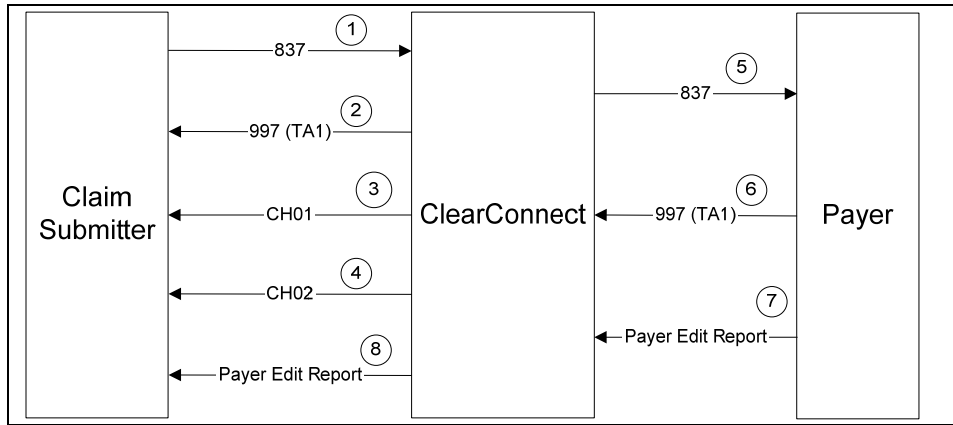


How to read Clearinghouse Reports

This document is an overview of the responses (reports) that an electronic claim submitter receives from ClearConnect. There are four different responses; each one has different information about the status of your claims.

The party who submits claims to ClearConnect must understand all of the files that are exchanged during claim processing. This party could be a provider, billing service, or another clearinghouse.

Below is a diagram which shows all of the files that can be transmitted between an electronic claim submitter, ClearConnect, and the payer.



Below is a description of each of the numbered files that are shown above.

#	Name	When Sent?	Purpose
1	837	ALWAYS sent by claim submitter	This is the claim file that starts the process.
2	997 (TA1)	ALWAYS sent for rejections OPTIONAL for acceptances	The 997 and TA1 are standard acknowledgements defined by the ASC X12N sub-committee implementation guides. They are used to communicate both positive (file was accepted) and negative (file was rejected) acknowledgements. If a negative 997 or TA1 is received, no further reports will be sent back to you. Please see Appendix A for 997 specifications and Appendix B for TA1 specifications.

3	CH01	ONLY sent for Rejections	The CH01 is a proprietary ClearConnect report. It is sent to reject a claim file for HIPAA semantic errors. If received, it means <u>the whole claim file has been rejected</u> . No further reports will be sent back to you. Please see Appendix C for specifications on the CH01 report.
4	CH02	ALWAYS sent if claims pass CH01 and 997 (TA1)	The CH02 is a proprietary ClearConnect report. It reports the status of each claim processed through our system. It provides a clear "Passed" or "Rejected" status for each claim. Rejected claims will have the reason listed on the report. Please see Appendix D for CH02 specifications.
5	837	Claims accepted on the CH02 are forwarded to payers	ClearConnect separates the claims in your file by payer and routes them to the appropriate payer.
6	997 (TA1)	Payer acknowledges the 837	Payers send acknowledgments to ClearConnect for the files they receive. ClearConnect will take corrective action when a payer rejects a file. Usually by calling or emailing the submitter to correct and resend.
7	Payer Edit report	OPTIONAL – Not all payers produce reports	See Below
8	Payer Edit Report	ClearConnect will forward any reports from Payers to the claim submitter	Payers Edit reports typically report on each individual claim's status prior to adjudication. Most errors reported on these reports will be about Member IDs, Provider IDs, etc. Examples of some of the most common Payer Edit reports are in Appendix E. Appendix E has examples from the following payers: <ul style="list-style-type: none"> Availity (Clearinghouse representing many payers)

Background Information

If you are new to EDI there are a lot of terms with which you need to become familiar with.

Envelope – A term for data used to identify the beginning and end of a logical set of information.

Interchange – an envelope which identifies information being sent from one party to another. Begins with an ISA segment and ends with an IEA segment.

Group – an envelope which identifies the type of transactions within. Begins with a GS segment and ends with a GE segment.

Transaction Set – a logical grouping of claims. Begins with an ST segment and ends with an SE segment.

Wrapped vs. Unwrapped – All of the examples in this document are shown in an “unwrapped” format which displays every segment on its own line. This is done to make the EDI data easier to read on paper. In practice, the EDI file will not appear like this. Instead it will be in a “wrapped” format. EDI data that is wrapped begins each segment after the terminator (usually ~) for the previous segment, not on the next line.

Professional Claims – (837p) loosely defined as “clinic” claims. If you currently use the paper HCFA-1500 form, you send professional claims

Institutional Claims – (837i) loosely defined as “hospital” claims. If you currently use the paper UB-92 HCFA -1450 form, you send institutional claims.

ClearConnect splits files up and processes them one transaction set at a time. Because of this it is recommended that your system produce only one group and one transaction set per interchange. This will help us avoid any confusion regarding control numbers. If you send multiple transaction sets per group, you will receive multiple 997s per group, one per transaction set. This can be confusing to some submitters.

Before You Start Testing

Implementation Guides – The Implementation Guide(s) can be purchased from Washington Publishing Company using the link below. On this web page select the March 2003 Combined, and then choose which 837 Guide you wish to download.

<http://www.wpc-edi.com/hipaa/>

Text Editor – Get a good text editor. Notepad and WordPad do not work well for viewing EDI files. Some examples you can download from the internet are UltraEdit, CrimsonEditor, and Editplus.

Appendix A – 997 Transaction

The 997 is a standard acknowledgement defined by the ASC X12N sub-committee implementation guides. It is used to communicate both positive (transaction set was accepted) and negative (transaction set was rejected) acknowledgements. If a transaction set of claims contains one of these errors, the entire transaction set (ST to SE) will be rejected by ClearConnect. The transaction set of claims will not be forwarded on to the payer. The submitter will need to correct the error and resubmit the claims.

As you can see in the example below, the 997 was designed to be processed by computers. Ask your software vendor if they automatically process 997s.

