

Electronic Transactions not only make good business sense; they are also required by law. This Quick Reference Guide is part of a package of training materials to help you successfully meet the requirements for HIPAA electronic 837 and 835 transactions and code sets.

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## Other Electronic Transactions You Might Use

### Healthcare Claims Status / Response

Standard Transaction Form: X12-276/277 - Health Care Claim Status Request and Response

### Coordination of Benefits

Standard Transaction Form: X12-837 - Health Care Claim

### Referral Certification and Authorization

Standard Transaction Form: X12-278 - Health Care Services Review - Request for Review and Response

### Enrollment and Disenrollment in a Health Plan

Standard Transaction Form: X12-834

### Premium Payments

Standard Transaction Form: X12-820

### Eligibility for a Health Plan / Response

Standard Transaction Form: X12-270/271

### Other Transactions

Standard Transaction Form: x12-275 – Claims Attachment – final rule has not been published

## 837 and 835 References

[Trailblazers Medicare Part A](#): 837

Testing and Production

Procedures (sent to all Area Offices)

[Trailblazers Medicare Part B](#): 837

Testing and Production

Procedures (sent to all Area Offices)

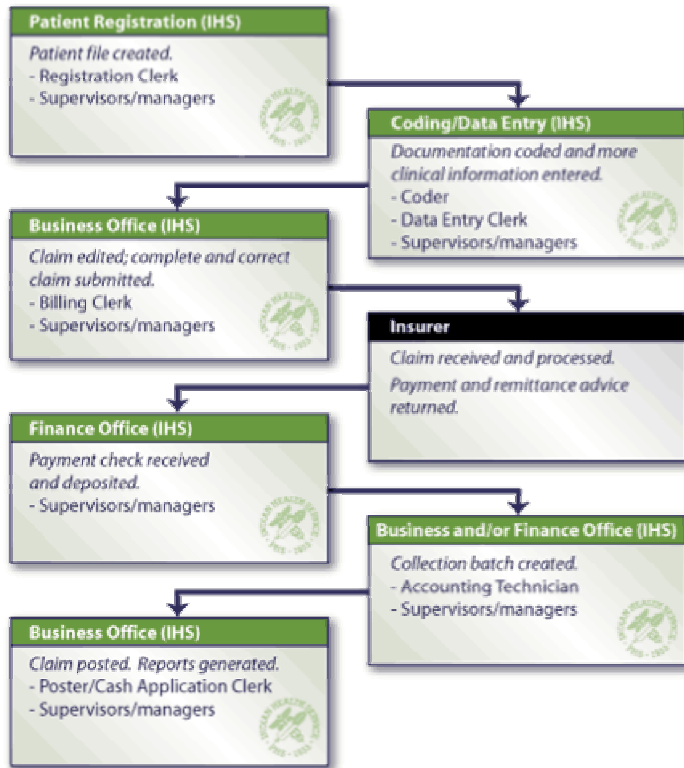
[HIPAA 835 Testing and Production](#)

[Procedures](#) (sent to all Area Offices)

See also *Electronic Transactions ... It's Easier Than You Think* newsletters and PowerPoint presentations at [www. \(give website url\)](#)

**Preparing to Test the 837**

**Process and Positions Affected by 837  
and 835 Electronic Transactions**



**Old and New Electronic Formats**

837I (Institutional) 004010X096	replaces	UB-92
837P (Professional) 004010X098	replaces	HCFA-1500
837D (Dental) 004010X097	replaces	ADA forms
837COB (Coordination of Benefits)	Used to submit claims to secondary payers.	
835	replaces	NSF forms

**RPMS Software Requirements: Patches available from OIT as of July 2005**

<b>837-Third Party Billing and 835-Accounts Receivable</b> Generic Interface Software (GIS)	GIS v3.01, p2 & p5 (Optional)
<b>837-Third Party Billing</b> Institutional, Professional and Dental Claim Requests	3rd Party Billing, v2.5, p7
<b>837-Third Party Billing</b> Provider/Location Taxonomy	AUT Patch v98.1, Patch 16
<b>837-Third Party Billing</b>	<i>Manually Adding Provider Taxonomy</i> provides instructions to add provider and location taxonomy codes. As a backup, third party RPMS software (3P) uses crosswalk to find taxonomy number.
<b>997 Functional Acknowledgement and Comp Report</b>	Macro has been developed to convert error report format into list of segment lines for easier interpretation.
<b>835-Accounts Receivable</b> Claim Replay, (Remittance Advice)	Accounts Receivable, v1.7, p5
<b>835-Accounts Receivable</b> Standard Adjustment/Reason Codes	Accounts Receivable, v1.7, p5

## Preparing to Test the 837

### Four Preparation Steps

Before beginning to test the electronic transactions process:

1. Obtain (from OIT) and install the required software patches.
  - a. GIS v3.01, p2 & p5 (Optional)
  - b. 3<sup>rd</sup> Party Billing, v2.5, p7
  - c. 3<sup>rd</sup> Party Billing, AUT Patch v98.1, Patch 16
2. Obtain 837 ASC X12N Implementation Guides and Addenda.
  - a. Three Implementation Guides and their Addenda
    - i. 837: HIPAA Claim: Dental
    - ii. 837: HIPAA Claim: Institutional
    - iii. 837: HIPAA Claim: Professional
  - b. Either download Guides/Addenda at <http://www.wpc-edi.com/> and click on Products/ Publications/ PDF Download (Free)
  - c. Or order Guides/Addenda (book, CD, or combined Implementation Guide and Addendum) online or call 1-800-972-4334.
3. Establish contact with your payers.
4. Get to know person you will be working with.
5. IMPORTANT: Request payer's Companion Guide and review it in depth. Ask OIT to review it.
6. Complete and submit Trading Partner Agreement.

#### Don't Cut Corners!

The Implementation Guides and Addenda are critical tools. You need to have hard copies of them. Keep them where you use them. The Guides are long (as much as 768 pages). Download the Guides and Addenda at a slow time and print them double-sided.

#### Remember

Don't submit the Trading Partner Agreement until you are ready to begin testing. The insurer will stipulate the effective date and you must begin testing within six months of that date.

For more information, see *Preparing to Test the 837* Newsletter and PowerPoint presentation at [www.](#) (give website url)

## Preparing to Test the 837

### Understanding Implementation Guide Terms

Implementation Guide Terms	Location in 837 Transaction Set
<b>1. Header</b> a. Header: start segment for transaction set	ISA*00* *00* *ZZ*903314521 *ZZ*NMMAD
<b>2. Data Element</b> a. Smallest named item in ASC X12 standard b. Corresponds to data field c. Mandatory or situational	0402020823*U*00401*000100073*1*P*: GS*HC*903314521*NMMAD*20040202*0823*100073*X*004010X096A1 ST*837*0001
<b>3. Data Segment</b> a. Related data elements b. Sequence of data elements specified by ASC X12N standard c. Corresponds to record	BHT*0019*00*100073*20040202*0823*CH REF*87*004010X096A1 NM1*41*2*UNSPECIFIED SERVICE UNIT*****46 PER*IC*BUSINEESS OFFICE*TE NM1*40*28NM MEDICAID*****46*NMMAD HL*1**20*1
<b>4. Control Segment</b> a. Same structure as segment b. Uses <ol style="list-style-type: none"> <li>To transfer control information (e.g., start, stop) rather than application information</li> <li>To group data elements</li> </ol>	PRV*BI*ZZ*261QP0904X NM1*85*2*UNSPECIFIED SERVICE UNIT*****24*903314521 N3*123 ABC ST N4*OCEAN*NM*33333 REF*1D*XYZ789 NM1*87*2*ALBUQUERQUE ADMINISTRATION*****24*850105601 N3*PO BOX 31001-0655 N4*PASADENA*CA*911100655 HL*2*1*22*0 SBR*P*18*****MC NM1*IL*1*STEELE*DANIELLE***MI*555551010 N3*100 VALLEY RD N4*ZIA*NM*33333 DMG*D8*19880501*F NM1*PR*2*NM MEDICAID*****PI*NMMAD
<b>5. Delimiter</b> a. Character used to separate two data elements or to end a data segment b. An integral part of data	CLM*45404A-JSU-99091*206.00***13:A:1*Y*A*Y*Y*****Y DTP*434*RD8*20030510-20030510 AMT*C5*206.00 REF*EA*99091
<b>6. Loop</b> a. Group of related segments b. Loops specified by Implementation Guide	HI*BK:486 QTY*CA*1*DA NM1*71*1*SMITH*USER****24*903314521 PRV*AT*ZZ*208D00000X REF*1D*000011
<b>7. Transaction Set (whole thing)</b> a. Contains data segments b. Corresponds to grouping of data records c. Sequence of data segments specified by ASC X12N standard	LX*1 SV2*0519**206.00*UN*1 DTP*472*D8*20030510 SE*35*0001 GE*1*100073 IEA*1*000100073
<b>8. Trailer</b> a. Trailer: end segment for transaction set	

## Testing the 837

### Set Up RPMS: Input Provider Taxonomy Codes

Most current code list at <http://www.wpc-edi.com/codes/taxonomy>. Go to drop-down menu on right under Provider Taxonomy Codes. Read through the topics, in particular “How do I use the On-Line list?”

### 3 Levels of Individual or Group Taxonomy Codes

VERSION 3.1		
<b>Level I</b>	<b>Allopathic &amp; Osteopathic Physicians</b> A broad category grouping state licensed providers in allopathic or osteopathic medicine whose scope of practice is determined by education.	
<b>Level II</b>	<b>207P00000X</b>	<b>Emergency Medicine</b> Definition to come... Active
	<b>207PE0004X</b>	<b>Emergency Medical Services</b> Definition to come... Active
	<b>207PT0002X</b>	<b>Medical Toxicology</b> Definition to come... Active
<b>Level III</b>	<b>207PP0204X</b>	<b>Pediatric Emergency Medicine</b> Definition to come... Active
	<b>207PS0010X</b>	<b>Sports Medicine</b> Definition to come... Active
	<b>207PE0005X</b>	<b>Undersea and Hyperbaric Medicine</b> A specialist who treats decompression illness and diving accident Active

- One-time procedure using VA Fileman/New Person file and User Management options in Kernel Menu.
- Set up codes for all billable providers, including secondary providers (e.g., RN's, Pharmacists). Start by inputting most common providers.
- System is case sensitive.

#### Tip

Providers may have more than one Taxonomy code associated to them. When determining what code or codes to associate with a provider, review the requirements of the trading partner with which the code(s) are being used.

