Grow Your Own EDI Superuser

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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

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The Big Three

1. Eligibility
2. Claims
3. Electronic Remittance Advice

First Steps for Transmission

PCC as a Clearinghouse:

PCC

Eligibility

When things go wrong:

PCC Pre-Submission Errors

Payer Response Errors

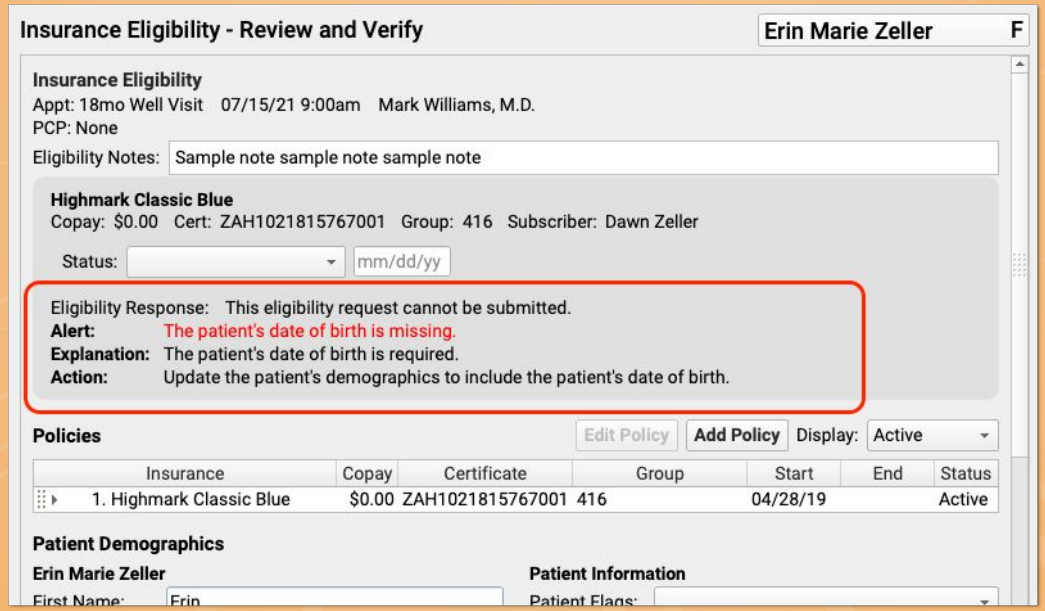
Eligibility

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



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Eligibility

Transaction Type 270 - Eligibility Inquiry

Transaction Type 271 - Eligibility Response

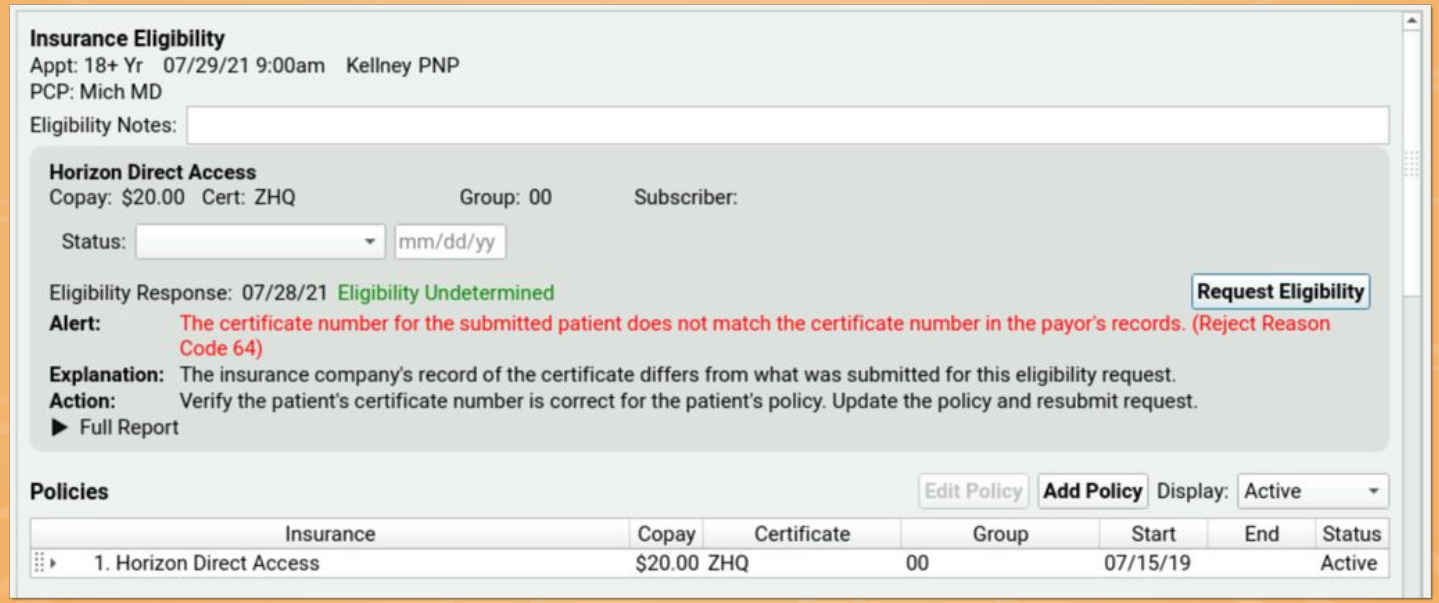
Eligibility

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



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

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Claims