Positive 997

A positive 997 indicates that the transaction set was received and understood by ClearConnect's systems. It does not mean that all the claims will be paid. A positive 997 is most easily identified by the AK9 segment. If the first element is an **A**, it means the transaction set was accepted into ClearConnect's system.

```
ISA*00*          *00*          *ZZ*107039          *ZZ*104276          *060214*0208*U*00401*223150319*0*P*>~
GS*FA*107039*104276*20060214*0208485*223150320*X*004010~
ST*997*0001~
AK1*HC*906045002~
AK2*837*906045002~
AK5*A~
AK9*A*1*1*1~
SE*6*0001~
GE*1*223150320~
IEA*1*223150319~
```

Negative 997

A negative 997 indicates that the transaction set was received by ClearConnect's system, but there was a problem with the data. Like the positive 997, a negative 997 is most easily identified by the AK9 segment. If the first element is an **R**, it means the transaction set was rejected by ClearConnect's system. If you receive this, you will have to correct the problem and resend the transaction set. Negative 997s usually include an AK3 and AK4 segment which describe the error that was found and its location in the transaction set.

```
ISA*00*          *00*          *ZZ*107039          *ZZ*100500          *060213*0810*U*00401*223130453*0*P*>~
GS*FA*107039*100500*20060213*0810069*223130454*X*004010~
ST*997*0001~
AK1*HC*62524~
AK2*837*000000001~
AK3*NM1*35*2310B*8~
AK4*9*67*1~
AK4*8*66*2*24~
AK5*R*5~
AK9*R*1*1*0~
SE*9*0001~
GE*1*223130454~
IEA*1*223130453~
```

How to read the 997

Below is the negative 997 from the previous page. The box under step 4 shows the EDI data which caused the negative 997. A full description of the 997 can be found in the Implementation Guide (IG) for the transaction you are sending. For example, the IG for the 837p describes the 997 on pages B.15 – B.30 at the end of the guide.

```
ISA*00*          *00*          *ZZ*107039          *ZZ*100500          *. . . .
GS*FA*107039*100500*20060213*0810069*223130454*X*004010~
ST*997*0001~
AK1*HC*62524~
AK2*837*000000001~
AK3*NM1*35*2310B*8~
AK4*9*67*1~
AK4*8*66*2*24~
AK5*R*5~
AK9*R*1*1*0~
SE*9*0001~
GE*1*223130454~
IEA*1*223130453~
```

STEP 1 Identify the 837 Transaction Set in error

The 997 transaction uses the EDI envelope control numbers from the GS and ST to identify which transaction set has errors. It is recommended that your system produce unique control numbers for the GS06.

- The **AK1** segment in the 997 is used to identify the GS control number for the 837. This number is **bold and underlined** in the 997 above and the 837 to the right.
- The **AK2** segment in the 997 is used to identify the ST control number for the 837. This number is **bold and italicized** in the 997 above and the 837 to the right.

STEP 2 Identify location of the error in the 837

The 997 transaction identifies where the error took place in the **AK3** segment. The first element of the AK3 identifies the segment where the error was found. The second element identifies the position of the segment in the transaction set. These values are **bold with grey background** in the 997 above and the 837 data. To find the position in the transaction set, begin counting segments at the ST. Line numbers have been added to the example to make it easier to find

STEP 3 Determine the cause of the error

The 997 uses segments AK4, AK5, and AK9 to identify the specific error(s) in the 837.

- The **AK4** segment identifies which element is causing the error. The AK401 is the element position in the segment. In this example, it is the ninth element. The AK403 is the error code. In this example, the AK403 is “1” which means *Mandatory data element missing*. A list of AK403 error codes is on the next page.
- A second AK4 is listed for the eighth element in the NM1 segment. This error code is “2” which means *Conditional required data element missing*. In other words, the NM108 and NM109 are required together.
- The **AK5** segment is used to identify the status of the transaction set. The AK501 will be “A” for accepted transaction sets and “R” for rejected transaction sets. On rare occasions, the AK501 will contain another value. The AK502 lists a syntax error code. This code can be helpful when there is no AK4 segment provided for the reject. A list of AK502 error codes is provided on the next page.

- The **AK9** segment lists the status of the functional group (GS to GE). The AK901 will be “A” for accepted transaction sets and “R” for rejected transaction sets. On rare occasions, the AK901 will contain another value. The AK905 will be sent sometimes for functional group errors. This code can be helpful when there is no AK4 segment provided for the reject. A list of AK905 error codes is provided on the next page.

STEP 4 Correct the error and resubmit

Remember, the 997 rejects the entire transaction set. You will need to correct the error and resubmit all the claims in the transaction set.

```
ISA*00*          *00*          *ZZ*109999          *ZZ*107039          *. . . .
GS*HC*109999*107039*20060211*0007*62524*X*004010X098A1~
1. ST*837*000000001~
2. BHT*0019*00*62524*20060211*0007*CH~
3. REF*87*004010X098A1~
4. NM1*41*2*EXAMPLE MEDICAL CENTER*****46*100500~
5. PER*IC*HOLLY HELPER*TE*1112223333*EX*8132*FX*1112223334~
6. NM1*40*2*BLUE CROSS*****46*107039~
7. HL*1**20*1~
8. PRV*BI*ZZ*212A00000J~
9. NM1*85*2*EXAMPLE MEDICAL CENTER*****24*410760836~
10. N3*123 FIRST AVE~
11. N4*SOMEWHERE*MN*55055~
12. REF*EI*999999999~
13. REF*1C*H11111~
14. REF*1D*123456789~
15. REF*1B*12345AA~
16. REF*G2*12121212~
17. REF*1J*109999~
18. PER*IC*HOLLY HELPER*TE*1112223333*EX*8132*FX*1112223334~
19. HL*2*1*22*0~
20. SBR*P*18*GG333ZS*****BL~
21. NM1*IL*1*ADAMS*SAMUEL*****MI*XZA111111111~
22. N3*123 PARK DRIVE~
23. N4*FAIRMONT*MN*55055~
24. DMG*D8*19810618*M~
25. NM1*PR*2*BCMN 220 G*****PI*00720~
26. NM1*QD*1*DOE*JOHN~
27. N3*405 12 N PARK ST~
28. N4*SOMEWHERE*MN*56031~
29. CLM*VBA12345*78***23>>1*Y*A*Y*Y*B~
30. REF*EA*M00000000~
31. HI*BK>8509*BF>95200*BF>86601*BF>E9600*BF>E8499~
32. NM1*DN*1*TIMM*TINY****24*11B22CC~
33. REF*0B*12345~
34. REF*1B*11B22CC~
35. NM1*82*1*TIMM*TINY*W***24*~
36. REF*0B*12345~
37. REF*1B*11B22CC~
38. LX*1~
39. SV1*HC>99283*78*UN*1*23**1>2>3>4**Y~
40. DTP*472*RD8*20060204-20060204~
41. REF*6R*1112220LN1~
42. SE*42*000000001~
GE*1*62524~
IEA*1*000062524~
```

997 Error Code Definitions

This page contains the common error codes for the data elements mentioned on the previous page.

