CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 347	**Date: June 6, 2008**
	Change Request 6066

Subject: Analysis and Design Only - Systems Improvements to Streamline Updates to the Place of Service (POS) Code Set

I. SUMMARY OF CHANGES: The shared system maintainers and the contractors shall conduct an analysis of the CWF systems enhancements needed to further streamline the process for updating the POS code set.

New / Revised Material
Effective Date: October 1, 2008
Implementation Date: October 6, 2008

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:
SECTION A: For Fiscal Intermediaries and Carriers:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 347	Date: June 6, 2008	Change Request: 6066

SUBJECT: Analysis and Design Only ---Systems Improvements to Streamline Updates to the Place of Service (POS) Code Set

Effective Date: October 1, 2008

Implementation Date: October 6, 2008

I. GENERAL INFORMATION

A. Background:

As an entity covered under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Medicare must comply with standards and their implementation guides adopted by regulation under this statute. The currently adopted professional implementation guide for the ASC X12N 837 standard requires that each electronic claim transaction include a POS code from the POS code set maintained by the Centers for Medicare and Medicaid Services (CMS). As a payer, Medicare must be able to recognize as valid any code from the POS code set.

Medicare must streamline the updating process to promote the prompt, efficient adoption of new POS codes so that Medicare can comply with HIPAA with minimal strain on the implementation of other program needs.

Unless prohibited by national policy to the contrary, Medicare not only recognizes valid POS codes from the POS code set but also adjudicates claims having these codes. Although the Medicare fee-for-service program does not always have the same need for setting specificity as other CMS programs, such as Medicaid, adjudicating the claims with the full range of POS codes eases the coordination of benefits for Medicaid and other payers who may need the specificity afforded by the entire POS code set.

On October 27, 2006, CMS issued Change Request (CR) 5224 (Transmittal 1096, Pub. 100-04) to begin implementing a streamlined approach for updating the Place of Service (POS) code set. This CR directed the ViPs Medicare System (VMS) shared system maintainer to implement the POS code set improvements originally contained in CR 4307, including the development of a new POS table within VMS. These changes will streamline the existing process for updating the POS code set by allowing the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) to add, update, copy and delete records without necessitating a shared systems change. (The Medicare Carrier System (MCS) implemented the systems improvements to streamline the POS code set updates in the October 2006 release. However, these changes were delayed for VMS due to a reduction in the systems hours available in the release.) On July 13, 2007, CMS issued CR 5526 (Transmittal 1286, Pub. 100-04) to implement additional VMS changes to further streamline this process.

Although the POS code set improvements have been implemented in the shared systems, the CWF has not been updated to reflect these changes. Therefore, this CR instructs the CWF maintainer to identify the design considerations needed to continue to streamline the process for making updates to the POS code set. In

addition, the CR directs the shared system maintainers and the contractors to perform an analysis of the CWF POS code edits to determine which edits need to be modified or deactivated. Changes to the CWF resulting from this analysis will be announced in the implementation CR.

B. Policy:

The CWF maintainer shall conduct a systems analysis and identify all design considerations necessary to further streamline the process for updating POS code set. The shared system maintainers and the contractors shall conduct an analysis of the CWF POS code edits and make recommendations to modify or deactivate these edits. The effective date for these changes will be announced in the implementation CR.

II. BUSINESS REQUIREMENTS TABLE

Use"Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6066.1	The contractors and the shared system maintainers shall perform an analysis of the applicable CWF POS code set edits and determine what updates, if any, may be made to the CWF to streamline process for updating the POS code set (i.e., deactivate or modify the CWF edits that are unnecessary). (See Attachment A.)	X	X		X			X	X		
6066.1.1	The shared system maintainers shall assist the contractors in performing the analysis of the CWF POS code set edits in 6066.1.							X	X		
6066.2	The contractors and shared system maintainers shall submit a list of the recommended CWF systems enhancements to streamline the process for updating the POS code set, per the analysis performed in 6066.1.1.	X	X		X			X	X		
6066.2.1	The contractors and shared system maintainers shall submit a list of the recommended CWF systems enhancements in 6066.2 to Tracey Hemphill at Tracey.Hemphill@cms.hhs.gov.	X	X		X			X	X		
6066.3	The CWF system maintainer shall conduct a systems analysis and identify all design considerations necessary to deactivate or modify the contractor POS code set edits.										CWF

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	None.										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
6066.1-3	For additional information concerning the systems improvements made to streamline updates to the POS code set, see CR 4307, issued on 4/27/06; CR 5224, Transmittal 1096, issued on 10/27/06; and CR 5526, Transmittal 1286, issued on 7/13/07.