Transaction Type 837P - Claim Submission

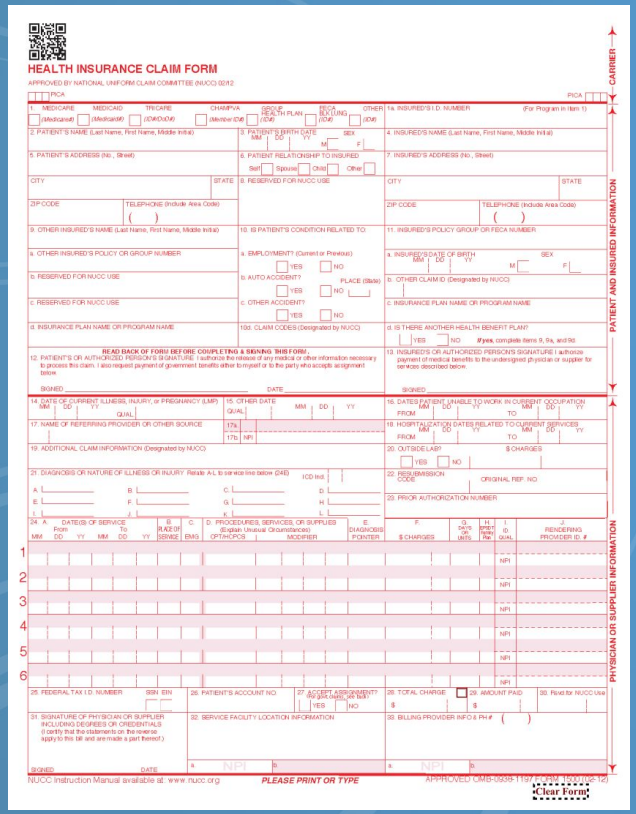
Transaction Type 999 - File Acknowledgement

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) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL

15. OTHER DATE QUAL MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A B C D E F G H I J K L

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A DATE(S) OF SERVICE From MM DD YY To MM DD YY | B PLACE OF SERVICE | C EMG | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER | E. DIAGNOSIS POINTER | F. $ CHARGES | G. DAYS OR UNITS | H. EPSDT Family Plan | I. ID. QUAL | J. RENDERING PROVIDER ID. #

1 NPI

2 NPI

3 NPI

4 NPI

5 NPI

6 NPI

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

Clear Form

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

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.

