	Uses the * character value
11-15	Medicare Advantage Contract ID	Medicare Contract ID assigned to the MA Plan	5	Alpha Numeric
16	Delimiter		1	Uses the * character value
17-36	Plan ID (CCN)	Plan internal control number.	20	Alpha Numeric
37	Delimiter		1	Uses the * character value
38-56	Encounter ICN	Internal Control Number. In encounter data, only 13 spaces represent the ICN; however additional spaces allow for other use.	19	Alpha Numeric
57	Delimiter		1	Uses the * character value
58-60	Encounter Line Number	Internal line number generated by EDPS.	3	Numeric, no commas and/or decimals
61	Delimiter		1	Uses the * character value
62-81	Duplicate Plan Encounter ID (CCN)	Duplicate Plan ID stored in EDPS	20	Alpha Numeric
82	Delimiter		1	Uses the * character value
83-101	Duplicate Encounter	Duplicate Encounter ICN identified in EDPS. In encounter	19	Alpha Numeric

Position(s)	Item	Notes	Length	Format
	ICN	data, only 13 spaces represent the ICN. Additional spaces allow for other use.		
102	Delimiter		1	Uses the * character value
103-105	Duplicate Encounter Line Number	Internal line number generated by EDPS.	3	Numeric, no commas and/or decimals
106	Delimiter		1	Uses the * character value
107-118	Beneficiary HICN	Beneficiary Health Insurance Encounter Number	12	Alpha Numeric
119	Delimiter		1	Uses the * character value
120-127	Date of Service		8	Numeric, format CCYYMMDD
128	Delimiter		1	Uses the * character value
129-133	Error Code	Error Code	5	Alpha Numeric
134	Delimiter		1	Uses the * character value
<b>135-136</b>	<b>Tooth Number</b>	<b>Tooth Number</b>	<b>2</b>	<b>Alpha Numeric</b>
<b>137</b>	<b>Delimiter</b>		<b>1</b>	<b>Uses the * character value</b>
<b>138-200</b>	<b>Filler</b>		<b>63</b>	<b>Spaces</b>
<b>TRAILER (TOTALS) RECORD</b> There is only one trailer per record file.				
Position(s)	Item	Notes	Length	Format
1	Record Type	9=Trailer	1	Numeric, no commas and/or decimals
2	Delimiter		1	Uses the * character value
3-9	Report ID	Value is "MAO-001"	7	Alpha Numeric
10	Delimiter		1	Uses the * character value
11-18	Total Number of Duplicate Encounter Lines Rejected		8	Numeric, no commas and/or decimals
19	Delimiter		1	Uses the * character value
20-27	Total Number		8	Numeric, no commas and/or decimals

Position(s)	Item	Notes	Length	Format
	of Encounter Lines Submitted			
28	Delimiter		1	Uses the * character value
29-36	Total Number of Encounter Records Submitted		8	Numeric, no commas and/or decimals
37	Delimiter		1	Uses the * character value
38-200	Filler		163	Numeric, no commas and/or decimals

### MAO-001 DEN Formatted Report Example

Encounter Data Duplicates Report											
Report Run Date 09/05/2024 12:11PM											
Medicare Advantage Contract ID: H9999											
PROD											
Page	1		Submission Interchange Number: ENC00000000000000000000								
Report ID: MAO-001			Report Date: 09/05/2024								
			Transaction Date: 09/05/2024								
Record Type	Plan	Encounter ID (CCN)	Encounter ICN	Encounter Line Number	Duplicate Plan	Duplicate Encounter	Duplicate Encounter	Beneficiary ID	Date of Service	Error Code	Tooth Number
					Encounter ID (CCN)	ICN	Line Number				
DEN	DUMMY_DATA	1234567890011		001	DUMMY_DATA	1234567890001	011	11111111111	06/01/2024	60015	21
DEN	DUMMY_DATA	1234567890012		002	DUMMY_DATA	1234567890002	012	22222222222	06/05/2024	60015	21
TOTALS:											
Total Number of Duplicate Encounter Lines Rejected:				2		Total Number of Encounter Records Submitted:				20	
Total Number of Encounter Lines Submitted:				68							

