Top 10 Medicare Submitter Claim Testing Problems

1/2004

Listed below is a list of technical and non-technical issues that Medicare contractors have encountered that are preventing submitters from moving into production on the 837 claim:

1. Errors in data element **NM109**

   Submitters are placing the Medicare provider number or UPIN in NM109 in the various physician loops instead of the REF (secondary identification number) segment.

   CMS Guidance: NM109 must contain the provider SSN or EIN. Medicare provider numbers must be submitted in the REF02 with the appropriate qualifier in REF01 (1C for Medicare provider number in the billing provider loop or 1G for the Medicare UPIN in the various physician loops (other than the billing provider loops)).

2. Enveloping issues – **ISA and GS** segments

   GS02 and 03 – invalid submitter codes and receiver codes
   ISA06 and 08 – contractor codes are being omitted
   Invalid lengths in the data elements contained in the envelopes
   ISA15 contains the value "P" when testing

   CMS Guidance: ISA06 and GS02 must contain the submitter code that is agreed to or assigned by the Medicare contractor. ISA08 and GS03 must contain the Medicare contractor receiver number.

   The ISA is a fixed length segment. The length defined in the implementation guide must be followed.

   When testing, the ISA15 must have a value of "T".

4. Invalid taxonomy codes

   CMS Guidance: Although CMS does not require a taxonomy code, it must be a valid code if submitted. A list of the approved codes is posted at the Washington Publishing Company (WPC) Web site www.wpc-edi.com/codes

5. Invalid characters in the data stream

   CMS Guidance: The basic character set as defined in Appendix A of the 837 implementation guide must be used. In addition, certain characters from the

extended character set may be used. Contact your Medicare contractor for a copy of their companion document for further guidance.

6. **SBR** (subscriber) data elements missing, such as date of birth and gender. **SBR09** identifies the incorrect payer.

   CMS Guidance: SBR09 in loop 2000B identifies the destination payer and must equal "MB" for Medicare Part B or "MA" for Medicare Part A. All required data elements in the SBR segment must be submitted per the implementation guide.

7. Missing/out of order **N3** and **N4** segments

   CMS Guidance: When address information is submitted, the N3 (street address information) and N4 (city, state and zip code information) must be submitted. State codes and zip codes must be valid codes based on the code source in the 837 implementation guide.

8. Submitter's contact phone number missing

   CMS Guidance: Loop 1000A is always required. The submitter's communications number (fax, email, telephone, etc.) must be provided in this loop.

9. 837 Professional Claim - Sending both billing provider loop and rendering provider loop when they are the same entity.

   CMS Guidance: When the billing provider on the 837Professional claim is the same as the rendering provider, loop 2310B is not submitted. In this case the rendering provider is identified in loop 2000A.

10. Invalid date formats.

    CMS Guidance: When dates are submitted, they must be formatted in accordance with the value in DTP02.