

Grow Your Own EDI Superuser

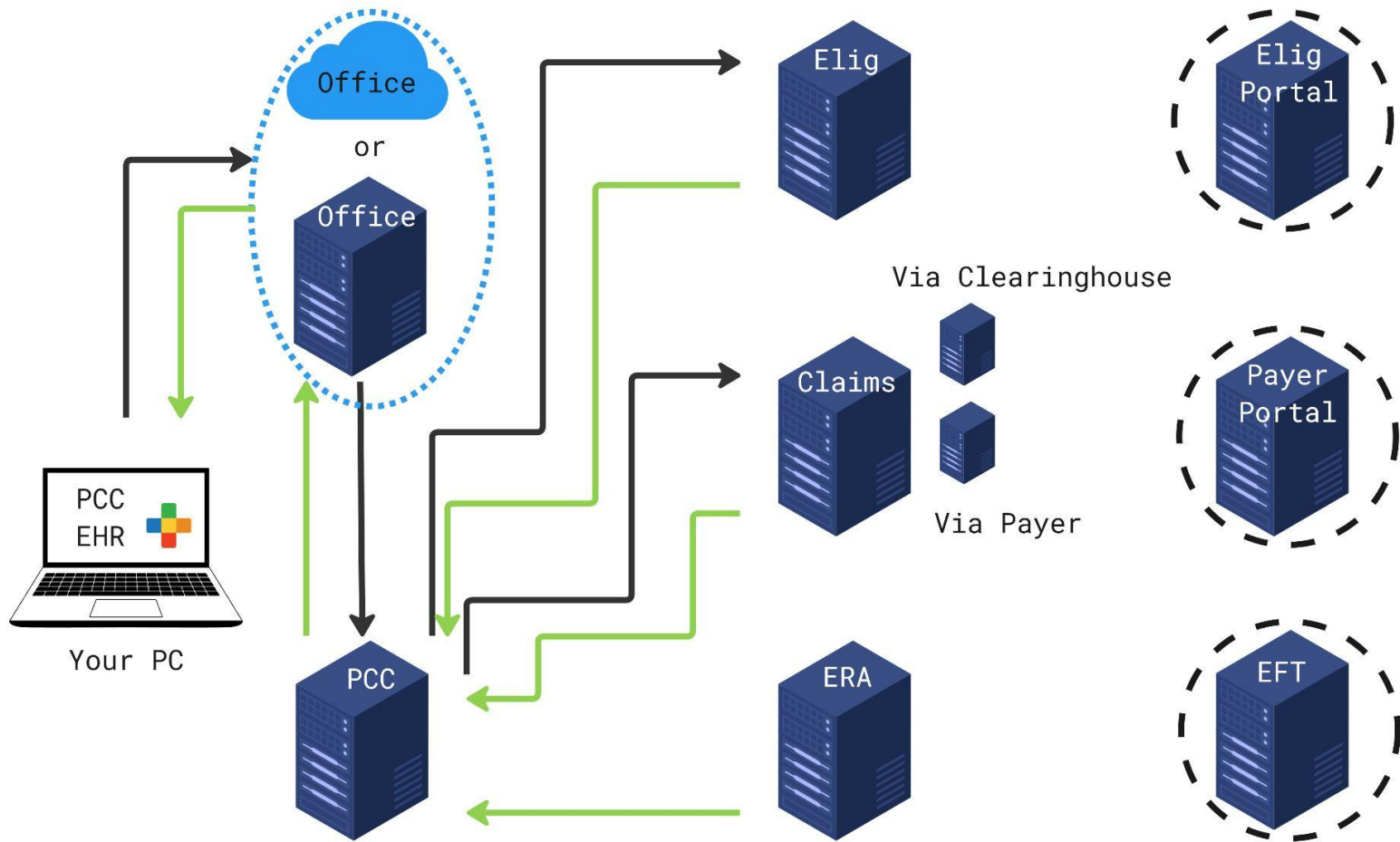
Benjamin Brandt
Billing SME/Consultant

Session Goals

1. Read and Understand Error Messages Created by PCC
2. Read and Understand Error Messages Created by Outside Entities
3. Understand How Information is Routed and Received by Outside Entities
4. Understand How Information is Returned to Your Office

Communicating with the Outside World

Your EHR has many ways of communicating with entities both on your PCC server as well as on external server connections.



Eligibility

When things go wrong:

PCC Pre-Submission Errors

Payer Response Errors

Eligibility

Pre-Submission Request Failures

- Sex is unknown
- The "Certificate" ID is missing
- Practice's internet is down
- Can't reach PCC
- Insured's DOB is missing
- Appointment date missing
- Dependent's birthdate is missing
- First or last name is missing
- Office's NPI missing
- Office's Tax ID is missing
- Credential's missing
- Eligibility ID is blank
- Eligibility ID is invalid
- Insurance not configured for real time submission

Eligibility

Pre-Submission Request Failures

Insurance Eligibility - Review and Verify

Erin Marie Zeller **F**

Insurance Eligibility
Appt: 18mo Well Visit 07/15/21 9:00am Mark Williams, M.D.
PCP: None
Eligibility Notes: Sample note sample note sample note

Highmark Classic Blue
Copay: \$0.00 Cert: ZAH1021815767001 Group: 416 Subscriber: Dawn Zeller
Status: mm/dd/yy

Eligibility Response: This eligibility request cannot be submitted.
Alert: The patient's date of birth is missing.
Explanation: The patient's date of birth is required.
Action: Update the patient's demographics to include the patient's date of birth.

