X12N 837 5010 testing tips

These tips for X12N 837 5010 are to be used as a supplement to the Electronic Data Interchange (EDI) Technical Report 3 (TR3) and Novitas Solutions, Inc. 5010 Companion Guides. More information on the loop / segment requirements is available in our 5010 Expectations documents for [Part A](http://www.novitas-solutions.com/webcenter/content/conn/UCM_Repository/uuid/dDocName:00081465) and [Part B](dDocName:00004779).

Testing requirements

* New software vendors are required to test their software prior to distribution to any customers, unless they will have one of their clients send test files for them.
* Once approved testing will only be required for major changes to the specifications or when a new ANSI X12N version is implemented.
* Each provider using a vendor’s software is not required to test once the software in approved.
* The full test requirements are located in the [5010 Companion Guides](ddocname:00197705).

Transmitting test files

* Test files can be submitted to Novitas the following ways:
* Using a secure file transfer protocol (SFTP) connection acquired by one of the approved [network service vendors](ddocname:00004536).
* Having a customer submit the test file using their SFTP connection or the Novitasphere portal.

Note: Providers are not permitted to share their EDI submitter identification numbers (IDs) or Novitasphere login IDs with anyone, including the software vendor.

Reporting ID numbers

* Submitter ID: Report as left-justified, space-filled number in ISA 06, GS 02, and Loop 1000A-NM1 09. The submitter ID is sent in the EDI Welcome Letter. Vendors who do not know their submitter ID can contact the [EDI Help Desk](ddocname:00004525) to have the original letter resent.
* Contractor ID: Report the appropriate contractor ID as a left-justified, space filled number in ISA 08, GS 03, and Loop 1000B-NM1 09.

JL Part A contractor

| Locale | ID |
| --- | --- |
| Delaware | 12101 |
| District of Columbia | 12201 |
| Maryland | 12301 |
| New Jersey | 12401 |
| Pennsylvania | 12501 |
| J12901 | 12901 |

JL Part B contractor

| Locale | ID |
| --- | --- |
| Delaware | 12102 |
| District of Columbia Metropolitan Area | 12202 |
| Maryland | 12302 |
| New Jersey | 12402 |
| Pennsylvania | 12502 |

* For a group provider, report the group National Provider Identifier (NPI) as a 10-position number in loop 2010AA NM109 with an XX qualifier in loop 2010AA NM108. Report the group tax ID in Loop 2010AA REF02 with an EI qualifier in Loop 2010AA REF02. The group member / rendering provider’s NPI should be reported as a 10-position number in loop 2310B NM109 or 2420A NM109 with an XX qualifier in Loop 2310B NM108 or 2420A NM109.
* For a solo provider, report the solo NPI as a 10-position number in loop 2010AA NM109 with an XX qualifier in loop 2010AA NM108. If the provider has enrolled with Medicare using their tax ID, report the tax ID in loop 2010AA REF02 with an EI qualifier in Loop 2010AA REF02. If the provider has enrolled with Medicare using their Social Security Number (SSN), report the SSN in Loop 2010AA REF02 with a SY qualifier in Loop 2010AA REF02.
* The address in the 2010AA N3 segment cannot be a P.O. Box.
* The zip code in the 2010AA N4 and the facility segments must be 9 digits.

Claim level vs. Line level reporting

* When data is reported at both the claim level and the line level, verify the data is not the same. Data should be reported at the higher level with the claim level being the higher level and the line level being the lower level. Claim level data reported is accepted for all lines of service in the claim and any information reported at the line level supersedes the data reported at the claim Level. Therefore, it is unnecessary to report claim data at the line level if the same information was already reported at the claim level.
* Examples of data that can be reported at both the claim and line levels:
* Place of Service codes
* Rendering provider information
* Referring provider information

