

A photograph of two men in business suits shaking hands in a modern office setting. The man on the left is a Black man, and the man on the right is a white man. They are both smiling. The background shows a large window with greenery outside. The text is overlaid on the left side of the image.

SPARCS Translation Project

Stakeholder Meeting
December 18, 2017

Agenda

1. Welcome

2. SPARCS Submission Response Files

- 999 - Transaction Set Acknowledgement
- Submitter HTML
- Error CSV
- 277CA – Claim Acknowledgement
- Adjustment, Void and Duplicate Error Report

3. Questions

4. Adjourn

SPARCS Response Files

Speaker: Brian Erickson



999 Transaction Acknowledgment

ISA*00* *00* *ZZ*350 *ZZ*141338307 *171016*1838*^*00501*000000175*0*P*::~~
TA1*012017138*170518*0713*A*000~
GS*FA*SPARCS*141338307*20171016*1838*175*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*HC*1*005010X223A2~
AK2*837*987654*005010X225A2~
IK5*A~AK9*A*1*1*1~
SE*6*0001~
GE*1*175~
IEA*1*000000175~

Submitter Report - Summary

Summary

Report Generated Wed Jan 16 21:53:11 2013

Transmission Summary	Accept		Reject		Total	
	Units	Dollars	Units	Dollars	Units	Dollars
File Name						
837P_eight_providersA1_ICD9_3_good.txt	12	\$14,434.82	0	\$0.00	12	\$14,434.82
Interchange(s) Control Number, Interchange Sender ID						
000000790, 34-39495350	12	\$14,434.82	0	\$0.00	12	\$14,434.82
Functional Group(s) Control Number, Version/Release ID						
1, 004010X098A1	12	\$14,434.82	0	\$0.00	12	\$14,434.82
Transaction ID and Transaction Set Control Number						
837P, 0001	12	\$14,434.82	0	\$0.00	12	\$14,434.82
Billing Provider Primary ID, Provider Site Number, Billing Provider Name						
534929986, WEBBER	1	\$73.08	0	\$0.00	1	\$73.08
000000401, HUNTER	3	\$6,100.00	0	\$0.00	3	\$6,100.00
154789686, HUNTER	1	\$1,000.00	0	\$0.00	1	\$1,000.00
492953986, WEBBER	1	\$44.33	0	\$0.00	1	\$44.33
495329986, WEBBER	1	\$73.08	0	\$0.00	1	\$73.08
000400004, HUNTER	3	\$6,100.00	0	\$0.00	3	\$6,100.00
478159686, HUNTER	1	\$1,000.00	0	\$0.00	1	\$1,000.00
294953698, WEBBER	1	\$44.33	0	\$0.00	1	\$44.33

Summary information indicates number of accepted/rejected bills and dollars. Click on individual Billing Providers to go directly to details.

Error/Message Summary

Code	Location	Count	Message
H20204	Emergency Indicator	50	Code Value 'N' at element 'SV109' is valid in the X12 standard, but not in this HIPAA implementation
W10046	Line Item Charge Amount	44	Syntax Error for SV102, trailing zeros following the decimal point should be suppressed.
B31000	Service Date	42	The 'Date - Service Date' cannot be after the Transaction Set Creation Date (BHT-04)

Submitter Report - Detail

Message Category	Message Type
The first character of each message code corresponds to the following categories:	The second character of each message code corresponds to the following WEDI/SNIP defined types:
H messages are ASC X12 Implementation Guide Errors	1 - X12 syntax
B messages are Business Errors	2 - HIPAA syntactical requirements
W messages are Warnings	3 - Balancing
P messages are Payer Specific Messages	4 - Situational Requirements
N messages are Processor Messages	5 - Code sets
Messages stricken out like this may be disregarded	6 - Product types or lines of service
	7 - Implementation Guide-Defined Trading Partner Requirements

Detail

Billing Provider Primary ID	Billing Provider Tax Identification Number	Billing Provider Name	Submitter ID	Submitter Name
	876543221	JONES HOSPITAL	12345	JONES HOSPITAL

Unit #	Patient Account Number	Patient Name	Statement Dates	Amount	Disposition
1	756048Q	DOE, JOHN T	20080830-20080831	\$89.93	Accept

Errors and Messages Found in This Unit

Segment	Code	Location	Message
1	W10009	Interchange Control Segment	Padding, spaces or control characters detected after segment terminator.
33	W24413	Line Item Control Number	Submitters are encouraged to routinely send a Line Item Control Number on all service lines.
36	W24413	Line Item Control Number	Submitters are encouraged to routinely send a Line Item Control Number on all service lines.

