

# **Chapter 5**

## **Claims Confirmation Report**

# Additional Reports for Claims Transactions

(In the following examples, only portions of the report will be shown.)

## Claims Confirmation Report

Naming Format: "input filename.date.time.sequence#.rpt"

The Claims Confirmation Report comes in several sections.

- Logical File Results
- Logical File Totals
- Batch Totals
- Claims with Errors
- Claims with Warnings
- Claims without Errors

**It is important to make sure you read and understand every section of this report.**

Data can be rejected by errors on the file, batch or claim level. The EDI System will try to run the data to the end of the file to identify all possible errors. Reading only the claims section of the report will not give you a complete picture of the accepted or rejected claims. If a submission is rejected, on either the file or batch level, the entire file or batch must be corrected and resubmitted. None of the claims in the file or batch will be processed, whether or not they have claim level errors. **All errors (file, batch and claim) must be corrected and resubmitted. These claims will not be passed to payers and most payers will not consider these claims to meet timely filing guidelines.**

## Claims Confirmation Report Header

Each section of the Claims Confirmation Report will start with a section similar to the one shown below. This section contains the name of the file you sent and the Trading Partner number. You will need this information when contacting the EDI Help Desk.

Page: 1.1.1	Version 5.5 (build 192)
=====	
Claims Confirmation Report	
External File Name:	BSTRANS.DAT_00001
EC Physical Doc ID:	2004123016191601519
Logical File No:	1 of 1
Log In TP Id:	0003101
=====	

## Logical File Results

The Logical File Results section of the Claims Confirmation Report gives information about the entire file. Some of the following information may help match the report to the file sent.

- TP Sender ID – This will be your Trading Partner Number.
- Submitter Name – The name of the entity submitting the file.
- Format Type – Indicates a Professional, Institutional, or Dental file.
- Version – ANSI version used.
- Process Date and Time.

```
=====
                                Logical File Results
TP Sender ID:      0003101                Processing Date:   2004-12-30
Submitter ID:     0003101                Processing Time:   16:19:16
Submitter Name:   TEST CLINIC
Format Type:     837P                    File Create Date: 2004-12-30
Version:         004010X098A1           File Sequence No: 364926000
=====
```

The following is an example of a file level error. If an error occurs on the file level, the errors will be listed immediately following the Logical File Results section. Each error found will be listed with the loop, segment, error code and description. A complete list of error codes and messages can be found on the Internet at [http://www.ask-edi.com/trading\\_partners/ANSI.htm](http://www.ask-edi.com/trading_partners/ANSI.htm).

**\*\*Please Note\*\* if a file level error occurs the entire file is rejected, even if there are no batch or claim level errors. All errors must be corrected before resubmission.**

```
=====
Logical File Results
TP Sender ID:      0003101                Processing Date:   2005-01-13
Submitter ID:     SUBMITTER ID           Processing Time:   13:06:44
Submitter Name:   SUBMITTER NAME
Format Type:     837P                    File Create Date: 2005-01-13
Version:         004010X098A1           File Sequence No: 12700000
=====
Start of File Level errors list:
ERROR:   Loop: 1000A_LOOP   Segment: NM1       Field: 09::0067   Seq: 6
        Code: E006         Value:  SUBMITTER ID
        Desc: Submitter ID does not match TP ID
```

## Logical File Totals

The Logical File Totals section of the Claims Confirmation Report gives a summary of the file. A separate ST-SE segment determines each Logical File. An error at this level indicates the entire file has been rejected. A file will run through as much of the edit process as possible, to find as many errors as possible on all levels. All errors will have to be corrected. Warnings indicate something is wrong, but does not cause a rejection and does not need to be resubmitted. Warnings are issued for 30 to 60 days prior to implementing new error rejections. Warnings should be used to update your system to avoid future rejections.

- **Number of Batches in Logical File:** In the following example, there are two batches in the file. Different billing provider numbers or payer numbers usually cause separate batches.
- **Errors and Warnings for Logical File Level, File Level and Batch Level:** In the following example, there is one batch level error.
- **Claims with Errors:** Indicates the rejections for claim level errors. In the following example, only one claim is rejected for claim level errors.
- **Other Rejected:** The number of claims rejected for batch or level file errors. In the following example, there are two claims rejected for batch level errors.
- **Total Rejected:** The total number of claims not processed due to errors. The example indicates a total of three claims will not be forwarded to payers.
- **Accepted:** Total of claims accepted. The example shows one accepted claim.
- **Total Claims:** The total number of claims submitted in this file. The following example shows four claims submitted.
- **Destination Summary:** Indicates the number of claims routed to each payer from this file. See Appendix A on page 13 to determine payers. In the example, one claim will be routed to Kansas City Blue Shield.

Logical File Totals												
Number of Batches in Logical File: 2												
		Errors		Warnings								
Logical File Level:		0		0								
File Level:		0		0								
Batch Level:		1		0								
+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+												
		Claims		Other		Total						
		with Errors	+	Rejected	=	Rejected	+	Accepted	=	Total		Claims
		-----		-----		-----		-----		-----		-----
Count		1		2		3		1		4		
Charges		52.00		101.00		153.00		53.00		206.00		
+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+												
Destination Summary:												
		Destination		Number of Claims			Total Charges					
		-----		-----			-----					
		4P01A1		1			\$ 53.00					
		-----		-----			-----					
		TOTAL:		1			\$ 53.00					

## Batch Totals

The Batch Totals section will be repeated for each batch submitted. The following example shows two batch reports. The first batch is accepted, while the second is rejected for batch level errors. **\*\*Please Note\*\* batch level errors must be corrected and resubmitted. Claims in a batch with batch level errors will not be passed to the payer even if they are not rejected on the claim level.**

Important things to notice:

- Batch Number
- Batch Status – This will indicate Reject or Good. If a batch status is listed as good, this means there is no batch level rejection.  
✓ **\*\*Please Note\*\* just because a Batch Status is listed as Good, it does not mean there are no errors on the claim or file level.**
- Number of Batch Errors
- Provider ID – The Tax ID or SSN number reported in file
- NPI – National Provider ID
- The claims count section will show the information for the individual batch only.