### MAO-001 DEN Text Report Example

0*MAO-001*20240905*20240905*Encounter Data Duplicates Report	*	*ENH99990000000000000000	*DEN*PROD*
1*MAO-001*H9999*DUMMY_DATA	*123456789001111	*001*DUMMY_DATA	*1234567890001
1*MAO-001*H9999*DUMMY_DATA	*123456789002222	*002*DUMMY_DATA	*1234567890002
			*001*11111111111 *20240601*60015*21*
			*002*22222222222 *20240605*60015*21*

### MAO-002 Value updates

Within the MAO-002 report there are new values added to positions 106-108 “Record Type” in the header record and position 92-94 “Prelim RA Flag” in the detail record.

‘Record Type’, positions 106-108 in the header record will now include DEN, for dental. This will appear on MAO-001 and MAO-002 reports associated with 837-D submissions.

‘Prelim RA Flag’, positions 92-94 in the detail record can now also be blank or have no values. The Prelim RA Flag will be blank on the MAO-002 DEN report.

## MAO-002 DEN Formatted Report Example

Encounter Data Processing Status Report									
Report Run Date 09/05/2024 12:11PM									
Medicare Advantage Contract ID: H9999									
PROD									
Page	1				Submission Interchange Number: ENC0000000000000000				
Report ID: MAO-002				Report Date: 09/05/2024					
				Transaction Date: 09/05/2024					
Record Type	Plan	Encounter ID (CCN)	Encounter ICN	PRELIM RA FLAG	PRELIM RA RSN CODE	Encounter Line Number	Encounter Status	Error	Error Description
DEN	DUMMY_DATA		123456789001111			000	Accepted	-	-
						001	Accepted	-	-
						002	Accepted	-	-
DEN	DUMMY_DATA		123456789001112			000	Accepted	-	-
						001	Accepted	-	-
						002	Accepted	-	-

## MAO-002 DEN Text Report Example

0*MAO-002*20240905*20240905*Encounter Data Processing Status Report*	*ENC00000000000000000001	*DEN*PROD*	
1*MAO-002*H9999*DUMMY_DATA	*123456789001111	*000*Accepted*	*
1*MAO-002*H9999*DUMMY_DATA	*123456789001112	*001*Accepted*	*
9*MAO-002*00000000*00000064*00000000*00000002*00000002*00000000*00000002*			



## Appendix A

### **Edit 60000 – ‘Line Level DOS Required’**

- Encounter header ‘From’ and ‘To’ date span is greater than 1 day and
- Line Service Date is not present on the encounter.

Note: For an encounter with one day span, the system will continue to adjudicate the encounter using the header level DOS. This is a mandatory edit.

### **Edit 60005 – ‘Service Date Greater Than ICN Date’**

- Encounter line Service Date is greater than the receipt date portion of the ICN

OR

- EDPS shall post the header level Edit 60005 – ‘Service Date Greater Than ICN Date’ when the following condition is met:
  - Encounter header ‘To’ Service Date is greater than the receipt date portion of the ICN.

### **Edit 60010 – ‘DOS Prior to 2024’**

- Encounter line Service Date is prior to 01/01/2024.

OR

- EDPS shall post the header level Edit 60010 – ‘DOS Prior to 2024’ when the following condition is met:
  - Encounter header ‘From’ Service Date is prior to 01/01/2024.

Note: This is a mandatory edit.

### **Edit 00035 – ‘ICD-9 Codes Not Allowed’**

- Encounter contains ICD-9 Diagnoses codes.

#### **Edit 00265 – ‘Correct/Replace or Void ICN Not in EDPS’**

- Claim Frequency is ‘7’ or ‘8’ and
- Parent/Original ICN is not found on the EDPS history.

