



# KY MMIS GMIS/Claim Check Manual

## *Kentucky MMIS Project*

*Cabinet for Health and Family Services  
Department for Medicaid Services*

May 31, 2011

<b>Cabinet for Health and Family Services Department for Medicaid Services</b>	
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## Document Change Log

Version	Changed Date	Changed By	Reason
1.0	12/07/2007	Patti George	New DDI version.
2.0	10/29/2009	Ron Chandler	Updated instances of "EDS" with "HP Enterprise Services.
2.0	01/13/2010	Ron Chandler	Replace Edit 7201 per Mike Hudson as directed by CO 12855, approved by DMS on 12/22/2009.
2.1	10/15/2010	Mike Hudson Ron Chandler	Add audit's 7292 and 7293 per CO# 13996. DMS approved 10/14/2010.
2.2	1/4/2011	Mike Hudson Ron Chandler	Replace audit's 7292 and 7293 per CO 15004, DMS approved 1/4/2011 per Mike Hudson email.
2.3	1/31/2011	Mike Hudson Ron Chandler	Replace audit's 7292 and 7293 per Task 15032, DMS approved 1/4/2011 per Mike Hudson email.
2.4	03/28/2011	Mike Hudson Ron Chandler	Replace audit 7292 per CO 15058, DMS approved 3/28/2011 per Mike Hudson email.
2.5	05/31/2011	Mike Hudson Ron Chandler	Replace audit's 7292 and 7293 (NO FORMER LEGACY EDIT'S) per CO 15495, DMS approved 5/26/2011, per Mike Hudson email.

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## 1 NEW KY MMIS EDI/HIPAA EDITING

### 1.1 ESC 7201 (FORMER GMIS Audit 850 - General Medical)

DMS APPROVED 12/22/2009		
ESC 7201 (FORMER GMIS AUDIT 850)	<b>TYPE OF DOCUMENT:</b>	GENERAL MEDICAL
	<b>FIELD NAME:</b>	DOB
<b>PROCEDURE IS A NEWBORN PROCEDURE</b>	<b>C/T:</b>	M, O
AUDIT/EDIT IS SET WHEN A PROCEDURE CODE IS BILLED THAT IS INAPPROPRIATE FOR THE MEMBER'S AGE. SUSPENDS PROCEDURE CODES INAPPROPRIATE FOR THE PATIENT'S AGE.		
<b>AUDIT CRITERIA:</b>	<p>THIS EDIT IS SET WHEN CLAIMCHECK DETERMINES THAT A PROCEDURE IS A NEWBORN PROCEDURE, BUT THE RECIPIENT IS NOT THE CORRECT AGE.</p> <p>NOTE – THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM THIS EDIT (HCPCS PROC GROUP TYPE 3244): 92499, 99436, 99460*, 99462*, 99464* (*CO 12855)</p> <p>NOTE: PER DCR 00268 – PODIATRY CLAIMS PROCESSED AFTER 12/31/2000 ARE EXCLUDED.</p>	
<b>PROCEDURES MONITORED:</b>		
<b>AUDIT EOB:</b>	0852 – GMIS – INAPPPROPRIATE PROCEDURE CODE FOR MEMBER'S AGE	
<b>PROCESSING INSTRUCTIONS:</b>	VERIFY THAT THE MAID, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.	
	IF DOS ON THE CLAIM IS WITHIN THE MONTH OF THE MEMBER'S BIRTHDATE, CHECK THE PDD PROCEDURE/PDD DRUG SCREEN TO SEE IF THE MEMBER'S AGE FALLS WITHIN THE AGE RANGE FOR THAT PROCEDURE CODE. IF SO, OVERRIDE THE EDIT.	
	IF THE MAID, PROCEDURE CODE, AND THE DATES OF SERVICE ARE KEYED CORRECTLY, FORWARD THE	

	CLAIM AND ATTACHMENTS TO MEDICAL POLICY TO DETERMINE IF PROCEDURE WAS APPROPRIATE OR IF PROCEDURE WAS MEDICALLY NECESSARY, EVEN IF AGE OF THE PATIENT WAS OUT OF RANGE FOR THIS PROCEDURE. IF MEDICALLY NECESSARY, OVERRIDE THE EDIT. OTHERWISE, DENY THE DETAIL WITH THE APPROPRIATE EOB.
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## 1.2 ESC 7202 (FORMER GMIS Audit 850 - General Medical)

DMS APPROVED 05/11/01		
ESC 7202 (FORMER GMIS AUDIT 850)	<b>TYPE OF DOCUMENT:</b>	GENERAL MEDICAL
	<b>FIELD NAME:</b>	DOB
<b>PROCEDURE IS A PEDIATRIC PROCEDURE</b>	<b>C/T:</b>	M, O
AUDIT/EDIT IS SET WHEN A PROCEDURE CODE IS BILLED THAT IS INAPPROPRIATE FOR THE MEMBER'S AGE. SUSPENDS PROCEDURE CODES INAPPROPRIATE FOR THE PATIENT'S AGE.		
<b>AUDIT CRITERIA:</b>	THIS EDIT IS SET WHEN CLAIMCHECK DETERMINES THAT A PROCEDURE IS A PEDIATRIC PROCEDURE, BUT THE RECIPIENT IS NOT THE CORRECT AGE.	
<b>PROCEDURES MONITORED:</b>		
<b>AUDIT EOB:</b>	0852 – GMIS – INAPPROPRIATE PROCEDURE FOR MEMBER'S AGE	
<b>PROCESSING INSTRUCTIONS:</b>	VERIFY THAT THE MAID, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.	
	IF DOS ON THE CLAIM IS WITHIN THE MONTH OF THE MEMBER'S BIRTHDATE, CHECK THE PDD PROCEDURE/PDD DRUG SCREEN TO SEE IF THE MEMBER'S AGE FALLS WITHIN THE AGE RANGE FOR THAT PROCEDURE CODE. IF SO, OVERRIDE THE EDIT.	

DMS APPROVED 05/11/01	
	IF THE MAID, PROCEDURE CODE, AND THE DATES OF SERVICE ARE KEYED CORRECTLY, FORWARD THE CLAIM AND ATTACHMENTS TO MEDICAL POLICY TO DETERMINE IF PROCEDURE WAS APPROPRIATE OR IF PROCEDURE WAS MEDICALLY NECESSARY, EVEN IF AGE OF THE PATIENT WAS OUT OF RANGE FOR THIS PROCEDURE. IF MEDICALLY NECESSARY, OVERRIDE THE EDIT. OTHERWISE, DENY THE DETAIL WITH THE APPROPRIATE EOB.
	NOTE: PER DCR 00268 – PODIATRY CLAIMS PROCESSED AFTER 12/31/2000 ARE EXCLUDED.

## 1.3 ESC 7203 (FORMER GMIS AUDIT 850 - GENERAL MEDICAL)

DMS APPROVED 05/11/01		
ESC 7203 (FORMER GMIS AUDIT 850)	<b>TYPE OF DOCUMENT:</b>	GENERAL MEDICAL
	<b>FIELD NAME:</b>	DOB
<b>PROCEDURE IS A MATERNITY PROCEDURE</b>	<b>C/T:</b>	M, O
AUDIT/EDIT IS SET WHEN A PROCEDURE CODE IS BILLED THAT IS INAPPROPRIATE FOR THE MEMBER'S AGE. SUSPENDS PROCEDURE CODES INAPPROPRIATE FOR THE PATIENT'S AGE.		
<b>AUDIT CRITERIA:</b>	THIS EDIT IS SET WHEN CLAIMCHECK DETERMINES THAT A PROCEDURE IS A MATERNITY PROCEDURE, BUT THE RECIPIENT IS NOT THE CORRECT AGE.	
<b>PROCEDURES MONITORED:</b>		
<b>AUDIT EOB:</b>	0852 – GMIS – INAPPROPRIATE PROCEDURE CODE FOR MEMBER'S AGE	
<b>PROCESSING INSTRUCTIONS:</b>	VERIFY THAT THE MAID, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.	

DMS APPROVED 05/11/01	
	IF DOS ON THE CLAIM IS WITHIN THE MONTH OF THE MEMBER'S BIRTHDATE, CHECK THE PDD PROCEDURE/PDD DRUG SCREEN TO SEE IF THE MEMBER'S AGE FALLS WITHIN THE AGE RANGE FOR THAT PROCEDURE CODE. IF SO, OVERRIDE THE EDIT.
	IF THE MAID, PROCEDURE CODE, AND THE DATES OF SERVICE ARE KEYED CORRECTLY, FORWARD THE CLAIM AND ATTACHMENTS TO MEDICAL POLICY TO DETERMINE IF PROCEDURE WAS APPROPRIATE OR IF PROCEDURE WAS MEDICALLY NECESSARY, EVEN IF AGE OF THE PATIENT WAS OUT OF RANGE FOR THIS PROCEDURE. IF MEDICALLY NECESSARY, OVERRIDE THE EDIT. OTHERWISE, DENY THE DETAIL WITH THE APPROPRIATE EOB.
	NOTE: PER DCR 00268 – PODIATRY CLAIMS PROCESSED AFTER 12/31/2000 ARE EXCLUDED.

