

SECTION 10 - CLEARINGHOUSE COMMERCIAL

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NATIONAL STANDARD FORMAT VERSION

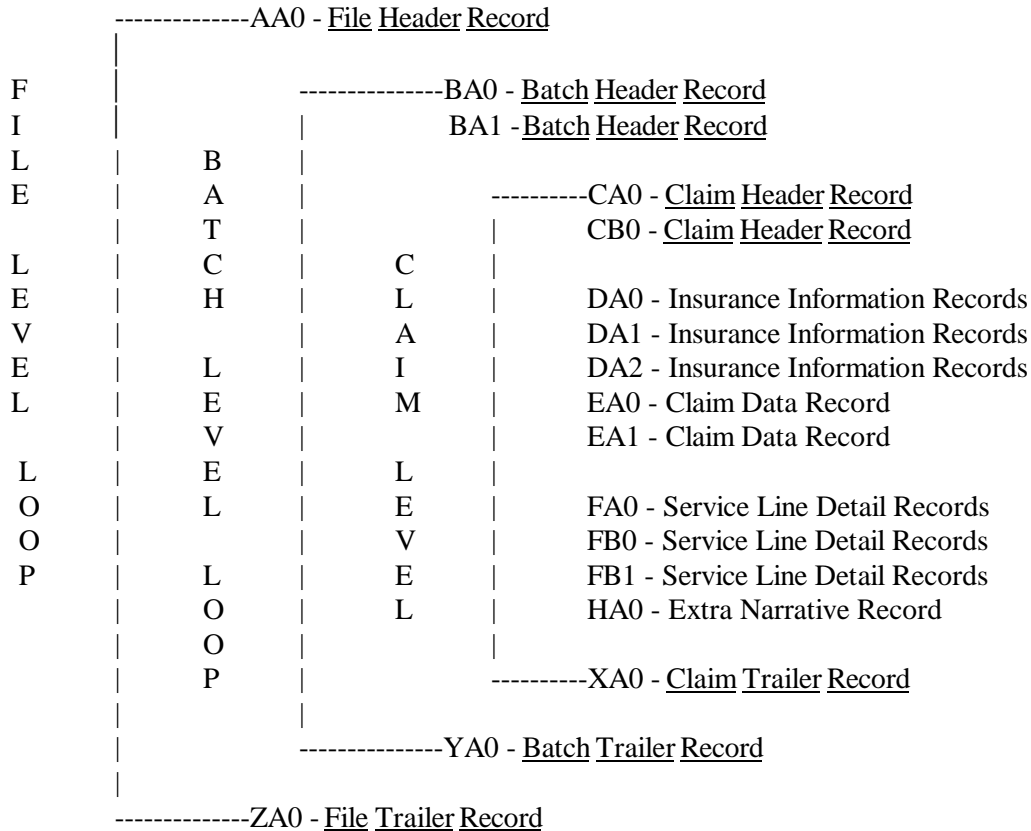
Clearinghouse commercial claims in National Standard Format version 001.04 or version 002.00 may be submitted through the Texas Health Information Network.

To be consistent with the other sections of this manual, the fields in this section are referenced to version 003.01. Refer to the footnotes in Section 6 to crosswalk the fields to version 002.00.

VERSION 003.01 IS NOT ACCEPTABLE AT THIS TIME.

* * *

FILE LAYOUT - GRAPHIC ILLUSTRATION



RECORD OCCURRENCE CHART

AA0 & ZA0	A submission may contain multiple files. The total record count for the file cannot exceed 9,999,999 records.
BA0 & YA0	A file may contain up to 9,999 batches. All batches within the file must be for clearinghouse commercial payers. CHAMPUS claims must be submitted in unique batches within unique files.
BA1	Required for clearinghouse commercial batches. Must contain either the provider service or provider pay to address information.
CA0 & XA0	A batch may contain 9,999,999 claims. All claims within the batch must be for the same rendering provider.
CB0	Not recognized by all clearinghouse commercial payers.
DA0	There must be one DA0 record per claim and there cannot be more than three DA0 records per claim. Most commercial payers do not recognize the third DA0 record.
DA1 & DA2	None to three occurrences per claim. Some clearinghouse commercial payers have specific requirements regarding these records. Refer to the payer specific edits for more information.
EA0	One per claim is required.
EA1	None to one per claim is allowed.
FA0	One per claim is required. Payers set the maximum number of detail records allowed per claim. If not defined by the payer, the maximum number is set at twelve (12).
FB0	If submitted, must be preceded by a FA0 record. Cannot exceed the number of FA0 records present on the claim.
FB1	Cannot exceed the number of FA0 records present on the claim. Required by most clearinghouse commercial payers when the billing provider is a group. The name of the rendering provider is to be supplied in this record. Only one rendering provider per claim may be submitted.
HA0	Not currently recognized by most clearinghouse commercial payers. Cannot exceed the number of FA0 records present on the claim.

These records are not currently recognized by clearinghouse commercial payers:

CA1, DA3, EA2, FB2, FB3, FD0, FE0, GA0, GC0,
GD0, GD1, GE0, GP0, GU0, GX0, GX1, GX2

NSF FIELD REQUIREMENTS - ALL PAYERS

FIELD	RECORDS																
	A	B	B	C	C	D	D	D	E	E	F	F	F	H	X	Y	Z
	A	A	A	A	B	A	A	A	A	A	A	B	B	A	A	A	A
	0	0	1	0	0	0	1	2	0	1	0	0	1	0	0	0	0
01.0	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
02.0	R	C	C			R	R	R			R	R	R	R		C	R
03.0		R	R	R		R	R	R	R	R	R	R	R	R	R		
04.0	R	R	R	R		R	C	C	R	C					R	R	
05.0	R	R		R		R			R		R			C	R		R
06.0		R		C			C	C	R		R				R		R
07.0			C			*R	C	C	C		R				R		R
08.0		R		R			C	C			R				R	R	R
09.0			C	R		R					R				R	R	R
10.0			C								C				R	R	
11.0			C	R							C					R	
12.0											C				R		
13.0			C	R							R						
14.0				R							R		C				
15.0	R		C	R		R					C		C				
16.0			C			R					C						
17.0	R		C			R					C						
18.0	R	C		R		R		C			R						
19.0	R	C				R					C				C		
20.0		C				R			*C								
21.0	R	C															
22.0	R	R		R													
23.0				R							*C						
24.0				*C			R		*C								
25.0									*C								
26.0																	
27.0																	
28.0																	
29.0																	
30.0																	
31.0																	
32.0	*C								*R								
33.0									*C								
34.0									*C								
35.0									*C								
36.0									*R		C						
37.0																	
38.0																	
39.0																	
40.0																	
41.0																	

FIELD	RECORDS																
	A	B	B	C	C	D	D	D	E	E	F	F	F	H	X	Y	Z
	A	A	A	A	B	A	A	A	A	A	A	B	B	A	A	A	A
	0	0	1	0	0	0	1	2	0	1	0	0	1	0	0	0	0
42.0																	
43.0																	
44.0																	
45.0																	
46.0																	
47.0																	
48.0																	
49.0																	
50.0 thru 54.0																	
55.0																	
56.0																	
57.0 thru 65.0																	
66.0																	

R - Indicates the submission of data in this field is required.

C - Indicates the submission of data in this field is conditional, i.e., required when certain conditions are met.

***R** - Indicates the submission of data in this field is required.
Also indicates a variation between version 002.00 and version 003.01. The variation is specified in the Field Requirement Definitions.

***C** - Indicates the submission of data in this field is conditional.
Also indicates a variation between version 002.00 and version 003.01. The variation is specified in the Field Requirement Definitions.

 - Indicates the preceding field is the last field of the record.

FIELD REQUIREMENT DEFINITIONS - ALL PAYERS

DATE **ALL DATE FIELDS**

If submitted, must be valid dates in CCYYMMDD format.

CLAIM REJECT - MESSAGE 337

ZIP **ALL ZIP CODE FIELDS**

If submitted, must be five (5) numerics or nine (9) numerics. May not contain hyphens. The first three characters of the zip code must be within the range for the state according to the U.S. Postal Service.

For a complete list of status and reject messages, refer to: EXHIBIT 5, STATUS AND REJECT MESSAGES.

AA0-02.0 SUBMITTER IDENTIFIER
Submitter ID's are assigned by Texas Health Information Network (THIN). THIN will only use the first six positions. Must be identical to the submitter identifier in file trailer (ZA0-02.0) and must match the Login ID used to access rEDI-link Blue. Contact the EDI Helpline for the correct submitter identification number.

FILE REJECT - MESSAGE 121

AA0-04.0 SUBMISSION TYPE
Must be a valid NSF value.

AA0-05.0 SUBMISSION NUMBER
Must be six digit alpha-numeric value for each submission. No embedded blanks or special characters are allowed. Duplicate file IDs for a submitter (AA0-02.0) submitted within six months will be rejected.

FILE REJECT - MESSAGES 107, 112

AA0-15.0 CREATION DATE
Date the file was created by the original submitter. Must be a valid date.

FILE REJECT - MESSAGES 105

AA0-17.0 RECEIVER IDENTIFICATION
Must equal receiver identification in file trailer (ZA0-04.0). Refer to Appendix C for a list for valid values.

FILE REJECT - MESSAGES 120, 124

AA0-18.0 RECEIVER TYPE CODE
Must equal "F" for clearinghouse commercial carriers.
Must equal "H" for CHAMPUS claims.

FILE REJECT - MESSAGES 123, 124

AA0-19.0 VERSION CODE - NATIONAL
Currently only accept versions 001.04 and 002.00.
Version 003.01 will be accepted after all payers have updated their systems.

FILE REJECT - MESSAGE 113

AA0-21.0 TEST/PRODUCTION INDICATOR
All files are handled as production unless:

- This field contains "TEST" **or,**
- The payer is not a participating carrier for professional claims.

AA0-22.0 PASSWORD

Required for all submissions. The password is assigned by THIN. Must be six digit alpha-numeric. Contact the EDI Helpline for verification of the password.

FILE REJECT - MESSAGE 122

AA0-32.0 REDEFINED AS: VENDOR ID (previously AA0-29.0)

Positions 309-314 have been designated as the area to submit the software vendor ID used to count the claims receipt for the Vendor Partner Program.

BA0-02.0 EMC PROVIDER ID

No editing is performed on this field for clearinghouse commercial or CHAMPUS claim files. If available, submit the six-digit Medicare or Blue Shield provider number in this field.

BA0-03.0 BATCH TYPE

Only batch type "100", which = All Others, is valid for clearinghouse commercial and CHAMPUS batches.

BATCH REJECT - MESSAGE 201

BA0-04.0 BATCH NUMBER

Complete this field according to NSF specifications. Some clearinghouse commercial payers edit this field. Must equal "0001" - "9999".

BA0-05.0 BATCH IDENTIFICATION

Must be six digit alpha-numeric value for each batch ID. No embedded blanks or special characters are allowed.

BATCH REJECT - MESSAGE 205

Duplicate batch IDs for a billing provider tax ID (BA0-06.0) submitted within six months will be flagged with a warning message. This edit will eventually be changed to a batch reject.

BATCH WARNING - MESSAGE 213

BA0-06.0 PROVIDER TAX ID

Enter the federally assigned T.I.N. (tax identification number) of the billing provider. May also be the E.I.N. (employer identification number) or the S.S.N. (social security number) of the billing provider. Must be nine (9) numerics.

BATCH REJECT - MESSAGE 245

BA0-08.0 PROVIDER TAX ID TYPE

Required for all submissions. Must be "E", "X" or "S".