#### **Edit 00699 – ‘Void Must Match Original’**

- The current encounter is a Void/Delete encounter with a Claim Frequency code of ‘8’ and
- The Parent/Original encounter ICN is present in the EDPS and
- The status of the original encounter is ‘Accepted’ and
- One of the following data elements is not the same for the current Void and Original/History encounters:
  - Medicare Beneficiary Identifier (MBI) – header level.
  - Last Name (first 5 characters) – header level
  - First Name (first character) – header level
  - Place of Service – header level
  - Submitted Charges – header level
  - Date of Service – header level
  - Number of encounter lines – line level
  - Billing Provider NPI – header level
  - Rendering Provider NPI – header level
  - Payer ID

Notes: If the Last Name (first 5 characters)/ First Name (first character) on the current encounter doesn’t match with original/parent encounter, EDPS will validate names against the beneficiary data received in CMS beneficiary reference data.

Rendering Provider NPI will be validated only if submitted on current and original/parent encounters.

#### **Edit 00755 – ‘Void Encounter Already Void/Adjusted’**

- The current encounter is a Void/Delete encounter with a Claim Frequency code of ‘8’ and
- The Parent/Original encounter ICN is present in the EDPS and
- The status of the original encounter is ‘Voided’ or ‘Adjusted’ or ‘Credited.’

#### **Edit 00760 – ‘Adjusted Encounter Already Void/Adjusted’**

- The current encounter is a Correct/Replace encounter with a Claim Frequency code of ‘7’ and
- The Parent/Original encounter ICN is present in the EDPS and
- The status of the original encounter is ‘Voided’ or ‘Adjusted’ or ‘Credited.’

#### **Edit 00762 – ‘Unable to Void Rejected Encounter’**

- The current encounter is a Void/Delete encounter with a Claim Frequency code of ‘8’ and
- The Parent/Original encounter ICN is present in the EDPS and
- The status of the original encounter is ‘Rejected.’

#### **Edit 00775 – ‘Unable to Adjust Rejected Encounter’**

- The current encounter is a Correct/Replace encounter with a Claim Frequency code of ‘7’ and
- The Parent/Original encounter ICN is present in the EDPS and
- The status of the original encounter is ‘Rejected.’

#### **Edit 00780 – ‘Adjustment Must Match Original’**

- The current encounter is a Correct/Replace encounter with a Claim Frequency code of ‘7’ and
- The Parent/Original encounter ICN is present in the EDPS and
- The status of the original encounter is ‘Accepted’ and
- One of the following data elements is not the same for the current Adjustment and Original/History encounters:
  - Medicare Beneficiary Identifier (MBI) – header level.
  - Last Name (first 5 characters) – header level
  - First Name (first character) – header level
  - Place of Service – header level
  - Billing Provider NPI – header level
  - Payer ID

Note: If the current encounter’s Last Name (first 5 characters)/ First Name (first character) doesn’t match with original/parent encounter, EDPS will validate names against beneficiary data from CMS beneficiary reference data, Beneficiary in Cloud (BIC).

#### **Edit 00800 – ‘Parent ICN Not Allowed for Original’**

- The current encounter is an original (claim frequency other than ‘7’ or ‘8’) and Parent ICN is present on the encounter.

#### **Edit 01405 – ‘Sanctioned Provider’**

- Validate the Billing Provider at the Header level and
- Validate the Rendering Provider at the Header level and
- Validate the Rendering Provider at the Line level and

Post this edit when:

- Billing Provider or Rendering Provider (header and/or line level) submitted on the encounter has a Sanction date and the header 'from' date of service or the line Service Date is within the sanction begin date and the reinstatement date and

Note: Bypass this edit if the Billing and Rendering (header and/or line level) provider exists on the waiver file and the header 'from' date of service or the line Service Date is between the waiver effective date and waiver end date.

#### **Edit 01410 – 'Invalid Billing Provider NPI'**

- Billing Provider NPI is NOT a Dental Atypical NPI 1999999968 and
- Billing Provider NPI is not found in the NPPES data file for the encounter header 'From' Service Date.

