

Provider Bulletin #15-01
Philadelphia Behavioral Health System
Community Behavioral Health
Changes to Claims Edits for 5010 HIPAA Transactions

January 23, 2015

The purpose of this bulletin is to inform our provider organizations that additional claim processing edits will be enforced as of February 23, 2015 for 5010 HIPAA Transactions.

The edits listed below will be in effect on February 23, 2015, and will result in the rejection of claims before the adjudication process. Please understand that those up-front rejected claims will not be submitted for adjudication, because the submitted data or lack of data is no longer acceptable. It is the provider's responsibility to ensure that the data submitted is correct. When a data error is made a rejection will occur prior to adjudication of a claim and an acknowledgement called a 277CA will be generated by the system and made available to the provider via our electronic system.

A 277CA will be generated for:

No billing provider specialty information sent (PRV/Taxonomy Code)

Patient Control Number is not unique

Laboratory Service submitted without Referring Provider NPI

Line item Control Number is not unique