

## **FAQs Related to April 5<sup>th</sup> Presentation on the '999' Report**

1. Q: Getting edit N0002 on OP visits but HIM SME has indicated that place of injury codes are not required when the injury code has a final character of "D" or "S". Will this be corrected?

A: External diagnosis codes (final character with character of "D" or "S") are currently being reviewed by a DOH SME. We will notify you once we have decided whether to keep or remove these diagnosis codes.

2. Q: I had a very high number of H40345 edits that read "Service Line Procedure Code' (SV2-02) must be used because this Claim is for Outpatient Services". The charge line in question on many of these has a revenue code of 250 for pharmacy charges. These types of charges will not have a procedure code. I also have found that other revenue codes (370, 710, etc.) have this same edit but the claim when sent to the payers did not have a procedure code on that charge line.

A: Currently, we don't have any edit that can validate whether the revenue code contains leading zero+3 digits or has only 3 digits (0250 or 250). This issue has been forwarded to OTVM team (Claim Processing software development team) and is currently being reviewed by them.

3. Q: We have "insurances" assigned to patients for Charity Care and Self-Pay. They are not sent on payer claims. Are we required to report these as an insurance?

A: In this case, the policy number can be defaulted to "99999999".

4. Q: Received a 999 file reject that indicates there is an issue with the NM1 segment. The encounter is a mother/newborn combination. There are 2 different policy numbers for the insured - one for the mom (xxxxxxxx02) and one for the baby (xxxxxxxx05). The vendor (Cerner) advised that the issue was due to the policy number being different on the 2 NM1 segments. Is this the actual issue?

A: In this case, (if there is more than 1 policy for the insured) facilities can report one policy information at the Primary subscriber loop (2010BA) and the remaining policies can be reported in 2320(SBR), 2330A(NM1\*IL) and 2330B(NM1\*PR) respectively.

5. Q: Have there been recent changes which would impact the rejections returned on 999?

A: No

6. Q: What is triggering N0005 edit on OP cases? PDX not appropriate for IP place of service? Will this be corrected?

A: The N message has been replaced with “N0008 The principle diagnosis code submitted is not appropriate”. N0008 message should have been assigned for these dx codes at the first place.

7. Q: N0008 on OP report. PDX not appropriate. We had 114 cases with this error that we disagree with. Will this be corrected?

A: Those Dx codes are described as “Manifestation” codes and they cannot be billed in the Principal Diagnosis code data field.

8. Q: Our file continues to reject with message of: N3 Code 6 Segment not in Defined Transaction Set

A: As per x225 Implementation, N3 and N4 segments are only allowed in 2010BA and 2010CA loops

9. Q: and N4 with same error message

A: As per x225 Implementation, N3 and N4 segments are only allowed in 2010BA and 2010CA loops

10. Q: If the H1 and H2 errors with English descriptions were printing PRIOR to 3/26, why can't these be reported now along with the 999?

A: The Error List, Submitter HTML and 277CA reports weren't supposed to be turned on during the Beta testing. Those were being generated by error.

11. Q: Note: the info we are sending on the 837R have already gone to the payers and we received no 999s from them so if I get one from you it is confusing why I'm getting it.

A: Because the 837R has fewer segments than the 837I you are sending to the payers. There are several data elements marked as “Not Used” in 837R but are optional or required in 837I. Please visit x225 transaction implementation guide for more information.

12. Q: Can Optum add a file status to the claim file reports tab?

A: If you meant by adding file status like “Accepted”, “Rejected”, or “Partially Accepted”, then yes, we will discuss this internally to see if we can come up with such functionality in near future.

13. Q: A 23 MB file was submitted Wednesday afternoon with no response. The same file was submitted Thursday morning and a 999 response was received. What happened to Wednesday's file?

A: It will be helpful if we are provided the PFI in order to be able to check in the system.

14. Q: I don't think it was a complaint, it was a question why was the file accepted on Thursday but not on Wednesday. If you see the question it states File submitted Wednesday, no response or 999 received. Resubmitted that same file Thursday and a 999 was received. Why wasn't a 999 received Wednesday and what happened to the submitted data?

A: It will be helpful if we are provided the PFI in order to be able to check in the system.

15. Q: If 837R files are sent via FTP, how long does it take for results to be received back? The website is instant, is that the same for FTP?