## 1.4 ESC 7204 (FORMER GMIS AUDIT 850 - GENERAL MEDICAL)

DMS APPROVED 05/11/01		
ESC 7204 (FORMER GMIS AUDIT 850)	<b>TYPE OF DOCUMENT:</b>	GENERAL MEDICAL
	<b>FIELD NAME:</b>	DOB
<b>PROCEDURE IS AN ADULT PROCEDURE</b>	<b>C/T:</b>	M, O
AUDIT/EDIT IS SET WHEN A PROCEDURE CODE IS BILLED THAT IS INAPPROPRIATE FOR THE MEMBER'S AGE. SUSPENDS PROCEDURE CODES INAPPROPRIATE FOR THE PATIENT'S AGE.		
<b>AUDIT CRITERIA:</b>	THIS EDIT IS SET WHEN CLAIMCHECK DETERMINES THAT A PROCEDURE IS AN ADULT PROCEDURE, BUT THE RECIPIENT IS NOT THE CORRECT AGE.	
<b>PROCEDURES MONITORED:</b>		
<b>AUDIT EOB:</b>	0852 – GMIS – INAPPROPRIATE PROCEDURE FOR	

DMS APPROVED 05/11/01	
	MEMBER'S AGE
<b>PROCESSING INSTRUCTIONS:</b>	VERIFY THAT THE MAID, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF DOS ON THE CLAIM IS WITHIN THE MONTH OF THE MEMBER'S BIRTHDATE, CHECK THE PDD PROCEDURE/PDD DRUG SCREEN TO SEE IF THE MEMBER'S AGE FALLS WITHIN THE AGE RANGE FOR THAT PROCEDURE CODE. IF SO, OVERRIDE THE EDIT.
	IF THE MAID, PROCEDURE CODE, AND THE DATES OF SERVICE ARE KEYED CORRECTLY, FORWARD THE CLAIM AND ATTACHMENTS TO MEDICAL POLICY TO DETERMINE IF PROCEDURE WAS APPROPRIATE OR IF PROCEDURE WAS MEDICALLY NECESSARY, EVEN IF AGE OF THE PATIENT WAS OUT OF RANGE FOR THIS PROCEDURE. IF MEDICALLY NECESSARY, OVERRIDE THE EDIT. OTHERWISE, DENY THE DETAIL WITH THE APPROPRIATE EOB.
	NOTE: PER DCR 00268 – PODIATRY CLAIMS PROCESSED AFTER 12/31/2000 ARE EXCLUDED.

## 1.5 ESC 7205 (FORMER GMIS AUDIT 856 - GENERAL MEDICAL)

DMS APPROVED 05/11/01		
ESC 7205 (FORMER LEGACY AUDIT 856)	TYPE OF DOCUMENT:	GENERAL MEDICAL
	<b>FIELD NAME:</b>	GENDER, PROCEDURE
<b>PROCEDURE IS NOT INDICATED FOR A MALE</b>	<b>C/T:</b>	M, O
SUSPENDS PROCEDURE CODES INAPPROPRIATE FOR THE PATIENT'S SEX.		
<b>AUDIT CRITERIA:</b>	THIS EDIT IS SET WHEN CLAIMCHECK DETERMINES THAT A PROCEDURE IS NOT INDICATED FOR A MALE, BUT THE RECIPIENT IS A MALE.	

<b>DMS APPROVED 05/11/01</b>	
<b>PROCEDURES MONITORED:</b>	THIS PROCEDURE IS INAPPROPRIATE FOR THE PATIENT'S SEX.
<b>AUDIT EOB:</b>	0856 - CLAIM DENIED. PROCEDURE NOT INDICATED FOR MALE.
<b>PROCESSING INSTRUCTIONS:</b>	THE CLAIMS REVIEW STAFF WILL CONTACT DMS MEMBER ELIGIBILITY STAFF TO DETERMINE IF THE MEMBER FILES REQUIRE A CHANGE. SUSPENSE DOCUMENTS THAT IDENTIFIED AS NEEDING A FILE CHANGE WILL BE RECYCLED FOR PROCESSING.
	IF PROCEDURE CODE IS 54150, OVERRIDE THE CLAIM.
	IF PATIENT NAME APPEARS TO BE APPROPRIATE FOR THE SEX CODE INDICATED ON THE SUSPENSE DOCUMENT OR IS DETERMINED TO BE CORRECT BY DMS MEMBER ELIGIBILITY STAFF AFTER REVIEW, DENY THE EDIT WITH THE APPROPRIATE EOB MESSAGE CODE.
	NOTE: PER DCR 00268 – PODIATRY CLAIMS PROCESSED AFTER 12/31/2000 ARE EXCLUDED.

## 1.6 ESC 7206 (FORMER GMIS AUDIT 856 - GENERAL MEDICAL)

<b>DMS APPROVED 05/11/01</b>		
ESC 7206 (FORMER LEGACY AUDIT 856)	TYPE OF DOCUMENT:	GENERAL MEDICAL
	FIELD NAME:	GENDER, PROCEDURE
<b>PROCEDURE IS NOT INDICATED FOR A FEMALE</b>	C/T:	M, 0
SUSPENDS PROCEDURE CODES INAPPROPRIATE FOR THE PATIENT'S SEX.		
<b>AUDIT CRITERIA:</b>	THIS EDIT IS SET WHEN CLAIMCHECK DETERMINES THAT A PROCEDURE IS NOT INDICATED FOR A FEMALE,	

<b>DMS APPROVED 05/11/01</b>	
	BUT THE RECIPIENT IS A FEMALE.
<b>PROCEDURES MONITORED:</b>	THIS PROCEDURE IS INAPPROPRIATE FOR THE PATIENT'S SEX.
<b>AUDIT EOB:</b>	0857 - CLAIM DENIED. PROCEDURE NOT INDICATED FOR FEMALE.
<b>PROCESSING INSTRUCTIONS:</b>	THE CLAIMS REVIEW STAFF WILL CONTACT DMS MEMBER ELIGIBILITY STAFF TO DETERMINE IF THE MEMBER FILES REQUIRE A CHANGE. SUSPENSE DOCUMENTS THAT IDENTIFIED AS NEEDING A FILE CHANGE WILL BE RECYCLED FOR PROCESSING.
	IF PROCEDURE CODE IS 54150, OVERRIDE THE CLAIM.
	IF PATIENT NAME APPEARS TO BE APPROPRIATE FOR THE SEX CODE INDICATED ON THE SUSPENSE DOCUMENT OR IS DETERMINED TO BE CORRECT BY DMS MEMBER ELIGIBILITY STAFF AFTER REVIEW, DENY THE EDIT WITH THE APPROPRIATE EOB MESSAGE CODE.
	NOTE: PER DCR 00268 – PODIATRY CLAIMS PROCESSED AFTER 12/31/2000 ARE EXCLUDED.

## 1.7 ESC 7208 (FORMER GMIS AUDIT 862 - GENERAL MEDICAL)

<b>DMS APPROVED 05/21/04</b>		
ESC 7208 (FORMER GMIS AUDIT 862)	<b>TYPE OF DOCUMENT:</b>	GENERAL MEDICAL
	<b>FIELD NAME:</b>	PROCEDURE
<b>PROCEDURE IS AN UNLISTED PROCEDURE.</b>	<b>C/T:</b>	M, O
SUSPENDS PROCEDURE CODES IDENTIFIED AS UNSPECIFIED.		

DMS APPROVED 05/21/04	
<b>AUDIT CRITERIA:</b>	THIS EDIT IS SET WHEN CLAIMCHECK DETERMINES THAT A PROCEDURE IS AN UNLISTED PROCEDURE.
<b>PROCEDURES MONITORED:</b>	PROCEDURE IS UNSPECIFIED. REVIEW FOR VALID PROCEDURE CODE.
<b>AUDIT EOB:</b>	0886 - CLAIM DENIED. INAPPROPRIATE PROCEDURE CODE BILLED.
<b>PROCESSING INSTRUCTIONS:</b>	IF THE CLAIM HAS BEEN PREVIOUSLY REVIEWED FOR APPROPRIATE CODING AND MEDICAL NECESSITY BY DMS OR HP Enterprise Services STAFF AND OVERRIDDEN, OVERRIDE THE CLAIM CHECK EDIT.
	IF THE CLAIM HAS NOT BEEN PREVIOUSLY REVIEWED FOR APPROPRIATE CODING AND MEDICAL NECESSITY AND MEDICAL DOCUMENTATION IS ATTACHED, THE CLAIM SHOULD BE FORWARDED TO DMS FOR REVIEW.
	IF NO MEDICAL DOCUMENTATION IS ATTACHED, DENY THE CLAIM WITH EOB MESSAGE CODE 879.
	NOTE: P/T 52 and 77- Procedure code 92499 are excluded from this audit with claim DOS greater than 10/15/2003. DCR 01028
	NOTE: TAPE CLAIMS WILL AUTO-DENY WITH EOB 029.
	NOTE: PER DCR 00268 – PODIATRY CLAIMS PROCESSED AFTER 12/31/2000 ARE EXCLUDED.
	NOTE: PER DCR 01097 CUSTOMIZED PROCEDURE CODES B9998, B9999, E1399, L1499, L2999, L3649, AND L3999 TO CHANGE UNSPECIFIED INDICATOR TO A'N' TO BYPASS AUDIT. 862.

