

Claimsnet.com

Claimsnet Implementation Guide



This document is the property of Claimsnet.com, Inc. and considered confidential and proprietary.

A portion of this companion guide is the copyrighted work of CAQH and WEDI. More information may be obtained by visiting the CAQH/WEDI website, <http://www.wedi.org/snip/caqhimpltools/>, or by contacting WEDI and/or CAQH at these phone numbers:

Workgroup for Electronic Data Interchange (WEDI), Jim A. Schuping, Executive Vice President, 703-391-2716
Council for Affordable Quality Healthcare (CAQH), Robin Thomashauer, Executive Director, 202-861-1493

Table of Contents

- HIPAA..... 1
- Claimsnet's Commitment 1
- Document Purpose..... 1
- ASC X12N 837 Companion Guide 2
- Telecommunication Information 3
- Reports..... 4
 - Claim Status Report 4
 - Transmission Report 5
- Standard Edits..... 7
 - Professional Claim Edits – HCFA 1500..... 7
 - Institutional Claim Edits – UB92 10
 - Dental Claim Edits – ADA 13

HIPAA

HIPAA, an acronym for the Health Insurance Portability and Accountability Act, was signed into law on August 21, 1996, Public Law 104-191. This law impacts all areas of the health care industry and was designated to provide insurance portability, to improve the efficiency of health care by standardizing the exchange of administrative and financial data, and to protect the privacy, confidentiality and security of health care information.

For additional information regarding HIPAA navigate to <http://aspe.hhs.gov/admsimp>

Claimsnet's Commitment

HIPAA has been called the most sweeping piece of healthcare legislation since Medicare. Consequently, compliance with final HIPAA regulations will require a coordinated effort among various constituents in the healthcare organization, including business operations and information systems.

Claimsnet is committed to meeting HIPAA requirements and helping our customers successfully meet HIPAA requirements. Careful monitoring and planning for the final regulations positions us to become HIPAA compliant and assist our customers in meeting the requirements. We continue to update the Claimsnet HIPAA Compliance Plan with the most up-to-date HIPAA news.

Document Purpose

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content being requested when data is electronically transmitted to Claimsnet. Transmissions based on this Companion Guide, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides.

This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements of data expressed in the Implementation Guides.

ASC X12N 837 Companion Guide

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content being requested when data is electronically transmitted to Claimsnet. Transmissions based on this Companion Guide, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides.

This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements of data expressed in the Implementation Guides.

<u>Loop</u>	<u>Segment & Reference</u>	<u>Valid Value</u>	<u>Notes/Comments</u>
	ISA01	'00'	No Authorization Required
	ISA02		No Authorization Required
	ISA03	'00'	No Security Information Required
	ISA04		No Security Information Required
	ISA05	'ZZ'	Mutually Defined
	ISA06	Federal Tax ID or SSN	
	ISA07	'ZZ'	Mutually Defined
	ISA08	'752380212'	
	ISA14	'0'	No acknowledgment requested
	ISA15	'T' or 'P'	T – Test P – Production
	ISA16	':'	Colon
	GS02	Federal Tax ID or SSN	
	GS03	'752380212'	
1000B	NM103	'Claimsnet'	
1000B	NM109	'752380212'	
2010BB	NM109	Payer ID	Claimsnet ID from our Payor List http://www.claimsnet.com/register/payerlist/payersearch.asp

Telecommunication Information

FTP - <ftp1.claimsnet.com>

Secure FTP - <sftp.claimsnet.com>

Directory Structure:

 /Import

 /Reports

You will push claim files to Claimsnet in the Import folder and we will return response reports within 24 hours in the Reports folder. The claim files must be named with an extension of clm (*.clm) to be processed.