AK403 – Data Element Syntax Error Code

Code	Definition	Resolution
1	Mandatory data element missing	The element listed in the AK401 is mandatory but is missing from your transaction set.
2	Conditional required data element missing	The element identified in the AK401 has other elements which are required along with it. One of these other elements is missing.
3	Too many data elements	There are more data elements in the segment than defined in the IG. This can be caused by asterisks in your source data.
4	Data element too short	The element in error has a minimum length. Verify that you are sending at least the minimum length.
5	Data element too long	The element in error has a maximum length. Verify that you are sending no more than the maximum length in this element.
6	Invalid character in data element	This can be caused by an alphabetic character being sent in a numeric field.
7	Invalid code value	Many elements have defined sets of codes which are valid. Your transaction has a code which is not valid.
8	Invalid Date	Date is usually defined as CCYYMMDD.
9	Invalid Time	Time is usually defined as HHMM.
10	Exclusion Condition Violated	Certain situations require that an element is NOT sent. The element defined in the AK401 should not be sent.

AK502 – Transaction Set Syntax Error Code

Code	Definition	Resolution
1	Transaction Set Not Supported	Check what you sent in the ST01 element. It is probably something other than 837.
2	Transaction Set Trailer Missing	The transaction set ClearConnect received did not contain an SE segment at the end of the transaction set.
3	Transaction Set control Number in Header and Trailer Do not Match	The control number in the ST02 and SE02 must match.
4	Number of included segments does not match Actual Count	The number listed in the SE01 must equal the total number of segments from ST to SE, including the ST and SE.
5	One or More Segments in Error	See the AK4 segment for details.
6	Missing or Invalid Transaction Set Identifier	The value in the ST01 is missing or invalid.
7	Missing or invalid Transaction Set Control Number	The ST02 and/or SE02 are missing or are an invalid format. The Transaction set control number can be alpha or numeric, but must be between four and nine characters long.

Appendix B – TA1 Transaction

The TA1 is a standard acknowledgement defined by the ASC X12N sub-committee implementation guides. It is used to acknowledge the receipt of an interchange. This means that it acknowledges the ISA and IEA segments only. If you receive one of these errors, the entire interchange (ISA to IEA) will be rejected by ClearConnect. The claims will not be forwarded on to the payer. The submitter will need to correct the error and resubmit the claims.

As you can see by the example below, the TA1 can be embedded within a 997 transaction. Like the 997, the TA1 was designed to be processed by computers. Ask your software vendor if they automatically process TA1s.

Positive TA1

A positive TA1 indicates that the ISA and IEA segments were received and understood by ClearConnect's system. It does not mean that all the claims will be paid. A positive TA1 has an **A** in the fourth element. This means the ISA and IEA segments were accepted by ClearConnect's system.

```
ISA*00*          *00*          *ZZ*107039          *ZZ*109999          *060214*0208*U*00401*223150319*0*P*>~
TA1*000000123*021406*0132*A*000~
GS*FA*107039*109999*20060214*0208485*223150320*X*004010~
ST*997*0001~
AK1*HC*906045002~
AK2*837*906045002~
AK5*A~
AK9*A*1*1*1~
SE*6*0001~
GE*1*223150320~
IEA*1*223150319~
```

Negative TA1

A negative TA1 indicates that the claims were received by ClearConnect's system but there was a problem with the ISA or IEA. A negative TA1 has an **R** in the fourth data element. It also has a reason code in the fifth data element, which describes the problem. If you receive this, you will have to correct the problem and resend the entire interchange (ISA to IEA).

A negative TA1 causes the interchange to be rejected, so no further processing of this interchange happen and a 997 is not produced. Negative TA1s are sent without a 997 included.

```
ISA*00*          *00*          *ZZ*107039          *ZZ*109999          *060213*0810*U*00401*223130453*0*P*>~
TA1*000000123*021306*0657*R*001~
IEA*1*223130453~
```

How to read the TA1

Below is the negative TA1 from the previous page. The next column shows the EDI data which caused the negative TA1. A full description of the TA1 can be found in the IG for the transaction you are sending. For example, the IG for the 837p describes the TA1 on pages B.11 – B.13 at the end of the guide.

```
ISA*00*          *00*          *ZZ*107039          *ZZ*109999          *060213*0810*U*00401*223130453*0*P*>~
TA1*00000123*021306*0657*R*001~
GE*1*223130454~
IEA*1*223130453~
```

STEP 1 Identify the 837 Transaction Set in error

The TA1 transaction uses the Interchange Control Number from the ISA13 to identify which transaction set has errors. It is recommended that your system produces unique control numbers for the ISA.

- The first data element in the **TA1** segment is used to identify the ISA control number from the 837. This number is **bold and underlined** in the TA1 above and the 837 below.

```
ISA*00*          *00*          *ZZ*109999          *ZZ*107039          *060213*0657*U*00401*00000123*0*P*>~
GS*HC*100500*107039*20060211*0007*62524*X*004010X098A1~
ST*837*000000001~
BHT*0019*00*62524*20060211*0007*CH~
REF*87*004010X098A1~
.
DTP*472*RD8*20060204-20060204~
REF*6R*9810020LN1~
SE*42*000000001~
GE*1*62524~
IEA*1*00000124~
```

STEP 2 Identify location and cause of the error in the 837

The TA1 segment identifies the error in the fifth data element. The error code is **bold with grey background** in the TA1 above. This code means “The interchange control number in the Header and Trailer Do Not Match”. Notice the ISA control number is 00000123 while the IEA control number is 00000124. See the list on the right for the error codes found in the TA105.

All of the errors identified in the TA1 are about the ISA or IEA segments in the 837. It is recommended that you become familiar with these segments in the IG for the transaction you are sending. For example, the IG for the 837p describes the ISA and IEA on pages B.3 – B.7 at the end of the guide.

