Custom Software Systems, Inc.
Information Management System
Claims Processing Documentation
ANSI 837 Institutional Claims

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OVERVIEW

Introduction

This documentation provides information about the ANSI 837 Institutional (UB92) Claims Process found within the Accounts Receivable Module. Should questions arise which are not covered in this manual please contact our Support group at 1-800-344-8053. CSS software support is available from 8:00 AM to 5:00 PM, Monday through Friday, to assist with questions or problems. Before and after hours and on weekends, a message may be left on the CSS voice mail and someone will return the call during business hours.

It is the intention of CSS to provide concise, accurate documentation that will be beneficial in assisting in the initial set-up and continued use of the ANSI 837 Institutional (UB92) Claims Process. In our efforts to maintain an up-to-date system, there will be updates to this process. Whenever updates are placed on the system, an update overview or documentation supplement will be issued. Please insert this overview or documentation into this manual.

Menu Selection

All Options are completely menu driven. This means that all options are displayed on the screen. An option can be selected by either typing the first letter of the option or by typing the line number of the option or by using the arrow key to highlight the option. Once the command is highlighted, press <ENTER> to begin.

Commands & Functions Used Within Screens

Some screens display a Function prompt across the top of the screen. The functions are New, Change, Delete, Inquire, or Print. Type the first letter of the function required at the prompt. Explanations of these functions are shown below:

Key	Function	Description
N	New	Type N at the prompt to start a new record.
C	Change	Type C at the prompt to change a record. When changes are completed, function key <F2> must be used to save the changes or <F3> to cancel any changes incorrectly made.
D	Delete	To delete an existing record, type D at the prompt and then press function key <F2>. Deletion is permanent; therefore, check that no data is contained in the record that is required for future purposes before deleting any existing record. If D is entered in error, the function key <F3> will cancel without deleting the record.
I	Inquire	Type I at the prompt to view an existing record only. No changes can be made to the record while in the inquire mode.
P	Print	Type P at the prompt to print the entire file as it currently exists. There are no function key options with the print. When a "P" is entered the file prints to the user's default printer.

Commands Used Within Screens

Across the bottom of each screen is a list of commands. These are as follows:

Function Key	Function	Description
<F1>	Help	This Option is currently not used.
<F2>	Write	This function writes (saves) any information entered and must be used whenever any changes or made which must be saved.
<F3>	Cancel	This function cancels without saving any changes made but remains on the same screen.
<F4>	Quit	This function quits the program and returns to the menu.
<F8>	Next	Go to the next sequenced record
<F7>	Review On	This function is used to turn on the review screen and displays records in the file. This same function is used to turn off the review screen.

Review Screens

When the review screen is displayed in any maintenance screen, there are additional functions that may be used which relate only to the review screen.

Function / Other Key	Function	Description
<F5/F6>	Page Dn/Up	Function Key <F5> will scroll down one screen at a time. Function Key <F6> will scroll up one screen at a time.
Arrows Down / Up		The up and down arrow keys may be used to move one line up or down at a time within the file.
<F7>	Review On	This function is used to turn on the review screen and displays records in the file. This same function is used to turn off the review screen.
Enter / Choose		Pressing the "ENTER" key on any highlighted line of the review file will choose that item, close the review screen and display the contents of the chosen item on the primary screen.
Select File Item # (1-06 digits): [ ]		At this prompt, in some instances, the user may type in specified digits of the file required which will then choose that item, close the review screen, and display the contents of the chosen item on the primary screen.

CLAIMS PROCESS

The ANSI 837 Claims Process is located on the Accounts Receivable menu. Choose the option “Third Party Filing” from this menu and then select Option 1 “Extract UB92 Claims” to display the following:

```
STARLAB                           StarSystem            MENU     04/11/2003
--------------------------------------------------------------------------------

                             UB92 EXTRACT MENU

                  Old Format
                      1. Extract UB92

                  New Format
                      2. Ansi837 Format










            Arrows<Up><Dn>  <F4>PrevMenu  <ENTER>Select  <F10>Quit
```

To process claims using the ANSI 837 format, choose Option 2 "Ansi837 Format" and press 'ENTER.' The following screen will display:

```
STARLAB                           StarSystem              MENU     04/11/2003
--------------------------------------------------------------------------------

                       INSTITUTIONAL CLAIMS PROCESSING


                      1. Validate Institutional Claims
                      2. Extract Institutional Claims
                      3. Build Institutional Claims
                      4. Delete Institutional Claims
                      5. See Transmission Files
                      6. Transmit Claims
                      7. Print/Save Confirmation Reports
                      8. Cleanup Claims
                      9. Profiles








            Arrows<Up><Dn>  <F4>PrevMenu  <ENTER>Select  <F10>Quit
```

Validate Claims

Choosing this option is the first step in processing claims. This option checks claim data and validates the accuracy of the each claim being processed. An error report will be generated for all claims that contain inaccurate data. For additional information on error codes and recommended actions to correct them, please reference the Front End Claims Edit section of this documentation.

Invalid claims cannot be extracted and therefore cannot be filed. Errors must be corrected and the claim must pass all edits before the claim will appear in the electronic file or complete final processing as a paper claim.

When the "Validate Institutional Claims," is chosen, the following screen will display:

```
                              Accounts Receivable
                         Custom Software Systems, Inc.
                                UB92 Processing
-------------------------------------------------------------------------------
Enter Selection :_

                        1 - File by Patient Account

                        2 - File by Batch Thru Date

                        3 - File by Insurance Company













                                   <F4> Exit
```

Enter the number of the desired selection at the "Enter Selection:" prompt. These selections are described below:

1. "File by Patient Account:" - This option allows the user to enter individual patient claims for validation.

2. "File by Batch Thru Date:" - This option allows the user to enter a date through which claims are to be validated.

3. "File by Insurance Company." - This option allows the user to enter the code for a specific insurance or a range of insurance codes to be validated.

If "File by Batch Thru Date," is chosen, the following screen will display:

```
                              Accounts Receivable
                          Custom Software Systems, Inc.
                           Validator for UB92 Claims
-----------------------------------------------------------------------------
Enter Selection:

                        1 - Print by Patient Number

                        2 - Print by Patient Name

                        3 - Print by Discharge Date

                        4 - Print by PIN Order


                                   <F4> Exit
```

Enter the number of the desired selection at the "Enter Selection:" prompt. These selections are described below:

1. "Print by Patient Number" - This option allows the user to print the validation report in patient number (numerical) order.

2. "Print by Patient Name" - This option allows the user to print the validation report in patient name (alphabetical) order.

3. "Print by Discharge Date" - This option allows the user to print the validation report in discharge date (oldest date first) order.

4. "Print by PIN Order" – This option allows the user to print the validation report in the order they appear in the Patient Insurance File (PIN).

When the print order is selected, press 'ENTER' and the following screen will be displayed:

```
                              Accounts Receivable
                          Custom Software Systems, Inc.
                           Validator for UB92 Claims
-----------------------------------------------------------------------------
Enter In-Patient Thru Date: 01/01/2003-(Discharge Date)
                            MMDDCCYY
Enter Out-Patient Thru Date:01/01/2003-(Discharge Date)
                            MMDDCCYY
                        Is Information Correct? (Y/N)  Y


<F4> Exit>
```

Enter In-Patient Thru Date: Input the discharge cut off date for which Inpatient claims are to be validated. This field requires 8 digits in MMDDCCYY format.