A: Facilities submitting via FTP may find a maximum of 15 minutes delay than the website because the FTP batch runs every 15 minutes to look for the incoming files.

16. Q: So, any file size over 5MB can be submitted to the SPARCS secure file transfer utility?

A: Yes.

17. Q: If you missed grabbing your files within the 30 days for a particular month is there any way of getting them?

A: No, not at this time. We can ask the iEDI team to investigate.

18. Q: Every time we submit a test file for some date range all of a sudden, we get more errors than what we had before on a testing file (it's not a lot of errors). I thought all errors would be reported back all at once to us.

A: The HIPAA errors stop the claim units being processed further. In order for the H errored claims to be processed completely the error needs to be fixed. After the H errors validation (if error found then after fix), the P errors and N errors logic take place in the processing.

19. Q: When I submitted my first test file I had options to review the rejection in an easy to read excel spreadsheet, I only see the 999 with my most recent test submission, why is that?

A: It is not ideal to generate the Excel csv report when the file has 999 level error/errors.

20. Q: So it sounds like having 1 "Bad" claim will cause an entire file to be rejected - Correct?

A: Yes, if the error is a HIPAA syntactical error.

21. Q: I am getting error N0005 on outpatient claims. Description of error says dx not appropriate for inpatient place of service. These are not inpatient claims - wondering why we are getting this error on Outpatient claims. All have Dx D63.1 - anemia in chronic kidney disease

A: This error has been corrected. It has been replaced with "N0008 The principle diagnosis code submitted is not appropriate". But the facility would still see the N0008 error because Dx "D631" cannot be reported in Principal Diagnosis code field due to having marked as "Manifestation" code.

22. Q: I am seeing an error Location qualifier N405 should not be sent without Location identifier N406- can you direct me to where I would find what is wrong with the two (2) cases that errored?

A: If the Location Qualifier (CO) is present N405 the N406 must be present. Please remove the qualifier in N405 if the address is not in the New York State.

23. Q: I see a 999 file after I submitted but no readable report. File is showing all as failed, should I see or get something else?

A: No, the facilities do not get the other reports if the file is failed for 999 validation. The 999 report contains information for each error encountered.

24. Q: I have a question about programs that read 999 files. If there was a list of programs that we can buy to read the 999 we would be less likely to trouble you with 999 related questions.

A: There must 999 errors reader programs available in the market but unfortunately, we cannot name you any of those.

25. Q: When we call Optum for assistance, what is the expected turnaround time for a response.

A: Generally, it is 24 hours from the 1<sup>st</sup> tier of the help desk. It could take up to 48 hours if the ticket is escalated to 2<sup>nd</sup> level.

26. Q: I sent in a few production files that say accepted. Is there a way to verify that my files are in and all good? Thank you.

A: Yes, you can verify in the Submission History Report data that is posted on the SPARCS website every month. Please follow this link

[https://www.health.ny.gov/statistics/sparcs/reports/submission\\_history.htm](https://www.health.ny.gov/statistics/sparcs/reports/submission_history.htm)

27. Q: Are zip codes or country codes errors going to continue to cause 999 level errors instead of 277s level?

A: There is one 999 level error for Country code which has been made unit based. If the error is for Invalid/bad country code or zip code then it has to be reported at 999 level.

28. Q: Will you be making any changes so errors related to individual claims will not kick the entire file - for ex. Invalid Zip Code, Invalid or missing NPI number.

A: Where appropriate, we have converted errors from a file rejection to a record rejection; an example being the NPI data field. Others we are unable to because of the syntax repercussions; such as invalid or missing zip code errors.

29. Q: Having difficulty opening the 999 error files; cannot view actual errors. Any suggestions?

A: Kindly follow the 999 implementation guide for IK3, IK4 and IK5 error codes.

30. Q: Our vendor is sending "US" in the addresses but it's supposed to be omitted if it's "US". Is this a common error that you're seeing?

A: No, we have rarely seen any facility reporting "US" in the country code data element when the address is in the US.

31. Q: In regard to the folders that Optum has set up for the automated file transfers (FTP), how can we confirm to which folder each PFI we currently submit for should go? Our facility submits claims for multiple PFIs

A: iEDI help desk to reach out to submitter.

