

CIGNA GOVERNMENT SERVICES TN/ID  
PROFESSIONAL EMC PROGRAM  
MEDICARE-B EMC INPUT  
BATCH DETAIL CONTROL LISTING

PRODUCTION

SUBMITTER ID: X999      SUBMITTER NAME: John Doe  
ADDRESS: 123 Medicare BLVD.  
CITY: Nashville  
STATE/ZIP: TN 37228 - 1111

PROCESS DATE: 03/10/2008

EFFECTIVE MARCH 01, 2008, YOUR MEDICARE FEE-FOR-SERVICE CLAIMS MUST INCLUDE AN NPI IN THE PRIMARY PROVIDER FIELDS ON THE CLAIM (I.E. THE BILLING, PAY-TO PROVIDER AND RENDERING PROVIDER FIELDS). YOU MAY CONTINUE TO SUBMIT NPI/LEGACY PAIRS IN THESE FIELDS OR SUBMIT ONLY YOUR NPI. THE SECONDARY PROVIDER FIELDS (I.E. REFERRING, ORDERING AND SUPERVISING) MAY CONTINUE TO INCLUDE ONLY YOUR LEGACY NUMBER, IF YOU CHOOSE. FAILURE TO SUBMIT AN NPI IN THE PRIMARY PROVIDER FIELDS WILL RESULT IN YOUR CLAIM BEING REJECTED, BEGINNING MARCH 01, 2008.

EMC PROVIDER : NPI: 1234567890      PIN: 1234567      BATCH NUMBER : 1  
PROV      PROV      REFERENCE      REC TYPE      DTL      FIELD IN      FIELD      ERR      MESSAGE      ERROR  
NPI#      PIN#      NUMBER      NUM      NUM      ERROR      CONTENTS      NUM      SEVERITY

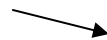
EMC PROVIDER : NPI: 1234567890      PIN: 1234567      BATCH STATUS : ACCEPTED  
490      2300 HI      2300 HI02      A12.3      **M311**      ERR NUM USED TO LOOKUP ON [MCS EDIT TOOL](#)      CLAIM DELETED

HIC FOR ABOVE CLAIM IN ERROR: HICN12345A      ICN: 000000000000 - NO ICN REPORTED HERE CLAIM WAS DELETED  
597      2310A REF      2310A REF01      1G      M417 NPI ONLY WILL BE REQ'D      INFORMATIONAL  
597      2310A REF      2310A REF01      1C      M417 NPI ONLY WILL BE REQ'D      INFORMATIONAL  
597      2310E REF      2310E REF01      1G      M420 NPI ONLY WILL BE REQ'D      INFORMATIONAL  
597      2310E REF      2310E REF01      1C      M420 NPI ONLY WILL BE REQ'D      INFORMATIONAL

HIC FOR ABOVE CLAIM IN ERROR: HICN12121A      ICN: 0208071234568 - ICN REPORTED HERE CLAIM WILL BE PROCESSED

TOTAL CLAIMS RECEIVED : 02  
TOTAL CLAIMS ACCEPTED : 01  
TOTAL CLAIMS DELETED : 1  
TOTAL CLAIMS WITH ERRORS : 02  
TOTAL CHARGES ACCEPTED : \$ 80.00

ASSIGNED ICN	PATIENT NUMBER	PROV NPI	PROV PIN	HIC	SPLIT CLAIM
0208071234568	597	1231567890	1234567	HICN12121A	



LIST OF ALL ICNS AND PATIENT ACCOUNT NUMBERS HERE FOR EASY REFERENCE

## Reference Material for the Electronic Receipt Listing or Batch Detail Control Listing

- National Provider Identifier is reported along side the Medicare assigned PTAN.
- If a claim is not accepted for processing, you will see the message '**CLAIM DELETED**' in the ERROR SEVERITY column to the far right.
- If the message '**INFORMATIONAL**' appears in the ERROR SEVERITY column, your claim is accepted however this message is used to alert you that once the edit is turned on the claim would be deleted. It allows you the opportunity to make corrections to your claims without causing disruption to your cash flow.
- The value in the ERR NUM field provides the reason why the claim was deleted. If a value appears here, go to the [MCS Edit Tool](#) and key in the value to determine what needs to be corrected.
- Under the process date near the top of the report we will print important notices.
- This is the report produced by CIGNA Government Services and is the only report that the EDI department will support. If you received a different report from your clearinghouse or billing entity you will need to contact that company for support.