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Claims

837 Professional Claim Specifications

- **ISA** Interchange Control Header
  - **GS** Functional Group Header
    - **ST** Transaction Set Header
    - ST - TRANSACTION SET HEADER: ST*837*987654*005010X222~
      - **Loop 1000A Submitter**
        - NM1 - SUBMITTER NAME: NM1*41*2*ABC SUBMITTER*****46*999999999~
      - **Loop 1000B Receiver**
        - NM1 - RECEIVER NAME: NM1*40*2*XYZ RECEIVER*****46*111222333~
      - **Loop 2000A Billing/Pay-To Provider**
        - **IF BILLING PROVIDER IS RENDERING PROVIDER:**
          - PRV - BILLING PROVIDER HIERARCHICAL LEVEL: PRV*BI*PXC*207Q00000X~
        - **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 - BILLING PROVIDER CITY, STATE, ZIPCODE: N4*KANSAS CITY*MO*64108~
      - **Loop 2000B Subscriber Information**
        - SBR - SUBSCRIBER INFORMATION: SBR*P**GRP01020102******CI~
        - **Loop 2010BA Subscriber**
          - NM1 - SUBSCRIBER NAME: NM1*IL*1*DOE*JOHN*T**JR*MI*123456~
          - **IF PATIENT IS SUBSCRIBER:**
            - N3 - SUBSCRIBER ADDRESS: N3*123 MAIN STREET~
            - N4 - SUBSCRIBER CITY, STATE, ZIP CODE: N4*KANSAS CITY*MO*64108~
            - DMG - SUBSCRIBER DEMOGRAPHIC INFORMATION: DMG*D8*19690815*M~
        - **Loop 2010BB Payer**
          - NM1 - PAYER NAME: NM1*PR*2*ABC INSURANCE CO*****PI*11122333~
          - N4 - PAYER CITY, STATE, ZIP CODE: N4*KANSAS CITY*MO*64108~
        - **IF PATIENT IS NOT SUBSCRIBER:**
          - **Loop 2000C Patient**
            - PAT - PATIENT INFORMATION: PAT*19~
            - NM1 - PATIENT NAME: NM1*QC*1*DOE*SALLY*J~
            - N3 - PATIENT ADDRESS: N3*123 MAIN STREET~
            - N4 - PATIENT CITY, STATE, ZIP CODE: N4*KANSAS CITY*MO*64108~
            - DMG - PATIENT DEMOGRAPHIC INFORMATION: DMG*D8*19690815*M~
      - **Loop 2300 Claim Information**
        - CLM - CLAIM INFORMATION: CLM*A37YH556*500***11:B:1*Y*A*Y*I~
        - DTP - DATE - ACCIDENT: DTP*439*D8*20060108~
        - DTP - DATE - LAST MENSTRUAL PERIOD: DTP*484*D8*20050108~
        - DTP - DATE - LAST X-RAY DATE: DTP*455*D8*20050108~
        - DTP - DATE - DISABILITY DATES BEGIN: DTP*360*D8*20030108~
        - DTP - DATE - DISABILITY DATES END: DTP*361*D8*20050108~
        - DTP - DATE - AUTHORIZED RETURN TO WORK: DTP*296*D8*20050108~
        - DTP - DATE - ADMISSION START: DTP*435*D8*20030108~
        - DTP - DATE - DISCHARGE: DTP*096*D8*20050108~
        - **IF PATIENT AMOUNT PAID IS NOT $0.00**
          - AMT - PATIENT AMOUNT PAID: AMT*F5*152.45~
          - HI - HEALTH CARE DIAGNOSIS CODE INFORMATION: HI*ABK:8901*ABF:87200*ABF:5559~
        - **Loop 2310A Referring Provider**
          - NM1 - REFERRING PROVIDER NAME: NM1*DN*1*WELBY*MARCUS*W***JR*XX*1234567891~
        - **IF RENDERING PROVIDER IS NOT BILLING PROVIDER:**
          - **Loop 2310B Rendering Provider**
            - NM1 - RENDERING PROVIDER NAME: NM1*82*1*DOE*JANE*C***XX*1234567804~
            - PRV - RENDERING PROVIDER SPECIALTY INFORMATION: PRV*PE*PXC*1223G0001X~
        - **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 - SERVICE FACILITY LOCATION CITY,STATE, ZIP CODE: N4*KANSAS CITY*MO*64108~
        - **IF SECONDARY CLAIM:**
          - **Loop 2320 Other Subscriber/Payer**
            - SBR - OTHER SUBSCRIBER INFORMATION: SBR*S*19*GR00786******MC
            - AMT - COORDINATION OF BENEFITS (COB)PAYER PAID AMOUNT: AMT*D*411~
            - OI - OTHER INSURANCE COVERAGE INFORMATION: OI***Y*P***Y~
          - **Loop 2330A Other Subscriber**
            - NM1 - OTHER SUBSCRIBER NAME: NM1*IL*1*DOE*JOHN*T**JR*MI*123456~
          - **Loop 2330B Other Payer**
            - NM1 - OTHER PAYER NAME: NM1*PR*2*ABC INSURANCE CO*****PI*PI*11122333~
      - **Loop 2400 Service Line**
        - LX - SERVICE LINE NUMBER: LX*1~
        - SV1 - PROFESSIONAL SERVICE: SV1*HC:99211:25*12.25*UN*1*11***1:2:3***Y~
        - DTP - DATE - SERVICE DATE: DTP*472*RD8*20050314-20050325~
        - REF - LINE ITEM CONTROL NUMBER: REF*6R*54321~
        - **Loop 2410 Drug**
          - LIN - DRUG IDENTIFICATION: LIN***N4*01234567891~
          - TR3 Example: CTP****2*UN~
        - **IF SECONDARY CLAIM:**
          - **Loop 2430 Line Adjudication**
            - SVD - LINE ADJUDICATION INFORMATION: SVD*43*55*HC:84550***3~
            - CAS - LINE ADJUSTMENT: CAS*PR*1*7.93~
            - DTP - LINE CHECK OR REMITTANCE DATE: DTP*573*D8*20040203~
    - **SE** Transaction Set Trailer
  - **GE** Functional Group Trailer
- **IEA** Interchange Control Trailer