Policies Edit Policy Add Policy Display: Active

Insurance	Copay	Certificate	Group	Start	End	Status
1. Highmark Classic Blue	\$0.00	ZAH1021815767001	416	04/28/19		Active

Patient Demographics
Erin Marie Zeller
First Name: Erin

Patient Information
Patient Flags:

Eligibility

Transaction Type 270 - Eligibility Inquiry

Transaction Type 271 - Eligibility Response

Eligibility

Payer Response Errors

- Patient not found
- Subscriber found, patient not found
- Invalid participant identification
- Relationship to subscriber is incorrect
- Invalid/Missing date-of-birth
- Patient birthdate does not match that for the patient on the database
- Invalid/Missing patient name
- Invalid/Missing patient ID
- Invalid/Missing subscriber/insured ID
- Invalid/Missing subscriber/insured name
- Subscriber/Insured not in group/plan identified
- Subscriber/Insured not found
- Duplicate patient ID number
- Invalid/Missing patient gender code
- Invalid/Missing subscriber/insured gender code
- Duplicate subscriber/insured ID number
- Invalid/Missing provider identification
- Provider ineligible for inquiries
- Provider not on file
- Service dates not within provider plan enrollment
- Date of service in future
- Appointment date falls outside of range
- Inappropriate date
- Date of birth follows date(s) of service
- Invalid/Missing date(s) of service
- Response error (formatting)
- Required application data missing
- Input errors
- Time out awaiting response
- No response received - transaction terminated
- Out of network
- Authorization/Access restrictions
- Inappropriate product/service ID

Eligibility

Payer Response Errors

Insurance Eligibility
Appt: 18+ Yr 07/29/21 9:00am Kellney PNP
PCP: Mich MD
Eligibility Notes:

Horizon Direct Access
Copay: \$20.00 Cert: ZHQ Group: 00 Subscriber:
Status: mm/dd/yy

Eligibility Response: 07/28/21 **Eligibility Undetermined** [Request Eligibility](#)

Alert: The certificate number for the submitted patient does not match the certificate number in the payor's records. (Reject Reason Code 64)

Explanation: The insurance company's record of the certificate differs from what was submitted for this eligibility request.

Action: Verify the patient's certificate number is correct for the patient's policy. Update the policy and resubmit request.

[Full Report](#)

Policies [Edit Policy](#) [Add Policy](#) Display: Active

Insurance	Copay	Certificate	Group	Start	End	Status
1. Horizon Direct Access	\$20.00	ZHQ	00	07/15/19		Active

Eligibility

Payer Response Errors

60 Day Analysis of Payer Response Errors

1.2 Million eligibility submissions (Average)

254,240 Response Errors

• Date of service not within allowable inquiry period	- Code 62: 61,863	24.33%
• Unable to respond at current time	- Code 42: 56,880	22.37%
• Patient birthdate does not match that for the patient on the database	- Code 71: 24,158	9.50%
• Invalid/Missing patient name	- Code 65: 22,095	8.69%
• Invalid/Missing patient ID	- Code 64: 20,702	8.14%
• Invalid/Missing subscriber/insured ID	- Code 72: 17,468	6.87%
• Invalid/Missing subscriber/insured name	- Code 73: 16,509	6.49%
• No response received - transaction terminated	- Code 80: 8,776	3.45%
• Date of service in future	- Code 63: 4,095	1.61%
• Invalid participant identification	- Code 79: 3,766	1.48%

Claims

When things go wrong:

PCC Pre-Submission Errors

Payer Response Rejections

Claims

PCC Pre-Submission Errors

- The patient's first or last name is missing.
- The patient's date of birth is either missing or invalid.
- The patient's relationship code for the relationship is invalid.
- The patient's relationship to the subscriber is missing.
- The patient's PCP is not assigned.
- Some part of the policy's subscriber address is missing or incomplete.
- The billing account is missing a first or last name.
- Some part of the billing account's address is missing or incomplete.
- The home account is missing a first or last name.
- Some part of the home account's address is missing or incomplete.
- The subscriber's date of birth is either missing or invalid.
- The policy's certificate number has fewer than 2 characters.
- The policy's group number is missing.
- The policy is not active for the date(s) of service.
- Some part of the insurance plan address is missing or incomplete.
- The payor ID for the insurance plan is missing.
- The place of service has an invalid address.
- The place of service is missing an NPI.
- The referring provider's name is missing.
- The info for the referring provider is missing.
- The provider is missing their tax ID.
- The provider is missing their taxonomy code.
- The provider is missing an NPI.

Claims

PCC Pre-Submission Errors

- Some part of the practice's address is missing or incomplete.
- Some part of the batch-specific practice address is missing or incomplete.
- Some part of the batch-specific pay-to practice address is missing or incomplete.
- The billing account's zip code is less than nine digits.
- The home account's zip code is less than nine digits.
- The procedure has a code with less than 5 characters.
- The procedure has a code that is invalid for the date of service.
- The procedure code modifier for the procedure code is invalid.
- The diagnosis code is invalid for the date of service.
- The place of service is missing a POS code.
- The date of service is invalid.
- The primary diagnosis code on the claim must not be an External Cause code
- The total of CARC adjustment(s) and insurance payment amounts from the primary insurance can not exceed the charge amount.
- The date first seen must be within the dates of service.
- This claim is missing the accident state.
- This inpatient hospital claim is missing the admit date.
- This claim, with a claim delay code of 09, is missing a payer claim control number.
- This claim has no insurance policy.
- The charge ID can not be processed.
- The charges for this claim are no longer associated with this patient.
- The billing account can not be accessed.
- The patient can not be accessed.

Claims

Needs Corrections Worklist

Claims

Submission Needs Correction (21) Log

Claims - Needs Correction

Search Filter:

