

Claims Front End Edits

In alignment with the National Implementation Guidelines Community Behavioral Health (CBH) has made updates to the claim edits. These edits affect claims submitted manually on the CBH Converter Application, paper claims, and Electronic Data Interchange (EDI) files uploaded to the CBH Provider Portal.

If you have any questions, please reach out to your claims analyst or send an email to CBHClaim.Support@phila.gov.

Authorizations

Effective 3/7/2025: Loop 2300/2400 Ref*G1 –Authorization

Claim-Level Authorization Requirement

- ➔ If an authorization auth is present at the service line level, an auth must also be present at the claim level.
- ➔ If no auth exists at the claim level, the entire claim is rejected.
- ➔ **Exception:** If any service line includes the procedure code **W0500**, this rule does not apply.

277 Front End Edit Details Error code A6/252 PR:

- » 277 Claim Status Category Code: A6 - The claim/encounter is missing the required information and has been rejected.
- » 277 Claim Status Code: 252 - Entity's prior authorization/certification number.
- » Entity Code: PR - Payer

Authorization Consistency Requirement

- ➔ If the authorization at the line level is not different from the authorization at the claim level, the entire claim is rejected.

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- ➔ **Exception:** If any service line includes the procedure code **W0500**, this rule does not apply.

277 Front End Edit Details Error code A7/252 PR:

- » 277 Claim Status Category Code: A7 -The claim/encounter contains invalid information as specified in the Status details and has been rejected.
- » 277 Claim Status Code: 252 - Entity's prior authorization/certification number.
- » Entity Code: PR - Payer

Missing Authorization Rejection Error code A6/252 PR:

- ➔ If neither the claim level nor the line level contains an auth, the entire claim is rejected.

277 Front End Edit Details:

- » 277 Claim Status Category Code: A6 - The claim/encounter is missing the required information and has been rejected.
- » 277 Claim Status Code: 252 - Entity's prior authorization/certification number.
- » Entity Code: PR – Payer

Rendering Provider

Effective 4/17/2025: Loop 2010AA – Billing Provider Name

- ➔ If NM102 = 1 Person:
 - » Missing Last Name:
 - » If NM103 Billing Provider Last/Organization Name is blank:

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277 Front End Edit with:

- » Claim Status Category Code: A6 The claim/encounter is missing the required information and has been rejected.
- » Claim Status Code: 504-Entity's Last Name
- » Entity Code: 85-Billing Provider

OR

- ➔ Missing First Name:
- ➔ If NM104 Billing Provider First Name is blank:

277 Front End Edit with:

- » **Claim Status Category Code:** A6-Acknowledgement/Rejected for Missing Information
- » **Claim Status Code:** 505- Entity's First Name
- » **Entity Code:** 85- Billing Provider

OR

- ➔ If NM102 = 2 Non-Person Entity:
- ➔ Missing Organization Name:
- ➔ If NM103 Billing Provider Last/Organization Name is blank:

277 Front End Edit with:

- » **Claim Status Category Code:** A6 Acknowledgement/Rejected for Missing Information
- » **Claim Status Code:** 504- Entity's Last Name

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- » **Entity Code:** 85- Billing Provider

OR

- ➔ Invalid First Name:
- ➔ If NM104 Billing Provider First Name is **NOT** blank:

Generate a 277 Front End Edit with:

- » **Claim Status Category Code:** A7 Acknowledgement/Rejected for Invalid Information
- » **Claim Status Code:** 505- Entity's First Name
- » **Entity Code:** 85- Billing Provider