

10 Reasons Why DME Claims Gets Rejected

These problems must be addressed because they are not appealable.

BY PAUL KESSELMAN, DPM

Medicare claims for most services by the vast majority of providers are submitted in electronic format. Providers may use a billing service or vendor to submit those claims or may be using a software program in-house to perform this task. DME claims submitted electronically whether submitted by the supplier, vendor, or billing service are not submitted directly to the DME carrier, but to the Common Electronic Data Interchange (CEDI). The CEDI serves as a filtering service for the four DME MACs and reviews the claims to ensure they are in compliance with numerous standards required by Medicare. Compliance standards include coding requirements (checking for valid HCPCS codes), enrollment standards (checking for accuracy of NPI), beneficiary's biographical data (checking for accuracy of common work file), and others.

Each month the CEDI releases its top 10 error rates. It's important to understand and periodically review these errors. It is equally important to understand that there are no appeal rights with these errors, as claims receiving a CEDI error are referred to as "front end rejections"—that is, claims with these types of errors never reach the carrier. Inquiries to the carriers on these types of claims typically will yield few results as the carrier will have min-

imal if any information on the claim. Electronic claim submitters, therefore, should be checking their submission reports generated within 24 hours of any claims submission to ensure that the

1. CSCC A7: "Acknowledgment/Rejected for Invalid Information..." CSC 507: "HCPCS"

The Procedure Code must be a valid HCPCS Code for the Service Date.

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CEDI successfully accepted their claims for processing and none were rejected.

Below, you will find the CEDI report of the top 10 error rates, including a description of the rejection and their rejection codes. While the frequency of these top ten (and those on the list) periodically change, it's important to check your own reports to see if any of these are common to your practice. If so, take the required steps to resolve them prior to submitting your claims. Also included are some hints to prevent these types of errors.

This can also be caused by sending an invalid HCPCS and modifier combination (you meant to bill A5500 KX RT and instead billed A5500 XK RT). The HCPCS can be verified with PDAC. If additional information is needed concerning the valid combination, please contact the Jurisdiction where the claim will be processed.

2. CSCC A7: "Acknowledgment/Rejected for Invalid Information..." CSC 164: "Entity's contract/member number" EIC IL: Subscriber

The patient's Medicare number is incorrect or invalid. Verify the Medicare number and enter it exactly as it appears on the beneficiary's red, white, and blue Medicare card. This is commonly known as a common work file error. Use an eligibility program (free of

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**DME CLAIM
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DME CLAIM**

REJECTED

Rejected (from page 39)

third party) to check the patient's identification and Medicare status prior to providing a service and claims submission). Don't use titles such as Mr., Mrs., Dr., etc.

3. CSCC A8: "Acknowledgement/Rejected for Invalid Information..." CSC 496: "Submitter not approved for electronic claim submission on behalf of this entity" EIC 85: Billing Provider

The Billing Provider NPI is not associated with the submitter. The Trading Partner/Submitter ID is not authorized to submit claims for the supplier. If this error is received, the supplier must complete and sign the appropriate form on the CEDI Website (www.ngscedi.com) and return it to CEDI for processing.

Suppliers who use a third party (e.g., a clearinghouse or billing service) must complete the Supplier Authorization Form. Suppliers who submit their own claims and do not use a third-party biller must complete the CMS EDI Enrollment Agreement.

If you are receiving this type of rejection, it is likely that all your claims are being rejected. You may be either new to electronic claims submission, or your software (and/or vendor or billing provider) has recently changed. The CEDI help desk 866-311-9184, should be able to assist you with most questions regarding CEDI enrollment and updating.

4. CSCC A7: "Acknowledgement/Rejected for Invalid Information..." CSC 254: "Procedure Code Modifier(s) for Service(s) Rendered"

The procedure code modifiers must not be duplicated within the same detail service line. That is, don't use RT twice on the same service line. For example, don't bill A5500 KX KX or A5500 KX RT RT on the same service line.

5. CSCC A7: "Acknowledgement/Rejected for Invalid Information..." CSC 254: "Primary Diagnosis Code" and or CSCC A8: "Acknowledgement/Rejected for relational field in error and/or

6. CSCC A7: "Acknowledgement/Rejected for Invalid Informa-

tion..." CSC 254: "Principle Diagnosis Code"

The diagnosis code pointed to by diagnosis code pointer 1 (SV107-1, SV107-2, SV107-3, or SV107-4) is invalid for the claim line date of service. Questions regarding the effective dates of a diagnosis code should be directed to the DME MAC where the claim would be processed based on the patient's state code in the address provided on the claim.

An example—you used an ICD-9 code, instead of an ICD-10 code for a claim with a date of service after 10/01/15, or you used an ICD-10 code for a claim with a date of service prior to 10/01/15. Equally, the ICD code you used does not exist.

7. CSC 562: "Entity's National Provider Identifier (NPI)" CSC 128: "Entity's tax id" EIC 85: Billing Provider

The Billing Provider Tax Identification Number must be associated with the billing provider's NPI. Verify that the information you are submitting matches the information on file with the NPPES and NSC. Be sure the NPI and NSC's PTAN have the correct information on your tax identification numbers.

8. CSCC A7: "Acknowledgement/Rejected for Invalid Information..." CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered"

Procedure Modifier must be valid for the Service Date.

9. CSCC A7: "Acknowledgement/Rejected for Invalid Information..." SC 562: "Entity's National Provider Identifier (NPI)" EIC 85: Billing Provider

A Billing Provider Identifier must be a valid NPI on the Crosswalk. Verify that the NPI and DME PTAN are linked together. To establish a crosswalk, verify that the supplier's information listed on the NPPES website matches the information at the NSC. If you have questions about these matches, please contact NPPES at 800-465-3203 or the NSC at 866-238-9652.

Note: PECOS can also affect your crosswalk. PECOS is the system used by the NSC for DME suppliers to enroll in Medicare. Suppliers can log in to and verify that their NPI is listed cor-

rectly. For assistance with PECOS, call 866-484-8049.

10. CSCC A7: "Acknowledgement/Rejected for Invalid Information..." CSC 187: "Date(s) of service"

Most podiatric claims do not use a "from and to date", also referred to as "spanned dates". The exception, certain in patient medical services (subsequent in-patient hospital evaluations) where a patient was seen for the same diagnoses and procedure code over several days. It would not be appropriate for the typical DME services provided by podiatrists.

Summary

To summarize, if your submission reports contain any of the errors stated above, the claims have no appeal rights and they likely were rejected on the front end—i.e., they never made it to the carrier. Be sure to follow up with your biller to resolve any of these matters. While some of these issues would be considered major (e.g., NPI tax identification issues), most are usually minor (e.g., entered the wrong beneficiary name and/or number; or incorrect HCPCS code or modifier). Minor problems are easily corrected within your office and the claim can be resubmitted once corrected. Major issues are often challenging and take time to correct. They are best avoidable by ensuring that CEDI enrollment questions and revalidations are responded to and resolved in a timely fashion. A full list of CEDI errors can be found on the CEDI home page at <http://www.ngscedi.com/ngsportal/ngscedi/cedi-helpdesk>. PM



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Committee for several Regional DME MACs (DMERCs). He is a noted expert on durable medical equipment (DME) for the podiatric profession, and an expert panelist for Codingline.com. He is a medical advisor and consultant to many medical manufacturers.