## Testing the 837

### Set Up RPMS: Input Provider Taxonomy Codes

Use the following steps to add the provider taxonomy into VA Fileman/New Person File:

1. Access VA FileMan.
2. Choose ENTER OR EDIT FILE ENTRIES and press <return>.
3. The system will prompt for the following: "INPUT TO WHAT FILE:" Type **NEW PERSON** and press <return>.
4. The system will prompt for "EDIT WHICH FIELD: ALL//". Type **PERSON CLASS** and press <return>.
5. The system will prompt for "EDIT WHICH PERSON CLASS SUB-FIELD: ALL//". Press <return>.
6. The system will then prompt for "THEN EDIT FIELD:". Press <return> at this prompt.

```
Select VA FileMan Option: ENTER or Edit File Entries

INPUT TO WHAT FILE: NEW PERSON// NEW PERSON      (646 entries)
EDIT WHICH FIELD: ALL// PERSON CLASS      (multiple)
  EDIT WHICH PERSON CLASS SUB-FIELD: ALL//
THEN EDIT FIELD:
```

7. The system will then prompt for the name of the provider. Enter the provider name using the format of Last name, First name. Press <return>.

```
Select NEW PERSON NAME: CURESME, THOMAS
```

8. The system will then prompt for the user to enter the Person Class. The user will need to enter the appropriate taxonomy code for their provider.

```
Select NEW PERSON NAME:    KILDARE, RACHEL V
Select Person Class: emergency
  1  EMERGENCY  Emergency Medical Service Providers
                    Emergency Medical Technician, Paramedic
  2  EMERGENCY  Emergency Medical Service Providers
                    Emergency Medical Technician, Intermediate
  3  EMERGENCY  Emergency Medical Service Providers
                    Emergency Medical Technician, Basic
  4  EMERGENCY  Nursing Service Providers
                    Registered Nurse
                    Emergency
  5  EMERGENCY  Physicians
                    Allopathic/Osteopathic, Physician
```

9. The system will prompt for an effective date. Enter the date the provider's credentials became effective. Press <return>.
10. The system will prompt for an expiration date. Leave this field blank unless the credentials expired for that provider. Press <return>.
11. Once the information has been entered, press <return> and the information will be stored. The user has the option to enter another provider taxonomy.

## Testing the 837

### Set Up RPMS: Input Provider Taxonomy Codes

#### Non-Individual Taxonomies

- One-time procedure using VA Fileman/ Location file.
- Enter location name and classification of facility.
- To determine facility classification, you may choose to use RPMS Provider Taxonomy Crosswalk. For standard I/T/U Location Taxonomy codes, scroll down to Non-Individual (Facility) Taxonomy Code section.

[http://www.ihs.gov/AdminMngrResources/HIPAA/documents/TAXONOMY\\_crosswalk\\_document.xls](http://www.ihs.gov/AdminMngrResources/HIPAA/documents/TAXONOMY_crosswalk_document.xls)

```
Select VA FileMan Option: ENTER or Edit File Entries

INPUT TO WHAT FILE: 9999999.06 LOCATION
                                (3486 entries)
EDIT WHICH FIELD: ALL// 1101 CLASS (multiple)
  EDIT WHICH CLASS SUB-FIELD: ALL// .07 CLASS
  THEN EDIT CLASS SUB-FIELD:
THEN EDIT FIELD:

Select LOCATION NAME: INDIAN HEALTH HOSPITAL           HEADQUARTERS WEST
ALBUQUERQUE      10           NM IHS           202810
...OK? Yes// (Yes)

Select BEGIN DATE: JAN 1,1960//
CLASS: GENERAL ACUTE CARE HOSPITAL
```

Non-Individual Taxonomy Code

Use the following steps to add the provider taxonomy into VA Fileman/Location File.

1. Access VA FileMan.
2. Choose ENTER OR EDIT FILE ENTRIES and press <return>.
3. The system will prompt for the following: "INPUT TO WHAT FILE:" Type **LOCATION** and press <return>.
4. The system will prompt for "EDIT WHICH FIELD: ALL//". Type **CLASS** and press <return>.
5. The system will prompt for "EDIT WHICH CLASS SUB-FIELD: ALL//". Type **CLASS** and press <return>. This allows you to only edit the class field.
6. The system will then prompt for "THEN EDIT CLASS SUB-FIELD:". Just hit <return> at this prompt.

```
Select option: ENTER OR EDIT FILE ENTRIES

INPUT TO WHAT FILE: LOCATION//
EDIT WHICH FIELD: ALL// CLASS (multiple)           ←Type 'CLASS' here
  EDIT WHICH CLASS SUB-FIELD: ALL// CLASS           ←Type 'CLASS' here
  THEN EDIT CLASS SUB-FIELD:
THEN EDIT FIELD:
```

7. The system will then prompt the user for "Select LOCATION NAME:". Type the appropriate location name. If more than one location entry appears, the system will then display all available locations from the Location File. Choose your location if a list appears then press <return>.
8. The system will prompt "Select BEGIN DATE: <date>". A date should already be established. DO NOT MODIFY THIS ENTRY. Press <return> to go to the next prompt.
9. The system will prompt for "CLASS". You may use the [Health Care Provider Taxonomy](#) manual provided on the WPC website or type in double question marks (??) to get a listing of the location taxonomy codes. Type in the appropriate class code that best defines your facility. Once entered, press <return>.

```
Select LOCATION NAME: MAJOR MED C      AREANAME      SERVICEUNIT 01      NM      PHS
808401
      ...OK? Yes//      (Yes)                                ←Choose your location here

Select BEGIN DATE: JAN 1,1960//      <return>
CLASS:                                ←Type in the classification
                                         of your facility
```

## Set Up RPMS: Set Up Location Files

- Set up on one-time basis.
- Completed for each location to be billed. Gives the street address for the location.

Use the following steps to populate the facility street address in 3P Table Maintenance:

1. Go to 3P Table Maintenance Site Parameters.
2. Select TMTP.
3. Select SITM.
4. View Site Parameter field.
5. View Facility to Receive Payments: Write down name.

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.5          |
+          Site Parameter Maintenance                    +
|          INDIAN HEALTH HOSPITAL                        |
+-----+
User: LUJAN,ADRIAN M                                9-NOV-2004 10:41 AM

EMC File Preference.....: HOST FILE//
DEFAULT EMC PATH.....: c:/rpms///
Facility to Receive Payments....: ALBUQUERQUE ADMINISTRATION
//
```

6. Go to 3P Table Maintenance.
7. Select LOTM (Location file menu).
8. Select Edit Location File Maintenance.
9. At the Select LOCATION to Edit, type in your facility location. Make sure that all address fields are completed.



```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6          |
+          Location File Maintenance                    +
|          UNSPECIFIED SERVICE UNIT                    |
+-----+
User: USER,DEMO                                18-FEB-2004 5:05 PM

Select LOCATION to Edit: UNSPECIFIED SERVICE UNIT  HEADQUARTERS WEST  01  NM

MAILING ADDRESS-STREET: 123 ABC ST//
MAILING ADDRESS-CITY: OCEAN//
MAILING ADDRESS-STATE: NEW MEXICO//
MAILING ADDRESS-ZIP: 33333//
PHONE:
FEDERAL TAX NO.: 903314521//
MEDICARE NO.: CAR000//

STREET ADDR. 1: 123 ABC ST
STREET ADDR. 2:
CITY: OCEAN
STATE: NEW MEXICO
ZIP: 33333

PLACE OF SERVICE CODE: 22//
BILL NUMBER SUFFIX: US//
  
```

Institution File data: Enter Physical Address

## Set Up RPMS: Set Up Insurer File

- Set up on one-time basis.
- Completed for each location to be billed. Gives the street address for the location.

Use the following steps to set up the insurer file in VA Fileman Add/Edit Insurer (EDIN) File:

1. Select DESIRED ACTION: Enter 1 to Edit an Existing Insurer or 2 to Add New Insurer
2. Select INSURER: Type Insurer's name.
3. Scroll down to AO Control Number: Enter Insurer's Identification number.
4. Scroll down to EMC SUBMITTER ID: Enter identification number assigned by Insured to your facility.
5. EMC PASSWORD: Enter password associated with EMC SUBMITTER ID number.
6. EMC TEST INDICATOR: Enter "T"

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.5          |
|          Add/Edit Insurer                             |
|          QUICK ATTENTION HEALTH CENTER                |
+-----+
WARNING: Before ADDING a new INSURER you should ensure that it
does not already exist!

Select one of the following:

1          EDIT EXISTING INSURER
2          ADD NEW INSURER

Select DESIRED ACTION: 1// 1  EDIT EXISTING INSURER

Screen-out Insurers with status of Unselectable? Y// YES

Select INSURER: Medicare( MEDICARE )
MEDICARE          - 12800 INDIAN SCHOOL RD, NE
                  ALBUQUERQUE, NM 87112
OK? Y// Y

<----- MAILING ADDRESS ----->
Street...: 12800 INDIAN SCHOOL RD, NE
City.....: ALBUQUERQUE//
State...: NEW MEXICO//
Zip Code.: 87112//

<----- BILLING ADDRESS ----->
(If Different than Mailing Address)
Billing Office.: IHS MEDICARE - NM BC/BS
Street.: P.O. BOX 13597//
City...: ALBUQUERQUE//
State...: NEW MEXICO//
Zip....: 87112//

Phone Number.....: (505)292-2600//
Contact Person....: GLORIA//
AO Control Number.: 400//
All Inclusive Mode.: YES//
Backbill Limit (months): 24//
Dental Bill Status.:
Rx Billing Status..

Select CLINIC UNBILLABLE:

EMC SUBMITTER ID: EMCSUBID//
EMC PASSWORD: EMCPW//
EMC TEST INDICATOR: T ← when in production, this will be P
USE PLAN NAME?:
72 HOUR RULE:

```

## Testing the 837

### Common Data Errors That Cause an 837 Claim to Be Rejected

This is a listing of some of the most common errors on 837 files that result in rejections. Examples of errors or RPMS displays are provided to show the necessary corrections.

1. Special Characters or Punctuation in any field within the file.

Rule: No symbols or punctuation in any field within the file.

To correct: Eliminate the symbol or punctuation from the field.

This example displays an apostrophe in “Rene’E.” To correct this error, do not use an apostrophe in the name.

*837 File Example*

```
NM1*IL*1*ROBERTS*RENE'E****MI*505841107A~
```

This example displays a period after “P” and “O” in the address field. To correct, do not use periods.

*837 File Example*

```
N3*P.O. BOX 16*
```

2. Leading or Trailing Spaces.

Rule: When entering information, do not hit the space bar before or after keying the data for a field. This can cause an error within any field of the file.

To correct: Eliminate the space(s).

The user entered the name in the correct format of LASTNAME,FIRSTNAME with no space after the first comma. The user, however, entered a space after the patient’s last name in between the Z and the comma.

*RPMS Display*

```
MEDICARE NAME: CHAVEZ ,HENRIETTA//
```

The above error causes the claim to reject since there should be no spaces after the value in the NM103 element. This is how it appears on the 837 file.

