Critical Error Report Guide for 837 Files

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Contents

Overview

This document provides information for Secondary Sage Users only who submit claims via the 837 EDI HIPAA transaction process. This does not apply to Primary Sage Users, or those who submit claims using Sage/ProviderConnect.

Critical Error Categories

There are two categories of critical errors related to 837 files that can cause issues with the processing of an 837 file.

Functional/Structural Error (File level)

The first category is a general functional error where there are missing or invalid structural components within the file that prevent the entire file from being processed. Currently, when these errors occur, providers are notified via email by SAPC IT that the entire file was rejected and the segment containing the error must be corrected before the file can be processed. This is standard process within Sage and has not changed.

Critical Error (Claim level)

The second category of critical errors relates to the claim level within each 837 file that causes claims to be rejected, but the file to continue to process the remaining valid claims. Accepted and rejected claims are noted on the corresponding 277CA file, which is sent to providers via the SFTP. However, the actual segment and erroneous information that is missing or invalid may not be contained in the 277CA. As such, SAPC will be implementing a process, effective Monday June 21, 2021, that will automatically provide the Critical Error Report to providers via the SFTP, along with the other current files that are uploaded to the SFTP for providers to review. This new report is in addition to the current files being uploaded to the SFTP and is intended to enhance troubleshooting ability for providers.

In conjunction with the 277CA report, providers will have increased visibility on which claims were rejected and why they were rejected. As a reminder, rejected claims are NOT adjudicated, meaning they will not be approved, denied, or pended, but noted as rejected and must be resubmitted for adjudication. The Critical Error Report provides the claim level information for the rejected services, while the 277CA provides the service level information for the errored claim. For providers that submit files within a one service to one claim format, these two reports will have a 1:1 claim to service ratio. However, for those with claims that have multiple services, there will be one line item on the Critical Error Report that can represent multiple rejected services on the 277CA.

While investigating provider reports of "missing" claims or "missing" 835s, SAPC has identified a primary reason for "missing" claims was related to claims being rejected and not fixed and resubmitted by providers. SAPC is adding the Critical Error Report to the 837 workflow to improve providers ability to reconcile 837 files with resulting 835 files and reduce the volume of resulting 835 files.

837 Submission with Critical Error Report Workflow

The following example will outline a typical process for utilizing the Critical Error Report to investigate rejected claims for correction and resubmission.

1. 837 file submitted to SAPC via SFTP.
2. File is automatically processed.
3. Sage system validates the entire file for standard functional/structural deficits.

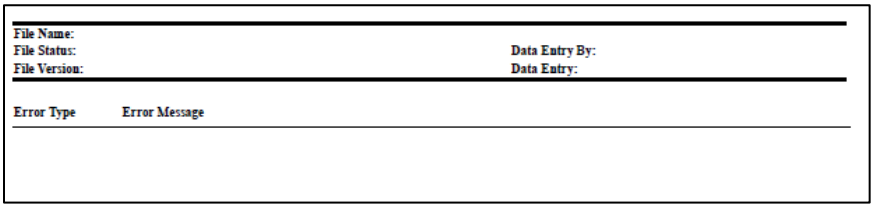
a. If functional critical errors are present, the entire file will be rejected and an email will be sent to providers to correct the specific segment that is erroring out.

b.

Notes
Missing Required Segment. Unable To Determine Loop Information.Loop: 2310B Segment: CLM. The claim is missing other segments. The file was rejected.

   i. In this situation, the provider would need to correct the 2310B Loop, CLM Segment to ensure all require elements are present according to the corresponding 837p or 837i companion guide.
   ii. Once corrected, the file must be renamed before it is resent.

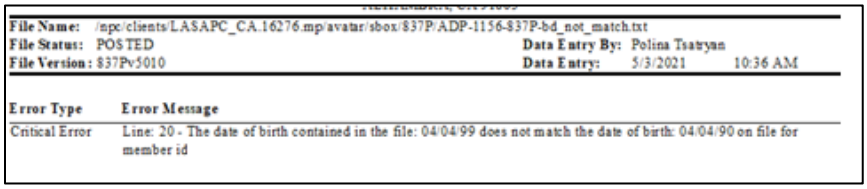
4. If the file does not contain any functional errors, the system moves to validating at the claim level and the corresponding Critical Error Report and 277CA will be generated.
   a. If no critical errors exist, a blank report will be generated and sent to providers on the SFTP. The file name of the blank report will indicate the corresponding 837 file.


