



Revenue Cycle

“Edit Failures ANSI – Work Items”

Yvette Guerrero & Jeff Smith

August 29th & 31st, 2023

Agenda

- Claim Validation Edit Overview
- Accessing Claim Validation Edits
- Additional Background- Claim Validation Edits
- Alpha II Claim Edits
 - Work Item Configuration
 - Alpha II Work Group Activities
 - Planned Alpha II reconfigurations and workflow re-design
- Overview Edit Failures
 - Edit Failure
 - ✓ ANSI Work Item 'WI'
 - Financial Class
 - ✓ BC/BS
 - Identify error categories
 - Identify UBO errors versus Coding errors
 - Apply process to other Edit Failures and Financial Classes
 - Reports
 - GSC Tickets for improvement



Improving Health and Building Readiness. Anytime, Anywhere — Always



CPA- Claim Validation Edits Overview

- First Line claim edits run at the time of initial claim generation for both 1500 and UB-04 claim forms
- Edit content is configured specifically to DHA requirements, and generally validates the basic elements of the Electronic Data Interchange (EDI) claim transaction are in place
- All Claim validation edits (CVE'S) require correction before further claim processing can occur
- CVE edit descriptions specify whether impacted EDI claim segments have erroneous or missing data



Improving Health and Building Readiness. Anytime, Anywhere — Always



Accessing Claim Validation Edits

Step 1- Generate impacted claim form, then double click validate:

Submit Batch Submit as Paper Print **Validate** Review Deny Cancel Search Comment Exit

ew Edit Info

BROOKE ARMY MEDICAL CENTRE ² 3551 ROGER BROOKE DR FORT SAM HOU TX 782344504 2109168563		3a PAT. CNTL. # b. MED. REC. #		4 TYPE OF BILL 0131	
9 PATIENT ADDRESS a		5 FED. TAX NO. 74-1282653		7 FROM 071723	
b		c		d	
17 STAT 01		18 25		20 ACDT STATE 90	
31 OCCURRENCE DATE 11 071723		32 OCCURRENCE DATE		33 OCCURRENCE DATE	
34 OCCURRENCE DATE 01		35 OCCURRENCE DATE		36 OCCURRENCE SPAN FROM THROUGH	
37 OCCURRENCE SPAN FROM THROUGH		38 OCCURRENCE SPAN FROM THROUGH		39	
39 CIVILIAN EMERGENCY 000 7700 ARLINGTON BLVD FALLS CHURCH VA, 22042		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
42 REV. CD. 1 0306		43 DESCRIPTION LAB/BACT-MICRO		44 HCPCS / RATE / HIPPS CODE 87624	
45 SERV. DATE 071723		46 SERV. UNITS 3		47 TOTAL CHARGES 11394	
48 NON-COVERED CHARGES		49		1	



Improving Health and Building Readiness. Anytime, Anywhere — Always



Accessing Claim Validation Edits con't

Step 2- Visualize CVE error reason, double click line item to open and enter required claim information



Claim Has Validation Errors

Validation has completed successfully. Below are the validation errors that were found.

Alias	Description	Field	Index	Severity
	(2010BA N301) Subscriber Street Address is mis...	WPC83715010_2010BA_N301_SubscriberAddressLine		INFORMATION
	(2010BA N401) Subscriber City is missing	WPC83715010_2010BA_N401_SubscriberCityName		INFORMATION
	(2010BA N402) Subscriber State is missing	WPC83715010_2010BA_N402_SubscriberStateCode		INFORMATION
	(2010BA N403) Subscriber Zip Code is missing	WPC83715010_2010BA_N403_SubscriberZipCode		INFORMATION



Improving Health and Building Readiness. Anytime, Anywhere — Always



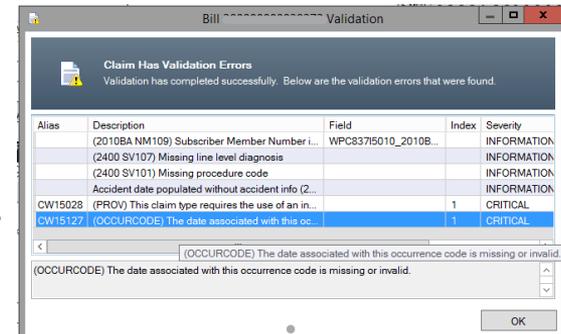
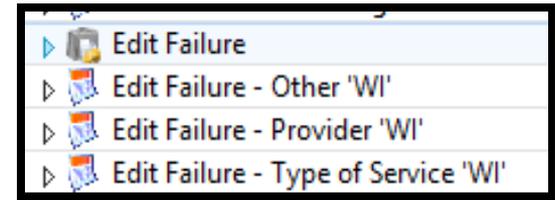
Additional CVE Background

- The nomenclature for the CVE edit description and field is technical in nature, reflecting the ANSI claim transaction loops and data elements impacted
- Edits often denote missing demographic information for patients, guarantors, and payors. Examples of additional errors, (dependent on claim form requirements), include:
 - Missing Payer ID
 - Missing Diagnosis Pointer
 - Missing subscriber gender
 - Missing or incorrectly formatted secondary ID reference
 - Inaccurate or incomplete payer NAIC number
 - Assignment of benefits not completed
- Currently, CVE edit are configured to run for all financial classes, including Tricare



Alpha II Claim Edits

- Alpha II is an embedded claim scrubber, within Revenue Cycle. The edits are triggered when a claim is generated.
- To identify Alpha II Edit:
 - Workflow-Queue tab, Edit Failure Queues
 - ✓ Edit Failure Number 'CS123' or 'CW123'
 - Open Claim-Bill Record Browser, select Validate icon
 - Discern Report - Edit Failure Details Report