*837 File Example*

```
NM1*IL*1*CHAVEZ *HENRIETTA****MI*505841107A~
```

### 3. Missing or Incomplete Names- Error Segments NM103, NM104, NM105

Rule: All names must be in LASTNAME,FIRSTNAME MI (Middle Initial) format. This error can occur for any name: Subscriber, Patient, Provider, or Physician.

To correct: Enter the full name in the proper format. If the patient does not have a middle initial, do not include a space after the first name.

Using a middle initial, the user enters the name in the format of LAST,FIRST MI with no spaces before or after the first comma but a space is used to separate the middle initial after the first name.

*RPMS Display – This is the correct way to populate the field.*

```
MEDICARE NAME: CHAVEZ,HENRIETTA R//
```

As a result, the 837 Version 4010 displays the NM1 segment correctly:

*837 File Example*

```
NM1*IL*1*CHAVEZ*HENRIETTA*R***MI*505841107A~
```

### 4. Missing or Incomplete Dates- Error Segments DTP02 or HI101

Rule: According to the Implementation Guide, dates must be in CCYYMMDD-CCYYMMDD format. However, RPMS 3P will convert the date entered into the 837 required format.

Rule: Billing dates must contain “from” and “to” date ranges or the claim will reject.

Rule: If the claim has been identified as an accident claim, that date must be populated with year, month, and day. If you use only year and month, it will reject.

The example below is of Billing Dates entered through the Claim Editor (EDTD>EDCL).

*RPMS Display:*

```

PAGE 1
Patient: MEDICARE,TWO [HRN:XXXXX] Claim Number:..... (CLAIM IDENTIFIERS) .....
[1] Clinic.....: GENERAL
[2] Visit Type.....: OUTPATIENT
[3] Bill Type.....: 131
[4] Billing From Date..: 04/28/2004
[5] Billing Thru Date..: 04/28/2004
[6] Super Bill #.....:
[7] Mode of Export.....: 837 INST (UB)
[8] Visit Location.....: QUICK ATTENTION HEALTH CENTER

```

Since both dates are entered in #4 and #5, the Segment will appear correctly:

*837 File Example*

```
DTP*434*RD8*20040428-20040428
```

If only #4 was populated, the Segment would appear this way, and would reject. Note the missing field after the last dash (-).

## 837 File Example

DTP\*434\*RD8\*20040428-

6. Missing Provider ID, UPIN, or License numbers- Error Segment REF02

Rule: All Provider ID's, UPINS and License numbers must be populated for each Physician listed on a claim. The Provider ID's must be populated within the Insurer File and/or in the Provider File (for Medicare UPIN, Medicaid group #) in order for the ID numbers to populate the 837 file.

## RPMS Display: Insurer File TMTP&gt;INTM

Select VISIT TYPE...: 111 INPATIENT

...OK? Yes// (Yes)

Billable (Y/N/E)....: YES//

Start Billing Date (create no claims with visit date before)..:

Procedure Coding.....: CPT//

Fee Schedule.....:

Multiple Forms?.....: YES//

**Payer Assigned Provider Number.....:**

Auto Approve?.....:

Mode of Export.....: 837 INST (UB)// ??

## RPMS Display: Provider File Inquiry

NAME: LESLIE,JOHN G                      INITIAL: JGL  
ACCESS CODE: <Hidden>                      FILE MANAGER ACCESS CODE: M  
TITLE: FAMILY PRACTICE MD                      PERSON FILE POINTER: LESLIE,JOHN G  
DATE VERIFY CODE LAST CHANGED: JAN 27,2005  
VERIFY CODE: <Hidden>                      NICK NAME: JOHN  
CITY: GALLUP                      STATE: NEW MEXICO  
ZIP CODE: 87301  
PREFERRED EDITOR: SCREEN EDITOR - VA FILEMAN  
DATE ENTERED: SEP 09, 1993                      CREATOR: WAUDBY,ROBERT  
SSN: 214605231  
Enter RETURN to continue or '^' to exit:  
SECONDARY MENU OPTIONS: RA PROFQUICK    SYNONYM: PROF  
SECONDARY MENU OPTIONS: RA RPTPAT    SYNONYM: PAT  
SECONDARY MENU OPTIONS: PSO P    SYNONYM: MEDI  
TIMESTAMP: 59834,49478                      AFFILIATION: IHS  
CODE: CL                      MEDICARE PROVIDER NUMBER: PHS000  
**MEDICAID PROVIDER NUMBER: S6962    UPIN NUMBER: F58709**  
IHS ADC INDEX: 180CL  
**INSURER: NEW MEXICO MEDICAID                      PAYER ASSIGNED PROVIDER NUMBER: S6962**  
**INSURER: ARIZONA MEDICAID**  
**PAYER ASSIGNED PROVIDER NUMBER: 414566-01**  
**INSURER: ARIZONA MEDICAID-KIDSCARE                      PAYER ASSIGNED PROVIDER NUMBER: 414566**  
AUTHORIZED TO WRITE MED ORDERS: YES    **PROVIDER CLASS: FAMILY PRACTICE**  
**PROVIDER TYPE: FULL TIME**  
**LICENSING STATE: NEW MEXICO                      LICENSE NUMBER: 9396**  
**PERTINENT CLINICAL INFORMATION:**  
  
**Person Class: Physicians (M.D. and D.O.)**  
**Effective Date: MAY 21, 1993                      Expiration Date: JUN 30, 2006**

### 7. Missing Provider Taxonomy Codes- Error Segment PRV03

Rule: All Physicians listed on a claim must be linked to a Taxonomy code through the Person Class, Provider Class, or 3P Provider Taxonomy file.

Use the following steps to add the provider taxonomy into the provider file:

1. Access VA FileMan.
2. Choose ENTER OR EDIT FILE ENTRIES and press <return>.
3. The system will prompt for the following: "INPUT TO WHAT FILE:?" Type NEW PERSON and press return>.
4. The system will prompt for "EDIT WHICH FIELD: ALL//". Type PERSON CLASS and press <return>.
5. Thy system will prompt for "EDIT WHICH PERSON CLASS SUB-FIELD: ALL//". Press <return>.
6. The system will then prompt for "THEN EDIT FIELD:". Press <return> at this prompt.

Select VA FileMan Option: ENTER or Edit File Entries

INPUT TO WHAT FILE: NEW PERSON// NEW PERSON (646 entries)  
 EDIT WHICH FIELD: ALL// PERSON CLASS (multiple)  
 EDIT WHICH PERSON CLASS SUB-FIELD: ALL//  
 THEN EDIT FIELD:

7. The system will then prompt for the name of the provider. Enter the provider name using the format of Last name, First name. Press <return>. Make sure that the name is entered in the correct format given in item #3 in this document.

Select NEW PERSON NAME: CURESME,THOMAS

8. The system will then prompt the user to enter the Person Class. The user will need to enter the appropriate taxonomy code for their provider.

Select NEW PERSON NAME: KILDARE,RACHEL V

Select Person Class: emergency

- 1 EMERGENCY Emergency Medical Service Providers  
Emergency Medical Technician, Paramedic
- 2 EMERGENCY Emergency Medical Service Providers  
Emergency Medical Technician, Intermediate
- 3 EMERGENCY Emergency Medical Service Providers  
Emergency Medical Technician, Basic
- 4 EMERGENCY Nursing Service Providers  
Registered Nurse  
Emergency
- 5 EMERGENCY Physicians  
Allopathic/Osteopathic, Physician  
Emergency Medicine

Press <RETURN> to see more, ^ to exit this list, OR

CHOOSE 1-5: 5 Physicians  
Allopathic/Osteopathic, Physician  
Emergency Medicine

Are you adding 'Physicians' as a new PERSON CLASS (the 1ST for this NEW PERSON )? No// YES (Yes)

Effective Date: OCT 15,2003// 010101 (JAN 01, 2001)

Expiration Date:

9. The system will prompt for an effective date. Enter the date the provider's credentials became effective. Press <return>.
  10. The system will prompt for an expiration date. Leave this field blank unless the credentials expired for that provider. Press <return>.
  11. Once the information has been entered, press <return> and the information will be stored. The user has the option to enter another provider taxonomy.
8. **Missing Patient Relationship Codes- Error Segments SBR02 or PAT01**  
 Rule: Relationship codes must be entered for each Subscriber, Patient, or Other Subscriber.
- If the Subscriber is the patient, the file will only use the SBR Segment to identify self (18).
  - If the Subscriber is not the patient, the file will use the PAT Segment to identify the relation to the subscriber; Spouse (01), Children (19) etc.

Below is an example of correctly entered relationship codes in Patient Registration.

*RPMS Display: Patient Registration pg. 4*

-----HOLDER'S DEMOGRAPHICS-----				
11) Sex : FEMALE				13) Status . . : UNKNOWN
12) DOB : 05/21/1930				14) Employer:
----- Policy Members -----PC-----Member #-----HRN-----REL-----				
15) WARD,WOODY R	18	555412233	12345	SELF
16) WARD,WINNIE P	02	444998877	98765	SPOUSE

9. **Missing Dates of Birth/Gender Codes- Error Segment DMG02, DMG03**  
 Rule: According to the Implementation Guide, dates must be in CCYYMMDD-CCYYMMDD format. However, RPMS 3P will convert the date entered into the 837 required format.  
 Rule: Dates of Birth must be populated in the actual year, month, day date or the file will reject.  
 Rule: Gender must be populated with M, F, or U, for unknown.

Date of Birth and Gender fields appear on pg 4 on the Private Insurance page in Patient Registration.

*RPMS Display: Patient Registration Pg. 4*

-----HOLDER'S DEMOGRAPHICS-----				
11) Sex : FEMALE				13) Status . . : UNKNOWN
12) DOB : 05/21/1930				14) Employer:
----- Policy Members -----PC-----Member #-----HRN-----REL-----				
15) WARD,WOODY R	18	555412233	12345	SELF
16) WARD,WINNIE P	02	444998877	98765	SPOUSE

**10. Missing AO Control Number- Error Segment ISA08**

The AO control number is assigned and provided to each Billing Facility by the Payer and is used as an electronic routing number between the Payer and the Billing facility for sending data back and forth.

Rule: This number must be populated in RPMS Third Party in the Insurer file. If the number is not populated, all files will automatically reject for that Payer.

*RPMS Display: EDIN-Add/Edit Insurer Menu*

```
Phone Number.....: (505)291-2600//
Contact Person.....: GLORIA//
AO Control Number..: 400//
All Inclusive Mode.: YES//
Backbill Limit (months): 24//
Dental Bill Status.:
Rx Billing Status..:
Select CLINIC UNBILLABLE:
EMC SUBMITTER ID: EMCSUBID//
EMC PASSWORD: EMCPW//
```

**11. Incorrect Claim Totals- Error Segment AMT02**

Rule: When editing claims, it is crucial that the line item charges on the claim equal the amount displayed as the claim total. If the amounts do not match, the file will reject.