BA0-18.0 PROVIDER ORGANIZATION NAME

Must be submitted if the Provider Tax ID Type (BA0-08.0) is "E" or "X".

BA0-19.0 PROVIDER LAST NAME
Required if the Provider Tax ID Type (BA0-08.0) is "S".
If there are FB1 records in the batch, then this field must be the same as FB1-14.0 (Rendering Provider Last Name).

CLAIM REJECT - MESSAGES 550, 551
CLAIM WARNING - MESSAGE 552

BA0-20.0 PROVIDER FIRST NAME
Required if the Provider Tax ID Type (BA0-08.0) is "S".
If there are FB1 records in the batch, then this field must be the same as FB1-15.0 (Rendering Provider First Name).

CLAIM REJECT - MESSAGES 550, 551
CLAIM WARNING - MESSAGE 552

BA0-21.0 PROVIDER MIDDLE INITIAL
Enter if required by the payer.
If there are FB1 records in the batch, then this field must be the same as FB1-16.0 (Rendering Provider Middle Initial).

BA1-02.0 EMC PROVIDER IDENTIFIER
Must be the same as BA0-02.0.

BA1-03.0 BATCH TYPE
Must be the same as BA0-03.0.

BA1-04.0 BATCH NUMBER
Must be the same as BA0-04.0.

BA1-05.0 BATCH IDENTIFICATION
Must be the same as BA0-05.0.

BA1-07.0 PROVIDER'S SERVICE ADDRESS 1

BA1-09.0 PROVIDER'S SERVICE CITY

BA1-10.0 PROVIDER'S SERVICE STATE

BA1-11.0 PROVIDER'S SERVICE ZIP

Should be submitted on all clearinghouse commercial claims. If not present, then BA1-13.0, BA1-15.0-BA1-17.0 must be present.

BA1-13.0 PROVIDER'S PAY-TO ADDRESS 1

BA1-15.0 PROVIDER'S PAY-TO CITY

BA1-16.0 PROVIDER'S PAY-TO STATE

BA1-17.0 PROVIDER'S PAY-TO ZIP

Should be submitted on all clearinghouse commercial claims. If not present, then BA1-07.0, BA1-09.0-BA1-11.0 must be present.

It is preferable to submit the Pay-To information if only one is supplied.

CA0-03.0 PATIENT CONTROL NUMBER
Required field. Must be at least one alpha-numeric character.

CLAIM REJECT - MESSAGE 5BI

CA0-04.0 PATIENT LAST NAME
CA0-05.0 PATIENT FIRST NAME
Required fields. Must conform to NSF specifications.

CA0-06.0 PATIENT MIDDLE INITIAL
Enter if required by payer.

CA0-08.0 PATIENT DATE OF BIRTH
Required field. Must enter a valid date.

CA0-09.0 PATIENT SEX CODE
Required field. Must be "M" or "F". May not be blank.

CLAIM WARNING - MESSAGE 5BH

CA0-11.0 PATIENT ADDRESS 1
CA0-13.0 PATIENT CITY
CA0-14.0 PATIENT STATE
CA0-15.0 PATIENT ZIP CODE
Required fields. Data must conform to NSF specifications.

CA0-18.0 PATIENT STUDENT STATUS
Required field. Must be "F", "P", or "N". Must not be blank.

CLAIM WARNING - MESSAGE 5BO

CA0-22.0 OTHER INSURANCE INDICATOR
Enter if required by payer. Must be "1", "2" or "3".

CA0-23.0 CLAIM EDITING INDICATOR
Must be "F" for a clearinghouse commercial claim.
Must be "H" for a CHAMPUS claim.

CA0-24.0 TYPE OF CLAIM INDICATOR
If entered, must be valid NSF value of:
A, B, C, D, E, F, G, H, J, K, L, M, N, O, P, or Z.
May be blank.

CLAIM WARNING - MESSAGE 5CA
CLAIM REJECT BY PAYER CONTRACTOR

- DA0-02.0 SEQUENCE NUMBER**
Must be “01”, “02” or “03”. Most clearinghouse commercial payers do not recognize sequence “03”.
- CLAIM REJECT - MESSAGES 310, 311, 312, 313*
- DA0-03.0 PATIENT CONTROL NUMBER**
Must be the same as CA0-03.0.
- DA0-04.0 CLAIM FILING INDICATOR**
Must be “P” or “I”.
- CLAIM REJECT - MESSAGES 302, 305, 306*
- DA0-05.0 SOURCE OF PAYMENT**
If DA0-04.0 = “P”, then DA0-05.0 must = “F” for clearinghouse commercial claims or
If DA0-04.0 = “P”, then DA0-05.0 must = “H” for CHAMPUS claims.
- CLAIM REJECT - MESSAGE 304*
- DA0-07.0 PAYOR ORGANIZATION IDENTIFICATION (version 003.01 combined fields DA0-07.0 and DA0-08.0 to form new field - National Payer ID)**
When DA0-04.0 (Claim Filing Indicator) is “P”, must be a valid payer ID from the payer list in Appendix C.
- CLAIM REJECT - MESSAGE 5A5*
- DA0-09.0 PAYOR NAME**
When DA0-04.0 (Claim Filing Indicator) is “P”, this field should contain the name of the company that is to receive the claim. Required for payer organization ids of: “PAPER” and “TWCCP”.
- DA0-15.0 ASSIGNMENT OF BENEFITS INDICATOR**
Must be a valid NSF value of “Y” or “N”.
- DA0-16.0 PATIENT SIGNATURE SOURCE**
Must be a valid NSF value of: C, S, M, B, or P.
- DA0-17.0 PATIENT RELATIONSHIP TO INSURED**
Must be a valid NSF code. Some payers may convert NSF values that they do not recognize to values that they do recognize.
- Valid NSF values are:
01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 16, 17, 18, or 19.
- CLAIM WARNING - MESSAGE 5BJ*

DA0-18.0 INSURED IDENTIFICATION NUMBER
When DA0-05.0 equals “F” or “H”, this field must contain a valid subscriber ID.
Payers may define specific requirements for this field.

May only contain “A”-“Z”, “0”-“9”. Embedded blanks are not valid. May not contain special characters such as: - / #.

CLAIM WARNING - MESSAGE 5B2

DA0-19.0 INSURED LAST NAME
DA0-20.0 INSURED FIRST NAME
Must submit insured’s last and first name. Must conform to NSF specifications

DA1-02.0 SEQUENCE NUMBER
Must be “01”, “02” or “03”. Most clearinghouse commercial payers do not recognize sequence “03”.

CLAIM REJECT - MESSAGES 310, 311, 312, 313

DA1-03.0 PATIENT CONTROL NUMBER
Must be the same as CA0-03.0.

DA1-04.0 PAYOR ADDR1
DA1-06.0 PAYOR CITY
DA1-07.0 PAYOR STATE
DA1-08.0 PAYOR ZIP
When DA0-07.0 equals “PAPER” or “TWCCP”, these fields must contain the address, city, state and zip code for the designated payer.

DA1-24.0 BALANCE DUE
Amount of total charges minus any payment made by the patient.

DA2-02.0 SEQUENCE NUMBER
Must be “01”, “02” or “03”. Most clearinghouse commercial payers do not recognize sequence “03”.

CLAIM REJECT - MESSAGES 310, 311, 312, 313

DA2-03.0 PATIENT CONTROL NUMBER
Must be the same as CA0-03.0.

DA2-04.0 INSURED ADDRESS LINE 1
DA2-06.0 INSURED CITY
DA2-07.0 INSURED STATE
DA2-08.0 INSURED ZIP
Must be submitted if required by the payer. Must conform to NSF specifications.

DA2-18.0 EMPLOYER IDENTIFICATION NUMBER

Most clearinghouse commercial payers do not require this field. If data is submitted in this field, it must conform to NSF requirements.

If present, first position may not be blank. May only contain "A"- "Z", "0"- "9". Embedded blanks are not valid.

May not contain special characters such as: - / #.

CLAIM WARNING - MESSAGE 5CC

EA0-03.0 PATIENT CONTROL NUMBER

Must be the same as CA0-03.0.

EA0-04.0 EMPLOYMENT RELATED INDICATOR

Must be "Y", "N", or "U". May not be blank.

EA0-05.0 ACCIDENT INDICATOR

Must be "A", "O", or "N". May not be blank.

EA0-06.0 SYMPTOM INDICATOR

Must be "0", "1" or "2". May not be blank.

EA0-07.0 ACCIDENT/SYMPTOM DATE

When EA0-05.0 (Accident Indicator) is "A" or "O", must contain a valid date.

When EA0-06.0 (Symptom Indicator) is "1" or "2", must contain a valid date.

When EA0-05.0 (Accident Indicator) is "N" **and** EA0-06.0 (Symptom Indicator) is "0", must be blank.

EA0-20.0 REFERRING PROVIDER IDENTIFICATION NUMBER (version 003.01 redefined this field as the Referring Provider NPI)

Referring provider identification numbers are to be supplied as specified by the payers. This field must contain a number if the Referring Provider Last Name (EA0-22.0) and/or the Referring Provider First Name (EA0-23.0) are present.

If present, first position may not be blank. May only contain "A"- "Z", "0"- "9". Embedded blanks are not valid.

May not contain special characters such as: - / #.

CLAIM WARNING - MESSAGE 5CD

EA0-24.0 REFERRING PROVIDER LAST NAME (previously EA0-22.0)

When EA0-20.0 contains a UPIN, this field must contain the referring provider's last name.

CLAIM REJECT - MESSAGE 5CE

EA0-25.0 REFERRING PROVIDER FIRST NAME (previously field EA0-23.0)
When EA0-20.0 contains a UPIN, this field must contain the referring provider's first name.

CLAIM REJECT - MESSAGE 5CF

EA0-32.0 DIAGNOSIS CODE-1 (previously field EA0-30.0)

EA0-33.0 DIAGNOSIS CODE-2 (previously field EA0-31.0)

EA0-34.0 DIAGNOSIS CODE-3 (previously field EA0-32.0)

EA0-35.0 DIAGNOSIS CODE-4 (previously field EA0-33.0)

At least one valid ICD-9-CM diagnosis code (EA0-32.0) is required by most clearinghouse commercial payers. Most clearinghouse commercial payers do not recognize the diagnosis codes that begin with "E" or "M".

EA0-36.0 PROVIDER ASSIGNMENT INDICATOR (previously field EA0-34.0)

Must be "A", "N" or "B". May not be blank.

EA1-03.0 PATIENT CONTROL NUMBER

Must be same as CA0-03.0.

EA1-04.0 FACILITY/LABORATORY IDENTIFICATION NUMBER

If present, first position may not be blank. May only contain "A"-"Z", "0"-"9". Embedded blanks are not valid.

May not contain special characters such as: - / #.

CLAIM WARNING - MESSAGE 5CG

FA0-02.0 SERVICE LINE DETAIL SEQUENCE NUMBER

Payers specify the number of service detail lines to be accepted per claim. THIN's default is "12".

CLAIM REJECT - MESSAGE 5A4

FA0-03.0 PATIENT CONTROL NUMBER

Must be the same as CA0-03.0.

FA0-05.0 SERVICE FROM DATE

The Service From Date is required in CMMDDYY format.

May not be a future date.

FA0-06.0 SERVICE TO DATE

The Service To Date is required by most clearinghouse commercial payers even when it is the same as the Service From Date (FA0-05.0). The date span of the From and To Dates must be within the same month and year.

FA0-07.0 PLACE OF SERVICE

Must be present.