Hovering cursor over Location Name shows the EDI Address of the Location.

2	756048Q			\$89.93	Accept
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Errors and Messages Found in This Unit

Segment Code	Location	Message
1	W10009 Interchange Control Header Segment	Padding, spaces or control characters detected after segment terminator.
71	W24413 Line Item Control Number	Submitters are encouraged to routinely send a Line Item Control Number on all service lines.
74	W24413 Line Item Control Number	Submitters are encouraged to routinely send a Line Item Control Number on all service lines.

Submitter Report – Error Count

Error/Message Summary

Code	Location	Count	Message
W24413	Line Item Control Number	1795	Submitters are encouraged to routinely send a Line Item Control Number on all service lines.
P2184040	Payer Identifier	237	BCCA: The Submitter ID (1000A/NM109) must be the same value as that submitted in the Application Sender's Code (GS02).
W40486	Claim Pricing/Repricing Information	237	'Repriced Claim Number' (2300 REF with REF-01 = 9C or 9A) was not found but may be expected because 'Claim Pricing/Repricing Information' (2300HCP) is present
H24235	Subscriber Group Name	237	'Insured Group Name' was not expected because the Insured Group or Policy Number is present
W24411	Claim Pricing/Repricing Information	237	The Claim Pricing/Repricing Information is to be completed by repricers only.
P2184043	Payer Identifier	237	BCCA: The appropriate value for the Receiver Name (1000B/NM103) is 'ANTHEM BLUE CROSS'.
P2184038	Payer Identifier	237	BCCA: The appropriate value for the Interchange Receiver ID (ISA08) is 'BCCA' followed by eleven spaces.
H46506	Claim Information	237	The Attending Provider (2310A) is required on all bills except unscheduled transportation claims.
P2184046	Payer Name	237	BCCA: The appropriate value for the Payer Name is 'ANTHEM BLUE CROSS'.
W10009	Interchange Control Header Segment	237	Padding, spaces or control characters detected after segment terminator.
P2184062	Payer Identifier	237	BCCA: The appropriate value for the Component Element Character (GS14) is the value 0.
P2184039	Payer Identifier	237	BCCA: The appropriate value for the Component Element Character (GS14) is the value 0.
H45264	Attending Provider	237	The Attending Provider (2310A) is required on all bills except unscheduled transportation claims. the Provider Name segment.
B51071	Payer Identifier	237	BCCA: The appropriate value for the Component Element Character (GS14) is the value 0.
H46465	Attending Provider	237	The Attending Provider (2310A) is required on all bills except unscheduled transportation claims.
H46504	Attending Provider	237	The Attending Provider (2310A) is required on all bills except unscheduled transportation claims.
H25375	Billing Provider Address Line	99	The Billing Provider Address must be a street address. Post Office Box or Lock Box addressed are to be sent in the Pay-to-Provider Address
H45318	Subscriber City, State, ZIP Code	97	Subscriber City, State, ZIP Code was not expected because the Subscriber Relationship (SBR-02) is not 18-Self
H45318	Subscriber Address	97	Subscriber Address was not expected because the Subscriber Relationship (SBR-02) is not 18-Self
H45318	Subscriber Demographic	97	Subscriber Demographic Information was not expected because the Subscriber Relationship (SBR-02) is not 18-Self

Error/Message Summary provides listing of all errors and messages, along with an occurrence count, for all units within the file.