File Name:
File Status: Data Entry By:
File Version: Data Entry:

Error Type Error Message

5. When critical errors are present, the Critical Error Report will provide specific information on what the error is and where in the file it was found.
6. The Critical Error Report will be sent to all Secondary Sage Users via the SFTP.
   a. The report will display the following header information to assist in locating the corresponding 837 file:
      i. File name
      ii. File status: Compiled or Posted
      iii. Data Entry time and date
   b. The Error Type and Error message will be displayed in the body of the report
      i. Critical Errors are those that prevent the claim from being adjudicated

a.


File Name: /npc/clients/LASAPC_CA.16276.mp/avatar/sbox/837P/ADP-1156-837P-bd_not_match.txt
File Status: POSTED Data Entry By: Polina Tsatryan
File Version: 837Pv5010 Data Entry: 5/3/2021 10:36 AM

Error Type	Error Message
Critical Error	Line: 20 - The date of birth contained in the file: 04/04/99 does not match the date of birth: 04/04/90 on file for member id

   i. This sample error indicates the date of birth in the provider's EHR does not match the date of birth in Sage.
   ii. The provider should reconcile these two dates of birth by confirming the correct date of birth and correcting it either in Sage (Must be corrected on both the Client Demographics and on the Financial Eligibility) or the provider's EHR and submit a new claim for the rejected services. (To correct the date of birth in Sage, providers must submit a Sage Helpdesk ticket)
      1. The specific rejected services will be available on the 277CA if needed. However, since this is related to the claim level, all services related to that claim will be rejected and need to be resubmitted.

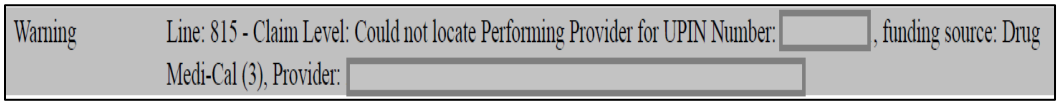
(Sample 277CA)

Claims Accepted:	0	Charges:	0.00
Claims Rejected:	1	Charges:	25.00

#	Policy Num	Patient Name	Service Date (From - Thru)	Charges	Status
1	MSO160406	OHC,TEST	7/18/2020 - 7/18/2020	25.00	A7:0

2. In this situation, once the DOB is corrected, it will apply to all services under that claim and allow them to be accepted once resubmitted.

ii. Warning messages display on the Critical Error Report as well, but will not result in a rejected claim and will proceed to adjudication. However, they will likely be denied at adjudication.

a. 

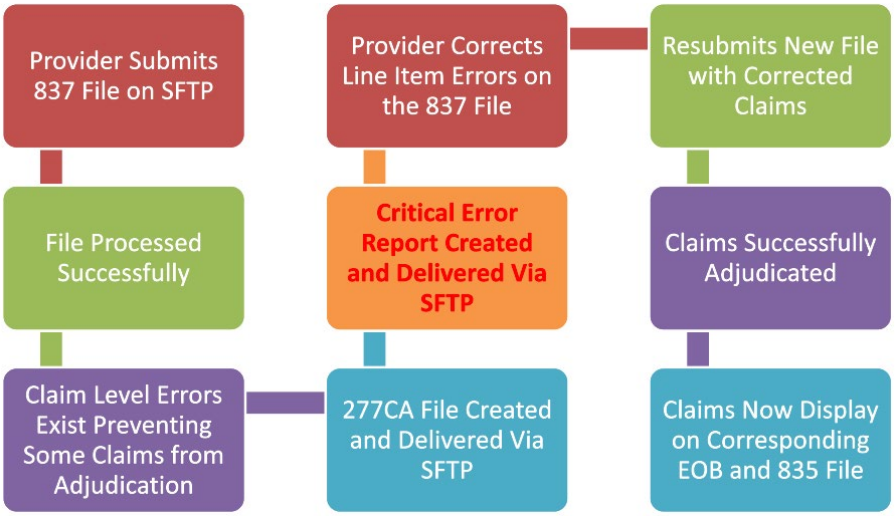
i. This message indicates the performing provider NPI was either missing or invalid (does match a performing provider for that agency configured in Sage).

ii. Warning messages will relate directly to denial reasons on a resulting EOB/835.

7. Rejected claims will not appear on the EOB as they were not adjudicated, however, may appear on the resulting 835 for informational purposes only since there is no adjudication.
   a. When present on an 835, the rejected claim will have a corresponding Claim Adjustment Reason Code (CARC) Group of OA or Other Adjustment and a CARC code.
      i. This has historically been transmitted as OA D6, OA 16 or OA 17
         a. OA 18 and OA 109 are the only current Other Adjustments that represent an actual denial. All other OAs that display on an 835 file likely relate to a rejected claim.
   b. When rejected claims display on the 835, the NM108 segment will contain the original PATID formatting including the 'MSO' portion.
      i. Accepted claims on 835 only show the number portion without the 'MSO' prefix.
      ii. Rejected claims may also show in Sage/ProviderConnect on the "Services Denied in MSO" report, also showing with a PATID with the 'MSO' prefix.