#### **Edit 01425 – 'Invalid Rendering Provider NPI'**

- Rendering Provider NPI submitted on the encounter header is NOT a Dental Atypical Provider NPI 1999999968 and
- Rendering Provider NPI submitted on the encounter header is NOT found in the NPPES for the encounter header 'From' Service Date

OR

- Rendering Provider NPI submitted on the encounter service line is NOT a Dental Atypical Provider NPI 1999999968 and
- Rendering Provider NPI submitted on the encounter service line is NOT found in the NPPES for the encounter line Service Date.

Note: If line Service Date is not submitted, header Service Date will be used.

#### **Edit 01430 – 'Invalid Referring Provider NPI'**

- Referring Provider NPI submitted on the encounter header is NOT a Dental Atypical Provider NPI 1999999968 and

Referring Provider NPI submitted on the encounter header is NOT found in the NPPES for the encounter header 'From' Service Date.

#### **Edit 60020 – 'Invalid Assistant Surgeon NPI'**

- Assistant Surgeon NPI submitted on the encounter header is NOT a Dental Atypical Provider NPI 1999999968 and
- Assistant Surgeon NPI submitted on the encounter header is NOT found in the NPPES for the encounter header 'From' Service Date.

OR

- Assistant Surgeon NPI submitted on the encounter service line is NOT a Dental Atypical Provider NPI 1999999968 and
- Assistant Surgeon NPI submitted on the encounter service line is NOT found in the NPES for the encounter line Service Date.

Note: If line Service Date is not submitted, header Service Date will be used.

#### **Edit 60025 – ‘Invalid Supervising Provider NPI’**

- Supervising Provider NPI submitted on the encounter header is NOT a Dental Atypical Provider NPI 1999999968 and
- Supervising Provider NPI submitted on the encounter header is NOT found in the NPES for the encounter header ‘From’ Service Date.

OR

- Supervising Provider NPI submitted on the encounter service line is NOT a Dental Atypical Provider NPI 1999999968 and
- Supervising Provider NPI submitted on the encounter service line is NOT found in the NPES for the encounter line Service Date.

Note: If line Service Date is not submitted, header Service Date will be used.

#### **Edit 02106 – ‘Invalid Beneficiary Last Name’**

- Beneficiary ID submitted on the encounter exists in the Beneficiary in Cloud (BIC) response.
- The first 5 positions of the Beneficiary Last Name do not match the first 5 positions of the Last Name found in BIC for the submitted Beneficiary ID

Note: If the Last Name (first 5 characters) doesn’t match, EDPS will validate the name against the beneficiary's history received in BIC response.

#### **Edit 02110 – ‘Beneficiary ID Not on File’**

- Beneficiary ID submitted on the encounter is not found in the Beneficiary in Cloud (BIC) response.

#### **Edit 02112 – ‘DOS After Beneficiary DOD’**

- Beneficiary ID submitted on the encounter exists in the Beneficiary in Cloud (BIC) response.
- The encounter line Service Date is after the beneficiary date of death found in the Beneficiary in Cloud (BIC) response for the Beneficiary ID submitted on the encounter.

Note: If line Service Date is not submitted, header ‘From’ Service Date will be used.

#### **Edit 02120 – ‘Beneficiary Sex Mismatch’**

- Beneficiary ID submitted on the encounter exists in the Beneficiary in Cloud (BIC) response.
- The Beneficiary’s sex code submitted on the encounter does not match the Beneficiary’s sex code found in the Beneficiary in Cloud (BIC) response for the Beneficiary ID submitted on the encounter.

#### **Edit 02125 – ‘Beneficiary DOB Mismatch’**

- Beneficiary ID submitted on the encounter exists in the Beneficiary in Cloud (BIC) response and
- Month of the beneficiary’s date of birth received on the encounter does not match the month of the beneficiary’s date of birth stored in the Beneficiary in Cloud (BIC) response for the submitted Beneficiary ID.

OR

- Day of the beneficiary’s date of birth received on the encounter does not match the day of the beneficiary’s date of birth stored in Beneficiary in Cloud (BIC) response for the submitted Beneficiary ID.