Enter Out-Patient Thru Date: Input the discharge cut off date for which Outpatient claims are to be validated. This field requires 8 digits in MMDDCCYY format.

If the dates entered for both Inpatient and Outpatient are correct, input “Y” at the “Is Information Correct? (Y/N)” prompt and press ‘ENTER.’

If dates are incorrect, input “N” at the prompt and press ‘ENTER.’ The date fields will clear and the cursor will appear in the date field for the correct dates to be input.

When the prompt is answered with “Y,” the following screen will be displayed:

```
Accounts Receivable
Custom Software Systems, Inc.
Validator for UB92 Claims
----------------------------------------------------------------------------

Choose which insurance(s) to extract: _

                                 1 - Primary
                                 2 - Secondary
                                 3 - All




                                   <F4> Exit
```

Select Option 1 to validate only Primary Insurance claims.
Select Option 2 to validate only Secondary Insurance Claims.
Select Option 3 to validate both Primary and Secondary Claims.

When one of the above options is selected, the program will display the following:

*** Creating Extract File ***

Creating the validation file may take several minutes depending on the number of claims within the designated range of dates. This process creates an extract file containing all claims in a “Reviewed” insurance status with a discharge date prior to, and including the ending date entered on the previous screen. While processing, the following screen will be displayed:

```
Accounts Receivable
Custom Software Systems, Inc.
```

```
Validator for UB92 Claims
----------------------------------------------------------------------------

                          Validating UB92 Claims

Patient Records Processed-      21

Invalid Pin Records:         0
```

The program then validates all the claims extracted in the previous step. The process of prevalidation may also take several minutes depending on the number of claims being processed. Once the process is complete and all claims in the file have been checked for errors, the following screen will be displayed:

```
Accounts Receivable
Custom Software Systems, Inc.
Number of Claims Validated


                          Total UB92 Claims : 0047
                          Medicare Claims   : 0002
                          Medicaid Claims   : 0006
                          Blue Cross Claims : 0018
                          Commercial Claims : 0011
                          Medicare HH Claims: 0000
                          Paper/Other Claims: 0010

                          Press 'RETURN' Key
```

The first line “Total UB92 Claims,” represents the total number of claims processed through the validator whether they were valid or invalid.

Subsequent lines represent the total number of Medicare, Medicaid, Blue Cross, Commercial, and Medicare Home Health Claims processed by the prevalidator.

The last line represents the number of paper (hardcopy) or other claims processed by the prevalidator.

Press “RETURN” to continue.

A three-part report is then processed and will print to the user’s default printer.

The first part of the report gives a listing of invalid clams showing error codes that correspond to the respective field(s) on the UB form. Please reference the Front End Claims Edit section of this documentation for an explanation of the error codes and directions on where to correct the source data field. Invalid claims will not move to the next step in the process (extract claims) until they have passed all edits.

Please note that the last three digits of the patient number printed on the report represent the admission counter. Only the digits prior to the last three are the actual patient number.

The second part of the report gives a listing of valid claims that are ready to move to the next step in the process - Option 2 “Extract Institutional Claims.”

The third and final part of the report shows a listing of claims that failed Medical Necessity.

IMPORTANT NOTE:

The validate process does not change the status of the insurance. The claim will remain in “Reviewed” status until it becomes valid and is transmitted. Therefore, Option 1 “Validate Institutional Claims” can be run as many times as necessary and will always pick up all claims that are in “Reviewed” status and have not been validated.

Claims verified as “Valid” by the prevalidator are marked by the program with a “V” and the date they were validated. Only claims with a “V”alid indicator can be filed.

The validator alerts to front-end errors on a claim, therefore, there is no longer a necessity for a “claims editor.” **This approach assures the information sent to the insurance carrier is exactly what is on record in the system**.

Extract Claims

Setup Note:
Before extracting claims be sure to verify the following flags in the Insurance File (INS), Field 15 "ESC I/P," Field 16 "ESC O/P," and Field 17 "ESC LTC," should be completed as follows:

"Y" for Medicare Insurance
"D" for Medicaid Insurance
"B" for Blue Cross (All Blue Cross Insurances filed Electronically)
"C" for Commercial Insurances

Also, there is an option in the "Profiles" section of the ANSI 837 menu that must be completed. This is Option 2 "EMC Record." Field 7 of this file, "ANSI Required" must be "Y" to process claims in the ANSI 837 format. This file is discussed later in this documentation.

Select option 2. "Extract Institutional Claims" to display the following screen:

```
                         Accounts Receivable
                     Custom Software Systems, Inc.
                           UB92 Processing


   Print UB92 for ESC claims (YN):  Y
   Print Valid Claims Only       :  Y

   Enter # of lineup forms needed:  1

                     Information Correct? (YN):  Y


                              <F4> Exit
```

"Print UB92 for ESC Claims? (Y/N):" The system will automatically print any claims that are to be sent hardcopy to commercial carriers. If hardcopies of claims submitted electronically are required, enter "Y" at this prompt. If hardcopy electronic claims are not required, enter "N" at this prompt.

This prompt also controls how UB92 claim forms feed the **electronic patient record** in **StarDoc**. A 'Y' will automatically file a copy of the UB92 form in the electronic record for all claims – electronic and hard copy. A 'N' will only file a copy of the UB92 form in the electronic record for hard copy claims. For additional information on StarDoc, please reference http://www.css-corporate.com/stardoc.htm

"Print Valid Claims Only? (Y/N):" Answer "Y" if only valid claims are to be printed hardcopy. Answer "N" if ALL claims, both valid and invalid are to be printed hardcopy. Many times a hardcopy of an invalid claim may be used to correct errors.

"Enter # of Lineup Forms Needed:" Enter the number of lineup forms required for the alignment routine on the user's default printer.

"Information Correct? (Y/N):" If the selections entered on the previous options are correct, enter "Y" and press 'ENTER' to begin processing. If the previous options were answered incorrectly, enter "N." The cursor will return to the first option to allow input of correct answers.

A "Y" answer to the above prompt will display the following screen:

```
                          Accounts Receivable
                      Custom Software Systems, Inc.
                            UB92 Processing

Enter Selection :_

                       1 - File by Patient Account

                       2 - File by Batch Thru Date

                      3 - File by Insurance Company


                               <F4> Exit
```

IMPORTANT NOTE:

The same options selected in Option 1 "Validate Institutional Claims" must be selected when running the "Extract Institutional Claims" option.

Enter the number of the desired selection at the "Enter Selection:" prompt. These selections are described below:

1. "File by Patient Account:" This option allows the user to enter individual patient claims for extraction.

2. "File by Batch Thru Date:" This option allows the user to enter a discharge date through which claims are to be filed.

3. "File by Insurance Company." This option allows the user to enter the code for a specific insurance to be filed or a range of insurance codes.

If Option 2 “File by Batch Thru Date,” is chosen, the following screen will display:

```
                         Accounts Receivable
                    Custom Software Systems, Inc.
                           UB92 Processing
-----------------------------------------------------------------------------
Enter Selection :_

                        1 - Print by Patient Number

                        2 - Print by Patient Name

                        3 - Print by Discharge Date

                        4 - Print by PIN Order


                                  <F4> Exit
```

1. “Print by Patient Number” - This option allows the user to print the validation report in patient number (numerical) order.