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): DME MACs -Tracey Hemphill at (410) 786-7169 or Tracey.Hemphill@cms.hhs.gov; A/B MACs/Carriers- Vera Dillard at (410) 786-6149 or Vera.Dillard@cms.hhs.gov

Post-Implementation Contact(s): DME MACs- Tracey Hemphill at (410) 786-7169 or Tracey.Hemphill@cms.hhs.gov; A/B MACs/Carriers- Vera Dillard at (410) 786-6149 or Vera.Dillard@cms.hhs.gov

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Carriers (RHHIs)* use only one of the following statements:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: *For Medicare Administrative Contractors (MACs),* use the following statement:

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Attachment A CWF edits that read POS (Place of Service)

Consistency

59x2 Type of Record: Pt. B Carrier

Error Message:
Invalid Type of Service for Ambulatory Surgical Care Place of Service.

Set Condition for edit '59x2':
When the Place of Service is equal to '24', and when Type of Service is not equal to '1-9', 'A', 'F', 'I', 'J', 'K', 'L', 'P', 'Q', 'R', 'S', 'T', 'V', 'Y', or 'Z', set the '59x2' error code.

When the From Date is equal to zeros, or the CMS Payment Process Indicator is equal to 'I', bypass this edit.

When the claim or line item is denied, bypass this edit.

62x1 Type of Record: Pt. B Carrier and DMEPOS

Error Message:
Invalid Reimbursement Indicator.

Set Condition for edit '62x1'
When the CMS Reimbursement Indicator is not equal to '0', '1', '2', or '3', set the '62x1' error code.

When the From Date is greater than 09/30/1982 and the CMS Reimbursement Indicator is equal to '1', and the CMS Deductible Indicator is not equal to '0', set the '62x1' error code.

When the claim or line item is denied, bypass this edit.

When the Place of Service is not equal to '99' (other), or the CMS Type of Service is not equal to 'A', bypass this edit.

When the claim is denied, bypass this edit.

When the CMS Payment Process Indicator is equal to 'I', bypass this edit.

62x2 Type of Record: Pt. B Carrier and DMEPOS

Error Message:
Place of Service '99' (Other) for Type of Service 'A' (Used DME) for Dates of Service between 09/30/1982 and 01/01/1989 must have a Reimbursement Indicator of '1' (100%) and Deductible Indicator of '0' (Subject to Ded.).

Set Condition for edit '62x2':
When the From Date is greater than 09/30/1982, and the From Date is less than 01/01/1989, and the CMS Reimbursement Indicator is not equal to '1', and the CMS Deductible Indicator is not equal to '0', set the '62x2' error code.

When the Place of Service is not equal to '99' (other), or the CMS Type of Service is not equal to 'A', bypass this edit.

When the claim or line item is denied, bypass this edit.

When the From Date is equal to zeros, or the CMS Payment Process Indicator is equal to 'I', bypass this edit.

62x7 Type of Record: Pt. B Carrier

Error Message:
Place of Service '24'(Ambulatory Surgery Center) must have a Reimbursement Indicator of '1' (100%) and a Deductible Indicator of '1' (Not subject to Ded.). Claim Dates of Service must be prior to 04/01/1988.

Set Condition for edit '62x7':
When the From Date is equal to zeros, or the CMS Payment Process Indicator is equal to 'I', bypass this edit.

When the Place of Service is equal to '24' (Ambulatory Surgical Center), and the From Date is less than 04/01/1988, and the Reimbursement Indicator is equal to '1', and the Deductible Indicator is equal to '0', set the '62x7' error code.

When the claim or line item is denied, bypass this edit.

62x8 Type of Record: Pt. B Carrier

Error Message:
Type of Service 'N' (Kidney Donor) or Modifier 'Q3' must have a Reimbursement Indicator of '1' (100%) and a Deductible Indicator of '1' (Not subject to Ded.).

Set Condition for edit '62x8':
When the Type of Service is equal to 'N', and the Reimbursement Indicator is not equal to '1', and the Deductible Indicator is not equal to '0', set the '62x8' error code.

When the Type of Service is not equal to 'N', and Procedure Code Modifier '1', '2', '3', or '4' is equal to 'Q3' and the Reimbursement Indicator is not equal to '1', and the Deductible Indicator is not equal to '0', set the '62x8' error code.

When the From Date is equal to zeros, or the CMS Payment Process Indicator is equal to 'I', bypass this edit.

When the Place of Service is not equal to '24' (Ambulatory Surgical Center), bypass this edit.