Must be one of the following valid NSF values:

11, 12, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 50, 51, 52, 53, 54, 55, 56, 61, 62, 65, 71, 72, 81, or 99.

Refer to EXHIBIT 4 - PLACE OF SERVICE CODES for the definitions of these codes.

CLAIM WARNING - MESSAGE 508

FA0-08.0 TYPE OF SERVICE

Must be present.

Must be one of the following valid NSF values:

0, 1, 2, 3, 4, 5, 6, 7, 8, or 9.

Refer to EXHIBIT 1 - TYPE OF SERVICE CODES for the definitions of these codes.

Alphabetical type of service codes such as, "I" or "T", are not valid for most payers and will result in claim rejects or denial of claim services.

FA0-09.0 PROCEDURE CODE MISSING/INVALID

Required field. Must be five (5) numerics or one alpha followed by five numerics.

CLAIM REJECT - MESSAGE 561

FA0-10.0 HCPCS MODIFIER 1

FA0-11.0 HCPCS MODIFIER 2

FA0-12.0 HCPCS MODIFIER 3

FA0-36.0 HCPCS MODIFIER 4

Used to modify payment of a procedure or to assist in determining appropriate coverage. Most clearinghouse commercial payers recognize only one modifier (FA0-10.0) per service.

Valid modifiers:

20, 21, 22, 23, 24, 25, 26, 32, 47, 50, 51, 52, 54, 55, 56, 57, 58, 62, 66, 76, 77, 78, 79, 80, 81, 82, 90, or 99. Some payers also allow: P1, P2, P3, P4, P5, or P6.

Refer to EXHIBIT 3 - MODIFIERS for the definition of these modifiers.

Alphabetical modifiers such as, "AA", "RT", "TC", are not accepted by most clearinghouse commercial payers and will result in claim rejects or delays/denials in claims processing.

FA0-13.0 LINE CHARGES

Charges related to this procedure. Must be "0000001" - "9999999". Two decimal positions are assumed.

- FA0-14.0** **DIAGNOSIS CODE POINTER 1**
FA0-15.0 **DIAGNOSIS CODE POINTER 2**
FA0-16.0 **DIAGNOSIS CODE POINTER 3**
FA0-17.0 **DIAGNOSIS CODE POINTER 4**
FA0-14.0 is required by most clearinghouse commercial payers. Must be valid value of: "1", "2", "3" or "4". Must point to a valid diagnosis code in EA0 record.
- FA0-18.0** **UNITS OF SERVICE**
Numerical field with one assumed decimal position.
Must be equal to or greater than 0010 (units of service of 01).
Must be equal to or less than 0990 (units of service of 99).
This field should equal 0010 when anesthesia minutes are submitted in FA0-19.0.
- FA0-19.0** **ANESTHESIA/OXYGEN MINUTES**
Required when billing anesthesia services. Must be from "0000" to "9999".
- FA0-23.0** **RENDERING PROVIDER ID (version 003.01 redefined this as Rendering Provider NPI)**
Enter the rendering provider's individual provider number. Format requirements vary by payer. THIN is contacting payers to obtain specific information. At this time, should be the tax id or the social security number of the rendering provider. Do not use Medicare assigned provider numbers on clearinghouse commercial claims.
- FB0-02.0** **SEQUENCE NUMBER**
Must be same as corresponding FA0 record.

CLAIM REJECT - MESSAGE 310
- FB0-03.0** **PATIENT CONTROL NUMBER**
Must be the same as CA0-03.0.
- FB1-02.0** **SEQUENCE NUMBER**
Must be same as corresponding FA0 record.

CLAIM REJECT - MESSAGE 310
- FB1-03.0** **PATIENT CONTROL NUMBER**
Must be the same as CA0-03.0.
- FB1-14.0** **RENDERING PROVIDER LAST NAME**
Required if submitting claims for a group. If present, then this field must be the same as BA0-19.0 (Billing Provider Last Name).

CLAIM REJECT - MESSAGES 550, 551
CLAIM WARNING - MESSAGE 552

FB1-15.0 RENDERING PROVIDER FIRST NAME

Required if submitting claims for a group. If present, then this field must be the same as BA0-20.0 (Billing Provider First Name).

CLAIM REJECT - MESSAGES 550, 551

CLAIM WARNING - MESSAGE 552

HA0-05.0 EXTRA NARRATIVE DATA

Most clearinghouse commercial payers do not recognize this field.

NSF FIELD REQUIREMENTS - PAYER HFOUND - CHAMPUS

FIELD	RECORDS															
	A	B	B	C	C	D	D	D	E	F	F	F	H	X	Y	Z
	A	A	A	A	B	A	A	A	A	A	B	B	A	A	A	A
	0	0	1	0	0	0	1	2	0	0	0	1	0	0	0	0
01.0	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
02.0	R	R	R			R	R	R		R	R	R	R		R	R
03.0					R	R	R	R	R	R	R	R	R	R		
04.0	R	R	R	R	C	R			R					R	R	
05.0	R			R	C	R			R	R			R	R		R
06.0						R				R	C			R		R
07.0						R				R	C			R		R
08.0				R						R	C			R	R	R
09.0				R						R				R	R	R
10.0												C		R	R	
11.0				R								C			R	
12.0														R		
13.0				R		C			R	R						
14.0				R		C	R			R		R				
15.0	R			R			R					R				
16.0																
17.0	R					R						R				
18.0	R					R				R						
19.0	R					R										
20.0						R										
21.0	R															
22.0				R												
23.0				R						*R						
24.0										*C						
25.0																
26.0				R												
27.0																
28.0				R												
29.0																
30.0										*C						
31.0										*C						
32.0										*R						
33.0																
34.0																
35.0																
36.0																
37.0																
38.0																
39.0																
40.0																
41.0																
42.0																
43.0										*C						
44.0																
45.0																
46.0																
47.0																
48.0																
49.0																

FIELD	RECORDS															
	A	B	B	C	C	D	D	D	E	F	F	F	H	X	Y	Z
	A	A	A	A	B	A	A	A	A	A	B	B	A	A	A	A
	0	0	1	0	0	0	1	2	0	0	0	1	0	0	0	0
50.0 thru 55.0																
56.0																
57.0 thru 65.0																
66.0																

R - Indicates the submission of data in this field is required.

C - Indicates the submission of data in this field is conditional, i.e., required when certain conditions are met.

***R - Indicates the submission of data in this field is required.
Also indicates a variation between version 002.00 and version 003.01. The variation is specified in the Field Requirement Definitions.**

***C - Indicates the submission of data in this field is conditional.
Also indicates a variation between version 002.00 and version 003.01. The variation is specified in the Field Requirement Definitions.**

 - Indicates the preceding field is the last field of the record.

FIELD REQUIREMENT DEFINITIONS - PAYER H-FOUND - CHAMPUS

DATE

ALL DATE FIELDS

If submitted, must be valid dates in CCYYMMDD format.

CLAIM REJECT - MESSAGE 337

GENERATION

NAME FIELDS

Do not include generations in name fields.

Examples of generations are: JR, SR, I, III, et al

CA0-07.0 is defined as the Patient Generation.

DA0-22.0 is defined as Insured Generation.

TITLES

NAME FIELDS

Do not include titles in name fields.

Examples of titles are: M.D., D.O., PhD, et al

ZIP

ALL ZIP CODE FIELDS

If submitted, must be five (5) numerics or nine (9) numerics. May not contain hyphens. The first three characters of the zip code must be within the range for the state according to the U.S. Postal Service.

AA0-02.0 SUBMITTER IDENTIFIER
Submitter ID's are assigned by Texas Health Information Network (THIN). THIN will only use the first six positions. Must be identical to the submitter identifier in file trailer (ZA0-02.0) and must match the Login ID used to access rEDI-link Blue. Contact the EDI Helpline for the correct submitter identification number.

FILE REJECT - MESSAGE 121

AA0-04.0 SUBMISSION TYPE
Must be a valid NSF value.

AA0-05.0 SUBMISSION NUMBER
Must be six digit alpha-numeric value for each submission. No embedded blanks or special characters are allowed. Duplicate file IDs for a submitter (AA0-02.0) submitted within six months will be rejected.

FILE REJECT - MESSAGES 107, 112

AA0-15.0 CREATION DATE
Date the file was created by the original submitter. Must be a valid date.

FILE REJECT - MESSAGES 105

AA0-17.0 RECEIVER IDENTIFICATION
Must equal receiver identification in file trailer (ZA0-04.0). The receiver ID for CHAMPUS is "FOUND".

FILE REJECT - MESSAGES 120, 124

AA0-18.0 RECEIVER TYPE CODE
Must equal "H" for CHAMPUS claims.

FILE REJECT - MESSAGES 123, 124

AA0-19.0 VERSION CODE - NATIONAL
Currently only accepts version 002.00.

AA0-21.0 TEST/PRODUCTION INDICATOR
All files are handled as production unless this field contains "TEST".

BA0-02.0 EMC PROVIDER ID
No editing is performed on this field for CHAMPUS claim files. If available, submit the six-digit Medicare or Blue Shield provider number in this field.

BA0-04.0 BATCH NUMBER
Complete this field according to NSF specifications. Some clearinghouse commercial payers edit this field. Must equal "0001" - "9999".

- BA1-02.0 EMC PROVIDER IDENTIFIER**
Must be the same as BA0-02.0.
- BA1-04.0 BATCH NUMBER**
Must be the same as BA0-04.0.
- CA0-04.0 PATIENT LAST NAME**
CA0-05.0 PATIENT FIRST NAME
Required fields. Must conform to NSF specifications.
- CA0-08.0 PATIENT DATE OF BIRTH**
Required field. Must be a valid date in the CCYYMMDD format. May not be after the first date of service on the claim.
- CLAIM REJECT - MESSAGE 5BK*
- CA0-09.0 PATIENT SEX CODE**
Required field. Must be "M" or "F". May not be blank.
- CLAIM WARNING - MESSAGE 5BH*
- CA0-11.0 PATIENT ADDRESS 1**
CA0-13.0 PATIENT CITY
CA0-14.0 PATIENT STATE
CA0-15.0 PATIENT ZIP CODE
Required fields. Data must conform to NSF specifications.
- CA0-22.0 OTHER INSURANCE INDICATOR**
Enter if required by payer. Must be "1", "2" or "3".
- CA0-23.0 CLAIM EDITING INDICATOR**
Must be "H" for a CHAMPUS claim.
- CA0-26.0 ORIGIN CODE**
Must be valid zip code representing the provider's physical location where the services were performed.
- CLAIM REJECT - MESSAGE 5CI*
- CA0-28.0 BILLING PROVIDER NUMBER**
CHAMPUS provider tax ID. Must be nine (9) numerics.
- CLAIM WARNING - 5CB*
- CB0-all LEGAL REPRESENTATIVE DATA**
Required when the patient is under 18 years old at time of service. CA0-08.0 (Patient Date of Birth) is compared to FA0-05.0 (Service From Date). If difference is less than 18, the CB0 record is required.
- CLAIM WARNING -5D1*