Patient	Date of Service	Insurance Plan	Reason
Andrews, Olivia	06/11/23	Highmark PPO Blue \$15	The procedure "--1 Immuniz Admin <8y W/MD Counsel" has a code (90467) that is invalid for the date of service.
Flintstone, Dino	01/01/19	Aetna HDHP	The policy 'Aetna HDHP' is not active for the date(s) of service.
Flintstone, Pebbles	06/02/15	Aetna HDHP	The policy 'Aetna HDHP' is not active for the date(s) of service.
Gage, Jason	06/10/23	Health Pass 20%OV;No WC Cov	The payor ID for the insurance plan is missing.
Gullett, Carolina	06/10/23	Highmark PPO Blue \$20	The subscriber's date of birth is either missing or invalid.
Hostettler, Amanda	01/01/19	Aetna PPO \$0	The policy 'Aetna PPO \$0' is not active for the date(s) of service.
Jones, Paul	10/03/22	BCBS \$10-0V; Full WC cov	The subscriber's date of birth is either missing or invalid.
Kingan, Josh Catherine	06/10/23	~BCBS \$10 OV&WC-Other	Some part of the billing account's (1204) address is missing or incomplete.
Kreider, Justin	06/10/23	Aetna PPO 10%	The procedure "--1 Immuniz Admin <8y W/MD Counseling" has a code (90465) that is invalid for the date of service.
Lehman, Melissa Morgan	06/10/23	Highmark PPO Blue \$15	The procedure "DTaP/Hib Vaccine" has a code (90721) that is invalid for the date of service.
Orlando, Rodger Growth	06/18/18	Aetna HDHP	The policy's certificate number has fewer than 2 characters.
PBeans, Frank	05/20/21	Aetna EPO \$10 Box 91522	The policy's certificate number has fewer than 2 characters.
Petrey, Tiffany	06/11/23	Aetna USHC HMO \$15/20	Some part of the billing account's (269) address is missing or incomplete.
Spangler, Nathan	06/10/23	Aetna USHC HMO \$0 CHIP	The procedure "New Pt Home Visit-Detailed" has a code (99343) that is invalid for the date of service.
Spatz, Avarie	06/09/23	Keystone HealthPlan Generic	The procedure "IH Newborn Care Subsequent" has a code (99433) that is invalid for the date of service.
St. John, Brandon	06/10/23	Keystone HealthPlan \$0/0 CHIP	The procedure "Td Adult" has a code (90718) that is invalid for the date of service.
Sun, Timmy Christine	06/10/23	Highmark PPO Blue \$10	The procedure "DTaP/Hib Vaccine" has a code (90721) that is invalid for the date of service.
Weiss, Jennifer S	06/11/23	Keystone HealthPlan \$10/20	The policy's certificate number has fewer than 2 characters.
Whitney, Chad	01/16/19	Highmark PPO Blue \$20	The policy "Highmark PPO Blue \$20" is not active for the date(s) of service.
Willard, Grayson	06/11/23	UnitedHealthcare \$20	The policy "UnitedHealthcare \$20" is not active for the date(s) of service.
Witters, Justin	06/11/23	Aetna PPO \$10	The policy "Aetna PPO \$10" is not active for the date(s) of service.

Delete Claim Close

Claims

PCC Pre-Submission Errors

6 Month Analysis First Half of 2022

2.35M claim submissions

44,803 Submission Errors

• Claim is for an insurance company no longer on the patient	- 12,819	26.61%
• Diagnosis code is not valid for the date of service	- 6,218	13.88%
• Certificate must contain at least 3 characters	- 3,457	7.72%
• The ins company does not have a payor ID number in ted	- 1,976	4.41%
• The guarantor's address is bad	- 1,932	4.31%
• The primary diagnosis cannot be an External Cause diagnosis code	- 1,735	3.87%
• The total posted CARC adjustment(s) and insurance payment cannot	- 1,507	3.36%
• Invalid relationship code found	- 1,390	3.10%
• The insurance company address is bad	- 1,176	2.62%
• Procedure code contains less than 5 characters	- 1,028	2.29%

Claims

Transaction Type 837P - Claim Submission

Transaction Type 999 - File Acknowledgement

Transaction Type 276 - Claim Status Request

Transaction Type 277 - Claim Status Response

Claims

The NUCC 1500 Paper HCFA Claim Form

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 10/24

PATIENT AND INSURED INFORMATION

1. MEDICAR () MEDICAID () TRICARE () CHAMPVA () OTHER ()
 Medicare Medicaid Medicare Medicare Medicare Medicare Medicare

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE (MM DD YY) 4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (St, Apt) 6. PATIENT RELATIONSHIP TO INSURED (Self, Spouse, Child, Other) 7. INSURED'S ADDRESS (St, Apt)

8. CITY STATE ZIP CODE TELEPHONE (Include Area Code) 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO: () YES () NO 11. INSURED'S POLICY GROUP OR POLICY NUMBER

12. OTHER INSURED'S POLICY OR GROUP NUMBER 13. EMPLOYMENT (Current or Previous) () YES () NO 14. INSURED'S DATE OF BIRTH (MM DD YY) 15. SEX () M () F

16. REFERRED FOR NUCC USE 17. AUTO ACCIDENT? () YES () NO 18. OTHER CLAIM ID (Designated by NUCC) 19. INSURANCE PLAN NAME OR PROGRAM NAME

20. REFERRED FOR NUCC USE 21. OTHER ACCIDENT? () YES () NO 22. INSURANCE PLAN NAME OR PROGRAM NAME 23. INSURANCE PLAN NAME OR PROGRAM NAME

24. IS THERE ANOTHER HEALTH BENEFIT PLAN? () YES () NO (If yes, complete items 9, 10, and 11)

PHYSICIAN OR SUPPLIER INFORMATION

25. NAME OF REFERRING PROVIDER ON OTHER SOURCE (Last Name, First Name, Middle Initial) 26. HOSPITAL/CLINIC DATES RELATED TO CURRENT SERVICES (FROM MM DD YY TO MM DD YY)

27. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 28. OUTSIDE LAB? () YES () NO 29. CHARGES () YES () NO

30. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Refer A1 to A10 to increase below 040) 31. PERMISSION CODE () ORIGINAL REF. NO. 32. PRIOR AUTHORIZATION NUMBER