2. “Print by Patient Name” - This option allows the user to print the validation report in patient name order.

3. “Print by Discharge Date” - This option allows the user to print the validation report in discharge date (oldest date first) order.

4. “Print by PIN Order” – This option allows the user to print the validation report in the order they appear in the Patient Insurance File (PIN).

When the print order is selected, press ‘ENTER’ and the following screen will display:

```
                         Accounts Receivable
                    Custom Software Systems, Inc.
                           UB92 Processing
-----------------------------------------------------------------------------


Enter In-Patient Thru Date: 01/01/2003-(Discharge Date)
                            MMDDCCYY
Enter Out-Patient Thru Date:01/01/2003-(Discharge Date)
                            MMDDCCYY
                        Is Information Correct? (Y/N)  Y




<F4> Exit>
```

Enter In-Patient Thru Date: Input the discharge cut off date for which Inpatient claims are to be extracted. This field requires 8 digits in MMDDCCYY format.

Enter Out-Patient Thru Date: Input the discharge cut off date for which Outpatient claims are to be extracted. This field requires 8 digits in MMDDCCYY format.

If the dates entered for both Inpatient and Outpatient are correct, input "Y" at the "Is Information Correct? (Y/N)" prompt and press 'ENTER.'

If dates are incorrect, input "N" at the prompt and press 'ENTER.' The date fields will clear and the cursor will appear in the date field for the correct dates to be input.

When the prompt is answered with "Y," the following screen will display:

```
                          Accounts Receivable
                     Custom Software Systems, Inc.
                            UB92 Processing
-----------------------------------------------------------------------------

Choose which insurance(s) to extract: _

                                 1 - Primary
                                 2 - Secondary
                                 3 - All




                                   <F4> Exit
```

Select Option 1 to extract only Primary Insurance claims.
Select Option 2 to extract only Secondary Insurance Claims.
Select Option 3 to extract both Primary and Secondary Claims.

Select one of the above options and the program will begin processing. The following message will display on the screen:

```
                    *** Creating Extract File ***
```

When all claims have been extracted, the program counts the number of claims and the following is displayed on the screen:

```
                         Accounts Receivable
                    Custom Software Systems, Inc.
                           UB92 Processing
-----------------------------------------------------------------------------
              ** Processing Patient's UB92 Form **

Patient Records Processed-      35

Invalid Pin Records:         0
```

When complete, the total number of claims will be displayed as follows:

```
Accounts Receivable
                          Custom Software Systems, Inc.
                       Number of Insurance Forms Generated

                          Invalid Claims     : 0070
                          UB92 Forms Printed: 0001
                          Medicare Claims    : 0001
                          Medicaid Claims    : 0000
                          Blue Cross Claims : 0000
                          Commercial Claims : 0000
                          Home Health Claims: 0000
                          Paper/Other Claims: 0000
                          Press 'RETURN' Key
```

The first line “Invalid Claims,” represents the total number of invalid claims.

The second line “UB92 Forms Printed” represents the total number of hardcopy forms printed to the user’s default printer.

Subsequent lines represent the total number of Medicare, Medicaid, Blue Cross, Commercial, and Medicare Home Health Claims.

The last line represents the number of paper (hardcopy) or other claims. Hardcopy claims will then print to the user’s default printer.

Electronic Claims will now be in the electronic (ESC) file either under Medicare, Medicaid, or Commercial.

Press “RETURN” to continue.

<u>Build Claims</u>

The build claims process takes claims that have been validated and extracted and converts them into the actual format that will be submitted.

Select Option 3 “Build Institutional Claims” to display the following screen:

```
                         Accounts Receivable
                   Custom Software Systems, Inc.

        Transmission File Name:    ______


                   <F4> Exit
```

The Transmission File Names required are as follows:

MCR92T	**Medicare Institutional**
ESC92T	**Blue Cross Institutional**
MCD92T	**Medicaid Institutional**
COM92T	**Commercial Institutional**
HH92T	**Home Health Institutional**

Enter the correct Transmission File Name at the prompt to display the following:

```
        Print Detail Transmission Report (Y/N)?: _
```

The Detailed Transmission Report will print a detailed copy of each patient extracted. If the user wishes to have a detailed report, answer “Y” at this prompt. “N” will produce a summary report to the user’s default printer similar to the one shown below:

```
PRODUCED: 04/12/03

Contract #    Account #   Adm Date   Adm Hr  Dis Date   Dis Hr  Patient Name  Who Asg     Amount
------------------------------------------------------------------------------------------------
111111111A  0000361024   2003/02/25   09   2003/02/25   09     DOE JOHN D         Y       581.00

                                 A U T O   C L A I M S   R E C A P
                                  COUNT        AMOUNT
-------------------------------------------------------------------------------------------------

                MEDICARE-A IP     0001          3,992.08
                MEDICARE-A SB     0000               .00
                MEDICARE-A OP     0000               .00

dScreen  Q=Quit  J/F1=PgDn  K/F2=PgUp  j=Dn1Ln  k/Up1Ln  t=GoTop  b=GoBttm
```

The Build file is now complete and the claims appearing on the report are ready to be transmitted.

Delete Claims

Since only valid claims can be extracted there should be very few situations where you will need to delete a claim. If you decide to delete a claim, Option 4 “Delete Institutional Claims” allows for this deletion. Please keep in mind you will need to review the Patient Insurance Record(s) and update the status, date filed, etc., to reflect the claim deletion.

The first screen of this program requires the entry the file name created when claims were extracted. Valid File Names are shown below:

MCR837	**Medicare Institutional Claims**
ESC837	**Blue Cross Institutional Claims**
MCD837	**Medicaid Institutional Claims**
COM837	**Commercial Institutional Claims**
HH837	**Home Health Institutional Claims**

Enter the appropriate file name to begin:

```
                         Accounts Receivable
                    Custom Software Systems, Inc.
                         Delete UB92 Extract

          Extract File Name:    ______

                       <F4> to Exit
```

The program will then display the following:

```
                           E S C    E D I T O R

   Enter Patient No:      11608_______
   Enter Discharge Date: 02/22/2003
                          MMDDCCYY Format
   Enter Discharge Hour: 11
   Enter Doctor Number:  00005

                               ENTER COMMAND: ___

                               <F4> to Exit
```

Enter the patient number on the first line.
Enter the discharge date in MMDDCCYY format on the second line.
Enter the discharge hour on the next line.

Type ‘**DEL**’ at the “Enter Command” prompt to delete the claim. If this field is left blank, the claim will not be deleted. **Don’t forget to run Build again before you transmit**.

Display Transmission Files

Option 5 “Display Transmission Files” allows the user to view the actual files that are being transmitted. For most facilities, this routine will never be used; however, it is there to assist in situations where the payer references specific line item information in the transmission file.