32. Q: We received a 999 response file where the entire file kicked. Errors included Invalid Zip code and/or Invalid NPI number

A: Errors at the 999 level are where the entire file is rejected; the result of syntactical errors that could impact the reading in of the file, causing false results in the file. We have reviewed this type of error and converted some to record level rejection errors. An example of one recently being changed pertains to the NPI data field. Others we are unable to convert at this time because of the previous mentioned syntax repercussions; such as invalid or missing zip code errors.

33. Q: What is the difference between the 999 report and the 277 report?

A: The 999 reports the file level error while the 277 report contains the claim level errors.

34. Q: Optum is rejecting claims for missing Marital Status. I did not see in any SPARCS doc that it is required. 837R says it's situational. Please advise. Thanks

A: Per all the presentations, Marital Status is required.

35. Q: Are the appendices on the SPARCS website up to date and current?

A: The Appendices for the 'old' submission process are not all current. On the SPARCS website (<https://www.health.ny.gov/statistics/sparcs/submission/>), are codes and descriptions for data elements that we are legally allowed to post.

36. Q: Do we still submit test files first, or are all files considered production files now? If we can still submit both, is the file marked as test or production anywhere that we can see?

A: Test files are allowed to be submitted. In segment ISA-15 'T' is Test and 'P' is production

37. Q: Where are the SPARCS reports going to be located that were located on the HCS website?

A: The error submission reports related to the new SPARCS submission process are on the Optum Clearinghouse portal; the 999, 277CA, etc.

38. Q: We had test files that passed during testing that are now failing for marital status codes. Are you expecting to add many more new edits that will cause files that are clean today to fail in the future?

A: Test phase (pre 3/26) consisted of testing on both the system and submitters, resulting in changes as errors/issues arose. Going forward, essentially the system will not have significant changes. That stated, the system will have changes as codes are updated, as well as if issues are found and a decision of correction is made.

39. Q: Are there requirements missing from the latest version of the CG?

A: The Companion Guide is being updated with recent changes.

40. Q: will there also be a WebEx for the .CSV report?

A: We anticipate that there will be one.

41. Q: Is the information for the file format of the submission and syntax being communicated to our EHR vendors (MEDITECH) in my case? As changes come up too - are those communicated to the vendor somehow? Or do I need to be the middle man and share this with them/MEDITECH?

A: SPARCS Operations contacts all parties that each facility says they wish to have communications. Ultimately though, it is the responsibility of the facility to make sure that a vendor is fully informed.

42. Q: If we have issues with our access to the system who should we contact? i.e. I should have access for 3 sites but I only have access to one.

A: First, contact SPARCS Operations to make sure that SPARCS Coordinators have authorized you to have access. If so, then SPARCS Operations will contact Optum for status, with you being copied.

43. Q: Is Optum making any progress on raising the file size limit?

A: As announced months ago, there is a solution for files greater than 5MB. Due to limited licenses for this process, SPARCS reached out to those facilities/vendors with historical submissions greater than 5MB. If you believe you require access, please contact SPARCS Operations.

44. Q: what are your acceptable Marital Status Codes? I am receiving an error for a value of "P" that is not being accepted.

A: Acceptable codes are listed in the Implementation Guide.

45. Q: This question is regarding sending files greater than 5MB through the SPARCS Secure FTP 2.0. How can I confirm we are set up correctly with this?

A: The 5MB solution is NOT submitting via the SPARCS Secure [FTP 2.0](#) process on the HCS. That FTP process was only for Beta Testing. For files greater than 5MB, Optum has a solution, though it is limited in licenses. SPARCS reached out to those facilities/vendors with historical submissions greater than 5MB. If you believe you require access, please contact SPARCS Operations.

46. Q: As a non IT person, how would I know which issue we are having if it is only saying 999? We are also only getting one download file with an extension of .999; no other reports along with it.

A: Please review the presentation and recording of the presentation on the web site. Also, contact your billing department that should have experience with the 999 and further documentation is available at X12.org (must be purchased).

47. Q: When will the companion guide with the changes that have been made be ready for download

A: It is being reviewed and should be posted by mid-April

48. Q: I am receiving a number of edits in the 999 for Marital Status being unacceptable - the list I have been referencing has these two statuses on it (E for Legally Separated and P for Domestic Partner). Is there a list of acceptable codes for this available?

