

## **Troubleshooting 999 and 277 Rejections**

### **Segments**

NM103 - last name or group name

NM104 - first name

NM105 - middle initial

NM109 - usually specific information tied to that company/providers/subscriber/patient

N301 - address one

N302 - address Two

N401 - city

N402 - state

N403 – zip

**Loop 1000A Qualifier 41 – sending company information from system parameters**

**Loop 1000B Qualifier 40 – trading partner – submitter number from submitter screen**

**Loop 2010AA Qualifier 85 – sending billing doctor - NPI number, group or individual**

**Loop 2000B - subscriber information – destination insurance – SBR01 is primary, secondary or tertiary**

**Loop 2010BA – Qualifier IL for subscriber; NM109= Contract number**

**Loop 2010CA – Qualifier QC - patient if not subscriber**

**Loop 2310A – Qualifier DN – referring doctor**

**Loop 2310B – Qualifier 82 – rendering doctor**

**Loop 2310C – Qualifier 77 – facility**

**Loop 2310D – Qualifier DQ – supervising dr**

**DMG - demographic information such as birthdate and gender**

DMG02 - Subscriber or patient date of birth

DMG03 - Subscriber or patient gender

**PER – contact info**

**SBR – subscriber –**

**SBR05** – Medicare secondary reason

**SBR09** – claim filing indicator – type of insurance in insurance screen

**REF** – extra info like tax id

Y4 – claim number – insurance/dates – important for auto and work comp if available

EI – tax id number – staff doctor detail

FY – claim office – insurance screen

EW – Mammography certificate – license screen in staff doctor

X4 – CLIA lab number – license screen in staff doctor

**PRV** – taxonomy segment

**Loop 1000B – Qualifier 40 – clearinghouse information**

Segment	Value	Troubleshooting
NM103	Name of clearinghouse	Make sure submitter name is completed in submitter screen
NM109	Submitter number	Make sure submitter number is completed in submitter screen - qualifier 46

**Loop 2010AA – billing provider information – qualifier XX (NPI number)**

If group name is filled out in the submitter screen, Clinic Pro will look for group NPI. If group name is empty, Clinic Pro will look for individual NPI. In this loop, we send the clinic information from the system parameters screen. Make sure that the system parameters screen is filled out completely.

Segment	Value	Troubleshooting
NM102	Billing provider	If group name is filled out in submitter screen, we send 2; otherwise 1
NM103	Billing entity name	If group, returns group name. Otherwise, provider’s last name.
NM109	NPI Number	Qualifier XX in NM108. If billing as a group, check each staff Dr. and make sure that the group NPI is filled in. Also make sure that the billing Dr. is designated for each Dr. if billing at the individual, make sure that the individual NPI is filled out for each staff Dr.. Also make sure that the billing Dr. is designated. Everything is completed and looks right, you can always check the NPI number at the following: <a href="http://npinumberlookup.org/">http://npinumberlookup.org/</a>
REF02	Tax ID number	The tax ID number must be the one that the doctor used when signing up with the clearinghouse or with the individual insurance carrier. If it says that the tax ID number is missing or invalid, you need to look at the tax ID number on the system parameters screen. Make sure that it has nine digits and is the one assigned to the clinic.
PER02	Billing provider contact name	Make sure that the contact name is filled out in the system parameters screen.
PER04	Billing contact phone number	Make sure that the phone number is filled out in the system parameters screen

### Loop 2000B - subscriber information

This loop sends the subscriber (insured) information. The most common errors in this loop occur when the subscriber information is not input correctly and the relationship to the insured is wrong.

Segment	Value	Troubleshooting
SBR01	destination insurance value	P, S or T for destination insurance. If the user has to input the primary and secondary insurances wrong or mixed them up in order, you will get an error in the segment.
SBR03	Group number	This is the group number from the insurance/dates screen. If the group number has been typed wrong, you will get an error in this segment. Also, if it is left empty, and a group number should have been typed in.
SBR04	Group name	This is usually an optional segment. It returns the group name from the insurance/dates screen.
SBR05	Medicare secondary reason	This is an optional segment. If Medicare is being billed as a secondary carrier, the user must input the reason that Medicare is secondary on the insurance/ dates screen for Medicare. This error will also occur in the claim scrubber routine.
SBR09	Claim filing indicator	This tells the insurance carrier the type of claim you are sending. An error in this segment means that the insurance type is set wrong on the insurance/Medigap screen. A Medicare advantage plan is not billed as a Medicare type – it is Blue Cross Blue Shield, if offered by Blue Cross Blue Shield or commercial if offered by a commercial carrier. This year will also be reported as “source of payment invalid.” I think it’s in my phone. I think Kerry put in my this morning. Last night, here it is also a  BL= BLUE CROSS / BLUE SHIELD MB= MEDICARE MC= MEDICAID OF= FEDERAL EMPLOYEES PLAN HM= HEALTH MAINTENANCE ORGANIZATION CI= COMMERCIAL WC=WORKER'S COMP CH= CHAMPUS
PAT		This segment should be created only if the patient is not the insured. If the relationship to the insured is self, this segment should not be created.