When the claim or line item is denied, bypass this edit.

77x1 Type of Record: Pt. B Carrier and DMEPOS

Error Message:
Invalid Place of Service.

Set Condition for edit '77x1':
When the Place of Service is not equal to:
'01' Pharmacy
'03' School
'04' Homeless Shelter
'05' Indian Health Service Free-standing Facility
'06' Indian Health Service Provider-based Facility
'07' Tribal 638 Free-standing Facility
'08' Tribal 638 Provider-based Facility
'11' Office
'12' Home
'13' Assisted Living Facility
'14' Group Home
'15' Mobile Unit
'20' Outpatient Hospital
'21' Inpatient Hospital
'22' Outpatient Hospital
'23' Emergency Room Hospital
'24' Ambulatory Surgical Center
'25' Birthing Center
'26' Military Treatment Center
'31' Skilled Nursing Facility
'32' Nursing Facility
'33' Custodial Care Facility
'34' Hospice
'41' Ambulance - Land
'42' Ambulance - Air or Water
'49' Independent Clinic
'50' Federally Qualified Health Center
'51' Inpatient Psychiatric Facility
'52' Psychiatric Facility Partial Hospitalization
'53' Community Mental Health Center
'54' Intermediate Care Facility/Mentally Retarded
'55' Substance Abuse Treatment Facility
'56' Psychiatric Treatment Facility
'57' Non-residential Substance Abuse Treatment Facility
'60' Mass Immunization Center
'61' Comprehensive Inpatient Rehabilitation Facility
'62' Comprehensive Outpatient Rehabilitation Facility
'65' End Stage Renal Disease Treatment
'71' Public Health Clinic
'72' Rural Health Clinic
'81' Independent Laboratory or
'99' Other Unlisted Facility, set the '77x1' error code.

When the Payment Process Indicator is equal to 'I', bypass this edit.

When the Payment Process Indicator is equal to 'O', bypass this edit.

77x3 Type of Record: Pt. B Carrier

Error Message:
Physician Specialty '65' (Physical Therapy) performing Service Type '9' (Other Medical) or 'A' (Used DME) must be performed at Place of Service.

Set Condition for edit '77x3':
When the Provider Specialty is equal to '65', and the Type of Service is equal to '9' or 'A', and the Place of Service is not equal to
'03' School
'04' Homeless Shelter
'05' Indian Health Service Free-standing facility
'06' Indian Health Service Provider-based facility
'07' Tribal '638' Freestanding Facility
'08' Tribal '638' Provider-based Facility
'11' Office
'12' Home
'13' Assisted Living Facility
'14' Group Home
'15' Mobile Unit
'20' Outpatient Hospital
'25' Birthing Center
'26' Military Treatment Center
'32' Nursing Facility
'33' Custodial Care Facility
'49' Independent Clinic
'54' Intermediate Care Facility/Mentally Retarded
'55' Substance Abuse Treatment Facility
'56' Psychiatric Treatment Facility
'57' Non-residential Substance Abuse Treatment Facility
'71' Public Health Clinic
'72' Rural Health Clinic, set the '77x3' error code.

When the claim or line item is denied, bypass this edit.

When the From Date is equal to zeros, or the Payment Process Indicator is equal to 'I', bypass this edit.

When the Type of Service is equal to 'W', bypass this edit.

77x6 Type of Record: Pt. B Carrier and DMEPOS

Error Message:
Place of Service must be '24' (Ambulatory Surgical Center) for Type of Service of 'F'.

Set Condition for edit '77x6':
When the Type of Service is equal to 'F' and the Place of Service is not equal to '24' (Ambulatory Surgical Center), set the '77x6' error code.

When the claim or line item is denied, bypass this edit.

When the Payment Process Indicator is equal to 'I', bypass this edit.

78x8 Type of Record: Pt. B Carrier

Error Message:
From Date is prior to 09/01/1982 for '24' (Ambulatory Service Center Place) of Service.

Set Condition for edit '78x8':
When the Place of Service is equal to '24' (Ambulatory Surgical Center) and the From Date is less than 09/01/1982, set the '78x8' error code.

When the claim or line item is denied, bypass this edit.

When the From Date is equal to zeros, or the CMS Payment Process Indicator is equal to 'I', bypass this edit.

CWF edits that read POS (Place of Service)

Utilization

524J Type of Record: Pt. B Carrier

Error Message:
A claim with POS '21', '22', or '23' with no Site of Service ID# and either Service From or Thru Date either matches the Participating Centers of Excellence or Provider Partnership's Admit Date or Discharge Date or if no Discharge Date but on or after the Admit Date on the Auxiliary file.