STEP 3 Correct the error and resubmit

Remember, the TA1 rejects the entire interchange (ISA to IEA). You will need to correct the error and resubmit all the claims in the interchange.

TA105 Interchange Note Code

code	Definition
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 (ISA13 doesn't match IEA02)
002	The Standard as Noted in the Control Standards Identifier (ISA11) is Not Supported
003	The Version of the Controls (ISA12) is Not Supported
004	The Segment Terminator is Invalid.
005	Invalid Interchange ID Qualifier for Sender (ISA05)
006	Invalid Interchange Sender ID (ISA06)
007	Invalid Interchange ID Qualifier for Receiver (ISA07)
008	Invalid Interchange Receiver ID (ISA08)
009	Unknown Interchange Receiver ID (ISA08)
010	Invalid Authorization Information Qualifier Value (ISA01)
011	Invalid Authorization Information Value (ISA02)
012	Invalid Security Information Qualifier Value (ISA03)
013	Invalid Security Information Value (ISA04)
014	Invalid Interchange Date Value (ISA09)
015	Invalid Interchange Time Value (ISA10)
016	Invalid Interchange Standards Identifier Value (ISA11)
017	Invalid Interchange Version ID Value (ISA12)
018	Invalid Interchange Control Number Value (ISA13)
019	Invalid Acknowledgment Requested Value (ISA14)
020	Invalid Test Indicator Value (ISA15)
021	Invalid Number of included Groups Value (IEA01)
022	Invalid Control Structure (Missing IEA)
023	Improper (Premature) End-of-File (Transmission) (missing IEA)
024	Invalid Interchange Content (e.g., Invalid GS Segment)
025	Duplicate Interchange Control Number (ISA13)
026	Invalid Data element Separator
027	Invalid Component Element Separator (ISA16)
028	Invalid Delivery Date in Deferred Delivery Request
029	Invalid Delivery Time in Deferred Delivery Request
030	Invalid Delivery Time Code in Differed Delivery Request
031	Invalid Grade of Service Code

Appendix C – ClearConnect CH01 Report

The ClearConnect CH01 Report was designed to describe basic HIPAA compliance errors as defined by the implementation guide. If a transaction set of claims contains one of these errors, the entire transaction set (ST to SE) will be rejected by ClearConnect. The claims will not be forwarded to the payer. The submitter will need to correct the error and resubmit the claims.

An example of this report is below.

Segment Position	Segment Name	Element Position	Composite Position	Element Content	Error Description
ClearConnect Clearinghouse					
REPORT NUMBER CH01		COMPLIANCE REPORT - SEMANTIC ERRORS		ClearConnect Receipt Date: 02/08/2006 09:30	
***** The Following Transaction Set(s) Failed the ClearConnect HIPAA Compliance Edits *****					
Interchange Reference Information					
Interchange Sender ID (ISA06):		999999			
Interchange Receiver ID (ISA08):		107039			
Interchange Date (ISA09):		060208			
Interchange Time (ISA10):		0930			
Interchange Control Number (ISA13):		000000001			
Function Group Reference Information					
Functional Group Functional ID (GS01):		HC			
Functional Group Sender ID (GS02):		999999			
Functional Group Receiver ID (GS03):		107039			
Functional Group Date (GS04):		20060208			
Functional Group Time (GS05):		0930			
Functional Group Control Number (GS06):		391			
Functional Group Version (GS08):		004010X098A1			
Number of Transactions Rejected : 1					
Transaction Set Reference Information					
Transaction Set Identifier Code (ST01):		837			
Transaction Set Control Number (ST02):		000000003			
***** The Following Semantic Errors Were Discovered in this Transaction Set *****					
237	CLM				Date of Admission expected but missing

How to read the CH01 Report

Below is a representation of the report on the previous page. The next column shows the EDI data within the claim transaction set that triggered the creation of this report.

ClearConnect Clearinghouse					
REPORT NUMBER CH01					
COMPLIANCE REPORT - SEMANTIC					
***** The Following Transaction Set(s) Failed the C					
Interchange Reference Information					
Interchange Sender ID (ISA06):		107039		999999	
Interchange Receiver ID (ISA08):		060208			
Interchange Date (ISA09):		0924			
Interchange Time (ISA10):		000000397			
Interchange Control Number (ISA13):		000000397			
Function Group Reference Information					
Functional Group Functional ID (GS01):		HC			
Functional Group Sender ID (GS02):		999999			
Functional Group Receiver ID (GS03):		107039			
Functional Group Date (GS04):		20060208			
Functional Group Time (GS05):		0924			
Functional Group Control Number (GS06):		391			
Functional Group Version (GS08):		004010X098A1			
Number of Transactions Rejected : 1					
Transaction Set Reference Information					
Transaction Set Identifier Code (ST01):		837			
Transaction Set Control Number (ST02):		000000003			
***** The Following Semantic Errors Were Discovered in					
Segment Position	Segment Name	Element Position	Composite Element Position	Error Content	Description
60	CLM			Date of Admission expected but missing	

STEP 1 Identify the Transaction Set in error

The CH01 report uses the EDI envelope (ISA, GS) and ST control numbers to identify which transaction set has errors. It is recommended that your system produces unique control numbers for the ISA and GS.

- The ISA date and control number are **bold and underlined** in the report and the example.
- The GS date and control number are **bold and italicized** in the report and the example.
- The ST control number is **bold** in the report and example.

