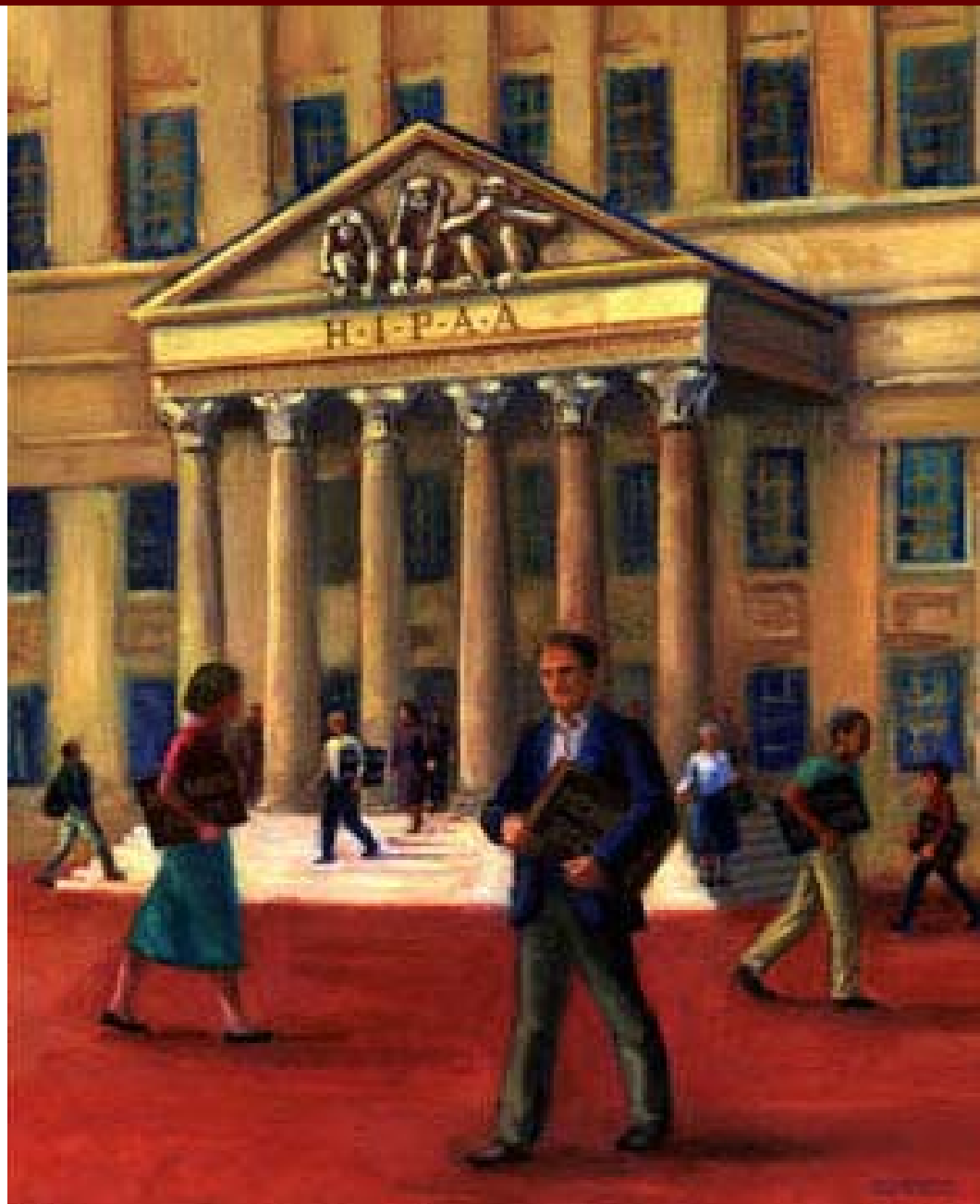
Claims Update

Attachments and Acknowledgments



Kepa Zubeldia, M.D.

April 7, 2005

claredi

claredi

Topics

- Transactions Latest Update
- Claims Attachments
  - Attachments Concepts
  - Future HIPAA Standard Transaction
  - The WEDI/CMS Attachments Pilot
  - Lessons Learned
  - How electronic attachments work
  - Generic Attachments
  - Attachments as infrastructure for NHII
- Transactions Acknowledgments
  - Concepts of transaction acknowledgments
  - Closing the loop, avoiding/detecting the “black hole” effect
  - Options considered by WEDI’s Policy Advisory Group
  - Work in progress

© 2005 Claredi

Transactions Update (Yesterday's NCVHS)

- Tony Trenkle new director of OHS
- New NPRM on Attachments to be published this summer.
  - Currently in the clearance process
- Health Plan ID NPRM to be published in the Fall
- Second round of modifications to the Transactions and Code Sets to be published around the end of the year
  - Draft of Version 5010 of the Implementation Guides just finished open comment period
  - Much better defined requirements
- Enforcement procedures were published last week
- Enforcement Proposed Rule to be published later this spring for comment. Will have details on penalties
- CMS is 99.32% HIPAA compliant for the claims
  - Tony did not know about Contingency Plan termination
- TCS complaints to date: 325
  - 78% against private sector, 16% against Medicaid, 6% Medicare

© 2005 Claredi

claredi

Health Care Claim Attachments

© 2005 Claredi

Attachments Today

- Payer receives a claim or a request for referral, and needs more information…
  - Prescription for DME (e.g. wheelchair)
  - Consent form signed by patient
  - Rehabilitation Treatment Plan information
  - Copy of the EOB on primary payer's letterhead
  - X-rays (dental, spinal, etc.)
  - Laboratory reports and/or results
  - Any other piece(s) of clinical information
- Additional information does not belong in the claim form or 837. Sent as "attachment" to it.

© 2005 Claredi

Attachments Problems

- Provider does not understand the specific question from the payer or the additional information needed
  - Send as much as possible and let the payer figure out what is it that they need
- Payer request is not specific enough
  - Send as much as possible…
- Expensive to handle for payers and providers
  - Cost estimates from $15 to $50 per attachment
- How do you comply with “Minimum Necessary”?
- Between 3 and 50% of the claims (depending on the payer, the provider and the specialty) are sent with attachments or need attachments later

© 2005 Claredi

Attachments Problems (cont.)

- Some payers: One strike and you are out
  - If you don't send ALL the additional information required by the payer, the claim is denied.
  - Because of the high cost of processing attachments, there is no "interaction" between provider and payer "until you get it right"
- High claim denial rate
- Clinical data is normally not kept in the "administrative" system that generates claims
  - Expensive manual process

© 2005 Claredi

claredi

Attachment Nirvana

- Provider understands what to send as “attachment” to the claim or referral
  - Because it is predictable
    - E.g., State Law requires signed consent form
    - Payers publish their attachment requirements
      - Better: Industry consensus on attachment requirements
  - Because the payer requests are clear to the provider
    - Standard definitions. Codified requests.
- Provider only sends the required data as attachment
  - Better: The attachment is in a standard format and codified by provider
- Payer automatically processes codified attachments
  - Human intervention required only for non-codified attachments

© 2005 Claredi

claredi

Standard Electronic Attachments

- Standards:
  - Standard codified questions in the requests from the payers to the providers
  - Standard attachment format for:
    - Structured and codified attachments
    - Structured, non-codified attachments
    - Not structured attachments
- Benefits:
  - Provider knows what the payer wants
  - Payer gets it electronically
    - If codified, it could be processed automatically
  - Cost reduction for both providers and payers
  - Predictability of reimbursement cycle

© 2005 Claredi

The HIPAA Attachments

- Electronic attachment standard
  - Familiar X12 transaction sets
    - Request for attachment: 277 (new IG)
    - Response with attachment: 275 (new IG)
    - Unsolicited attachment with claim: 275 (new IG)
  - Clinical Document in HL7/CDA encapsulated inside the X12 “attachment” transaction
    - Bridge between clinical and administrative
- Standard data content
  - Certain attachments standard data content adopted by HIPAA

© 2005 Claredi

The HIPAA initial set

The upcoming NPRM with propose the adoption of attachment standards for:

1. Ambulance
2. Emergency Department
3. Rehabilitative Services
4. Lab Results
5. Medications
6. Clinical Notes

© 2005 Claredi

The HIPAA Law (1996)

‘‘SEC. 1175. (a) CONDUCT OF TRANSACTIONS BY PLANS.—

‘‘(1) IN GENERAL.—If a person desires to conduct a transaction referred to in section 1173(a)(1) with a health plan as a standard transaction—

‘‘(A) the health plan may not refuse to conduct such transaction as a standard transaction;

‘‘(B) the insurance plan may not delay such transaction, or otherwise adversely affect, or attempt to adversely affect, the person or the transaction on the ground that the transaction is a standard transaction; and

‘‘(C) the information transmitted and received in connection with the transaction shall be in the form of standard data elements of health information.