Reports

Claim Status Report

Filename = 333326.STA.841

HCFA1500 Claim Status Report			Date :	2-06-2004
Provider: OTHELLO R REPUYAN MD			Ref ID:	333326
Patient Name	Account Number	Payor	Claim Amt	Status
PATIENT AONE	16892R802	PROXYMED BATMAN	100015.00	ERRORS
PATIENT BTWO	59474R491	THIN BATMAN	115.00	PRXMD
PATIENT CTHREE	32306R954	TXBLC BATMAN	85.00	ERRORS
PATIENT DFOUR	33351R954	TXMCD BATMAN	120.00	ERRORS
PATIENT EFIVE	28279R130	TXMED BATMAN	85.00	ERRORS
PATIENT FSIX	36620R4	LABLC BATMAN	85.00	LABLC
PATIENT GSEVEN	55030R4	LAMED BATMAN	85.00	ERRORS
PATIENT HEIGHT	62922R4	LAMCD BATMAN	160.00	ERRORS
PATIENT ININE	62922R4	TNBLC BATMAN	10000.00	ERRORS
Report Total			Claim Count: 9	110750.00
* - Claims denoted with an asterisk following the intermediary name in the Status column have been assigned a warning message. These claims will be sent to the payor, but please see the warning message in the error report below.				
NOTE: The Status column in this report shows whether a claim has errors or, for an error-free claim, its expected intermediary based on how you matched your payors. This is not, however, an indication that the claims have actually been formatted for transmission. Please check the Transmission Audit Reports for any displayed intermediaries for confirmation.				

Figure 1.1

Filename = 333326.STA.841

CLAIM ERROR REPORT			
Date :	2/06/2004	Provider:	OTHELLO R REPUYAN MD
Time :	12:22:42		
Ref ID:	333326		
Patient Name	Account Number	Service Date	Charges
PATIENT, AONE	16892R802	5-01-2000	100015.00
ERROR:	Test Table validation -Warning...		
DATA:	<blank>		
ERROR:	10a. EMP. ACCIDENT INDICATOR INVALID		
DATA:	<blank>		
PATIENT, CTHREE	32306R954	9-08-2000	85.00
ERROR:	Texas BC/BS group number is missing from Payor License table, or it does not match 6 or 9 digit format		
DATA:	841		
PATIENT, DFOUR	33351R954	9-07-2000	120.00
ERROR:	31. Texas Medicaid requires the Physician Specialty. Please select the specialty in the Physician Table.		
DATA:	SPURLOCK SCOTT		
ERROR:	31 MISSING OR INVALID PHYSICIAN LICENSE NUMBER Must be 9 alphanumeric		
DATA:	SPURLOCK SCOTT		

Figure 1.2

Transmission Report

Filename = 841.837P0000841LABLC039.XMT

Claim Selected For Transmission (LOUISIANA BCBS)				
Date:	2-06-2004	Provider:	OTHELLO R REPUYAN MD	
Time:	12:22:45			
Output Filename:	OUTPUT\837P0000841LABLC039.LA8			
Ref ID:	333326			
Patient Number	Patient Name	DOS	Amount	Payor
36620R4	PATIENT FSIX	9-11-2000	85.00	LABLC BATMAN
Total Claims Selected :	1	Total Amount :	85.00	

Figure 1.3

Filename = 841.CN000841-0000841-042.XMT

Claim Selected For Transmission (Proxymed HCFA Format)				
Date:	2-06-2004	Provider:	OTHELLO R REPUYAN MD	
Time:	12:22:45	Output Filename:	OUTPUT\CN000841-0000841-042.CLM	
Ref ID:	333326			
Patient Number	Patient Name	DOS	Amount	Payor
59474R491	PATIENT BTWO	9-08-2000	115.00	THIN BATMAN
Total Claims Selected :		1	Total Amount :	115.00