## 1.8 ESC 7209 (FORMER GMIS AUDIT 860 - GENERAL MEDICAL)

DMS Approved 05/11/01		
ESC 7209 (FORMER GMIS AUDIT 860)	TYPE OF DOCUMENT:	GENERAL MEDICAL
	<b>FIELD NAME:</b>	PROCEDURE
<b>PROCEDURE IS CLASSIFIED AS EXPERIMENTAL</b>	<b>C/T:</b>	M, 0
SUSPENDS PROCEDURE CODES THAT HAVE BEEN IDENTIFIED BY DMS AS EXPERIMENTAL.		
<b>AUDIT CRITERIA:</b>	THIS EDIT IS SET WHEN CLAIMCHECK DETERMINES THAT A PROCEDURE IS CLASSIFIED AS AN EXPERIMENTAL PROCEDURE.	
<b>PROCEDURES MONITORED:</b>	THIS PROCEDURE IS CONSIDERED EXPERIMENTAL. REVIEW DOCUMENTATION.	
<b>AUDIT EOB:</b>	0860 - CLAIM DENIED. EXPERIMENTAL PROCEDURE.	
	0029 - CLAIM REQUIRES DOCUMENTATION. PLEASE RESUBMIT ON PAPER.	
<b>PROCESSING INSTRUCTIONS:</b>	NOTIFY SUPERVISOR OF ANY FAILURES. SUPERVISOR WILL RESEARCH AND NOTIFY DMS.	
	NOTE: TAPE CLAIMS WILL AUTO-DENY WITH EOB MESSAGE CODE 029.	
	NOTE: PER DCR 00268 – PODIATRY CLAIMS PROCESSED AFTER 12/31/2000 ARE EXCLUDED.	

## 1.9 ESC 7210 (FORMER GMIS AUDIT 861 - GENERAL MEDICAL)

DMS APPROVED 05/11/01		
ESC 7210 (FORMER GMIS	TYPE OF DOCUMENT:	GENERAL MEDICAL

DMS APPROVED 05/11/01		
AUDIT 861)		
	<b>FIELD NAME:</b>	PROCEDURE
<b>PROCEDURE IS CLASSIFIED AS OBSOLETE</b>	<b>C/T:</b>	M, O
SUSPENDS PROCEDURE CODES NO LONGER PERFORMED UNDER CURRENT PREVAILING MEDICAL STANDARDS.		
<b>AUDIT CRITERIA:</b>	THIS EDIT IS SET WHEN CLAIMCHECK DETERMINES THAT A PROCEDURE IS CLASSIFIED AS OBSOLETE.	
<b>PROCEDURES MONITORED:</b>	THIS PROCEDURE IS CONSIDERED OBSOLETE. REVIEW FOR MEDICAL APPROPRIATENESS.	
<b>AUDIT EOB:</b>	0861 - CLAIM DENIED. OBSOLETE PROCEDURE.	
	0029 - CLAIM REQUIRES DOCUMENTATION. PLEASE RESUBMIT ON PAPER.	
<b>PROCESSING INSTRUCTIONS:</b>	ACCESS THE PDD FILE (OPTION 6) AND COMPARE THE CLAIM DATE OF SERVICE TO THE EFFECTIVE DATES ON FILE. IF THE DATE OF SERVICE FALLS WITHIN THE EFFECTIVE DATE RANGE ON FILE, OVERRIDE THE EDIT.	
	IF THE DATE OF SERVICE DOES NOT FALL WITHIN THE EFFECTIVE DATE RANGE ON FILE, DENY THE CLAIM WITH EOB MESSAGE CODE 861.	
	NOTE: TAPE CLAIMS WILL AUTO-DENY WITH EOB MESSAGE CODE 0029.	
	NOTE: PER DCR 00268 – PODIATRY CLAIMS PROCESSED AFTER 12/31/2000 ARE EXCLUDED.	

## 1.10 ESC 7211 (FORMER GMIS AUDIT 850 – GENERAL MEDICAL)

DMS APPROVED 05/11/01		
ESC 7211 (FORMER LEGACY AUDIT 850)	<b>TYPE OF DOCUMENT:</b>	GENERAL MEDICAL

DMS APPROVED 05/11/01		
	<b>FIELD NAME:</b>	DOB, PROCEDURE
<b>PROCEDURE IS INVALID FOR PATIENT'S AGE</b>	<b>C/T:</b>	M, O
AUDIT/EDIT IS SET WHEN A PROCEDURE CODE IS BILLED THAT IS INAPPROPRIATE FOR THE MEMBER'S AGE. SUSPENDS PROCEDURE CODES INAPPROPRIATE FOR THE PATIENT'S AGE.		
<b>AUDIT CRITERIA:</b>	THIS EDIT IS SET WHEN CLAIMCHECK DETERMINES THAT A PROCEDURE IS INVALID FOR THE PATIENT'S AGE.	
<b>PROCEDURES MONITORED:</b>		
<b>AUDIT EOB:</b>	0852 – GMIS INAPPROPRIATE PROCEDURE FOR MEMBER'S AGE	
<b>PROCESSING INSTRUCTIONS:</b>	VERIFY THAT THE MAID, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.	
	IF DOS ON THE CLAIM IS WITHIN THE MONTH OF THE MEMBER'S BIRTHDATE, CHECK THE PDD PROCEDURE/PDD DRUG SCREEN TO SEE IF THE MEMBER'S AGE FALLS WITHIN THE AGE RANGE FOR THAT PROCEDURE CODE. IF SO, OVERRIDE THE EDIT.	
	IF THE MAID, PROCEDURE CODE, AND THE DATES OF SERVICE ARE KEYED CORRECTLY, FORWARD THE CLAIM AND ATTACHMENTS TO MEDICAL POLICY TO DETERMINE IF PROCEDURE WAS APPROPRIATE OR IF PROCEDURE WAS MEDICALLY NECESSARY, EVEN IF AGE OF THE PATIENT WAS OUT OF RANGE FOR THIS PROCEDURE. IF MEDICALLY NECESSARY, OVERRIDE THE EDIT. OTHERWISE, DENY THE DETAIL WITH THE APPROPRIATE EOB.	
	NOTE: PER DCR 00268 – PODIATRY CLAIMS PROCESSED AFTER 12/31/2000 ARE EXCLUDED.	

## 1.11 ESC 7212 (FORMER GMIS AUDIT 850 – GENERAL MEDICAL)

DMS APPROVED 05/11/01		
ESC 7212 (FORMER GMIS AUDIT 850)	<b>TYPE OF DOCUMENT:</b>	GENERAL MEDICAL
	<b>FIELD NAME:</b>	DOB, PROCEDURE
<b>PROCEDURE ADDED DUE TO ALT CODE REPLACEMENT (AGE)</b>	<b>C/T:</b>	M, O
AUDIT/EDIT IS SET WHEN A PROCEDURE CODE IS BILLED THAT IS INAPPROPRIATE FOR THE MEMBER'S AGE. SUSPENDS PROCEDURE CODES INAPPROPRIATE FOR THE PATIENT'S AGE.		
<b>AUDIT CRITERIA:</b>	THIS EDIT IS SET WHEN CLAIMCHECK RECOMMENDS THAT A PROCEDURE BE ADDED DUE TO ALTERNATE CODE REPLACEMENT (AGE). THE SYSTEM ADDS A NEW LINE TO THE CLAIM WITH THE NEW PROCEDURE AND SETS THE EDIT ON THE NEW LINE.	
<b>PROCEDURES MONITORED:</b>		
<b>AUDIT EOB:</b>	0852 – GMIS – PROCEDURE INAPPROPRIATE FOR MEMBER'S AGE	
<b>PROCESSING INSTRUCTIONS:</b>	VERIFY THAT THE MAID, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.	
	IF DOS ON THE CLAIM IS WITHIN THE MONTH OF THE MEMBER'S BIRTHDATE, CHECK THE PDD PROCEDURE/PDD DRUG SCREEN TO SEE IF THE MEMBER'S AGE FALLS WITHIN THE AGE RANGE FOR THAT PROCEDURE CODE. IF SO, OVERRIDE THE EDIT.	
	IF THE MAID, PROCEDURE CODE, AND THE DATES OF SERVICE ARE KEYED CORRECTLY, FORWARD THE CLAIM AND ATTACHMENTS TO MEDICAL POLICY TO DETERMINE IF PROCEDURE WAS APPROPRIATE OR IF PROCEDURE WAS MEDICALLY NECESSARY, EVEN IF AGE OF THE PATIENT WAS OUT OF RANGE FOR THIS PROCEDURE. IF MEDICALLY NECESSARY, OVERRIDE THE EDIT. OTHERWISE, DENY THE DETAIL WITH THE	

<b>DMS APPROVED 05/11/01</b>	
	APPROPRIATE EOB.
	NOTE: PER DCR 00268 – PODIATRY CLAIMS PROCESSED AFTER 12/31/2000 ARE EXCLUDED.