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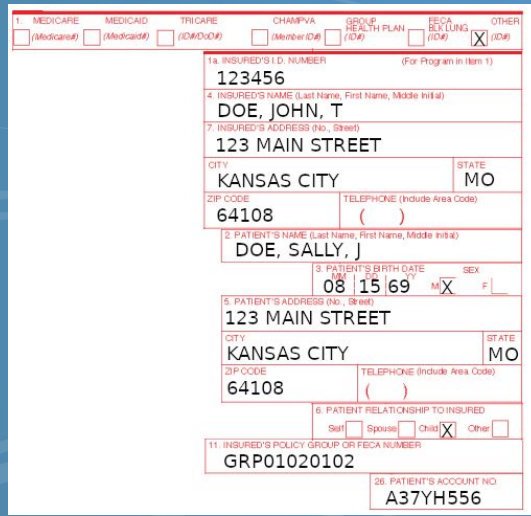
Claims

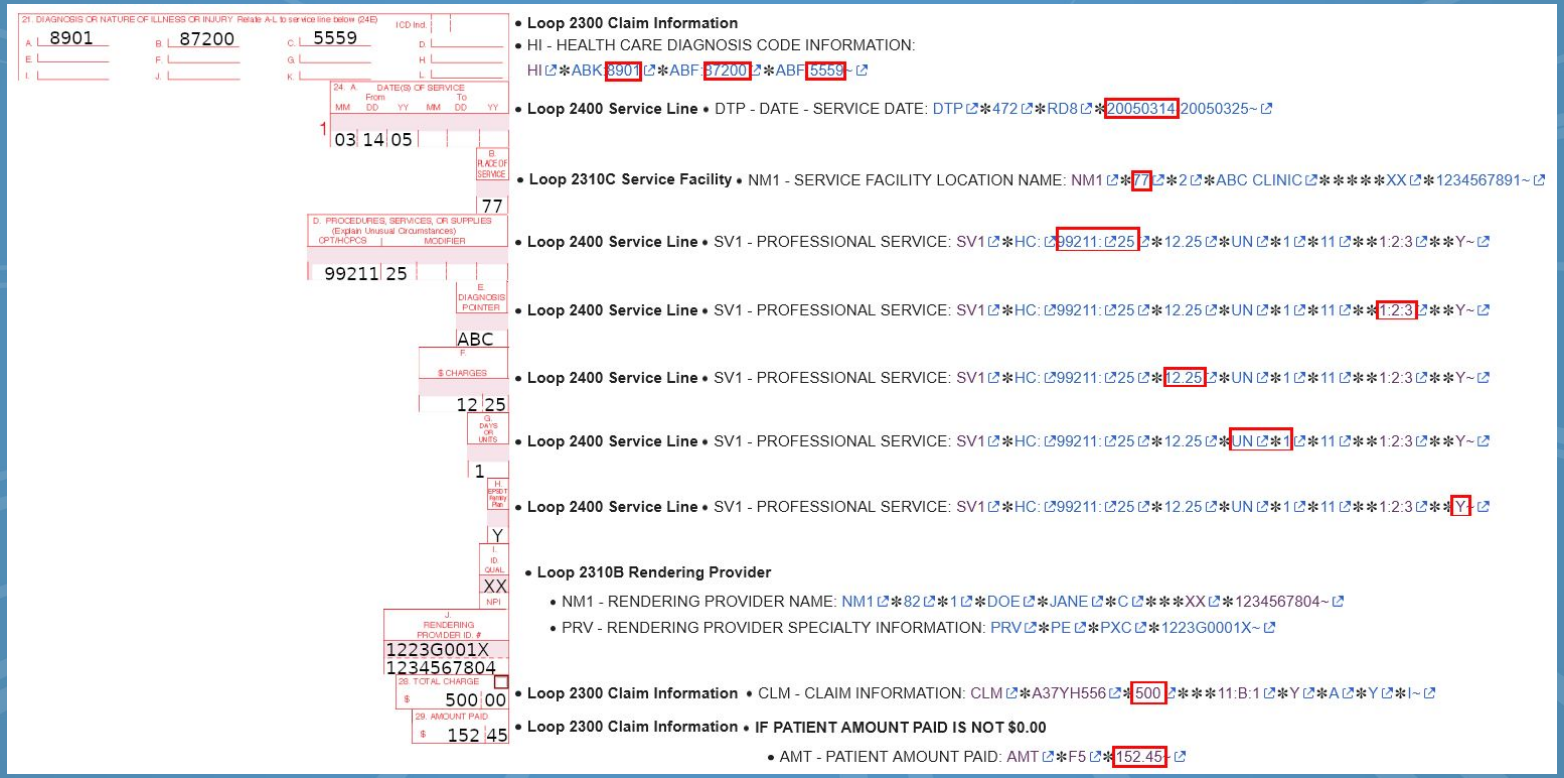
Paper to Electronic Crosswalk - Patient



- **Loop 2000B Subscriber Information** • SBR - SUBSCRIBER INFORMATION: SBR*P**GRP01020102******CI~
- **Loop 2010BA Subscriber** • NM1 - SUBSCRIBER NAME: NM1*IL*1*DOE*JOHN*T**JR*MI*123456~
- **Loop 2010BA Subscriber** • NM1 - SUBSCRIBER NAME: NM1*IL*1*DOE*JOHN*T**JR*MI*123456~
- **Loop 2010BA Subscriber** OR • **IF PATIENT IS SUBSCRIBER:** Do Not Send Loop 2000C Patient Information
  - N3 - SUBSCRIBER ADDRESS: N3*123 MAIN STREET~
