ANSI ASC X12N 837 v5010 Errata Testing Procedures

CGS℠

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

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We will be distributing the appropriate ASCx12 responses (ex. TA1, 999 Reports). No one will be placed in ANSI v5010 production until successful Errata testing is completed.

PLEASE NOTE: The *ANSI 5010 Testing Procedures* document is subject to change as we receive additional information regarding the transition to ANSI v5010-ready electronic formats. We will post updated versions of this and other ANSI v5010-related documents on our website. Please visit us regularly at http://www.cgsmedicare.com/PartB/Coverage/5010.html.

If you have any questions regarding the current testing procedures, please call the CGS EDI Help Desk:

Line of Business	EDI Help Desk
Ohio Part B	1.866.758.5666
Home Health + Hospice	1.866.758.5666
Idaho Part B	1.866.520.4022

ANSI v5010 Errata Testing Requirements

Errata Testing Schedule and Version Information

You may submit ANSI 837 Errata test claim files based on the following testing schedule.

Line of Business	ANSI 837 v5010 Errata Testing begins…
Ohio Part B	June 20
Home Health + Hospice	June 13
Idaho Part B	August 1

HIPAA compliance requires the implementation of the 'Errata' versions.

- 5010A1 is new 'Errata' version for the ANSI ASC X12N 837P Professional Health Care Claim transaction. The ANSI 837P v5010A1 crosswalks to the CMS-1500 claim form.
- 5010A2 is new 'Errata' version for the ANSI ASC X12N 837I Institutional Health Care Claim transaction. The ANSI 837I v5010A2 crosswalks to the CMS-1450 claim form.

Compliance with the new 5010A1/5010A2 versions must be achieved by the original regulation compliance date of January 1, 2012.

System Vendors

System vendors must test their new ANSI-formatted programs to ensure their electronic claims software meets format and quality standards. Vendors should use their Vendor Submitter ID to transmit a file for test purposes. For information on connectivity to GPNet, our EDI Gateway, please refer to the *GPNet Communications Manual*.

The submitter of the test file must monitor the appropriate response files after each test submission to determine format and/or data elements to be corrected and re-tested. You will not receive any other form of notification for initial test results.

Providers, Billing Services and Clearinghouses Who Use Vendor-Supported Systems

Providers, Billing Services and Clearinghouses who use vendor-supported systems are not required to submit claim tests with CGS.

Submitter-Created Claim Submission Systems

Submitters who have programmed their own system will be required to complete a testing phase before production status can be granted to ensure accurate format and claims data quality. Please use your production Submitter ID to submit your test claims.

The submitter of the test file must monitor the appropriate response files after each test submission to determine format and/or data elements to be corrected and re-tested. You will not receive any other form of notification for initial test results.

Submitters using CGS Low Cost Software

CGS will be providing a low cost software product, PC-ACE Pro32 for submission of claims in the ANSI 837 v5010 Errata format (http://www.cgsmedicare.com/ohb/claims/edi/index.html).

Kentucky Part B ANSI v5010 Testing: CGS has subcontracted with National Government Services (NGS) to continue EDI support of the Kentucky Part B workload for Jurisdiction 15 A/B MAC. ANSI v5010 testing for Kentucky Part B will be handled by NGS. Please visit the NGS website (http://www.ngsmedicare.com/wps/poc/ngsmedicare?urile=wcm:path:/NGSMedicareContent/NGSMedicare/Claims/Electronic%20Data%20Interchange/BASE%20Electronic%20Data%20Interchange&LOB=Part+A&CONTRACTTYPE=Jurisdiction+13+Providers) or contact the **NGS Help Desk at 1.877.273.4334** for ANSI v5010 testing support.

TESTING GUIDELINES

Test files should contain a minimum of 25 claims representative of the types of claims you normally submit to Medicare. Test claims will be validated against production files; therefore all claims must contain valid data. Since test claims will not be processed for payment, live claims may be used for testing.

Testing validates the ability of a file to pass edits. Format testing checks:

- Layout of file
- Password to Submitter ID
- Version Numbers
- Record Sequencing
- Balancing
- Batch Type
- Batch Type to Files
- Batch ID
- Duplicate Batches
- Numeric Fields
- Date Fields
- Relationship Edits
- Field Values

The Submitter of the test file must monitor the appropriate response files after each test submission to determine format and/or data elements to be corrected and re-tested. You will not receive any other form of notification for initial test results. Please refer to the *GPNet Communications Manual* (http://www.cgsmedicare.com/ohb/claims/edi/pro32/index.html) for GPNet Claim Acceptance Response formats.

ANSI 837 v5010 Errata Completion Information

To ensure that your claim files are processed correctly, please include the following information in the appropriate ANSI fields:

Version 5010 Errata		
ANSI Field	**Test Claim File**	**Production Claim File**
ISA06 GS02	Enter your Submitter ID.	
ISA08 GS03 1000B/NM109 2010BB/NM109	Enter the appropriate Payer ID (see Payer ID chart below).	
ISA15	Enter **T** when submitting a test claim file.	Enter **P** when submitting a production claim file.
GS08	**Institutional Claims (Part A)** Enter **005010X223A2** when submitting a test claim file **Professional Claims (Part B)** Enter **005010X222A1** when submitting a test claim file.	

Payer ID Information

Enter the appropriate Payer ID:

Line of Business	Payer ID
Ohio Part - B June 18, 2011	15202
Home Health + Hospice – June 13, 2011	15004
Idaho Part B - TBD	05130