- CB0-03.0 PATIENT CONTROL NUMBER**
Must be the same as CA0-03.0.
- CB0-04.0 RESPONSIBLE PARTY LAST NAME**
Must conform to NSF specifications for last name fields.
- CB0-05.0 RESPONSIBLE PARTY FIRST NAME**
Must conform to NSF specifications for first name fields.
- DA0-02.0 SEQUENCE NUMBER**
Must be "01", "02" or "03".
- CLAIM REJECT - MESSAGES 310, 311, 312, 313*
- DA0-03.0 PATIENT CONTROL NUMBER**
Must be the same as CA0-03.0.
- DA0-04.0 CLAIM FILING INDICATOR**
Must be "P" or "I".
- CLAIM REJECT - MESSAGES 302, 305, 306*
- DA0-05.0 SOURCE OF PAYMENT**
If DA0-04.0 = "P", then DA0-05.0 must = "H" for CHAMPUS claims.
- CLAIM REJECT - MESSAGE 304*
- DA0-06.0 INSURANCE TYPE CODE**
Must be a valid NSF value.
- DA0-07.0 PAYOR ORGANIZATION IDENTIFICATION (version 003.01 combined fields DA0-07.0 and DA0-08.0 to form new field - National Payer ID)**
When DA0-04.0 (Claim Filing Indicator) is "P", must be "FOUND".
- CLAIM REJECT - MESSAGE 5A5*
- DA0-13.0 PREFERRED PROVIDER ORGANIZATION IDENTIFICATION**
CHAMPUS military treatment facility number for partnership claims (DMIS).
- DA0-14.0 PRIOR AUTHORIZATION NUMBER**
Payer's indicator that the services have been authorized.
- DA0-17.0 PATIENT RELATIONSHIP TO INSURED**
Must be a value from the following list:
- 01, 02, 03, 05, 07, 09, or 18.
- CLAIM WARNING - MESSAGE 5BJ*

- DA0-18.0 INSURED IDENTIFICATION NUMBER**
When DA0-05.0 equals “H”, this field must contain then 9 digit CHAMPUS sponsor’s social security number.
- May only contain “0”-“9”. Embedded blanks are not valid. May not contain special characters such as: - / #.
- CLAIM WARNING - MESSAGE 5B2*
- DA0-19.0 INSURED LAST NAME**
DA0-20.0 INSURED FIRST NAME
Must submit the CHAMPUS/Tricare sponsor’s last and first name.
Must conform to NSF specifications
- DA1-all INSURANCE INFORMATION RECORD**
This record is not allowed on Champus primary claims.
If DA0-04.0 (Claim Filing Indicator) is “P” and DA0-05.0 (Source of Payment) is “H” on the DA0 01 sequence record, then DA1 record must not be present.
- CLAIM REJECT- 5D2*
- DA1-02.0 SEQUENCE NUMBER**
Must be “01”, “02” or “03”.
- CLAIM REJECT - MESSAGES 310, 311, 312, 313*
- DA1-03.0 PATIENT CONTROL NUMBER**
Must be the same as CA0-03.0.
- DA1-14.0 PAYOR AMOUNT PAID**
The amount paid by the payer on this claim.
If “0000000”, then DA1-15.0 must be “Z”.
- DA1-15.0 ZERO PAYMENT INDICATOR**
Must be “Z” or “N”.
- DA2-all INSURANCE INFORMATION RECORD**
This record is required on Champus primary claims.
If DA0-04.0 (Claim Filing Indicator) is “P” and DA0-05.0 (Source of Payment) is “H” on the DA0 01 sequence record, then DA2 record must be present. Must submit the Champus sponsor's address, city, state and zip code in the insured's address, city, state and zip code fields.
- DA2-02.0 SEQUENCE NUMBER**
Must be “01”, “02” or “03”.
- CLAIM REJECT - MESSAGES 310, 311, 312, 313*
- DA2-03.0 PATIENT CONTROL NUMBER**
Must be the same as CA0-03.0.

- EA0-03.0 PATIENT CONTROL NUMBER**
Must be the same as CA0-03.0.
- EA0-04.0 EMPLOYMENT RELATED INDICATOR**
Must be “Y”, “N”, or “U”. May not be blank.
- EA0-05.0 ACCIDENT INDICATOR**
Must be “A”, “O”, or “N”. May not be blank.
- EA0-13.0 RELEASE OF INFORMATION INDICATOR**
Must be: “Y”, “M”, or “N”.

May not contain special characters such as: - / #.
- EA0-30.0 LABORATORY INDICATOR (previously EA0-28.0)**
If lab work was performed outside the provider’s office, must be “Y”.
If not, must be “N”.
- EA0-31.0 LABORATORY CHARGES (previously EA0-29.0)**
Required if EA0-30.0 is “Y”.
- EA0-32.0 DIAGNOSIS CODE-1 (previously field EA0-30.0)**
EA0-33.0 DIAGNOSIS CODE-2 (previously field EA0-31.0)
EA0-34.0 DIAGNOSIS CODE-3 (previously field EA0-32.0)
EA0-35.0 DIAGNOSIS CODE-4 (previously field EA0-33.0)
At least one valid ICD-9-CM diagnosis code (EA0-32.0) is required.
- EA0-36.0 PROVIDER ASSIGNMENT INDICATOR (previously field EA0-34.0)**
Must be “A” or “N”. May not be blank.
- EA0-43.0 SPECIAL PROGRAM INDICATOR (previously EA0-41.0)**
A code indicating the Special Program under which the services rendered to the patient were performed. Valid values are:
 blank = No Special Program
 “I” = Internal Partnership
 “E” = External Partnership
- FA0-02.0 SERVICE LINE DETAIL SEQUENCE NUMBER**
CHAMPUS claims are restricted to six (6) detail lines.
- FA0-03.0 PATIENT CONTROL NUMBER**
Must be the same as CA0-03.0.
- FA0-05.0 SERVICE FROM DATE**
The Service From Date is required in CCYYMMDD format.
May not be a future date.
- FA0-06.0 SERVICE TO DATE**
The Service To Date is required in CCYYMMDD format.

FA0-07.0 PLACE OF SERVICE CODE

Must be one of the following valid NSF values:

11, 12, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 51, 61, 62, 65, or 81.

Refer to EXHIBIT 4 - PLACE OF SERVICE CODES for the definition of these values.

CLAIM REJECT- 508

FA0-08.0 TYPE OF SERVICE CODE

Should be a valid (definition of valid follows) Champus type of service code but will accept valid NSF values. Refer to EXHIBIT 1 - TYPE OF SERVICE CODES for the valid NSF values and definitions.

Valid Champus type of service code - First Position Values:

A	=	Ambulatory Surgery and related services (Active duty only)
I	=	Inpatient
O	=	Outpatient
M	=	Maternity

Valid Champus type of service code - Second Position Value

1	=	Medical Care
2	=	Surgery
3	=	Consultation
4	=	Diagnostic/Therapeutic Xray
5	=	Diagnostic Laboratory
6	=	Radiation Therapy
7	=	Anesthesia
8	=	Assistant Surgeon
9	=	Other Medical Services
A	=	DME Rental/Purchase
B	=	Drugs
C	=	Ambulatory Surgery (Non-active Duty Sponsor - Surgery Only)
D	=	Hospice
E	=	Second Position on Elective Surgery
F	=	Maternity
G	=	Dental
H	=	Mental Health Care (Testing and Therapy)
I	=	Ambulance
J	=	Program for Persons with Disabilities

NOTE: If first position = "A", second position must not = "C".

This table shows the type of service description, the second position value of the TOS, with the procedure code ranges and modifiers that are valid for that TOS.

TYPE OF SERVICE	2nd POSITION VALUE	PROCEDURE CODE RANGES
Medical	1	90700-99499, Jxxxx
Surgery	2	10040-58999, 60000-69979
Consultation	3	99241-99275
Radiology	4	70010-79999
Lab	5	80002-89399
Radiation Therapy	6	77261-77799, 79000-79999
Anesthesia	7	Modifier 30 - DO NOT USE 0XXXX CODES
Assistant Surgeon	8	Modifier 80
Other Medical	9	99221-99238, 90801-90899, 97010-97799, 99341-99353, 59000-59899
Concurrent Care	9	99221-99238
Psychiatric	9	90801-90899, Modifier 29
Physical Therapy	9	97010-97799
Nursing	9	99341-99353
Maternity	9	59000-59899
Professional Component	4, 5, 6	Modifier 26

CLAIM WARNING - MESSAGE 560

FA0-09.0 PROCEDURE CODE MISSING/INVALID
 Required field. Must be five (5) numerics or one alpha followed by five numerics.

CLAIM REJECT - MESSAGE 561

FA0-13.0 LINE CHARGES
 Charges related to this procedure. Must be "0000001" - "9999999". Two decimal positions are assumed.

FA0-14.0 DIAGNOSIS CODE POINTER 1
 Must be valid value of: "1", "2", "3" or "4". Must point to a valid diagnosis code in EA0 record.

FA0-18.0 UNITS OF SERVICE
 Numerical field with one assumed decimal position.
 Must be equal to or greater than 0010 (units of service of 01).

FA0-23.0 RENDERING PROVIDER ID (version 003.01 redefined this as Rendering Provider NPI)

Must be the federal tax ID of the provider rendering the services.
Must be nine (9) numerics.

CLAIM WARNING - 530

FA0-24.0 REFERRING PROVIDER ID

Must be present if FB1-10.0 and FB1-11.0 (Referring Provider Last and First Names) are nonblank.

If present, must be nine (9) numerics or six (6) alpha-numerics.

CLAIM WARNING -533

FB0-02.0 SEQUENCE NUMBER

Must be same as corresponding FA0 record.

CLAIM REJECT - MESSAGE 310

FB0-03.0 PATIENT CONTROL NUMBER

Must be the same as CA0-03.0.

FB0-06.0 ALLOWED AMOUNT

The maximum amount determined by the payer as being allowable under provisions of the contract prior to the determination of actual payment.

FB0-07.0 DEDUCTIBLE AMOUNT

The amount applied to deductible by this payer.

FB0-08.0 COINSURANCE AMOUNT

The amount applied toward the coinsurance by this payer.

FB1-all SERVICE LINE DETAIL RECORD

For every FA0 record, there must be a corresponding FB1 record containing the rendering provider information.

CLAIM REJECT - MESSAGE 558

FB1-02.0 SEQUENCE NUMBER

Must be same as corresponding FA0 record.

CLAIM REJECT - MESSAGE 310

FB1-03.0 PATIENT CONTROL NUMBER

Must be the same as CA0-03.0.

**FB1-10.0 REFERRING PROVIDER LAST
FB1-11.0 REFERRING PROVIDER FIRST**

The referring provider's last and first names if applicable.

- FB1-14.0 RENDERING PROVIDER LAST NAME**
This field should be the same as BA0-19.0 (Billing Provider Last Name).
CLAIM WARNING - MESSAGE 552
- FB1-15.0 RENDERING PROVIDER FIRST NAME**
This field should be the same as BA0-20.0 (Billing Provider First Name).
CLAIM WARNING - MESSAGE 552
- FB1-17.0 REDEFINED AS CHAMPUS SUB ID (Rendering Provider UPIN)**
Must be the Champus assigned Sub ID. Must be four (4) alpha-numeric.
CLAIM REJECT - 553
- HA0-05.0 EXTRA NARRATIVE DATA**
Free form narrative field used to submit additional information that may assist in the adjudication of the service (procedure) in the preceding FA0 record.

SPECIAL INSTRUCTIONS - HFOUND - CHAMPUS

CHAMPUS PRIMARY CLAIMS

Require the submission of a DA0 record, sequence 01 with the following values in these fields:

DA0-04.0	Claim Filing Indicator	P
DA0-05.0	Source of Payment	H
DA0-06.0	Insurance Type Code	OT

A DA1 record is not valid on CHAMPUS primary claims and will result in claim rejects if submitted.

A DA2 record is required. Must supply the CHAMPUS sponsor's address, city, state and zip code.