## 1.12 ESC 7213 (FORMER GMIS AUDIT 856 – GENERAL MEDICAL)

<b>DMS APPROVED 05/11/01</b>		
ESC 7213 (FORMER GMIS AUDIT 856)	TYPE OF DOCUMENT:	GENERAL MEDICAL
	<b>FIELD NAME:</b>	GENDER, PROCEDURE
<b>PROCEDURE IS INVALID FOR PATIENT'S SEX</b>	<b>C/T:</b>	M, O
SUSPENDS PROCEDURE CODES INAPPROPRIATE FOR THE PATIENT'S SEX.		
<b>AUDIT CRITERIA:</b>	THIS EDIT IS SET WHEN CLAIMCHECK DETERMINES THAT A PROCEDURE IS INVALID FOR THE PATIENT'S SEX.	
<b>PROCEDURES MONITORED:</b>	THIS PROCEDURE IS INAPPROPRIATE FOR THE PATIENT'S SEX.	
<b>AUDIT EOB:</b>	0856 - CLAIM DENIED. PROCEDURE NOT INDICATED FOR MALE.	
	0857 - CLAIM DENIED. PROCEDURE NOT INDICATED FOR FEMALE.	
<b>PROCESSING INSTRUCTIONS:</b>	THE CLAIMS REVIEW STAFF WILL CONTACT DMS MEMBER ELIGIBILITY STAFF TO DETERMINE IF THE MEMBER FILES REQUIRE A CHANGE. SUSPENSE DOCUMENTS THAT IDENTIFIED AS NEEDING A FILE CHANGE WILL BE RECYCLED FOR PROCESSING.	
	IF PROCEDURE CODE IS 54150, OVERRIDE THE CLAIM.	
	IF PATIENT NAME APPEARS TO BE APPROPRIATE FOR THE SEX CODE INDICATED ON THE SUSPENSE DOCUMENT OR IS DETERMINED TO BE CORRECT BY	

<b>DMS APPROVED 05/11/01</b>	
	DMS MEMBER ELIGIBILITY STAFF AFTER REVIEW, DENY THE EDIT WITH THE APPROPRIATE EOB MESSAGE CODE.
	NOTE: PER DCR 00268 – PODIATRY CLAIMS PROCESSED AFTER 12/31/2000 ARE EXCLUDED.

## 1.13 ESC 7214 – FORMER GMIS AUDIT 856 – GENERAL MEDICAL

<b>DMS APPROVED 05/11/01</b>		
AUDIT 856	TYPE OF DOCUMENT:	GENERAL MEDICAL
	<b>FIELD NAME:</b>	GENDER, PROCEDURE
<b>PROCEDURE ADDED DUE TO ALT CODE REPLACEMENT (SEX)</b>	<b>C/T:</b>	M, O
SUSPENDS PROCEDURE CODES INAPPROPRIATE FOR THE PATIENT'S SEX.		
<b>AUDIT CRITERIA:</b>	THIS EDIT IS SET WHEN CLAIMCHECK RECOMMENDS THAT A PROCEDURE BE ADDED DUE TO ALTERNATE CODE REPLACEMENT (SEX). THE SYSTEM ADDS A NEW LINE TO THE CLAIM WITH THE NEW PROCEDURE AND SETS THE EDIT ON THE NEW LINE.	
<b>PROCEDURES MONITORED:</b>	THIS PROCEDURE IS INAPPROPRIATE FOR THE PATIENT'S SEX.	
<b>AUDIT EOB:</b>	0856 - CLAIM DENIED. PROCEDURE NOT INDICATED FOR MALE.	
	0857 - CLAIM DENIED. PROCEDURE NOT INDICATED FOR FEMALE.	
<b>PROCESSING INSTRUCTIONS:</b>	THE CLAIMS REVIEW STAFF WILL CONTACT DMS MEMBER ELIGIBILITY STAFF TO DETERMINE IF THE MEMBER FILES REQUIRE A CHANGE. SUSPENSE DOCUMENTS THAT IDENTIFIED AS NEEDING A FILE CHANGE WILL BE RECYCLED FOR PROCESSING.	

DMS APPROVED 05/11/01	
	IF PROCEDURE CODE IS 54150, OVERRIDE THE CLAIM.
	IF PATIENT NAME APPEARS TO BE APPROPRIATE FOR THE SEX CODE INDICATED ON THE SUSPENSE DOCUMENT OR IS DETERMINED TO BE CORRECT BY DMS MEMBER ELIGIBILITY STAFF AFTER REVIEW, DENY THE EDIT WITH THE APPROPRIATE EOB MESSAGE CODE.
	NOTE: PER DCR 00268 – PODIATRY CLAIMS PROCESSED AFTER 12/31/2000 ARE EXCLUDED.

## 1.14 ESC 7215 (FORMER GMIS AUDIT 843 – GENERAL MEDICAL)

ESC 7215 (FORMER GMIS AUDIT 843)	TYPE OF DOCUMENT:	GENERAL MEDICAL DENTAL
	FIELD NAME:	PROCEDURE
PROCEDURE CODE IS INCIDENTAL	C/T:	M, O
AUDIT/EDIT IS SET WHEN A PROCEDURE CODE IS BILLED THE SAME AS A PRIMARY PROCEDURE, BUT IS CLINICALLY INTEGRAL TO THE PERFORMANCE OF THE PRIMARY PROCEDURE AND SHOULD NOT BE REIMBURSED SEPARATELY.		
AUDIT CRITERIA:	THIS EDIT IS SET WHEN CLAIMCHECK DETERMINES THAT A PROCEDURE IS INCIDENTAL TO ANOTHER PROCEDURE THAT HAS ALREADY BEEN PROCESSED FOR THE SAME RECIPIENT.	
CUSTOMIZATION:	ALLOW PAYMENT OF 00170 (ANESTHESIA ) WHEN BILLED WITH SURGICAL PROCEDURES 40490-44899. PROCEDURE CODE 30901 WILL NOT FAIL THIS AUDIT.	
PROCEDURES MONITORED:	THE FOLLOWING GMIS CUSTOMIZATION HAS BEEN ADDED: ALLOW 99213 THROUGH 99215 TO PAY AND DENY 93731. DUE TO GMIS CUSTOMIZATION REQUEST DCR01362.  EFFECTIVE FOR CLAIMS WITH DATES ON SERVICE ON OR AFTER 01/01/04, PROCEDURE CODE 99141 IS HARD CODED TO BYPASS AUDIT 843 IF BILLING THE SAME	

ESC 7215 (FORMER GMIS AUDIT 843)	TYPE OF DOCUMENT:	GENERAL MEDICAL DENTAL
	<p>DATE OF SERVICE AS PROCEDURE CODES 10000-69999 FOR PT. 64/65 PROVIDER SPECIALTY 56 (ORAL SURGEON). PER DCR01292</p> <p>THE FOLLOWING INCIDENTAL RULES HAVE BEEN ADDED: ALLOW 30901 TO PAY AND DENY 99202,99203,99211 AND 99291.</p> <p>THE FOLLOWING INCIDENTAL RULES HAVE BEEN DELETED:</p> <p>92950            31500 99291            99291</p> <p>92950 AND 31500 ARE NOT INCIDENTAL TO 99291. DUE TO GMIS CUSTOMIZATION REQUEST. 07/13/01.</p> <p>THE FOLLOWING INCIDENTAL RULE HAS BEEN ADDED: ALLOW 99201 THROUGH 99215 AND 99241 THROUGH 99245 TO PAY AND DENY PROCEDURE CODE 69200 AS INCIDENTAL. DUE TO GMIS CUSTOMIZATION REQUEST DCR00737.</p>	
	<p>THE FOLLOWING INCIDENTAL RULE HAS BEEN ADDED: ALLOW 99391-99397 TO PAY AND DENY 10120 AS INCIDENTAL.</p> <p>ALLOW 99291 AND 99292 TO PAY AND 36489 TO DENY AS INCIDENTAL.</p> <p>ALLOW 99221 THROUGH 99223 AND 99231 THROUGH 99283 TO PAY AND DENY 93732 AS INCIDENTAL.</p> <p>ALLOW 99291 TO PAY AND DENY 31500 AS INCIDENTAL. DUE TO GMIS CUSTOMIZATION REQUEST DCR 00936.</p> <p>Allow dental codes D0230 and D230 to pay the same date of service as D3220, D3310, D3320 or D3330.</p> <p>Allow dental code D9241 to pay the same date of service as</p>	

ESC 7215 (FORMER GMIS AUDIT 843)	TYPE OF DOCUMENT:	GENERAL MEDICAL DENTAL
		D2391, D2392, D2394, and D7111or D7140.
<b>AUDIT EOB:</b>		0843 - PROCEDURE CODE IS INCIDENTAL.
<b>PROCESSING INSTRUCTIONS:</b>		NOTE: ALL "HARD" CODED AUDITS/EDITS ARE AUTO-DENIED IN THE SYSTEM.