© 2005 Claredi

claredi

Keeping the focus on the goal

- The goal is not HIPAA compliance
- The goal is to reduce the administrative cost, fewer rejections and to simplify the process
- The initial 6 HIPAA attachments are only a step in the right direction
- Other attachment standards are in the works:
  - Home Health claim and pre-certification
  - Medicaid: Consent forms, CPHS
  - Periodontal Charts (HL7 working with ADA)
  - DME
  - Unspecified Content “generic” attachment
    - A standard for “Non-standard attachments”

© 2005 Claredi

The attachments bigger picture

- A mechanism to transmit clinical information in support of the administrative process
  - Not just in support of a “claim”
- The standardization of the data content by HIPAA is a good step in the right direction
  - The attachment mechanism, even with non-standard data content, still has very positive ROI
- Same infrastructure can be used to support generic clinical data transfers

© 2005 Claredi

The Attachments Pilot

- Coordinated by WEDI, X12, HL7 and CMS
- Funded by CMS
- Prove the feasibility and interoperability of attachments independently implemented by a Medicare contractor and several providers
  - Empire Medicare
  - Memorial Sloan Kettering
  - Montefiore
  - NextGen brings several smaller providers
- Measure the ROI of standard electronic attachments
- Attachment Industry Survey
  - WEDI, HL7, X12, AFEHCT
  - Separate surveys for Providers, Payers, Vendors

© 2005 Claredi

Lessons Learned (by Kepa)

- It is important to read the Implementation Guides
  - Don’t try this without reading the instructions
- Start with one attachment type
  - You can get the others on an “as needed” basis
  - Most providers will not implement all 6 of them at the same time
- Walk before you run
  - Start with simple scanned images in attachments
  - Advance to structured attachments later
  - Graduate to codified attachments when you can
- Here is why…

© 2005 Claredi

claredi

ROI

© 2005 Claredi

A range of possibilities

- Attachments can be simple
  - Paper records → Scanned image → Attachment
  - Technologically simple
    - Replaces fax or paper mailings
    - Document “indexing” provided by healthcare provider
      - E.g. “The attached image is the lab report you requested on 2/28/05 for claim #1234567890”
      - No more paper attachments getting lost
  - Inexpensive
  - Substantial ROI
    - For both providers and payers

© 2005 Claredi

claredi

Getting to Nirvana

- Codified structured attachments require the existence of an EMR system that can produce the information codified in HL7
- Codified attachments can be automatically processed by the payer
- Highest ROI and fastest payment of claims
- More complex implementation than the simpler “scanned paper” option
  - Higher investment
  - Higher return on your investment

© 2005 Claredi

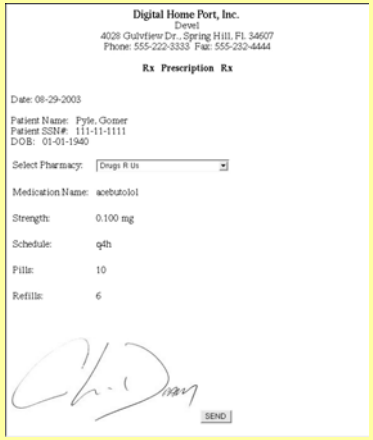
Electronic Attachments 101

- Three types of attachments:
  - Structured and codified attachments
  - Structured, non-codified attachments
  - Not structured attachments
- One code set
  - LOINC
  - Codified request for additional information
    - E.g. “I need the patient’s weight”
  - Codified response
    - E.g. “Here is the patient’s stated weight”

© 2005 Claredi

Non-Structured Attachment

Submitter (Provider) Information (Name, ID)
Receiver (Payer) Information (Name, ID)
Patient Information (Name, ID)
Claim Information (Date, type, reference, control number)
Attachment type
Question that was asked by payer (LOINC)
Response from provider (LOINC)


Digital Home Port, Inc.
Devel
4028 Gulvtiew Dr., Spring Hill, Fl, 34607
Phone: 555-222-3333 Fax: 555-232-4444

Rx Prescription Rx

Date: 08-29-2003

Patient Name: Fyle, Gomer
Patient SSN#: 111-11-1111
DOB: 01-01-1940

Select Pharmacy: Drugs R Us

Medication Name: acebutolol

Strength: 0.100 mg

Schedule: q4h

Pills: 10

Refills: 6

SEND

← Scanned image
(fax, pdf, rtf, html, or jpeg)

© 2005 Claredi

Non-codified, Structured Attachment

Submitter (Provider) Information (Name, ID)
Receiver (Payer) Information (Name, ID)
Patient Information (Name, ID)
Claim Information (Date, type, reference, control number)
Attachment type
Question that was asked by payer (LOINC)
Response from provider (LOINC)

```
<section>
  <caption>History of Present Illness</caption>
  <paragraph>
    <content>
Henry Levin, the 7th is a 67 year old male referred for further
asthma management. Onset of asthma in his teens. He was h
twice last year, and already twice this year. He has not been
be weaned off steroids for the past several months.
    </content>
  </paragraph>
</section>
<section>
  <caption>Past Medical History</caption>
```

Marked-up Text
(HL7 v3 XML CDA mark-up)

© 2005 Claredi

Codified, Structured Attachment

Submitter (Provider) Information (Name, ID)
Receiver (Payer) Information (Name, ID)
Patient Information (Name, ID)
Claim Information (Date, type, reference, control number)
Attachment type
Question that was asked by payer (LOINC)
Response from provider (LOINC)

```
<section>
        <caption>EMS TRANSPORT, DESTINATION SITE INFORMATION
                <caption_cd V="15512-7"/>
        </caption>
        <paragraph>
                <caption>EMS TRANSPORT DESTINATION SITE NAME
                        <caption_cd V="18582-7"/>
                </caption>
                <content>Alfred Newman Neurological Institute</content>
        </paragraph>
        <paragraph>
                <caption>EMS TRANSPORT, DESTINATION SITE ADDRESS
                        <caption_cd V="18583-5"/>
                </caption>
                <content>123 Main St; Anytown, UT 85912
                        <local_markup descriptor="AD">
                                <local_attr name="LIT" value="123 Main St"/>
                                <local_attr name="CTY" value="Anytown"/>
                                <local_attr name="STA" value="UT"/>
                                <local_attr name="ZIP" value="85912"/>
                        </local_markup>
                </content>
        </paragraph>
</section>
```

HL7 CDA codified
(HL7 v3 XML CDA mark-up)

© 2005 Claredi

XML Stylesheets

```
<section>
 <caption>History of Present Illness</caption>
 <paragraph>
  <content>
Henry Levin, the 7th is a 67 year old male referred for further
asthma management. Onset of asthma in his teens. He was h
twice last year, and already twice this year. He has not been
be weaned off steroids for the past several months.
  </content>
 </paragraph>
</section>
<section>
 <caption>Past Medical History</caption>
```

XSL Style Sheet:
Mapping rules in a standard language

Style Sheet Processor

Birthdate: September 24, 1932

History of Present Illness

Henry Levin, the 7th is a 67 year old male referred for further asth
his teens. He was hospitalized twice last year, and already twice th
weaned off steroids for the past several months.

Past Medical History

- Asthma

HTML. PDF, Word-Processing, XML, Data File ...

Copyright HL7 2004

Attachment Models

- Unsolicited attachment sent with the claim
  - Provider knows the attachment will be required
    - E.g., consent form signed by patient
- Attachment sent to payer as response to a payer's request for additional information
  - HIPAA Standard request for information – 277
    - LOINC-codified request
  - Attachment response – 275
    - Non-structured, structured, codified
    - LOINC matches answer to the question
- Entity to entity exchange of patient information

© 2005 Claredi

Linking the Transactions separate transmission

Attachment Request

from the Payer

ISA Interchange Control Header
GS Functional Group Header
ST 277 Transaction Set Header: Request
...TRN contains *payer's control number*
STC ***specific data requested***

SE Transaction Set Trailer
GE Functional Group Trailer
IEA Interchange Control Trailer

Attachment Response

from the Provider

ISA Interchange Control Header
GS Functional Group Header
ST 275 Transaction Set Header: Response
...TRN contains *payer's control number*
STC ***specific data requested***
...BIN ***specific data response***

SE Transaction Set Trailer
GE Functional Group Trailer
IEA Interchange Control Trailer

© Copyright 2004, Health Level-Seven

Too Many LOINC Codes? Not Very Many for the HDV

Codes Needed to Prepare 277

Codes Needed to Prepare Human-Decision Variant

Codes Needed to Prepare Computer-Decision Variant

Booklet	Questions	Answers (HDV)	Answers (CDV)
Ambulance	16	1	21
Emergency	29	1	55
Rehab			
Alcohol/Subst Abuse	39	1	45
Cardiac	26	1	32
Social Services	26	1	32
Physical Therapy	26	1	32
Psychiatric	26	1	33
Respiratory	26	1	32
Skilled Nursing	26	1	32
Speech	26	1	32
Clinical Reports	181	181	> 500
Lab	18	18	> 20,000
Medications	6	6	22
Request Modifiers	18	18	18
Total	**444**	**310**	**> 20,800**

Copyright HL7 2004

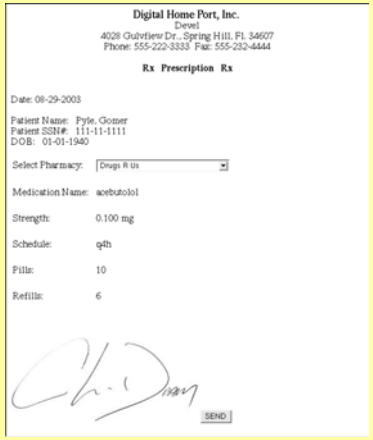
Unspecified Content (generic) Attachment

- Request for Additional Information - 277
  - LOINC-codified request
- Standard response - 275
  - Echo LOINC code from request
  - Include the requested data
    - Not structured (scanned, text, pdf, etc.)
    - Structured, non-codified (HL7 CDA XML mark-up)
    - Structured and codified (HL7 CDA codified)
- Entity to entity exchange of patient information
  - Not a HIPAA attachment. Voluntary adoption
  - Transmission mechanism for EMR or anything else