CHAMPUS SECONDARY CLAIMS - if not submitted correctly, will result in claim rejects.

DA0 record, sequence 01 is to contain:

DA0-04.0	Claim Filing Indicator	I
DA0-05.0	Source of Payment	Valid NSF values other than H
DA0-06.0	Insurance Type Code	Value of: IP, PP, GP, LT, AP, LD, OT

DA1 and DA2 record, sequence 01 are required.

DA0 record, sequence 02 is to contain:

DA0-04.0	Claim Filing Indicator	P
DA0-05.0	Source of Payment	H
DA0-06.0	Insurance Type Code	OT

A DA2 record, sequence 02 is required with the CHAMPUS sponsor's address, city, state and zip code.

SERVICES THAT CANNOT BE FILED ELECTRONICALLY - HFOUND - CHAMPUS

- Any service which requires a narrative description.
- The following HCPCS codes:


A0010-A0999	D2999	E1699	L7499	Q0047
A4335	D3999	J0110	L8499	Q0083-Q0086
A4421	D4999	J3490	M0005-M0008	V2199
A4649	D5899	J9999	P2028	V2499
A4913	D5999	K0000-K9999	P2029	V2599
A5149	D6999	L1499	P2031	V2629
B9998	D7999	L2999	P2033	V2799
B9999	D8999	L3469	P2038	V5299
D0502	D9999	L3999	P9010-P9022	
D0999	E1399	L5999	Q0035	

- Any claim for a heart, liver or bone marrow transplant.
- Radiology procedure codes 74742-74775.
- Any outpatient institutional or non-institutional claims containing charges for occupational or physical therapy. CPT procedure codes 95831-95852, 97010-97799.
- Any claims for ambulance services on an outpatient basis. CPT procedure codes 98305, 98310, 98311, 98315, 98317, 98318, 98330, 98331, 98335, 98335.
- Therapeutic or Diagnostic injections. CPT procedure codes 90782-90784, 90788
- Drug claims where the pharmacy does not accept assignment.
- Durable Medical Equipment purchases. DME rentals can be filed electronically if the first claim is submitted on paper.
- Any HCFA 1500 billing for an intra-ocular lens.
- Any professional claim for CPT procedure code 99070 that exceeds the billed amount of \$149.99 or any professional claim for CPT procedure code 90782 that exceeds the billed amount of \$29.00. (Both procedure codes require description when in excess of billed dollars defined above.)
- Any "adjunctive dental" claims.
- Any claims with skilled or non-skilled nursing services. CPT procedure codes: 90300-90370, 90400-90470, 99321-99333, 99341-99343, 99351-99353, 99499.
- Any service with one of the following place of service codes:
50, 52, 53, 54, 55, 56, 71, 72, 99

**NSF FIELD REQUIREMENTS - PAYER FPAPER - PRINT-TO-MAIL
- PAYER FTWCCP - WORKERS' COMP**

FIELD	RECORDS															
	A	B	B	C	D	D	D	E	E	F	F	F	H	X	Y	Z
	A	A	A	A	A	A	A	A	A	A	B	B	A	A	A	A
	0	0	1	0	0	1	2	0	1	0	0	1	0	0	0	0
01.0	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
02.0	R				R	R	R			R	R	R	R		C	R
03.0		R	R	R	R	R	R	R	R	R	R	R	R	R		
04.0				R	R	R	C	R	*C					R	R	
05.0	R	R	R	R	R	C		R		R	C	C	C	R		R
06.0		R		C		C	C	R	C	R		C		R		R
07.0			C	C	*R	C	C	C	I	R		C		R		R
08.0		R	I	R		C	C		C	R		C		R	R	R
09.0			C	R	R				C	R		C		R	R	R
10.0			C		O				C	C		C		R	R	
11.0			C	R	O					C		C			R	
12.0			C	I			C			C		C		R		
13.0			C	R			C		C	R		C				
14.0			I	R			I			R		C				
15.0	R	W	C	R	R		C			C		C				
16.0			C	O	R		C	C		C		C				
17.0	R		C	O	R		C			C						
18.0	R	C	C	R	R		C	C		R						
19.0	R	C		O	R			C		C				C		
20.0		C			R			*C								
21.0	R	C		C	O			*C								
22.0	R			R												
23.0				R	O											
24.0		W			O	R		*C								
25.0								*C								
26.0								*C								
27.0																
28.0								*C								
29.0								*C								
30.0								*C								
31.0																
32.0	*C							*R								
33.0								*C								
34.0								*C								
35.0								*C								
36.0								*R								
37.0																
38.0								*C								
39.0								*C								
40.0																

FIELD	RECORDS															
	A A 0	B A 0	B A 1	C A 0	D A 0	D A 1	D A 2	E A 0	E A 1	F A 0	F B 0	F B 1	H A 0	X A 0	Y A 0	Z A 0
41.0																
42.0																
43.0																
44.0																
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48.0																
49.0																
50.0 thru 54.0																
55.0																
56.0																
57.0 thru 65.0																
66.0																

- R - Indicates the submission of data in this field is required.**
- C - Indicates the submission of data in this field is conditional, i.e., required when certain conditions are met.**
- I - Data contained in this field will not be printed on the HCFA 1500 claim form.**
- O - If data is contained in field, it will be printed on the HCFA 1500 claim form.**
- *R - Indicates the submission of data in this field is required.
Also indicates a variation between version 002.00 and version 003.01. The variation is specified in the Field Requirement Definitions.**
- *C - Indicates the submission of data in this field is conditional.
Also indicates a variation between version 002.00 and version 003.01. The variation is specified in the Field Requirement Definitions.**
- W - Indicates a field that is different for payer FTWCCP.**
-  - Indicates the preceding field is the last field of the record.

**FIELD REQUIREMENT DEFINITIONS - FPAPER
- FTWCCP**

DATE **ALL DATE FIELDS**
If submitted, must be valid dates in CCYYMMDD format.

CLAIM REJECT - MESSAGE 337

ZIP **ALL ZIP CODE FIELDS**
If submitted, must be five (5) numerics or nine (9) numerics. May not contain hyphens. The first three characters of the zip code must be within the range for the state according to the U.S. Postal Service.

For a complete list of status and reject messages, refer to: EXHIBIT 5, STATUS AND REJECT MESSAGES.

NOTE: **Texas Workers' Compensation injury claims are printed according to the instructions in Form TWCC 67 from Special Bulletin April 1993.**

For Texas Workers' Compensation injury claims, the provider last name fields should contain degrees or credentials, e.g., MD, DC, LPT.

AA0-02.0 SUBMITTER IDENTIFIER - not printed on claim form
Submitter ID's are assigned by Texas Health Information Network (THIN). THIN will only use the first six positions. Must be identical to the submitter identifier in file trailer (ZA0-02.0) and must match the Login ID used to access rEDI-link Blue. Contact the EDI Helpline for the correct submitter identification number.

FILE REJECT - MESSAGE 121

AA0-05.0 SUBMISSION NUMBER - not printed on claim form
Must be six digit alpha-numeric value for each submission. No embedded blanks or special characters are allowed. Duplicate file IDs for a submitter (AA0-02.0) submitted within six months will be rejected.

FILE REJECT - MESSAGES 107, 112

AA0-15.0 CREATION DATE - not printed on claim form
Date the file was created by the original submitter. Must be a valid date.

FILE REJECT - MESSAGES 105

AA0-17.0 RECEIVER IDENTIFICATION - claims with this receiver ID will be printed on a HCFA 1500 claim form
Must equal "PAPER" or "TWCCP".

FILE REJECT - MESSAGES 120, 124

AA0-18.0 RECEIVER TYPE CODE - not printed on claim form
Must equal "F" for clearinghouse commercial carriers.

FILE REJECT - MESSAGES 123, 124

AA0-19.0 VERSION CODE - NATIONAL - not printed on claim form
Currently only accept versions 001.04 and 002.00.
Version 003.01 will be accepted after all payers have updated their systems.

FILE REJECT - MESSAGE 113

AA0-21.0 TEST/PRODUCTION INDICATOR - not printed on claim form
All files are handled as production and printed on HCFA 1500 claim forms unless this field contains "TEST". **Files containing "TEST" in this field will not be printed.**

AA0-22.0 PASSWORD - not printed on claim form
Required for all submissions. The password is assigned by THIN. Must be six digit alpha-numeric. Contact the EDI Helpline for verification of the password.

FILE REJECT - MESSAGE 122

- AA0-32.0 REDEFINED AS: VENDOR ID (previously AA0-29.0) - not printed on claim form**
Positions 309-314 have been designated as the area to submit the software vendor id used to count the claims receipt for the Vendor Partner Program.
- BA0-03.0 BATCH TYPE - not printed on claim form**
Must be batch type "100" - All Others.

BATCH REJECT - MESSAGE 201
- BA0-05.0 BATCH IDENTIFICATION - not printed on claim form**
Must be six digit alpha-numeric value for each batch ID. No embedded blanks or special characters are allowed.

BATCH REJECT - MESSAGE 205

Duplicate batch IDs for a billing provider tax ID (BA0-06.0) submitted within six months will be flagged with a warning message. This edit will eventually be changed to a batch reject.

BATCH WARNING - MESSAGE 213
- BA0-06.0 PROVIDER TAX ID - printed in Block 25**
Enter the federally assigned T.I.N. (tax identification number) of the billing provider. May also be the E.I.N. (employer identification number) or the S.S.N. (social security number) of the billing provider. Must be nine (9) numerics.

BATCH REJECT - MESSAGE 245
- BA0-08.0 PROVIDER TAX ID TYPE - printed in Block 25**
Required for all submissions. Must be "E", "X" or "S".
If "S", SSN box is marked.
If "E" or "X", EIN box is marked.
- BA0-15.0 PROVIDER COMMERCIAL NUMBER**
BA0-24.0 STATE LICENSE NUMBER
Required for payer "TWCCP". Submit the provider's professional license number with prefix, e.g., MDG1440, PT46484. If BA0-24.0 is blank, then BA0-15.0 prints in Block 33.
- BA0-18.0 PROVIDER ORGANIZATION NAME - printed in Block 33 if BA0-08.0 is "E" or "X"**
Must be submitted if the Provider Tax ID Type (BA0-08.0) is "E" or "X".

BA0-19.0 PROVIDER LAST NAME - printed in Block 33 if BA0-08.0 is "S"
BA0-20.0 PROVIDER FIRST NAME - printed in Block 33 if BA0-08.0 is "S"
BA0-21.0 PROVIDER MIDDLE INITIAL - printed in Block 33 if BA0-08.0 is "S"
Last name and first name must be present if Provider Tax ID Type (BA0-08.0) is "S".

CLAIM REJECT - MESSAGES 550, 551

CLAIM WARNING - MESSAGE 552

BA0-19.0 PROVIDER LAST NAME - printed in Block 31
BA0-20.0 PROVIDER FIRST NAME - printed in Block 31
BA0-21.0 PROVIDER MIDDLE INITIAL - printed in Block 31
Data from these fields are printed in Block 31 only if FB1-14.0 through FB1-16.0 (rendering provider last, first and middle initial) do not contain data.

BA0-24.0 STATE LICENSE NUMBER - prints in Block 33
Prints for payer "TWCCP".

BA1-03.0 BATCH TYPE
Must be the same as BA0-03.0.

BA1-05.0 BATCH IDENTIFICATION
Must be the same as BA0-05.0.