If an error occurred on the batch level, information on the error will immediately follow the claims count section. The example shows a batch level error with the description of "SSN value contains a non-numeric value in 1-9." This batch will have to be corrected and resubmitted.

Batch Totals						
Batch Number:	1 of 2			Batch Type:	000	
Batch Status:	GOOD			Batch No:	000000000001	
Number of Batch Errors:	0			Provider ID:	012345	
				NPI:	1234567890	
-----						
	Claims	Other	Total		Total	
	with Errors	+ Rejected	= Rejected	+ Accepted	=	Claims
	-----					
Count	1	0	1	1	2	
Charges	52.00	0.00	52.00	53.00	105.00	
-----						
Batch Totals						
Batch Number:	2 of 2			Batch Type:	000	
Batch Status:	REJECT			Batch No:	000000000004	
Number of Batch Errors:	1			Provider ID:	987654	
				NPI:	1234567890	
-----						
	Claims	Other	Total		Total	
	with Errors	+ Rejected	= Rejected	+ Accepted	=	Claims
	-----					
Count	0	2	2	0	2	
Charges	0.00	101.00	101.00	0.00	101.00	
-----						
Start of Batch Level errors list for Batch: 2 of 2:						
ERROR:	Loop: 2010AA_LOOP	Segment: NM1	Field: 09::0067	Seq: 42		
	Code: E314	Value: 01-2345678				
	Desc: SSN value contains a non-numeric value in 1-9					

## Claims With Errors

This section will appear on all reports. If there are no claims with errors, the report will indicate "No claims with errors." The Claims with Errors list will show the following information for each batch submitted:

### Error Information Section

- Error information – Most errors on this level will be data entry errors, but a description of the error is provided to assist you and your vendor in identifying problems in your system. Errors can appear either before or after the patient information, based on where the error occurred on the claim. Providers will benefit most from the following fields:
  - Value – This will indicate the information as it was submitted.
  - Desc – The description of the error that occurred.

### Patient Information Section

- Patient No – The patient account number submitted.
- Patient Name
- Date – From Date of Service
- Amt – Claim Total
- Cert/HIC No – Patient ID Number with the payer.
- Claim No – Not Used
- Payer ID – Identifies the payer submitted for this claim.
- Source of Pay – Identifies claim as Medicare, Blue Cross, Blue Shield, or Commercial.

The error information and patient information will occur for all claims with errors. In the following example, only one claim received claim level errors. The claim shown has errors listed both before and after the patient information. All errors should be corrected before the claim is resubmitted.

CLAIMS WITH ERRORS			
=====			
The following claims grouped by batch have errors. These claims must be corrected and resubmitted.			
<hr/>			
Start of Claims With Errors list for Batch: 1 of 2			
<hr/>			
SUBSCRIBER level:			
ERROR:	Loop: 2010BB_LOOP	Segment: NM1	Field: 09::0067
	Code: K026	Value: 00071	Seq: 21
	Desc: Clm filing Ind = BL, payor ID not 47171		
<hr/>			
Patient Acct:	00001	Patient Name:	JONES, A
Date:	20041212	Amt: \$	52.00
		Cert/HIC No.:	001000000A
Claim No:		Payer ID:	00071
		Source of Pay:	BL
ERROR:	Loop: CLM_2300	Segment: CLM	Field:
	Code: 3001	Value:	Seq: 1
	Desc: Unable to determine route		

## Claims With Warnings

This section will appear on all reports but will seldom have anything listed. If there are claims with warnings, this section will be formatted the same as the Claims with Errors section. Warnings indicate something is wrong with the claim, but does not cause a rejection and does not need to be resubmitted. Warnings are issued for 30 to 60 days prior to implementing new error rejections. Warnings should be used to update your system to avoid future rejections. The following report indicates there are no claims with warnings for batch 1 of 2.

```

                                CLAIMS WITH WARNINGS
                                =====

The following claims grouped by batch have warnings. Each claim may
or may not be ACCEPTED depending on other file or claim errors.

-----

Start of Claims With Warnings list for Batch:   1 of  2

No claims with warnings.
```

## Claims Without Errors List

The Claims Without Errors List will appear in all Claims Confirmation Reports. The Claims Without Errors List will only show patient information. If there are no claims without errors, a message will indicate there are no claims without errors.

**\*\*Please Note\*\* a claim may be listed as having no claim errors, but still reject because of batch or file level errors.**

```

                                CLAIMS WITHOUT ERRORS LIST
                                =====

The following claims grouped by batch contain NO CLAIM LEVEL ERRORS.
Each claim may or may not be ACCEPTED depending on other file errors.

-----

Start of Claims Without Errors list for Batch:   1 of  2:
-----
Patient Acct: 00002                Patient Name: JONES, B
Date: 20041210  Amt: $              53.00  Cert/HIC No.: 123456789
Claim No:                          Payer ID: 47171          Source of Pay: BL
```