© 2005 Claredi

Non-Structured Attachment

Submitter (Provider) Information (Name, ID)
Receiver (Payer) Information (Name, ID)
Patient Information (Name, ID)
Claim Information (Date, type, reference, control number)
Attachment type
Question that was asked by payer (LOINC)
Response from provider (LOINC)


Digital Home Port, Inc.
Devel
4028 Gulvtiew Dr., Spring Hill, Fl, 34607
Phone: 555-222-3333 Fax: 555-232-4444

Rx Prescription Rx

Date: 08-29-2003

Patient Name: Fyle, Gomer
Patient SSN#: 111-11-1111
DOB: 01-01-1940

Select Pharmacy: Drugs R Us

Medication Name: acebutolol

Strength: 0.100 mg

Schedule: q4h

Pills: 10

Refills: 6

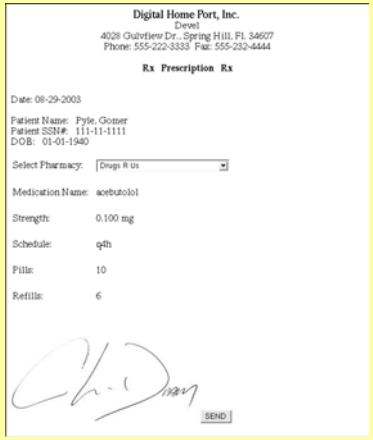
SEND

Scanned image
(fax, pdf, rtf, html, or jpeg)

© 2005 Claredi

Non-Structured Attachment

Submitter (Provider) Information (Name, ID)
Receiver ~~(Payer)~~ (Provider) Information (Name, ID)
Patient Information (Name, ID)
~~Claim~~ Encounter Information (Date, type, reference, control number)
Attachment type
~~Question~~ Document that was requested ~~asked by payer~~ (LOINC)
Response from provider (LOINC)


Digital Home Port, Inc.
Devel
4028 Gulvtiew Dr., Spring Hill, Fl, 34607
Phone: 555-222-3333 Fax: 555-232-4444

Rx Prescription Rx

Date: 08-29-2003

Patient Name: Fyle, Gomer
Patient SSN#: 111-11-1111
DOB: 01-01-1940

Select Pharmacy: Drugs R Us

Medication Name: acebutolol

Strength: 0.100 mg

Schedule: q4h

Pills: 10

Refills: 6

SEND

← Scanned image
(fax, pdf, rtf, html, or jpeg)

© 2005 Claredi

claredi

Summary

- Claim attachments are a bridge between administrative and clinical data
- Can be implemented as simple image or text data transfer. Later migrate to codified HL7
- Low startup cost. Low technology impact
- Impact on cash flow today. Very high ROI
- Can be leveraged for clinical data transfer
- Full functionality available today. The HIPAA will only standardize a small part. Catalyst.