Improving Health and Building Readiness. Anytime, Anywhere — Always



Edit Suites in ClaimStaker- Alpha ii Groupings by Claim Type

Professional Claim Edit Maintenance by Claim Type

Select	Edit Number	Edit Name	Edit Category	Edit Severity	<input type="checkbox"/> BC/BS	<input type="checkbox"/> Tricare	<input type="checkbox"/> Commercial	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Auto	<input type="checkbox"/> Workers Comp	<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicare Advantage
<input type="checkbox"/>	1008	CCI Unbundled Code Pairs - Modifier Not Allowed	CCI	Reject Claim	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
<input type="checkbox"/>	1009	CPT Code Sequencing by RVU	CPT/HCPCS	Reduced Payment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
<input type="checkbox"/>	1010	CPT/HCPCS Versus Patient Gender	CPT/HCPCS	Reject Claim	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
<input type="checkbox"/>	1011	Medicare Type I Add-on Code and Parent Code Validation	CPT/HCPCS	Line Item Denied	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	1012	Medicare Type II Add-on Code and Parent Code Validation	CPT/HCPCS	Actionable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
<input type="checkbox"/>	1015	AMA Add-on Code and Defined Parent Code Validation	CPT/HCPCS	Line Item Denied	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		AMA Add-on Code and Undefined Parent Code							<input checked="" type="checkbox"/>			

This or a/b/c/d/e/f/g/h/i/j/k/l/m/n/o/p/q/r/s/t/u/v/w/x/y/z of data contained in this sheet is subject to the restrictions on the title page of this document



Improving Health and Building Readiness. Anytime, Anywhere — Always



Work Item Configuration by Edit Category

Work Item Name (By Edit Category)	Work Item Business Rule
DOD Edit Failure - Demographic	(Edit Category = "Demographic")
DOD Edit Failure - Provider	(Edit Category = "Provider")
All Other Edit Categories	(Edit Category = " ") and (Financial Class is not equal to "TRICARE")

- Work Items are determined first by the Edit Categories
- Work item business rules are then configured to trigger a work item for routing specific edit categories to the appropriate party/assignee for resolution



Improving Health and Building Readiness. Anytime, Anywhere — Always



List of All Edit Categories with Work Item Assignees

- DOD Edit Failure - ANSI
- DOD Edit Failure - Authorization
- DOD Edit Failure - CCI/OCE
- DOD Edit Failure - Condition Codes
- DOD Edit Failure - CPT/HCPCS
- DOD Edit Failure - Dates
- DOD Edit Failure - Demographic
- DOD Edit Failure - Diagnosis
- DOD Edit Failure - E/M
- DOD Edit Failure - ID
- DOD Edit Failure - MCE
- DOD Edit Failure - Med Necessity
- DOD Edit Failure - Modifier
- DOD Edit Failure - Occurrence Codes
- DOD Edit Failure - Place of Service
- DOD Edit Failure - Provider
- DOD Edit Failure - Quality Measures
- DOD Edit Failure - Reimbursement
- DOD Edit Failure - Revenue Codes
- DOD Edit Failure - Type of Service
- DOD Edit Failure - Units
- DOD Edit Failure - Value Codes
- DOD Edit Failure - Other

Edit Failure Categories	Responsible Party/Assignee (Work Item Owner)
ANSI	UBO/Biller
Authorization for ROI Review	UBO/Biller
CCI/OCE	Coding
Condition Code	UBO/Biller
CPT/HCPCS	Coding
Dates	UBO/Biller
Demographic	PAD
Diagnosis	Coding
E/M	Coding
Identification	UBO/Biller
MCE	Coding
Medical Necessity	Coding
Modifier	Coding
Occurrence Code	UBO/Biller
Place of Service	UBO/Biller
Provider	UBO/Biller
Quality Measures	UBO/Biller
Reimbursement	UBO/Biller
Revenue Code	UBO/Biller
Type of Service (aka Type of Bill)	UBO/Biller
Units	Coding
Value Code	UBO/Biller
Other	UBO/Biller



Improving Health and Building Readiness. Anytime, Anywhere — Always



Ongoing Alpha II Edit Resolution Activities

Alpha II Edit Work Group:

- Multi-Stakeholder team meeting weekly to review and resolve edits
- Performs ongoing analysis of Edit Failure reporting from Discern to identify trends, high volume/problematic issues, and to review issues identified by UBO, MCPB, PAD, Health Informatics, and the Leidos team

Edit Reconfiguration and Workflow Re-Design:

- Strategic goal is to reduce volume and nature of un-necessary and low value edits, allowing coding, billing, and registration staff to concentrate on high value claim edits impacting both revenue and workload capture
- Tickets are submitted to GSC to revise edit configuration or to assist in troubleshooting problematic issues



Planned Alpha II edit/workflow reconfigurations

Issue Title	Description
DoD Professional Waiting on Coding 3M360 Hold	1, LPDH team is looking to add logic to the Professional Coding work items to only trigger when a qualifying Professional charge exists. This updated logic would only fire the Work Item/Hold on the encounter at discharge if a professional charge exists.
E&M Office Visit Billing - Institutional Component G0463	<ol style="list-style-type: none"> 1. Ticket with LPDH pending DHA HI approval 2. Institutional component of E&M Office Visits is being denied submitted on facility claim, this rule is to remove that component on certain financial classes when submitting. 3. Activity: Per DHA HI Solution owner on 8/2, requested design needs approval.
Observation Billing	<ol style="list-style-type: none"> 1. Implementing rule to roll up Observation charges on facility claim to a single line item for the first date of service. 2. Ticket with LPDH pending DHA HI approval .



Improving Health and Building Readiness. Anytime, Anywhere — Always



Planned Alpha II edit/workflow reconfigurations con't

Issue Title	Description
Ambulance Billing Rate	1. Update rates to reflect per minute charge
Billing of procedure units- Day Surgery	1. Configure units on 0360 soft coded facility claim line items >1 to equal 1. 2. Soft coding workflow results in CPTs with quantities greater than 1 on facility claim, hitting a valid claim edit.
Reduction of Financial Classes undergoing Alpha II edits	1. Financial classes receiving Alpha II edits as of 8/16/23 is limited to Commercial OHI, BC/BS, DoD/VA Sharing, and Medicare when listed. 2. LEIDOS working on plan to cleanup claims with dates of service prior to 8/16/23 as required.