To correct: Verify totals, and adjust claim amounts as necessary. If you continue to have inaccurate claim totals, contact OIT Helpdesk at 1-888-830-7280 or [www.support.ihs.gov](http://www.support.ihs.gov).

**12. Missing or Incorrect Diagnosis Codes- Error Segment HI01, HI02**

Rule: This is a required Segment. If a claim is missing a Principal Diagnosis code, the file will reject.

To correct: Enter the Admitting or Reason for Visit diagnosis codes appropriate for the situation. Verify page 5A in 3P Claim Editor.

If you have missing or incorrect Diagnosis codes, review the Medical Record and populate this field with the appropriate information.

*RPMS Display: 3P Claim Editor, Page 5A*

```
~~~~~ PAGE 5A ~~~~~
Patient:
..... (DIAGNOSIS) .....
BIL      ICD9
SEQ      CODE          Dx DESCRIPTION
-----
1        789.06 - Abdominal Pain Epigastric
2        250.02 - Diabetes Mellitus
          Without Mention of Complication
3        401.9 - Unspecified Essential
          Hypertension
```



## Testing the 837

### Ready to Begin Testing Claims?

- ✓ The required software is installed.
- ✓ The Trading Partner Agreement and EDI forms are in place.
- ✓ RPMS set-up is complete and correct.
- ✓ You have tested for HIPAA compliance.
- ✓ You have tested and complied with the insurer's requirements in the Implementation Guide.

### Test Mode

1. Choose bills for initial test batch. Include a variety of visit types (e.g., Institutional, Professional, and Dental). If appropriate, include a variety of locations. See Companion Guide for number of bills to include in test batch. At least three of each type recommended.
2. Check each bill carefully:
  - a. Mandatory fields filled in?
  - b. Data entered correctly?
3. Set the EMC Test Indicator to "T." See above: **Set Up Insurer File.**
4. On each claim, change the mode of export.
  - a. Go to Claim Editor
  - b. EDTD
  - c. EDCL
  - d. Question 7 on page 1: Enter "E" for edit
  - e. Select #7: Enter "??"
  - f. Select appropriate form.

```

***** PAGE 1
*****
Patient: MEDICARE,TWO  [HRN:XXXXX]          Claim
Number:..... (CLAIM IDENTIFIERS)
.....
[1] Clinic.....: GENERAL
[2] Visit Type.....: OUTPATIENT
[3] Bill Type.....: 131
[4] Billing From Date..: 04/28/2004
[5] Billing Thru Date..: 04/28/2004
[6] Super Bill #.....:
[7] Mode of Export.....: 837 INST (UB)
[8] Visit Location.....: QUICK ATTENTION HEALTH CENTER
-----
WARNING:071 - EMPLOYMENT INFORMATION UNSPECIFIED
-----
Desired ACTION (Edit/View/Next/Jump/Back/Quit): N// E
Desired FIELDS: (1-8): 1-8// 7
[7] Mode of Export..: 837 INST (UB)// ??

Choose from:
1      UB-82      CMB NO. 0938-0279
2      HCFA-1500A  Old Version Dated 1-84
3      HCFA-1500B  New Version Dated 12-90
4      ADA-90      Dental Claim Form Dated 1990
5      WI-MCD-RX   Wisconsin Medicaid Drug Claim Form (482-020)
6      WI-MCD-DEN  Wisconsin Medicaid Dental Form
10     UB-92-E V4  UB-92 Electronic (NSF Version 4)
11     UB-92      CMB NO. 0938-0279
12     ADA-94      DENTAL ADA-94 FORM
13     UB-92-E V5  Electronic UB-92 (NSF Version 5)
14     HCFA-1500 Y2K  HCFA 1500 Y2K version
15     HCFA-1500-E   Electronic HCFA-1500 (NSF Version 2.0)
16     UB-92-E ENVOY  Electronic UB-92 (Envoy/NEIC version)
17     UB-92-E V6    Electronic UB-92 (NSF Version 6)
18     ADA-99      Dental Claim Form Dated 1999
19     HCFA-1500-E ENVOY  Electronic HCFA-1500 Envoy (NSF V 2.0)
20     HCFA-1500-E V3.01  Electronic HCFA-15000 (NSF V3.01)
21     837 INST (UB)    837 4010 INSTITUTIONAL
22     837 PROF (HCFA)  837 4010 PROFESSIONAL

```

5. Submit different batches to insurer, one for each 837 format.
6. Once claims (3 or more) of one 837 format are approved, export batch in usual process via RPMS Pub Directory.
7. E-mail the insurer that a file has been submitted and request verification that they received the file. Consult with Local or Area IT if you have problems.
8. Wait for response or error report from insurer. If you do not hear from insurer within 24 hours, call insurer contact to find out status of file.
9. If you receive an error report, make fixes locally (either by the Business Office or by the Patient Registration staff, depending on the error.) If you can't figure out how to fix the error, consult with Local or Area IT contact.
10. Once errors are corrected, resubmit claims to insurer.
11. Repeat process until claims pass with no errors.
12. After initial claims go through with no errors, prepare a larger batch (@ 25 claims) of each 837 format and test these claims following steps 2-11.

## Testing the 837

### Production Mode

At the time you are granted approval for production:

1. Change the "T" to "P" in the Insurer file.

Use the following steps to edit the insurer file in VA Fileman Add/Edit Insurer (EDIN) File:

1. Select DESIRED ACTION: Enter 1 to Edit an Existing Insurer or 2 to Add New Insurer
2. Select INSURER: Type Insurer's name.
3. Scroll down to AO Control Number: Enter Insurer's Identification number.
4. Scroll down to EMC SUBMITTER ID: Enter identification number assigned by Insured to your facility.
5. EMC PASSWORD: Enter password associated with EMC SUBMITTER ID number.
6. EMC TEST INDICATOR: Enter "P"

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.5          |
|          Add/Edit Insurer                            |
|          QUICK ATTENTION HEALTH CENTER                |
+-----+
WARNING: Before ADDING a new INSURER you should ensure that it
does not already exist!

Select one of the following:

    1          EDIT EXISTING INSURER
    2          ADD NEW INSURER

Select DESIRED ACTION: 1// 1 EDIT EXISTING INSURER

Screen-out Insurers with status of Unselectable? Y// YES

Select INSURER: Medicare( MEDICARE )
MEDICARE          - 12800 INDIAN SCHOOL RD, NE
                  ALBUQUERQUE, NM 87112

OK? Y// Y

<----- MAILING ADDRESS ----->
Street...: 12800 INDIAN SCHOOL RD, NE
City....: ALBUQUERQUE//
State...: NEW MEXICO//
Zip Code.: 87112//

<----- BILLING ADDRESS ----->
(If Different than Mailing Address)
Billing Office.: INS MEDICARE - NM BC/BS
Street.: P.O. BOX 13597//
City...: ALBUQUERQUE//
State...: NEW MEXICO//
Zip....: 87112//

Phone Number.....: (505)292-2600//
Contact Person....: GLORIA//
AO Control Number.: 400//
All Inclusive Mode.: YES//
Backbill Limit (months): 24//
Dental Bill Status.:
Rx Billing Status..:

Select CLINIC UNBILLABLE:

EMC SUBMITTER ID: EMCSUBID//
EMC PASSWORD: EMCPW//
EMC TEST INDICATOR: T ← when in production, this will be P
USE PLAN NAME?:
72 HOUR RULE:

```

2. Change mode of export for the Visit Type to *default* 837 HIPAA format from the Insurer File within Table Maintenance.

Use the following steps in the 3P Insurer file:

1. At the TMTP>INTM> prompt, scroll down until you are asked to select a visit type.
2. Enter the appropriate selection
3. Populate the mode of export. You may type a "??" to get a listing to select from.

```

Select INSURER: Medicare
( MEDICARE )
.
MEDICARE                - 12800 INDIAN SCHOOL RD, NE
                        ALBUQUERQUE, NM 87112
OK? Y// y

Visit
Type - Description      Mode of      Mult Fee      ----- Flat Rate -----
                        Export       Form Sched   Start      Stop      Rate
=====
111  INPATIENT           837 INST (UB) YES      08/09/1989 12/31/1989 380.00
                        01/01/1990 12/31/1990 400.00
                        01/01/1991                414.00
121  ANCILLARY (MCR PA  UB-82      NO      08/09/1989 12/31/1989 60.00
                        01/01/1990 12/31/1990 64.00
                        01/01/1991                66.24
131  OUTPATIENT          837 PROF (HCFA)NO     08/09/1989 12/31/1989 72.00
                        01/01/1990 12/31/1990 76.00
                        01/01/1991                78.00
                        01/01/2003                160.00
831  AMBULATORY SURGER  UB-82      NO      2      01/01/1990 76.00
                        01/01/1991                76.00
999  PROFESSIONAL COMP  837 PROF (HCFA)N/A

Select VISIT TYPE..: 111  INPATIENT
...OK? Yes// (Yes)

Billable (Y/N/E)....: YES//
Start Billing Date (create no claims with visit date before)...:
Procedure Coding....: CPT//
Fee Schedule.....:
Multiple Forms?.....: YES//
Payer Assigned Provider Number.....:
Auto Approve?.....:
Mode of Export.....: 837 INST (UB)// ??

Choose from:
1      UB-82      OMB NO. 0938-0279
2      HCFA-1500A   Old Version Dated 1-84
3      HCFA-1500B   New Version Dated 12-90
4      ADA-90      Dental Claim Form Dated 1990
5      WI-MCD-RX   Wisconsin Medicaid Drug Claim Form (482-020)
6      WI-MCD-DEN   Wisconsin Medicaid Dental Form
10     UB-92-E V4    UB-92 Electronic (NSF Version 4)
11     UB-92      OMB NO. 0938-0279
12     ADA-94      DENTAL ADA-94 FORM
13     UB-92-E V5    Electronic UB-92 (NSF Version 5)
14     HCFA-1500 Y2K   HCFA 1500 Y2K version
15     HCFA-1500-E   Electronic HCFA-1500 (NSF Version 2.0)
16     UB-92-E ENVOY   Electronic UB-92 (Envoy/NEIC version)
17     UB-92-E V6    Electronic UB-92 (NSF Version 6)
18     ADA-99      Dental Claim Form Dated 1999
19     HCFA-1500-E ENVOY   Electronic HCFA-1500 Envoy (NSF V 2.0)
20     HCFA-1500-E V3.01   Electronic HCFA-15000 (NSF V3.01)
21     837 INST (UB)    837 4010 INSTITUTIONAL
22     837 PROF (HCFA)  837 4010 PROFESSIONAL

```

## Reading 837 Error Reports and Making Corrections

### 837 Data Layout Example

There are three parts to the example:

- A billing scenario
- How the scenario looks when presented in the 837 format
- A line-by-line explanation of the 837 format

#### Billing Scenario

The patient is the same person as the Subscriber. The payer is an HMO. The encounter is transmitted through a clearinghouse. The submitter is the billing service and the receiver is a repricer.