BA1-07.0 PROVIDER'S SERVICE ADDRESS 1 - printed in Block 33
BA1-09.0 PROVIDER'S SERVICE CITY - printed in Block 33
BA1-10.0 PROVIDER'S SERVICE STATE - printed in Block 33
BA1-11.0 PROVIDER'S SERVICE ZIP - printed in Block 33
BA1-12.0 PROVIDER'S SERVICE TELEPHONE - printed in Block 33

or

BA1-13.0 PROVIDER'S PAY-TO ADDRESS 1 - printed in Block 33
BA1-15.0 PROVIDER'S PAY-TO CITY - printed in Block 33
BA1-16.0 PROVIDER'S PAY-TO STATE - printed in Block 33
BA1-17.0 PROVIDER'S PAY-TO ZIP - printed in Block 33
BA1-18.0 PROVIDER'S PAY-TO TELEPHONE - printed in Block 33
If BA1-13.0 is present, then provider's pay-to address information is printed in Block 33.
If BA1-13.0 is not present, then provider's service address information is printed in Block 33.

BA1-08.0 PROVIDER'S SERVICE ADDRESS 2 - not printed on claim form
BA1-14.0 PROVIDER'S PAY-TO ADDRESS 2 - not printed on claim form

CA0-03.0 PATIENT CONTROL NUMBER - printed in Block 26
Required field. Must be at least one alpha-numeric character.

CLAIM REJECT - MESSAGE 5BI

CA0-04.0 PATIENT LAST NAME - printed in Block 2
CA0-05.0 PATIENT FIRST NAME - printed in Block 2
Required fields. Must conform to NSF specifications.

- CA0-06.0 PATIENT MIDDLE INITIAL - printed in Block 2**
Enter if required by payer.
- CA0-07.0 PATIENT GENERATION - printed in Block 2**
If present, must be a value of: "I", "II", "III", "IV", "JR", or "SR".
- CA0-08.0 PATIENT DATE OF BIRTH - printed in Block 3**
Required field. Must enter a valid date.
- CA0-09.0 PATIENT SEX CODE - Box marked in Block 3**
Required field. Must be "M" or "F". May not be blank.
- CLAIM WARNING - MESSAGE 5BH*
- CA0-11.0 PATIENT ADDRESS 1 - printed in Block 5**
CA0-13.0 PATIENT CITY - printed in Block 5
CA0-14.0 PATIENT STATE - printed in Block 5
CA0-15.0 PATIENT ZIP CODE - printed in Block 5
Required fields. Data must conform to NSF specifications.
- CA0-12.0 PATIENT ADDRESS 2 - not printed on claim form**
- CA0-16.0 PATIENT TELEPHONE NUMBER - printed in Block 5**
- CA0-17.0 PATIENT MARITAL STATUS - Box in Block 8 is marked**
If CA0-17.0 is "S", the Single box is marked.
If CA0-17.0 is "M", the Married box is marked.
If CA0-17.0 is "D", "W" or "X", the Other box is marked.
If CA0-17.0 is "U" or blank, no box is marked.
- CA0-18.0 PATIENT STUDENT STATUS - Box in Block 8 is marked**
Required field. Must be "F", "P", or "N". Must not be blank.
If "F", the Full-Time Student box is marked.
If "P", the Part-Time Student box is marked.
If "N", neither box is marked.
- CLAIM WARNING - MESSAGE 5BO*
- CA0-19.0 PATIENT EMPLOYMENT STATUS - Box in Block 8 is marked**
If "1", "2", "4", "5", or "6", then the Employed box is marked.
- CA0-21.0 PATIENT DATE OF DEATH - prints in 10d**
If valid date in CCYYMMDD format is present, it prints.
- CA0-22.0 OTHER INSURANCE INDICATOR - printed in Block 11d**
Enter if required by payer. Must be "1", "2" or "3".
- CA0-23.0 CLAIM EDITING INDICATOR - not printed on claim form**
Must be "F".

DA0-07.0 PAYER ORGANIZATION ID (version 003.01 combines fields 07.0 and 08.0)
Must contain "PAPER" or "TWCCP".

DA0-09.0 PAYER NAME - prints in Block 11c or 9d
Must be present.

DA0-10.0 GROUP NUMBER - prints in Block 11

DA0-14.0 PRIOR AUTHORIZATION NUMBER - prints in Block 11 as specified below
On "TWCCP" claims, if DA0-10.0 (group number) is blank and DA0-14.0 (prior authorization number) is present, then DA0-14.0 prints in Block 11.

On "TWCCP" claims, if both DA0-10.0 (group number) and DA0-14.0 (prior authorization number) are blank, then "N/A" prints in Block 11.

DA0-11.0 GROUP NAME - prints in Block 11b

DA2-12.0 INSURED EMPLOYER NAME - prints in Block 11b or 9c

If DA2-12.0 (insured employer name) is present, it prints in Block 11b. If the insured employer name (DA2-12.0) is blank, then the group name (DA0-11.0) prints in Block 11b.

DA0-15.0 ASSIGNMENT OF BENEFITS INDICATOR - prints in Block 13

If "Y", then "Signature On File" prints in Block 13.

If any other value, then DA0-16.0 governs if "Signature On File" prints.

DA0-16.0 PATIENT SIGNATURE SOURCE - prints on claim as indicated below

Must be a valid NSF code. The codes will print as follows:

C	=	Signed HCFA-1500 claim form on file (Blocks 12 & 13).
B	=	Signed signature authorization form for Blocks 12 & 13 on file.
S	=	Signed signature authorization form for Block 12 on file.
M	=	Signed signature authorization form for Block 13 on file.

DA0-17.0 PATIENT RELATIONSHIP TO INSURED - prints in Block 6

Prints as follows:

01	-	Self box is marked
02	-	Spouse box is marked
03, 05, 16	-	Child box is marked
All Others	-	Other box is marked

DA0-18.0 INSURED IDENTIFICATION NUMBER - prints in Block 1a or 9a

Must be present.

DA0-19.0 INSURED LAST NAME - prints in Block 4 or 9

DA0-20.0 INSURED FIRST NAME - prints in Block 4 or 9

DA0-21.0 INSURED MIDDLE INITIAL - prints in Block 4 or 9

Must be present.

DA0-23.0 INSURED SEX - prints in Block 11a or 9b

If "M", then M box is marked.

If "F", then F box is marked.

- DA0-24.0 INSURED DATE OF BIRTH - prints in Block 9b or 11a**
Must be in CCYYMMDD format to be printed.
- DA1-04.0 PAYOR ADDRESS LINE 1 - prints in Block 9, 11 or at top of claim form**
DA1-05.0 PAYOR ADDRESS LINE 2
Must be present. This field should contain the mailing address of the payer's claim office. If DA1-05.0 (payer address line 2) contains data, one of the two fields must contain a valid USPS address, such as, P O BOX or street address. If DA1-05.0 is blank, DA1-04.0 must contain a valid USPS address, such as, P O BOX or street address.
- DA1-06.0 PAYOR CITY - prints in Block 9, 11 or at top of claim form**
Must be present for all paper claims.
- DA1-07.0 PAYOR STATE - prints in Block 9, 11 or at top of claim form**
Must be present for all paper claims. This state field must match the state and zip code table in the NSF appendix.
- DA1-08.0 PAYOR ZIP CODE - prints in Block 9, 11 or at top of claim form**
Must contain a valid postal service zip code as listed in NSF.
- DA1-24.0 BALANCE DUE - prints in Block 30**
Amount of total charges remaining if partial payment is made by the patient.
- DA2-04.0 INSURED ADDRESS LINE 1 - prints in Block 7**
DA2-06.0 INSURED CITY - prints in Block 7
DA2-07.0 INSURED STATE - prints in Block 7
DA2-08.0 INSURED ZIP - prints in Block 7
Must be present.
- DA2-13.0 INSURED EMPLOYER ADDRESS LINE 1 - prints in Block 9c or 11b**
DA2-15.0 INSURED EMPLOYER CITY - prints in Block 9c or 11b
DA2-16.0 INSURED EMPLOYER STATE - prints in Block 9c or 11b
DA2-17.0 INSURED EMPLOYER ZIP - prints in Block 9c or 11b
- DA2-14.0 INSURED EMPLOYER ADDRESS LINE 2 - not printed on claim form**
- DA2-18.0 EMPLOYER IDENTIFICATION NUMBER - printed in Block 9a or 11**
- EA0-04.0 EMPLOYMENT RELATED INDICATOR - prints in Block 10a**
Must be "Y", "N", or "U". May not be blank.
If "Y", Yes box is marked. If "N", No box is marked. If "U", neither box is marked.
- EA0-05.0 ACCIDENT INDICATOR - prints in Block 10b or 10c**
Must be "A", "O", or "N". May not be blank.
If "A", Auto Accident Yes box is marked. If "O", Auto Accident No box and Other Accident Yes box are marked. If "N", Auto Accident No box and Other Accident No box are marked.

- EA0-06.0 SYMPTOM INDICATOR - not printed on claim form; relates to EA0-07.0**
Must be “0”, “1” or “2”. May not be blank.
- EA0-07.0 ACCIDENT/SYMPTOM DATE - prints in Block 14**
When EA0-05.0 (Accident Indicator) is “A” or “O”, must contain a valid date.
When EA0-06.0 (Symptom Indicator) is “1” or “2”, must contain a valid date.
When EA0-05.0 (Accident Indicator) is “N” **and** EA0-06.0 (Symptom Indicator) is “0”, must be blank.
- EA0-14.0 RELEASE OF INFORMATION DATE - prints in Block 12**
Prints if DA0-16.0 (patient signature source) is “B”, “C” or “S”.
- EA0-16.0 SAME OR SIMILAR SYMPTOM DATE - prints in Block 15**
If present, must be in CCYYMMDD format.
On “TWCCP” claims, this field should contain the date the injured worker was first seen for this injury.
- EA0-18.0 DISABILITY FROM DATE - prints in Block 16**
- EA0-19.0 DISABILITY TO DATE - prints in Block 16**
- EA0-20.0 REFERRING PROVIDER IDENTIFICATION NUMBER (version 003.01 redefined this field as the Referring Provider NPI) - prints in Block 17a**
- EA0-21.0 REFERRING PROVIDER UPIN (previously EA0-20.0) - prints in Block 17a**
- EA0-24.0 REFERRING PROVIDER LAST NAME (previously EA0-22.0)**
- EA0-25.0 REFERRING PROVIDER FIRST NAME (previously field EA0-23.0)**
- EA0-26.0 REFERRING PROVIDER MIDDLE INITIAL (previously field EA0-24.0)**
Prints in Block 17.
- EA0-28.0 ADMISSION DATE-1 (previously EA0-26.0)**
- EA0-29.0 DISCHARGE DATE-1 (previously EA0-27.0)**
Prints in Block 18.
- EA0-30.0 LABORATORY INDICATOR (previously EA0-28.0)**
If “Y”, then FB0-05.0 (Purchased service charges) prints in Block 20.
- EA0-32.0 DIAGNOSIS CODE-1 (previously field EA0-30.0) - prints in Block 21-1**
- EA0-33.0 DIAGNOSIS CODE-2 (previously field EA0-31.0) - prints in Block 21-2**
- EA0-34.0 DIAGNOSIS CODE-3 (previously field EA0-32.0) - prints in Block 21-3**
- EA0-35.0 DIAGNOSIS CODE-4 (previously field EA0-33.0) - prints in Block 21-4**
At least one valid ICD-9-CM diagnosis code (EA0-32.0) is required by most clearinghouse commercial payers. Most clearinghouse commercial payers do not recognize the diagnosis codes that begin with “E” or “M”.
- EA0-36.0 PROVIDER ASSIGNMENT INDICATOR (previously field EA0-34.0) - prints in Block 27**
If “A”, then Yes is marked. If “N”, then No is marked. If “B”, then Yes box is marked with a “B”. If “P”, then No box is marked with “P”. May not be blank.