Planned Alpha II edit/workflow reconfigurations

Issue Title	Description
Immunization Codes Billing on separate claim forms	1. InActivate the "Immunization Rule for Charge Group Procedure Tier" There are 49 CPT/HCPCS Codes. The Charges do not need to be billed on separate claim forms.
Vaccine Administration Revenue Codes	1. LEIDOS investigating why some Vaccine Admin Revenue Codes generated are 0250 instead of reflecting CDM build of 0636
Quantity Conversion Factor (QCF) correction for J3110 to correct improper charging	1. Requesting the QCF for pharmacy item ID 14091415 teriparatide (Forteo) 600mcg/2.4mL inj pen be changed from 144 to 60 to match the change in description within the CSPricingTool.



Overview Edit Failure Webinar

- Edit Failure
 - ANSI Work Item 'WI'
- Financial Class
 - BC/BS
- Identify error categories
- Identify UBO errors versus Coding errors
- Apply process to other Edit Failures and Financial Classes

- Reports
 - Discern Reporting
 - HealtheAnalytics
- GSC Tickets for improvement



Edit Failure Monitoring State Queue ~ Work Items 'WI'

- Pre-Billing: All Financial Classes ~ Exclusions apply
- Resolve Edit Failures in the 'Edit Failure ... 'WI' queue



ANSI Edits

- Edit Failure – ANSI 'WI' work item queue
 - D116 DOD Edit Failure ANSI edit failures
 - Claims/encounters with a HIC-ID medical insurance health plan
 - Incomplete data elements, such as zip code missing +4
 - Work items require update to information in Registration Perspective and the Encounter Perspective
 - NEVER bypass an ANSI edit for a claim going to SSI, this may cause SSI to reject the entire daily batch
- V2-2b UBO HelpFul HandOut – Workflow Queue E-E ~ Edits – Edit Failures



HealthAnalytics - FED Claim Edit Analysis ~ All Data

- FED Claim Edit Analysis
- Pre-SSI
- Alpha II Scrubber
- RevCycle Scrubber
- **Summary**
- No filtered data
- Overwhelming amount of edits
- **Next Step**
- Focus on Financial Class

Back to Project FED Claim Edit Analysis

View: Original

Prompts and Navigation | Summary | Detail | Information

Date: Generated Date | Date Range: All Data

Billing Organization: [Redacted] | Encounter Classification: (All) | Bill Type: (All) | Payer: (All) | Provider Type: Admitting Provider | Edit Category Code: (All) | Source Description: LCAH.NCR.MILLENNIUM.P...

Facility: [Redacted] | Encounter Type: (All) | Plan Responsibility Sequence: (All) | Health Plan: (All) | Provider: (All) | Edit Severity: (All)

Source Organization: (All) | Medical Service: (All) | Financial Class: (All) | Media Type: (All) | Edit Category: (All) | Edit Severity Code: (All)

Column Grouping 1: Generated Year | Column Grouping 2: Generated Month | Column Grouping 3: (Blank)

Row Grouping 1	2023			Grand Total		
Billing Organization	Total Claims Requiring Edits	Total Edits	Total Claim Amount Requiring Edits	Total Claims Requiring Edits	Total Edits	Total Claim Amount Requiring Edits
Row Grouping 2						
Facility	350,582	744,195	\$85,601,508.93	350,582	744,195	\$85,601,508.93
Grand Total	350,582	744,195	\$85,601,508.93	350,582	744,195	\$85,601,508.93



Improving Health and Building Readiness. Anytime, Anywhere — Always



HealthAnalytics FED Claim Edit ~ Financial Class

- Financial Class
 - Blue Cross Blue Shield
- Breakdown
 - All Edit Categories
 - Large amount of data
- Focus
 - Edit Category – ANSI

	2023		
	Total Claims Requiring Edits	Total Edits	Total Claim Amount Requiring Edits
Null	0	0	\$0.00
ANSI	365	1,169	\$164,536.06
CCI/OCE	709	1,258	\$311,706.84
CPT/HCPCS	235	269	\$134,396.80
Dates	214	1,508	\$39,900.17
Diagnosis	486	536	\$655,869.44
Internal Edits	438	1,278	\$199,521.46
MCE	7	7	\$94,124.50
Other	568	666	\$217,095.35
Provider	214	255	\$75,258.40
Reimbursement	2	5	\$1,676.96
Technical	72	72	\$75,060.17
Type of Service	1,069	1,097	\$225,373.99
Units	191	222	\$104,729.12
Grand Total	2,703	8,342	\$1,456,933.59



Improving Health and Building Readiness. Anytime, Anywhere — Always



HealthAnalytics - FED Claim Edit Analysis ~ Approach

- Report provides detailed data for Edit Failures
 - Allows for a focused approach to group and resolve errors
 - Identify trends and volume of errors
- Focus
 - Identify Profile and Health Plan issues
 - ANSI errors
- Report parameters
 - Payor Financial Class - Blue Cross /Blue Shield
 - Edit Category - ANSI



HealthAnalytics - FED Claim Edit Analysis ~ Data

- Financial Class ~ Blue Cross Blue Shield
- Encounter Type ~ Focus on billables – Unchecked non-billables
- Edit Category ~ ANSI

Date	Date Range						
Generated Date	All Data						
Billing Organization	Encounter Classification	Bill Type	Payer	Provider Type	Edit Category Code	Source I	
(All)	(All)	(All)	(All)	Admitting Provider	(All)	LCAH:N	
Facility	Encounter Type	Plan Responsibility Sequence	Health Plan	Provider	Edit Severity		
(All)	(Multiple values)	(All)	(All)	(All)	(All)		
Source Organization	Medical Service	Financial Class	Media Type	Edit Category	Edit Severity Code		
(All)	(All)	Blue Cross/Blue Shield	(All)	ANSI	(All)		
Column Grouping 1	Column Grouping 2	Column Grouping 3					
Generated Year	Generated Month	(Blank)					
Row Grouping 1	2023			Grand Total			
Billing Organization	Total Claims Requiring Edits	Total Edits	Total Claim Amount Requiring Edits	Total Claims Requiring Edits	Total Edits	Total Claim Amount Requiring Edits	
Facility	365	1,169	\$164,536.06	365	1,169	\$164,536.06	
Grand Total	365	1,169	\$164,536.06	365	1,169	\$164,536.06	