**SUBSCRIBER/PATIENT:** Ted Smith

ADDRESS: 236 N. Main St., Miami, FL, 33413

TELEPHONE NUMBER: 305-555-1111

SEX: M

DOB: 05/01/43

EMPLOYER: ACME Inc.

GROUP #: 12312-A

PAYER ID NUMBER: SSN

SSN: 000-22-1111

**DESTINATION PAYER:** Alliance Health and Life Insurance Company (AHLIC)

PAYOR ADDRESS: 2345 West Grand Blvd, Detroit, MI 48202

AHLIC #: 741234

**RECEIVER:** XYZ REPRICER

EDI #: 66783JJT

**BILLING PROVIDER/SENDER:** Premier Billing Service

ADDRESS: 234 Seaway St, Miami, FL, 33111

TIN: 587654321

EDI #: TGJ23

CONTACT PERSON AND PHONE NUMBER: JERRY, 305-555-2222 ext. 231

**PAY-TO PROVIDER:** Kildare Associates

PROVIDER ADDRESS: 2345 Ocean Blvd, Miami, FL 33111

PROVIDER ID: 99878-ABA

TIN: 581234567

**RENDERING PROVIDER:** Dr. Ben Kildare/Family Practitioner

AHLIC PROVIDER ID#: 9741234

**PATIENT ACCOUNT NUMBER:** 2-646-2967

CASE: Patient has sore throat.

DOS=10/03/98. POS=Office, TOS=06 (office visit)/08 (lab)

**SERVICES RENDERED:** Office visit, intermediate service, established patient, throat culture.

**FOLLOW-UP VISIT:** DOS=10/10/97 because antibiotics didn't work (pain continues).

SERVICES: Office visit, intermediate service, established patient, mono screening.

CHARGES: Office first visit = \$40.00, Lab test for strep = \$15.00, lab test for mono = \$10.00, Follow-up visit = \$35.00. Total charges - \$100.00.

**ELECTRONIC ROUTE:** billing provider(sender) to Clearinghouse to XYW REPRICER

(receiver) to AHLIC (not shown); Clearinghouse claim identification number = 17312345600006351.

**Above Scenario Presented in 837 Format**

This is the complete 837 data string.

```
ST*837*0021~BHT*0019*00*0123*19981015*1023*RP~REF*87*004010X098~NM1*41*2*P
REMIER BILLING
SERVICE*****46*TGJ23~PER*IC*JERRY*TE*3055552222*EX*231~NM1*40*2*REPRICER
XYZ*****46*66783JJT~HL*1**20*1~NM1*85*2*PREMIER BILLING
SERVICE*****24*587654321~N3*234 Seaway St~N4
Miami*FL*33111~NM1*87*2*KILDARE ASSOC*****24*581234567~N3*2345 OCEAN
BLVD~N4*MIAMI*FL*33111~HL*2*1*22*0~SBR*P*18*12312-
A*****HM~NM1*IL*1*SMITH*TED*****34*000221111~N3*236 N MAIN
ST~N4*MIAMI*FL*33413~DMG*D8*19430501*M~NM1*PR*2*ALLIANCE HEALTH AND LIFE
INSURANCE
****PI*741234~N2*COMPANY~CLM*26462967*100***11::1*Y*A*Y*Y*C~DTP*431*D8*199
81003~REF*D9*17312345600006351~HI*BK:0340*BF:V7389~NM1*82*1*KILDARE*BEN***
*34*112233334~PRV*PE*ZZ*203BF0100Y~ NM1*77*2*KILDARE
ASSOCIATES*****24*581234567~N3*2345 OCEAN
BLVD~N4*MIAMI*FL*33111~LX*1~SV1*HC:99213*40*UN*1***1**N~DTP*472*D8*1998100
3~LX*2~SV1*HC:99214*15*UN*1***1**N~DTP*472*D8*19981003~LX*3~SV1*HC:87072*3
5*UN*1***2**N~DTP*472*D8*19981003~LX*4~SV1*HC:86663*10*UN*1***2**N~DTP*472
*D8*19981010~SE*43*0021~
```

**Line-by-Line Explanation of 837 Format**

See the HIPAA 837 Implementation Guide for a more detailed explanation of each entry.

Segment #	Loop Segment/Data Element String
1	<b>HEADER</b> ST TRANSACTION SET HEADER ST*837*0021~
2	BHT BEGINNING OF HIERARCHICAL TRANSACTION BHT*0019*00*0123*19981015*1023*RP~
3	REF TRANSMISSION TYPE IDENTIFICATION REF*87*004010X098~
4	<b>1000A SUBMITTER</b> NM1 SUBMITTER NM1*41*2*PREMIER BILLING SERVICE*****46*TGJ23~
5	PER SUBMITTER EDI CONTACT INFORMATION PER*IC*JERRY*TE*3055552222*EX*231~
6	<b>1000B RECEIVER</b> NM1 RECEIVER NAME NM1*40*2*REPRICER XYZ*****46*66783JJT~

7	<b>2000A BILLING/PAY-TO PROVIDER HL LOOP</b> HL-BILLING PROVIDER HL*1**20*1~
8	<b>2010AA BILLING PROVIDER</b> NM1 BILLING PROVIDER NAME NM1*85*2*PREMIER BILLING SERVICE*****MI*587654321~
9	N3 BILLING PROVIDER ADDRESS N3*234 Seaway St~
10	N4 BILLING PROVIDER LOCATION N4*Miami*FL*33111~
11	<b>2010AB PAY-TO PROVIDER</b> NM1 PAY-TO PROVIDER NAME NM1*87*2*KILDARE ASSOC*****24*581234567~
12	N3 PAY-TO PROVIDER ADDRESS N3*2345 OCEAN BLVD~
13	N4 PAY-TO PROVIDER CITY N4*MIAMI*FL*33111~
14	<b>2000B SUBSCRIBER HL LOOP</b> HL-SUBSCRIBER HL*2*1*22*0~
15	SBR SUBSCRIBER INFORMATION SBR*P*18*12312-A*****HM~
16	<b>2010BA SUBSCRIBER</b> NM1 SUBSCRIBER NAME NM1*IL*1*SMITH*TED*****34*000221111~
17	N3 SUBSCRIBER ADDRESS N3*236 N MAIN ST~
18	N4 SUBSCRIBER CITY N4*MIAMI*FL*33413~
19	DMG SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19430501*M~
20	<b>2010BB SUBSCRIBER/PAYER</b> NM1 PAYER NAME NM1*PR*2*ALLIANCE HEALTH AND LIFE INSURANCE *****PI*741234~
21	N2 PAYER ADDITIONAL NAME INFORMATION N2*COMPANY~

22	<b>2300 CLAIM</b> CLM CLAIM LEVEL INFORMATION CLM*26462967*100***11:::1*Y*A*Y*Y*C~
23	DTP DATE OF ONSET DTP*431*D8*19981003~
24	REF CLEARING HOUSE CLAIM NUMBER (Added by C.H.) REF*D9*17312345600006351~
25	HI HEALTH CARE DIAGNOSIS CODES HI*BK:0340*BF:V7389~
26	<b>2310B RENDERING PROVIDER</b> NM1 RENDERING PROVIDER NAME NM1*82*1*KILDARE*BEN***34*112233334~
27	27 PRV RENDERING PROVIDER INFORMATION PRV*PE*ZZ*203BF0100Y~
28	<b>2310D SERVICE LOCATION</b> NM1 SERVICE FACILITY LOCATION NM1*77*2*KILDARE ASSOCIATES*****24*581234567~
29	N3 SERVICE FACILITY ADDRESS N3*2345 OCEAN BLVD~
30	N4 SERVICE FACILITY CITY/STATE/ZIP N4*MIAMI*FL*33111~
31	<b>2400 SERVICE LINE</b> LX SERVICE LINE COUNTER LX*1~
32	SV1 PROFESSIONAL SERVICE SV1*HC:99213*40*UN*1***1**N~
33	DTP DATE - SERVICE DATE (S) DTP*472*D8*19981003~
34	<b>2400 SERVICE LINE</b> LX SERVICE LINE COUNTER LX*2~
35	SV1 PROFESSIONAL SERVICE SV1*HC:99214*15*UN*1***1**N~
36	DTP DATE - SERVICE DATE (S) DTP*472*D8*19981003~



37	<b>2400 SERVICE LINE</b> LX SERVICE LINE COUNTER LX*3~
38	SV1 PROFESSIONAL SERVICE SV1*HC:87072*35*UN*1***2**N~
39	DTP DATE - SERVICE DATE (S) DTP*472*D8*19981003~
40	<b>2400 SERVICE LINE</b> LX SERVICE LINE COUNTER LX*4~
41	SV1 PROFESSIONAL SERVICE SV1*HC:86663*10*UN*1***2**N~
42	DTP DATE - SERVICE DATE (S) DTP*472*D8*19981010~
43	<b>TRAILER</b> SE TRANSACTION SET TRAILER SE*43*0021~

### To convert an 837 file to a line item:

1. In Microsoft Word, on the Toolbar at the top of the screen, click on "Edit."
2. Scroll down and click on "Replace."
3. In the "Find what:" box, type in "~". This is called a tilde and is found on the keyboard to the left of "1". To get a tilde, you will need to first press the Shift key and then the key with the tilde. NOTE: The tilde is used in the 837 file as a line separator.
4. Move the cursor to the "Replace with:" box.
5. Click on the "Special button" at the bottom of the Find and Replace box. You may need to click on the "More" button to see "Special."
6. Click on "Manual Line Break." The "Replace with:" box now has "^|" (caret and pipe).
7. Click on "Replace All." Microsoft Word will sort the document and tell you the number of replacements.

The file is now broken down by line. This is also known as the macro instruction.

## Reading 837 Error Reports and Making Corrections

### Match 837 and 997

These two files match: same batch number, same date and time, and same type of file.

```
ISA*00*      *00*      *ZZ*000001063  *ZZ*NDDHSMED
*040812*1504*U*00401*000101537*1*P*:
GS*HC*000001063*NDDHSMED*20040812(Date)*1504(Time)*101537*X*004010X096A1(Instituti
onal)
ST*837*0001 (Transaction Type)
BHT*0019*00*101537(Batch Number)*20040812(Date)*1504(Time)*CH
REF*87*004010X096A1(Institutional)
```

```
ISA*00*      *00*      *ZZ*NDDHSMED    *ZZ*000001063
*040812*1717*U*00401*000000011*0*P*>
GS*FA*NDDHSMED*000001063*20040812(Date)*1717(Time)*9*X*004010X096A1 (Institutional)
ST*997*0001 (Transaction Type)
AK1*HC*101537(Batch Number)
AK2*837*0001
```

### Example of How to Find the Error

Full 997 that matches 837 above:

```
ISA*00*      *00*      *ZZ*NDDHSMED    *ZZ*000001063
*040812*1717*U*00401*000000011*0*P*>
GS*FA*NDDHSMED*000001063*20040812*1717*9*X*004010X096A1
ST*997*0001
AK1*HC*101542
AK2*837*0001
AK3*DTP(Error Segment)*242(Line Number)*2300(Loop Indicator)*8
AK4*03(Error Element)*1251*8*20040419-(data to be corrected)
AK3*DTP(Error Segment)*253(Line Number)*2300(Loop Indicator)*8
AK4*03(Error Element)*1251*8*20040406-(data to be corrected)
AK5*R*5 (Rejected File)
AK9*R*1*1*0 (Rejected File)
SE*10*0002
ST*997*0003
```

*What you know about the example:*

The AK3 and AK4 segments on the 997 report show the user the location (loop, segment, element, line) of the error on the matching 837 file.

