

Reading a 999 File and how to fix Rejections using ClinicPro's Reference Files

ClinicPro Support

999 Files can look like a lot of coded gibberish – and that's ok, they are! But you shouldn't feel intimidated by the report, because within the report is all of the answers that you need to fix any rejection.

Here's what a normal 999 that was **accepted** may look like. (Date of the Report in Green)

This:

```
ISA*00* *00*133441911 *30*41-1674742 *ZZ*123456789
*061025*0828*U*00401*000000001*0*P*:~
GS*FA*41-1674742*123456789*20060209*0828*1*X*004010X098A1~
ST*999*0001~
AK1*HC*2~
AK2*837*0001~
AK5*A~
AK9*A*1*1*1~
SE*6*0001~
GE*1*1~
IEA*1*000000001~
```

Or This:

```
ISA*00* *00*133441911 *30*41-1674742 *ZZ*123456789
*061025*0828*U*00401*000000001*0*P*:~GS*FA*41-
1674742*123456789*20060209*0828*1*X*004010X098A1~ST*999*0001~A
K1*
HC*2~AK2*837*0001~AK5*A~AK9*A*1*1*1~SE*6*0001~GE*1*1~IEA*1*000
000 001~
```

The only difference in these two reports is that one has a separate line for each chunk of information and one doesn't. Different clearinghouses give back the reports in different formats, but they contain the same info most of the time.

We know it is accepted or rejected by looking at the Highlighted portions, the **AK5** (Batch status) and **AK9** (File status) lines. These are the following values for AK5 and 9.

- A – Accepted.
- R – Rejected
- P – Partial (This will only occur on the AK9)

So you're always looking for A's. You can safely ignore any of the other numbers in those lines, just look for A / R / P. The A's are accepted, meaning the file is going on for further processing. If you see anything but A's your file needs some attention!

Different Kinds of Rejections

If you see an R, we need to determine now how much of the file is rejected. If the **AK9** line is showing R, then the entire **file** got rejected and needs to be reset in the **insurance billing maintenance** and billed again after being fixed.

Commonly when doing billing with multiple doctors your file may be split into several **batches**. Claims reject on a batch level – so if your file contains, say, two doctors and two batches (Two AK5 lines) and one is good, but the other one has an error, you would receive a 999 that looks kind of like this:

AK2*837*0001~

...

AK5*R~ (Rejected)

AK2*837*0002~

AK5*A~ (Accepted)

AK9*P~ (Partial)

The P is for partial, meaning one **Batch** got accepted and one **Batch** got rejected. The specific doctor who is billing the claim that is being found to be in error will need ALL of their transactions for that billing file reset in the **insurance billing maintenance**. The other doctor's claims for that file went through okay.

Determining Why It Was Rejected

If you have a rejection, there is more information on the file that will point you to the right direction as to why it was rejected. The answer lies in the AK3 and AK4 lines. Here's what a common **rejected** 999 looks like.

```
AK2*837*0001~  
AK3*DTP*107*2300~  
AK4*3*1251*D8~  
AK5*R~
```

The elements to find out WHY it was rejected are highlighted. Every AK3 line signifies **one** error and the AK4 line(s) that follow help determine why.

The beginning AK3 line shows the **segment identifier** and at the end of the AK3 line tells us the **loop number**.

The last value in the AK4 line tells us the **actual data that caused the error**. This sometimes makes it very apparent as to what is wrong if you see typo'ed information in this line.

If your rejected 999 has **no AK3 lines** but is AK9 rejected, Call your clearinghouse or ClinicPro Support to help diagnose what is wrong.

At – A – Glance: Finding WHY your file is rejected

Analyzing your AK3 line - AK3*DTP*107*2300~
segment loop

Common Segment Identifiers:

- DMG – Demographic Information – **Birth date and/or Gender**
- DTP – Date Time or Place. Most commonly a **Date** associated with a claim.
- NM1 – A Primary Identifier. This is a primary identifier line, containing usually a Name, and ID numbers. Most common issues are the Doctor's name and their **NPI number**, the insurance company and their **Payor ID**, or the Patient's name and their **Contract Number**.
- REF – A Secondary Identifier. This line has many different issues. The most common factors are the Doctor's **Provider ID**, the patient's **Group Policy** number, **Insurance Referral** number, or the Insurance Company's **Claim Office** number.
- N3 – Address information. N3 contains the **address**.
- N4 – Contains **City, state, and zip**.
- SV1 – Service Line information. This contains information from the Transaction card, such as the **Procedure Code**, the **Diagnosis Checkboxes**, the **Modifier Codes**, and **Units Billed**.
- PAT – Patient extra information. This segment contains most notably the **Relationship to Insured** from the Insurance and Dates screen.