Improving Health and Building Readiness. Anytime, Anywhere — Always



Pivot Table Focus – ANSI Edits ~ BC/BS

Data Identifies

- Incorrect HIC-ID format
- Non-Home Plan BC/BS
 - 104 Encounters to resolve
- BC/BS of Texas health plans with Edit Failure – ANSI ‘WI’
 - 148 Encounters to resolve

** BC/BS Health Plans with ANSI Edits **	
*** 5 or more Encounters ***	
Row Labels	Distinct Count
	Encounter Number
ANTHEM BCBS - MD (ANTGA0001)	10
ANTHEM BLUE CROSS - MD (ANTCA00012)	5
BCBS FEDERAL EMPLOYEE PROGRAM - MD (BCBFL0044)	6
BCBS OF NEBRASKA PPO	8
BCBS OF SOUTH CAROLINA - MD (BCBSC0008)	8
BCBS OF TENNESSEE - MD (BCBTN0002)	5
BCBS TEXAS HMO	10
BCBS TEXAS PPO	138
BCBS TX - RX (BCBTX0005)	6
BLUE CROSS BLUE SHIELD OF MICHIGAN - MD (BLUMI0009)	6
Misc BCBS - MD	7
Grand Total	209



BC/BS Health Plans – HIC-ID ~ Non-Local Health Plan

- Update to local BC/BS Joint Insurance Health Plan from Cerner Bedrock

Row Labels	Distinct Count of Encounter Number
ANHEM BCBS - MD (ANTGA0001)	10
ANHEM BCBS CA - MD (ANTCA0010)	1
ANHEM BCBS VA - MD (ANTVA0003)	3
ANHEM BCBS-FEP CLAIMS - MD (ANTGA0004)	1
ANHEM BLUE CROSS - MD (ANTCA00012)	5
BCBS FEDERAL EMPLOYEE PROGRAM - MD (BCBFL0044)	6
BCBS FEP - MD (BCBIA0005)	1
BCBS KANSAS CITY MO - MD (BCBMO0005)	1
BCBS OF KANSAS - MD (BCBKS0002)	1
BCBS OF LOUISIANA - MD (BCBLA0001)	1
BCBS OF OKLAHOMA - MD (BCBOK0001)	1
BCBS OF SOUTH CAROLINA - MD (BCBSC0006)	2
BCBS OF SOUTH CAROLINA - MD (BCBSC0008)	8
BCBS OF TENNESSEE - MD (BCBTN0002)	5
BCBS TX - RX (BCBTX0005)	6
BLUE ADVANTAGE - MD (BLUAR0004)	2
BLUE CROSS BLUE SHIELD - MD (BLUNJ0001)	3
BLUE CROSS BLUE SHIELD OF MICHIGAN - MD (BLUMI0009)	6
CAPITAL DIST PHYSICIANS HEALTH PLAN - MD (CAPNY0002)	1
CAREFIRST BLUE CHOICE - MD (CARMD0014)	1
EMPIRE BCBS - MD (EMPNY0006)	4
PREMERA BLUE CROSS - MD (PREAK0001)	3
Grand Total	72



ANSI Edit – Non-BC/BS of Texas Health Plans

- HealtheAnalytics - FED Claim Edit Data – Pivot Table
 - Update Health Plan to BC/BS Texas, excluding exceptions

Line 1/2 error
identify payor
issue

Row Labels	Distinct Count of Encounter Number
ANSI	
Master File	
(ANSI) Loop: 2000B, Segment: NM1 failed due to: The segment could not be identified.	90
(ANSI) Loop: 2000B, Segment: NM1 failed due to: The Segment is empty or missing.	91
(ANSI) Loop: 2000C Element: PAT01 failed due to: The element content is formatted incorrectly.	1
(ANSI) Loop: 2010BB Element: NM108 failed due to: The element content is formatted incorrectly.	1
(ANSI) Loop: 2300, Segment: HI failed due to: The segment could not be identified.	9
(ANSI) Loop: 2300, Segment: HI failed due to: The Segment is empty or missing.	9
(ANSI) Loop: 2310A Segment: NM1 failed due to: Pair element relation not met. Specified elements: 08, 09	4
(ANSI) Loop: 2310C Segment: NM1 failed due to: Pair element relation not met. Specified elements: 08, 09	1
(ANSI) Loop: 2320 Element: SBR09 failed due to: The element content is formatted incorrectly.	1
(ANSI) Loop: 2400 Element: SV107-1 failed due to: The element content is formatted incorrectly.	8
Grand Total	104



Improving Health and Building Readiness. Anytime, Anywhere — Always



Revenue Cycle - WorkFlow Queue

- Focus area identified after analyzing the reports
- Select Edit Failure – ANSI 'WI'

>	 Edit Failure	26065
>	 Edit Failure - ANSI 'WI'	3637
>	 Edit Failure - Dates 'WI'	496
>	 Edit Failure - Other 'WI'	1469
>	 Edit Failure - Provider 'WI'	3802
>	 Edit Failure - Reimbursement 'WI'	1
>	 Edit Failure - Type of Service 'WI'	1942



Revenue Cycle - WorkFlow Queue ~ Edit Failure ANSI

- Filter the queue cross-walking data elements to match pivot table
- Edit Failure of ANSI Edits and Financial Class of BC/BS
- Click on “Health Plan” header to alphabetize

Updated Status Date	Admission Date	Amount	Work Item	Edit Failure Alias	Health Plan	Description
6/16/2023	6/12/2023	\$210.35	D116 - DOD Edit Failure - ANSI	CS81106	ANTHEM BCBS - MD (ANTGA0001)	
6/16/2023	6/12/2023	\$163.52	D116 - DOD Edit Failure - ANSI	CS81106	ANTHEM BCBS - MD (ANTGA0001)	
6/24/2023	6/21/2023	\$249.51	D116 - DOD Edit Failure - ANSI	CS81106	ANTHEM BCBS - MD (ANTGA0001)	
6/24/2023	6/21/2023	\$143.57	D116 - DOD Edit Failure - ANSI	CS81106	ANTHEM BCBS - MD (ANTGA0001)	