© 2005 Claredi

claredi

Making Sense of Transaction Acknowledgments

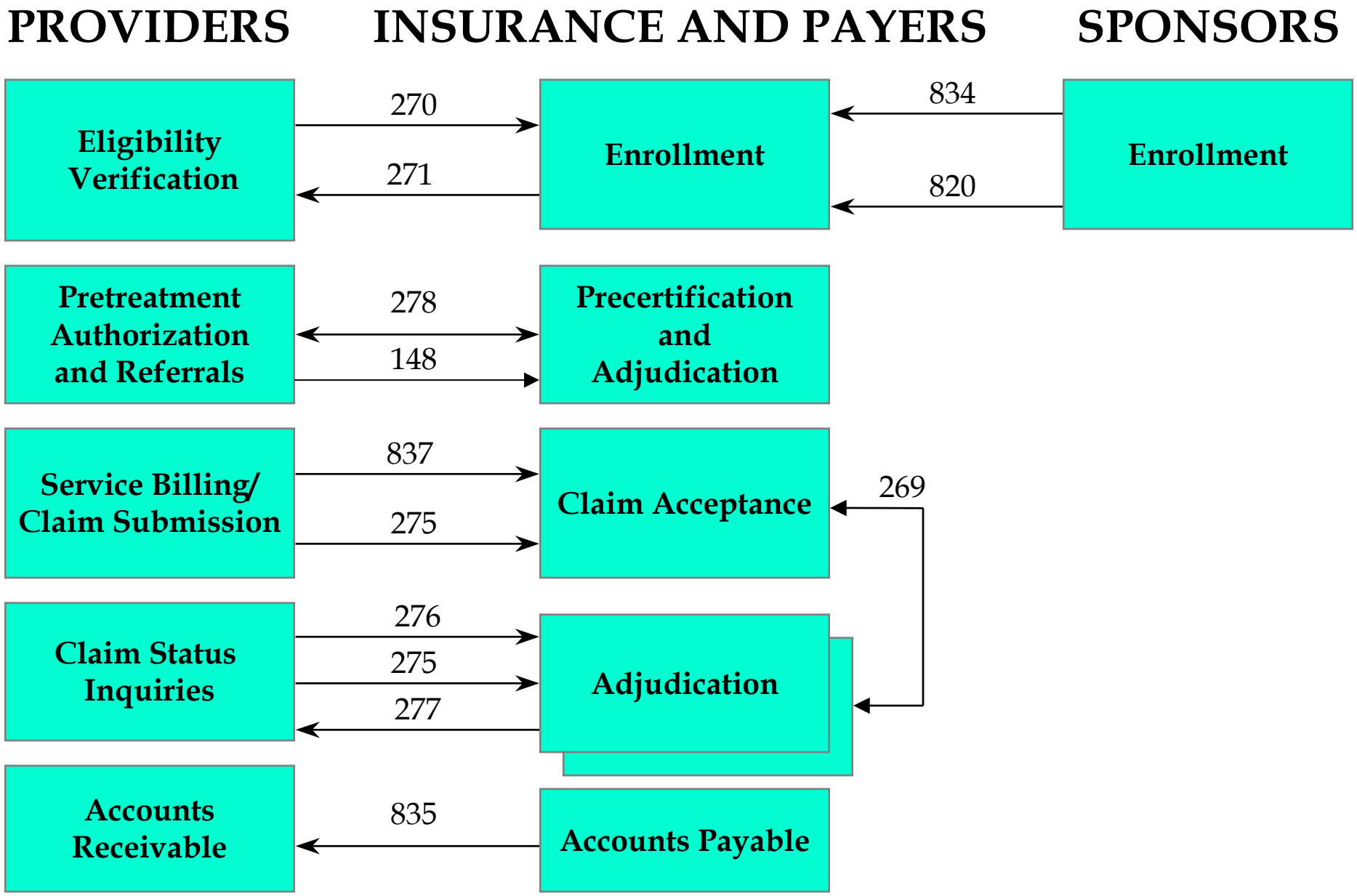
for HIPAA Transactions

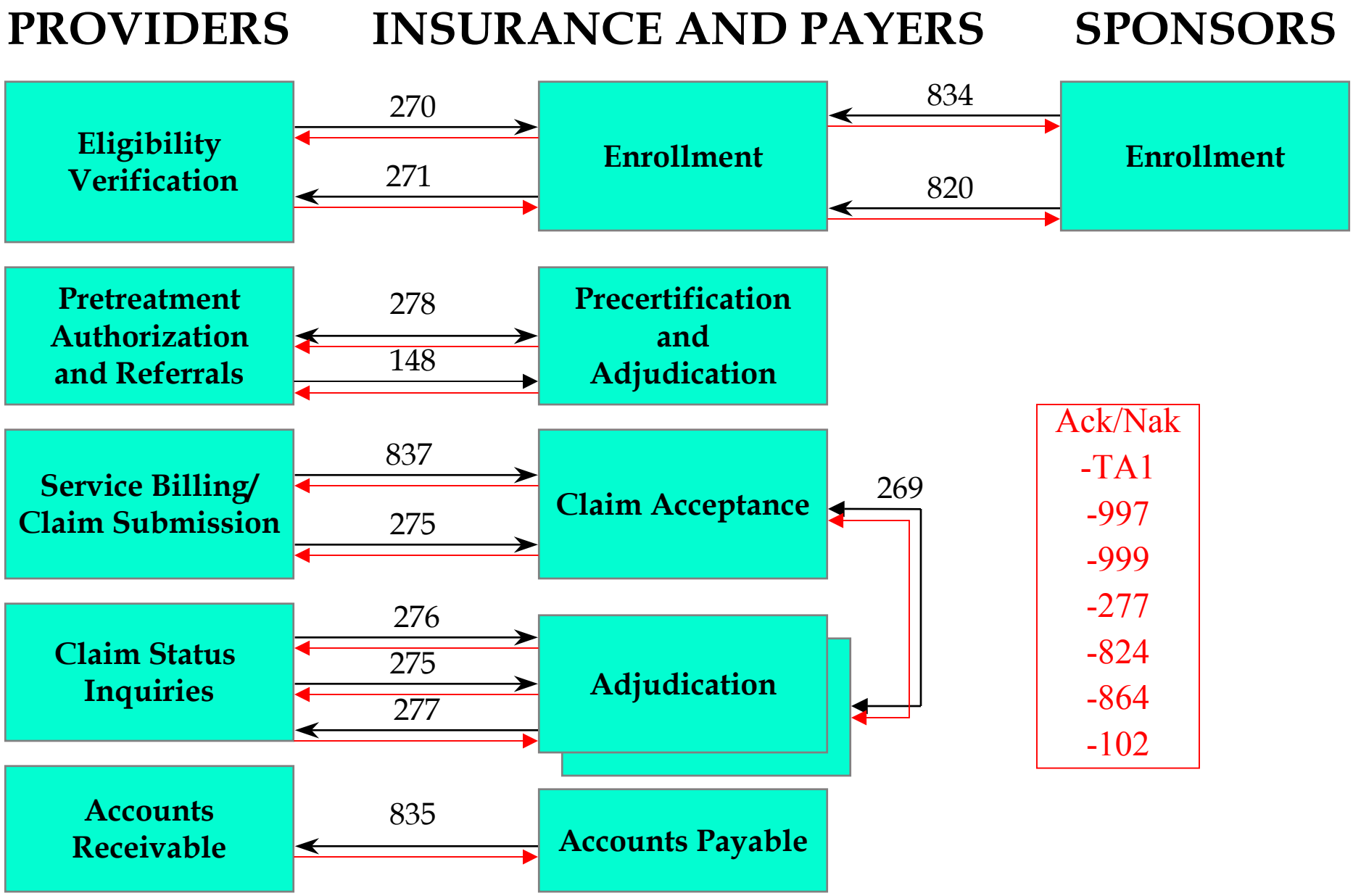
© 2005 Claredi

Topics

- Transaction Acknowledgement Options
  - Generic Acknowledgements
  - Transaction Specific Acknowledgements
- The details of the Acknowledgement transactions
  - TA1, 997, 999, 277, 824
  - Similarities, differences, advantages, disadvantages

© 2005 Claredi


PROVIDERS
INSURANCE AND PAYERS
SPONSORS
Eligibility Verification
270
271
Enrollment
834
820
Enrollment
Pretreatment Authorization and Referrals
278
148
Precertification and Adjudication
Service Billing/ Claim Submission
837
275
Claim Acceptance
269
Claim Status Inquiries
276
275
277
Adjudication
Accounts Receivable
835
Accounts Payable

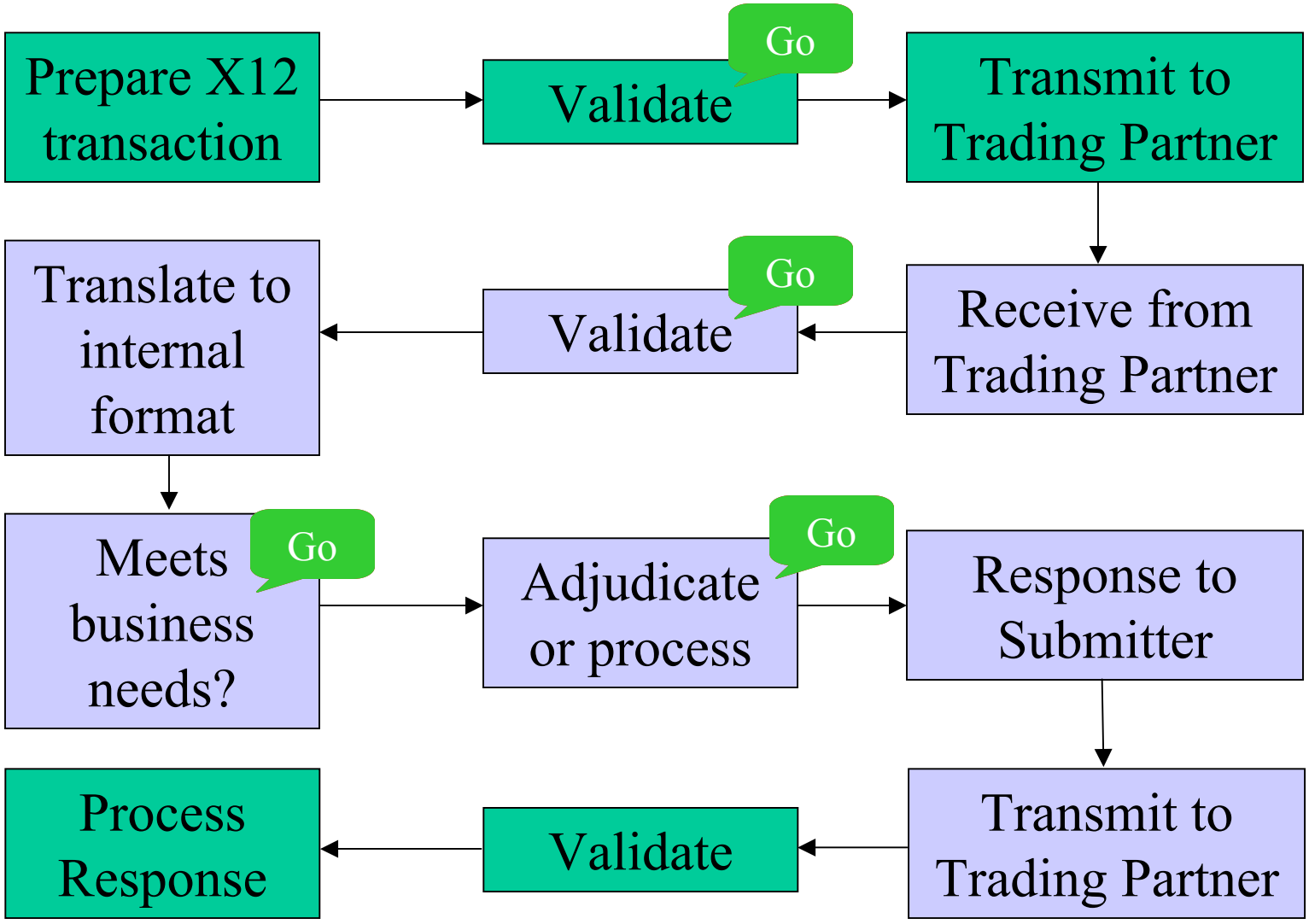

PROVIDERS
INSURANCE AND PAYERS
SPONSORS
Eligibility Verification
270
271
Enrollment
834
820
Enrollment
Pretreatment Authorization and Referrals
278
148
Precertification and Adjudication
Service Billing/ Claim Submission
837
275
Claim Acceptance
269
Claim Status Inquiries
276
275
277
Adjudication
Accounts Receivable
835
Accounts Payable
Ack/Nak
-TA1
-997
-999
-277
-824
-864
-102

The Ack/Nak family scope

- Scope of acceptance or rejection
  - X12 interchange
  - Functional Group
  - Transaction Set
  - Part of a transaction set
    - Claim
    - Eligibility Inquiry
    - Claim Status Inquiry
    - Enrollment
    - Claim payment
    - CDA attachment
    - Etc.

© 2005 Claredi

The claim transaction lifetime



© 2005 Claredi

Ack/Nak Concepts

- Multiple validation points through lifetime
- Success at one point does not guarantee ultimate success
- Failure at any one point means failure
- As transaction progresses, the granularity of the rejection becomes smaller
- Expect multiple notifications of partial results

© 2005 Claredi

Standard Acknowledgments

- The beauty of standards is that there are so many to choose from!
  - TA1
  - 997
  - 999
  - 277
  - 824
  - 102
  - 864
  - 271
  - 278

© 2005 Claredi

Ack/Nak transactions

- X12 EDI syntax
  - EDI Interchange, File level
    - TA1
  - Functional Group, Transaction Set
    - 997
- Implementation Guide requirements
  - Functional Group, Transaction Set
    - 999

© 2005 Claredi

Ack/Nak transactions

- Application Level
  - Transaction specific
    - 271 Eligibility Response (AAA)
    - 277 Claim Status Response (STC)
    - 278 Healthcare Services Review Response (AAA)
    - 102 for HL7 CDA part of Attachments
  - Claim acknowledgment
    - 277 Health Care Claim Acknowledgement
  - All transactions (including claims)
    - 824 Application Acknowledgement
- Proprietary
  - Text report (encapsulated inside 864 or 102?)

© 2005 Claredi

TA1

- Identifies ISA/IEA problems
- If something fails the entire **interchange** (ISA to IEA) is rejected
- If you get one of these rejections you have a translator issue
  - Typically easy to fix
  - Caught early on in the development / test cycle

© 2005 Claredi

TA1 Codes

000 No error
001 The Interchange Control Number in the Header and Trailer Do Not Match. The Value From the Header is Used in the Acknowledgment.
002 This Standard as Noted in the Control Standards Identifier is Not Supported.
003 This Version of the Controls is Not Supported
004 The Segment Terminator is Invalid
005 Invalid Interchange ID Qualifier for Sender
006 Invalid Interchange Sender ID
007 Invalid Interchange ID Qualifier for Receiver
008 Invalid Interchange Receiver ID
009 Unknown Interchange Receiver ID
010 Invalid Authorization Information Qualifier Value
011 Invalid Authorization Information Value
012 Invalid Security Information Qualifier Value
013 Invalid Security Information Value
014 Invalid Interchange Date Value
015 Invalid Interchange Time Value
016 Invalid Interchange Standards Identifier Value
017 Invalid Interchange Version ID Value
018 Invalid Interchange Control Number Value
019 Invalid Acknowledgment Requested Value
020 Invalid Test Indicator Value
021 Invalid Number of Included Groups Value
022 Invalid Control Structure
023 Improper (Premature) End-of-File (Transmission)
024 Invalid Interchange Content (e.g., Invalid GS Segment)
025 Duplicate Interchange Control Number
026 Invalid Data Element Separator
027 Invalid Component Element Separator
028 Invalid Delivery Date in Deferred Delivery Request
029 Invalid Delivery Time in Deferred Delivery Request
030 Invalid Delivery Time Code in Deferred Delivery Request
031 Invalid Grade of Service Code

© 2005 Claredi

X12 Workbook: Transaction Set Tables - Microsoft Internet Explorer

File Edit View Favorites Tools Help

997 Functional Acknowledgment

FUNCTIONAL GROUP=FA

This X12 Transaction Set contains the format and establishes the data contents of the Functional Acknowledgment Transaction Set (997) for use within the context of an Electronic Data Interchange (EDI) environment. The transaction set can be used to define the control structures for a set of acknowledgments to indicate the results of the syntactical analysis of the electronically encoded documents. The encoded documents are the transaction sets, which are grouped in functional groups, used in defining transactions for business data interchange. This standard does not cover the semantic meaning of the information encoded in the transaction sets.