STEP 2 Identify location of the error

The CH01 report identifies where the error took place in the "Segment Position" and "Segment Name" columns of the report. These values are **bold with grey background** in the report and the example. To find the position in the transaction set, begin counting segments at the ST. Line numbers have been added to the example to make it easier to find.

```

ISA*00*                *00*                *ZZ*999999          *ZZ*107039
      *060208*0924*U*00401*000000397*0*P*~
GS*HC*999999*107039*20060208*0924*391*X*004010X098A1~
1. ST*837*000000003~
2. HT*0019*00*1*20060208*0924*CH~
3. REF*87*004010X098A1~
4. NM1*41*2*EXAMPLE PROVIDER*****46*999999~
5. PER*IC*GEORGE WASHINGTON*TE*6129997777~
6. NM1*40*2*MEDICA*****46*107039~
7. HL*1**20*1~
8. PRV*BI*ZZ*363AS0400X~
9. NM1*85*1*JEFFERSON*THOMAS*A***24*410000000~
10. N3*123 PRESIDENT STREET~
11. N4*MINNEAPOLIS*MN*55486~
12. REF*G2*0000000~
13. REF*1J*999999~
14. HL*2*1*22*0~
15. SBR*P*18*53639*****CI~
16. NM1*IL*1*ADAMS*JOHN***MI*999999999~
17. N3*100 PRESIDENT BULD~
18. N4*ST PAUL*MN*55101~
19. DMG*D8*19581019*M~
20. NM1*PR*2*MEDICA*****PI*94265~
21. N3*ROUTE 2901*PO BOX 659752~
22. N4*SAN ANTONIO*TX*782659752~
23. CLM*0010000000002*144***21::1*Y*A*Y*Y*B*****P~
24. DTP*435*D8*20060131~
25. DTP*096*D8*20060131~
26. REF*EA*CL105S2D08E0~
27. HI*BK:78820~
28. NM1*DN*1*NO REFERRING*MD~
29. REF*1G*OTH000~
30. NM1*FA*2*MINNESOTA HOSPITAL~
31. N3*100 FIRST STREET~
32. N4*ST PAUL*MN*55101~
33. SBR*S*21**IP***MC~
34. DMG*D8*19571214*M~
35. OI***Y*B**Y~
36. NM1*IL*1*ADAMS*JOHN***MI*999999999~
37. N3*100 PRESIDENT BULD~
38. N4*ST PAUL*MN*55101~
39. NM1*PR*2*MN MEDICAL ASSISTANCE*****PI*DPWMN~
40. LX*1~
41. SV1*HC:99253*144*UN*1***1~
42. DTP*472*D8*20060131~
43. REF*6R*CL105S2D08E0CP105S2D0857~
44. HL*3**20*1~
45. PRV*BI*ZZ*363AS0400X~
46. NM1*85*1*ROBINSON PA-C*PAUL***24*410960332~
47. N3*SDS 12 1849*PO BOX 86~
48. N4*MINNEAPOLIS*MN*55486~
49. REF*G2*0114137~
50. REF*1J*999999~
51. HL*4*3*22*1~
52. SBR*P*18*34812*****CI~
53. NM1*IL*1*KLIVER*NIKKI***MI*474904592~
54. N3*249 HUMBOLDT AV N~
55. N4*MINNEAPOLIS*MN*55405~
56. DMG*D8*19780206*F~
57. NM1*PR*2*MEDICA*****PI*94265~
58. N3*ROUTE 2901*PO BOX 659752~
59. N4*SAN ANTONIO*TX*782659752~
60. CLM*001000318597*144***21::1*Y*A*Y*Y*B*****P~
61. REF*EA*CL105S2D0J7U~
62. HI*BK:59654*BF:59080~
63. NM1*DN*1*LISTED*NOT~
64. NM1*FA*2*UNITED HOSPITAL~
65. N3*333 N SMITH AVE~
66. N4*ST PAUL*MN*55102~
67. LX*1~
68. SV1*HC:99253*144*UN*1***1:2~
69. DTP*472*D8*20060131~
70. REF*6R*CL105S2D0J7UCP105S2D0J3J~
71. SE*71*000000003~
    GE*1*391~
    IEA*1*000000397~
  
```

STEP 3 Determine the cause of the error

The CH01 report will give a reason for the error at the bottom of the report. This particular error states "Date of Admission expected but missing."

Errors that state data is missing are sometimes tricky to resolve because the position of the error is within the same claim, but not necessarily exactly where the missing data should be. In this case, the error is found in the CLM segment at position 60.

To resolve this error, you need to determine where the date of admission should be in the claim. The date of admission is described on **page 169 of the 004010A1** professional IG. It specifically states that the date is required for all inpatient claims. The admission date is sent in a DTP segment, following the CLM. An example is below:

```
DTP*435*D8*20069999~
```

One helpful method of determining an error is to look at other claims in the transaction that were successful. Since ClearConnect processes files sequentially, you can assume that all claims before the error were good. Look at the first claim in the example. The CLM at position 23 has a DTP right after it, whereas the CLM at position 60 does not.

STEP 4 Correct the error and resubmit

Remember, all of the claims in the transaction set identified by the CH01 report have been rejected. You will need to correct all the errors listed in the CH01 report and resubmit the transaction set.

Be careful! Your system may have submitted multiple transaction sets (ST through SE) in the same file. Make sure you only resubmit the transaction set that was rejected.

Appendix D – CH02 Report

The ClearConnect CH02 report is used to communicate clearinghouse status for each claim. These errors are specific to the claim where the error exists, so an entire transaction set will not be rejected unless the error applies to all of the claims. Below is an example of a ClearConnect CH02 report.

ClearConnect Clearinghouse		PAGE 1					
REPORT NUMBER CH02 - PROD	Professional CLAIMS EDIT REPORT	Clearinghouse Receipt Date: 06-AUG-08					
**SUBMITTER: 123456	EXAMPLE SUBMITTER						
FILE/TRANSACTION SET ID: 03							
=====							
SUBMITTER SUMMARY: SUBMITTER ID: 123456		SUBMITTER NAME: EXAMPLE SUBMITTER					
	CLAIM	TOTAL					
	COUNT	CHARGES					
Rejected	1	3000.00					
Accepted	6	13745.00					
Total	7	16745.00					
ClearConnect Clearinghouse		PAGE 1					
REPORT NUMBER CH02 - PROD	Professional CLAIMS EDIT REPORT	Clearinghouse Receipt Date: 06-AUG-08					
**SUBMITTER: 123456	EXAMPLE SUBMITTER	**PROVIDER: 1231231231	EXAMPLE MINNESOTA PROVIDER				
FILE/TRANSACTION SET ID: 03	1234 MAIN STREET						
	MINNEAPOLIS		MN 554221				
=====							
REJECTED = CORRECT AND RESUBMIT THE CLAIM / ACCEPTED = FORWARD TO PAYER							
=====							
CLAIM	DEST	PATIENT'S	PATIENT	PATIENT	SUBSCRIBER	SERVICE DT RANGE	CLAIM
STATUS	PAYER	ACCOUNT NUMBER	LAST NAME	FIRST NAME	ID NUMBER	(MM/DD/YY)	AMOUNT
Rejected	00720	1240	REVERE	PAUL	XZA666666666	07/31/08-07/31/08	3000.00
	ERROR CODE=844 LOCATION=2010CA/N402/156		ELEMENT CONTENTS=SO				
	ERROR DESCRIPTION=Patient state code invalid						
Accepted	00720	1237	ADAMS	JOHN	XZAXZ3333333	07/31/08-07/31/08	300.00
Accepted	00720	1238	ADAMS	SAMUEL	XZAXZ4444444	07/31/08-07/31/08	75.00
Accepted	00720	1236	FRANKLIN	BENJAMIN	XZAXZ2222222	07/31/08-07/31/08	150.00
Accepted	00720	1239	HANCOCK	JOHN	XZAXZ5555555	07/31/08-07/31/08	1220.00
Accepted	00720	1235	JEFFERSON	THOMAS	XZAXZ1111111	07/28/08-07/28/08	9600.00
Accepted	DPWMN	1234	WASHINGTON	GEORGE	01234567	07/31/08-07/31/08	2400.00
=====							
PROVIDER SUMMARY: PROVIDER ID: 1231231231		PROVIDER NAME: EXAMPLE MINNESOTA PROVIDER					
	CLAIM	TOTAL					
	COUNT	CHARGES					
Rejected	1	3000.00					
Accepted	6	13745.00					
Total	7	16745.00					