Error CSV - Header

	A	B	C	D	E	F	G
1	Business Unit Number	TransactionSet (837R)	HIPAAVersion (005010X225A2)	Route Queue	Route Disposition	Service Provider Primary ID	Service Provider Tax Identification Number
2	1	837R	005010X225A2	defaultreject	Reject	1225357452	6303
3	1	837R	005010X225A2	defaultreject	Reject	1225357452	6303
4	1	837R	005010X225A2	defaultreject	Reject	1225357452	6303

Business Unit Number
Transaction Set (837R)
HIPAA Version (005010X225A2)
Route Queue
Route Disposition
Service Provider Primary ID
Service Provider Tax Identification Number

Error CSV – Field Names

Business Unit Number	Patient Name	Error or Message Code
Transaction Set (837R)	Statement Dates	Error or Message Text
HIPAA Version (005010X225A2)	(Unused Identifier Slot)	Segment Number
Route Queue	(Unused Identifier Slot)	Loop Name
Route Disposition	(Unused Identifier Slot)	Loop Instance
Service Provider Primary ID	(Unused Identifier Slot)	Segment Name
Service Provider Tax	(Unused Identifier Slot)	Segment Sequence
Identification Number	(Unused Identifier Slot)	Element Sub
Service Provider Name	(Unused Identifier Slot)	Element Data
Submitter ID	(Unused Identifier Slot)	
Submitter Name	(Unused Identifier Slot)	
Payer ID	(Unused Identifier Slot)	
Patient Account Number		

277CA - Claims Acknowledgment

TRN*2*ABH123456~

STC*A1:21:40*20171016*WQ*5015*****H46257 The Implementation Convention Reference value is not the same as the Version/Release/Industry Identifier Codes found in GS08.~

STC*A1:21:40*20171016*WQ*5015*****H24391 Missing HIPAA Required 'Claim Identifier' in 'L_GS'.~

STC*A1:21:40*20171016*WQ*5015*****H10023 Unexpected segment (PAT)~

STC*A1:21:85*20171016*WQ*5015*****H20204 Code Value 'SJ' at element 'NM101' in segment 'Billing Provider Name' is valid in the X12 standard, but not in this HIPAA implementation.~

STC*A1:21:85*20171016*WQ*5015*****H20205 Incomplete loop (2010AA). Missing HIPAA-required N3 (Billing Provider Address).~

STC*A1:21:85*20171016*WQ*5015*****H20205 Incomplete loop (2010AA). Missing HIPAA-required N4 (Billing Provider City, State, ZIP Code).~

STC*A1:21:QC*20171016*WQ*5015*****H24391 Missing HIPAA Required 'Individual Relationship Code' in '2000B'.~

STC*A1:21:QC*20171016*WQ*5015*****H20203 Element PAT09 is present, though marked 'Not Used'~

STC*A1:21:QC*20171016*WQ*5015*****H20203 Element DMG05 is present, though marked 'Not Used'~

STC*A1:21:QC*20171016*WQ*5015*****H20203 Element DMG10 is present, though marked 'Not Used'~

STC*A1:21:QC*20171016*WQ*5015*****H20203 Element DMG11 is present, though marked 'Not Used'~

STC*A1:153:QC*20171016*WQ*5015*****H25378 The Property and Casualty Claim Number is not a HIPAA requirement.~

STC*A1:21*20171016*WQ*5015*****H24391 Missing HIPAA Required 'Assignment or Plan Participation Code' in '2300'.~

STC*A1:21*20171016*WQ*5015*****H24391 Missing HIPAA Required 'Benefits Assignment Certification Indicator' in '2300'.~

STC*A1:21*20171016*WQ*5015*****H24391 Missing HIPAA Required 'Release of Information Code' in '2300'.~

STC*A1:21*20171016*WQ*5015*****H20205 Incomplete loop (2320). Missing HIPAA-required OI (Other Insurance Coverage Information).~

STC*A1:584*20171016*WQ*5015*****W24413 Submitters are encouraged to routinely send a Line Item Control Number on all service lines.~REF*BLT*111~