33. A. DATE OF SERVICE FROM (MM DD YY) TO (MM DD YY) B. ICD-9-CM PROCEDURE, SERVICE, OR SUPPLY CODE (N1, N2, N3, N4, N5, N6, N7, N8, N9, N0, N1, N2, N3, N4, N5, N6, N7, N8, N9, N0) C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z. AA. AB. AC. AD. AE. AF. AG. AH. AI. AJ. AK. AL. AM. AN. AO. AP. AQ. AR. AS. AT. AU. AV. AW. AX. AY. AZ. BA. BB. BC. BD. BE. BF. BG. BH. BI. BJ. BK. BL. BM. BN. BO. BP. BQ. BR. BS. BT. BU. BV. BW. BX. BY. BZ. CA. CB. CC. CD. CE. CF. CG. CH. CI. CJ. CK. CL. CM. CN. CO. CP. CQ. CR. CS. CT. CU. CV. CW. CX. CY. CZ. DA. DB. DC. DD. DE. DF. DG. DH. DI. DJ. DK. DL. DM. DN. DO. DP. DQ. DR. DS. DT. DU. DV. DW. DX. DY. DZ. EA. EB. EC. ED. EE. EF. EG. EH. EI. EJ. EK. EL. EM. EN. EO. EP. EQ. ER. ES. ET. EU. EV. EW. EX. EY. EZ. FA. FB. FC. FD. FE. FF. FG. FH. FI. FJ. FK. FL. FM. FN. FO. FP. FQ. FR. FS. FT. FU. FV. FW. FX. FY. FZ. GA. GB. GC. GD. GE. GF. GH. GI. GJ. GK. GL. GM. GN. GO. GP. GQ. GR. GS. GT. GU. GV. GW. GX. GY. GZ. HA. HB. HC. HD. HE. HF. HG. HH. HI. HJ. HK. HL. HM. HN. HO. HP. HQ. HR. HS. HT. HU. HV. HW. HX. HY. HZ. IA. IB. IC. ID. IE. IF. IG. IH. II. IJ. IK. IL. IM. IN. IO. IP. IQ. IR. IS. IT. IU. IV. IW. IX. IY. IZ. JA. JB. JC. JD. JE. JF. JG. JH. JI. JJ. JK. JL. JM. JN. JO. JP. JQ. JR. JS. JT. JU. JV. JW. JX. JY. JZ. KA. KB. KC. KD. KE. KF. KG. KH. KI. KJ. KL. KM. KN. KO. KP. KQ. KR. KS. KT. KU. KV. KW. KX. KY. KZ. LA. LB. LC. LD. LE. LF. LG. LH. LI. LJ. LK. LL. LM. LN. LO. LP. LQ. LR. LS. LT. LU. LV. LW. LX. LY. LZ. MA. MB. MC. MD. ME. MF. MG. MH. MI. MJ. MK. ML. MM. MN. MO. MP. MQ. MR. MS. MT. MU. MV. MW. MX. MY. MZ. NA. NB. NC. ND. NE. NF. NG. NH. NI. NJ. NK. NL. NM. NN. NO. NP. NQ. NR. NS. NT. NU. NV. NW. NX. NY. NZ. OA. OB. OC. OD. OE. OF. OG. OH. OI. OJ. OK. OL. OM. ON. OO. OP. OQ. OR. OS. OT. OU. OV. OW. OX. OY. OZ. PA. PB. PC. PD. PE. PF. PG. PH. PI. PJ. PK. PL. PM. PN. PO. PP. PQ. PR. PS. PT. PU. PV. PW. PX. PY. PZ. QA. QB. QC. QD. QE. QF. QG. QH. QI. QJ. QK. QL. QM. QN. QO. QP. QQ. QR. QS. QT. QU. QV. QW. QX. QY. QZ. RA. RB. RC. RD. RE. RF. RG. RH. RI. RJ. RK. RL. RM. RN. RO. RP. RQ. RR. RS. RT. RU. RV. RW. RX. RY. RZ. SA. SB. SC. SD. SE. SF. SG. SH. SI. SJ. SK. SL. SM. SN. SO. SP. SQ. SR. SS. ST. SU. SV. SW. SX. SY. SZ. TA. TB. TC. TD. TE. TF. TG. TH. TI. TJ. TK. TL. TM. TN. TO. TP. TQ. TR. TS. TT. TU. TV. TW. TX. TY. TZ. UA. UB. UC. UD. UE. UF. UG. UH. UI. UJ. UK. UL. UM. UN. UO. UP. UQ. UR. US. UT. UU. UV. UW. UX. UY. UZ. VA. VB. VC. VD. VE. VF. VG. VH. VI. VJ. VK. VL. VM. VN. VO. VP. VQ. VR. VS. VT. VU. VW. VX. VY. VZ. WA. WB. WC. WD. WE. WF. WG. WH. WI. WJ. WK. WL. WM. WN. WO. WP. WQ. WR. WS. WT. WU. WV. WW. WX. WY. WZ. XA. XB. XC. XD. XE. XF. XG. XH. XI. XJ. XK. XL. XM. XN. XO. XP. XQ. XR. XS. XT. XU. XV. XW. XX. XY. XZ. YA. YB. YC. YD. YE. YF. YG. YH. YI. YJ. YK. YL. YM. YN. YO. YP. YQ. YR. YS. YT. YU. YV. YW. YX. YY. YZ. ZA. ZB. ZC. ZD. ZE. ZF. ZG. ZH. ZI. ZJ. ZK. ZL. ZM. ZN. ZO. ZP. ZQ. ZR. ZS. ZT. ZU. ZV. ZW. ZX. ZY. ZZ.

34. FEDERAL TAX ID NUMBER 35. PATIENT'S ACCOUNT NO. 36. TOTAL CHARGE \$ 37. AMOUNT PAID \$ 38. REVENUE NUCC USE

39. SIGNATURE OF PHYSICIAN OR SUPPLIER (Include DESIG or CREDENTIALS (Copy that the statements on the reverse apply to this for use on multiple part forms)) 40. SERVICE FACILITY LOCATION INFORMATION 41. BILLING PROVIDER INFO (PI #) ()

NUCC Instructon Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED: OMB-0535-1197-0000000010 ClearForm

The current version of the 1500 paper form was developed in February of 2012. The major modifications from its past version was to accommodate the switch in the medical industry from ICD-9 to the ICD-10 code set and the number of diagnosis available on a single claim was increased from 4 to 12.

Claims

837 Professional Claim Specifications

• ISA Interchange Control Header

• GS Functional Group Header

• ST Transaction Set Header

• ST - TRANSACTION SET HEADER: ST 01 837 01 987654 01 005010X222-0

• Loop 1000A Submitter

• NM1 - SUBMITTER NAME: NM1 01 41 02 02 01 ABC SUBMITTER 01 *****46 01 999999999-0

• Loop 1000B Receiver

• NM1 - RECEIVER NAME: NM1 01 40 02 02 01 XYZ RECEIVER 01 *****46 01 11222333-0

• Loop 2000A Billing/Pay-To Provider

• IF BILLING PROVIDER IS RENDERING PROVIDER:

• PRV - BILLING PROVIDER HIERARCHICAL LEVEL: PRV 01 01 01 01 PXC 01 207Q00000X-0

• Loop 2010AA Billing Provider

• NM1 - BILLING PROVIDER NAME: NM1 01 85 02 02 01 ABC Group

Practice 01 *****XX 01 1234567890-0

• N3 - BILLING PROVIDER ADDRESS: N3 01 123 MAIN STREET-0

• N4 - BILLING PROVIDER CITY, STATE, ZIPCODE: N4 01 KANSAS CITY 01 MO 01 64108-0

• Loop 2000B Subscriber Information

• SBR - SUBSCRIBER INFORMATION: SBR 01 P 01 GRP 01 1020102 01 *****CI-0

• Loop 2010BA Subscriber

• NM1 - SUBSCRIBER NAME:

NM1 01 IL 01 01 DOE 01 JOHN 01 T 01 JR 01 MI 01 123456-0

• IF PATIENT IS SUBSCRIBER:

• N3 - SUBSCRIBER ADDRESS: N3 01 123 MAIN STREET-0

• N4 - SUBSCRIBER CITY, STATE, ZIP CODE: N4 01 KANSAS CITY 01 MO 01 64108-0

• DMG - SUBSCRIBER DEMOGRAPHIC INFORMATION: DMG 01 D8 01 19690815 01 M-0

• Loop 2010BB Payer

• NM1 - PAYER NAME: NM1 01 PR 02 02 01 ABC INSURANCE CO 01 *****PI 01 11222333-0

• N4 - PAYER CITY, STATE, ZIP CODE: N4 01 KANSAS CITY 01 MO 01 64108-0

• IF PATIENT IS NOT SUBSCRIBER:

• Loop 2000C Patient

• PAT - PATIENT INFORMATION: PAT 01 19-0

• NM1 - PATIENT NAME: NM1 01 QC 01 01 DOE 01 SALLY 01 J-0

• N3 - PATIENT ADDRESS: N3 01 123 MAIN STREET-0

• N4 - PATIENT CITY, STATE, ZIP CODE: N4 01 KANSAS CITY 01 MO 01 64108-0

• DMG - PATIENT DEMOGRAPHIC INFORMATION: DMG 01 D8 01 19690815 01 M-0

• Loop 2300 Claim Information

• CLM - CLAIM INFORMATION: CLM 01 A37YH556 01 500 01 *****11:B:1 01 Y 01 A 01 Y 01 -0

• DTP - DATE - ACCIDENT: DTP 01 439 01 D8 01 20060108-0

• DTP - DATE - LAST MENSTRUAL PERIOD: DTP 01 484 01 D8 01 20050108-0

• DTP - DATE - LAST X-RAY DATE: DTP 01 455 01 D8 01 20050108-0

• DTP - DATE - DISABILITY DATES BEGIN: DTP 01 360 01 D8 01 20030108-0

• DTP - DATE - DISABILITY DATES END: DTP 01 361 01 D8 01 20050108-0

• DTP - DATE - AUTHORIZED RETURN TO WORK: DTP 01 296 01 D8 01 20050108-0

• DTP - DATE - ADMISSION START: DTP 01 435 01 D8 01 20030108-0

• DTP - DATE - DISCHARGE: DTP 01 096 01 D8 01 20050108-0

• IF PATIENT AMOUNT PAID IS NOT \$0.00

• AMT - PATIENT AMOUNT PAID: AMT 01 F5 01 152.45-0

• HI - HEALTH CARE DIAGNOSIS CODE INFORMATION:

HI 01 ABK 8901 01 ABF 87200 01 ABF 5559-0

• Loop 2310A Referring Provider

• NM1 - REFERRING PROVIDER NAME:

NM1 01 DN 01 01 WELBY 01 MARCUS 01 W 01 JR 01 XX 01 1234567891-0

• IF RENDERING PROVIDER IS NOT BILLING PROVIDER:

• Loop 2310B Rendering Provider

• NM1 - RENDERING PROVIDER NAME:

NM1 01 82 01 01 DOE 01 JANE 01 C 01 XX 01 1234567804-0

• PRV - RENDERING PROVIDER SPECIALTY INFORMATION:

PRV 01 PE 01 PXC 01 1223G0001X-0

• IF PLACE OF SERVICE IS NOT PRACTICE/BILLING ADDRESS:

• Loop 2310C Service Facility

• NM1 - SERVICE FACILITY LOCATION NAME: NM1 01 77 02 02 01 ABC

CLINIC 01 *****XX 01 1234567891-0

• N3 - SERVICE FACILITY LOCATION ADDRESS: N3 01 123 MAIN STREET-0

• N4 - SERVICE FACILITY LOCATION CITY, STATE, ZIP CODE: N4 01 KANSAS

CITY 01 MO 01 DMG 01 64108-0

• IF SECONDARY CLAIM:

• Loop 2320 Other Subscriber/Payer

• SBR - OTHER SUBSCRIBER INFORMATION:

SBR 01 S 01 19 01 GR00786 01 *****MC 01

• AMT - COORDINATION OF BENEFITS (COB)/PAYER PAID AMOUNT: AMT 01 D 01 411-0

• OI - OTHER INSURANCE COVERAGE INFORMATION: OI 01 *****Y 01 P 01 *****Y-0

• Loop 2330A Other Subscriber

• NM1 - OTHER SUBSCRIBER NAME:

NM1 01 IL 01 01 DOE 01 JOHN 01 T 01 JR 01 MI 01 123456-0

• Loop 2330B Other Payer

• NM1 - OTHER PAYER NAME: NM1 01 PR 02 02 01 ABC INSURANCE

CO 01 *****PI 01 11222333-0

• Loop 2400 Service Line

• LX - SERVICE LINE NUMBER: LX 01 1-0

• SV1 - PROFESSIONAL SERVICE:

SV1 01 HC: (299211: 025 01 12 25 01 UN 01 11 01 11 01 12 3 01 *****Y-0

• DTP - DATE - SERVICE DATE: DTP 01 472 01 RD8 01 20050314-20050325-0

• REF - LINE ITEM CONTROL NUMBER: REF 01 6R 01 54321-0

• Loop 2410 Drug

• LIN - DRUG IDENTIFICATION: LIN 01 *****N4 01 1234567891-0

• TR3 Example: CTP 01 *****2 01 UN-0

• IF SECONDARY CLAIM:

