

There are a total of 178 edits that execute in the current TMHP Claims Management System with a subset of these edits executing for Nursing Facility claims.

The execution of these edits are grouped and sequenced as follows with exit points to reject, suspend or deny the claim as it processes in this system:

1. HIPAA Validation Edits
2. Business & Additional Validity Edits
3. LTC Policy Edits

If the claim is successfully processed through these groups of edits (specific to the service being billed on the claim) then it is considered a 'clean claim' and is approved to pay.

Within the groups listed above the edits can be further categorized as indicated in the following table. This table also provides an indication of the number of edits in each category that execute against the Nursing Facility Daily Care claim (aka Room and Board). There is a different count of edits for each of the other services in the Nursing Facility array of services which have not been listed in this table but can be provided if needed.

Edit Categories	Description	# Edits run on 'NF Daily Care' Claim	Example of Edit with Explanation of Benefit (EOB)
Eligibility	Edits that validate the individual's eligibility information in the Medicaid Program.	13	E0006: Client Medicaid Eligibility is not currently active or is on hold for dates of service.
Financial	Edits that validate rate information that is needed to adjudicate the claim.	4	F0006: Rate not found.
Historical	Edits that validate the current submitted claim against historical claims information.	3	H0001: This service has already been paid. Please do not file for duplicate services.
Informational	Edits that provide additional information to the submitter. Note: several are being added to indicate claims have been forwarded to MCOs.	6	I0025: Claim was forwarded to a Managed Care Organization (includes MCO name and phone number).
Mutually Exclusive	Edits that determine if services billed on a Nursing Facility claim are mutually exclusive with services billed for a different program.	2	M0001: Claim is for a Service Group (Program) that is mutually exclusive with a Service Group (Program) for a previous claim.
Provider	Edits that determine the validity and status of the Nursing Facility Provider on the claim.	5	P0002: Provider has been placed on hold.
Service	Edits specific to the LTC Policy for each type of service being billed on the claim.	12	S0042: Applied Income must exist for the dates of service.
Validation	Edits to ensure that all of the required elements have been provided by the submitter in the correct format.	50	V2206: NPI/API (National Provide ID or Atypical Provider ID) is invalid.