The Supplemental Edits Report is a *System* report that shows all of your site's settings at a glance. Use this report as a record of your site's settings.

By default, enabled supplemental edits run on all claims. If you use the additional criteria to limit the edits, the settings are captured within the Additional Criteria section of this report.

EDIT NAME: SE_000 **DESCRIPTION** **ENABLED:** Y **REQUIRED:** N

For an Outpatient claim, a HCPCS/CPT-4 Code is required when the associated Revenue Code is in the following list: 254-255 399 621-623 881 260-262 401-404 681-682 889 264 410 720 900-902 278 412-413 723 905-907 280 419 729-732 911-916 289-292 450 739-740 918-925 300-307 456 750 929 309-312 460 760-762 940 314 469 769 943-945 320-324 480-483 771 948-949 329-333 489-490 790 960-961 335 499 800-803 969 339 510 809-810 971 340-344 511 819-821 975-977 349 513-516 823-825 981-982 350-352 519 829-831 985-986 360-362 530 839-842 988 369 610-612 845 380-387 614-616 849-851 389-391 618-619 859 Note: If this does not apply to your billing situation, you can override the edit within the Error Text.

Additional Criteria

EDIT NAME: SE_001 **DESCRIPTION** **ENABLED:** Y **REQUIRED:** N

Blood Product present without transfusion. Medicare Outpatient Claim: If revenue code 390 is present then revenue code 391 must be present.

Additional Criteria

EDIT NAME: SE_002 **DESCRIPTION** **ENABLED:** Y **REQUIRED:** Y

Transfusion present without blood product. Medicare Outpatient Claim: If revenue code 391 is present then revenue code 390 must be present.

Additional Criteria

EDIT NAME: SE_003 **DESCRIPTION** **ENABLED:** Y **REQUIRED:** N

Transfusion session greater than 1 on same date. Medicare Outpatient Claim: HCPCS code 36430, 36440, 36450, or 36455 units cannot be > 1 on the same date.

Additional Criteria

EDIT NAME: SE_004 **DESCRIPTION** **ENABLED:** Y **REQUIRED:** N

Medicare Outpatient Claim: Total Charges between \$10,000 and \$24,999.99

Additional Criteria

EDIT NAME: SE_005 **DESCRIPTION** **ENABLED:** Y **REQUIRED:** Y

Medicare Outpatient Claim: Total Charges greater than or equal to \$25,000.

Additional Criteria

EDIT NAME: SE_006 **DESCRIPTION** **ENABLED:** N **REQUIRED:** N

Therapy session greater than 1 on same date. Medicare Outpatient Claim: HCPCS code 92506, 92507, or 92508 units > 1 on the same date.

Additional Criteria