Table 1

	pos.no	seg.id	name	req.des	max	loop.rep
N	0100	ST	Transaction Set Header	M	1	
N	0200	AK1	Functional Group Response Header	M	1	
	LOOP ID - AK2					>1
N	0300	AK2	Transaction Set Response Header	O	1	
	LOOP ID - AK3					>1
C	0400	AK3	Data Segment Note	O	1	
	0500	AK4	Data Element Note	O	99	
	0600	AK5	Transaction Set Response Trailer	M	1	
	0700	AK9	Functional Group Response Trailer	M	1	
	0800	SE	Transaction Set Trailer	M	1	

Notes

1/0100 These acknowledgments shall not be acknowledged, thereby preventing an endless cycle of acknowledgments of acknowledgments. Nor shall a Functional Acknowledgment be sent to report errors in a previous Functional Acknowledgment.

1/0100 There is only one Functional Acknowledgment Transaction Set per acknowledged functional group.

© 2005 Claredi

997

- Detects Functional Group (GS – GE) or Transaction Set (ST- SE) problems
- Reports ONLY problems concerning X12 syntax
- Finest granularity of rejection is at the ST-SE level
- Cannot report on a specific “claim”
- Cannot report on Implementation Guide errors
  - Attempts to report IG errors with 997 result in very obscure reports due to the scarcity of error codes (22)
- Error location referred as segment count (ST = 1)
- Error report only makes sense if you have access to the original X12 file that was transmitted
  - Most providers cannot use the 997

© 2005 Claredi

997 Codes

Loop/Segment Errors

1 Unrecognized segment ID
2 Unexpected segment
3 Mandatory segment missing
4 Loop Occurs Over Maximum Times
5 Segment Exceeds Maximum Use
6 Segment Not in Defined Transaction Set
7 Segment Not in Proper Sequence
8 Segment Has Data Element Errors
9 Required Segment Missing

Element Errors

1 Mandatory Data Element Missing
2 Conditional required data element missing.
3 Too many data elements.
4 Data element too short.
5 Data element too long.
6 Invalid character in data element.
7 Invalid code value.
8 Invalid Date
9 Invalid Time
10 Exclusion Condition Violated
12 Too Many Repetitions
13 Too Many Components

© 2005 Claredi

X12 Workbook: Transaction Set Tables - Microsoft Internet Explorer

File Edit View Favorites Tools Help

999 Implementation Acknowledgment

FUNCTIONAL GROUP=FA

This X12 Transaction Set contains the format and establishes the data contents of the Implementation Acknowledgment Transaction Set (999) for use within the context of an Electronic Data Interchange (EDI) environment. The transaction set can be used to define the control structures for a set of acknowledgments to indicate the results of the syntactical and relational analysis of the electronically encoded documents, based upon a full or implemented subset of X12 transaction sets. The encoded documents are the transaction sets, which are grouped in functional groups, used in defining transactions for business data interchange. This standard does not cover the semantic meaning of the information encoded in the transaction sets.

Table 1

	pos.no	seg.id	name	req.des	max	loop.rep
N	0100	ST	Transaction Set Header	M	1	
N	0200	AK1	Functional Group Response Header	M	1	
	LOOP ID - AK2					>1
N	0300	AK2	Transaction Set Response Header	O	1	
	LOOP ID - IK3					>1
C	0400	IK3	Implementation Data Segment Note	O	1	
	0500	CTX	Context	O	10	
	LOOP ID - IK4					>1
	0600	IK4	Implementation Data Element Note	O	1	
N	0700	CTX	Context	O	10	
N	0800	IK5	Implementation Transaction Set Response Trailer	M	1	
	0900	AK9	Functional Group Response Trailer	M	1	
	1000	SE	Transaction Set Trailer	M	1	

© 2005 Claredi

999

- Detects Functional Group (GS – GE) or Transaction Set (ST- SE) problems
- Reports problems concerning X12 syntax **and also IG requirements**
- Finest granularity of rejection is at the ST-SE level
- Cannot report on a specific claim
- Can report on Implementation Guide errors
  - In addition to the 22 error codes for the 997, the 999 has 22 new codes specific for IG error reporting.
  - Can report the “error context” for situational errors
- Error location referred as segment count (ST = 1)
- Error report only makes sense if you have access to the original X12 file that was transmitted
  - Most providers cannot use the 999

© 2005 Claredi

999 Codes

All of the same codes of the 997, plus:

Segment Errors

- I1 Implementation Required Segment Missing
- I2 Implementation Loop Occurs Over Maximum Times
- I3 Implementation Segment Exceeds Maximum Use
- I4 Implementation "Not Used" Segment Present
- I5 Segment Has Implementation Data Element Errors
- I6 Implementation Dependent Segment Missing
- I7 Implementation Loop Occurs Under Minimum Times
- I8 Implementation Segment Below Minimum Use
- I9 Implementation Dependent "Not Used" Segment Present

Element Errors

- I1 Implementation Required Data Element Missing
- I2 Implementation Conditional Data Element Missing.
- I3 Implementation Data Element too Short.
- I4 Implementation Data Element too Long.
- I5 Implementation Invalid Character in Data Element.
- I6 Code Value Not Used in Implementation
- I7 Implementation Exclusion Condition Violated
- I8 Implementation Too Many Repetitions
- I9 Implementation Dependent Data Element Missing
- I10 Implementation "Not Used" Data Element Present
- I11 Implementation Too Few Repetitions
- I12 Implementation Pattern Match Failure
- I13 Implementation Dependent "Not Used" Data Element Present

© 2005 Claredi

Adobe Acrobat Professional - [270-271_-_X092_open.pdf]
File Edit View Document Tools Advanced Window Help

Table 2 - Detail, Information Source Level

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000A INFORMATION SOURCE LEVEL			>1
158	010	HL	Information Source Level	R	1	
160	025	AAA	Request Validation	S	9	
			LOOP ID - 2100A INFORMATION SOURCE NAME			1
163	030	NM1	Information Source Name	R	1	
166	040	REF	Information Source Additional Identification	S	9	
168	080	PER	Information Source Contact Information	S	3	
172	085	AAA	Request Validation	S	9	

Table 2 - Detail, Information Receiver Level

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000B INFORMATION RECEIVER LEVEL			>1
175	010	HL	Information Receiver Level	S	1	
			LOOP ID - 2100B INFORMATION RECEIVER NAME			1
178	030	NM1	Information Receiver Name	R	1	
182	040	REF	Information Receiver Additional Identification	S	9	
184	085	AAA	Information Receiver Request Validation	S	9	

Table 2 - Detail, Subscriber Level

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000C SUBSCRIBER LEVEL			>1
187	010	HL	Subscriber Level	S	1	

8.5 x 11 in
149 of 444

© 2005 Claredi

Adobe Acrobat Professional - [270-271_-_X092_open.pdf]
File Edit View Document Tools Advanced Window Help

210	100	DMG	Subscriber Demographic Information	S	1	
212	110	INS	Subscriber Relationship	S	1	
216	120	DTP	Subscriber Date	S	9	
			LOOP ID - 2110C SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION			>1
218	130	EB	Subscriber Eligibility or Benefit Information	S	1	
233	135	HSD	Health Care Services Delivery	S	9	
238	140	REF	Subscriber Additional Identification	S	9	
240	150	DTP	Subscriber Eligibility/Benefit Date	S	20	
242	160	AAA	Subscriber Request Validation	S	9	
244	250	MSG	Message Text	S	10	
			LOOP ID - 2115C SUBSCRIBER ELIGIBILITY OR BENEFIT ADDITIONAL INFORMATION			10
246	260	III	Subscriber Eligibility or Benefit Additional Information	S	1	
249	330	LS	Loop Header	S	1	
			LOOP ID - 2120C SUBSCRIBER BENEFIT RELATED ENTITY NAME			1
250	340	NM1	Subscriber Benefit Related Entity Name	S	1	
254	360	N3	Subscriber Benefit Related Entity Address	S	1	
255	370	N4	Subscriber Benefit Related City/State/ZIP Code	S	1	
257	380	PER	Subscriber Benefit Related Entity Contact Information	S	3	
261	390	PRV	Subscriber Benefit Related Provider Information	S	1	
264	400	LE	Loop Trailer	S	1	

Table 2 - Detail, Dependent Level

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000D DEPENDENT LEVEL			>1

8.5 x 11 in
150 of 444
© 2005 Claredi

271

- Reports errors encountered during the 270 Eligibility Inquiry processing
  - Host not available
  - Data elements missing or invalid in 270 Request
  - Incomplete eligibility search criteria
  - Patient/subscriber not found
- Error codes are sent in AAA segment
- Transaction Accepted/Rejected indicator
- Recommended follow-up action