- EA0-38.0 PROVIDER SIGNATURE DATE (previously field EA0-36.0) - prints in Block 31**
Must be in CCYYMMDD format.
- EA0-39.0 FACILITY/LABORATORY NAME (previously field EA0-37.0) - prints in Block 32**
- EA1-04.0 FACILITY/LABORATORY NPI (redefined from Number to NPI)**
EA1-06.0 FACILITY/LABORATORY STREET ADDRESS-1
EA1-08.0 FACILITY/LABORATORY CITY
EA1-09.0 FACILITY/LABORATORY STATE
EA1-10.0 FACILITY/LABORATORY ZIP CODE
Prints in Block 32.
- EA1-07.0 FACILITY/LABORATORY STREET ADDRESS-2 - not printed on claim form**
- EA1-13.0 CONSULT/SURGERY DATE**
Either EA0-16.0 (Same or Similar Symptom Date) or EA1-13.0 should be present for "TWCCP" claims. If EA0-16.0 is blank, then EA1-13.0 prints in Block 15. If both fields are blank, then "N/A" prints in Block 15.
- FA0-02.0 SEQUENCE NUMBER**
Six FA0 records will be printed per claim. When claims are submitted with more than six FA0 records, replicate claims will be generated. Each replicate claim will be considered an original claim for invoicing purposes.
- FA0-05.0 SERVICE FROM DATE - prints in Block 24A under From**
Must be in CCYYMMDD format.
- FA0-06.0 SERVICE TO DATE - prints in Block 24A under To**
Must be in CCYYMMDD format.
- FA0-07.0 PLACE OF SERVICE - prints in Block 24B**
- FA0-08.0 TYPE OF SERVICE CODE - prints in Block 24C**
- FA0-09.0 HCPCS PROCEDURE CODE - prints in Block 24D**
- FA0-10.0 HCPCS MODIFIER 1 - prints in Block 24D**
FA0-11.0 HCPCS MODIFIER 2 - prints in Block 24D
FA0-12.0 HCPCS MODIFIER 3 -does not print on claim form
- FA0-13.0 LINE CHARGES - prints in Block 24F**
- FA0-14.0 DIAGNOSIS CODE POINTER 1 - prints in Block 24E**
FA0-15.0 DIAGNOSIS CODE POINTER 2 - prints in Block 24E
FA0-16.0 DIAGNOSIS CODE POINTER 3 - does not print on claim form
FA0-17.0 DIAGNOSIS CODE POINTER 4 - does not print on claim form

- FA0-18.0 UNITS OF SERVICE - prints in Block 24G**
- FA0-19.0 ANESTHESIA/OXYGEN MINUTES - prints in Block 24G and “MIN” prints in Block 24H**
- FB1-05.0 PLACE OF SERVICE NAME**
Prints in Block 32 if present and EA0-39.0 is not present.
- FB1-06.0 ORDERING PROVIDER LAST**
FB1-07.0 ORDERING PROVIDER FIRST
FB1-08.0 ORDERING PROVIDER MIDDLE INITIAL
If referring provider name (FB1-10.0 - FB1-12.0) is not present, and ordering provider name is present, prints in Block 17.
- FB1-09.0 ORDERING PROVIDER UPIN**
If the referring provider last name (FB1-10.0) is not present, but the ordering provider last name (FB1-06.0) is present, then if present, the ordering provider UPIN (FB1-09.0) prints in Block 17a.
- FB1-10.0 REFERRING PROVIDER LAST**
FB1-11.0 REFERRING PROVIDER FIRST
FB1-12.0 REFERRING PROVIDER MIDDLE INITIAL
If present, prints in Block 17.
- FB1-13.0 REFERRING PROVIDER UPIN**
If the referring provider last name (FB1-10.0) is present, then if the referring provider UPIN (FB1-13.0) is present, it prints in Block 17a.
- FB1-14.0 RENDERING PROVIDER LAST NAME**
FB1-15.0 RENDERING PROVIDER FIRST NAME
FB1-16.0 RENDERING PROVIDER MIDDLE INITIAL
If FB1-14.0 (rendering provider last name) is not blank, then FB1-14.0, FB1-15.0 and FB1-16.0 print in Block 31.
- HA0-05.0 EXTRA NARRATIVE DATA**
First 47 characters of first HA0 record print in Block 19.

RESPONSE FILE CHART

The following chart outlines which payers send response files and the type of information that is contained in the responses.

This chart is updated as new payers are added and/or when existing payers revise their response processing.

If you find this chart helpful, you should periodically request a current copy by calling the EDI Helpline at 972-766-5480. The chart is dated, so when requesting a current copy, verify that it has been revised since your copy.

Following the chart, by payer, is a listing of the messages that are returned by these payers.

RECEIVER ID	SENDER ID AND NAME	RESPONSE LEVEL	RESPONSE STATUS
CLR00	Texas Health Information Network T.H.I.N.	File Level Reporting Batch Level Reporting Claim Level Reporting	Accepted AND Rejected Accepted AND Rejected Rejected Only
CLR01	Payer Contractor	Individual Claim Reporting	Accepted AND Rejected Batch rejects are reported on each claim in the batch.
	Aetna Professional Claims 60054	Individual Claim Reporting	Accepted AND Rejected Claim Status Some HMO claims will not be acknowledged
	Aetna Institutional Claims 60054	Individual Claim Reporting	Accepted AND Rejected Claim Status
	First Health 87043	Individual Claim Reporting	Accepted AND Rejected Claim Status
	Humana 95885	Individual Claim Reporting	Accepted AND Rejected
	MetraHealth - see UnitedHealthCare 65978		
	Principal Mutual Life Insurance 61271	Individual Claim Reporting	Accepted AND Rejected Claim Status
	Provident 68195	Individual Claim Reporting	Accepted AND Rejected
	Prudential 68241	Individual Claim Reporting	Accepted AND Rejected Payer returns claim id number for claim status inquiries
	Travelers - see UnitedHealthCare 87726		
	United HealthCare 65978 87726	Individual Claim Reporting	Accepted AND Rejected Claim Status
CLR04	Payer Contractor - (Previously CLR02) NOTE: This sender edits claims twice, therefore two response might be received; the first showing accepted and the second showing rejected.	Individual Claim Reporting	Accepted AND Rejected - see note under Sender ID and Name
	CIGNA 62308	Individual Claim Reporting	Accepted AND Rejected
	Foundation Commercial 06238	Individual Claim Reporting	Rejected
	Harris Methodist 75201	Individual Claim Reporting Will receive message stating claims have been forwarded to payer.	Rejected
CLR06	National Heritage Insurance Company NHIC Texas Medicaid	File Level Reporting Individual Claim Reporting	Rejected Only Rejected Only
CLR99	T.H.I.N. - APP	File Level Reporting Batch Level Reporting Individual Claim Reporting	Accepted AND Rejected Accepted AND Rejected Rejected Only
FOUND	CHAMPUS Foundation - Region 6	File Level Reporting Individual Claim Reporting	Accepted Claim rejects (Claims are identified by submitter id, file id, tax id, but not batch id)
NTX11	North Texas Alliance	Individual Claim Reporting	Accepted AND Rejected
TCC11	Texas Tru Choice	Individual Claim Reporting	Accepted AND Rejected
88030	Scott and White Health Plan	Individual Claim Reporting	Accepted

F60054 - AETNA CLAIM REJECT AND STATUS MESSAGES

<u>MESSAGE</u>	<u>STATUS</u>	<u>COMMENTS</u>
Claim has been forwarded to Health Maintenance Organization	Accepted	None
FNL/DENIED: Duplicate of previously processed claim	Finalized	None
FNL/NOT PROCESS:Policyholder processes their own claims	Finalized	Correct and Refile Claim
FNL/NOT PROCESS:Subscriber and subscriber ID not found	Finalized	Correct and Refile Claim
FNL/PAYMENT: Payment made in full	Finalized	None
FNL/PAYMENT: Payment reflects plan provisions	Finalized	None
FNL/PAYMENT: Payment reflects usual and customary charges	Finalized	None
Payer acknowledges receipt of claim	Accepted	None
PENDING: Claim is pending at payer site	Accepted	None
PND/IN PROCESS: Claim is in process	Accepted	None
PND/IN PROCESS: Clm requires special handling at payer site	Accepted	None
PND/IN REVIEW: Internal Audit/Review	Accepted	None
PND/REQ INFO: Pending requested info from the subscriber	Accepted	None
PND/REQ INFO: Pending Coordination of Benefits (COB) info	Accepted	None
REQ/CLM LN: Provide accident date, state, desc, and cause	Accepted	Provide information
REQ/DOC: Provide itemized claim	Accepted	Provide information
REQ/DOC: Provide patient's medical records	Accepted	Provide information
REQ/DOC: Provide related confinement claim	Accepted	Provide information
REQ/DOC: Provide statement of medical necessity for treatmnt	Accepted	Provide information
REQ/DOC: Provide Medicare worksheet	Accepted	Provide information
REQ/PAT INFO: Provide patient student status	Accepted	Provide information

F61271 - PRINCIPAL CLAIM STATUS MESSAGES

<u>MESSAGE</u>	<u>STATUS</u>	<u>COMMENTS</u>
Claim has been forwarded to Health Maintenance Organization	Accepted	None
FNL/PAYMENT: Payment made in full	Finalized	None
FNL/PAYMENT: Payment reflects plan provisions	Finalized	None
FNL/PAYMENT: Payment reflects usual and customary charges	Finalized	None
Payer acknowledges receipt of claim	Accepted	None
PENDING: Claim is pending at payer site	Accepted	None

F68195 - PROVIDENT LIFE CLAIM REJECT & STATUS MESSAGES

<u>MESSAGE</u>	<u>STATUS</u>	<u>COMMENTS</u>
Claim has been received	Accepted	None
Contract has been cancelled by the policyholder	Finalized	None
No medical coverage effective for date of service	Finalized	None

F68241 - PRUDENTIAL CLAIM REJECT MESSAGES

ACCEPTED CLAIMS: Prudential returns a claim number on accepted claims. Use this number when inquiring about the status of a claim.