Set condition for edit '524J':
When a Part B claim is submitted with Place of Service of '21'-Inpatient Hospital, '22'-Outpatient Hospital, or '23'-Emergency Room-Hospital, and is a Fee for Service claim, not Demo '07' or '08' or Pay Denial Code is equal to 'D', and Site of Service ID is equal to spaces or low-values,

AND

If the First Expense Date on the incoming claim is equal to Admit Date on the Admission Period, Demo '07' or '08', of the CEPP Aux file, set the '524J' error code.

If the First Expense Date on the incoming claim is equal to Discharge Date on the Admission Period, Demo '07' or '08', of the CEPP Aux file, set the '524J' error code.

If the Last Expense Date on the incoming claim is equal to Admit Date on the Admission Period, Demo '07' or '08', of the CEPP Aux file, set the '524J' error code.

If the Last Expense Date on the incoming claim is equal to Discharge Date on the Admission Period, Demo '07' or '08', of the CEPP Aux file, set the '524J' error code.

If Discharge Date is equal to '0' on the Admission Period, Demo '07' or '08', of the CEPP Aux file,

AND

If the First Expense Date on the incoming claim is equal to or greater than the Admit Date on the Admission Period, Demo '07' or '08', of the CEPP Aux file, set the '524J' error code.

If the Last Expense Date on the incoming claim is equal to or greater than the Admit Date on the Admission Period, Demo '07' or '08', of the CEPP Aux file, set the '524J' error code.

Entry Code is equal to '3', bypass this edit.

Demo Number '07' or '08' with a Denial Code of 'D' is present on the incoming claim, bypass this edit.

524K Type of Record: Pt. B Carrier

Error Message:
A claim for POS '21', '22', or '23' with no Site of Service ID# and either First Expense Date is between the Participating Centers of Excellence or Provider Partnership's Admit Date or Discharge Date but not equal to the Discharge Date on the Auxiliary file,

OR

Last Expense Date is between the Participating Centers of Excellence or Provider Partnership's Admit Date or Discharge Date but not equal to the Admit Date on the Auxiliary file.

Set condition for edit '524K':
When a Part B claim is submitted with Place of Service of '21'-Inpatient Hospital, '22'-Outpatient Hospital, or '23'-Emergency Room-Hospital, and is a Fee for Service claim, not Demonstration Number '07' or '08' or Pay Denial Code is equal to 'D', and Site of Service ID is equal to spaces or low-values,

AND

If the First Expense Date on the incoming claim is between the Admit and Discharge Date but not equal to Discharge Date on the Admission Period, Demo '07' or '08', of the CEPP Aux file, set the '524K' error code.

If the Last Expense Date on the incoming claim is between the Admit and Discharge Date but not equal to Admit Date on the Admission Period, Demo '07' or '08', of the CEPP Aux file, set the '524K' error code.

Entry Code is equal to '3', bypass this edit.

Demo Number '07' or '08' with a Denial Code of 'D' is present on the incoming claim, bypass this edit.

524L Type of Record: Pt. B Carrier

Error Message:
A claim for POS '21', '22', or '23' and the Site of Service ID# on the record does match the Participating Centers of Excellence or Provider Partnership's Provider Number on the Auxiliary file and either First Expense Date is on or between the Participating Centers of Excellence or Provider Partnership's Admit Date or Discharge Date on the Auxiliary file.

OR

Last Expense Date is on or between the Participating Centers of Excellence or Provider Partnership's Admit Date or Discharge Date on the Auxiliary file.

Set condition for edit 524L':
If a Part B claim is submitted with Place of Service of '21'-Inpatient Hospital, '22'-Outpatient Hospital, or '23'-Emergency Room-Hospital, and is a Fee for Service claim, not Demonstration Number '07' or '08' or Pay Denial Code is equal to 'D', and the positions 4 thru 16 (13 positions) of the Site of Service ID on the incoming claim is equal to the Provider Number on the Admission Period, Demo '07' or '08', of the CEPP Aux file, and if the First Expense Date on the incoming claim is equal to the Admit Date or the Discharge Date on the Admission Period OR between the Admit and Discharge Dates of the CEPP Aux file, set the '524L' error code.