## 1.15 ESC 7216 (FORMER GMIS AUDIT 844 – GENERAL MEDICAL)

DMS APPROVED: 07/08/05		
ESC 7216 (FORMER GMIS AUDIT 844)	TYPE OF DOCUMENT:	ALL EXCEPT MASS ADJUSTMENT
	<b>FIELD NAME:</b>	PROCEDURE
<b>NO SEPARATE REIMBURSEMENT FOR VISIT PROCEDURE CODE</b>	<b>C/T:</b>	M, O
AUDIT/EDIT IS SET WHEN A MEDICAL VISIT PROCEDURE CODE NEEDS TO BE REBUNDLED.		
NOTE - FOR CLAIMS WITH DOS AFTER 5/18/99 AUDIT 844 IS NOT SET IF ONE OF THE CHEMOTHERAPY CODES BELOW IS BILLED FOR THE SAME DATE OF SERVICE AND THE DATE OF SERVICE IS NOT BEYOND THE MONTH OF THE MEMBER'S 19TH BIRTHDAY. CHEMOTHERAPY CODES: 96400 - 96450, 96542		
*WITH DCR01126 THE AGE CRITERIA CHANGED FROM THE MEMBER'S 18 <sup>TH</sup> BIRTH DAY, TO THE MEMBER'S 19 <sup>TH</sup> BIRTHDAY.		
* PROCEDURE CODES 99381 THRU99397 WILL NOT FAIL GMIS AUDIT 844 WHEN BILLED WITH 40804, 62505, 65210, 65220, 65235, 65260 OR 65265. PER DCR01325.		
<b>AUDIT CRITERIA:</b>	THIS EDIT IS SET WHEN CLAIMCHECK DETERMINES THAT A MEDICAL VISIT PROCEDURE SHOULD NOT BE REIMBURSED.	
<b>PROCEDURES MONITORED:</b>		

<b>DMS APPROVED:</b> 07/08/05	
<b>AUDIT EOB:</b>	0844 - PROCEDURE CODE IS NOT INDICATED FOR SEPARATE REIMBURSEMENT.
<b>PROCESSING INSTRUCTIONS:</b>	NOTE: ALL "HARD" CODE GMIS AUDITS/EDITS AUTO-DENY IN THE SYSTEM.  <b>PROCEDURE CODES 77784, 77427 AND 94664 DO NOT DENY WHEN BILLED WITH EVALUATION MANAGEMENT CODES 99201 THRU 99215 AND 99241, 99255. PER DCR1830</b>  <b>ALLOW 99356 AND 99357 TO PAY AND 36510 TO DENY WHEN BILLED WITH 99356 AND/OR 99357, PER DCR 01021.</b>

## 1.16 ESC 7217 – FORMER GMIS AUDIT 840 – GENERAL MEDICAL DENTAL

<b>DMS APPROVED MMDDYY</b>		
ESC 7217 (FORMER GMIS AUDIT 840)	<b>TYPE OF DOCUMENT:</b>	GENERAL MEDICAL DENTAL
	<b>FIELD NAME:</b>	PROCEDURE
<b>PROCEDURE CODE HAS BEEN REBUNDLED</b>	<b>C/T:</b>	M, O
AUDIT/EDIT IS SET WHEN THE USE OF TWO OR MORE CPT-4 PROCEDURE CODES ARE BILLED IN A CLAIM FOR A SINGLE "OPERATION" WHEN A SINGLE, CPT-4 CODE EXISTS AND CAN BE USED COMPREHENSIVELY.		
<b>AUDIT CRITERIA:</b>	THIS EDIT IS SET WHEN CLAIMCHECK DETERMINES THAT THE PROCEDURE SHOULD BE BUNDLED UNDER ANOTHER PROCEDURE CODE.	
<b>PROCEDURES MONITORED:</b>		
<b>AUDIT EOB:</b>	0840 - PROCEDURE CODE HAS BEEN REBUNDLED.	
<b>PROCESSING INSTRUCTIONS:</b>	NOTE: ALL "HARD" CODED GMIS AUDITS/EDITS ARE AUTO-DENIED IN THE SYSTEM.	

## 1.17 ESC 7218 (FORMER GMIS AUDIT 840 – GENERAL MEDICAL DENTAL)

DMS APPROVED MMDDYY		
ESC 7218 (FORMER GMIS AUDIT 840)	TYPE OF DOCUMENT:	GENERAL MEDICAL DENTAL
	<b>FIELD NAME:</b>	PROCEDURE
<b>PROCEDURE ADDED DUE TO REBUNDLING</b>	<b>C/T:</b>	M, 0
AUDIT/EDIT IS SET WHEN THE USE OF TWO OR MORE CPT-4 PROCEDURE CODES ARE BILLED IN A CLAIM FOR A SINGLE "OPERATION" WHEN A SINGLE, CPT-4 CODE EXISTS AND CAN BE USED COMPREHENSIVELY.		
<b>AUDIT CRITERIA:</b>	THIS EDIT IS SET WHEN CLAIMCHECK DETERMINES THAT THE PROCEDURE SHOULD BE ADDED DUE TO BUNDLING.	
<b>PROCEDURES MONITORED:</b>		
<b>AUDIT EOB:</b>	0840 - PROCEDURE CODE HAS BEEN REBUNDLED.	
<b>PROCESSING INSTRUCTIONS:</b>	NOTE: ALL "HARD" CODED GMIS AUDITS/EDITS ARE AUTO-DENIED IN THE SYSTEM.	

## 1.18 ESC 7219 (FORMER GMIS AUDIT 842 – GENERAL MEDICAL DENTAL)

DMS APPROVED 11/23/04		
ESC 7219 (FORMER GMIS AUDIT 842)	TYPE OF DOCUMENT:	GENERAL MEDICAL DENTAL
	<b>FIELD NAME:</b>	PROCEDURE
<b>PROCEDURE IS MUTUALLY EXCLUSIVE</b>	<b>C/T:</b>	M, 0
AUDIT/EDIT IS SET WHEN THE SEPARATE BILLING OF TWO OR MORE PROCEDURES ARE BILLED THAT (BY MEDICAL PRACTICE STANDARDS) SHOULD NOT BE PERFORMED ON THE SAME PATIENT; ON THE SAME DATE OF SERVICE.		

DMS APPROVED 11/23/04	
<b>AUDIT CRITERIA:</b>	THIS EDIT IS SET WHEN CLAIMCHECK DETERMINES THAT THE PROCEDURE IS MUTUALLY EXCLUSIVE TO ANOTHER PROCEDURE THAT HAS ALREADY BEEN PROCESSED FOR THE SAME MEMBER.
<b>PROCEDURES MONITORED:</b>	
<b>CUSTOMIZATION:</b>	<p>ALLOW PAYMENT OF 10022 WHEN BILLED WITH PROCEDURE CODE 19000. PER DCR01379</p> <p>ALLOW PAYMENT OF OFFICE VISIT CODE 99201-99215, 99381-99384, AND 99391-99394 WHEN BILLED WITH VACCINE CODES 90476-90749.</p> <p>PROCEDURE CODE L8420 WILL NOT FAIL THIS AUDIT.</p>
	<p>For PT. 90 Procedure codes K0064, K0067 and K0072 do not fail Audit 842 if there is a valid prior authorization on file. Per DCR01255</p> <p>Procedure code 99050 is not mutually exclusive to 99201-99215, this change was implemented on 06/11/02 per DCR 00517.</p> <p>The following Incidental rules have been added: Allow 30901 to pay and deny 99202,99203,99211 and 99291.</p> <p>The following incidental rules have been deleted:</p> <p>92950            31500</p> <p>99291            99291</p> <p>92950 and 31500 are not incidental to 99291. Due to GMIS Customization request. 07/13/01.</p>
	<p>L8435 and l8485 are not mutually exclusive due to gmis customization request 01/24/02. dcr00389.</p> <p>a4377 and a4379 are not mutually exclusive due to gmis customization request 01/24/02. dcr 00389.</p> <p>Procedure codes L2600, L2628, L2770, L2780 and L2810 do not fail this audit nor do other codes fail against them.</p> <p>Allow 80000-89999 and 93000-93042 with a place of service '11' , when billed with codes 99218-99220, 99221-99223, 99234-99236 or 99281-99285 for provider types 64,65 and 78 and DOS beginning 1/1/2001.</p> <p>PROCEDURE CODES 77784, 77427 AND 94664 DO NOT</p>

