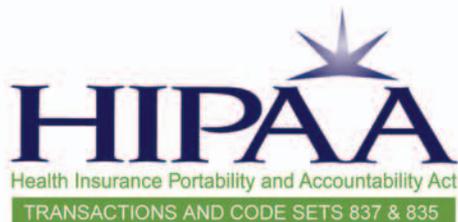ELECTRONIC TRANSACTIONS...

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QUICK REFERENCE GUIDE

Working with the 837 Transaction

HIPAA
Health Insurance Portability and Accountability Act
TRANSACTIONS AND CODE SETS 837 & 835

INDIAN HEALTH SERVICE

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837 Transactions and Code Sets

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 transactions and code sets. A companion Quick Reference Guide deals with the 835 transactions and code sets.

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

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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.ihs.gov/AdminMngrResources/HIPAA/index.cfm.

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837 Transactions and Code Sets

Preparing to Test the 837
Process and Positions Affected by the 837 and 835 Electronic Transactions
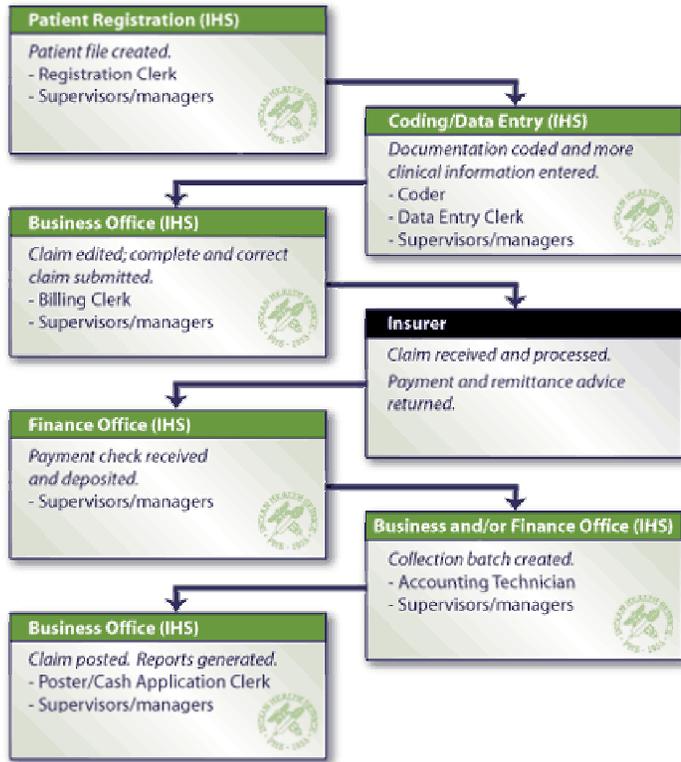
Old and New Electronic Formats

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

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

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Six 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. 3rd Party Billing, v2.5, p7

    c. 3rd 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.

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.

---

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.

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.ihs.gov/AdminMngrResources/HIPAA/index.cfm.

Understanding Implementation Guide Terms

Implementation Guide Terms	Location in 837 Transaction Set
1. Header a. Header: start segment for transaction set **2. Data Element** a. Smallest named item in ASC X12 standard b. Corresponds to data field c. Mandatory or situational **3. Data Segment** a. Related data elements b. Sequence of data elements specified by ASC X12N standard c. Corresponds to record **4. Control Segment** a. Same structure as segment b. Uses i. To transfer control information (e.g., start, stop) rather than application information ii. To group data elements **5. Delimiter** a. Character used to separate two data elements or to end a data segment b. An integral part of data **6. Loop** a. Group of related segments b. Loops specified by Implementation Guide **7. Transaction Set (whole thing)** a. Contains data segments b. Corresponds to grouping of data records c. Sequence of data segments specified by ASC X12N standard **8. Trailer** a. Trailer: end segment for transaction set	ISA*00* *00* *ZZ*903314521 *ZZ*NMMAD 0402020823*U*00401*000100073*1*P*: GS*HC*903314521*NMMAD*20040202*0823*100073*X*004010X096A1 ST*837*0001 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 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 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 HI*BK:486 QTY*CA*1*DA NM1*71*1*SMITH*USER****24*903314521 PRV*AT*ZZ*208D00000X REF*1D*000011 LX*1 SV2*0519**206.00*UN*1 DTP*472*D8*20030510 SE*35*0001 GE*1*100073 IEA*1*000100073

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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?"

