



## User Documentation

# UNDERSTANDING THE CLAIMS CONFIRMATION REPORT

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**Purpose:** This document assists users read and interpret the Claims Confirmation Report (CCR).

Background: The CCR explains the status of a Trading Partner’s American National Standards Institute (ANSI) electronic claim file submitted to Electronic Data Interchange Support Services (EDISS). The CCR is created and distributed after the incoming file is translated by EDISS. A Trading Partner may dial in to retrieve this report from their mailbox typically within an hour from the time of file transmission.

Electronic claim files received by the EDISS front-end collection environment pass through a series of validations. This process is designed to ensure the structural integrity of the data, as well as complete business validations within the file. Any file that fails validation is rejected at the level in which the error occurred.

Refer to the material provided below for information regarding each section of the Claims Confirmation Report. Screen-prints from a Claims Confirmation Report and explanations of the data contained within those screen prints are provided.

## CLAIMS CONFIRMATION REPORT HEADER

1. The Page number is displayed in a #. #. # format.
  - A. The first number represents the logical file number. For ANSI input files this number is always “1” because only one CCR is created for each logical file.
  - B. The second number references the report type. Three reports are produced for each logical file. These three reports are combined into the Claims Confirmation Report as three separate sections of the report. The report numbers are explained below:
    - 1 – Summary Statistics

- 2 – Batch Summary
- 3 – Claims with Errors

C. The third number is the page number within the Claims Confirmation Report.

2. The version number of the report is an internal number representing the version of the program used to generate the report.

```

Page: 1.1.1                                     Version 5.5 (build 193)
-----
1          Noridian Claims Confirmation Report          2
-----
External File Name:                               Medicare.DAT_00001
EC Physical Doc ID:      2005012621402076603
Logical File No:        1 of 1
Log In TP Id:          CH99999
=====
    
```

The Claims Confirmation Report header appears throughout the Claims Confirmation Report. This header separates each section of the report. The specific fields within this header are defined as follows:

- External File Name: This field displays the name of the file submitted to EDISS followed by a three-digit sequencing number starting with 001. This number increases by one for every logical file within a physical file. This name is dependent on the naming convention used within a Trading Partner's software package. (1)
- EC Physical Doc ID: This field displays an internal identifier for each processed file. It is comprised of the eight-character date identifying when the file was sent followed by an eleven-character internal sequencing number. (2)
- Logical File No: This field depicts which logical file is referenced in the report that follows. For all ANSI input files, this always reads 1 of 1. (3)
- Log In TP Id: This represents the value of the Trading Partner ID (TP ID) used to log into the Bulletin Board System (BBS) when the file was sent. (4)

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Page: 1.1.1                                     Version 5.5 (build 193)
-----
          Noridian Claims Confirmation Report
-----
External File Name:                               Medicare.DAT_00001
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Logical File No:        1 of 1
Log In TP Id:          CH99999
=====
    
```

## LOGICAL FILE RESULTS HEADER

The Logical File Results header follows the CCR header. This header provides information about the sender of the file, as well as a few items referencing the processing of the file. The specific fields within this section are defined below.

- TP Sender ID: This field displays the login used by the Trading Partner to access the EDISS front-end collection environment. EDISS assigns a unique login to each Trading Partner when they begin testing their file format. (1)
- Submitter ID: This field displays the Trading Partner's identification number reported in the GS02 element of the ANSI file. (2)
- Submitter Name: This field displays the name from the NM103 element within the 1000A loop of the ANSI file. (3)
- Format Type: This field identifies the type of claim file being analyzed. The value 837I indicates the receipt of an ANSI institutional claim file, the value 837P indicates the receipt of an ANSI professional claim file, and the value 837D indicates the receipt of an ANSI Dental file. (4)
- Version: The value displayed in this field indicates which version of the associated file format was received. The value 004010X096A1 indicates the receipt of an institutional claim file, the value 004010X098A1 indicates receipt of a professional claim file and the value 004010X097A1 indicates receipt of a Dental claim file. (5)
- Processing Date: This field displays the date the file was received and translated by the EDISS front-end collection environment. It is a translator-generated date in the format (CCYY-MM-DD). (6)
- Processing Time: This field displays the time the EDISS front-end collection environment finished translating the file. It is a translator-generated time in the format (HH:MM:SS). (7)
- File Create Date: This field displays the processing date reported in the ISA segment field 09 of the ANSI file. It is in the format (CCYY-MM-DD). (8)
- File Sequence No: This field displays the interchange control number. This is the number submitted in the ISA segment element 13. (9)