- There are two DTP03 errors.
- The errors occur on lines 242 and 253 of the 837 file.
- Both errors occur in the 2300 loop, the Claim Information loop.

You also know what the incorrect data looks like. However, you need the HIPAA Implementation Guide and the 837 to identify the error and the reason for the error.

*To identify the error in a 997 and to determine how to fix it:*

1. In the HIPAA Implementation Guide, find the Transaction Set listing.
2. Scan through the tables to find the right loop.  
*(In this case, it is 2300).*
3. Find the segment listing with the error.  
*(In this case, it is DTP.)*

NOTE: In some cases, there is more than one segment with the same name. The 997 does not provide detail on which one is causing the error.

*(In Loop 2300 for the 837-I there are three DTP choices. DTP stands for "date or time period.")*

4. On the 837 file that matches the 997, locate the segment on the line indicated.  
*(In this case, you know that the segments are on lines 242 and 253.)*

237	DMG*D8*20010626*M
238	NM1*PR*2*NORTH DAKOTA MEDICAID*****PI*NDDHSMED
239	N3*600 E BOULEVARD AV
240	N4*BISMARCK*ND*585050250
241	CLM*906311A-BE*216.00***13:A:1*Y*A*Y*Y*****Y
242	<b>DTP*434*RD8*20040419- Error Segment DTP, Element 03</b>
243	CL1*2*1
244	AMT*C5*216.00

5. Find the data in the first element of the segment line. This code will direct you to what is causing the error.

*(In this case, it is element 434.)*

6. In the HIPAA Implementation Guide, move ahead several pages to the details showing segments and their elements. Scan down the list until you find the segment you are looking for that contains the code you are looking for in the first element.  
*(In this case, the segment is DTP and the first element data is 434. DTP\*434 relates to Statement Dates.)*
7. The data in AK404 on the 997 will match one of the elements in the 837 segment that has the error. That is the data that needs to be corrected.  
*(In this case, it is the date. Dates and times must be in the correct format [CCYYMMDD] and must be complete to avoid rejection.)*
8. The Implementation Guide explains the correct format for the data.  
*(In this case, the Statement Date only has the "from statement date." "Through date of service" is also required for this field. The claim was rejected for incomplete information.)*

### Locate Claim Number; Correct Errors in RPMS; Recreate and Resubmit Batch(es)

1. The value in the HL01 element provides a count for each HL segment and will increment by 1 for each HL segment found. The Header contains the first HL segment and begins the count for each HL segment afterwards.
2. To find claim number, locate CLM segment within claim data that contains error.  
*(For this example, the CLM segment is in the claim that includes line 242.)*
3. Claim number is provided in first element (CLM01).  
*(For this example, the claim number is 906311A-BE.)*

237	DMG*D8*20010626*M
238	NM1*PR*2*NORTH DAKOTA MEDICAID*****PI*NDDHSMED
239	N3*600 E BOULEVARD AV
240	N4*BISMARCK*ND*585050250
241	<b>CLM*906311A-BE (Claim Number)*216.00***13:A:1*Y*A*Y*Y*****Y</b>
242	<b>DTP*434*RD8*20040419- Error Segment DTP, Element 03</b>
243	CL1*2*1
244	AMT*C5*216.00

4. Make correction to identified claim in RPMS.  
*(In this example, the "through date of service" needs to be added.)*
5. Recreate batch(es).
6. Resubmit files to insurer in next submission.

## Testing and Posting the 835 Remittance Advice

### Codes

See Accounts Receivable Version 1.5 Patch 5 User Manual for following:

- Appendix A: Table that maps HIPAA Standard Adjustment Reason Codes to RPMS
- Appendix B: Remittance Advice Remark Codes and their descriptions
- Appendix C: NCPDP Reject/Payment Codes

### Set up Log of ERA Files and Steps Completed

See sample log. [\(give website url\)](#)

### Set Up Electronic Process with Insurers

#### *Trailblazer Medicare Part A*

To begin testing:

- Contact the Technology Support Center at 1-866-749-4302. Have your submitter ID available when you call.
- Request parallel testing for the ANSI 835 format.
- Complete the Medicare Part A Electronic Remittance Advice Request Form. See RPMS Accounts Receivable (BAR) User Manual, v 1.7, Appendix A.

During testing:

- Trailblazer will post two files to your Trailblazer electronic mailbox.
  - One file will be in the old format.
  - A duplicate will be in the HIPAA 835 format. The HIPAA file will contain a '.TEST' extension on the file name.
- Use extreme caution when pulling down the file. Note which file you are downloading because the extension name will disappear after the download.
- Only download one file at a time since the files will be duplicates of each other.

After testing:

- Make sure that the ERA files are loading properly and that you are satisfied with the accuracy of the posting.
- Contact the Technology Support Center again.
- Request transition to production.

- Once in production, you will only see the HIPAA compliant 835 files when retrieving files from the Trailblazer electronic mailbox.

### *Trailblazer Medicare Part B*

To begin testing:

- Contact Trailblazer EDI Support Department at 1-866-620-3988.
- Request parallel testing for the 835 Electronic Remit Notification (ERN).
- Complete an ERN request form and return to Trailblazer according to the instructions on the form.
  - Obtain the ERN request form at [www.trailblazerhealth.com/partb/ihs/ern.asp](http://www.trailblazerhealth.com/partb/ihs/ern.asp).

During testing:

- Download an Online 835 Part B test file at [www.trailblazerhealth.com/partb/ihs/ern.asp](http://www.trailblazerhealth.com/partb/ihs/ern.asp).

After testing

- Make sure that the ERA files are loading properly and that you are satisfied with the accuracy of the posting.
- Contact Trailblazers EDI Support Department again.
- Request transition to production status.

### *PNC Bank*

- Contact Kimberly Germain, PNC EDI commerce group, at 1-800-762-3266.
- PNC will determine what will need to occur next.
- PNC requires testing at least two true files (no dummies).
- PNC will assist IHS sites with the testing process until they have a successful 835 download.

For other insurers, contact your local Area IT support system or IHS OIT to see if those insurers have already been tested with RPMS and what steps should be followed.

## **Patches Needed**

<b>835-Accounts Receivable</b> Claim Replay, (Remittance Advice)	Accounts Receivable, v1.7, p5
<b>835-Accounts Receivable</b> Standard Adjustment/Reason Codes	Accounts Receivable, v1.7, p5

## Testing and Posting the 835 Remittance Advice

### Initial RPMS Set-Up Procedures

1. In Site Parameters Edit option, enter default path field with name of local system directory that will contain downloaded 835 files from insurers.
2. Type **MAN** at "Select A/R Master Menu Option:" prompt.

```

+-----+-----+-----+-----+-----+-----+-----+-----+-----+
+   ACCOUNTS RECEIVABLE SYSTEM - VER 1.7                               |
+                               A/R MASTER MENU                         +
|                               DEMO HOSPITAL                           |
+-----+-----+-----+-----+-----+-----+-----+-----+
User: USER, DEMO      BUSINESS OFFICE      4-OCT-2002 1:12 PM

ACM   Account Management Menu ...
ASM   Account Statement Menu ...
COL   Collection Menu ...
MAN   Manager ...
PST   Posting Menu ...
ROL   Rollback Bills to 3-Party
RPT   Report Menu ...
SVC   Switch Service/Section
UA    User Assistance
UPL   Upload from Third Party Bill File

Select A/R MASTER MENU Option: MAN

```

3. Type **SPE** at “Select Manager Option:” prompt.

```

+++++
+   ACCOUNTS RECEIVABLE SYSTEM - VER 1.7   |
+           A/R MASTER MENU                 +
|           DEMO HOSPITAL                   |
+++++
User: USER, DEMO      BUSINESS OFFICE      4-OCT-2002 1:12 PM

PFS  Parent Facility Selection
PFA  Parent Facility Addition
PSE  Parent/Satellite Edit
SPE  Site Parameter Edit
ACE  A/R Account Entry
CPE  Collection Point Edit
UPAP Upload Third Party Bills by Approval Date(s)
LET  Insurer Age Cover Letter Edit
TPR  Third Party Bill ReLoad by Date
FM   Fileman reports ...
PFK  Parent Facility Kill
RPT  Management Reports ...
STE  Standard Table Edits
VHF  View Host File
IG   IG REPORT
FRD  Delete Flat Rate Posting Batch
AWO  Automatic Write-off

Select Manager Option: SPE

```



4. Type name of facility you want to edit at “Select A/R Site Parameter/IHS RPMS Site:” prompt or type two question marks (??) for listing of sites.

```

+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+
+   ACCOUNTS RECEIVABLE SYSTEM - VER 1.7                                     |
+           A/R MASTER MENU                                                 +
|           DEMO HOSPITAL                                                    |
+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+
User: USER, DEMO      BUSINESS OFFICE      4-OCT-2002 1:12 PM

Select A/R SITE PARAMETER/IHS RPMS SITE: ??
      Demo Hospital

You may enter a new A/R SITE PARAMETER/IHS, if you wish

      Remote pointer to the location file through the RPMS Site

      Choose from:
      DEMO HOSPITAL      ANY AREA      WHATTOWN

Select A/R SITE PARAMETER/IHS RPMS SITE:

Select A/R SITE PARAMETER/IHS RPMS SITE: DEMO HOSPITAL      ANY AREA WHATTOWN
10
...OK? Yes// (Yes)

```

5. Press “Enter” through screen until you reach “Default path” prompt.
6. Type location of EDI ERA (Electronic Remittance Advice) file at “Default Path:” prompt. Example: (usr/spool/uucppublic/edi.txt). Contact your Site Manager to determine what default path will be.
7. If default path already exists, “Replace” prompt displays. In this case, type **R** for replace. Enter path.
8. Type **^** (Shift F6) and exit Site Parameter Edit option.

```
Default Path: c:\rload// (usr/spool/uucppublic/edi.txt)
```

```
Select EDI PAYER: // ^ (Please exit, you do not need to select a payer)
```

**NOTE** : You will not need to select an EDI Payer, as the default path is the same for any payer from whom you receive an 835 ERA file.