• Loop 2430 Line Adjudication

• SVD - LINE ADJUDICATION INFORMATION: SVD 01 43 01 55 01 HC: 01 560 01 *****3-0

• CAS - LINE ADJUSTMENT: CAS 01 PR 01 01 7.93-0

• DTP - LINE CHECK OR REMITTANCE DATE: DTP 01 573 01 D8 01 20040203-0

• SE Transaction Set Trailer

• GE Functional Group Trailer

• IEA Interchange Control Trailer

Claims

Paper to Electronic Crosswalk - Patient

1. MEDICARE <input type="checkbox"/> (Medicare#)	MEDICAID <input type="checkbox"/> (Medicaid#)	TRICARE <input type="checkbox"/> (ID#MO#)	CHAMPVA <input type="checkbox"/> (Member ID#)	GROUP HEALTH PLAN <input type="checkbox"/> (ID#)	FECA SEX/LUNG (ID#)	OTHER <input checked="" type="checkbox"/> (ID#)
14. INSURED'S I.D. NUMBER (For Program in Item 1) 123456						
4. INSURED'S NAME (Last Name, First Name, Middle Initial) DOE, JOHN, T						
7. INSURED'S ADDRESS (No., Street) 123 MAIN STREET						
CITY KANSAS CITY			STATE MO			
ZIP CODE 64108		TELEPHONE (Include Area Code) ()				
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) DOE, SALLY, J						
3. PATIENT'S BIRTH DATE (MM/DD/YYYY) 08/15/69			SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F			
5. PATIENT'S ADDRESS (No., Street) 123 MAIN STREET						
CITY KANSAS CITY			STATE MO			
ZIP CODE 64108		TELEPHONE (Include Area Code) ()				
6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input checked="" type="checkbox"/> Other <input type="checkbox"/>						
11. INSURED'S POLICY GROUP OR FECA NUMBER GRP01020102						
26. PATIENT'S ACCOUNT NO. A37YH556						

- **Loop 2000B Subscriber Information** • SBR - SUBSCRIBER INFORMATION: SBR 01P *****C1-
- **Loop 2010BA Subscriber** • NM1 - SUBSCRIBER NAME: NM1 01L 01*DOE 01JOHN 01T *****JR 01MI 0123456
- **Loop 2010BA Subscriber** • NM1 - SUBSCRIBER NAME: NM1 01L 01*DOE 01JOHN 01T *****JR 01MI 0123456-
- **Loop 2010BA Subscriber OR** • **IF PATIENT IS SUBSCRIBER: Do Not Send Loop 2000C Patient Information**
 - N3 - SUBSCRIBER ADDRESS: N3 01*123 MAIN STREET~
 - N4 - SUBSCRIBER CITY, STATE, ZIP CODE: N4 01*KANSAS CITY 01MO 0164108~
- **Loop 2010BA Subscriber OR** • **IF PATIENT IS NOT SUBSCRIBER: • Loop 2000C Patient** • NM1 - PATIENT NAME: NM1 01QC 01*DOE 01SALLY 01J-
- **Loop 2010BA Subscriber OR** • **IF PATIENT IS NOT SUBSCRIBER: • Loop 2000C Patient** • DMG - PATIENT DEMOGRAPHIC INFORMATION: DMG 01D8 0119690815 01M-
- **Loop 2010BA Subscriber OR** • **IF PATIENT IS NOT SUBSCRIBER: • Loop 2000C Patient**
 - **IF PATIENT IS SUBSCRIBER:**
 - N3 - SUBSCRIBER ADDRESS: N3 01*123 MAIN STREET~
 - N4 - SUBSCRIBER CITY, STATE, ZIP CODE: N4 01*KANSAS CITY 01MO 0164108~
- **Loop 2000C Patient** • PAT - PATIENT INFORMATION: PAT 0119-
- **Loop 2000B Subscriber Information** • SBR - SUBSCRIBER INFORMATION: SBR 01P *****GRP01020102 *****C1-
- **Loop 2300 Claim Information** • CLM - CLAIM INFORMATION: CLM 01A37YH556 01500 *****11:B:1 01Y 01A 01Y 01*

Claims

Paper to Electronic Crosswalk - Service

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY - Relate A-L to service line below (24E)				ICD-10			
A	B	C	D	E	F	G	H
L	87200	5559					
I							
24. A. DATE(S) OF SERVICE							
From		To					
MM	DD	YY	MM	DD	YY		
03	14	05					
B. PLACE OF SERVICE							
77							
D. PROCEDURES, SERVICES, OR SUPPLIES (Eg: ICD-9-CM, CPT, HCPCS, OPTN/HCPCS) MODIFIER							
99211 25							
E. DIAGNOSIS POINTER							
ABC							
F. \$ CHARGES							
12.25							
G. \$ ON UNITS							
1							
H. ICD-9-CM PROCEDURE							
Y							
I. ID QUAL							
XX							
NPI							
J. RENDERING PROVIDER ID #							
1223G001X							
1234567804							
28. TOTAL CHARGE							
\$ 500.00							
29. AMOUNT PAID							
\$ 152.45							

• Loop 2300 Claim Information

• HI - HEALTH CARE DIAGNOSIS CODE INFORMATION:

HI [ABK 8901](#) [ABF 87200](#) [ABF 5559](#)

• Loop 2400 Service Line • DTP - DATE - SERVICE DATE: DTP [472](#) [RD8](#) [20050314](#) 20050325~

• Loop 2310C Service Facility • NM1 - SERVICE FACILITY LOCATION NAME: NM1 [77](#) [2](#) [ABC CLINIC](#) [XXXXXX](#) [1234567891](#)

• Loop 2400 Service Line • SV1 - PROFESSIONAL SERVICE: SV1 [HC](#) [99211](#) [25](#) [12.25](#) [UN](#) [1](#) [11](#) [1.2.3](#) [Y](#)

• Loop 2400 Service Line • SV1 - PROFESSIONAL SERVICE: SV1 [HC](#) [99211](#) [25](#) [12.25](#) [UN](#) [1](#) [11](#) [1.2.3](#) [Y](#)

• Loop 2400 Service Line • SV1 - PROFESSIONAL SERVICE: SV1 [HC](#) [99211](#) [25](#) [12.25](#) [UN](#) [1](#) [11](#) [1.2.3](#) [Y](#)