DMS APPROVED 11/23/04	
	DENY WHEN BILLED WITH EVALUATION AND MANAGEMENT CODES 99201 THRU 99215 AND 99241,99255. PER DCR1830
<b>AUDIT EOB:</b>	0842 - PROCEDURE CODE IS INCIDENTAL.
<b>PROCESSING INSTRUCTIONS:</b>	NOTE: ALL "HARD" CODED AUDITS/EDITS ARE AUTO-DENIED IN THE SYSTEM.

## 1.19 ESC 7220 (FORMER GMIS AUDIT 845 – GENERAL MEDICAL)

DMS APPROVED 08/06/01		
ESC 7220 (FORMER GMIS AUDIT 845)	TYPE OF DOCUMENT:	GENERAL MEDICAL
	<b>FIELD NAME:</b>	DOS, PROCEDURE
	:	
<b>PROCEDURES IS WITHIN THE NUM OF DAYS PRE-OP RANGE</b>	<b>C/T:</b>	M, O
AUDIT/EDIT IS SET WHEN AN OFFICE VISIT IS BILLED ON DAY PRIOR TO SURGERY RELATED PROCEDURE.		
<b>AUDIT CRITERIA:</b>	THIS EDIT IS SET WHEN CLAIMCHECK DETERMINES THAT THE PROCEDURE IS WITHIN THE NUMBER OF PRE-OP DAYS AND RECOMMENDS THAT THE PROCEDURE SHOULD NOT BE REIMBURSED.	
<b>PROCEDURES MONITORED:</b>	PROCEDURE CODE 00170 SHOULD NOT DENY. PRE OP DAYS AT 000, DUE TO GMIS CUSTOMIZATION 07/13/01.	
<b>AUDIT EOB:</b>	0845 - VISIT IS WITHIN THE ONE DAY PRE-OP RANGE.	
<b>PROCESSING INSTRUCTIONS:</b>	NOTE: ALL "HARD" CODED GMIS AUDITS/EDITS ARE AUTO-DENIED IN THE SYSTEM.	

## 1.20 ESC 7221 (FORMER GMIS AUDIT 888 – GENERAL MEDICAL)

ESC 7221 (FORMER GMIS AUDIT 888)		
ESC 7221 (FORMER GMIS AUDIT 888)	TYPE OF DOCUMENT:	GENERAL MEDICAL
	FIELD NAME:	DOS, PROCEDURE
PROCEDURE IS WITHIN THE NUM OF DAYS POST-OP RANGE	C/T:	M, O
AUDIT/EDIT IS SET WHEN AN OFFICE VISIT IS BILLED WITHIN THE 90 DAY RANGE OF THE BILLING OF A SURGERY RELATED CODE.		
AUDIT CRITERIA:	THIS EDIT IS SET WHEN CLAIMCHECK DETERMINES THAT THE PROCEDURE IS WITHIN THE NUMBER OF POST-OP DAYS AND RECOMMENDS THAT THE PROCEDURE SHOULD NOT BE REIMBURSED.	
PROCEDURES MONITORED:	NOTE: ANY PROCEDURE CODE BILLED IN CONJUNCTION WITH 36558 WILL BYPASS GMIS AUDIT 888. PER DCR1325	
AUDIT EOB:	0888 – GMIS – VISIT IS WITHIN THE POST-OP RANGE.	
PROCESSING INSTRUCTIONS:	NOTE: ALL “HARD” CODED GMIS AUDITS/EDITS ARE AUTO-DENIED IN THE SYSTEM.	

## 1.21 ESC 7222 (FORMER GMIS AUDIT 849 – GENERAL MEDICAL DENTAL)

DMS APPROVED 09/06/02		
AUDIT 849	TYPE OF DOCUMENT:	GENERAL MEDICAL DENTAL
	FIELD NAME:	PROCEDURE, MODIFIER
	FIELD SIZE:	
PROCEDURE DOES NOT REQUIRE AN ASSISTANT SURGEON	C/T:	M, O

DMS APPROVED 09/06/02	
AUDIT/EDIT IS SET WHEN A PROCEDURE CODE DOES NOT REQUIRE AN ASSISTANT SURGEON.	
<b>AUDIT CRITERIA:</b>	THIS EDIT IS SET WHEN CLAIMCHECK DETERMINES THAT THE PROCEDURE DOES NOT REQUIRE AN ASSISTANT SURGEON.
<b>PROCEDURES MONITORED:</b>	
<b>AUDIT EOB:</b>	0849 - PROCEDURE CODE DOES NOT REQUIRE AN ASSISTANT SURGEON.
<b>PROCESSING INSTRUCTIONS:</b>	NOTE: PROCEDURE CODE DOES NOT REQUIRE AN ASSISTANT SURGEON. ALL "HARD" GMIS AUDITS/EDITS AUTO-DENY IN THE SYSTEM.  <b>PROCEDURE CODE 27130 DOES NOT DENY WHEN BILLED WITH A MODIFIER OF 80. PER DCR1830</b>  <b>CLAIMS WITH MORE THAN ONE SURGERY CODE (20100-68840) BYPASS AUDIT 849 PER DCR00579.</b>

## 1.22 ESC 7223 (FORMER GMIS AUDIT 863 – GENERAL MEDICAL)

DMS APPROVED 05/11/01		
ESC 7223 (FORMER GMIS AUDIT 863)	TYPE OF DOCUMENT:	GENERAL MEDICAL
	<b>FIELD NAME:</b>	PROCEDURE, MODIFIER
<b>PROCEDURE MAY NOT REQUIRE AN ASSISTANT SURGEON</b>	<b>C/T:</b>	M, O
SUSPENDS PROCEDURES REQUIRING REVIEW TO DETERMINE THE APPROPRIATENESS OF ASSISTANT SURGEON CHARGES.		
<b>AUDIT CRITERIA:</b>	THIS EDIT IS SET WHEN CLAIMCHECK DETERMINES THAT THE PROCEDURE MAY NOT REQUIRE AN ASSISTANT SURGEON.	

<b>DMS APPROVED 05/11/01</b>	
<b>PROCEDURES MONITORED:</b>	PROCEDURE REQUIRES REVIEW OF OP NOTES TO SEE IF AN ASSISTANT WAS REQUIRED.
<b>AUDIT EOB:</b>	N/A
<b>PROCESSING INSTRUCTIONS:</b>	IF ANY CLAIM FAIL AUDIT 863, OVERRIDE THE CLAIMS.
	NOTE: PER DCR 00268 – PODIATRY CLAIMS PROCESSED AFTER 12/31/2000 ARE EXCLUDED.

## 1.23 ESC 7233 ( FORMER GMIS AUDIT 846 – GENERAL MEDICAL)

<b>DMS APPROVED 05/11/01</b>		
<b>ESC 7233 (FORMER GMIS AUDIT 846)</b>	<b>TYPE OF DOCUMENT:</b>	GENERAL MEDICAL
	<b>FIELD NAME:</b>	PROCEDURE, DOS
<b>DENIED DUPLICATE – INCLUDES UNILATERAL OR BILATERAL</b>	<b>C/T:</b>	M, O
SUSPENDS PROCEDURE CODES THAT ARE DUPLICATED FOR THE SAME DATE OF SERVICE.		
<b>AUDIT CRITERIA:</b>	THIS EDIT IS SET WHEN CLAIMCHECK DETERMINES THAT THE PROCEDURE IS A DUPLICATE THAT INCLUDES UNILATERAL AND BILATERAL.	
<b>PROCEDURES MONITORED:</b>	THIS PROCEDURE IS A DUPLICATE CODE. REVIEW DOCUMENTATION.	
<b>AUDIT EOB:</b>	<b>0846 - CLAIM DENIED. PROCEDURE CODE INCLUDES UNILATERAL AND BILATERAL.</b>	
	0859 - CLAIM DENIED. DUPLICATE PROCEDURE.	
	0029 - CLAIM REQUIRES DOCUMENTATION.	
<b>PROCESSING</b>	IF CLAIM HAS PREVIOUSLY FAILED FOR DUPLICATE	

DMS APPROVED 05/11/01	
<b>INSTRUCTIONS:</b>	AUDIT AND BEEN OVERRIDDEN, OVERRIDE THE GMIS FAILURE.
	NOTE: TAPE CLAIMS WILL AUTO-DENY WITH EOB MESSAGE CODE 029.
	NOTE: PER DCR 00268 – PODIATRY CLAIMS PROCESSED AFTER 12/31/2000 ARE EXCLUDED.