Repeat the steps above for EACH facility for which you will receive an 835 ERA file.

## Testing and Posting the 835 Remittance Advice

### Retrieve 835 ERA File from Insurer

Retrieve file, using procedures already established with insurer. File should be downloaded into established secure directory. Set up and name your files to separate your insurers. Examples: MedicareA835, MedicareB835, AHCCC835.

### To Retrieve Files from PNC Bank

1. Log into FTP software as ADMINISTRATOR.
2. Enter your password.
3. Click on VIEW (with arrow).
4. Click on TRANSFER (with arrow).
5. Click on "C/E: PNC BANK."
6. Download file to C or R Drive.
  - a. PNC Sterling software will default to C: drive from Remote Host. Drag files from C: drive to R: drive. R: drive goes directly into the PUB.
7. Click on CONNECT> (setting path to RPMS).
  - a. System will connect with appropriate security screening. You will do this in window located at bottom of screen.
  - b. When finished, line in window will say "successful connection."
  - c. Pull down message screen to see your files.
  - d. Once you see your files, write down batch # assigned by PNC.
8. Click on RECEIVE>.
  - a. Once you have successfully received your file, look to see where your file was downloaded.

- b. If you are lucky and the network does not go down, file will be located in R: drive. If network does go down, then file will have defaulted into C:/ftp/. Drag file from C: drive to R: drive.
9. After download is complete, write down file name EXACTLY. Enter it in log.
10. Click on DISCONNECT>.
11. Click on EXIT>.

### **To Retrieve Files from Trailblazers**

#### *Into your PC:*

1. Dial into Trailblazers EDI System Bulletin Board. (803) 788-9860 Use same method used to send claims electronically.
2. Type login and password. (Not the same as when sending files.)
3. Select LIST option.
4. Review list of files to be downloaded. Make sure to stay in sequential order. If you are missing one, contact Jana White via email.
5. Select DOWNLOAD option.
6. Select Z MODEM.
7. "Do you wish to download all the files in the mailbox? (Y/N)". Choose Y.  
Files are downloaded one at a time. They are named "ERN00001.ERN, ERN00002.ERN, etc.
8. When finished, message will appear "Transfer COMPLETED SUCCESSFULLY."
9. Exit Trailblazers (hang up).
10. Check to make sure files reside on your PC, e.g., same place as Confirmation of Electronic File Submission.

**Load file From PC Into Designated Secure Directory of Service Unit**

1. Using File Transfer Protocol (FTP), bring up location for file to be sent to.
2. Transfer file from your PC to established secure directory.
3. Set file structure to ASCII (not binary).
4. Make sure name of file remains in capital letters (including the extension). If it has changed in the designated directory of the location, rename the file to ERN0000#.ERN.
5. Exit FTP.

## Testing and Posting the 835 Remittance Advice

### Upload 835 ERA File to RPMS Accounts Receivable System

1. Type **PST** to select Posting Menu.
2. Type **ERA** Posting to select menu.

```

+++++
|          ACCOUNTS RECEIVABLE SYSTEM - VER 1.7          |
+                      ERA Posting                      +
|                      DEMO HOSPITAL                    |
+++++
User: USER, DEMO          BUSINESS OFFICE          20-FEB-2003 11:59
AM

NEW      Load New Import
VIEW     View Import Header
REV      Review Postable Claims
PST      Post ERA Claims
RPT      Report ERA Claims

```

3. Type **NEW** at “Select ERA Posting Option:” prompt.
4. Type your electronic signature code. System displays choice of transport file names and the “Select A/R EDI Transport Name:” prompt.
5. Type name of transport file or type two question marks (??) to select from list of transport files.

```

+++++
|          ACCOUNTS RECEIVABLE SYSTEM - VER 1.7          |
+                      Load New Import                  |
+                      UNSPECIFIED +SERVICE UNIT        |
+++++
User: USER, DEMO          BUSINESS OFFICE          17-OCT-2003 9:56 AM

Enter your Current Signature Code:    SIGNATURE VERIFIED

Select A/R EDI TRANSPORT NAME: ??

Choose from:
ACHHHS 835 MODIFIED
AHCCCS
HIPAA 835 v4010
MEDICARE 835 3041.4A
MEDICARE 835 3041.4B

Select A/R EDI TRANSPORT NAME:

```

New transport option

6. Select A/R EDI transport name "HIPAA 835 v4010." System attempts to match claim numbers in import file to accounts receivable bill numbers.
7. At prompt, indicate directory path for transport file. This directory path references where you are pulling file from (e.g., where you stored file when you transferred it from your PC). System defaults to public directory.
8. Press Return key to accept default path, example (/usr/spool/uucppublic) or, at "Replace:" prompt, type full path.
9. At prompt, enter file name from FTP download.
10. Press Return key. System displays filename, directory path, and EDI transport name.

```

Select A/R EDI TRANSPORT NAME: HIPAA 835 v4010
Enter the directory path for the transport file: /usr3/xxx/xxx/hipaa/
  Replace
  /xxx/xxx/xxxxx/
File Name : testpsr.txt

File                Directory                Transport
testpsr.txt         /xxx/xxx/xxxxx/         HIPAA 835 v4010

Do you want to proceed? N// Y YES

```

11. At prompt, indicate if you want to proceed with the import.
  - a. To accept and load file, type **Y** (Yes). Press Return key to continue.
  - b. At next screen RPMS assigns 4-digit file name. **Write it down. From here on you will use this 4-digit number.**

- c. File loaded into A/R in 4 stages. **Do not interrupt process or file may be corrupted.**  
When complete, line count is displayed. Press Return key.

Stage 1: File split into data segments.

Stage 2: Segments parsed into elements and values.

Stage 3: Postable claim is built.

Stage 4: E-Claim matched to A/R bills and Reason Codes.

B (M) = Matched

X = Claim and Reason Unmatched

C = Claim Unmatched (cannot find a claim in A/R to match the claim in E File)

R = Reason Unmatched (Reason Code is not listed in established tables)

12. At prompt, to decline press Return key to get default response of **N** (No). You will be returned to ERA Posting menu.
13. If file being loaded is not HIPAA compliant, error message will display and the file will not load.
- a. If ERA file contains claim that has been cancelled in RPMS 3P, bill will not be matched and cannot be posted electronically.
- b. Decide whether to post claim manually or not.

## Testing and Posting the 835 Remittance Advice

### Generate Reports for Batching

#### Generate and Review Reports

1. At "Select ERA Posting Option:" prompt, type **RPT**.
2. Enter 4-digit file name. Option: Type two question marks (??) to select from list of host files.
3. Select Check(s) for report.
4. At prompt, enter list of Claim Status(s) you want to include in report and sequence in which you want those statuses included.
5. Select the type of report you want:
  - a. D = Detailed (Both ERA and A/R bill files. Detailed information includes payment, deductibles, co-pays, reason codes, outstanding balance, billed amount, etc. This report shows you balance on your A/R claims allowing you to see if there are any duplicate payments.)
  - b. B = Brief (Shows only the payment amount and bill information from ERA file)
  - c. S = Summary (Totals only)
6. Choose whether you want to print or to browse on screen.

```

+++++
|          ACCOUNTS RECEIVABLE SYSTEM - VER 1.7          |
+                      ERA Posting                      +
|          UNSPECIFIED SERVICE UNIT                    |
+++++
User: USER, DEMO          BUSINESS OFFICE          23-OCT-2003 9:42 AM

NEW   Load New Import
VIEW  View Import Header
REV   Review Postable Claims
PST   Post ERA Claims
RPT   Report ERA Claims

Select ERA Posting Option: RPT

Select file: 1006_ERA_10/16/2003          ACL partb dt1008.txtCHK: 881685516

1) CHECK #: 881685516          BATCH: ** no RPMS match **          ITEM:
   A/R ACCOUNT:          BATCHED AMT:          0.00          BALANCE:          0.00

Please enter the LINE # of the check you wish to REPORT: 1// [RET]

Reports for:          1006_ERA_10/16/2003

```



7. At "Enter Response:" prompt, type **in upper case** one or more categories you want included in report by one-letter code. (See example: CRXN.)
8. At prompt, indicate whether you want Detailed (D), Brief - one line (B), or Summary - totals only (S) report.
9. Type letter indicating type of report you want. Press Return key.

```

C - Claim Unmatched      R - Reason Unmatched    N - Not to Post
M - Matched              P - Posted              X - Claim & Reason
Unmatched
A - All Categories
  Example:  CRXN
Enter response: CRXN

Select the type of report: (D/B/S): Summary - Totals Only

  Select one of the following:
    P          PRINT Output
    B          BROWSE Output on Screen
Do you wish to: P// [RET]RINT Output

Output DEVICE: HOME// [RET]

```

### Sample Report

WARNING: Confidential Patient Information, Privacy Act Applies				
=====				
ELECTRONIC CLAIM REPORT - Summary			OCT 20,2003@13:00	Page 1
FOR FILE NAME: ACL partb dt1008.txt			CHECK/EFT TRACE: 881685516	
FOR RPMS FILE: 1006_ERA_10/16/2003 FOR ANY INDIAN HOSPITAL				
=====				
BATCH: ** No RPMS match **			ITEM #	
=====				
MEDICARE PART B			MEDICARE PART B	
P.O. BOX 1234			PH: 8665555708	
Anytown, USA 752660156				
=====				
CLAIM STATUS	BILL COUNT	PAYMENTS	COPAY/DEDUCT	ADJUSTMENTS
-----				
CLAIM UNMATCHED	99	2,333.83	589.16	5,985.01
-----				
GRAND TOTALS	99	2,333.83	589.16	5,985.01
-----				
ADJUSTMENT Totals:				
CLAIM STATUS	BILL COUNT	PAYMENTS	COPAY/DEDUCT	ADJUSTMENTS
-----				
			6.00	
			583.16	
			5,985.01	
			=====	
			6,574.17	
-----				
* * E N D O F R E P O R T * *				

### View File Header Information

1. At "Select ERA Posting Option:" prompt, type **VIEW**.
2. At "Select File:" prompt, type 4-digit file number. You also have option of entering by:
  - a. Date/time of import
  - b. Host file name
  - c. Check number
  - d. Check/EFT trace

```

+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+
|           ACCOUNTS RECEIVABLE SYSTEM - VER 1.7           |
+           View Import Header                             +
|           LITTLE BUILDING HEALTH CENTER                   |
+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+
User:      BUSINESS OFFICE      29-JUL-2004 3:16 PM

Select file: ?      Answer with 4-digit file number, or DATE/TIME, or HOST
                   FILE NAME, or CHECK NUMBER, or CHECK/EFT TRACE

Choose from:
1001_ERA_02/13/2004      WWH partb dt1008.txt  CHK/EFT #: 440277960

1002_ERA_03/04/2004      835TEST.txt           CHK/EFT #: R0000000

1003_ERA_03/26/2004      835TEST.txt           CHK/EFT #: R0000000

1004_ERA_05/17/2004      835 4010 Test File.
                           CHK/EFT #: 053900225
                           CHK/EFT #: 21443AA0051SY

1005_ERA_07/22/2004      THP00001F_20040503.txt
                           CHK/EFT #: 036571083
                           CHK/EFT #: 081644675

Select file: 1005_ERA_07/22/2004  THP00001F_20040503.txt
                           CHK/EFT #: 036571083
                           CHK/EFT #: 081644675