Common Loop numbers:

- 1000A, 1000B – Call ClinicPro Support to help fix, this is **Submitter** information.
- 2010AA – Billing Provider. If you are billing as an individual this will refer to the Billing Doctor's **Individual NPI number**, and other **individual provider ID's**. If you are billing as a group, this will refer to the **Group Practice NPI number** and **group provider ID's**, all these numbers are found on the **Staff Doctor** screen.
- 2010BA – Insured person information. This can be a **Patient** or a **Non-Patient**.
- 2010BB – The **Insurance Company** that is currently being billed.
- 2300 – Claim information. This contains information on the **Transactions** and **Insurance and Dates** screens. This will contain **Injury Illness / First Consult / Last Seen / X-ray / and Diagnosis codes** among other things.
- 2310A – This is the **Referring Doctor's** information.
- 2310B – This is the **Rendering Doctor's** information. This is ONLY transmitted if you bill as a group, and the numbers transmitted refer to the **individual doctor's identifiers** that correlate to 2010AA's group information.
- 2310C – Service Facility location, attached to Claims using the "2" button on the **transactions** screen, and defined in the **Lists >> Facility/Hospital** menu.
- 2320, 2330B loops – **Secondary Insurance** listed on the **Insurance and Dates**.
- 2400 – Transaction information, including specific information for each billable service, like the **CPT code**, the **Diagnosis Checkboxes**, the **Service Date**, and more.
- 2430 – Adjudication Information, this contains information about the **Payment from the Primary Carrier**.

At – A – Glance: Finding WHY your file is rejected

Analyzing your AK4 line: AK4*3*1251*D8~

Common AK4 Actual Data that caused the Problem:

- D8 – This means the file is expecting to see a **8 Digit Date** and is not receiving it. This happens commonly in patients marked as accident claims (**Patient Detail – Related To**) and no **Injury Illness** (Transactions – “2” button) date is entered in. This is common as well in **Secondary Claims** being billed without **Primary Payment** (which provides an **Adjudication Date**)
- Any 8 digit number that could fit the format of YYYYMMDD – A **date typo** creating a date more than 200 or so years ago. Refer to the Loop number to find what kind of date it could be. (Example: AK4*3*1251*09870711~ would be referencing a date of 07/11/0987)
- An insurance company’s Name – This means there is either a special character (such as **Punctuation**) in the name that is not allowed, or there is a missing **Payor ID** for the company.
- 1B / 1C / 1D / G2 / 0B / XX / EI – This means they are expecting to see a Provider ID, Group Provider ID or License Number which will identify the Doctor to this Insurance company, and currently they aren’t receiving it. It is best to call ClinicPro Support to diagnose this error.

Putting it all Together

So, to determine what is actually wrong, take the 3 values of the AK3/AK4 line that we’ve been focusing on and string it together like a sentence. Think of:

AK3*DTP*107*2300~

AK4*3*1251*D8~

As saying:

There is a Date Time or Place error in the Claim because there is a missing date.

It’s crazy easy from that perspective! So now that we know WHY, we need to know...

Who is this? What claim is this?

If the information on finding out “why” didn’t point you to exactly where the problem is and what to fix (ex: Typo on a patient name, Insurance company wrong info, etc etc) there is further detective work that we can do.

Let's look back at our error, but in new perspective. The middle number in the AK3 tells us information on who it is.

AK3*DTP*107*2300~

AK4*3*1251*D8~

We can read this now as:

On line 107 in this billing file there is a DTP segment that contains a D8 as a problem.

Now have an exact location where we can expect to see our actual error. The map to your Billing File is conveniently created alongside your normal billing file every single time you do billing; this is the **RF** file. Whereas you send and submit the **CP** file, the **RF File** is broken down segment by segment and allows you to find a specific line in a billing file without making your head spin. If you open up the CP file – it is one long string of text – not friendly at all to count line numbers!

In looking at the rejection, you will find the **Date** that the file was processed by the clearinghouse on the upper left, above or before the AK# lines. This is highlighted in Green in the first example and below.

ISA*00* *00*133441911 *30*41-1674742 *ZZ*123456789

*060209*0828*U*00401*000000001*0*P*::~~

What we know is that a Clearinghouse may not always process a file as soon as they receive it. It may take until the next day, or even longer during weekends or holidays. A report dated on **071129** (Thursday) may be from a file sent on **11/29/07** or **11/28/07**. A file dated on a Monday may be from Friday, Saturday, Sunday, or Monday.

Now we know what file to look in, and in most cases the files are sent the **same day** or the **day prior**.

Now we need to find our accompanying RF file. It will be named **RF071129xx.txt** or **RF071128xx.txt**. (The xx can be any 2 numbers). If you have a link on your desktop for "Shortcut to EBOut" double click on it and it will take you to the right spot. If you don't follow these steps:

If you are on your **Server** computer Go to:

My computer >> Local Disk C:\ >> Vcpro >> InsBill >> EBOut

If you are on your **Workstation** computer go to:

My Computer >> (**Your network drive, C on xxxx**) >> Vcpro >> InsBill >> EBOut

Search in here for your RF file. If you only sent one file, then you will only see one RF of the right date, and this will be your file. If you see multiple for the same date, don't panic! Just go through each one until you find the right one.