<u>MESSAGE</u>	<u>STATUS</u>	<u>COMMENTS</u>
AARP RECORDS NOT ACCEPTED ELECTRONICALLY	Rejected	Correct and Refile Claim
DUP/CLM RECORDS INDICATE CLM PREV SUBMITTED	Rejected	Correct and Refile Claim
HOSP FROM DATE INVALID	Rejected	Correct and Refile Claim
HOSP TO DATE INVALID	Rejected	Correct and Refile Claim
INSURED'S ADDRESS INVALID	Rejected	Correct and Refile Claim
INSURED'S FIRST NAME INVALID	Rejected	Correct and Refile Claim
INSURED'S LAST NAME INVALID	Rejected	Correct and Refile Claim
MUST ENTER ANESTH MINUTES FOR TYPE OF SERV 7	Rejected	Correct and Refile Claim
MUST ENTER PROCEDURE CODE MODIFIER 1	Rejected	Correct and Refile Claim
PATIENT ADDRESS ZIP CODE INVALID	Rejected	Correct and Refile Claim
PATIENT REL TO EMPLOYEE NOT A VALID CODE	Rejected	Correct and Refile Claim

F87043 - FIRST HEALTH CLAIM REJECT AND STATUS MESSAGES

<u>MESSAGE</u>	<u>STATUS</u>	<u>COMMENTS</u>
Claim adjudication process has been completed	Finalized	None
Claim adjudication complete, payment made to plan provisions	Finalized	None
Claim expenses were incurred after coverage was terminated.	Finalized	None
Claim payment reflects Usual and Customary charge provisions	Finalized	None
Claim pending at First Health	Accepted	None
Claim being researched SSN, Policy ID or Group Number errors.	Accepted	None
Claim pending for additional info from insured; letter sent.	Accepted	None
Claim pending for an internal review/audit	Accepted	None
Claim pending for and has been assigned to an approver.	Accepted	None
Claim pending for coordination of benefits; letter sent.	Accepted	None
Claim pending for eligibility review	Accepted	None
Claim pending for internal provider verification.	Accepted	None
Claim pending for on-line payment review and adjudication.	Accepted	None
Claim rejected for SSN, Policy ID or Group Number errors.	Rejected	Correct and Refile Claim
Complete payment has been made for this claim.	Finalized	None
First Health acknowledges claim. Updates will follow.	Accepted	None
First Health forwarded claim to a Third Party Administrator.	Accepted	None
No coverage for the dependent on this claim.	Finalized	None
Payment of this claim has been denied due to eligibility	Finalized	None
This is a duplicate claim.	Rejected	None

F87726 - UNITED HEALTHCARE CLAIM REJECT & STATUS MESSAGES

<u>MESSAGE</u>	<u>STATUS</u>	<u>COMMENTS</u>
BENE FIRST NAME IS INVALID	Rejected	Correct and Refile Claim
BENE LAST NAME IS INVALID	Rejected	Correct and Refile Claim
BENE MIDDLE NAME IS INVALID	Rejected	Correct and Refile Claim
Carrier acknowledges receipt of claim	Accepted	None
Claim adjudication process has been completed by carrier	Finalized	None
Claim forwarded to HMO, no further updates to follow	Accepted	None
Claim has been forwarded to Health Maintenance Organization	Accepted	None
Claim forwarded to Third Party Administrator, no further upd	Accepted	None
Claim has been received	Accepted	None
Claim is pending at receiver site	Accepted	None
Claim submitted to incorrect carrier	Rejected	None
Completed: Duplicate of a previously processing claim	Finalized	None
Completed: No payment will be made for this claim	Finalized	None
Completed: Payment made according to plan provisions	Finalized	None
Completed: Payment made in full	Finalized	None
Completed: Payment reflects usual and customary charges	Finalized	None
Contract has been cancelled by the policyholder	Finalized	None
FNL/Denied: Claim /line has been denied	Finalized	None
HIC NUMBER SPACES/BLANK	Rejected	Correct and Refile Claim
Insd name/addr not = carrier files for ssn/insured id	Rejected	Correct and Refile Claim
INV HAVING BOTH SYMP/ACC IND	Rejected	Correct and Refile Claim
INV PROV ASSIGN IND	Rejected	Correct and Refile Claim
INV SAME/SIMILAR SYMPTOM IND	Rejected	Correct and Refile Claim
INVALID ACC/SYMP DATE	Rejected	Correct and Refile Claim
INVALID ACCIDENT STATE	Rejected	Correct and Refile Claim
INVALID ACCIDENT/SYMPTOM IND	Rejected	Correct and Refile Claim
INVALID DIAG CD-1	Rejected	Correct and Refile Claim
INVALID DISCHARGE DATE	Rejected	Correct and Refile Claim
INVALID INS EMPLOYER NAME	Rejected	Correct and Refile Claim
INVALID INSURED ADDR1	Rejected	Correct and Refile Claim
INVALID INSURED ADDR2	Rejected	Correct and Refile Claim

<u>MESSAGE</u>	<u>STATUS</u>	<u>COMMENTS</u>
INVALID INSURED CITY	Rejected	Correct and Refile Claim
INVALID INSURED FIRST NAME	Rejected	Correct and Refile Claim
INVALID INSURED LAST NAME	Rejected	Correct and Refile Claim
INVALID INSURED MIDDLE INIT	Rejected	Correct and Refile Claim
INVALID INSURED ZIP CODE	Rejected	Correct and Refile Claim
INVALID NAME MISSING	Rejected	Correct and Refile Claim
INVALID ORGANIZATION TYPE	Rejected	Correct and Refile Claim
INVALID PAT ADDR1	Rejected	Correct and Refile Claim
INVALID PAT ADDR2	Rejected	Correct and Refile Claim
INVALID PAT DOB	Rejected	Correct and Refile Claim
INVALID PAT RELAT TO INSD	Rejected	Correct and Refile Claim
INVALID PROV SVC CITY	Rejected	Correct and Refile Claim
INVALID PROV SVC PHONE	Rejected	Correct and Refile Claim
INVALID PROV SVC ZIP	Rejected	Correct and Refile Claim
INVALID TYPE OF SERVICE CODES	Rejected	Correct and Refile Claim
Pending: Coordination of benefits (COB)	Accepted	None
Please send breakdown of this charge by date of service	Accepted	Provide information
PAT CNTL NO IS BLANK	Rejected	Correct and Refile Claim
PROV LAST NAME IS INVALID	Rejected	Correct and Refile Claim
SSN/Employee number not found on carrier files	Rejected	Correct and Refile Claim

F88030 - SCOTT & WHITE CLAIM REJECT MESSAGES

CLAIM REJECTS: **This payer has requested that THIN perform claim rejects for them. The payer does not perform claim rejects so claims that are accepted by THIN will be processed by the payer, either to payment or denial.**

<u>MESSAGE</u>	<u>STATUS</u>	<u>COMMENTS</u>
5B2 - INSURED'S ID INVALID	Warning - Accepted	Insured's ID must be 11 numerics.
5CE - REFER PROVIDER LAST NAME REQ'D WITH ID	Rejected	EA0-24.0 (Referring Provider Last Name) must be present if EA0-20.0 (Referring Provider ID) is not blank.
5CF - REFER PROVIDER FIRST NAME REQ'D WITH ID	Rejected	EA0-25.0 (Referring Provider First Name) must be present if EA0-20.0 (Referring Provider ID) is not blank.
508 - PLACE OF SERVICE INVALID	Rejected	FA0-07.0 (Place of Service) must be one of the following: 11, 12, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 50, 51, 52, 53, 54, 55, 56, 61, 62, 65, 71, 72, 81, 99.

F95885 - HUMANA CLAIM REJECT AND STATUS MESSAGES

<u>MESSAGE</u>	<u>STATUS</u>	<u>COMMENTS</u>
Claim has been received	Accepted	None
Medicare Supplement	Rejected	Correct and Refile Claim
Patient not covered	Finalized	None
Patient not found	Finalized	Correct and Refile Claim

DIAGNOSIS CODE REQUIREMENTS - GENERAL INFORMATION

Most clearinghouse commercial payers require at least one valid ICD-9-CM diagnosis code on each claim.

Most clearinghouse commercial payers do not accept diagnosis codes that begin with ‘E’ or ‘M’.

Please note that diagnoses must be coded to the highest level of specificity, i.e., coding to the fourth or fifth digit.

For more information regarding diagnosis codes, please refer to SECTION 1 - GENERAL INFORMATION - DIAGNOSIS CODES.

EMC BILLING LIMITATIONS

NOC (NOT OTHERWISE CLASSIFIED) CODES:

Since most clearinghouse commercial payers do not recognize detail narrative information (HA0-05.0), procedures that require supporting documentation must be filed on paper.

SECONDARY CLAIMS

Most clearinghouse commercial payers do not currently accept secondary claims electronically. CHAMPUS is an exception to this, provided the instructions for the DA records are followed.

SPECIFIC CLAIM TYPES

The Texas Health Information Network currently routes claims for physician services and physician-related services to approved payers. Some payers also accept claims for ambulance services, durable medical equipment and other ancillary services.

To determine if a specific type of claim is acceptable to a specific payer, please call the EDI Helpline for assistance.

TEST DATA

A clearinghouse commercial test file should include a variety of payers, especially Prudential, Aetna and United HealthCare claims.

VENDOR PARTNER PROGRAM

The Texas Health Information Network has developed the Vendor Partner Program. The program is designed to forge a partnership between the Texas Health Information Network and the vendor community, since both you and we serve the same customer.

To provide the best possible service to our mutual customers, the Network has created the Vendor Partner Program so that you receive certain incentives for your development and training efforts. The program is open to any software vendor or billing service working with Texas providers.

To learn more about the advantages of participation, call Janie Duncan at 972-766-6315. She is the Network staff professional whose job is dedicated to assisting software vendors and billing services.

ANSI IMPLEMENTATION GUIDELINES

Following are guidelines / information that will assist you in implementing the ANSI X12 837 transaction set, versions 3030.2B, 3051.3B and 3051.3B.01 for clearinghouse commercial claims.

- You must contact our office and be set up as a trading partner prior to submitting ANSI transactions.
- A test file must be submitted and approved prior to submitting production claims.
- 837 ANSI transaction files equal to or greater than 1 Mg. will be held and processed in the nightly batch cycle. The response files will be available the next day. You will receive a message to this effect immediately, when your file is being processed in this manner.
- In addition to the 997 acknowledgment, you will receive our formatted response file which will provide you with file/batch/claim status information. Since the ANSI transaction is translated immediately into National Standard Format (NSF) for editing and processing, the response file will reference NSF fields and values. You will need a copy of the Texas Health Information Network Implementation Guide to assist you in resolving any rejects you may encounter. Appendix "C" of the ANSI Implementation Guides provide a crosswalk between ANSI data elements and NSF fields.

ANSI DATA ELEMENT DEFINITIONS AND REQUIREMENTS

0-010-ISA - INTERCHANGE CONTROL HEADER

ISA04 - Must equal the password for the submitter ID in ISA06, based on the THIN security table.

ISA06 - Must equal the 6 digit submitter ID, based on the THIN security table.

ISA08 - Must equal:

FMIXED If transaction set contains claims for multiple clearinghouse payers.

FXXXXX Where XXXXX represents a valid THIN payer id.

1-010-BGN - BEGINNING SEGMENT

BGN02 - Only the first six bytes are acknowledged by THIN. This number must be unique for each submission since duplicate file checking is performed. If the file ID number matches a previously transmitted file from the same submitter, it will be rejected as a duplicate file at the time of transmission.

1-020-NM1 - SUBMITTER NAME AND ID

NM109 - Must equal the six digit submitter id, based on the THIN security table.

1-020.R-NM1 - RECEIVER NAME AND ID

NM108 Must equal "94" when NM109 is "FMIXED".

May equal "PI" or "NI" if transaction set is for a specific payer.

NM109 Must equal "FMIXED" if transaction set is for multiple payers.

Must equal "FXXXXX", where XXXXX represents a valid payer ID and all claims within the transaction set are for this payer.

2-005-PRV - BILLING PROVIDER

PRV02 Must equal "EI", "ES", or "SY".

PRV03 Must equal the provider's EIN or social security number.

2-035 - BATCH IDENTIFICATION

REF02 - Only the first six bytes are acknowledged by THIN. This number must be unique for each REF02 segment since duplicate batch checking is performed. If the batch id number matches a previously transmitted batch from the provider in 2-005-PRV, it will be rejected as a duplicate batch at the time of transmission.

2-290-SBR - ADDITIONAL PAYER INFORMATION

SBR01 Most clearinghouse commercial payers do not currently acknowledge the "T - Tertiary" payer information.