How to read the CH02 Report

Below is the example CH02 from the previous page. Below are the key areas of information on the report.

Submitter Information – The submitter may be a provider, billing service or clearinghouse.

Submitter Summary – This is listed at the beginning of the report. It lists the claim count for rejected claims, accepted claims, and total.

Provider Information – The provider is identified in loop 2010AA. The first reference number listed in the first REF segment of this loop will be identified as the provider number. In this example it is 999A99A.

Claim Information – This section will list all of the claims for the provider listed in loop 2010AA. The rejected claims will be listed first followed by all the accepted claims. The accepted claims will be listed in alphabetical order by patient last name then patient first name.

Rejected Claim Details – These claims are easily identified by the word **Rejected** in the first column of the report. The reason for the claim being rejected is listed on the lines that follow the claim information.

Provider Summary – This is listed at the end of the report. It lists the claim count for rejected claims, accepted claims, and total.

STEP 1 Identify the 837 that had claims rejected

The CH02 does not use EDI control numbers to identify the 837 file. Instead it uses batch totals for claims received. Make sure you are tracking the total claims by provider for each transaction set of claims you send.

STEP 2 Identify location of the rejection in the 837

The CH02 will list the rejected claims before the accepted claims per provider. Each rejected claim will have one or more reasons listed for the rejection. Each description has two lines. The first line lists where the error was found in the 837 using Loop, Segment, and Data Element. In this example the error takes place in loop 2010CA, segment N4, the second data element (data element id 156). The element contents is listed as "SO" which means the state code is invalid.

STEP 3 Determine the cause of the rejection

The second line of the error description for rejected claims will contain the cause of the error. In this case, the N402 is invalid.

STEP 4 Correct the problem and resubmit

Please note that all the accepted claims listed in the report will be passed on to the payer. You only need to correct and resubmit the rejected claims.

A listing of the most common rejection reasons and the corrective actions you need to take to resolve them is on the following page.

ClearConnect Clearinghouse		PAGE 1					
REPORT NUMBER CH02 - PROD	Professional CLAIMS EDIT REPORT	Clearinghouse Receipt Date: 06-AUG-08					
**SUBMITTER: 123456							
EXAMPLE SUBMITTER							
FILE/TRANSACTION SET ID: 03							
=====							
SUBMITTER SUMMARY:	SUBMITTER ID: 123456	SUBMITTER NAME: EXAMPLE SUBMITTER					
CLAIM COUNT	TOTAL CHARGES						
Rejected 1	3000.00						
Accepted 6	13745.00						
Total 7	16745.00						
ClearConnect Clearinghouse		PAGE 1					
REPORT NUMBER CH02 - PROD	Professional CLAIMS EDIT REPORT	Clearinghouse Receipt Date: 06-AUG-08					
**SUBMITTER: 123456	**PROVIDER: 1231231231						
EXAMPLE MINNESOTA PROVIDER							
FILE/TRANSACTION SET ID: 03	1234 MAIN STREET						
	MINNEAPOLIS MN 554221						
=====							
REJECTED = CORRECT AND RESUBMIT THE CLAIM / ACCEPTED = FORWARD TO PAYER							
=====							
CLAIM STATUS	DEST PAYER	PATIENT'S ACCOUNT NUMBER	PATIENT LAST NAME	PATIENT FIRST NAME	SUBSCRIBER ID NUMBER	SERVICE DT RANGE (MM/DD/YY)	CLAIM AMOUNT
Rejected	00720	1240	REVERE	PAUL	XZA666666666	07/31/08-07/31/08	3000.00
ERROR CODE=844 LOCATION=2010CA/N402/156 ELEMENT CONTENTS=SO							
ERROR DESCRIPTION=Patient state code invalid							
Accepted	00720	1237	ADAMS	JOHN	XZAXZ3333333	07/31/08-07/31/08	300.00
Accepted	00720	1238	ADAMS	SAMUEL	XZAXZ4444444	07/31/08-07/31/08	75.00
Accepted	00720	1236	FRANKLIN	BENJAMIN	XZAXZ2222222	07/31/08-07/31/08	150.00
Accepted	00720	1239	HANCOCK	JOHN	XZAXZ5555555	07/31/08-07/31/08	1220.00
Accepted	00720	1235	JEFFERSON	THOMAS	XZAXZ1111111	07/28/08-07/28/08	9600.00
Accepted	DPWMN	1234	WASHINGTON	GEORGE	01234567	07/31/08-07/31/08	2400.00
=====							
PROVIDER SUMMARY:	PROVIDER ID: 1231231231	PROVIDER NAME: EXAMPLE MINNESOTA PROVIDER					
CLAIM COUNT	TOTAL CHARGES						
Rejected 1	3000.00						
Accepted 6	13745.00						
Total 7	16745.00						