A: Acceptable codes are listed in the Implementation Guide.

49. Q: Will there be any user-friendly reports for us to view rejections?

A: The Syntax error report (999) follows the X12 standard. The reports for records, for files that passed the syntax edits, come in a variety of forms for users.

50. Q: This question is regarding sending files greater than 5MB through the SPARCS Secure FTP 2.0. How can I confirm we are set up correctly with this?

A: Files greater than 5MB are NOT to be submitted through the SPARCS Secure [FTP 2.0](#). That was for Beta Testing only. Optum SFTP process staff work with your IT staff to ensure that the SFT is setup correctly and is functioning.

51. Q: Optum is not accepting social security numbers (SSNs) beginning with numbers > 847. What should we report?

A: Reason is that Social Security Administration does NOT have SSNs greater than 847. The SSN edit only accepts either valid SSNs or partials that are zero (0) filled; i.e. 000001234. You can NOT nine (9) or zero (0) fill the field. If you do NOT have a complete or partial SSN, then do NOT report the segment.

52. Q: Has the Optum Support site been set up yet for SPARCS rather than just emailing [iedi\\_implementations@optum.com](mailto:iedi_implementations@optum.com)?

A: This is in process and a presentation will be held Thursday, April 19<sup>th</sup> on this.

53. Q: Where can we find a copy of the dependency matrices?

A: Not sure what you mean by 'dependency matrices'. Please contact SPARCS Operations to discuss.

54. Q: How are changes and updates being communicated to providers?

A: Changes and updates are communicated by emails, presentations and postings on the web site



55. Q: Please provide more information on provider readiness and their testing efforts to date. Also, please provide a status on Optum readiness for 4/30. Thank you.

A: Please contact SPARCS Operations with suggestions on additional information besides submission and error reports already being provided. As to 'Optum readiness for 4/30', there is nothing that Optum is to be ready for. The intake system is live. It is the facility's responsibility to have a minimum of one (1) record accepted for each licensed type of service (Inpatient, Emergency Department, Ambulatory Surgery, and Outpatient Services).

56. Q: What will happen if we accidentally try to submit a file that is too large? Will it just not be accepted?

A: Once it reaches the 5MB limit it will stop in the process. No error files will be sent as it has not completed the processing.

57. Q: Is there a listing of ALL H1 and H2 errors that are now causing a 999 full file reject? Hiren's list of codes are not showing up anymore on reports, so how do these get interpreted as 999 errors?

A: We will attempt to find one that we can provide.

58. Q: Because there are many issues being addressed with the files will this change the timeline

A: No.

59. Q: Being August 30th is deadline for one record for production. This can be any of our data from last quarter as well. And by one record you just mean one patient record correct? Thank you.

A: The upcoming Compliance Measure is by one accepted record for each licensed service type (Inpatient, Emergency Department, Ambulatory Surgery, and Outpatient Services) by April 30<sup>th</sup>.

60. Q: I am receiving a number of edits in the 999 for Marital Status being unacceptable - the list I have been referencing has these two statuses on it (E for Legally Separated and P for Domestic Partner). Is there a list of acceptable codes for this available? Or is it in the x225 guide and I'm just missing it?

A: The Codes are listed in the x225 Implementation Guide.

61. Q: Why aren't sample 837R claims available to assist providers in their efforts to meet 4/30? Wouldn't these be beneficial given the customized nature of our process?

A: Given the number of scenarios, hundreds of samples would have to be created.

62. Q: Being August 30th is deadline for one record for production. This can be any of our data from last quarter as well. And by one record you just mean one patient record correct? Thank you.

A: The upcoming Compliance Measure is by one accepted record for each licensed service type (Inpatient, Emergency Department, Ambulatory Surgery, and Outpatient Services) by April 30<sup>th</sup>. There is no 'date/time' requirement.

63. Q: 12 Marital Status Codes in the 837R. B = Registered Domestic Partner, X = Legally Separated

A: The Codes are listed in the x225 Implementation Guide.

64. Q: Marital status is not a required field in registration. What is an acceptable value?

A: The Codes are listed in the x225 Implementation Guide.

65. Q: Once production claims are accepted at Optum and passed to SPARCS are there any errors at the SPARCS level we need to be aware

A: Only the Adjustment/Void errors when loaded into the data warehouse.