```

3. Find the following and print this screen (File is long and there is no need to print it all):
  - a. Total Provided Payment
  - b. Check Issue/EFT Effective (Date)
  - c. Check or EFT Trace Number (Check #)
  - d. Reference Identification (to show proof of the location of the deposit)
  - e. Penalty amounts taken (total amounts only show)

## Batching

**Note: If an 835 file is downloaded before batching the payment, the ERA Review and ERA Posting options will not allow the EDI file to identify a unique payment batch for posting. In other words, the files will not tie together.**

1. Follow pre-defined procedures for creating batches.
2. Enter checks into Accounts Receivable RPMS Collection Point, establishing a Collection Batch and Item #.
3. Please note: the Check/EFT number for the Collection Batch/Items **must match exactly** to the Check/EFT number on the 835 ERA file. If it is not an exact match, the file will not post.
  - Input the numbers exactly as they appear on the 835 ERA file.
  - If necessary, adjust the Check/EFT number in the Collection Batch entry process to match.
4. Send to Finance:
  - a. Paper Remittance Advice
  - b. 835 Report (printed RPT and VIEW report)
  - c. PNC Daily deposit

## Testing and Posting the 835 Remittance Advice

### Process 835 ERA Files in A/R

#### Receive Batch From Finance

Hint: Go through Pay. Enter the batch name and the particular item number to make sure that the balance available is still outstanding.

#### Prepare Batch for Auto Posting

1. Go through body part of 835 report and highlight claims you do not wish to post.

If you notice the information you receive from Finance is incorrect, have them fix it before you REV the file in RPMS. There will always be a choice given to pick the correct file. If Finance cannot fix their error, than you should follow local procedures for posting these accounts.

#### Review Postable Claims

**NOTE: Once a status on a claim has been changed to "Not to Post," it cannot be changed back.**

1. At "Select ERA Posting Option:" prompt, type **REV**. "Select File:" prompt is displayed.

```

+-----+
|          ACCOUNTS RECEIVABLE SYSTEM - VER 1.7          |
|          Review Postable Claims                        |
|          UNSPECIFIED SERVICE UNIT                      |
+-----+
User: USER,DEMO          BUSINESS OFFICE          20-OCT-2003 12:22 PM

Select file: 1001_ERA_10/01/2003  OKMCD835.txt
There are 2 check(s) for the file 1001_ERA_10/01/2003
CHK: 1501
CHK: 555000

Now matching check/EFT Trace #'s on ERA to Check # of Collection
Batch/Item..

Check 1501 does not match any existing batch/items.??

Check 55000 previously match to batch ITSC-MEDICAID-09/29/2003-2 Item: 1
A/R Acct: NEW MEXICO MEDICAID          for:          1,000.00 Bal: 915.68

Done matching check/EFT Trace # of ERA to check # of collection Batch/Item.

Enter Return to continue: [RET]

1) CHECK #: 555000          BATCH: ITSC-MEDICAID-09/29/2003          ITEM: 1
A/R ACCOUNT: NEW MEXICO MEDI          BATCHED AMT: 1,000.00 BALANCE:
915.68

Please enter the LINE # of the check you wish to REVIEW: 1//

```

2. Type 4-digit file name or check number that corresponds to an import. You can also type two question marks (??) to select from list of recently imported files.
3. Claim Review screen is displayed for the indicated file (see below).

#	Claim	Date	Patient	AR Account	Status
1	200353A-CR-0000	OCT 08, 1999	PATIENT, DEMO E		MATCHED
	44082B-ASU-000	JAN 04, 1998	PATIENT, DEMO A	MEDICARE	
2	199338A-CR-000	OCT 01, 1999	PATIENT, DANETTA		MATCHED
	44128A-ASU-0000	FEB 11, 1999	PATIENT, KENNETH	MEDICARE	
3	199634A-CR-0000	OCT 01, 1999	PATIENT2, LAURA		NOT TO POST
	44038A-ASU-000	JAN 28, 1999	PATIENT3, MARIE	MEDICARE	
4	200396A-CR-000	OCT 10, 1999	PATIENT4, JORDY M		MATCHED
	44129A-ASU-0000	MAR 03, 1999	PATIENT5, LAWRENCE	MEDICARE	

+ Enter ?? for more actions  
 1 Edit Status  
 Select Action:Next Screen//

4. Scroll through claims to validate accuracy. Matched claims are listed in two lines:
  - a. First line is data from ERA file.
  - b. Second line is data found in A/R.
5. Make sure files match with what was batched: name, batch date, amount, item # assigned to check # and amount.
6. If there are claims that should not be posted, change claim status to be manually posted later.
  - a. Move through display until claim you want to edit is displayed.
  - b. Type **1** (for Edit Status) at "Select Action:" prompt. Press Return key.
  - c. At "Select(s)" prompt, type number of claim you want to edit. Press Return key.
  - d. At prompt, indicate if you want to change status of indicated claim. Type **Y** (Yes). Press Return key.
  - e. Change Matched Status to Not to Post and manually enter this claim.

- f. Repeat process as needed.
  - g. Press Quit when done
7. After you complete process for one claim, new status displays. Either move to another screen of display or edit another claim status.

### **Post Payment Batch to Matching Accounts Receivable Bills**

**NOTE: Allow ample time for posting. Once it has started, the process cannot be interrupted.**

1. At "Select ERA Posting Option:" prompt, type **PST**.
2. At "Select File:" prompt, type 4-digit file name. Option: Type two question marks (??) to select from list of host files.
3. Select Check to be posted. System will only display reviewed checks.
  - a. Make sure files match with what was batched: name, batch date, amount, item # assigned to check # and amount.
4. To post claims in indicated batch, type **Y**. Press Return key.
5. After completing process for one claim, you return to ERA Posting menu.

Note: If system detects that posting to a bill will result in a negative balance in RPMS, warning message will display. At prompt, choose whether or not to post that bill.

- If yes, posting will continue.
  - If no, system skips bill and asks if you want to continue posting process.
6. Press Return key to continue.

```

+-----+
|          ACCOUNTS RECEIVABLE SYSTEM - VER 1.7          |
|          Post ERA Claims                               |
|          UNSPECIFIED SERVICE UNIT                     |
+-----+
User: USER, DEMO          BUSINESS OFFICE          20-OCT-2003 12:42 PM

Select file: 1001 ERA 10/01/2003   OKMCD835.txt          CHK: 1501
           CHK: 555000

1) CHECK #: 1301          BATCH:          ITEM:
   A/R ACCOUNT:          BATCHED AMOUNT: 0.00   BALANCE: 0.00

2) CHECK # 1501          BATCH:          ITEM:
   A/R ACCOUNT:          BATCHED AMOUNT: 0.00   BALANCE: 0.00

3) CHECK # 55500          BATCH: ITSC-MEDICAID-09/29/2003-2 ITEM: 1
   A/R ACCOUNT: NEW MEXICO MEDI BATCHED AMOUNT: 1,000.00 BALANCE: 915.68

Please enter the LINE # of the check you wish to POST: 3

Do you want to post ERA Claims for Check 55500 now? n// YES
Post 45377a-zzz-99089 will result in a negative balance on the bill.
Post this bill? No// YES

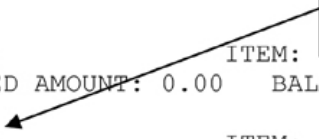
Claim: 45377a <> 45377a-zzz-99089
Billed: 70.65 Payment: 50.32
ADJ: 20.32 Pending Clm/Srvc Lacks Info For Adjud

1 Bills posted to AR

OK, marking for rollback the bills that just posted for chk/EFT EFT0000000.
Please use the ROL option when you're ready to roll them back to 3P.

```

**The system will only display checks that you have reviewed.**



**New negative balance message**





## Roll Back Bills to a Third Party (ROL)

**Note:** The date the rollback occurs is the date reflected as the paid date in the Third Party Billing package.

1. Type **ROL** at "Select A/R Master Menu Option:" prompt.

```

+-----+
|          ACCOUNTS RECEIVABLE SYSTEM - VER 1.7          |
+-----+
|          A/R MASTER MENU                               |
|          DEMO HOSPITAL                                 |
+-----+
User: USER, DEMO          BUSINESS OFFICE          10-FEB-2003 11:30 AM

ACM   Account Management Menu ...
ASM   Account Statement Menu ...
COL   Collection Menu ...
MAN   Manager ...
PST   Posting Menu ...
ROL   Rollback Bills to 3-Party
RPT   Report Menu ...
SVC   Switch Service/Section
UA    User Assistance
UPL   Upload from Third Party Bill File

Select A/R MASTER MENU Option: ROL Rollback Bills to 3-Party

```

2. Press Return key. System indicates that it is checking for unbilled sources and lists any it finds. Then it displays the "Re-Open Claim for Further Billing? (Y/N)?" prompt.
3. Type **Y** (Yes) to open new claim for unbilled sources or **N** (No).
4. Press Return key. Process is complete.
5. If there are more bills that need to be rolled back into Third Party Billing, the system prompts you with the message, **50 Bills have been processed for Rollover.**
6. Press Return key to continue or type **^** to exit."
7. To restart Rollback process, press Return key.

```

+++++
|          ACCOUNTS RECEIVABLE SYSTEM - VER 1.7          |
+          Rollback Bills to 3-Party                    +
|          DEMO HOSPITAL                                |
+++++
User: USER, DEMO          BUSINESS OFFICE          10-FEB-2003 12:44 PM

Reviewing Bill 9A-JSU-39659                                4871
BILL      9A-JSU-39659   >PAYMENTS<                    >ADJUSTMENTS<
BILLED        4.90      3-P CRD                0.00      NON-PAY                0.00
PAY TOT       4.90      PAYMENTS                4.90      DED                    0.00
ADJ TOT       0.00      PAY CRD                0.00      CO-PAY                0.00
                                     WR OFFS                0.00      PENALTY                0.00
                                     GROUPER                0.00      TOTAL ADJ*            0.00
                                     REFUND                 0.00
ROLLOVER      0.00      TOTAL PAY*                4.90

Pat:        PATIENT, DEMO
P: NEW MEXICO BC/BS INC
S:
T:

CHECKING FOR UNBILLED SOURCES.
NONE

50 Bills have been processed for Rollover
Enter RETURN to continue or '^' to exit:

```

8. Delete downloaded file from designated directory.