Choosing this option will display the following screen:

```
STARLAB                          StarSystem              MENU     04/12/2003
--------------------------------------------------------------------------------

                                 SEE TRANSMISSION FILES


                            1. See Medicare File
                            2. See Blue Cross File
                            3. See Medicaid File
                            4. See Commercial File
                            5. See Home Health File


            Arrows<Up><Dn>  <F4>PrevMenu  <ENTER>Select  <F10>Quit
```

Choose the line number of the file to be viewed. The program will prompt for a password. Enter the password to display the contents on the screen. The display will be similar to the one shown below:

```
ISA*00*          *00*          *ZZ*V01251         *ZZ*C00400         *030412*203
GS*HC*V01251*C00400*20030412*20352565*41203001*X*004010X096~
ST*837*41203001~
BHT*0019*00*C04121001*20030403*09393763*CH~
REF*87*004010X096D~
NM1*41*2*STARLAB HOSPITAL*****46*V01251~
PER*IC*VEE DESHPANDE*TE*2529432111~
NM1*40*2*THIN*****46*C00400~
HL*1**20*1~
PRV*BI*ZZ*282N00000X~
NM1*85*2*STARLAB HOSPITAL*****24*560518757~
N3*202 E WATER STREET~
N4*ANYTOWN *US*27810~
REF*1C*341310~
HL*2*1*22*0~
SBR*P*18**MEDICARE PART A*****MA~
NM1*IL*1*DOE*JOHN*D***MI*240709991A~
N3*1340 VAN DORP RD~
N4*ANYTOWN *US*27860~
DMG*D8*19270214*F~
NM1*PR*2*MEDICARE*****PI*C0040~
N3*PO BOX 3824~
N4*ANYTOWN *US*27702~
```

For a detailed explanation of codes shown above, please reference the National Electronic Data Interchange Transaction Set Implementation Guide. Health Care Claim Institutional 837 – Transaction Set Listing starting on page 47. For additional information please reference http://www.wpc-edi.com/hipaa/TableData_40_1.asp.

Transmit Claims/Receive Confirmation Reports

Choose Option 5 “Transmit Claims/Receive Confirmation” to transmit all claims extracted. Once transmission is complete, this same option is used to receive the confirmation. The first screen is shown below:

```
STARLAB                           StarSystem              MENU     04/14/2003
--------------------------------------------------------------------------------

                        TRANSMIT CLAIMS AND RECEIVE CONFIRMATIONS
                        1. Transmit/Receive - Medicare
                        2. Transmit/Receive - Blue Cross
                        3. Transmit/Receive - Medicaid
                        4. Transmit/Receive - Commercial
                        5. Transmit/Receive - Home Health


            Arrows<Up><Dn>  <F4>PrevMenu  <ENTER>Select  <F10>Quit
```

Choose the appropriate option to transmit/receive Medicare, Medicaid, Blue Cross, Commercial, or Home Health Claims and press "ENTER."

The system will prompt for a password. Enter the proper password to display the transmission screen.

```
Dial timeout: 100 seconds
To cancel: type your interrupt character (normally Ctrl-C).
Call complete.
Connected to
C-Kermit 6.0.192, 6 Sep 96, for HP-UX 10.20
Copyright (C) 1985, 1996,
Trustees of Columbia University in the City of New York.
Default file-transfer mode is BINARY
Type ? or HELP for help.
[/v1/h1/es] C-Kermit>c
```

When the C-Kermit prompt appears, enter a "c" and press "ENTER" to continue. The system will then connect by modem to the facility's provider.

```
Connecting to /dev/ttyd2a13, speed 19200.
The escape character is Ctrl-\ (ASCII 28, FS)
Type the escape character followed by C to get back,
or followed by ? to see other options.
(Session logged to /tmp/txmc92kmt.h1.log, text)



     Welcome to ?

Please Login:
```

At the Login prompt, the person transmitting a file or receiving a confirmation will need to know the facility's Login and password. Once the proper login and password are entered, the user will need to enter the name of the file being sent. These filenames are listed previously in this documentation. Please refer to documentation previously provided for transmitting and receiving confirmations after the connection is complete.

Print/Save Confirmation Reports

Because confirmation reports vary from state to state and from payor to payor, CSS recommends that all facilities maintain a close working relationship with all applicable payors (Medicare/Medicaid, etc). Once error codes unique to each situation are identified, CSS can enhance the validation process to prevent future errors.

CSS does not define the information provided on these confirmation reports. Questions related to these reports can only be accurately addressed by the individuals (or payors) who supplied the report.

After claims have been transmitted, a confirmation must be requested, printed and saved before another batch can be validated or transmitted. Enter Item 7. "Print/Save Confirmation Reports" to display the following screen:

```
STARLAB                          StarSystem            MENU     04/13/2003

                    PRINT AND SAVE CONFIRMATION REPORTS

                            Print Confirmation
                     1. Print Medicare Confirmation
                     2. Print Blue Cross Confirmation
                     3. Print Medicaid Confirmation
                     4. Print Commercial Confirmation
                     5. Print Home Health Confirmation
                            Save Confirmations
                     A. Save Medicare Confirmation
                     B. Save Blue Cross Confirmation
                     C. Save Medicaid Confirmation
                     D. Save Commercial Confirmation
                     E. Save Home Health Confirmation

            Arrows<Up><Dn>  <F4>PrevMenu  <ENTER>Select  <F10>Quit
```

Choose the option (1 – 5) for the file required to display a message as shown below:

```
Checking for any downloaded response files ...
Claim Responses...
Press [RETURN] to continue...
```

If there are files to be printed, the files will be listed and will print to the user's default printer. **If there are no files to be printed**, the following message will display.

```
* ERROR - No response files found.   *
Press [RETURN] to continue...
```

When all files have been printed, choose the appropriate option (A – E) to save the confirmation.

Cleanup Claims

After transmitting, receiving confirmation, printing and saving the confirmation, the final step in the process is to clean up the claims that have been transmitted and confirmed. This must be done before any more claims can be validated or transmitted.

Choose Option 8 "Cleanup Claims" to display the following screen:

```
      STARLAB                          StarSystem             MENU     04/14/2003

                        CLEANUP INSTITUTIONAL CLAIMS


                         1. Cleanup Medicare Claims
                         2. Cleanup Blue Cross Claims
                         3. Cleanup Medicaid Claims
                         4. Cleanup Commercial Claims
                         5. Cleanup Home Health Claims









            Arrows<Up><Dn>  <F4>PrevMenu  <ENTER>Select  <F10>Quit
```

Choose the appropriate option for the claims that have been transmitted and confirmation received, printed and saved. When the option is chosen, the following prompt will appear on the screen:

```
CLEANUP - Script to Clean-up Claims.

Do you really want to clean up? (Y/N)
```

Answer "Y" to clean up the clams or "N" if the wrong option was chosen. When answered "Y", the program will automatically empty the claim file and the user is then ready to begin a new batch.

CONTROL FILES

Ansi 837 Header File

Choosing option 1 will display the following screen:

```
NSI837 Header Rec    5.1              StarSystem                     04/14/2003
       Function _          (N)ew (C)hange (D)elete (I)nquire          hdr837
--------------------------------------------------------------------------------
  1.   Insurance Number:   [  ]                              CSS
  2.   Form Type:          [    ]                            CSS
  **3.   Transaction ID:     [   ]                           Client
  **4.   Receiver Name:      [                    ]          Client
  **5.   Receiver ID:        [               ]               Client
  **6.   Sender ID:          [               ]               Client
  **7.   Sender Name:        [                    ]          Client
  **8.   Sender Phone:       [          }                    Client
  9.   Vendor ID:          [      ]                          CSS  (Texas only)
  10.  Version Number:     [     ]                           CSS
  11.  Test Indicator:     [ ]
  12.  Reference ID:       [             ]                   CSS
  13.  Batch Number:       [         ]                       CSS
  **14.  Contact Person:     [               ]               Client
  15.  Security Qual:      [  ]                              CSS
  **16.  Password:           [          ]                    Client
  17.  ID Qualifier:       [  ]                              CSS
  **18.  Resp Agency Code:   [ ]                             Client
  19.  ISA Receiver ID:    [               ]                 CSS     <F7>ReviewOn

Cmds: <F1>Help  <F2>Write  <F3>Cancel  <F4>Abort <F8>Next  __________
```

This record is sent to the client site with data loaded. However, this data will have to be changed to be specific to each client site.