© 2005 Claredi

271 AAA Codes

- Information Source 2000A (4 codes)
  - Authorized Quantity Exceeded
  - Authorization/Access Restrictions
  - Unable to Respond at Current Time
  - Invalid Participant Identification
- Information Source 2100A (6 codes)
  - Authorized Quantity Exceeded
  - Authorization/Access Restrictions
  - Unable to Respond at Current Time
  - Invalid Participant Identification
  - No response received – Transaction terminated
  - Payer Name or Identifier Missing
- Information Receiver 2100B (13 codes)
  - Required Application Data Missing
  - Authorization/Access Restrictions
  - Invalid/Missing Provider Identification
  - Invalid/Missing Provider Name
  - Invalid/Missing Provider Specialty
  - Invalid/Missing Provider Phone Number
  - Invalid/Missing Provider State
  - Invalid/Missing Referring Provider Identification Number
  - Provider Ineligible for Inquiries
  - Provider Not on File
  - Invalid Participant Identification
  - Invalid or Missing Provider Address
  - Payer Name or Identifier Missing
- Subscriber 2100C (29 codes)
  - Required Application Data Missing
  - Unable to Respond at Current Time
  - Invalid/Missing Provider Identification
  - Invalid/Missing Provider Specialty
  - Invalid/Missing Provider State
  - Invalid/Missing Referring Provider Identification Number
  - Provider Is not Primary Care Physician
  - Provider Not on File
  - Service Dates not Within Provider Plan Enrollment
  - Inappropriate Date
  - Invalid/Missing Date(s) of Service
  - Invalid/Missing Date-of-Birth
  - Date of Birth Follows Date(s) of Service
  - Date of Birth Precedes Date(s) of Service
  - Date of Service not within allowable inquiry period
  - Date of Service in Future
  - Invalid/Missing Patient ID
  - Invalid/Missing Patient Name
  - Invalid/Missing Patient Gender Code
  - Patient Not Found
  - Duplicate Patient ID Number
  - Patient Birth Date Does Not Match That for the Patient in the Database
  - Invalid/Missing Subscriber/Insured ID
  - Invalid/Missing Subscriber/Insured Name
  - Invalid/Missing Subscriber/Insured Gender Code

© 2005 Claredi

Adobe Acrobat Professional - [276-277_-_X093_open.pdf]
File Edit View Document Tools Advanced Window Help

National Electronic Data Interchange
Transaction Set Implementation Guide

Health Care Claim Status Request and Response

276/277

ASC X12N 276/277 (004010X093)

8.5 x 11 in
1 of 302

© 2005 Claredi

Adobe Acrobat Professional - [X150.pdf]
File Edit View Document Tools Advanced Window Help

National Electronic Data Interchange
Transaction Set Implementation Guide

Health Care Claim Request for Additional Information

277

ASC X12N 277 (004050X150)

8.5 x 11 in
1 of 240

© 2005 Claredi

Adobe Acrobat Professional - [003070x070_277.pdf]
File Edit View Document Tools Advanced Window Help

National Electronic Data Interchange
Transaction Set Implementation Guide

Health Care Payer Unsolicited Claim Status

277

ASC X12N 277 (003070X070)

8.5 x 11 in
1 of 170

© 2005 Claredi

Adobe Acrobat Professional - [004040x167_277A.pdf]
File Edit View Document Tools Advanced Window Help

National Electronic Data Interchange
Transaction Set Implementation Guide

Health Care Claim Acknowledgement

277

ASC X12N 277 (004040X167)

8.5 x 11 in
1 of 200

© 2005 Claredi

Adobe Acrobat Professional - [004040x167_277A.pdf]
File Edit View Document Tools Advanced Window Help

277 Health Care Information Status Notification

Table 1 - Header

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
32	0100	ST	Transaction Set Header	R	1	
34	0200	BHT	Beginning of Hierarchical Transaction	R	1	

Table 2 - Information Source Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000A INFORMATION SOURCE LEVEL			1
36	0100	HL	Information Source Level	R	1	
			LOOP ID - 2100A INFORMATION SOURCE NAME			1
38	0500	NM1	Information Source Name	R	1	
			LOOP ID - 2200A TRANSMISSION RECEIPT CONTROL IDENTIFIER			1
41	0900	TRN	Transmission Receipt Control Identifier	R	1	
43	1200	DTP	Information Source Receipt Date	R	1	
45	1200	DTP	Information Source Process Date	R	1	

Table 2 - Information Receiver Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000B INFORMATION RECEIVER LEVEL			1
47	0100	HL	Information Receiver Level	R	1	
			LOOP ID - 2100B INFORMATION RECEIVER NAME			1
49	0500	NM1	Information Receiver Name	R	1	
			LOOP ID - 2200B INFORMATION RECEIVER APPLICATION TRACE IDENTIFIER			1
53	0900	TRN	Information Receiver Application Trace Identifier	R	1	
55	1000	STC	Information Receiver Status Information	R	>1	
63	1210	QTY	Information Receiver Submission Acknowledgement Total Accepted Quantity	S	1	
65	1210	QTY	Information Receiver Submission Acknowledgement Total Rejected Quantity	S	1	
67	1220	AMT	Information Receiver Submission Acknowledgement Total Accepted Amount	S	1	
69	1220	AMT	Information Receiver Submission Acknowledgement Total Rejected Amount	S	1	

8.5 x 11 in
26 of 200
© 2005 Claredi

Adobe Acrobat Professional - [004040x167_277A.pdf]
File Edit View Document Tools Advanced Window Help

Table 2 - Billing/Pay-To Provider of Service Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000C BILLING/PAY-TO PROVIDER OF SERVICE LEVEL			>1
71	0100	HL	Billing/Pay-To Provider of Service Level	S	1	
			LOOP ID - 2100C BILLING PROVIDER NAME			1
73	0500	NM1	Billing Provider Name	R	1	
			LOOP ID - 2200C PROVIDER OF SERVICE INFORMATION TRACE IDENTIFIER			1
77	0900	TRN	Provider of Service Information Trace Identifier	S	1	
79	1000	STC	Billing Provider Status Information	S	>1	
87	1100	REF	Provider Secondary Identifier	S	3	
89	1210	QTY	Total Accepted Quantity	S	1	
91	1210	QTY	Total Rejected Quantity	S	1	
93	1220	AMT	Total Accepted Amount	S	1	
94	1220	AMT	Total Rejected Amount	S	1	

Table 2 - Patient Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000D PATIENT LEVEL			>1
95	0100	HL	Patient Level	S	1	
			LOOP ID - 2100D PATIENT NAME			1
97	0500	NM1	Patient Name	R	1	
			LOOP ID - 2200D PATIENT ACCOUNT NUMBER			>1
100	0900	TRN	Patient Account Number	R	1	
102	1000	STC	Claim Level Status Information	S	>1	
108	1100	REF	Information Source Control Identification Number	S	1	
110	1100	REF	Claim Identifier Number For Clearinghouse and Other Transmission Intermediaries	S	1	
112	1100	REF	Institutional Bill Type Identification	S	1	
114	1200	DTP	Claim Level Service Date	S	1	
			LOOP ID - 2220D SERVICE LINE INFORMATION			>1
116	1800	SVC	Service Line Information	S	1	
119	1900	STC	Service Line Level Status Information	R	>1	
124	2000	REF	Service Line Item Identification	R	1	
126	2100	DTP	Service Line Date	S	1	
128	2700	SE	Transaction Set Trailer	R	1	

8.5 x 11 in
27 of 200
© 2005 Claredi

The 277 transactions IGs

- Four DIFFERENT Implementation Guides
  - 277 Health Care Claim Status Response (4010)
    - The 277 is a response to a request for claim status information. It can also respond to errors in the request, much like the 271 does. It uses the STC segment instead of AAA.
  - 277 Health Care Claim Request for Additional Information (4050)
    - A payer's request for additional information to support a healthcare claim. Part of the Attachment request/response. Uses LOINC codes. Does not use Claim Status codes.
  - 277 Health Care Payer Unsolicited Claim Status (3070)
    - An unsolicited listing of claims pending adjudication in a payer's system. Sometimes used as front-end acknowledgment.
  - 277 Health Care Claim Acknowledgement (4040)
    - An application acknowledgement response to the 837 claim/encounter transactions. Mandated by NJ DOBI.
- Differences are significant enough to require separate implementation guides for the 277
  - Additional Utah UHIN guide for front-end acknowledgment (4020)
  - The Claim Status Codes are the same in all four cases.

© 2005 Claredi

277 Front-end Claim Acknowledgment

- Standard Implementation Guide 004040X167
- Reports front-end claim validation errors or **acknowledgement of receipt** of claim
- Reports **claim by claim** instead of segment by segment or loop by loop.
- Includes batch summary counts and dollars
- Can include the payer's internal claim control number
- Exactly the same claim status codes as the other 277
  - Codes are not yet very specific for acknowledgement
- Allows for free-form error message text
- Relatively easy to produce by application, even after the 837 has been translated to a flat file

© 2005 Claredi

Claim Status Codes

- Total of 464 Codes
  - Request for Additional Information
  - Claim Status
  - Error type
- Only about 105 codes usable for front-end acknowledgment
  - General (dump) codes
    - 21 - Missing or Invalid Information
    - 23 - Returned to Entity
    - 122 - Missing/invalid data prevents payer from processing claim.