Individual or Group Taxonomy Codes

3 Levels
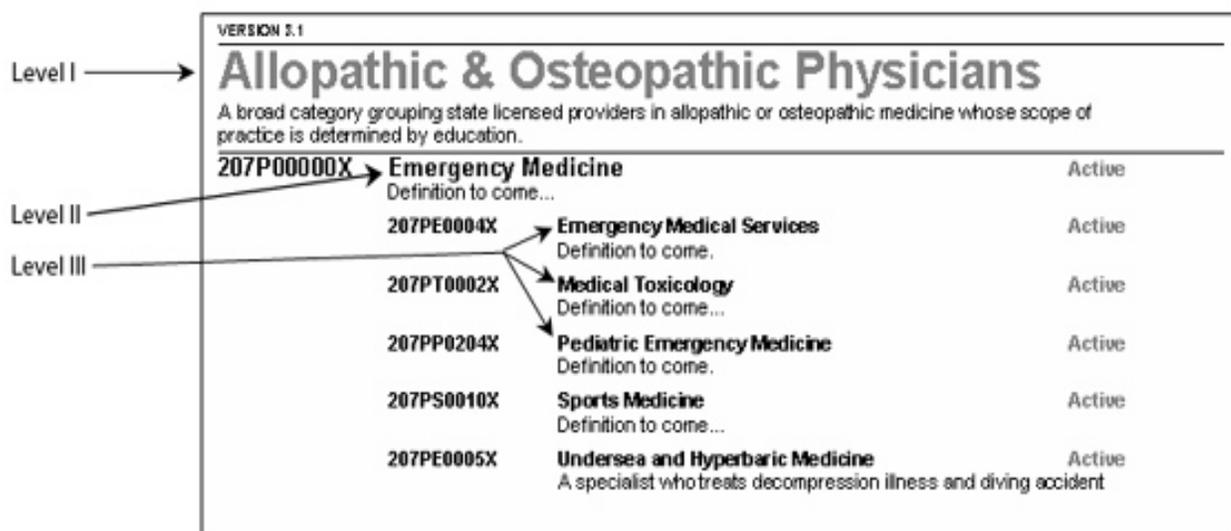
- One-time procedure using VA Fileman/New Person file and User Management options in Kernel Menu.

- 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.

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Set Up RPMS: Input Provider Taxonomy Codes, continued

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. 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>**.

```
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>**.

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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.

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

```
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//        ◄──── Non-Individual Taxonomy Code
  CLASS: GENERAL ACUTE CARE HOSPITAL
```

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.

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```
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 <u>Health Care Provider Taxonomy</u> 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.

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<u>Use the following steps to populate the facility street address in 3P Table Maintenance:</u>

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

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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
USE PLAN NAME?:
72 HOUR RULE:
```

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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~
```

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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-
```

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

Rule: All Provider IDs, UPINs and License numbers must be populated for each Physician listed on a claim. The Provider IDs 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>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
```

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837 Transactions and Code Sets

6. 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. 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>**. 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:
```

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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.

7. 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
```

8. 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 :   0 5/21                                  | 14)   Employer:
- - - Policy Members - - - - -PC- - - - - -Member # - - - - - - - -HRN - - - -REL - - - - - -
15)     WARD,WOODY R           18          555412233            12345      SELF
16)     WARD,WINNIE P          02          444998877            98765      SPOUSE
```

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9. 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//
```

10. 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.

11. 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 Clam 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
```

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Ready to Begin Testing Claims?

Check Before You Test

- ✓ 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.

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```
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ 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 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
```

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.

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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.: 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:
```

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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                      Mode of     Mult Fee   ------- Flat Rate --------
Type - Description         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
```

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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.hh

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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	**HEADER** 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	**1000A SUBMITTER** NM1 SUBMITTER NM1*41*2*PREMIER BILLING SERVICE*****46*TGJ23~
5	PER SUBMITTER EDI CONTACT INFORMATION PER*IC*JERRY*TE*3055552222*EX*231~
6	**1000B RECEIVER** NM1 RECEIVER NAME NM1*40*2*REPRICER XYZ*****46*66783JJT~
7	**2000A BILLING/PAY-TO PROVIDER HL LOOP** HL-BILLING PROVIDER HL*1**20*1~

Segment #	LOOP Segment/Data Element String
8	**2010AA BILLING PROVIDER** 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	**2010AB PAY-TO PROVIDER** 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	**2000B SUBSCRIBER HL LOOP** HL-SUBSCRIBER HL*2*1*22*0~
15	SBR SUBSCRIBER INFORMATION SBR*P*18*12312-A*****HM~
16	**2010BA SUBSCRIBER** 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	**2010BB SUBSCRIBER/PAYER** NM1 PAYER NAME NM1*PR*2*ALLIANCE HEALTH AND LIFE INSURANCE *****PI*741234~
21	N2 PAYER ADDITIONAL NAME INFORMATION N2*COMPANY~
22	**2300 CLAIM** CLM CLAIM LEVEL INFORMATION CLM*26462967*100***11::1*Y*A*Y*Y*C~

Segment #	LOOP Segment/Data Element String
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	**2310B RENDERING PROVIDER** NM1 RENDERING PROVIDER NAME NM1*82*1*KILDARE*BEN***34*112233334~
27	27 PRV RENDERING PROVIDER INFORMATION PRV*PE*ZZ*203BF0100Y~
28	**2310D SERVICE LOCATION** 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	**2400 SERVICE LINE** 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	**2400 SERVICE LINE** 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~

Segment #	LOOP Segment/Data Element String
37	**2400 SERVICE LINE** 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	**2400 SERVICE LINE** 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	**TRAILER** SE TRANSACTION SET TRAILER SE*43*0021~

To convert an 837 file to line-by-line:

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.

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(Inst
itutional)
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
```

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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.

<u>To identify the error in a 997 and to determine how to fix it:</u>

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*BISMRACK*ND*585050250
241    CLM*906311A-BE*216.00***13:A:1*Y*A*Y*Y*********Y
242    DTP*434*RD8*20040419-   Error Segment DTP, Element 03
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.)

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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*BISMRACK*ND*585050250
241    CLM*906311A-BE (Claim Number)*216.00***13:A:1*Y*A*Y*Y*********Y
242    DTP*434*RD8*20040419-  Error Segment DTP, Element 03
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.

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