Using the example above, fields shaded in gray, marked with ** and labeled client are unique to each client and must be updated by the client.

Fields labeled CSS will be completed by CSS and should not be changed by the client without first consulting CSS.

Production Notice – Very Important

Field 11 must be a P-Production. Otherwise, claims will go in a test mode. Before transmitting the first “live” claims, please double check to make sure that claims are being sent in a production mode.

To change the data shown on the previous example, type a “C” to change which will take the cursor to the command line at the bottom of the screen. Then, type the line number of the field to be changed, which will then take the cursor to that field.

At this point, press <F7> to review the data in the existing file as shown below and choose the record to be changed.

```
NSI837 Header Rec    5.              StarSystem                     04/14/2003
       Function c change    (N)ew (C)hange (D)elete (I)nquire        hdr837
--------------------------------------------------------------------------------
  1.   Ins+------------------------------------------------------------------+
  2.   For| File Review                                              Page 001 |
  3.   Tra+------------------------------------------------------------------+
  4.   Rec| Ins  Form  Receiver Name         Receiver ID      Sender ID       |
  5.   Rec|  --  ----  --------------------  ---------------  ---------------  |
  6.   Sen|  01  1500  THIN                  C00400           V01251           |
  7.   Sen|  01  UB92  THIN                  C00400           V01251           |
  8.   Sen|  02  1500  THIN                  D54321           V01251           |
  9.   Ven|  02  UB92  THIN                  D54321           V01251           |
  10.  Ver|  03  1500  THIN                  G84980           V01251           |
  11.  Tes|  03  UB92  THIN                  G84980           V01251           |
  12.  Ref|  CO  1500  THIN                  FMIXED           V01251           |
  13.  Bat|  CO  UB92  THIN                  FMIXED           V01251           |
  17.  ID |                                              End of Records      |
  18.  Res+------------------------------------------------------------------+
  19.  ISA Receiver      F5/F6PageDn/Up  ArrowsDn/Up  F7ReviewOff  EnterChoose
                         Select File Item # (1-06 digits): [      ]
Cmds: <F1>Help  <F2>Write  <F3>Cancel  <F4>Abort <F8>Next  __________
```

IMPORTANT NOTE:
All insurance codes do not have to be setup in this file. The only required codes are: 01 Medicare, 02 Medicaid, 03 Blue Cross, and CO for all other commercial insurances. Each of these codes must be built for both UB92 and 1500 forms.

When all required fields have been corrected, press <F2> to save the file.

EMC Record

Choosing Option 2 will display the following screen:

```
emc record          5.1            StarSystem                     04/14/2003
      Function _          (N)ew (C)hange (D)elete (I)nquire        emcrec
--------------------------------------------------------------------------------

  1.  State:                [   ]
  2.  Insurance Number:     [   ]
  3.  Admit Class:          [ ]
  4.  Patient Type:         [ ]
  5.  Facility:             [     ]
  6.  MCR Part:             [ ]
  7.  ANSI Required         [ ]
  8.  Carrier:              [ ]
  9.  Extract File Name:    [       ]
 10.  Bld File Name:        [       ]
 11.  TOB First Digit:      [ ]
 12.  TOB Second Digit:     [ ]
 13.  DRG Required:         [ ]
 14.  Bill/Pay Prov Same:   [ ]
 15.  Provider/Fac Same:    [ ]
 16.  Taxonomy Code:        [           ]

                                                                <F7>ReviewOn
Cmds: <F1>Help  <F2>Write  <F3>Cancel  <F4>Abort <F8>Next  __________
```

This file contains every combination of admit class, patient type, and facility on the client system. A record must be created for every conceivable combination of these records. The basic file will be furnished by Custom Software. However, there may be records that need to be added or changed on individual systems.

To change the data, type a “C” to change which will take the cursor to the command line at the bottom of the screen. Then, type the line number of the field to be changed, which will then take the cursor to that field. At this point, press <F7> to review the data in the existing file and choose the record to be changed. To add a new record, type “N” and “ENTER.”

The following are descriptions of each of the fields within this record.

1.	State	The state in which the provider is located.
2.	Insurance Number	01-Medicare, 02-Medicaid, 03-Blue Cross and CO-Commercial.
3.	Admit Class	Admit Classes as used during the patient admission process.
4.	Patient Type	Patient Type as used during the patient admission

		process.
5.	Facility	Facility Code used during admission process, i.e., HOSP, CLIN, etc.
6.	MCR Part	A – Part A only, B – Part B only, C – Both A & B.
7.	ANSI Required	"Y" if filing in ANSI Format. "N" if not filing in ANSI Format.
8.	Carrier	"1" or "2" One (1) will be the default for most facilities. Two (2) is only used for those clients using providers other than normal.
9.	Extract File Name	MCR837-Medicare; MCD837-Medicaid; ESC837-Blue Cross; COM837-Commercial (Entry must agree with entries in fields 2-6 above).
10.	Bld File Name	MCR92T-Medicare; MCD92T-Medicaid; ESC92T-Blue Cross; COM92T-Commercial (Entry must agree with entries in fields 2-6 above).
11.	TOB First Digit	Type of Bill first digit that corresponds to the entries in Fields 2-6 above.
12.	TOB Second Digit	Type of Bill second digit that corresponds to the entries in Fields 2-6 above.
13.	DRG Required	(At this time this field is answered "N")
14.	Bill/Pay Prov Same	If the Biller and Provider are the same, "Y"
15.	Provider/Fac Same	If the Provider and Facility are the same, "Y"
16.	Taxonomy Code	Enter the Taxonomy Code for the Facility

UB92/ANSI Relationship

This file is for use of Custom Software Systems and should not be changed by the client.