## 1.24 ESC 7234 (FORMER GMIS AUDIT 847 – GENERAL MEDICAL DENTAL)

DMS APPROVED 05/11/01		
ESC 7234 (FORMER GMIS AUDIT 847)	<b>TYPE OF DOCUMENT:</b>	GENERAL MEDICAL DENTAL
	<b>FIELD NAME:</b>	PROCEDURE, DOS
<b>DENIED DUPLICATE – IS BILATERAL</b>	<b>C/T:</b>	M, O
AUDIT/EDIT IS SET WHEN TWO OR MORE PROCEDURES ARE BILLED FOR THE SAME DATE OF SERVICE.		
<b>AUDIT CRITERIA:</b>	THIS EDIT IS SET WHEN CLAIMCHECK DETERMINES THAT THE PROCEDURE IS A DUPLICATE THAT IS BILATERAL.	
<b>PROCEDURES MONITORED:</b>		
<b>AUDIT EOB:</b>	0847 - PROCEDURE IS A BILATERAL OR DUPLICATE.	
<b>PROCESSING INSTRUCTIONS:</b>	NOTE: ALL “HARD” GMIS AUDITS/EDITS AUTO-DENY IN THE SYSTEM.	

## 1.25 ESC 7235 (FORMER GMIS AUDIT 846 – GENERAL MEDICAL)

DMS APPROVED 05/11/01		
ESC 7235 (FORMER GMIS AUDIT 846)	<b>TYPE OF DOCUMENT:</b>	GENERAL MEDICAL

DMS APPROVED 05/11/01		
	<b>FIELD NAME:</b>	PROCEDURE
<b>DENIED DUPLICATE – ONLY DONE XX TIMES IN LIFETIME</b>	<b>C/T:</b>	M, O
SUSPENDS PROCEDURE CODES THAT ARE DUPLICATED FOR THE SAME DATE OF SERVICE.		
<b>AUDIT CRITERIA:</b>	THIS EDIT IS SET WHEN CLAIMCHECK DETERMINES THAT THE PROCEDURE IS A DUPLICATE WHERE THE PROCEDURE CAN ONLY BE PERFORMED A LIMITED NUMBER OF TIMES IN A LIFETIME.	
<b>PROCEDURES MONITORED:</b>	THIS PROCEDURE IS A DUPLICATE CODE. REVIEW DOCUMENTATION.	
<b>AUDIT EOB:</b>	0859 - CLAIM DENIED. DUPLICATE PROCEDURE.	
<b>PROCESSING INSTRUCTIONS:</b>	IF CLAIM HAS PREVIOUSLY FAILED FOR DUPLICATE AUDIT AND BEEN OVERRIDDEN, OVERRIDE THE GMIS FAILURE.	
	NOTE: TAPE CLAIMS WILL AUTO-DENY WITH EOB MESSAGE CODE 029.	
	NOTE: PER DCR 00268 – PODIATRY CLAIMS PROCESSED AFTER 12/31/2000 ARE EXCLUDED.	

## 1.26 ESC 7237 (FORMER GMIS AUDIT 846 – GENERAL MEDICAL)

DMS APPROVED 05/11/01		
ESC 7237 (FORMER GMIS AUDIT 846)	<b>TYPE OF DOCUMENT:</b>	GENERAL MEDICAL
	<b>FIELD NAME:</b>	PROCEDURE
<b>DENIED DUPLICATE</b>	<b>C/T:</b>	M, O

<b>DMS APPROVED 05/11/01</b>		
<b>(REBUNDLED)</b>		
SUSPENDS PROCEDURE CODES THAT ARE DUPLICATED FOR THE SAME DATE OF SERVICE.		
<b>AUDIT CRITERIA:</b>	THIS EDIT IS SET WHEN CLAIMCHECK DETERMINES THAT THE PROCEDURE IS A DUPLICATE.	
<b>PROCEDURES MONITORED:</b>	THIS PROCEDURE IS A DUPLICATE CODE. REVIEW DOCUMENTATION.	
<b>AUDIT EOB:</b>	0859 - CLAIM DENIED. DUPLICATE PROCEDURE.	
<b>PROCESSING INSTRUCTIONS:</b>	IF CLAIM HAS PREVIOUSLY FAILED FOR DUPLICATE AUDIT AND BEEN OVERRIDDEN, OVERRIDE THE GMIS FAILURE.	
	NOTE: TAPE CLAIMS WILL AUTO-DENY WITH EOB MESSAGE CODE 029.	
	NOTE: PER DCR 00268 – PODIATRY CLAIMS PROCESSED AFTER 12/31/2000 ARE EXCLUDED.	

## 1.27 ESC 7238 (FORMER GMIS AUDIT 846 – GENERAL MEDICAL)

<b>DMS APPROVED 05/11/01</b>		
ESC 7238 (FORMER GMIS AUDIT 846)	<b>TYPE OF DOCUMENT:</b>	GENERAL MEDICAL
	<b>FIELD NAME:</b>	PROCEDURE
<b>PROCEDURE ADDED DUE TO DUPLICATE REBUNDLING</b>	<b>C/T:</b>	M, O
SUSPENDS PROCEDURE CODES THAT ARE DUPLICATED FOR THE SAME DATE OF SERVICE.		
<b>AUDIT CRITERIA:</b>	THIS EDIT IS SET WHEN CLAIMCHECK RECOMMENDS THAT THE PROCEDURE BE ADDED TO THE CLAIM DUE	

DMS APPROVED 05/11/01	
	TO DUPLICATE REBUNDLING.
<b>PROCEDURES MONITORED:</b>	THIS PROCEDURE IS A DUPLICATE CODE. REVIEW DOCUMENTATION.
<b>AUDIT EOB:</b>	0859 - CLAIM DENIED. DUPLICATE PROCEDURE.
<b>PROCESSING INSTRUCTIONS:</b>	IF CLAIM HAS PREVIOUSLY FAILED FOR DUPLICATE AUDIT AND BEEN OVERRIDDEN, OVERRIDE THE GMIS FAILURE.
	NOTE: TAPE CLAIMS WILL AUTO-DENY WITH EOB MESSAGE CODE 029.
	NOTE: PER DCR 00268 – PODIATRY CLAIMS PROCESSED AFTER 12/31/2000 ARE EXCLUDED.

## 1.28 ESC 7292

DMS Approved 05/26/2011			
<b>ERROR STATUS CODE:</b>	7292	<b>CLAIM TYPE:</b>	L, M
<b>HEADER/DETAIL:</b>	DETAIL	<b>PROVIDER TYPE:</b>	ALL EXCEPT 17, 21, 29, 30, 31, 33, 35, 40, 41, 43, 45
<b>OVERRIDEABLE:</b>	YES	<b>TYPE OF DOCUMENT:</b>	ALL EXCEPT MASS ADJUSTMENT
<b>DATA CORRECTABLE:</b>	YES	<b>FIELD NAME:</b>	
<b>ESC NAME:</b>	PROCEDURE CODE IS CCI INCIDENTAL		
<b>ESC CRITERIA:</b>	<p>FAILS IF THE PROCEDURE CODE IS CCI INCIDENTAL</p> <p><u>Exclusions:</u></p> <p>Procedure codes listed in HCPCS Group 3266 for provider types in Provider Type Group 3162 do not fail Audit 7292 if submitted with modifier 25 (CO 15058)</p> <p>Note – Claim Type O was removed per CO 15004 and added to regular Audits 5700 and 5701.</p> <p>Note – Per a post-implementation request from the Commonwealth (Task 15032), provider types 29, 31, and 35 were excluded.</p> <p>Note – Per CO 15495 provider type 21 was excluded.</p>		
<b>EOB CODES:</b>	7292 – CLAIM/DETAIL DENIED. PROCEDURE IS CCI INCIDENTAL.		
<b>PROCESSING INSTRUCTIONS:</b>	NOTE: THIS AUDIT IS AUTODENIED FOR ALL REGIONS EXCEPT 90.		