```

=====
Logical File Results
TP Sender ID:  BS99999
Submitter ID:  NV99999
Submitter Name: SAMPLE DOCTOR
Processing Date: 2005-01-26
Processing Time: 17:59:20
Format Type:   837P
Version:       004010X098A1
File Create Date: 2005-01-26
File Sequence No: 155536260
=====

```

**ANSI INPUT FILE ERROR REPORTING IN THE CCR**

Errors are reported at the level where found. There are 5 levels of errors.

- File – Any error occurring in the File Level results in the rejection of all information submitted within that particular file (ST-SE). These errors are reported near the top of each CCR.

- Batch – If an error occurs in the Batch Level, everything in that batch is rejected. The second batch is accepted and continues to be processed if it contains no errors.
- Subscriber – If an error occurs in the Subscriber Loop, all information within that loop is rejected and the second subscriber loop in that batch continues to be processed if it contains no errors.
- Patient – If an error occurs in the Patient Loop, all information within that loop is rejected and the second patient loop in that subscriber loop continues to be processed if it contains no errors.
- Claim – If an error occurs in the Claim Loop, all information within that loop is rejected and the second claim loop in that patient loop continues to be processed if it contains no errors.

## START OF FILE LEVEL ERRORS LIST

- Loop: This field indicates in which loop the error occurred. (1)
- Segment: This field indicates in which segment the error was found. (2)
- Field: This field indicates which element within the segment was found in error. It is displayed in the following format (element: sub-element: data element). (3)
- Seq: This field identifies the line number within the file in which the error was found. (4)
- Code: This code represents the error found in the electronic file.
- Value: This field shows the data found to be in error within the field. (6)
- Desc: This field describes the error referenced in the code field. (7)

```

start of Claims with Errors list for Batch:  1 of  1
-----
Patient Acct: TEST102968      Patient Name: SIMPSON, CHRIS
Date: 20050117  Amt: $      1,100.00  Cert/HIC No.: 999999999A
Claim No:                    Payer ID: 00824      Source of Pay: MB
ERROR:  Loop: LX_2400      Segment: SV1      Field: 01:2:0234      Seq: 289
        Code: A182      Value: J2001
        Desc: HCPCS Code is not valid on payer file
-----
Patient Acct: TEST114043      Patient Name: DANGLER, JAMES
Date: 20041215  Amt: $      1,105.00  Cert/HIC No.: 999999999A
Claim No:                    Payer ID: 00824      Source of Pay: MB
ERROR:  Loop: LX_2400      Segment: SV1      Field: 01:2:0234      Seq: 331
        Code: A182      Value: J2001
        Desc: HCPCS Code is not valid on payer file
-----
    