Figure 1.4

Standard Edits

Professional Claim Edits – HCFA 1500

- MISSING INSURED ID
- MISSING PATIENT FIRST NAME
- MISSING PATIENT LAST NAME
- MISSING OR INVALID PATIENT BIRTHDATE Patient birth date cannot be a future date
- INVALID PATIENT SEX
- Insured first name is required when relationship to the insured equals 02, 03, or 04
- Insured last name is required when relationship to the insured equals 02, 03, or 04
- MISSING PATIENT ADDRESS
- MISSING PATIENT CITY
- Phone number must be 7 or 10 numerics.
- MISSING OR INVALID STATE State must be a valid two digit abbreviation
- MISSING OR INVALID PATIENT ZIP CODE Zip Code must be five or nine numeric
- MISSING OR INVALID PATIENT ZIP CODE Patient Zip Code does not match State
- MISSING PATIENT RELATIONSHIP TO THE INSURED
- Insured address is required if the patient and the insured are different
- Insured city is required if the patient and the insured are different
- Insured state is required if the patient and the insured are different, and it must be a valid state abbreviation
- Insured zip code not valid for insured state or is not 5 or 9 numeric characters.
- Insured zip is required if the patient and the insured are different
- Insured phone number must be 7 or 10 numerics.
- Marital status is invalid
- Employment status code is invalid
- OTHER INS. LAST NAME INVALID
- OTHER INS. FIRST NAME INVALID
- OTHER INS. POLICY # INVALID
- OTHER INS. BIRTHDATE INVALID
- OTHER INS. SEX INVALID
- OTHER INS. EMP. NAME INVALID
- Employment accident indicator is required
- Auto accident indicator is required
- If auto accident indicator is Y, then the state the accident was in is required; it must be a valid state abbreviation
- Other accident indicator is required
- The group number cannot be the same as the insured ID
- MISSING INSURED BIRTHDATE Must be present when Relationship to Insured not Self
- 11a. MISSING OR INVALID INSURED'S DATE OF BIRTH It cannot be a future date

- Medical information release indicator is required
- Benefits release indicator is required
- A diagnosis code that begins with an 8 or 9 indicates trauma and requires that a date of injury be given
- Date of injury is required if accident indicator equals Y
- Date of current cannot be greater than today's date or less than patient's birthdate
- Same/similar illness date cannot be greater than today's date or less than the patient's birthdate
- Disabled from date cannot be greater than today's date or less than the patient's birthdate
- Disabled to date cannot be greater than today's date or less than the patient's birthdate
- Referring physician ID must be present when Referring Physician present
- Referring physician first name is required when type of service is 03
- If there is a referring physician last name, there must be a first name
- Referring physician name is required when a Referring ID is given
- Referring physician name is required when a Referring ID is given
- Referring physician last name is required when type of service is 03
- If there is a referring physician first name, there must be a last
- Hospital admit date cannot be greater than today's date
- Discharge date cannot be greater than today's date, or less than the admit date
- If present, lab indicator must be Y or N
- Lab charges are required is the lab indicator = Y
- MISSING OR INVALID DIAGNOSIS CODE Primary diagnosis code cannot be an E code, and must be a valid ICD9 code
- INVALID DIAGNOSIS CODE 2
- If there is a third diagnosis code, then there must be a valid second diagnosis code
- INVALID DIAGNOSIS CODE 3
- If there is a fourth diagnosis code, then there must be a valid third diagnosis code
- INVALID DIAGNOSIS CODE 4
- Patient account number is required.
- 27. Provider Assignment Indicator Must Be Valid Code
- Total charges cannot be equal to or less than \$0
- Rendering physician is required, and must match the physician table
- MISSING PHYCIAN NAME IN THE PROVIDER TABLE When submitting claims as an individual, the physician name must be completed in the provider table of the setup tab.
- INVALID STATE State must be a valid two digit abbreviation
- Facility zip code not valid for state or is not 5 or 9 numeric characters.
- FACILITY CITY MISSING OR INVALID The Facility City must have a length of at least 2 characters
- MISSING FACILITY ADDRESS, CITY, STATE AND ZIP Please complete this information in the facility option of the setup tab.
- Date of service is required, it cannot be greater than today's date or less than patient's birthdate
- Thru date of service cannot be less than the from date of service
- MISSING OR INVALID PLACE OF SERVICE