If a Part B claim is submitted with Place of Service of '21'-Inpatient Hospital, '22'-Outpatient Hospital, or '23'-Emergency Room-Hospital, and is a Fee for Service claim, not Demonstration Number '07' or '08' or Pay Denial Code is equal to 'D', and the positions 4 thru 16 (13 positions) of the Site of Service ID on the incoming claim is equal to the Provider Number on the Admission Period, of the CEPP Aux file, and if the Last Expense Date on the incoming claim is equal to the Admit Date or the Discharge Date on the Admission Period, OR between the Admit and Discharge Dates on the Admission Period, Demonstration Number '07' or '08', of the CEPP Aux file, set the '524L' error code.

If the Entry Code is equal to '3', bypass this edit.

If Demo Number '07' or '08' with a Denial Code of 'D' is present on the incoming claim, bypass this edit.

524M Type of Record: Pt. B Carrier

Error Message:
A claim with POS '21', '22', or '23' and the Site of Service ID# on the record does not match the Participating Centers of Excellence or Provider Partnership's Provider Number on the Auxiliary file and either First Expense Date is between the Participating Centers of Excellence or Provider Partnership's Admit Date or Discharge Date but not equal to the Discharge Date on the Auxiliary file,

OR

Last Expense Date is between the Participating Centers of Excellence or Provider Partnership's Admit Date or Discharge Date but not equal to the Admit Date on the Auxiliary file.

Set condition for edit '524M':
When a Part B claim is submitted with Place of Service of '21'-Inpatient Hospital, '22'-Outpatient Hospital, or '23'-Emergency Room-Hospital, and is a Fee for Service claim, and there is no Demonstration Number '07' or '08' or Pay Denial Code equal to 'D' on the incoming claim, and positions 4 thru 16 of the Site of Service ID on the incoming claim is different from the Provider Number on the Admission Period for either Centers of Excellence or Provider Partnership, on the CEPP Aux file, and if the First or Last Expense Date on the incoming claim is between the Admit and Discharge Date but not equal to Discharge Date on the Admission Period on the CEPP Aux file, set the '524M' error code.

If the Entry Code is equal to '3', bypass this edit.

If Demo Number '07' or '08' with a Denial Code of 'D' is present on the incoming claim, bypass this edit.

If Discharge Date on the Admission Period, Demo '07' or '08', of the CEPP Aux file is equal to '0', bypass this edit.

524N Type of Record: Pt. B Carrier

Error Message:
A claim with POS '21', '22', or '23' with no Site of Service ID# and the First and Last Expense Dates overlaps more than one open Admission period on the Participating Centers of Excellence or Provider Partnership's Auxiliary file.

Set condition for edit '524N':
If a Part B claim is submitted with Place of Service of '21'-Inpatient Hospital, '22'-Outpatient Hospital, or '23'-Emergency Room-Hospital, and is a Fee for Service claim, and does not have Demonstration Number '07' or '08' or Pay Denial Code equal to 'D' present on the claim, and Site of Service ID is equal to spaces or low-values, and the two adjacent Admission Periods on the CEPP Aux file have Discharge Dates equal to '0', and the Last Expense Date is after the Admit Date of the first Admission Period on the CEPP Aux file, and the First Expense Date is less than or equal to the Admit Date of the second Admission Period on the CEPP Aux file, set the '524N' error code.

The Entry Code is equal to '3', bypass this edit.

If Demo Number '07' or '08' with a Denial Code of 'D' is present on the incoming claim, bypass this edit.

5507 Type of Record: DMEPOS

Error Message:
Place of Service is other than the Beneficiary’s residence.

Set condition for edit '5507':
When the claim line item Place of Service is not equal to
04 - Homeless Shelter
12 - Home
13 - Assisted Living Facility
14 - Group Home
31 - Skilled Nursing Facility
32 - Nursing Facility
33 - Custodial Care Facility
54 - Intermediate Care Facility/Mentally Retarded,
set the '5507' error code.

When the claim ESRD Action Code is equal to 'C' or 'U', bypass this edit.

CWF edits that read POS (Place of Service)

Maintenance

C029 Type of Record: CMN

Error Message:
Invalid Patient Residence.

When the CMN patient residence is not equal to
'01' Pharmacy
'04' Homeless Shelter
'09' Prison/Correctional Facility
'12' Home
'13' Assisted Living Facility
'14' Group Home
'31' Skilled Nursing Facility
'32' Nursing Facility
'33' Custodial Care Facility
'34' Hospice
'54' Intermediate Care Facility/Mentally Retarded
'55' Substance Abuse Treatment Facility
'56' Psychiatric Treatment Facility, or
'61' Comprehensive Inpatient Rehabilitation Facility

and the CMN DMEPOS category is not equal to '7', and the CMN patient residence is not equal to '21', set the 'C029' error code.

When the CMN transaction type is equal to '3', bypass this edit.