• Loop 2400 Service Line • SV1 - PROFESSIONAL SERVICE: SV1 [HC](#) [99211](#) [25](#) [12.25](#) [UN](#) [1](#) [11](#) [1.2.3](#) [Y](#)

• Loop 2400 Service Line • SV1 - PROFESSIONAL SERVICE: SV1 [HC](#) [99211](#) [25](#) [12.25](#) [UN](#) [1](#) [11](#) [1.2.3](#) [Y](#)

• Loop 2310B Rendering Provider

• NM1 - RENDERING PROVIDER NAME: NM1 [82](#) [1](#) [DOE](#) [JANE](#) [C](#) [XXXXXX](#) [1234567804](#)

• PRV - RENDERING PROVIDER SPECIALTY INFORMATION: PRV [PE](#) [PXC](#) [1223G0001X](#)

• Loop 2300 Claim Information • CLM - CLAIM INFORMATION: CLM [A37YH556](#) [500](#) [11](#) [B:1](#) [Y](#) [A](#) [Y](#) [I](#)

• Loop 2300 Claim Information • IF PATIENT AMOUNT PAID IS NOT \$0.00

• AMT - PATIENT AMOUNT PAID: AMT [F5](#) [152.45](#)

Claims

Paper to Electronic Crosswalk - Billing

25 FEDERAL TAX I.D. NUMBER	SSN EIN
123456789	<input type="checkbox"/> <input checked="" type="checkbox"/>
36 SERVICE FACILITY LOCATION INFORMATION	
ABC CLINIC	
123 MAIN STREET	
KANSAS CITY MO 64108-1111	
1234567891	
59 BILLING PROVIDER INFORMATION	
ABC GROUP PRACTICE	
123 MAIN STREET	
KANSAS CITY MO 64108-1111	
1234567890	

• Loop 2010AA Billing Provider • REF - BILLING PROVIDER TAX IDENTIFICATION REF [EI](#) *123456789-

IF PLACE OF SERVICE IS NOT PRACTICE/BILLING ADDRESS:

- Loop 2310C Service Facility • NM1 - SERVICE FACILITY LOCATION NAME: NM1 [77](#) *2 [ABC CLINIC](#) *****XX [1234567891](#) -
- N3 - SERVICE FACILITY LOCATION ADDRESS: N3 [123 MAIN STREET](#)~ N4 [KANSAS CITY](#) [MO](#) *64108~
- Loop 2010AA Billing Provider • NM1 - BILLING PROVIDER NAME: NM1 [85](#) *2 [ABC Group Practice](#) *****XX [1234567890](#) -
 - N3 - BILLING PROVIDER ADDRESS: N3 [123 MAIN STREET](#)~ N4 [KANSAS CITY](#) [MO](#) *64108~

Claims

Electronic Claim Search

```
Search Pattern: john Search on whole words: No
SBR*P**12345678901*****CI~
NM1*IL*1*CANNING*JOHN****MI*W12345678904~
NM1*PR*2*AETNA 00 EL PASO 981106*****PI*60054~
N3*AETNA*POBOX 981106~
N4*EL PASO*TX*799981106~
HL*23*22*23*0~
PAT*19~
NM1*QC*1*CANNING*JACK~
N3*1 SCHOOL ST~
N4*ROCK*NJ*07070~
DMG*D8*20200101*M~
CLM*197102 1704723*305***11:B:1*Y*A*Y*Y~
REF*D9*197102 1704723~
HI*ABK:Z00129*ABF:Z6852*ABF:Z713*ABF:Z7182~
NM1*82*1*SMITH*JOHN*****XX*9999999990~
PRV*PE*PXC*208000000X~
NM1*77*2*PEDIATRIC PARTNERS*****XX*111111112~
N3*1 ROAD STREET~
N4*WALLA WALLA*NJ*070701010~
LX*1~
SV1*HC:99382*275*UN*1***1:2:3:4~
DTP*472*D8*20230405~
REF*6R*197102 1704723 1~
LX*2~
SV1*HC:96110*30*UN*1***1~
DTP*472*D8*20230405~
REF*6R*197102 1704723 2~
```

Done	Jump to Top	Jump to Bottom	Send To...			Search For Next	Search Pattern
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Claims

File Acknowledgements (Transaction 999)

File Acknowledgements are mostly invisible to you

PCC EDI monitors incoming 999 transactions and will only reach out to an office if intervention is needed

If PCC can resolve most file rejection issues and resubmit without alerting the office

Claims

Transaction Type 276 - Claim Status Request

Some transactions generate an automatic status request when an original claim is sent

Transaction Type 277 - Claim Status Response

An acceptance or Rejection message translated into human readable text found in PCC

Claims

Payer Rejections

```
Search Pattern: \b[0-9]+ 1710086\b Search on whole words: No
-----
Post-N-Track Claim Acknowledgment Report Generated: 04/19/2023 Page 1

The following claims were REJECTED by Post-N-Track

PATIENT/      PATIENT      PATIENT      SERVICE      CLAIM      PAYOR
CLAIM ID      LAST NAME    FIRST NAME   DATE         CHARGES    ID
-----
[REDACTED]    CANNING     JOHN        20230418    495.00    62308
BILLING PROVIDER TAX ID: 999999999
PAYER CLAIM CONTROL NUMBER: 23109-6WN0JK000
SUBSCRIBER ID: U12345678-04
MESSAGES: A7 Acknowledgement/Rejected for Invalid Information - The
          claim/encounter has invalid information as specified in the Status
          details and has been rejected.
          88 Entity not eligible for benefits for submitted dates of service.
          QC Patient

-----
TOTAL CLAIMS REJECTED BY POST-N-TRACK:      1      CHARGES:      495.00

-----
Done  Jump to  Jump to  Send  [ ]  [ ]  Search  Search
      Top    Bottom To... [ ]  [ ]  For Next Pattern
```