OLD

© 2005 Claredi

Adobe Acrobat Professional - [824_X186_5010_2004-05-03.pdf]
File Edit View Document Tools Advanced Window Help

ASC X12N/005010X186

Based on Version 5, Release 1

ASC X12 Standards for Electronic Data Interchange
Technical Report Type 3

Implementation Guide and Application Reporting (824)

MAY 2004

DRAFT

8.5 x 11 in
1 of 96

© 2005 Claredi

Adobe Acrobat Professional - [824_X186_5010_2004-05-03.pdf]
File Edit View Document Tools Advanced Window Help

824 Application Advice

Table 1 - Header

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
20	0100	ST	Transaction Set Header	R	1	
21	0200	BGN	Beginning Segment	R	1	
			LOOP ID - 1000A SUBMITTER NAME			1
23	0300	N1	Submitter Name	R	1	
25	0700	REF	Submitter Secondary Indentifier	S	12	
26	0800	PER	Submitter EDI Contact Information	S	2	
			LOOP ID - 1000B RECEIVER NAME			1
29	0300	N1	Receiver Name	R	1	

Table 2 - Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000 ORIGINAL TRANSACTION IDENTIFICATION			>1
31	0100	OTI	Original Transaction Identification	R	1	
37	0200	REF	Reference Information	S	12	
41	0300	DTM	Date/Time Reference	S	2	
43	0500	AMT	Monetary Amount Information	S	1	
45	0600	QTY	Quantity Information	S	1	
47	0650	NM1	Individual or Organizational Name	S	6	
			LOOP ID - 2100 ERROR OR INFORMATIONAL MESSAGE LOCATION			>1
51	0700	TED	Error or Informational Message Location	S	1	
53	0750	CTX	Situational Context Location	S	10	
56	0820	RED	Error or Informational Message	R	100	
59	0900	SE	Transaction Set Trailer	R	1	

8.5 x 11 in
16 of 96

© 2005 Claredi

824 Application Acknowledgment

- X12 Standard Technical Report Type 3 Draft 005010X186
- Simple, easy to use transaction set
- Can report at the X12 segment or loop number
- Can also report claim by claim or “item by item” or by batch
- Reports error in the context of a claim and in X12 context
- Includes the “error context” for situational errors (as in 999)
- Very flexible reporting, serves as transaction acknowledgement for all healthcare transactions
- Has been in use by the banking industry to report errors in the 835 and 820 for over 10 years
- Insurance-specific Implementation Guide available in 2003
  - New draft available as TR3 in 2005
- Error codes specific to transaction front-end validation
- Error codes still under development
  - Allows the use of proprietary error codes if no standard code is available
  - Allows for a free-form error message in addition to the error code
  - Facilitates transition to standard codes
  - Expect to see proprietary error codes for some time

© 2005 Claredi

824 Codes (available as “E” and “W”)

E001	Missing/Invalid sumbitter identifier
E002	Missing/Invalid receiver identifier
E003	Missing/Invalid member identifier
E004	Missing/Invalid subscriber identifier
E005	Missing/Invalid patient identifier
E006	Missing/Invalid plan sponsor identifier
E007	Missing/invalid payee identifier
E008	Missing/Invalid TPA/broker identifier
E009	Missing/Invalid premium receiver identifier
E010	Missing/Invalid premium payer identifier
E011	Missing/Invalid payer identifier
E012	Missing/Invalid billing provider identifier
E013	Missing/Invalid pay to provider identifier
E014	Missing/Invalid rendering provider identifier
E015	Missing/Invalid supervising provider identifier
E016	Missing/Invalid attending provider identifier
E017	Missing/Invalid other provider identifier
E018	Missing/Invalid operating provider identifier
E019	Missing/Invalid referring provider identifier
E020	Missing/Invalid purchased service provider identifier
E021	Missing/Invalid service facility identifier
E022	Missing/Invalid ordering provider identifier
E023	Missing/Invalid assistant surgeon identifier
E024	Amount/Quantity out of balance
E025	Duplicate
E026	Billing date predates service date
E027	Business application currently not available
E028	Sender not authorized for this transaction
E029	Number of errors exceeds permitted threshold

E030	Required loop missing
E031	Required segment missing
E032	Required element missing
E033	Situational loop missing
E034	Situational segment missing
E035	Situational element missing
E036	Data too long
E037	Data too short
E038	Invalid external code value
E039	Data value out of sequence
E040	""""Not Used"" data element present"
E041	Too many sub-elements in composite
E042	Unexpected segment
E043	Missing data
E044	Out of range
E045	Invalid date
E046	Not matching
E047	Invalid combination
E048	Customer identification number does not exist
E049	Duplicate batch
E050	Incorrect data
E051	Incorrect date
E052	Duplicate transmission
E053	Invalid claim amount
E054	Invalid identification code
E055	Missing or invalid issuer identification
E056	Missing or invalid item quantity
E057	Missing or invalid item identification
E058	Missing or unauthorized transaction type code
E059	Unknown claim number

© 2005 Claredi

Which one to use?

- Consider your audience
  - Who gets the acknowledgment report/transaction?
  - What are they going to do with it?
    - Rejected claims (or equivalent “unit of work”) only
    - Accepted claims / acknowledgment of receipt
- Need more than one Ack transaction?
  - TA1 and 997 or 999 for EDI / IG errors
    - Loops, Segments, Elements
    - Error reporting only
  - 277 or 824 for claims / units reporting
    - Business application reporting
    - Both, error reporting and acknowledgment of receipt for valid units of work

© 2005 Claredi

Transactions vs. human readable

- Codified transactions
  - Easily automated
    - Clearinghouse, Vendor
  - Error codes issues
    - Standard codes lose specificity
    - Proprietary codes difficult to automate
- Human readable
  - Should be understandable by providers
  - Reporting granularity
    - Report each “unit of work”, rejected, accepted
    - EDI segment reports vs. claim by claim reports

© 2005 Claredi

Examples

- Transactions
  - 824 Transaction Set + Batch levels only
  - 824 Rejected and accepted claims, no warnings
  - 824 All claims acknowledged, include warnings
  - 277 Acknowledgment
  - 277 Utah UHIN version

© 2005 Claredi

Sample 824 – No accepted claims detail

```
ST*824*0001*005010X186~
BGN*11*0.1*20040913*195842**001000001**RU~
N1*41*CONSOLIDATED INSURANCE CO*46*00000~
PER*IC*CUSTOMER SERVICE*TE*8005551212~
N1*40*PHIL GOOD, M.D.*46*TXX23~
OTI*TA*TN*ST0021**PRODUCTION*010412*1253*1000001*0021*837*004010X098A1~
REF*F8*0123~
DTM*050*20040913~
AMT*GW*16970.33~
QTY*TO*5~
NM1*41*2*PHIL GOOD, M.D.*****46*TXX23~
TED*024**GS~
RED*Padding, spaces or control characters detected after segment terminator.****IBP*W050~
OTI*BA*BT*1**ACCEPTED*010412*1253*1000001*0021*837*004010X098A1~
REF*1C*99983000~
AMT*2*16970.33~
QTY*TO*5~
NM1*85*2*GOOD AND ASSOCIATES*****24*555667777~
SE*19*0001~
```

Transaction Set Summary

Batch Summary

© 2005 Claredi

Sample 824 – Claim by claim Acceptance

```
ST*824*0001*005010X186~
BGN*11*0.1*20040913*195851**001000001**RU~
N1*41*CONSOLIDATED INSURANCE CO*46*00000~
PER*IC*CUSTOMER SERVICE*TE*8005551212~
N1*40*PHIL GOOD, M.D.*46*TXX23~
OTI*TA*TN*ST0021**PRODUCTION*010412*1253*1000001*0021*837*004010X098A1~
REF*F8*0123~
DTM*050*20040913~
AMT*GW*16970.33~
QTY*TO*5~
NM1*41*2*PHIL GOOD, M.D.*****46*TXX23~
TED*024**GS~
RED*Padding, spaces or control characters detected after segment terminator.****IBP*W050~
OTI*BA*BT*1**ACCEPTED*010412*1253*1000001*0021*837*004010X098A1~
REF*1C*99983000~
AMT*2*16970.33~
QTY*TO*5~
NM1*85*2*GOOD AND ASSOCIATES*****24*555667777~
OTI*IA*IX*26462967**ACCEPTED*010412*1253*1000001*0021*837*004010X098A1~
REF*EJ*26462967~
REF*D9*200409149876543210001
AMT*GW*540~
NM1*QC*1*SMITH*TED****MI*000221111A~
OTI*IA*IX*78945639837**ACCEPTED*010412*1253*1000001*0021*837*004010X098A1~
REF*EJ*78945639837~
REF*D9*200409149876543210002
AMT*GW*1100.67~
NM1*QC*1*BROWN*ROBERT*W**JR*MI*888553737~
OTI*IA*IX*8437450584598**ACCEPTED*010412*1253*1000001*0021*837*004010X098A1~
REF*EJ*8437450584598~
REF*D9*200409149876543210003
AMT*GW*12642.16~
NM1*QC*1*JAMES*JIM*D**II*MI*011332211~
OTI*IA*IX*984576898**ACCEPTED*010412*1253*1000001*0021*837*004010X098A1~
REF*EJ*984576898~
REF*D9*200409149876543210004
AMT*GW*1900.5~
NM1*QC*1*MAE*SALLIE*M***MI*987654321~
OTI*IA*IX*8767657645765**ACCEPTED*010412*1253*1000001*0021*837*004010X098A1~
REF*EJ*8767657645765~
REF*D9*200409149876543210005
AMT*GW*787~
NM1*QC*1*DOE*JANE****MI*777553333~
SE*44*0001~
```