Corrective Actions for Common CH02 Rejection Reasons

Code	CH02 Rejection Reason Description	Corrective Action
4	Diagnosis code must be a valid ICD-9 CM code for date(s) of service	<p>ICD-9 diagnosis codes are published quarterly by CMS. These codes have an effective date related to when they are added to and deleted from the code list.</p> <ol style="list-style-type: none"> 1. Identify the claim(s) that were rejected for this reason. 2. Identify the ICD-9 diagnosis code that caused the claim to reject. This is listed on the CH02 report in the rejected claim details section following the label "ELEMENT CONTENTS=" 3. Verify the code was valid on the date of service: <ul style="list-style-type: none"> • For institutional claims, verify that the code was valid on the discharge date for the claim • For professional claims, verify that the code was valid on the date of service for the line item on the claim. If a date range is given, the code must be valid for the entire range. 4. Correct the claim(s) and resend. If you believe this rejection was received in error, please contact the ClearConnect Service Desk by calling 866-251-6742.
13	Invalid CPT/HCPCS procedure code	<p>CPT and HCPCS procedure codes are published quarterly by AMA (CPT) and CMS (HCPCS). These codes have an effective date and termination date related to when they were published.</p> <ol style="list-style-type: none"> 1. Identify the claim(s) that were rejected for this reason. 2. Identify the CPT or HCPCS code that caused the claim to reject. This is listed on the CH02 report in the rejected claim details section following the label "ELEMENT CONTENTS=" 3. Verify the code was valid on the date of service for the claim (or line item if applicable). 4. Correct the claim(s) and resend. If you believe this rejection was received in error, please contact the ClearConnect Service Desk by calling 866-251-6742.
14	Invalid diagnosis pointer. Cannot point to blank diagnosis	<p>Diagnosis pointers are found only on professional claims in the SV1 segment, element 07. These pointers reference diagnosis codes listed in the HI segment. This error takes place when the SV107 references a diagnosis that was not defined in the HI segment.</p> <ol style="list-style-type: none"> 1. Identify the claim(s) that were rejected for this reason. 2. Identify the diagnosis pointer that caused the claim to reject. A pointer is a number from 1 to 8. This is listed on the CH02 report in the rejected claim details section following the label "ELEMENT CONTENTS=" 3. Check the HI segment for the diagnosis that matches the pointer. It is probably blank. The SV107 needs to be changed to point to a diagnosis by adding a diagnosis to the HI segment or changing the pointer in the SV107. 4. Correct the claim(s) and resend. If you believe this rejection was received in error, please contact the ClearConnect Service Desk by calling 866-251-6742.

Code	CH02 Rejection Reason Description	Corrective Action
52	Diagnosis pointer cannot be duplicate to another pointer on this service line	<p>This rejection is only for professional claims. Diagnosis pointers are found in the SV1 segment, element 07. They reference diagnosis codes listed in the HI segment. The SV107 cannot refer to a diagnosis more than once.</p> <ol style="list-style-type: none"> 1. Identify the claim(s) that were rejected for this reason. 2. Identify the diagnosis pointer that was the reason for the rejection. This is listed on the CH02 report in the rejected claim details section following the label "ELEMENT CONTENTS=" 3. Check the SV107 segment for the diagnosis that had two pointers referencing the same diagnosis. The duplicate pointer needs to be removed. Any pointers that follow the duplicate pointer need to be moved up one position (sub-element) to fill the blank pointer. 4. Correct the claim(s) and resend. If you believe this rejection was received in error, please contact the ClearConnect Service Desk by calling 866-251-6742.
80	Invalid procedure modifier	<p>Procedure modifiers are published quarterly by CMS and AMA. These codes have an effective date related to when they are added to or deleted from the code list.</p> <ol style="list-style-type: none"> 1. Identify the claim(s) that were rejected for this reason. 2. Identify the procedure modifier that caused the claim to reject. This is listed on the CH02 report in the rejected claim details section following the label "ELEMENT CONTENTS=" 3. Verify that the procedure modifier was valid for the date of service on the claim (or line item). 4. Correct the claim(s) and resend. If you believe this rejection was received in error, please contact the ClearConnect Service Desk by calling 866-251-6742.
82	Date of service must be greater than or equal to Patients date of birth	<ol style="list-style-type: none"> 1. Identify the claim(s) that were rejected for this reason. 2. Verify the patient's date of birth. 3. Verify that the patient's date of birth is equal to or prior to the date of service. 4. Correct the claim(s) and resubmit. If you believe this rejection was received in error, please contact the ClearConnect Service Desk by calling 866-251-6742.
109	Invalid principal procedure code	<p>Principal procedure codes are published quarterly by CMS. They are used only on institutional claims. These codes have an effective date related to when they are added to or deleted from the code list.</p> <ol style="list-style-type: none"> 1. Identify the claim(s) that were rejected for this reason. 2. Identify the principal procedure code that was the reason for the rejection. This is listed on the CH02 report in the rejected claim details section following the label "ELEMENT CONTENTS=" 3. Verify that the principal procedure code (HI01-1) was valid for the date of service (HI01-3) on the claim (or line item). 4. Correct the claim(s) and resend. If you believe this rejection was received in error, please contact the ClearConnect Service Desk by calling 866-251-6742.

Code	CH02 Rejection Reason Description	Corrective Action
127	Invalid payer identification	<ol style="list-style-type: none"> 1. Identify the claim(s) that were rejected for this reason. 2. Check the payer code listed in the NM109 where the NM101 is "PR". This is found in loop 2010BB for professional claims and loop 2010BC for institutional claims. The payer code in question is listed on the CH02 report in the rejected claim details section following the label "ELEMENT CONTENTS=". Verify that this payer code is correct by finding it on our payer list. http://www.clearconnect.com/public/pdf/PayerDirectoryComplete.pdf 3. Correct the claim(s) and resend. If you believe that the payer code on this claim is correct because you found it on our payer list, contact the ClearConnect Service Desk by calling 866-251-6742.
129	Provider not authorized to send production claims to payer	<ol style="list-style-type: none"> 1. Identify the claim(s) that were rejected for this reason. 2. Check the file you sent and make sure your ISA06 is the correct TPID for the submitter. 3. Check the payer code listed in the NM109 where the NM101 ="PR". This is found in loop 2010BB on professional claims and loop 2010BC on institutional claims. Verify that the payer code is correct. http://www.clearconnect.com/public/pdf/PayerDirectoryComplete.pdf 4. Correct the claim(s) and resend. If you believe this rejection was received in error, please contact the ClearConnect Service Desk by calling 866-251-6742.
829	Invalid CPT/HCPCS procedure code	<p>CPT and HCPCS procedure codes are published quarterly by AMA (CPT) and CMS (HCPCS). These codes have an effective date and termination date related to when they were published.</p> <ol style="list-style-type: none"> 1. Identify the claim(s) that were rejected for this reason. 2. Identify the CPT or HCPCS code that caused the claim to reject. This is listed on the CH02 report in the rejected claim details section following the label "ELEMENT CONTENTS=" 3. Verify the code was valid on the date of service for the claim (or line item if applicable). 4. Correct the claim(s) and resend. If you believe this rejection was received in error, please contact the ClearConnect Service Desk by calling 866-251-6742.
All codes 834 – 855	Subscriber zip code invalid	<ol style="list-style-type: none"> 1. Identify the claim(s) that were rejected for this reason. 2. Verify that the zip code listed in the rejection description is correct. You can use this link to check the zip code on the USPS website. http://zip4.usps.com/zip4/citytown_zip.jsp 3. After checking the USPS website: <ul style="list-style-type: none"> • If you did not find the rejected zip code on the USPS website, use the following link to get the zip for the city in question. Then correct the zip code on the claim(s) and resend. http://zip4.usps.com/zip4/citytown.jsp • If you did find the zip code on the USPS website, call the ClearConnect Service Desk. ClearConnect will update the zip code validation table and tell you when to resend the claim(s). <p>Note: ClearConnect updates validation tables for zip codes quarterly. Zip codes added by the USPS may take as long as three months before they are on the ClearConnect validation table.</p>