## 1.29 ESC 7293

DMS Approved 05/26/2011			
<b>ERROR STATUS CODE:</b>	7293	<b>CLAIM TYPE:</b>	L, M
<b>HEADER/DETAIL:</b>	DETAIL	<b>PROVIDER TYPE:</b>	ALL EXCEPT 17, 21, 29, 30, 31, 33, 35, 40, 41, 43, 45
<b>OVERRIDEABLE:</b>	YES	<b>TYPE OF DOCUMENT:</b>	ALL EXCEPT MASS ADJUSTMENT
<b>DATA CORRECTABLE:</b>	YES	<b>FIELD NAME:</b>	
<b>ESC NAME:</b>	PROCEDURE CODE IS CCI MUTUALLY EXCLUSIVE		
<b>ESC CRITERIA:</b>	<p>FAILS IF THE PROCEDURE CODE IS CCI MUTUALLY EXCLUSIVE</p> <p>Note – Claim Type O was removed per CO 15004 and added to regular Audits 5700 and 5701.</p> <p>Note – Per a post-implementation request from the Commonwealth (Task 15032), provider types 29, 31, and 35 were excluded.</p> <p>Note – Per CO 15495 provider type 21 was excluded.</p>		
<b>EOB CODES:</b>	7293 – CLAIM/DETAIL DENIED. PROCEDURE IS CCI MUTUALLY EXCLUSIVE.		
<b>PROCESSING INSTRUCTIONS:</b>	NOTE: THIS AUDIT IS AUTODENIED FOR ALL REGIONS EXCEPT 90.		

## 1.30 ESC 7500 (FORMER LEGACY AUDIT 232)

DMS Approved 01/26/96			
<b>ERROR STATUS CODE:</b>	7500 (FORMER LEGACY EDIT 232)	<b>CLAIM TYPE:</b>	ALL
<b>HEADER/DETAIL:</b>	HEADER	<b>PROVIDER TYPE:</b>	ALL
<b>OVERRIDEABLE:</b>	YES	<b>TYPE OF DOCUMENT:</b>	ALL EXCEPT MASS ADJUSTMENT
<b>DATA CORRECTABLE:</b>	YES	<b>FIELD NAME:</b>	BPROV
<b>ESC NAME:</b>	BILLING PROVIDER ON PREPAYMENT REVIEW		
<b>ESC CRITERIA:</b>	<p>IF THE BILLING PROVIDER HAS AN ENTRY IN THE RESTRICTED SERVICES TABLE, POST THE EDIT.</p> <p>IF ON THE RESTRICTED SERVICES TABLE AND THE NDC HAS A RESTRICTION OR A GENERIC, POST THE EDIT.</p> <p>IF THE BILLING PROVIDER HAS AN ENTRY IN THE RESTRICTED SERVICES TABLE, POST THE EDIT.</p> <p>IF ON THE RESTRICTED SERVICES TABLE AND THE NDC HAS A RESTRICTION OR A GENERIC, POST THE EDIT.</p>		
<b>LEGACY CRITERIA:</b>	VERIFIES THE BILLING PROVIDER IS CURRENTLY ON REVIEW USING THE MASTER PROVIDER FILE TO SUSPEND.		
<b>EOB CODES:</b>	<p>0232 – CLAIM/DETAIL DENIED. ACTION REASON CODE INDICATES PROVIDER IS ON REVIEW.</p> <p>0029 – CLAIM REQUIRES DOCUMENTATION. PLEASE RESUBMIT ON PAPER MEDIA.</p>		
<b>METHOD OF CORRECTION:</b>	<ol style="list-style-type: none"> <li>1. VERIFY THAT THE PROVIDER NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.</li> <li>2. IF KEYED CORRECTLY, FORWARD TO THE PRIOR AUTHORIZATION ANALYST.</li> <li>3. IF THE CLAIM IS BILLED ON THE ELECTRONIC TYPE OF DOCUMENT, DENY THE CLAIM WITH EOB 029.</li> </ol>		
	<b>PRIOR AUTHORIZATION ANALYST:</b>		
	<ol style="list-style-type: none"> <li>1. AFTER REVIEWING CLAIM FOR ESTABLISHED CRITERIA, DETERMINE IF CLAIM IS PAYABLE OR NOT. IF CLAIM IS PAYABLE, OVERRIDE THE EDIT.</li> <li>2. IF CLAIM IS NOT PAYABLE, DENY THE CLAIM WITH EOB 0232.</li> </ol>		

## 1.31 ESC 7509 (FORMER LEGACY AUDIT 232)

<b>DMS Approved 01/26/96</b>			
<b>ERROR STATUS CODE:</b>	7509 (FORMER LEGACY EDIT 232)	<b>CLAIM TYPE:</b>	ALL
<b>HEADER/DETAIL:</b>	HEADER	<b>PROVIDER TYPE:</b>	ALL
<b>OVERRIDEABLE:</b>	YES	<b>TYPE OF DOCUMENT:</b>	ALL EXCEPT MASS ADJUSTMENT
<b>DATA CORRECTABLE:</b>	YES	<b>FIELD NAME:</b>	BPROV
<b>ESC NAME:</b>	RENDERING PROVIDER ON PREPAYMENT REVIEW		
<b>ESC CRITERIA:</b>	<p>IF THE STATUS FIELD ON THE PROVIDER RESTRICTED SERVICES MAINTENANCE WINDOW EQUALS A, THE CLAIM TYPE ON THE WINDOW IS BLANK OR IS EQUAL TO CLAIM TYPE BEING PROCESSED, THE DETAIL FROM DATE OF SERVICE IS EQUAL TO OR GREATER THAN THE EFFECTIVE DATE AND EQUAL TO OR LESS THAN THE END DATE, THE PLACE OF SERVICE ON THE WINDOW IS BLANK OR IS EQUAL TO THE PLACE OF SERVICE ON THE CLAIM, THE IN/EXC INDICATOR ON THE WINDOW IS EQUAL TO I, AND THE PROCEDURE CODE, REVENUE CODE, OR NDC CODE ON THE CLAIM FALLS WITHIN THE APPROPRIATE RANGE, THE MODIFIER ON THE WINDOW IS BLANK OR IS EQUAL TO EITHER THE FIRST, SECOND, OR THIRD MODIFIER ON THE CLAIM, POST THE EDIT.</p> <p>SPECIAL CONSIDERATIONS FOR PROCEDURE, NDC, AND REVENUE CODE:</p> <p>IF THE CLAIM TYPE BEING PROCESSED EQUALS MEDICAL (M), DENTAL (D), OR HOME HEALTH (H), IT SHOULD BE ASSUMED THAT THE PROVIDER WOULD BE RESTRICTED BY A FIVE-DIGIT PROCEDURE CODE.</p> <p>IF THE CLAIM TYPE EQUAL INPATIENT (I), NURSING HOME (L), OR OUTPATIENT (O) IT SHOULD BE ASSUMED THAT THE PROVIDER WOULD BE RESTRICTED BY A THREE-DIGIT REVENUE CODE.</p> <p>IF THE CLAIM TYPE EQUAL PHARMACY (P) IT SHOULD BE ASSUMED THAT THE PROVIDER WOULD BE RESTRICTED BY AN 11-DIGIT NDC.</p> <p>IF THE IN/EXC INDICATOR IS EQUAL TO E, AND THE PROCEDURE CODE, REVENUE CODE, OR NDC CODE ON THE CLAIM FALLS WITHIN THE APPROPRIATE RANGE, BYPASS THIS EDIT.</p>		
<b>LEGACY CRITERIA:</b>	IF THE STATUS FIELD IS I IT INDICATES THAT THE RESTRICTION IS NO LONGER IN EFFECT FOR THE PROVIDER.		

<b>DMS Approved 01/26/96</b>	
	<p>THE CLAIM SHOULD BYPASS THE EDIT.</p> <p>VERIFIES THE BILLING PROVIDER IS CURRENTLY ON REVIEW USING THE MASTER PROVIDER FILE TO SUSPEND.</p>
<b>EOB CODES:</b>	<p>0232 – CLAIM/DETAIL DENIED. ACTION REASON CODE INDICATES PROVIDER IS ON REVIEW.</p> <p>0029 – CLAIM REQUIRES DOCUMENTATION. PLEASE RESUBMIT ON PAPER MEDIA.</p>
<b>METHOD OF CORRECTION:</b>	4. VERIFY THAT THE PROVIDER NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	5. IF KEYED CORRECTLY, FORWARD TO THE PRIOR AUTHORIZATION ANALYST.
	6. IF THE CLAIM IS BILLED ON THE ELECTRONIC TYPE OF DOCUMENT, DENY THE CLAIM WITH EOB 029.
	<b>PRIOR AUTHORIZATION ANALYST:</b>
	1. AFTER REVIEWING CLAIM FOR ESTABLISHED CRITERIA, DETERMINE IF CLAIM IS PAYABLE OR NOT. IF CLAIM IS PAYABLE, OVERRIDE THE EDIT.
	2. IF CLAIM IS NOT PAYABLE, DENY THE CLAIM WITH EOB 0232.