**Loop 2010BA - subscriber name and address, and contract number – from Insurance/Dates screen**

Segment	Value	Troubleshooting
NM109	Contract number	Check the contract number from the insurance/dates screen. Sometimes you will get an error if the relationship to the insured is wrong or if the contract number is typed wrong.
DMG02	Subscriber date of birth	The subscriber date of birth is incorrect
DMG03	Subscriber gender	The subscriber gender is incorrect
REF02	Social Security number	This is an optional segment with the qualifier of SY. For the most part, we do not send Social Security numbers anymore
REF02	Claim number	This segment will only be completed. If the claim number is filled in on the insurance/dates screen. Claim numbers are assigned to auto accident and workers comp cases. It has a qualifier of Y4

**Loop 2010 BB – destination insurance name and payer ID**

Segment	Value	Troubleshooting
NM103	Insurance name	This segment is looking for the name of the insurance being billed - the destination insurance
NM109	Payer ID	This error occurs when the payer ID is incorrect. Look up the payer ID from our website, under the billing tab. There is a list of payor IDs for common clearinghouses. Input the correct payer ID into the insurance/Medigap list
REF02	Claim office number	Look up the claim office number under the payer list and make sure that it is input correctly in the insurance/Medigap list. Qualifier is FY

**Loop 2000C - patient loop. This loop should only be created if the patient is not the insured - subscriber. Errors in this loop often occur when the relationship to the insured is set wrong in the insurance/dates screen.**

Segment	Value	Troubleshooting
PAT01	Relationship to insured	This error occurs when the relationship to the insured on the insurance/dates screen is wrong.

**Loop 2010 CA – this loop sends the patient’s name and address and demographic information such as birthdate and gender. You will get errors in this loop if the name is not the same as the insurance company has on file, as well as the birthdate and gender are wrong.**

Segment	Value	Troubleshooting
DMG02	Patient birthdate	Patient birthdate is missing or wrong.
DMG03	Patient gender	Patient gender is missing or wrong.

**Loop 2300 – Claim information**

Segment	Value	Troubleshooting
CLM02	Total submitted charges	This is the total submitted charges for the claim. A claim may have multiple service lines.
CLM07	Medicare assignment code	If this is being billed to Medicare and you accept assignment, it will return an A. Otherwise, it returns a C.
CLM08	Accept assignment	If assignment is accepted, it will return a Y. If assignment is not accepted on this claim, it will return an N.
CLM09	Release of information	If the release of information box is checked on the patient detail screen, it will return a Y. If it is not checked, it will return an N.
CLM11-1	Accident indicator	If patient related is something other than None, it will return the following: EM = employment; AA=auto accident; OA = other accident
CLM12	Special program indicator	
DTP	Qualifier 454	Date first consulted
DTP	Qualifier 304	Last seen date – date that the patient saw the medical doctor that prescribed physical therapy
DTP	Qualifier 431	Onset date
DTP	Qualifier 453	Acute manifestation date for chiropractic care
DTP	Qualifier 439	Injury date
DTP	Qualifier 484	Date of last menstrual period. If woman is pregnant
DTP	Qualifier 455	X-ray date

Segment	Value	Troubleshooting
DTP	Qualifier ABC	Estimated date of birth
DTP	Qualifier 360	Disability from date
DTP	Qualifier 361	Disability to date
DTP	Qualifier 297	Off work to date
DTP	Qualifier 296	Off work from date
DTP	Qualifier 435	Hospital admission date
DTP	Qualifier 096	Hospital discharge date
PWK01	Paperwork indicator	Type of documentation available from the two button on the transaction screen
PWK02	Paperwork transmission	Way that the documentation was transmitted to the insurance carrier from the two button on the transaction screen
REF02	Qualifier AN	Service exception code
REF02	Qualifier EW	Mammography's certificate number
REF02	Qualifier	Prior authorization or referral number
REF02	Qualifier F8	Status inquiry documentation number
REF02	Qualifier X4	CLIA lab ID used when laboratory services are provided in a medical office rather than sent to a lab
REF02	Qualifier EA	Medical record number obtained from the patient detail screen
REF02	Qualifier P4	Demonstration Project Identifier
K301		Pediatric note
NTE02	Qualifier ADD	Notes from two button

#### Loop 2310A Referring Doctor – Qualifier DN

Segment	Value	Troubleshooting
NM109	Referring doctor NPI	Referring doctor NPI - <a href="http://npinumberlookup.org/">http://npinumberlookup.org/</a> If the office needs NPI numbers

#### Loop 2310B Rendering Doctor – Qualifier 82

Segment	Value	Troubleshooting
NM109	Rendering doctor NPI	
PRV03	Taxonomy code	

	for rendering provider	
REF02	Special identification number	

**Loop 2310C Facility information - Qualifier 77**

Segment	Value	Troubleshooting
NM103	Type of facility	
NM109	NPI Number	
REF02		Laboratory/Facility Secondary Identification Number FA=Facility; 77 = service location; LI = independent lab; TL = testing lab; 1C = Medicare provider; 1B = blue cross provider