An Example RF File

RF File's are HUGE and contain a LOT of information. We don't care about the majority of it, we just need to find a **line number** with the information we want on it.

Here's what an **RF** looks like.

ClinicPro 837 4010 Support
CHIROPRACTIC OFFICE

11/28/2007

0 ISA*00* *00* *ZZ*C0XXX *ZZ*382069753

ICH ICH p639 B ISA00 INTERCHANGE CONTROL HEADER VALUE: ISA
ICH ISA01 VALUE: 00
ICH ISA02 Sender/Garbage dependent on State AR VALUE:
ICH ISA03 VALUE: 00
ICH ISA04 See Function VALUE:
ICH ISA05 VALUE: ZZ
ICH ISA06 Interchange Sender ID VALUE: C0MFF
ICH ISA07 VALUE: ZZ
ICH ISA08 Interchange Receiver ID VALUE: 382069753
ICH ISA09 FILE CREATION DATE YYMMDD. VALUE: 071128
ICH ISA10 FILE CREATION TIME Format HHMM. VALUE: 1220
ICH ISA11 VALUE: U
ICH ISA12 VALUE: 00401

0

GS*HC*C0MFF*382069753*20070818*1220*685*X*004010X098A1~

GS GS p644 B GS00 FUNCTIONAL GROUP HEADER VALUE: GS
GS GS01 VALUE: HC
GS GS02 Sender's Code VALUE: C0MFF
GS GS03 Receiver's Code VALUE: 382069753
GS GS04 FILE CREATION DATE CCYYMMDD. VALUE: 20071128
GS GS05 FILE CREATION TIME Format HHMM. VALUE: 1220
GS GS06 Group Control Number VALUE: 685
GS GS07 Responsible Agency Code VALUE: X
GS GS08 Version Release VALUE: 004010X098A1

1

ST*837*0001~

HEADER HEADER 0005 ST00 TRANSACTION SET HEADER VALUE: ST
HEADER 0005 ST01 VALUE: 837
HEADER 0005 ST02 Transaction control #. Start w 0001 and increment
within this interchange. VALUE: 0001

2

BHT*0019*00*0001*20070818*1220*CH~

HEADER HEADER 0010 BHT00 BEGINNING OF HIERARCHICAL VALUE: BHT
HEADER 0010 BHT01 Information Source, Subscriber, Dependent VALUE:
0019

HEADER 0010 BHT02 Original VALUE: 00
HEADER 0010 BHT03 Transaction control #. Same as ST02 VALUE: 0001
HEADER 0010 BHT04 *FILE CREATION DATE YYMMDD. VALUE: 20070818
HEADER 0010 BHT05 *FILE CREATION TIME Format HHMM. VALUE: 1220
HEADER 0010 BHT06 VALUE: CH

3 REF*87*004010X098A1~

HEADER HEADER 0015 REF00 TRANSMISSION TYPE IDENTIFICATION VALUE: REF
HEADER 0015 REF01 VALUE: 87
HEADER 0015 REF02 TEST VS PRODUCTION VALUE: 004010X098A1

The **Line Number** that you care about is highlighted in yellow and circled. It is on the left – hand side and is spread out by 10 or so lines of text in between each number. It grows the farther you scroll down the file. Your goal is to scroll down to the **Line Number** in your AK3 line. It can be a long way sometimes!

When you find it, you should expect to see:

107 DTP*454*D8~

CLAIM CLAIM 2300 DTP00 DATE 1ST CONSULTED/INIT TREAT VALUE: DTP
CLAIM 2300 DTP01 VALUE: 454
CLAIM 2300 DTP02 VALUE: D8
CLAIM 2300 DTP03 Initial Treatment Date VALUE:

At this point, we match this up to what we are expecting to see on line 107. On line 107 in this billing file there is a DTP segment that contains a D8 as a problem. As we can see above line 107 has a DTP, and is showing a D8, with no date. We know that D8 means its missing a date, so this is our culprit! If you come to **Line** 107 and it is not what you expect to see, this is not the right RF file! Move on to the next one!

Now what? Scroll slowly up, looking at lines and the information directly next to the line. (In this example, look at 106, then 105, then 104...) The **First Patient Name** you see is your patient in which the error occurred on. This may be up as little as 1 line up or as much as 25 lines up. It will look commonly like this:

98 NM1*IL*1*PATIENT*NAME****MI*XYZ123456789~

Remember to use **Insurance Billing Maintenance** to reset whatever file got rejected. It will be the same name as the RF file you just looked at, for example RF07112802.txt should reset the 07112802.X12 file in the **Maintenance**.

Now you just need to go into ClinicPro and fix the mistake! That's it!