ESC Facility File

Choosing Option 4 will display the following:

```
ESC Facility Record  5.1              StarSystem                    04/14/2003
       Function I inquire   (N)ew (C)hange (D)elete (I)nquire        escfac
--------------------------------------------------------------------------------

   1.  ESC Facility Code1:   [1]
   2.  ESC Facility Code2:   [HOSP]
   3.  ESC Facility Desc:    [MAIN HOSPITAL       ]




                                                                 <F7>ReviewOn
Cmds: <F1>Help  <F2>Write  <F3>Cancel  <F4>Quit <F8>Next  ___________
```

To change the data, type a “C” to change which will take the cursor to the command line at the bottom of the screen. Then, type the line number of the field to be changed, which will then take the cursor to that field. At this point, press <F7> to review the data in the existing file and choose the record to be changed. To add a new record, type “N” and “ENTER.”

```
ESC Facility Record  5.1              StarSystem                    04/14/2003
       Function I inquire   (N)ew (C)hange (D)elete (I)nquire        escfac
--------------------------------------------------------------------------------
                                             +--------------------------------+
   1.  ESC Facility Code1:   [_]             | ESCFAC Review         Page 001 |
   2.  ESC Facility Code2:   [    ]          +--------------------------------+
   3.  ESC Facility Desc:    [               | CD1 CD2       Description      |
                                             |  -  ----  -------------------- |
                                             |  1  HOSP  MAIN HOSPITAL        |
                                             |  2  NUSR  NURSING HOME         |
                                             |  7  CLIN  CLINIC               |
                                             |                                |
                                             |                                |
                                             |                                |
                                             |                                |
                                             |                                |
                                             |                                |
                                             |                                |
                                             |                                |
                                             |             End of Records     |
                                             +--------------------------------+
                    <F5>PgDn <F6>PgUp <Dn/Up>Arrows <F7>ReviewOff <ENTER>Choose
               Select key field or enter name search key:  [_]
Press <F9> to Restart at Beginning
```

ANSI SBR09 Insurance Codes

This file is for use of Custom Software Systems and should not be changed by the client.

Type of Bill

Choosing Option 6 will display the following screen:

```
Valid TOB            5.1              StarSystem                    04/14/2003
       Function I inquire   (N)ew (C)hange (D)elete (I)nquire        tob
--------------------------------------------------------------------------------
  1.  TOB First Digit:    [ ]

  2.  TOB Second Digit:   [ ]

  3.  TOB Description     [                                        ]



<F7>ReviewOn

Cmds: <F1>Help  <F2>Write  <F3>Cancel  <F4>Abort <F8>Next  __________
```

To view this file, Type “I” and press “ENTER.” Press <F7> to review the file. To change the data, type a “C” to change which will take the cursor to the command line at the bottom of the screen. Then, type the line number of the field to be changed, which will then take the cursor to that field. At this point, press <F7> to review the data in the existing file and choose the record to be changed. To add a new record, type “N” and “ENTER.”

```
Valid TOB           5.              StarSystem                  04/14/2003
      Function I inquire   (N)ew (C)hange (D)elete (I)nquire       tob
--------------------------------------------------------------------------------
                           +---------------------------------------------------+
  1.  TOB First Digit:    [_| File Review                              Page 001 |
                           +---------------------------------------------------+
  2.  TOB Second Digit:   [ | B1 B2              DESCRIPTION                    |
                            |  -  -  ---------------------------------------    |
  3.  TOB Description     [ |  1  1  Hospital Inpatient Including Part A        |
                            |  1  2  Hospital Inpatient Part B only             |
                            |  1  3  Hospital Outpatient including Part A       |
                            |  1  4  Hospital Outpatient Part B only            |
                            |  1  8  Swing Bed Patients                         |
                            |  2  1  Skilled Nursing Inpatient - Part A too     |
                            |  2  2  Skilled Nursing Inpatient Part B           |
                            |  2  3  Skilled Nursing Outpatent                  |
                            |  2  4  Skilled Nursing Outpatient - Part B        |
                            |  3  2  Home Health                                |
                            |  7  1  Rural Health Clinic                        |
                            |                                (continued)        |
                           +---------------------------------------------------+
                        F5/F6PageDn/Up  ArrowsDn/Up  F7ReviewOff  EnterChoose
                        Select File Item # (1-02 digits): [  ]
Cmds: <F1>Help  <F2>Write  <F3>Cancel  <F4>Abort <F8>Next  __________
```

Condition Codes

This file has been created using the condition codes approved by Medicare. If codes need to be added in the future, choose this option and type “N” and enter the Medicare Condition Code and Description.

```
Valid Condition CD   5.1              StarSystem                    04/14/2003
       Function _           (N)ew (C)hange (D)elete (I)nquire         condcd
--------------------------------------------------------------------------------

  1.  Condition Code:   [  ]

  2.  Description:      [                                       ]




                                                                 <F7>ReviewOn

Cmds: <F1>Help  <F2>Write  <F3>Cancel  <F4>Abort <F8>Next  __________
```

Occurrence Codes

This file has been created using occurrence codes approved by Medicare. If codes need to be added in the future, choose this option and type “N” and enter the Medicare Occurrence Code and Description.

```
Valid Occurence CD   5.1              StarSystem                    04/14/2003
       Function _           (N)ew (C)hange (D)elete (I)nquire         occrcd
--------------------------------------------------------------------------------

  1.  Occurrence Code:   [  ]

  2.  Description:       [                                      ]


<F7>ReviewOn

Cmds: <F1>Help  <F2>Write  <F3>Cancel  <F4>Abort <F8>Next  __________
```

Occurrence Span Codes

This file has been created using occurrence span codes approved by Medicare. If codes need to be added in the future, choose this option and type "N" and enter the Medicare Occurrence Span Code and Description.

```
Valid Occurence Span CD   5.1              StarSystem                    04/14/2003
       Function _          (N)ew (C)hange (D)elete (I)nquire        occrcd
--------------------------------------------------------------------------------

  1.  Occurrence Span Code:   [  ]

  2.  Description:       [                                        ]


<F7>ReviewOn

Cmds: <F1>Help  <F2>Write  <F3>Cancel  <F4>Abort <F8>Next  __________
```

Value Codes

This file has been created using value codes approved by Medicare. If codes need to be added in the future, choose this option and type "N" and enter the Medicare Value Code and Description.

```
Valid Value CD   5.1              StarSystem                    04/14/2003
       Function _          (N)ew (C)hange (D)elete (I)nquire        occrcd
--------------------------------------------------------------------------------

  1.  Value Code :       [  ]

  2.  Description:       [                                        ]


<F7>ReviewOn

Cmds: <F1>Help  <F2>Write  <F3>Cancel  <F4>Abort <F8>Next  __________
```

Print Control Files

```
Choose Option P to display the following menu

STARLAB                          StarSystem             MENU     04/14/2003
--------------------------------------------------------------------------------

                          PRINT CONTROL FILES


                          1. Print Header File
                          2. Print EMC Record
                          3. Print UB92/ANSI Relationship
                          4. Print ESC Facility File
                          5. Print Ansi SBR09 Codes
                          6. Print TOB File
                          7. Print Valid Condition Codes
                          8. Print Valid Occurrence Codes
                          9. Print Valid Occurrence Span Codes
                          A. Print Valid Value Codes






             Arrows<Up><Dn>  <F4>PrevMenu  <ENTER>Select  <F10>Quit
```

Choose the appropriate option and press “ENTER” to print the file to the user’s default printer.

It is suggested that all of these files be printed and reviewed for required changes.