Improving Health and Building Readiness. Anytime, Anywhere — Always



Incorrect Health Plan- HIC ID Format

- Select line with HIC ID Format
 - Click on ▲ to identify Work Item details
- Edit Failure- CS81106
 - NM1 Missing Subscriber/Insurance
- Double-click first line item

Work Item: D116

Patient: [REDACTED]
 Gender: Male
 DOB: [REDACTED]
 MRN: [REDACTED]
 FIN: [REDACTED]

Work Item: D116
 Status: Edit Failure - ANSI 'W'
 Assessor: None
 Reviewer: None
 Status Date: [REDACTED]
 Responsible Type: Personnel
 Responsible: Payer Follow-up User Group [REDACTED]
 Amount: [REDACTED]
 Owner: [REDACTED]
 Type: Claim
 FollowUp Date: [REDACTED]
 Description:

**NM1
Missing
Subscriber/Insurance**

Alias	Description	Field	Index	Severity	Severity Reason	Category Group	Category
CS81106	(ANSI) Loop: 2000B, Segment: NM1 failed due to The segment could not be identified.		1	Critical	Reject Claim	Master File	ANSI

Comment: Work Item Identified: D116 - DOD Edit Failure - ANSI
 SYSTEM: CPTM - 05/01/03 09:57



Registration Perspective - Incorrect Health Plan

- Registration Perspective
 - Insurance tab
 - Verify health plan not updated

Modify Patient - DoD

Patient Alerts and Statuses Military Information Relationships Guarantor **Insurance**

Medicare Coverage Medicare Beneficiary ID Wounded Warrior

NO

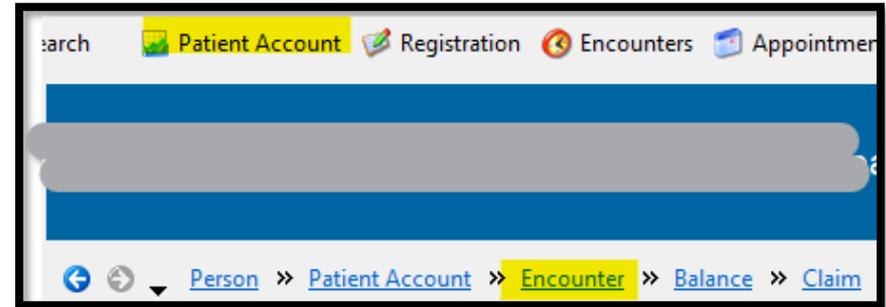
+ Add View Remove Manage Profiles Submit Eligibility Eligibility Details

Profile	Seq	Health Plan	Payer	Financial Class
▼ DOD-SECRETARIAL DESIGNEE				
	1	SECRETARIAL DESIGNEE ARMY FRR	SECDES-ARMY	Secretarial Designee
	2	ANTHEM BCBS - MD (ANTGA0001)	ANTGA	Blue Cross/Blue Shield



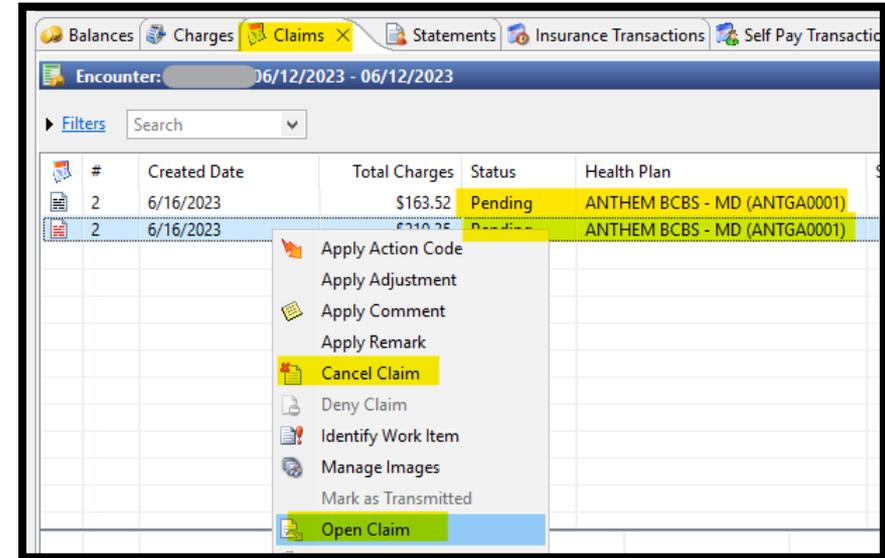
Patient Account Perspective – Encounter Level

- Patient Account Perspective
 - Navi-Bar select Encounter
 - Resolve all claims for each encounter



Patient Account Perspective – Claims Tab

- Patient Account Perspective
 - Claims Tab
 - Open Claim
 - ✓ Validate and Review
 - Cancel Claim
 - Resolve all claims for each encounter



#	Created Date	Total Charges	Status	Health Plan
2	6/16/2023	\$163.52	Pending	ANTHEM BCBS - MD (ANTGA0001)
2	6/16/2023	\$163.52	Pending	ANTHEM BCBS - MD (ANTGA0001)



Patient Account Perspective - Claim Validation Errors

- Bill Record Browser - Select Validate
- Top two rows are informational, but are the reason for the errors – Payer Name and ID Missing
- CS81106- Missing Subscriber (Loop 2000B NM1)
- No reason to review every claim and HIC-ID error – Additional edits will be reviewed on new claims
- Exit and Cancel Claims

 **Claim Has Validation Errors**
Validation has completed successfully. Below are the validation errors that were found.

Alias	Description	Field	Index	Severity
	Payer Name is Missing	WPC837I5010_2010BB_NM103_PayerName		INFORMATION
	(2010BB NM109) Payer ID Missing	WPC837I5010_2010BB_NM109_PayerIdentifier		INFORMATION
CS81106	(ANSI) Loop: 2000B, Segment NM1 failed due to: The segment could not be...		1	CRITICAL
CS80000~0	(ANSI) Loop: 2000B, Segment NM1 failed due to: The Segment is empty or ...		1	CRITICAL
CS80000~1	(ANSI) Loop: 2000B, Segment NM1 failed due to: The Segment is empty or ...		1	CRITICAL
CS80000~2	(ANSI) Loop: 2000B, Segment NM1 failed due to: The Segment is empty or ...		1	CRITICAL