Code	CH02 Rejection Reason Description	Corrective Action
906	For HealthPartners claims, NM108 in the Patient loop must equal MI	<p>This only applies if the patient is not the subscriber.</p> <p>HealthPartners assigns a unique subscriber ID for every person covered on the policy, including the subscriber and dependents. Therefore, you must include the patient's unique subscriber ID in the patient loop of the claim.</p> <ol style="list-style-type: none"> 1. Identify the claim(s) that were rejected for this reason. 2. Contact HealthPartners, the patient, or the subscriber to get the correct subscriber ID. 3. Provider must update the patient's profile to include the subscriber ID. 4. Correct the claim(s) and resend. If you believe this rejection was received in error, please contact the ClearConnect Service Desk by calling 866-251-6742.

Appendix E – Payer Edit Reports

Payer Edit Reports are produced by payers to identify pre-processing errors. They are not intended to state that a claim will or will not be paid, or the amount at which the claim will be paid. The most common errors identified by Payer Edit Reports are invalid provider ID numbers and invalid subscriber ID numbers.

Example Reports

ClearConnect forwards claims to many payers. Many of them will return a payer edit report. The pages that follow are some examples of the payer reports you will receive from Availity.

Availity is another clearinghouse that ClearConnect uses to reach national payers. If a payer is not listed at the top of our payer list as a “Direct Payer”, ClearConnect is probably forwarding your claims to Availity in order to get them to the payer. ClearConnect’s payer list can be obtained by clicking the link below:

<http://www.clearconnect.com/public/pdf/PayerDirectoryComplete.pdf>

Availity will pass back two types of reports to submitters: Availity Electronic Batch Report and Availity Delayed Payer Report.

Availity Electronic Batch Report - Availity® sends the Electronic Batch Report (EBR) in response to submitted EDI claims. The EBR contains transaction-level information and indicates whether the payer accepts or rejects each transaction based on its own HIPAA compliance and payer-specific edits. The EBR includes any pre-adjudication and real-time adjudication responses.

COMMERCIAL CLAIM STATUS REPORT			
AVAILITY			
Mon Aug 11 04:20:20 CDT 2008			
THE FOLLOWING REPORTS CONTAIN INFORMATION FROM Availity AND THE PAYERS IT REPRESENTS.			
IF YOU HAVE ANY QUESTIONS ABOUT THE REPORTS THAT FOLLOW, PLEASE CALL THE CLEARCONNECT SERVICE DESK AT (651)662-5742 OR (866)251-6742.			
Availity Electronic Batch Report			

Date Received:	2008-08-09	Time Received:	17.10.03.176
Availity Batch ID:	1001010111010100	File Control Number:	123456789

Payer:	MEDICA		
Received Claims:	3	Charges:	500.00
Accepted Claims:	3	Charges:	500.00
Rejected Claims:	0	Charges:	0.00

Patient Name:	WASHINGTON, GEORGE		
From Date:	20080709	To Date:	20080709
Patient Control Number:	000	Charge:	200.00
Provider Billing ID:	1234567890	Clearinghouse Trace #:	NA
Payer Claim #:	NA	Availity Trace #:	87654321_0

Message Initiator:	MEDICA	Message Type:	A
Message:	CLAIM ACCEPTED BY ENS, Claim accepted for processing, forwarded	Message Code:	NA
to payer			
Loop:	NA		

Availity Delayed Payer Report - Availity® generates the Delayed Payer Report (DPR) in response to EDI claims if the payer sends additional information about the claim after Availity has sent the EBR file to the provider.

NOTE: DPRs are not sent for some payer's claims.

COMMERCIAL CLAIM STATUS REPORT

AVAILITY
Tue Aug 05 13:20:43 CDT 2008

THE FOLLOWING REPORTS CONTAIN INFORMATION FROM Availity AND THE PAYERS IT REPRESENTS.

IF YOU HAVE ANY QUESTIONS ABOUT THE REPORTS THAT FOLLOW, PLEASE CALL THE CLEARCONNECT SERVICE DESK AT (651)662-5742 OR (866)251-6742.

Availity Delayed Payer Report

Date Received:	2008-08-05	Creation Time:	NA
Availity Batch ID:	0011101-2008073012112800_0	File Control Number:	123456789

Patient Account Number:	0123456789	Total Charges:	230
Patient Name:	LINCOLN, ABE	Process Date:	2008-07-30
From Date:	2008-07-24	Status:	ACK
Billing Provider Name:	EXAMPLE PROVIDER	Billing Provider ID:	1010101010
Billing Provider NPI:	NA	Submitter Name:	CLEARCONNECT
Payer Name:	CIGNA	Payer Claim Number:	NA
Payer ID:	62308	Payer Seq Number:	0
Availity Batch ID:	0011101-2008073012112800	Trace ID:	NA
Claim Sequence #:	0		
Message Type:	A	Message Code:	
Message Loop:		Message Segment:	
Message Element:			
Message Text:	CARRIER ACKNOWLEDGES RECEIPT OF CLAIM []		