```

## LOGICAL FILE TOTALS

The Logical File Totals state the number of batches contained within the file submitted to EDISS. This section also shows the number of errors or warnings that occurred within the logical file and at what level the errors were present.

The second half of the report details the counts of both accepted and rejected claims, as well as their charge totals. The Destination Summary depicts where the accepted claims have been routed based on the value submitted in the GS03 element within the electronic file. The total claim charge also is reported. If all claims are rejected, the summary remains blank and reports a zero total charge.

Logical File Totals					
Number of Batches in Logical File: 1					
	Errors	Warnings			
Logical File Level:	0	0			
File Level:	0	0			
Batch Level:	0	0			
-----					
	Claims with Errors	+ other Rejected	= Total Rejected	+ Accepted	= Total Claims
Count	0	0	0	17	17
Charges	0.00	0.00	0.00	3,120.00	3,120.00
-----					
Destination summary:					
	Destination		Number of Claims		Total Charges
	MB_SW_A1		17		\$ 3,120.00
	TOTAL:		17		\$ 3,120.00
□					
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Valid values for the destination summary fields, as well as the corresponding ISA08 and GS03 values are as follows:

Destination Summary Value	Definition	ISA08 Value	GS03 Value
BC_ND	Blue Cross of North Dakota	33477	0001
BS_ND	Blue Shield of North Dakota	33477	0001
BC_WY	Blue Cross of Wyoming	33477	0003
BS_WY	Blue Shield of Wyoming	33477	0003
BL_EXI	Blue Exchange – Institutional		0004
BL_EXP	Blue Exchange – Professional		0004
BPA_I	Benefit Plan Administrators - Institutional		0007
BPA_P	Benefit Plan Administrators – Professional		0007
BPA_D	Benefit Plan Administrators – Dental		0007

DSC_ND	Dental Service Corp of North Dakota	33477	0015
DSC_NOR	Noridian Dental Service Corp	33477	0023
DSC_LIN	Lincoln Mutual Dental Service Corp	33477	0024
DSC_WY	Dental Service Corp of Wyoming	33477	0018
IA_MCDI_X12	Iowa Medicaid – Institutional	33477	0026
IA_MCDP_X12	Iowa Medicaid – Professional	33477	0026
IA_MCDD_X12	Iowa Medicaid - Dental	33477	0026
LINMUT_I	Lincoln Mutual – Institutional		0019
LINMUT_P	Lincoln Mutual – Professional		0019
MA_MN	Minnesota Medicare Part A	33477	0014
MA_ND	North Dakota Medicare Part A	33477	0013
DRGCP_P	Medicare Part B Drugs and Biologicals	33477	0027
MB_MW	Midwest Region Medicare Part B (ND, SD, CO, and WY)	33477	0011
MB_NW	Northwest Region Medicare Part B (WA, OR, and AK)	33477	0012
MB_SW	Southwest Region Medicare Part B (AZ, NV, and HI)	33477	0016
MB_IA	Iowa Medicare Part B	33477	0010
ND_MEDCD_I	North Dakota Medicaid – Institutional	NDDHSMED	0006
ND_MEDCD_P	North Dakota Medicaid – Professional	NDDHSMED	0006
ND_MEDCD_D	North Dakota Medicaid – Dental	NDDHSMED	0006
NOR_I	Noridian Mutual Insurance – Institutional	33477	0017
NOR_P	Noridian Mutual Insurance – Professional	33477	0017
TRI_ND_I	TRICARE of North Dakota – Institutional	33477	0008

TRI_ND_P	TRICARE of North Dakota – Professional	33477	0008
TRI_ND_D	TRICARE of North Dakota – Dental	33477	0008
TRI_WY_I	TRICARE of Wyoming – Institutional	33477	0009
TRI_WY_P	TRICARE of Wyoming – Professional	33477	0009
TRI_WY_D	TRICARE of Wyoming - Dental	33477	0009
VSI_NOR	Noridian Vision Services Incorporated	33477	0020
VSI_ND	Vision Services Incorporated of North Dakota	33477	0002
VSI_LINMUT	Lincoln Mutual Vision Services Incorporated	33477	0022
VSI_WY	Vision Services Incorporated of Wyoming	33477	0021
ND_WCI	Workforce Safety and Insurance of North Dakota – Institutional	33477	0005
ND_WCP	Workforce Safety and Insurance of North Dakota – Professional	33477	0005
ND_WCD	Workforce Safety and Insurance of North Dakota - Dental	33477	0005

The first section of the second report included within the CCR is the Batch Summary Report, which contains the second reference to the CCR header. Refer to page one for an explanation of the fields within this report.

```

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=====
                    Noridian Claims Confirmation Report
External File Name:                               nhic08.tst_00001
EC Physical Doc ID:      2005012617592076496
Logical File No:         1 of 1
Log In TP Id:           B599999
    