- MISSING OR INVALID TYPE OF SERVICE
- MISSING OR INVALID PROCEDURE CODE
- MISSING MAMMOGRAPHY CERTIFICATION NUMBER If Procedure Code is 76090, 76091, 76092 a Mammography Certification Number must be present in HCFA field 19 and be mapped
- Modifier must be 2 characters
- MODIFIER 1: Only physical status modifiers (P1 through P6) can be used when the type of service is 07.
- INVALID MODIFIER Must be a valid modifier from the current CPT or HCPCS Books.
- Modifier must be 2 characters
- MODIFIER 2: Only physical status modifiers (P1 through P6) can be used when the type of service is 07.
- INVALID MODIFIER Must be a valid modifier from the current CPT or HCPCS Books.
- 24d MISSING MODIFIER If 2nd modifier present there must also be a 1st modifier
- Modifier must be 2 characters
- INVALID MODIFIER Must be a valid modifier from the current CPT or HCPCS Books.
- MODIFIER 3: Only physical status modifiers (P1 through P6) can be used when the type of service is 07.
- 24d MISSING MODIFIER If 3rd modifier present there must also be a 1st and 2nd modifier
- MISSING DIAGNOSIS POINTER
- Diagnosis pointer must be 1, 2, 3, or 4. Pointer given must have corresponding diagnosis code in field 21.
- MISSING DIAGNOSIS POINTER If 3rd diagnosis pointer present there must also be a 2nd diagnosis pointer
- Diagnosis pointer must be 1, 2, 3, or 4. Pointer given must have corresponding diagnosis code in field 21.
- MISSING DIAGNOSIS POINTER If 4th diagnosis pointer present there must also be a 2nd and 3rd diagnosis pointer
- Diagnosis pointer must be 1, 2, 3, or 4. Pointer given must have corresponding diagnosis code in field 21.
- Charges cannot less than \$0
- Units are required
- Units must be greater than one if the from and to date of service are not the same
- Anesthesia minutes are required when the type of service is 07.
- EPSDT/FP INDICATOR INVALID
- EMG INDICATOR INVALID
- If CLIA ID present must be 10 alphanumeric

Institutional Claim Edits – UB92

- 03. PATIENT CONTROL NUMBER IS INVALID
- 04. TYPE OF BILL IS INVALID
- 06. STATEMENT FROM DATE IS INVALID
- 06. STATEMENT THRU DATE IS INVALID
- 12. PATIENT LAST NAME IS INVALID
- 12. PATIENT FIRST NAME IS INVALID
- 13. PATIENT ADDRESS LINE 1 IS INVALID
- 13. PATIENT CITY IS INVALID
- 13. PATIENT STATE IS INVALID
- 13. PATIENT ZIP IS INVALID
- 14. PATIENT BIRTHDATE IS INVALID
- 15. PATIENT SEX IS INVALID
- 16. PATIENT MARITAL STATUS IS INVALID
- 17. ADMISSION DATE IS MISSING OR INVALID
- 17 MISSING ADMISSION DATE Required on Inpatient claims
- 18. ADMISSION HOUR IS INVALID
- 19. ADMISSION TYPE IS INVALID
- 20. ADMISSION SOURCE IS INVALID
- 21. DISCHARGE HOUR IS INVALID
- 22. PATIENT STATUS IS INVALID
- 24-30. CONDITION CODE IS INVALID
- 24-30. CONDITION CODE IS INVALID
- 24-30. CONDITION CODE IS INVALID
- 24-30. CONDITION CODE IS INVALID
- 24-30. CONDITION CODE IS INVALID
- 24-30. CONDITION CODE IS INVALID
- 24-30. CONDITION CODE IS INVALID
- 24-30. CONDITION CODE IS INVALID
- 32 thru 35. OCCURRENCE CODE IS INVALID OR PRINCIPLE DIAGNOSIS CODE IS BETWEEN 80000 AND 995.89 AND OCCURRENCE CODE IS MISSING
- 32-35. OCCURRENCE DATE IS INVALID
- 32-35. OCCURRENCE CODE IS INVALID
- 32-35. OCCURRENCE DATE IS INVALID
- 32-35. OCCURRENCE DATE IS INVALID
- 32-35. OCCURRENCE DATE IS INVALID
- 32-35. OCCURRENCE CODE IS INVALID
- 32-35. OCCURRENCE DATE IS INVALID
- 32-35. OCCURRENCE CODE IS INVALID
- 32-35. OCCURRENCE DATE IS INVALID
- 32-35. OCCURRENCE CODE IS INVALID
- 32-35. OCCURRENCE DATE IS INVALID
- 32-35. OCCURRENCE CODE IS INVALID
- 32-35. OCCURRENCE DATE IS INVALID
- 32-35. OCCURRENCE CODE IS INVALID
- 32-35. OCCURRENCE DATE IS INVALID
- 32-35. OCCURRENCE CODE IS INVALID
- 32-35. OCCURRENCE DATE IS INVALID
- 36. OCCURRENCE SPAN CODE IS INVALID