DTP*472*RD8*20170310-20170311~

Adjustment, Void and Duplicate Error Report

Speaker: Hiren Patel



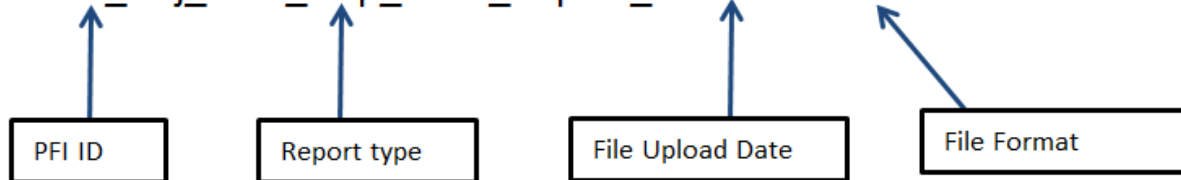
Adjustment, Void and Duplicate Error Report

Example Report

```
Source_File_Name, Patient_Control_Number, Statement_From_And_Through_Date, File_Processed_date, Error_description, File_Ind
ABCHOSP00IP,XXXXXXXX,20171110-20171113,20171211,Duplicate Claim Record,P
ABCHOSP00IP,XXXXXXXX,20171111-20171113,20171211,Duplicate Claim Record,P
ABCHOSP00OP,XXXXXXXX,20171100-20171123,20171211,Original Record not found for Adjustment,P
ABCHOSP00OP,XXXXXXXX,20171111-20171111,20171211,Original Record not found for Adjustment,P
ABCHOSP00AS,XXXXXXXX,20171201-20171202,20171211,Original Record not found for Adjustment,P
ABCHOSP00AS,XXXXXXXX,20171202-20171208,20171211,Original Record not found for Void,T
ABCHOSP00ED,XXXXXXXX,20171203-20171203,20171211,Original Record not found for Void,T
```

Report Name Format

000001_Adj_Void_Dup_Error_Report_20171210.csv



Adjustment, Void and Duplicate Error Report

Field Layout

- Source File Name
- Patient Control Number
- Statement From and Through Date
- File Processed Date
- Error Description
- File Indicator (Test or Production)

Adjustment, Void and Duplicate Error Report

Duplicate Processing

Identifying Duplicate Transactions

Inpatient

- Unique Person ID
- Facility PFI (Loop 2010AA REF02 when REF01=1J – Facility ID Number)
- Claim Facility Type/Type of Bill Code (Loop 2300 – CLM05-01)
- Medical Record Number (Loop 2300 – REF02 when REF01=EA – Medical Record Number)
- Overlap in Statement To and From Dates (Loop 2300 – DTP03 when DTP01=434 – Statement) excluding cases in which the Statement To Date of the current transaction is equal to the Statement From Date of the older transaction .

Adjustment, Void and Duplicate Error Report

Duplicate Processing

Identifying Duplicate Transactions

Ambulatory Surgery, Emergency Department, Outpatient

- Unique Person ID
- Facility PFI (Loop 2010AA REF02 when REF01=1J – Facility ID Number)
- Claim Facility Type/Type of Bill Code (Loop 2300 – CLM05-01)
- Statement To and From Dates (Loop 2300 – DTP03 when DTP01=434 – Statement)
- Attending Provider NPI (Loop 2310A – NM109)
- Revenue Code (Loop 2400 – SV201)
- Procedure Code (Loop 2400 – SV202-02)
- Procedure Modifier 1 (Loop 2400 SV202-03)
- Procedure Modifier 2 (Loop 2400 SV202-04)
- Procedure Modifier 3 (Loop 2400 SV202-05)
- Procedure Modifier 4 (Loop 2400 SV202-06)
- Service Line Date (Loop 2400 – DTP03 when DTP01=472)

Adjustment, Void and Duplicate Error Report

Adjustment/Void Processing

Identifying Transaction to be Adjusted/Voided

- If the “Previous Patient Control Number” is submitted in the NTE segment:
 - Facility PFI (Loop 2010AA REF02 when REF01=1J – Facility ID Number)
 - Statement To and From Date (Loop 2300 when DTP01=434)
 - Previous Patient Control Number (NTE)
- If the “Previous Patient Control Number” is not submitted in the NTE segment:
 - Facility PFI (Loop 2010AA REF02 when REF01=1J – Facility ID Number)
 - Statement To and From Date (Loop 2300 when DTP01=434)
 - Patient Control Number (Loop 2300 – CLM01)
- If no match is found, the transaction will be rejected.

Questions



Adjourn

John Piddock



Thank you.