OR

- The year of the beneficiary’s date of birth received on the encounter is greater than plus or minus two (2) years of the year of the beneficiary’s date of birth stored in Beneficiary in Cloud (BIC) response for the submitted Beneficiary ID.

Example Scenario:

Beneficiary’s DOB: 1965-05-01

Allowed DOB on the encounter: 1963-05-01, 1964-05-01, 1965-05-01, 1966-05-01, 1967-05-01

#### **Edit 02240 – ‘Beneficiary Not Enrolled in MAO for DOS’**

- The Contract ID in the Beneficiary in Cloud (BIC) response for the Beneficiary ID submitted on the encounter matches the Contract ID submitted on the encounter, but the Encounter header ‘From’ date of service or ‘To’ date of service is not within the Contract ID effective and termination dates.

OR

- Contract ID submitted on the encounter for the Beneficiary ID does not match the Contract ID found in the Beneficiary in Cloud (BIC) response.

Note: Bypass this edit when the Encounter ‘From’ date of service” is equal to or prior to the Contract ID termination date and the ‘To’ date of service” is after the Contract ID termination date and Place of Service is equal to 21, 31, 32, 51, 55, 56, OR 61 on the header.

### **Edit 02256 – ‘Beneficiary Not Part C Eligible for DOS’**

- Encounter line Service Date is before the Beneficiary Part C entitlement start date.

OR

- Encounter line Service Date is after the Beneficiary Part C entitlement end date.

OR

- Encounter header Service Date is before the Beneficiary Part C entitlement start date when line Service Date is not submitted.

OR

- Encounter header Service Date is after the Beneficiary Part C entitlement end date when line Service Date is not submitted.

OR

- Treatment Start Date is within the Beneficiary Part C entitlement start and end dates and Treatment End date is after the entitlement end date when line Service Date is not submitted, and both Treatment Start and End dates are submitted.

Notes: Bypass this edit when the Treatment Start date is within the Contract ID effective and termination dates and the Treatment End date is after the Contract ID termination date and the Place of Service is equal to 21, 31, 32, 51, 55, 56, or 61 on the service line.

If the line POS is not submitted, header POS will be used.

### **Edit 60015 – ‘Service Line Duplicated’**

When the encounter service lines are submitted with exact same data elements as listed below:

- Beneficiary Identifier
- Line Service Date
- Place of Service
- Procedure code
- Modifiers
- Rendering Provider NPI
- Service Line Billed Amount
- Area of the Oral Cavity, if recommended by ADA for Procedure Code (SV304)
- Tooth Number, if recommended by ADA for Procedure Code (TOO02)
- Tooth Surface code, if recommended by ADA for Procedure Code (TOO03)

Notes: 1. EDPS validates the data elements within the same encounter and against the accepted history service.

2. If the line Service Date is not submitted, header Service Date(s) will be used.

3. The following reference data must be loaded and maintained, and it will be utilized in Duplicate check to validate the Area of Oral Cavity, Tooth Number, and Tooth Surface codes: [ADA Guide to Dental Procedures Reported with Area of the Oral Cavity or Tooth Anatomy \(or Both\)](#)

4. If any of the Area of Oral Cavity is recommended for the CDT code (Entire, Arch, and/or Quadrant), the submitted Area of Oral Cavity will be validated in duplicate editing regardless of which Area of the Oral Cavity code is submitted.
5. If Tooth Number and/or Tooth range are recommended for the CDT code, the submitted Tooth Number will be validated in duplicate editing.
6. If the Tooth Surface code is recommended for the CDT code, the submitted Tooth Surface code will be validated in duplicate editing.
7. This edit will post on service lines with multiple TOO segments when the Tooth Number and Tooth Surface codes are duplicated regardless of whether the Tooth Number and Tooth Surface codes are ADA recommended.

**Edit 03015 – ‘HCP CS Code Invalid for DOS’**

- The Procedure code submitted on the service line exists in the Procedure reference tables and
- The line Service Date is before the Procedure code effective date or
- The line Service Date is after the Procedure code termination date

Note: If the line Service Date is not submitted, header ‘From’ Service Date will be used.