Claims

Payer Rejections

```
Search Pattern: \b[0-9]+ 1711308\b Search on whole words: No
-----
OPTUM Health Care Claim Acknowledgment Report Generated: 04/20/2023 Page 1

The following claims were REJECTED by OPTUM

PATIENT/      PATIENT      PATIENT      SERVICE      CLAIM   PAYOR
CLAIM ID      LAST NAME    FIRST NAME    DATE         CHARGES  ID
-----
148687 1711308  CANNING      JOHN         20230419  388.00  87726
BILLING PROVIDER TAX ID: 999999999
PAYER CLAIM CONTROL NUMBER: FLN 929231109683800 ICN DV8451
SUBSCRIBER ID: 123456789
MESSAGES: A3 Acknowledgement/Returned as unprocessable claim-The
claim/encounter has been rejected and has not been entered into the
adjudication system.
21 Missing or invalid information.
P4999S32DN SmartEdit (S32DN) Diagnosis Z00129 is not appropriate
with procedure code 92587 when submitted for Otoacoustical Emission
Testing. If applicable, update your submission.
P4999INFO SmartEdit (INFO) [Pattern 28487] For additional
information regarding this edit, refer to our Smart Edits Guide at
UHCprovider.com/SmartEdits.
-----
TOTAL CLAIMS REJECTED BY OPTUM:      1              CHARGES:      388.00

Done Jump to Jump to Send Search Search
      Top Bottom To... For Next Pattern
```

Electronic Remittance

When things go wrong:

ERA Delays

Charges Forced to Manual Entry

Agreements to Receive More ERA

Electronic Remittance

ERA Delays

Federally (ACA) mandated CAQH CORE EFT & ERA Operating Rules effective 1/1/2014

To address the burden associated with delays between receipt of an EFT and an ERA, the ACA requires health plans to release the ERA for transmission to the health care provider:

- No sooner than three business days prior to the date identified in the Stage 1 payment initiation transmission as the date the health plan intends to provide funds to the payee via EFT (the Effective Entry Date).
- No later than three business days after the Effective Entry Date identified in the Stage 1 payment initiation.

Electronic Remittance

ERA Delays

3 business days after the deposit check date contact PCC to open a case with the following:

1. Check/EFT transaction trace number
2. Check amount
3. Check/Deposit date
4. Copy of EOB/Remit (from Payer Portal)

Electronic Remittance

Charges forced to manual entry

<u>Payer</u>	<u>Payee</u>
NEVADA SUPERIOR HEALTH	PAULI G LAGERS MD
P.O. BOX 182223	# 112
LAS VEGAS NV, 374227223	222 UNIVERSITY W BLVD
	SILVER SPRING MO, 209011969

Payment Information
 Remittance Information Only
 Check 871450137
 Amount: \$132.64

Adjustment Reason Key

45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).

Date CPT	Charge	Deduct	Copay/ Personal	Other	Total PersDue	Contractual	Other Adjust	Payment
SONGER, KATHY (Ins ID: U30999999) PCC ID: 15710 123303 Claim Processed as Primary								
121807 99392	148.00	-10.00	0.00	0.00	10.00	-47.35 45	0.00	90.65
121807 90655	30.00	0.00	0.00	0.00	0.00	-14.03 45	0.00	15.97
121807 36416	20.00	0.00	0.00	0.00	0.00	-15.77 45	0.00	4.23
121807 90465	35.00	0.00	0.00	0.00	0.00	-13.21 45	0.00	21.79
	233.00	-10.00	0.00	0.00	10.00	-90.36	0.00	132.64

Date	Procedure Code	Submitted (if diff)	Charge	Deduct	Copay/ CoInsur	Personal Other	Total PersDue	Contractual	Other Adjust	Payment
BLASTY, FIRSXY (Ins ID: M444475) PCC ID: 22222 333333 Claim Processed as Primary										
040420	99213	9921425	174.00	0.00	0.00	0.00	0.00	-56.67 45	CO 0.00	117.33
040420	90633	58160082552	79.00	0.00	0.00	0.00	0.00	-44.00 45	CO 0.00	35.00
040420	90707	00006468100	100.00	0.00	0.00	0.00	0.00	-17.00 45	CO 0.00	83.00
040420	90716	00006482700	166.00	0.00	0.00	0.00	0.00	-25.00 45	CO 0.00	141.00
040420	85018QW		19.00	0.00	0.00	0.00	0.00	-17.24 45	CO 0.00	1.76
040420	36416		12.00	0.00	0.00	0.00	0.00	-7.15 45	CO 0.00	4.85
040420	83655QW		53.00	-8.97	LPR 0.00	0.00	8.97	-44.03 45	CO 0.00	0.00
040420	9917459		53.00	0.00	0.00	0.00	0.00	-46.33 45	CO 0.00	6.67
040420	90460		147.00	0.00	0.00	0.00	0.00	-89.01 45	CO 0.00	57.99
040420	90461		98.00	0.00	0.00	0.00	0.00	-73.70 45	CO 0.00	24.30
			901.00	-8.97	0.00	0.00	8.97	-420.13	0.00	471.90

Payer Claim Control Number: 12121212121
 *Procedure code ##### not found in the charge history for this claim



Electronic Remittance

Charges forced to manual entry

31. Allow Partner autoposting?

32. Should CARC values related to provider/insurance responsibility be autoposted (aside from the exceptions below)?
Yes, post provider/insurance responsibility CARC values.
No, do not post provider/insurance responsibility CARC values.

33. Which provider/insurance CARC values are exceptions?

34. Should CARC values related to patient responsibility be autoposted (aside from the exceptions below)?
Yes, post patient responsibility CARC values.
No, do not post patient responsibility CARC values.

35. Which patient responsibility CARC values are exceptions?

36. Should RARC values related to provider/insurance responsibility be autoposted (aside from the exceptions below)?
Yes, post provider/insurance responsibility RARC values.
No, do not post provider/insurance responsibility RARC values.

37. Which provider/insurance RARC values are exceptions?

Electronic Remittance

Agreements to receive more ERA

Send PCC a copy of a recent paper EOB.

If you look up your EOB from a payor portal, download the EOB as a PDF and send to PCC.

If you do not have an EOB, send PCC a patient example with the plan name and payor ID.

Session Takeaways

1. Eligibility responses, alerts, and explanations. How to fix or when to try again versus when to call PCC.
2. How to read claim information and confirm the information you sent was correct.
3. How to understand responses, smart edits, and rejections.
4. Maximize ERA use, update what autoposts, and minimize manual payment posting.

What Questions Do You Have?

Later Viewing

This and all other UC2023 course recordings will be available for later viewing through the app.