  - N4 - SUBSCRIBER CITY, STATE, ZIP CODE: N4*KANSAS CITY*MO*64108~
- **Loop 2010BA Subscriber** OR • **IF PATIENT IS NOT SUBSCRIBER:** • **Loop 2000C Patient** • NM1 - PATIENT NAME: NM1*QC*1*DOE*SALLY*J~
- **Loop 2010BA Subscriber** OR • **IF PATIENT IS NOT SUBSCRIBER:** • **Loop 2000C Patient** • DMG - PATIENT DEMOGRAPHIC INFORMATION: DMG*D8*19690815*M~
- **Loop 2010BA Subscriber** OR • **IF PATIENT IS NOT SUBSCRIBER:** • **Loop 2000C Patient**
  - **IF PATIENT IS SUBSCRIBER:**
  - N3 - SUBSCRIBER ADDRESS: N3*123 MAIN STREET~
  - N4 - SUBSCRIBER CITY, STATE, ZIP CODE: N4*KANSAS CITY*MO*64108~
- **Loop 2000C Patient** • PAT - PATIENT INFORMATION: PAT*19~
- **Loop 2000B Subscriber Information** • SBR - SUBSCRIBER INFORMATION: SBR*P**GRP01020102******CI~
- **Loop 2300 Claim Information** • CLM - CLAIM INFORMATION: CLM*A37YH556*500***11:B:1*Y*A*Y*I~

Claims

Paper to Electronic Crosswalk - Service



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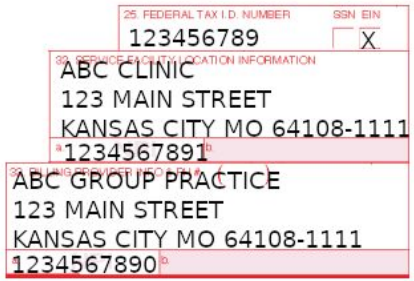
Claims

Paper to Electronic Crosswalk - Billing



- **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~

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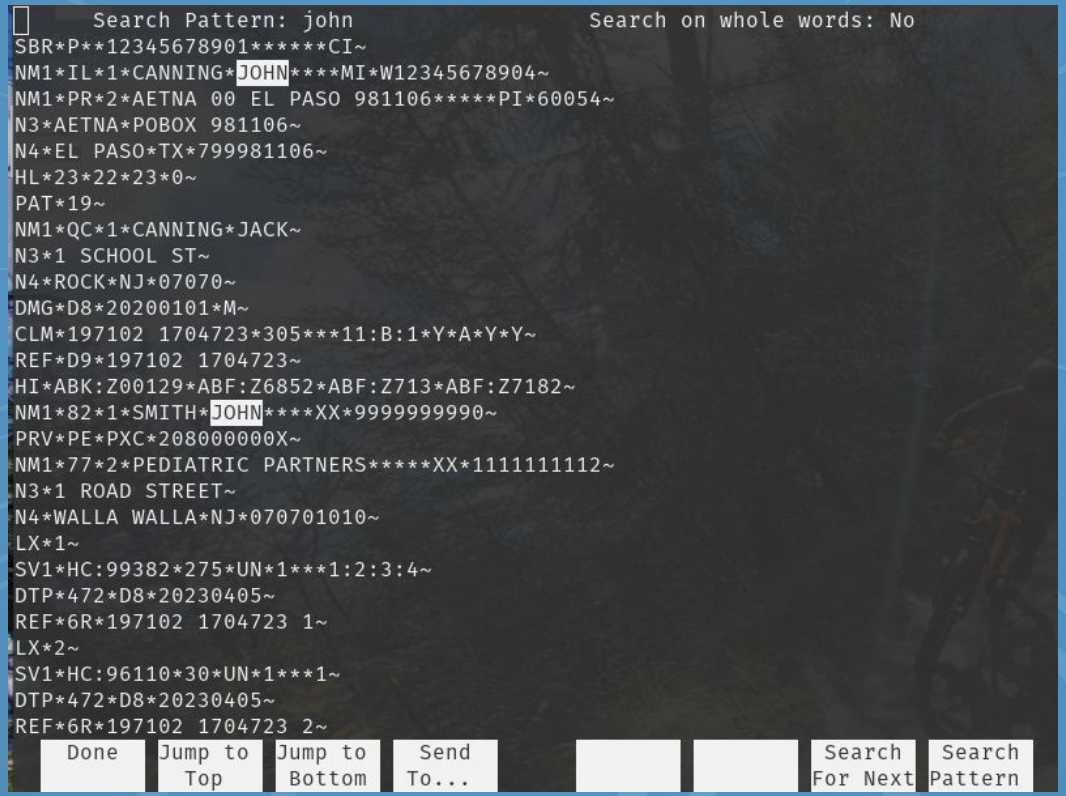
Claims