Front End Claim Edits

ERROR MESSAGE	DESCRIPTION	CORRECTIVE ACTION
Warning Name Addr City State Zip or Phone Missing	(Self-explanatory)	This information is contained in the **AR CONTROL (ARCON)** record. Correct Fields 1, 2, 3 or 19.
Warning Tax ID Missing	(Self-explanatory)	This information is contained in the **AR CONTROL (ARCON)** record. Correct Field 10.
INVALID HEADER RECORD	(Self-explanatory)	Check the Version Number in Header
3	Patient Number Invalid **FL3**	This information is contained in the **Patient Information Master (PIM)**. Check/correct Patient Number.
6	Invalid Covered Period **FL6**	This information is contained in the **Final Diagnosis (FDGN)** record. Correct Adm. or Disch dates using Option 8. Discharge Dates may be corrected in **Account Status Review (ASR)** by typing **CDD.**
12	Invalid Patient Name **FL12**	This information is contained in the **Patient Information Master (PIM)**. Check/correct Patient Name. Check for spaces or unwanted characters.
13	Invalid Patient Address **FL13**	This information is contained in the **Patient Information Master (PIM)**. Check/correct Patient Address. Check for spaces or unwanted characters.
14	Invalid Patient DOB **FL14**	This information is contained in the **Patient Information Master (PIM)**. Check/correct Patient Date of Birth.
15	Invalid Patient Sex **FL15**	This information is contained in the **Patient Information Master (PIM)**. Check/correct Patient Sex.
16	Invalid Patient Marital Status **FL16**	This information is contained in the **Patient Information Master (PIM)**. Check/correct Patient Marital Status.
17	Invalid Admit Date **FL17**	This information is contained in the **Final Diagnosis (FDGN)** record. Correct Admit Date using Option 8.

ERROR MESSAGE	DESCRIPTION	CORRECTIVE ACTION
18	Invalid Admit Hour **FL18**	This information is contained in the **Final Diagnosis (FDGN)** record. Correct Admit Hour using Option 8.
21	Invalid Dis Hour **FL21**	This information is contained in the **Final Diagnosis (FDGN)** record. Correct Discharge Hour using Option 8.
22	Invalid Discharge Status **FL22**	This information is contained in the **Final Diagnosis (FDGN)** record. Correct Discharge Status using Option 1, Field 13. ALSO, Check **Discharge Status Codes** in AR Item 6 "Maintenance-System Profile" Option B "Discharge Status Codes.
24 - 31	Invalid Condition Code **FL24 - FL31**	This information is contained in the **Final Diagnosis (FDGN)** record. Enter correct Condition Code in Option 2. This may also be corrected using **Bill File Maintenance (BFM)** in AR. ALSO, check the Condition Code against the Cond Code File for validity.
32 - 35	Invalid Occurrence Code **FL32 - FL35**	This information is contained in the **Final Diagnosis (FDGN)** record. Enter correct Occurrence Code in Option 2. This may also be corrected using **Bill File Maintenance (BFM)** in AR. ALSO, check the Occurrence Code against the Occ Code File for validity. Check the Occurrence Code Date in FDGN. The date should be before or equal to the Admit Date and Valid Date. ***APPROPRIATE OCCURRENCE CODES FOR ACCIDENT DIAGNOSIS ARE:*** **01, 02, 03, 04, 05** ***APPROPRIATE OCCURRENCE CODES FOR THERAPY REVENUE CODES -- MEDICARE ONLY:*** **Rev Code 420-429 - 11, 35, 29** **Rev Code 430-439 - 11, 44, 17** **Rev Code 440-449 - 11, 45, 30** **Rev Code 943 - 11, 46**
32		Also check Accident Flag in **FDGN**

ERROR MESSAGE	DESCRIPTION	CORRECTIVE ACTION
36	Invalid Occurrence Span **FL36**	This information is contained in the **Final Diagnosis (FDGN)** record. Enter correct Occurrence Span in Option 2. This may also be corrected using **Bill File Maintenance (BFM)** in AR. Occ Span Dates must be Valid Dates. ALSO, check the Occurrence Code against the Occ Code File for validity.
38	Invalid Guarantor's Info **FL38**	This information is contained in the **Patient Information Master (PIM)**. Type **GTR** to access Guarantor Record. Check/ correct address or name. Address and name should have correct spacing and no strange characters such as commas, dash, colon, or semi-colons.
39 - 41	Invalid Value Code **FL39 - FL41**	This information is contained in the **Final Diagnosis (FDGN)** record. Enter correct Value Codes in Option 2. This may also be corrected using **Bill File Maintenance (BFM)** in AR. Check that Value Code has an Amount. ALSO, check the Value Code against the Value Code File for validity.
42	Invalid Rev Code **FL42**	Check for Accommodation Revenue for Bill Type 11X, 18X, 21X. Must be valid in reference to Type of Bill.
44	Invalid HCPCS **FL44**	Must be a valid CPT4 Code. Must be present if Outpatient. In AR, Option 6 "System Profile," **Item H "Universal Billing Codes," (UBC)** check the flag in fields 4-10 & 16-17 for "H" or "D," as appropriate. The claim must have a room rate if there is an accommodation charge. In the **Procedure File (PRC)** there must be correct modifiers for each procedure charged.

ERROR MESSAGE	DESCRIPTION	CORRECTIVE ACTION
45	Invalid Units **FL456**	Units must be present. In AR, Option 6 "System Profile," **Item H "Universal Billing Codes,"** **(UBC)** check the flag in fields 11 & 12 for "Y," as appropriate.
47	Invalid Total Charges **FL47**	Total Accommodation charges must equal the sum of the detail unless the room rate changed in the middle of the stay.
50	Invalid Payer Name **FL50**	Check the **Insurance File (INS)** for the name of the insurance. Check the address. It should be in the correct format (CITY, STATE ZIP - City comma space State Postal Abbr. space Zip).
51	Invalid Provider Number **FL51**	Check the **Insurance File (INS)** for the Provider Number in Field 23. If Provider No is unknown field must be filled with 9's.
52	Invalid Release Info **FL52**	Check the **Patient Insurance (PIN)** Field 25 "Release" should be "Y."
53	Invalid Assignment Info **FL53**	Check the **Patient Insurance (PIN)** Field 24 "Assignment" should be a "Y." Provider Number in Field 23.
58	Policy Holder's Name Missing **FL58**	Check the **Patient Insurance Record 2** **(PIR2)** - Enter Policy Holder's Name.

NOTE: ERROR CODES 50, 51, 52, 53, AND 58 REFER TO ALL INSURANCES (PRIMARY, SECONDARY, ETC.) EACH RECORD MUST BE COMPLETE.

ERROR MESSAGE	DESCRIPTION	CORRECTIVE ACTION
59	Invalid Relation/Birth Date **FL59**	Check the **Patient Insurance (PIN)** Field 23 "Relation" should be a valid code. Check the **Patient Insurance Record 2** **(PIR2)** Date of Birth Invalid
60	Invalid Hic Number **FL60**	Check the **Patient Insurance (PIN)** Field 26 "Policy #" should contain a valid policy number.