Payer Name is Missing



Improving Health and Building Readiness. Anytime, Anywhere — Always



Patient Account Perspective – Apply Action Code

- Workflow tab ~
 - Right-click on work item and select Apply Action Code – D116
- Go to next claim ↓

Status Date	Amount	Work Item	Status
06/18/2023	\$210.35		Edit Failure
06/18/2023	\$163.52		Edit Failure
06/16/2023	\$210.35	D116 - DOD Edit Failure - ANSI	Edit Failure - ANSI 'WI'
06/16/2023	\$163.52	D116 - DOD Edit Failure - ANSI	

Apply Action Code

Action Code

D116

Alias	Name
D116	DOD Resolve Edit Failure

Edit Failure - ANSI 'WI' ↑ ↓



Registration Perspective – Add Health Plan

- Insurance Tab
 - Select modify green pencil
 - Select incorrect health plan, select Remove
 - Select Add, add new health insurance
 - Select Manage Profiles, link accordingly



Improving Health and Building Readiness. Anytime, Anywhere — Always



Encounters Perspective – Add P&HP

- Encounters Detail Tab - Insurance Tab
 - Select modify green pencil
 - Select Change Profile
 - Select updated Profile & Health Plan (P&HP)
- Repeat Process



Improving Health and Building Readiness. Anytime, Anywhere — Always



HealthAnalytics – FED Encounter Demographic

- Recommend to run report daily to identify incorrect health plans.



FED Encounter Demographics Analysis ⓘ



Improving Health and Building Readiness. Anytime, Anywhere — Always



Review Edit Failure - ANSI 'WI'

- Next step was BC/BS Texas ANSI Edits
 - High volume were coding errors after reviewing one by one
- Analyzed Reports
 - HealthAnalytics - FED Claim Edit Analysis
 - ✓ Missing Failure Alias
 - ✓ Edit Failure Description missing exact error
 - Discern Reporting - Revenue Cycle – Edit Failure Detail
 - ✓ Edit Failure Description missing exact error
 - ✓ Errors out with large volume



Resolve Remaining ANSI Edits

- First- CS81106
 - HI Missing DX
 - Select line with CS81106
 - Click on ▲ to identify Work Item details
- Repeated several and they were coding, not efficient

Work Item: D116

Patient: [REDACTED]
 Gender: Female
 DOB: [REDACTED]
 MRN: [REDACTED]
 FIN: [REDACTED]

Work Item: D116
 Status: Edit Failure - ANSI 'WI'

Assessor: None
 Reviewer: None
 Status Date: [REDACTED]
 Responsible Type: Personnel
 Responsible: Payer Follow-up User Group (0109)
 Amount: \$64.87
 Owner: [REDACTED]
 Type: Claim
 FollowUp Date: 05/05/23
 Description:

Alias	Description	Field	Index	Severity	Severity Reason	Category Group	Category
CS81106	(ANSI) Loop: 2300, Segment: HI failed due to: The segment could not be identified.		1	Critical	Reject Claim	Master File	ANSI

Comment: Work Item Identified: D116 - DOD Edit Failure - ANSI
 SYSTEM, SYSTEM - 05/05/23 12:18

HI Missing Diagnosis

(ANSI) Loop: 2300, Segment: HI failed due to: The segment could not be identified. * Missing Dx



Improving Health and Building Readiness. Anytime, Anywhere — Always



No Excel or Report with Data Elements

- Created document combining data-element errors
 - Responsible ~ Category
 - Failure Category
 - Failure Alias
 - Failure Details
 - Category Description – Additional Description
 - Work in Progress



New HelpFul HandOut ~ EXCEL ANSI 837 Loop Errors

- Edit Failure Alias equals more than one error and responsibility
- Reports identify Edit Failure details

RESPONSIBLE (Yvette)	Category (Yvette)	Failure Categ	Work Item	Severity Categ	Failure A	Failure Details	Category Description
UBO: REGISTRATION DATA	UBO Patient Demographics	ANSI	D116- DOD Edit Failure ANSI	Reject Claim	CS80000*0	(ANSI) Loop: 2010CA Element: N401 failed due to: The element is required but is empty or missing.	Patient Address City Name
UBO: REGISTRATION DATA	UBO Patient Demographics	ANSI	D116- DOD Edit Failure ANSI	Reject Claim	CS80000*2	(ANSI) Loop: 2010CA Element: N401 failed due to: The element is required but is empty or missing.	Patient Address City Name
CODING- DIAGNOSIS/OTHER	Coding Diagnosis	ANSI	D116- DOD Edit Failure ANSI	Reject Claim	CS80000*3	(ANSI) Loop: 2300, Segment: HI failed due to: The Segment is empty or missing.	Diagnosis Code Missing
CODING- DIAGNOSIS/OTHER	Coding Non-Diagnosis Codes	ANSI	D116- DOD Edit Failure ANSI	Reject Claim	CS80005	(ANSI) Loop: 2400 Element: SV202-7 failed due to: The element content is formatted incorrectly.	Institutional Service Line - Procedure Code Description
UBO: REGISTRATION DATA	UBO Patient Demographics	ANSI	D116- DOD Edit Failure ANSI	Reject Claim	CS80005	(ANSI) Loop: 2010CA Element: N301 failed due to: The element content is formatted incorrectly.	Patient Address Line
CODING- PROVIDER	Coding Provider	ANSI	D116- DOD Edit Failure ANSI	Reject Claim	CS80012	(ANSI) Loop: 2420E Segment: NM1 failed due to: Pair element relation not met. Specified elements: 08, 09	Ordering Provider - NPI
UBO: REGISTRATION DATA	UBO Subscriber - Insurance	ANSI	D116- DOD Edit Failure ANSI	Reject Claim	CS80012	(ANSI) Loop: 2010BA Segment: NM1 failed due to: Pair element relation not met. Specified elements: 08, 09	Subscriber - Primary Identifier Code and Identifier Subscriber