Electronic Claim Search



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

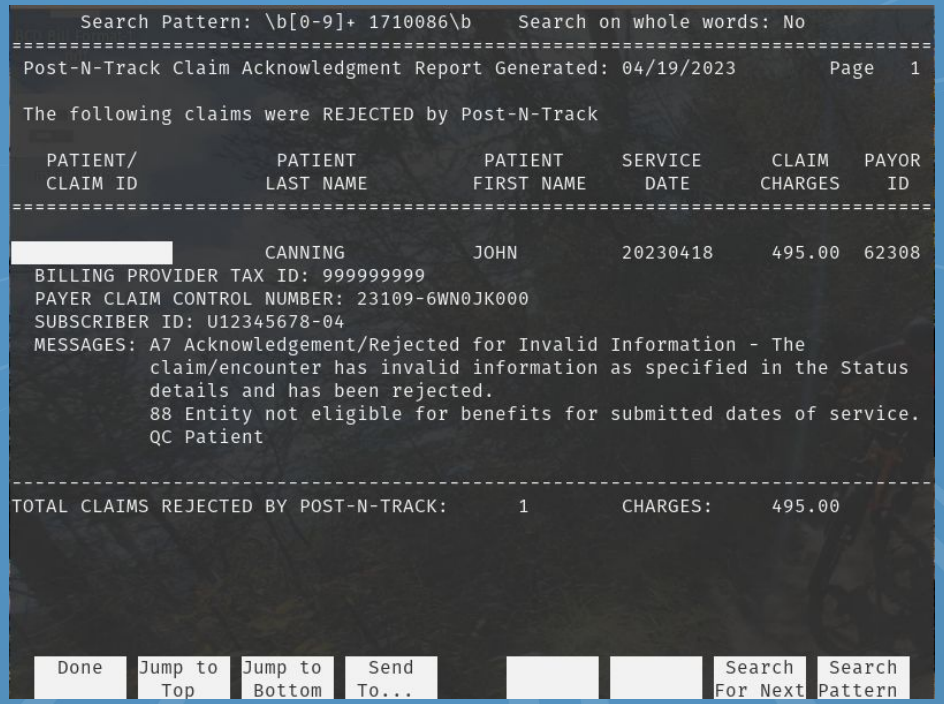
Some transactions generate an automatic status request when an original claim is sent