**Loop 2310D Supervising Doctor - Qualifier DQ**

Segment	Value	Troubleshooting
NM109	Supervising doctor NPI	

**Loop 2320 Other insurance information**

**Rule #1 – if you are billing primary, this is the secondary insurance.**

**Rule #2 – if you are billing secondary, the primary info is sent in this segment.**

Segment	Value	Troubleshooting
SBR01	P, S or T	Sending to primary, secondary or tertiary
SBR02	Relation to insured	Relationship to insured has to be 18=self, 01=spouse, 19=child, 20=employee, 21=unknown, 39=organ donor, 40=cadaver donor, 53=life partner, G8=other relationship
SBR03	Group number	This segment sends the group number if it exists; it will be empty for Medicare and Medicaid
SBR05	Medicare secondary reason	Values are: 12=working aged; 13-ESRD; 14=Auto/no fault; 15=worker's comp; 16=public health; 41=black lung; 42=VA, 43=disabled <b><i>Usually they get an error on this segment because they didn't pick a reason why Medicare is secondary.</i></b>
SBR09	Insurance type	Returns type of insurance from the insurance company list



	indicator	
Segment	Value	Troubleshooting
CAS03 qualifier PR	Amt that is patient responsibility	This segment only kicks in when billing, Minnesota, Medicaid
AMT02 qualifier D	Sum of the payer payments	This is the sum of the line item payments made by the primary payer
Amt02 qualifier EAF	SUM of the patient's responsibility	total patient responsibility. This segment is almost never sent in a billing file
OI03	Assignment of benefits indicator	This is the assignment of benefits indicator for the other insurance
OI04	Patient signature source	This is a patient signature source for the other insurance
OI06	Release of information	This is the release of information indicator for the other insurance

**Loop 2330A - name and address of the policyholder for the other insurance**

Segment	Value	Troubleshooting
NM109	Contract of the other insurance	Make sure that the contract number is filled in for the secondary insurance

**Loop 2330B - payer for the other insurance**

Segment	Value	Troubleshooting
NM103	Payer name	Name of the payer for the secondary insurance or the other insurance
NM109	Payer ID	Payer ID for the other insurance. If there is no payer ID because the secondary insurance is HCFA, use the payer ID of 99999.

**Loop 2400 – service line level**

Segment	Value	Troubleshooting
SV101 element 1	HC	Returns HC unless being billed to workers comp. In Washington, Alaska, Arizona, Oregon
SVC101 element 2	CPT code	
SVC101 element 3	modifier 1	
SVC101 element 4	Modifier 2	
SVC101 element 5	modifier 3	
SVC101 element 6	modifier 4	
SVC101 element 7	specialty notes	this is a note specifically attached to this procedure code. It is used for NDC drug codes and other very specific information. The notes field is found on the bottom part of the transaction card underneath the POS.
SVC102	Charge	This is the charge for this particular line item
SVC103	units	this is the number of units for this line item
SVC104	Quantity	This is the quantity for this line item. It is also the minutes if billing for anesthesia services
SVC107 elements 1 – 12	Diagnosis indicator	There are 12 sub elements for this segment. It will return the diagnosis indicator for this line of service.
SVC109	Emergency indicator	Returns N unless emergency indicator is checked in the insurance/dates screen
DTP qualifier 472	Service date for this line of transaction	
DTP qualifier 304	Last seen date	They should only occur for physical therapy claims. This is the last seen date by the medical doctor that ordered the physical therapy. The last seen date is taken from the two button on the transaction screen
DTP qualifier 455	x-ray date	this is the date of the most recent x-ray
DTP qualifier	initial treatment	this is the date of initial treatment for chiropractic claims. It is taken from the two button on the transaction

454	date	screen
REF04 qualifier	prior authorization	this is the prior authorization number or referral number
REF04 Qualifier EW	Mammography certification	This is the mammography certification number from the staff Dr. screen
REF04 qualifier X4	CLIA lab ID	Laboratory services are performed in the office, we send the CLIA lab ID from the staff Dr. screen

**Loop 2430 - information about the primary insurance payment is sent in this loop**

Segment	Value	Troubleshooting
SVD 01	Payer ID	This is the payer ID and the primary insurance
SVD02	amount paid	this is the amount paid by the primary insurance. For this line item
SVD03	CPT code	This is the second sub element of this segment
SVD03	Modifier one	This is the third sub element of this segment
SVD 03	modifier 2	This is the fourth sub element of this segment
SVD 03	modifier 3	this is the fifth sub element of this segment
SVD 05	Quantity	this reports a quantity for this line of transaction
CAS qualifier PR	Payer responsibility	This reports the amount paid by the primary insurance
CAS qualifier CO	Contractual obligation	This reports the amount that has to be written off by contractual obligation
DTP qualifier 573	payment date	this reports, the date of the payment – check date – from the payment screen when the primary insurance company payment was posted