```

The batch totals follow the Claims Confirmation Report. Screen prints with explanations of the information are detailed below.

## BATCH TOTALS

The Batch Totals section breaks down the claim charge totals at the batch level.

- Batch Number: This depicts the Batch count in an X of Y format. (X = batch being reported and Y = total batches included in electronic file.) (1)
- Batch Type: This field is not used when reporting the status of an ANSI file. (2)
- Batch Status: This section explains the status of the batch. The three values that could be displayed are as follows: (3)

GOOD – Batch had no errors.

WARNING – Batch contains errors but continues to be processed. Many warnings display only during a billing requirement change. Usually, a 60-day notification is given. After that notification period, the error causes the batch to reject.

However, other errors are reported as warnings as they may pertain to external code sources and may not have an expiration period.

REJECTED – Batch was rejected due to errors.

- Batch No: This field is not used when reporting the status of an ANSI file. (4)
- Number of Batch Errors: This section displays the number of batch level errors present within this particular batch. The errors are explained in the next section of this report. (5)
- Provider ID: This field displays the provider identification number present within this particular batch. (6)

Batch Totals					
Batch Number:	1 of 1		Batch Type:	000	
Batch Status:	GOOD		Batch No:	000000000001	
Number of Batch Errors:	0		Provider ID:	v99999	
	Claims with Errors +	Other Rejected	= Total Rejected	+ Accepted	= Total Claims
Count	4	0	4	15	19
Charges	4,395.00	0.00	4,395.00	3,816.00	8,211.00
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The last section details the total counts and total charges for this batch. The Batch Totals section is repeated for every batch submitted to EDISS.

## START OF BATCH LEVEL ERRORS LIST FOR BATCH

- Loop: This field indicates in which loop the error occurred. (1)
- Segment: This field indicates in which segment the error was found. (2)

- Field: This field indicates which element within the segment was found in error. It is displayed in the following format (element: sub-element : data element). (3)
- Seq: This field identifies the line number within the file in which the error was found. (4)
- Code: This code represents the error found in the electronic file. (5)
- Value: This field indicates the data submitted in the field found to be in error. (6)
- Desc: This field describes the error referenced in the code field. (7)

```

Start of Batch Level errors list for Batch: 1 of 1:
ERROR: Loop: BHDR_LOOP Segment: BHDR Field: OPEN Seq: 0
       Code: ND010 Value: 5
       Desc: Invalid Entity Number
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```

## CLAIMS WITH ERRORS

The Claims With Errors report details all errors occurring in the subscriber, patient and claim levels received within the batch. In this section of the report, a separate error list is displayed for each batch present.

Starting with the Subscriber level:

- Loop: This field indicates in which loop the error occurred. (1)
- Segment: This field indicates in which segment the error was found. (2)
- Field: This field indicates which element within the segment was found in error. This reflects the element that had an error. It is displayed in the following format (element: sub-element: data element). (3)
- Seq: This field identifies the line number within the file in which the error was found. (4)
- Code: This code represents the error found in the electronic file. For a list of error codes, refer to the edit code spreadsheet. (5)
- Value: This field indicates the data submitted in the field found to be in error. (6)
- Desc: This field describes the error referenced in the code field. (7)

The last section depicts the patient information pertaining to the error details in the following error list.

- Patient No: This number represents what was submitted in the CLM01 element in the claim file. (8)

- Patient Name: This field displays the patient's last name followed by their first name. (9)
- Date: This field displays the Date(s) of Service. (10)
- Cert / HIC No: This number reflects what is submitted in the NM109 contained in the 2010BA loop. (11)
- Claim No: This field is not used. (12)
- Payer ID: This field displays the payer ID submitted in NM109 within the 2010BB loop for professional claims and 2010BC loop for institutional claims. (13)
- Source of Pay: This field displays the value submitted in the SBR09 element. (14)

CLAIMS WITH ERRORS					
-----					
The following claims grouped by batch have errors. These claims must be corrected and resubmitted.					
-----					
Start of Claims with Errors list for Batch: 1 of 1					
-----					
Patient Acct: TEST102968		Patient Name:	[REDACTED]		
Date: 20050117	Amt: \$ 1,100.00	Cert/HIC No.:	[REDACTED]		
Claim No:	1	Payer ID: 00824	3	source of Pay: MB	
ERROR:	Loop: LX_2400	Segment: Sv1	Field: 01:2:0234	Seq: 289	
	Code: A182	Value: J2001			
	Desc: HCPCS Code is not valid on payer file				
	8	5	6	7	4
-----					
Patient Acct: TEST114043		Patient Name:	[REDACTED]		
Date: 20041215	Amt: \$ 1,105.00	Cert/HIC No.:	[REDACTED]		
Claim No:	10	Payer ID: 00824	11	source of Pay: MB	14
ERROR:	Loop: LX_2400	Segment: Sv1	Field: 01:2:0234	Seq: 331	
	Code: A182	Value: J2001			
	Desc: HCPCS Code is not valid on payer file				
	12	10	11	13	