66. Q: Are sample 837R claims available for review? Will we be getting a copy of this presentation?

A: No, not from SPARCS Operations.

67. Q: Will this Power Point be available for printing or downloading? Will presentation material be posted on SPARCS website

A: Yes, it is available at this URL: <https://www.health.ny.gov/statistics/sparcs/submission/>  
The PDF slide deck appears as Webinar #7: [Understanding SPARCS EDI Error and 999 Rejection Files](#) (April 5, 2018)

68. Q: Where do we get the implementation guide? Where do we order the implementation guide book--Optum website? Where would we get a copy of the new, updated, SPARCS implementation guide? Where would we get the reference manual that you are talking about? What's the name of the implementation guide to purchase from x12.org? Implementation Guide. Where do we go to get a copy of this? What is the name of the store again? Thank you.

A: Due to copyright issues, SPARCS cannot reproduce the X12 837R 005010X225A2. The X12 837R 005010X225A2, 277CA and 999 implementation guides are available at this URL: <http://store.x12.org/store/healthcare-5010-original-guides>

69. Q: What would be the best X12 program to purchase for an ASC to read the errors

A: SPARCS Operations does not have that information.

70. Q: Can you publish everyone's questions and your response?

A: Yes, that is the purpose of this document.

71. Q: If the duplicate/adjustment/void rejection file is only available prod, can this not be tested prior to 4/30?

A: Because the duplicate/adjustment/void portion is applied when the data is being added to the file retention area/production warehouse, it is only available during production. One can 'test' the process, but only by modifying actual processed data in the production warehouse.

72. Q: How do we request report extracts from SPARCS that we used to request from the HCS website?

A: To receive an extract of facility own data, a member of the facility's staff approved for access would need to submit a request to the SPARCS BML ([sparcs.submissions@health.ny.gov](mailto:sparcs.submissions@health.ny.gov)). One extract would be cut and sent to the facility via the Health Commerce System (HCS) secure transfer utility.

73. Q: What departments. in our organization would have this guide documents? I am in the IT department. How can we get a copy of your supplemental guide?

A: SPARCS Operations advises facility staff to inquire with their billing department to provide them with the necessary X12 documentation to accomplish their programming tasks. The [SPARCS Transaction Information Companion Guide X12 Version 5010](#) guide can be found at this URL under Resources:  
<https://www.health.ny.gov/statistics/sparcs/submission/>

74. Q: Is the 999 Implementation Guide part of x225 guide or is it separate?

A: The 999 Implementation Guide is a separate document but is specific to version 005010, as is the 277CA.

75. Q: What is the name of the store again? Thank You

A: <http://store.x12.org/store/healthcare-5010-original-guides>

76. Q: What is the latest version of the X225 Implementation Guide? Ours has a date of May 2006.

A: X12 837R 005010X225A2. May 2006 is the original implementation date of version 005010.

77. Q: We are pending on SPARCS reporting for Oct, Nov, Dec 2017. Can we submit January 2018 reporting without sending 2017 reporting?

A: Yes, you may submit January 2018 claims data but you absolutely must submit 4<sup>th</sup> quarter 2017 claims data before the compliance dates published in several places within our webinars and slide decks.

78. Q: Is there a specific range of acceptable Cause/Place of Injury Dx codes for SPARCS submissions? Where exactly is the Diagnosis Crosswalk located you referred to earlier?

A: No. ICD-10-CM does not list Cause/Place of Injury Dx codes in convenient ranges. SPARCS Operations has published our Cause/Place of Injury Dx code edit under Resources at this URL: <https://www.health.ny.gov/statistics/sparcs/submission/>.

79. Q: If you missed grabbing your files within the 30 days for a particular month is there any way of getting them?

A: Optum has reported that due to space issues, they would not store submitted files and reports past 30 days of submission or creation.

80. Q: Has the PFI (permanent facility ID) changed during when the provider migrated to Optum?

A: No. The SPARCS Submission System on the NYSDOH Health Commerce System (HCS) used a SPARCS ID that consisted of the Facility ID and a check digit appended to the Facility ID. The SPARCS Reporting system utilizing the Optum Clearinghouse uses just the Facility ID. The Facility ID of each facility can be found by using the Health Facilities Information System application on the HCS.