Recovery Inc,	MSOXXXXX	3/8/2021	The date of birth contained in the file does not match the date of birth on file for member id	Individu Counsel
Recovery Inc,	MSOXXXXX	3/15/2021	The date of birth contained in the file does not match the date of birth on file for member id	
Recovery Inc,	MSOXXXXX	3/15/2021	The date of birth contained in the file does not match the date of birth on file for member id	Individu Counsel

8. Once critical errors are fixed, providers can then resubmit the previously rejected claims in a new 837 file.
   a. Note: Providers should contact their EHR vendors to ensure rejected claims on the 277CA are able to be processed in the provider's EHR.
   b. If correctly resolved, the claims should now be accepted after being resubmitted and pushed to the adjudication stage.



Types of Critical Errors with Resolution

Below is a list of the most frequent critical errors that cause claim rejections. The list is arranged by highest to lowest occurring errors. Errors that have never occurred or occur in less than 1% of claims are excluded from the list.

Error Type	Error Explanation/Resolution
The date of birth contained in the file does not match the date of birth on file for member ID	This critical error is the most frequently occurring error within the system. Date of birth in the primary EHR, used to create the 837 file, does not match the DOB for that patient in the Demographics form Sage. Provider needs to ensure the DOB in both system matches.
Member does not exist in the MSO System	Member ID on 837 file does not include the MSO prefix or the PATID itself is invalid and does not match a PATID within Sage for that provider.
An 'Original Reference Number' (2300-REF*F8) is required for claims marked as a void or replacement	The claim frequency code for the claim is entered as 7 for replacement or 8 for void, but the PCCN field is invalid or missing.
Unbalanced Claim	The sum of the services within the claim do not equal the total claim amount. Providers need to ensure all services are listed for the claim and that the corresponding charge amounts equal the total charge amount on the claim level.
A valid 'Original Reference Number' (2300-REF*F8) is required for claims marked as a void or replacement	The Original Reference Number listed on the void or replacement claim must match the exact PCCN listed on the corresponding 835 file for that claim.
Procedure Code Not Defined In MSO CPT Code Table	Procedure code listed on the claim or services does not match a valid procedure code configured within Sage. Sage is configured to only include HCPCS codes listed on the Treatment Rates and Standards Matrix for that fiscal year.
Invalid diagnosis code	Diagnosis code on the 837 is in an invalid format. A claim will **NOT** be rejected due to including a non-DMC reimbursable diagnosis. This error is only related to the formatting of the diagnosis code if it does not match the parameters set forth in the companion guide.

The 'Original Reference Number' (2300-REF*F8) provided is for a claim for a different member Id.	The Original Reference Number listed on the replacement or void claim matches a known PCCN in the system but does not match the PCCN from the original 835 file for that patient and claim.
Cannot determine member through name and policy number	The member name and policy number ("MSO"+PATID) is not in the correct format or does not match a patient within the Sage system.
A void or replacement has already been filed for this Payer Claim Control Number.	The Original Reference Number listed in 2300-REF*F8 is valid but has already been utilized for another replacement or void claim. The PCCN is unique for each claim or service and is not duplicated.
Invalid 'Principal Procedure Code (2300-HI01-2)'.	The Principal Procedure Code used does not match a current HCPCS code in the system, either due to invalid format or the code is not a reimbursable code.
Invalid Diagnosis Reference	This occurs when the diagnosis code pointer does not correspond with the correct diagnosis or is not in the correct order. The diagnosis reference is related to 2400-SV1-07
Revenue Codes Not Defined In MSO REV Code Table	Occurs for 837i claims only. Revenue code listed on the claim or services does not match a valid revenue code configured within Sage. Sage is configured to only include revenue codes listed on the Treatment Rates and Standards Matrix for that fiscal year.
Invalid date range.	Claims submitted with a date range, much indicate the appropriate Date Time Period Format Qualifier in DTP02 of RD8. If the claim is submitted with a date range for D8 qualifier, this will cause an error. Or if the claim is submitted as a single date with the RD8 qualifier, this will also result in an error.
Missing Admitting Diagnosis	This error refers a process within Sage where a valid Admission Type of Diagnosis must be entered on the Provider Diagnosis (ICD-10) form for a claim to be successfully processed. If the diagnosis on the claim does not correspond with the admission diagnosis in Sage, an error will occur.