Reporting general transaction / Claim data

* ISA recommendations for Novitas Solutions, Inc. customers:
* ISA 01 – Use “00” Qualifier
* ISA 02 – 10 Spaces
* ISA 03 – Use “00” Qualifier
* ISA 04 – 10 Spaces
* ISA 05 – Use “ZZ” Qualifier
* ISA 07 – Use “27” Qualifier
* BHT recommendations for Novitas Solutions, Inc. customers:
* BHT 02 – Use “00” Code
* BHT 06 – Use “CH” Code
* ST recommendations for Novitas Solution, Inc. customer:
* Claims in the same batch should be reported in one ST/SE segment. Submitting a different ST/SE segment per claim requires submitters to repeat the submitter and provider loops and causes delays in the processing time.
* Other recommendations for Novitas Solutions, Inc. customers:
* Submit claims using the “First provider, Subscriber / Claim, subscriber / Claim, etc., Next provider” structure rather than the “All providers, Then all subscriber / Claims” or the “Provider / Claim, Same provider/Claim, same provider / Claim” structures.
* Note: The HL 02 (Parent ID) in the subscriber HL segment should point to a valid HL 01 (Sequential number) in the provider HL segment.
* Loop 2010AA (Billing provider name) is required and loop 2010AB (Pay-to provider name) is situational. Therefore, loop 2010AA can be reported alone or in conjunction with loop 2010AB. However, if you chose to send your P.O. Box address in the file, it must be submitted in loop 2010AB not the 2010AA Loop.
* If you do not need to report the Provider Taxonomy Code, then the following is not required. If the billing or pay-to provider in loop 2010AA / 2010AB is an individual provider (not a group) and you need to report the Provider Taxonomy Code, then the PRV segment in loop 2000A is required. If the billing or pay-to provider in loop 2010AA / 2010AB is a group and you need to report the Provider Taxonomy Code, then the PRV segment should be reported in loop 2310B (not in loop 2000A).
* In Medicare, the Subscriber is always the patient. Therefore, loop 2000C and loop 2010CA should not be reported or a rejection will occur on the 277 Claims Acknowledgement (277CA). The SBR02 (individual relationship) must be reported as “18”.
* For test files, the ISA15 must be “T”.
* The patient account number in Loop 2300 CLM 01 has a minimum / maximum of 1/38 and a reference note indicates that only 20 bytes are available for this data element. However, the Medicare claims processing system can only accept 17 bytes. Therefore, 20 bytes can be reported, but only 17 bytes will be accepted and returned on the electronic remittance advice (ERA).
* Referring physician information should be reported, as needed, in either Loop 2310A or loop 2420F. When referring physician information is reported, make sure the National Provider Identification (NPI) number is reported in the NM1 segment, with a “XX” qualifier in NM108.
* For incoming claim files sent zipped, the file name should not have the spaces or special characters.
* Incoming file names for non-zipped files should not include an apostrophe (‘) as this causes errors in the file being received.
* Zip codes reported must match the correct Zip code for the city and state reported. These may be verified on the [USPS Zip Code lookup.](https://tools.usps.com/go/ZipLookupAction!input.action)
* The patients Medicare ID number must match the Medicare card, or a 277CA rejection will occur.
* Trailing spaces should not be reported in any field. Claims with trailing spaces will receive a 999 rejection.
* Leading zeros should not be reported in the Units field. Claims with a leading zero will receive a 999 rejection.
* Medicare secondary payer (MSP) claims must balance to be sent to the processing.

MSP

* When Medicare is not the primary insurance listed on the beneficiary’s Coordination of Benefits (COB), processing falls under MSP guidelines.
* MSP claims must balance to be sent to the processing system. This is verified by confirming that the adjudication information (CAS segments) and the primary paid amount equal the total charge that is reported in the 2300 loop, CLM-02.
* MSP guidelines for Coordination of Benefits are listed in on the Claims Center under [Medicare secondary payer](dDocName:00008229).
* Additional information on balancing can be located in [Chapter 11](ddocname:00004555) of the EDI Billing Guide.

NPI numbers for vendor testing

* Vendors may use their client’s NPI number for testing purposes. Vendors must contact the Novitas Solutions, Inc. EDI Help Desk to add the NPI to their testing submitter ID number. Once testing is complete, the NPI number will be removed from the vendor’s testing submitter ID.