Improving Health and Building Readiness. Anytime, Anywhere — Always



FED Claim Edit ~ ANSI Error

- BC/BS of Texas Only ANSI Edits
 - Report identified 3 high volume of edits
 - Cross-walked to new report

Row Labels	Distinct Count of Encounter Number	Coding Responsibility	
ANSI			
Master File			
(ANSI) Loop: 2000B Element: PAT05 failed due to: The element content is formatted incorrectly.	1		
(ANSI) Loop: 2000B Element: PAT06 failed due to: The element content is formatted incorrectly.	1		
(ANSI) Loop: 2300 Element: DTP02 failed due to: The element content is formatted incorrectly.	1		
(ANSI) Loop: 2300 Element: HI02-1 failed due to: The element content is formatted incorrectly.	1		
(ANSI) Loop: 2300, Segment: HI failed due to: The segment could not be identified.	107	CS81106	Diagnosis Code Missing
(ANSI) Loop: 2300, Segment: HI failed due to: The Segment is empty or missing.	106	CS80000~0/~3	Diagnosis Code Missing
(ANSI) Loop: 2310A Segment: NM1 failed due to: Pair element relation not met. Specified elements: 08, 09	9	CS80012	Institutional- Attending Provider - NPI
(ANSI) Loop: 2310B Segment: NM1 failed due to: Pair element relation not met. Specified elements: 08, 09	3	CS80012	Institutional - Operating Physician - NPI
(ANSI) Loop: 2320 Element: SBR09 failed due to: The element content is formatted incorrectly.	8	CS80005	Other Subscriber - Other Payer Claim Filing Indicator Code Error is secondary as SECDDES - GSC Ticket
(ANSI) Loop: 2320, Segment: NM1 failed due to: The segment could not be identified.	3		
(ANSI) Loop: 2320, Segment: NM1 failed due to: The Segment is empty or missing.	3		
(ANSI) Loop: 2400 Element: SV101-1 failed due to: The element content is formatted incorrectly.	1		
(ANSI) Loop: 2400 Element: SV107-1 failed due to: The element content is formatted incorrectly.	121	CS80005	Professional Service Line - Diagnosis Code Pointer
(ANSI) Loop: 2400 Element: SV202-7 failed due to: The element content is formatted incorrectly.	1		
Grand Total	148		

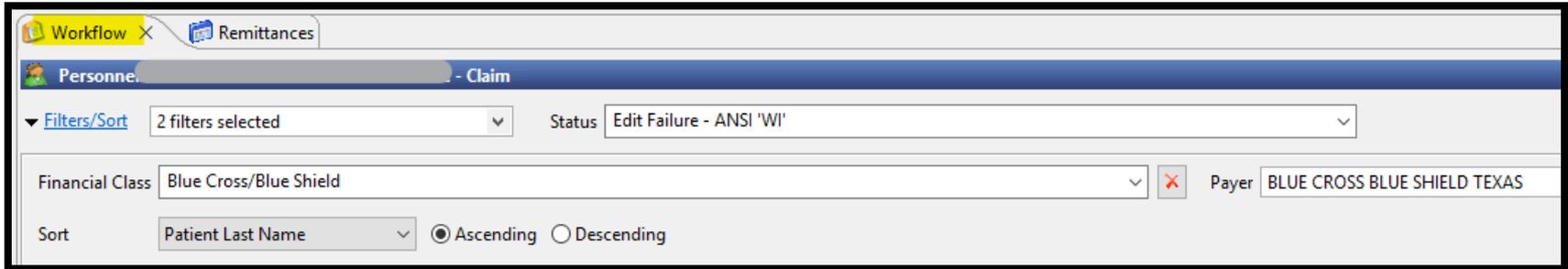


Improving Health and Building Readiness. Anytime, Anywhere — Always



WorkFlow Edit Failure – ANSI 'WI'

- Filter data cross-walking pivot table



The screenshot displays a software interface with the following elements:

- Workflow Remittances
- Personnel - Claim
- Filters/Sort: 2 filters selected
- Status: Edit Failure - ANSI 'WI'
- Financial Class: Blue Cross/Blue Shield
- Payer: BLUE CROSS BLUE SHIELD TEXAS
- Sort: Patient Last Name, Ascending



First Error UBO CS80005 – Edit Failure – ANSI List

- Error is the Subscriber – Other Payer Code
- Review Registration Perspective

Amount	Failure Category	Failure Code	Payer Code
\$99.99	D116 - DOD Edit Failure - ANSI	CS80005	BCBS TEXAS PPO
\$404.64	D116 - DOD Edit Failure - ANSI	CS80005	BCBS TEXAS PPO
\$225.52	D116 - DOD Edit Failure - ANSI	CS80005	BCBS TEXAS PPO
\$7,412.64	D116 - DOD Edit Failure - ANSI	CS80005	BCBS TEXAS PPO
\$147.24	D116 - DOD Edit Failure - ANSI	CS80005	BCBS TEXAS PPO
\$188.41	D116 - DOD Edit Failure - ANSI	CS80005	BCBS TEXAS PPO
\$64.87	D116 - DOD Edit Failure - ANSI	CS80005	BCBS TEXAS PPO
\$314.40	D116 - DOD Edit Failure - ANSI	CS80005	BCBS TEXAS PPO
\$412.62	D116 - DOD Edit Failure - ANSI	CS80005	BCBS TEXAS PPO
\$92.39	D116 - DOD Edit Failure - ANSI	CS80005	BCBS TEXAS PPO
\$92.39	D116 - DOD Edit Failure - ANSI	CS80005	BCBS TEXAS PPO
\$92.39	D116 - DOD Edit Failure - ANSI	CS80005	BCBS TEXAS PPO
\$21.58	D116 - DOD Edit Failure - ANSI	CS80005	BCBS TEXAS PPO

Category (Yvette)	Failure Categ	Work Item	Severity Categ	Failure A	Failure Details	Category Description	Additional Description
UBO Subscriber - Insurance	ANSI	D116- DOD Edit Failure ANSI	Reject Claim	CS80005	(ANSI) Loop: 2320 Element: SBRO9 failed due to: The element content is formatted incorrectly.	Other Subscriber Information - Other Payer Claim Filing Indicator Code	Examples are BC Primary - Error is SECEDES Secondary printing on claim. GSC Ticket.