Transaction Set Summary

Batch Summary

Claim by claim detail (no errors)

© 2005 Claredi

Sample 824 – Claim by claim + Warnings

```
ST*824*0001*005010X186~
BGN*11*12345*20040831*150057**001000001**RU~
N1*41*CONSOLIDATED INSURANCE CO*46*00000~
PER*IC*CUSTOMER SERVICE*TE*8005551212~
N1*40*PHIL GOOD, M.D.*46*TXX23~
OTI*TA*TN*ST0021**PRODUCTION*040812*1253*1000001*0021*837*004010X098A1~
REF*F8*0123~
DTM*050*20040814~
AMT*GW*16970.33~
QTY*TO*5~
NM1*41*2*PHIL GOOD, M.D.*****46*TXX23~
TED*024~
RED*Padding, spaces or control characters detected after segment terminator.****IBP*W050~
OTI*BP*BT*7654321***040812*1253*1000001*0021*837*004010X098A1~
REF*1C*99983000~
AMT*2*16970.33~
QTY*46*5~
NM1*85*2*GOOD AND ASSOCIATES*****24*555667777~
OTI*IA*IX*26462967**ACCEPTED*040812*1253*1000001*0021*837*004010X098A1~
REF*EJ*26462967~
AMT*GW*540~
NM1*QC*1*SMITH*TED****MI*000221111A~
OTI*IE*IX*78945639837**ACCEPTED*040812*1253*1000001*0021*837*004010X098A1~
REF*EJ*78945639837~
AMT*GW*1100.67~
NM1*QC*1*BROWN*ROBERT*W**JR*MI*888553737~
TED*024**N4*32*3**10407~
RED*Invalid ZIP Code, not in USPS tables.****IBP*E038~
OTI*IR*IX*8437450584598**REJECTED*040812*1253*1000001*0021*837*004010X098A1~
REF*EJ*8437450584598~
AMT*GW*12642.16~
NM1*QC*1*JAMES*JIM*D**II*MI*011332211~
TED*024**N4*54*3**73076~
RED*Invalid ZIP Code, not in USPS tables.****IBP*E038~
TED*024**REF*68~
CTX*2310A REFERRING PROVIDER*NM1*65*2310~
CTX*2010BB PAYER NAME*NM1*18*2010~
CTX*CLAIM FILING INDICATOR CODE - MB*SBR*13*2000*9~
RED*Referring Provider UPIN not found****IBP*E019~
OTI*IA*IX*984576898**ACCEPTED*040812*1253*1000001*0021*837*004010X098A1~
REF*EJ*984576898~
AMT*GW*1900.5~
NM1*QC*1*MAE*SALLIE*M***MI*987654321~
OTI*IE*IX*8767657645765**ACCEPTED*040812*1253*1000001*0021*837*004010X098A1~
REF*EJ*8767657645765~
AMT*GW*787~
NM1*QC*1*DOE*JANE****MI*777553333~
TED*024**N4*113*3**27387~
RED*Invalid ZIP Code, not in USPS tables.****IBP*E038~
TED*024**N4*124*3**27378~
RED*Invalid ZIP Code, not in USPS tables.****IBP*E038~
SE*52*0001~
```

Transaction Set Summary

Batch Summary

Claim by claim detail

(including errors/warnings on accepted claims)

© 2005 Claredi

Sample 277 004040X167 Acknowledgment

ST*277*0001*004040X167~
BHT*0085*08*0.1*20040913*200249*TH~
HL*1**20*1~
NM1*AY*2*CONSOLIDATED INSURANCE CO*****46*00000~
TRN*1*0.1~
DTP*050*D8*20040913~
DTP*009*D8*20040913~
HL*2*1*21*1~
NM1*41*2*PHIL GOOD, M.D.*****46*TXX23~
TRN*2*0123~
STC*A1:21:40:65*20040913*WQ*787********W10009 Padding, spaces or control characters detected after segment terminator.~
QTY*90*5~
QTY*AA*0~
AMT*YU*16970.33~
AMT*YY*0~
HL*3*2*19*1~
NM1*85*2*GOOD AND ASSOCIATES*****24*555667777~
TRN*1*1~
STC*A1:19::65**WQ*16970.33~
REF*1C*99983000~
QTY*QA*5~
QTY*QC*0~
AMT*YU*16970.33~
AMT*YY*0~
HL*4*3*PT~
NM1*QC*1*SMITH*TED****MI*000221111A~
TRN*2*26462967~
STC*A1:19::65*20040913*WQ*540~
REF*D9*200409149876543210000 1
HL*5*3*PT~
NM1*QC*1*BROWN*ROBERT*W**JR*MI*888553737~
TRN*2*78945639837~
STC*A1:126:QC:65*20040913*WQ*1100.67********H50010 Invalid ZIP Code ('10407'), not in USPS tables.~
REF*D9*200409149876543210000 2
HL*6*3*PT~
NM1*QC*1*JAMES*JIM*D**II*MI*011332211~
TRN*2*8437450584598~
STC*A1:126:QC:65*20040913*WQ*12642.16********H50010 Invalid ZIP Code ('73076'), not in USPS tables.~
STC*A1:21::65*20040913*WQ*12642.16********B71110 Referring Provider Name UPIN was not found, but was expected because the Claim Filing Indicator Code (SBR09) is 'MA-Medicare Part A' or 'MB-Medicare Part B'~
REF*D9*200409149876543210000 3
HL*7*3*PT~
NM1*QC*1*MAE*SALLIE*M***MI*987654321~
TRN*2*984576898~
STC*A1:19::65*20040913*WQ*1900.5~
REF*D9*200409149876543210000 4
HL*8*3*PT~
NM1*QC*1*DOE*JANE****MI*777553333~
TRN*2*8767657645765~
STC*A1:126:QC:65*20040913*WQ*787********H50010 Invalid ZIP Code ('27387'), not in USPS tables.~
STC*A1:126::65*20040913*WQ*787********H50010 Invalid ZIP Code ('27378'), not in USPS tables.~
REF*D9*200409149876543210000 5
SE*52*0001~

© 2005 Claredi

Sample 277 004020X070 UHIN

ST*277*0001*004020X070~
BHT*0010*06*0.1*20040913*200256*TH~
HL*1**20*1~
NM1*AY*2*CONSOLIDATED INSURANCE CO*****46*00000~
PER*IC*CUSTOMER SUPPORT*TE*8005551212~
TRN*1*0.1~
STC*A1:19:40*20040913*WQ*0~
DTP*050*D8*20040913~
DTP*009*D8*20040913~

HL*2*1*21*1~
NM1*41*2*PHIL GOOD, M.D.*****46*TXX23~
HL*3*2*19*1~
NM1*85*2*GOOD AND ASSOCIATES*****24*555667777~
TRN*1*1~
STC*A1:19:40~
REF*1C*99983000~

HL*4*3*PT*0~
NM1*QC*1*SMITH*TED****MI*000221111A~
TRN*2*26462967~
STC*A1:21:40:65*20040913*WQ*540********W10009 Padding, spaces or control characters detected after segment terminator.~
REF*D9*2004091498765432100001

HL*5*3*PT*0~
NM1*QC*1*BROWN*ROBERT*W**JR*MI*888553737~
TRN*2*78945639837~
STC*A1:21:40:65*20040913*WQ*1100.67********W10009 Padding, spaces or control characters detected after segment terminator.~
STC*A1:126:QC:65*20040913*WQ*1100.67********H50010 Invalid ZIP Code ('10407'), not in USPS tables.~
REF*D9*2004091498765432100002

HL*6*3*PT*0~
NM1*QC*1*JAMES*JIM*D**II*MI*011332211~
TRN*2*8437450584598~
STC*A1:21:40:65*20040913*WQ*12642.16********W10009 Padding, spaces or control characters detected after segment terminator.~
STC*A1:126:QC:65*20040913*WQ*12642.16********H50010 Invalid ZIP Code ('73076'), not in USPS tables.~
STC*A1:21::65*20040913*WQ*12642.16********B71110 Referring Provider Name UPIN was not found, but was expected because the Claim Filing Indicator Code (SBR09) is 'MA-Medicare Part A' or 'MB-Medicare Part B'~
REF*D9*2004091498765432100003

HL*7*3*PT*0~
NM1*QC*1*MAE*SALLIE*M***MI*987654321~
TRN*2*984576898~
STC*A1:21:40:65*20040913*WQ*1900.5********W10009 Padding, spaces or control characters detected after segment terminator.~
REF*D9*2004091498765432100004

HL*8*3*PT*0~
NM1*QC*1*DOE*JANE****MI*777553333~
TRN*2*8767657645765~
STC*A1:21:40:65*20040913*WQ*787********W10009 Padding, spaces or control characters detected after segment terminator.~
STC*A1:126:QC:65*20040913*WQ*787********H50010 Invalid ZIP Code ('27387'), not in USPS tables.~
STC*A1:126::65*20040913*WQ*787********H50010 Invalid ZIP Code ('27378'), not in USPS tables.~
REF*D9*2004091498765432100005

SE*47*0001~

© 2005 Claredi

Questions

Kepa Zubeldia, M.D.
Claredi
(801) 444-0339
Kepa.Zubeldia@claredi.com

© 2005 Claredi