

Dear Cahaba_News Medicare Part B Members,

New Edits in Effect March 1, 2007

Effective March 1, 2007, Cahaba GBA, LLC, will be implementing new edits in the audit trail system. The following is a list of the new edits along with an explanation. If you have any questions please contact Cahaba GBA, LLC, EDI Services at (866) 582-3253.

· 362C - BILLING & RENDERING PROVIDER MUST BE IN SAME GROUP

The rendering provider number billed on the claim is not associated with the group number used. The rendering provider number will be in the 2310B loop, REF segment. The group number will be in the 2010AA loop, REF segment.

· 410L - USE A MORE SPECIFIC PROCEDURE CODE

A miscellaneous procedure code, such as J3490, was billed without a description of the services rendered. This would be submitted in an NTE segment.

· 417L - MOD LC, LD OR RC REQ FOR CORONARY PROC

A coronary procedure was billed without a required modifier. For an explanation and list of these modifiers go to:

www.cahabagba.com/part_b/education_and_outreach/general_billing_info/modifiers.htm.

· 423L - AMBULANCE MODIFIER MISSING OR INVALID

An ambulance claim was billed without the appropriate modifiers. For a list and explanation of modifiers go to:

www.cahabagba.com/part_b/education_and_outreach/general_billing_info/modifiers.htm.

· 425L - USE MODIFIER LT OR RT TO IDENTIFY EYE

A cataract surgery code was used without the LT or RT modifier to identify the eye where the surgery was performed.

· 428L - MOD QX OR QZ REQ FOR CRNA/ANES ASSIST

Charges for CRNA services were billed without the appropriate modifier.

· 429L - NAME OF FACILITY NEEDED

For all place-of-service codes except 12 (patient's home) the name and physical address of the facility where the services were rendered must be sent on the claim. The facility name and address should appear in the 2310D loop.

Thank you,
Electronic Data Interchange (EDI)
Cahaba GBA- Medicare Part B