ERROR MESSAGE	DESCRIPTION	CORRECTIVE ACTION
65	Invalid Employer Name **FL65**	Check **Patient Information Master (PIM)**. If Employment Status in Field 14 is other than Blank, 3-Not Employed, 5-Retired, or 9-Unknown, Field 7 should contain the Employer Name.
66	Invalid Employer Address **FL66**	Check **Patient Information Master (PIM)**. If Employment Status in Field 14 is other than Blank, 3-Not Employed, 5-Retired, or 9-Unknown, Fields 8, 9, 10 should contain the Employer's Address, City, State, Zip.
67	Invalid Principal Diagnosis	This information is contained in the **Final Diagnosis (FDGN)** record. Check that a valid Principal Diagnosis is entered.
68 - 75	Invalid Other Diagnosis **FL68 - FL75**	This information is contained in the **Final Diagnosis (FDGN)** record. Check 2nd thru 10th Diagnosis. Violates Medical Necessity.
76	Invalid Admitting Diagnosis **FL76**	This information is contained in the **Final Diagnosis (FDGN) record.** Check that a valid Admitting Diagnosis is entered.
80 - 81	Invalid Procedure Codes **FL80 - FL81**	This information is contained in the **Final Diagnosis (FDGN) record.** If the Revenue Code is 360-369 and FL4 = 11X, there should be a Procedure Code. A date is required with any Procedure Code. The date should be a valid date within the patient stay date range.
82	Invalid Attending Physician **FL82**	This information is contained in the **Final Diagnosis (FDGN) record,** Option 1, Field 17 displays the Doctor's record number. In AR "Maintenance-System Profile," Option 8 **"Doctor File" (DOC)** check Field 24 "Taxonomy Code," and Field 22 "UPIN Number" for valid number. Check that the Doctor Name in Field 2 has no unknown characters.

ERROR MESSAGE	DESCRIPTION	CORRECTIVE ACTION
83	Invalid Other Physician **FL83**	If Rev Code 380-389 is present, **Final Diagnosis (FDGN)** must have procedure code dates and doctor no. in applicable Fields 12-21. In the **Doctor File (DOC)** check Field 24 "Taxonomy Code," and "Taxonomy Code," and Field 22 "UPIN Number" for valid number. Check Doctor Name, Field 2, for unknown characters. ***Medicaid requires a referring doctor if*** **UBCON** MCD-REF NUM (Field 16)="Y." FDGN should show Ref Doc Number.

Start-Up Checklist

The following checklist has been prepared using feedback we have gotten from other clients during the testing process.

- ✓ **Print the Control Files**
  Following the instructions in the manual, print the control files and review them for accuracy.

- ✓ **Error Codes 82 and/or 83 - Taxonomy Code**
  Review the Doctor File and update for the applicable Taxonomy Code. If you are unsure of the code reference http://www.wpc-edi.com/codes/Codes.asp

  In the dropdown box select the option for **Provider Taxonomy Code List** and then print / review to find the applicable code.

- ✓ **Error Codes 76 & 68 – Admission Diagnosis Code**
  Admission Diagnosis Code(s) are now required for claims. Please review this with your medical records department to make sure these codes are being input on all patients.

- ✓ **Error Code 50 – Insurance Address Format**
  Verify that the city state zip in the Insurance Master File (INS) is setup using the following format. City, State Zip-Code (Nashville, TN 37209)

  The easiest way to do this is to print the insurance file (PINS) and (PHINS) and visually verify that the correct format has been followed.

- ✓ **Blue Cross Plans**
  Be sure to run the insurance file report using the following options: 3 - Name and Address Listing and then 2 - List by Company Name. Identify all Blue Cross Plans and then review the insurance setup (INS) for each one to make sure that Fields 15, 16 & 17 are completed with “B”.

- ✓ **Error Code 75 – Medical Necessity**
  Your medical necessity file must be kept updated. If your facility does not follow these guidelines, please provide CSS notice in writing requesting that we setup a blank file and acknowledging that you will be bypassing all claims edits associated with medical necessity.

- ✓ **Error Code 59 – Policy Holders Birth Date**
  If the policyholder is not the patient, you must have the policyholder’s birth date in the patient insurance file (PIN) – Field 33. This field only appears in PIN if the relationship code – Field 23 is other than 01. This additional requirement has been tied into the admissions process, so be sure to instruct admissions personnel on

the importance of this change. Please keep in mind this applies for all insurance (primary, secondary, etc).

- ✓ **Production Notice – Very Important**
  Ansi 837 Header File - Field 11 must be a P-Production. Otherwise, claims will continue to go in a test mode. Before transmitting the first “live” claims, double check to make sure that claims are being sent in a production mode.

Report Samples

Note: *For presentation purposes all report samples have been generated in a Landscape format. All system reports print on standard 81/2 by 11 paper in Portrait format.*

See for the following pages for Report Samples

Validation - Errors

```
PREUBVAL-01                                     Custom Software Systems, Inc.                                  PAGE    1

 Type  Ins ID Number   Pat Number   Adm Date    Dis Date     Hr         Patient Name           Ins No.  #Rcds Message

 18    23938081201     0000126012   2003/01/14  2003/02/28   21     xxxxxxx, xxxxxxx xxxxxxx      01

 ERRORS: 36      67      76


               -------------------- CLAIMS  --------------------
                      RECEIVED      ACCEPTED      REJECTED

                        1              0             1

 TYPE  ERROR  COUNT
    36          1
    67          1
    76          1
```

This report gives a listing of invalid clams showing error codes that correspond to the respective field(s) on the UB form. Please reference the Front End Claims Edit section of this documentation for an explanation of the error codes and directions on where to correct the source data field. Invalid claims will not move to the next step in the process (extract claims) until they have passed all edits.

Please note that the last three digits of the patient number printed on the report represent the admission counter. Only the digits prior to the last three are the actual patient number. For example, in the report above the patient number assigned to this stay is 0000126012. This number is broken down as follows:

Patient Number 126 (no need to key the leading zero's)
Admission Counter 012

Return to Validate Claims Section

Validation - Claims with No Errors

```
PREUBVAL-02                                         Custom Software Systems, Inc.                                         PAGE     1

 Type  Ins ID Number   Pat Number   Adm Date    Dis Date      Hr            Patient Name             Ins No.  #Rcds Message


               --------------------  CLAIMS  --------------------
                      RECEIVED      ACCEPTED      REJECTED

                        0              0              0
EOF
```

This report gives a listing of valid claims that are ready to move to the next step in the process - Option 2 “Extract Institutional Claims.”

Please note that the last three digits of the patient number printed on the report represent the admission counter. Only the digits prior to the last three are the actual patient number.

Return to Validate Claims Section

Validation – Medical Necessity Failures

```
PREUBVAL-03                                   Custom Software Systems, Inc.                                 PAGE    1

 Type  Ins ID Number   Pat Number   Adm Date    Dis Date     Hr           Patient Name           Ins No.  Physician

 13    9003350430      0000126012   2003/02/22  2003/02/22   19        xxxxxxx, xxxxxxx xxxxxxx     01     xxxxxxx, xxxxxxxx

 HCPCS:  80053      Charge:     $215.50
 HCPCS:  85610      Charge:      $55.00
 HCPCS:  85730      Charge:      $55.00

EOF
```

This report shows a listing of claims that failed Medical Necessity.

Please note that the last three digits of the patient number printed on the report represent the admission counter. Only the digits prior to the last three are the actual patient number. For example, in the report above the patient number assigned to this stay is 0000126012. This number is broken down as follows:

Patient Number 126 (no need to key the leading zero's)
Admission Counter 012

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Confirmation Reports

Because confirmation reports vary from state to state and from payor to payor, CSS recommends that all facilities maintain a close working relationship with all applicable payors (Medicare/Medicaid, etc). Once error codes unique to each situation are identified, CSS can enhance the validation process to prevent future errors.

CSS does not define the information provided on these confirmation reports. Questions related to these reports can only be accurately addressed by the individuals (or payors) who supplied the report.

Return to Print Confirmation Reports Section