Transaction Type 277 - Claim Status Response

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

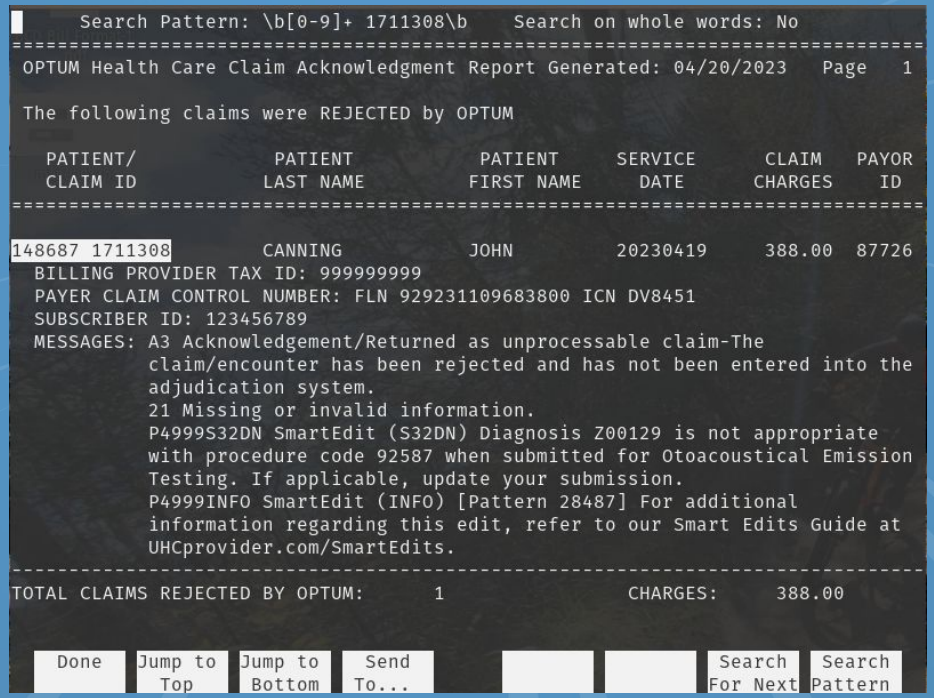
Claims

Payer Rejections



Claims

Payer Rejections



Electronic Remittance

When things go wrong:

ERA Delays

Charges Forced to Manual Entry

Agreements to Receive More ERA

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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

Date	Procedure Code	Submitted (if diff)	Charge	Deduct	Copay/ CoInsur	Personal Other	Total PersDue	Contractual Adjust	Other Adjust	Payment
BLASTY, FIRSTY (Ins ID: MMMMM7575757)				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 1PR	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

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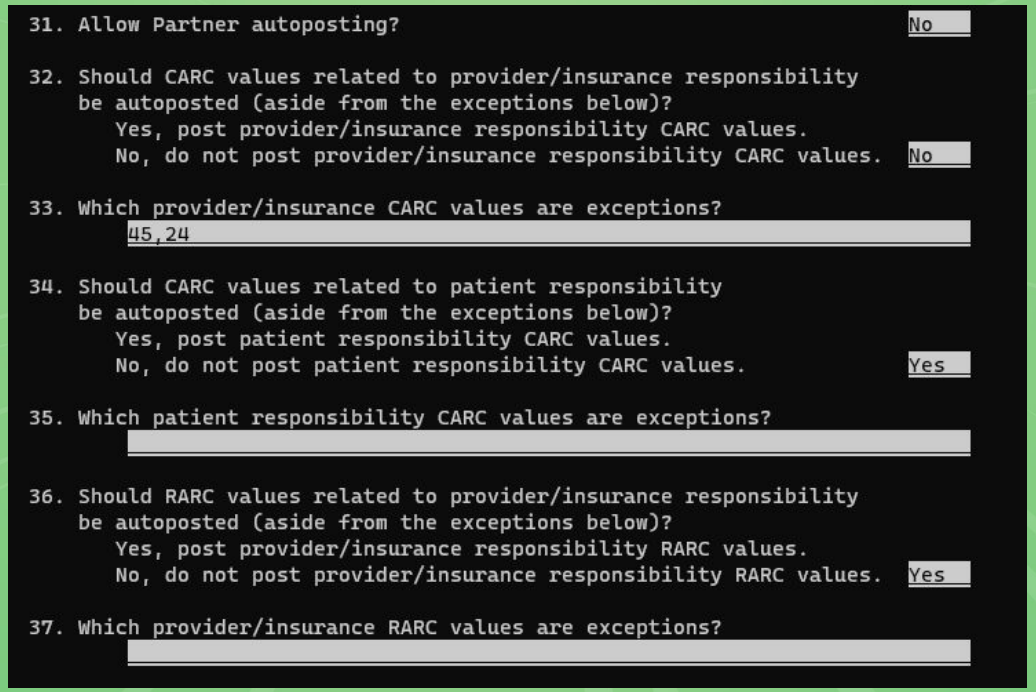
PCC Pediatric EHR Solutions

Electronic Remittance

Charges forced to manual entry



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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 UC2024 course recordings will be available for later viewing through the app.

Credits: Ben Brandt - Presentation

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