- 68. OTHER DIAGNOSIS CODE IS INVALID
- 69. OTHER DIAGNOSIS CODE IS INVALID
- 70. OTHER DIAGNOSIS CODE IS INVALID
- 71. OTHER DIAGNOSIS CODE IS INVALID
- 72. OTHER DIAGNOSIS CODE IS INVALID
- 74. OTHER DIAGNOSIS CODE IS INVALID
- 75. OTHER DIAGNOSIS CODE IS INVALID
- 76. ADMITTING DIAGNOSIS CODE IS INVALID
- 79. PROCEDURE CODING METHOD IS INVALID
- 80. PRINCIPAL PROCEDURE CODE IS INVALID
- 80. PRINCIPAL PROCEDURE DATE IS INVALID
- 81a. OTHER PROCEDURE CODE IS INVALID
- 81. OTHER PROCEDURE DATE IS INVALID
- 81b. OTHER PROCEDURE CODE IS INVALID
- 81. OTHER PROCEDURE DATE IS INVALID
- 81c. OTHER PROCEDURE CODE IS INVALID
- 81. OTHER PROCEDURE DATE IS INVALID
- 81. OTHER PROCEDURE CODE IS INVALID
- 81. OTHER PROCEDURE DATE IS INVALID
- 81. OTHER PROCEDURE CODE IS INVALID
- 81. OTHER PROCEDURE DATE IS INVALID
- 82. ATTENDING PHYSICIAN ID IS INVALID
- 82. ATTENDING PHYS LAST NAME IS INVALID
- 82. ATTENDING PHYS FIRST NAME IS INVALID
- 83. OPERATING PHYSICIAN ID IS INVALID
- 83. OTHER PHYSICIAN ID IS INVALID
- 83. OTHER PHYSICIAN ID IS INVALID

Dental Claim Edits – ADA

- PATIENT ACCT # REQUIRED
- PATIENT LAST NAME REQUIRED
- PATIENT FIRST NAME INVALID
- PATIENT SEX INVALID
- PATIENT BIRTHDATE INVALID
- SCHOOL CITY INVALID
- SUBSCRIBER FIRST NAME INVALID
- SUBSCRIBER LAST NAME INVALID
- 06. SUBSCRIBER FIRST NAME INVALID
- 06 Subscriber city required
- Subscriber state missing or not valid
- Subscriber zip missing or doesnt match st
- SUBSCRIBER ID REQUIRED
- SUBSCRIBER BIRTHDATE INVALID
- GROUP NUMBER INVALID
- OTHER PAYOR ID INVALID
- OTHER GROUP NUMBER INVALID
- 14a. OTHER SUBSCRIBER NAME INVALID
- 14b. OTHER SUBSCRIBER ID INVALID
- 14c. OTHER SUBSCRIBER BIRTHDATE INVALID
- Release of Info required
- Release Payment Info Required
- First visit date is required when the orthodontic indicator is Y
- DIAGNOSIS CODE INVALID
- DIAGNOSIS CODE INVALID
- DIAGNOSIS CODE INVALID
- DIAGNOSIS CODE INVALID
- RENDERING DENTIST REQUIRED
- RENDERING DENTIST REQUIRED
- RENDERING DENTIST REQUIRED
- 30. TOOTH NUMBER INVALID
- Tooth Surface must be B,D,F,I,L,M, or O or a combination of.
- 30. SERVICE DATE INVALID
- 30. PROCEDURE CODE INVALID
- 30. TOOTH NUMBER INVALID
- 30. TOOTH NUMBER INVALID
- 30. TOOTH NUMBER INVALID
- 30. TOOTH SURFACE INVALID