Improving Health and Building Readiness. Anytime, Anywhere — Always



Review Data in Revenue Cycle

- Registration Perspective – Insurance Tab
 - Secretarial Designee with Medical Health Insurance

▼ DOD-SECRETARIAL DESIGNEE					
	1	SECRETARIAL DESIGNEE ARMY FRR	SECDES-ARMY	Secretarial Designee	C
	2	BCBS TEXAS PPO	BLUE CROSS BLUE SHIELD TEXAS	Blue Cross/Blue Shield	C

- Claims Tab – Open Claim – Select Validate

 **Claim Has Validation Errors**
Validation has completed successfully. Below are the validation errors that were found.

Alias	Description	Field	Index	Severity
CS80005	(ANSI) Loop: 2320 Element: SBR09 failed due t...		1	CRITICAL



Review Bill Record Browser Claim and 837 Loop

- Error is due to the Secretarial Designee printing on claim form.
- GSC Ticket is needed, this was resolved for other health plans

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.	54 PRI
A BCBS TEXAS PPO	99999-0015	Y	Y	
B SECRETARIAL DESIGNEE AR		Y	Y	
C				
58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID		
A				
B	18	UNK-		

WPC83715010_2310F_REF_ReferringProviderSecondaryIdentific...	Right-click	Find
WPC83715010_2320		Enter search string:
WPC83715010_2320_SBR_OtherSubscriberInformation		sbr09
WPC83715010_2320_SBR01_PayerResponsibilitySequence...	S	Column:
WPC83715010_2320_SBR02_IndividualRelationshipCode	18	1
WPC83715010_2320_SBR03_InsuredGroupOrPolicyNumber	BURN	
WPC83715010_2320_SBR04_OtherInsuredGroupName		
WPC83715010_2320_SBR09_ClaimFilingIndicatorCode	##CVA##	



Error UBO CS81106 – Edit Failure – ANSI List

- Error is the Diagnosis Pointer is Missing
- Reviewed report no additional CS81106, potential UBO error
- Transfer to coding

\$30.56	D116 - DOD Edit Failure - ANSI	CS81106	BCBS TEXAS PPO
\$64.87	D116 - DOD Edit Failure - ANSI	CS81106	BCBS TEXAS PPO
\$24.81	D116 - DOD Edit Failure - ANSI	CS81106	BCBS TEXAS PPO
\$137.95	D116 - DOD Edit Failure - ANSI	CS81106	BCBS TEXAS PPO
\$64.87	D116 - DOD Edit Failure - ANSI	CS81106	BCBS TEXAS PPO
\$14.90	D116 - DOD Edit Failure - ANSI	CS81106	BCBS TEXAS PPO
\$38.42	D116 - DOD Edit Failure - ANSI	CS81106	BCBS TEXAS PPO
\$32.27	D116 - DOD Edit Failure - ANSI	CS81106	BCBS TEXAS PPO
\$105.68	D116 - DOD Edit Failure - ANSI	CS81106	BCBS TEXAS PPO
\$96.40	D116 - DOD Edit Failure - ANSI	CS81106	BCBS TEXAS PPO
\$64.87	D116 - DOD Edit Failure - ANSI	CS81106	BCBS TEXAS PPO
\$64.87	D11	CS81106	BCBS TEXAS PPO
\$64.87	D11	CS81106	BCBS TEXAS PPO
\$88.45	D11	CS81106	BCBS TEXAS PPO

Apply Action Code

Manual Release

Reassign

Coding Diagnosis	ANSI	D116- DOD Edit Failure ANSI	Reject Claim	CS81106	(ANSI) Loop: 2300, Segment: HI failed due to: The segment could not be identified.	Diagnosis Code Missing (2400 SV107) Diagnosis Pointer Missing
------------------	------	-----------------------------	--------------	---------	--	--



Improving Health and Building Readiness. Anytime, Anywhere — Always



Questions?



Improving Health and Building Readiness. Anytime, Anywhere — Always



Instructions for CEU Credit

This in-service webinar has been approved by the American Academy of Professional Coders (AAPC) for 1.0 Continuing Education Unit (CEU) credit for DoD personnel (.mil address required). Granting of this approval in no way constitutes endorsement by the AAPC of the program, content or the program sponsor. There is no charge for this credit.

- **Live broadcast webinar (Post-Test not required)**
 - Login prior to the broadcast with your: 1) full name; 2) Service affiliation; and 3) e-mail address
 - View the entire broadcast
 - After completion of both live broadcasts and after attendance records have been verified, a Certificate of Approval including an AAPC Index Number will be sent via e-mail to participants who logged in or e-mailed as required. This may take several business days.
- **Archived webinar (Post-Test required)**
 - View the entire archived webinar (free and available on demand at <https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Uniform-Business-Office/UBO-Learning-Center/Archived-Webinars>)
 - Complete a post-test available *within* the archived webinar
 - E-mail answers to ubo.helpdesk@intellectsolutions.com
 - If you receive a passing score of at least 70%, we will e-mail MHS personnel with a .mil email address a Certificate of Approval including an AAPC Index Number
- The original Certificate of Approval may not be altered except to add the participants name and webinar date or the date the archived Webinar was viewed. Certificates should be maintained on file for at least six months beyond your renewal date in the event you are selected for CEU verification by AAPC
- For additional information or questions regarding AAPC CEUs, please contact the AAPC.
- Other organizations, such as American Health Information Management Association (AHIMA), American College of Healthcare Executives (ACHE), and American Association of Healthcare Administrative Managers (AAHAM), may also grant credit for DHA UBO Webinars. Check with the organization directly for qualification and reporting guidance.



Improving Health and Building Readiness. Anytime, Anywhere — Always

