



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# **TrailBlazers Medicare Part B**

## **837 Testing and Production Procedures**

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Information Technology Support Center  
Division of Information Resources  
Albuquerque, New Mexico

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## 1.0 Overview

The following guidelines are provided to you in five steps:

1. Initial RPMS Set-up Procedures (Section 2.0)
2. General 837 Testing (Section 3.0)
3. Receiving and Reading of Error Reports (Section 4.0)
4. Moving into Production Mode (Section 5.0)
5. After Production Mode: Continuous Monitoring (Section 6.0)

## 2.0 Initial RPMS Set-Up Procedures

The initial set up should be done before you create your first test batch. This is to ensure that your RPMS system parameters are set to submit claims for the 837 transaction.

### 2.1 Setting up the Provider Taxonomy

Each Provider that is billed for must have a corresponding Individual taxonomy assigned to them in RPMS. The recommended method is to input the provider taxonomy number to existing providers and new providers in the Person class or Provider class fields. For these instructions, please reference the attached document entitled 'Manually Adding Provider Taxonomy.' If sites are unable to complete this step, the Third Party RPMS software (3P) will use a crosswalk behind-the-scenes to find the necessary taxonomy number to populate on the 837 claim form.

### 2.2 Setting up the Location File

The Location and Institution files will also need to be set up on a one-time basis. This step must be completed for each location that is to be billed. This will provide the physical addresses to your claims that is required for the 837. If you have already been testing the 837 format with other Insurers, it is possible that this has already been completed for your site. Check locally before completing this step. If it has not been done, use the following instructions to enter your facility information:

1. In 3P, review the Site Parameter field and write down the name of the facility in the "Facility To Receive Payments:" prompt. This prompt is located in the Site Parameters option of Third Party Billing (3P->TMTP->SITM).
2. In 3P, proceed to the Location File in Table Maintenance for Third Party Billing. You will need to make the following edits to ALL facilities for which you bill. You will also need to make changes for the 'Facility to Receive Payments' location.
  - a. Enter the Physical Address for your facility into these fields.
  - b. Ensure that the Tax Identification Number has been entered.

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6          |
+          Location File Maintenance                      +
|          UNSPECIFIED SERVICE UNIT                      |
+-----+
User: USER,DEMO                                     18-FEB-2004 5:05 PM

Select LOCATION to Edit:   UNSPECIFIED SERVICE UNIT       HEADQUARTERS
WEST
                          01                             NM

MAILING ADDRESS-STREET: 123 ABC ST//
MAILING ADDRESS-CITY: OCEAN//
MAILING ADDRESS-STATE: NEW MEXICO//
MAILING ADDRESS-ZIP: 33333//
PHONE:
FEDERAL TAX NO.: 903314521//
MEDICARE NO.: CAR000//

STREET ADDR. 1: 123 ABC ST
STREET ADDR. 2:
CITY: OCEAN
STATE: NEW MEXICO
ZIP: 33333

PLACE OF SERVICE CODE: 22//
BILL NUMBER SUFFIX: US//
    
```

**Institution File data; Enter Physical Address**

### 2.3 Setting up the Location Class Taxonomy Code

A Location Taxonomy Codes needs to be set up in the Location File using VA FileMan options. Your RPMS Systems Administrator will need to assist you with this if you do not have this option.

Enter the location Taxonomy code into the Class field. For standard I/T/U location taxonomy codes, please refer to attached document entitled “RPMS Provider Taxonomy Crosswalk” and scan down to Non-Individual (Facility) Taxonomy Code section.

```
Select VA FileMan Option: ENTER or Edit File Entries

INPUT TO WHAT FILE: INSTITUTION// 9999999.06 LOCATION
                                (3486 entries)
EDIT WHICH FIELD: ALL// 1101 CLASS (multiple)
  EDIT WHICH CLASS SUB-FIELD: ALL// .07 CLASS
  THEN EDIT CLASS SUB-FIELD:
THEN EDIT FIELD:

Select LOCATION NAME: INDIAN HEALTH HOSPITAL           HEADQUARTERS WEST
ALBUQUERQUE          10                NM  IHS          202810
  ...OK? Yes// (Yes)

Select BEGIN DATE: JAN 1,1960//
  CLASS: GENERAL ACUTE CARE HOSPITAL ← Non-Individual Taxonomy Code
```

## 2.4 Table Maintenance Insurer File Set-up - Medicare Part B Insurer Set-up

When you are ready to create electronic test batches with 3P, you will need to go to Add/Edit Insurer (EDIN), and edit the Medicare Part B Insurer file. At the EMC TEST INDICATOR prompt, you will add the value of 'T' to the EMC TEST INDICATOR field. This allows Medicare Part B to identify the file submitted as a test file.

**Note:** When you are moving to Production mode, you must change this field to P before transmitting your files.

# TrailBlazers Medicare Part B

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.5          |
+          Add/Edit Insurer                             +
|          QUICK ATTENTION HEALTH CENTER                 |
+-----+
WARNING: Before ADDING a new INSURER you should ensure that it
        does not already exist!

        Select one of the following:

            1          EDIT EXISTING INSURER
            2          ADD NEW INSURER

Select DESIRED ACTION: 1// 1  EDIT EXISTING INSURER

Screen-out Insurers with status of Unselectable? Y// ES

Select INSURER: Medicare
( MEDICARE )
.
MEDICARE                               - 12800 INDIAN SCHOOL RD, NE
                                         ALBUQUERQUE, NM 87112

OK? Y// y

<----- MAILING ADDRESS ----->
Street...: 12800 INDIAN SCHOOL RD, NE
City.....: ALBUQUERQUE//
State....: NEW MEXICO//
Zip Code.: 87112//

<----- BILLING ADDRESS ----->
(if Different than Mailing Address)
Billing Office.: IHS MEDICARE - NM BC/BS
Street.: P.O. BOX 13597//
City...: ALBUQUERQUE//
State..: NEW MEXICO//
Zip....: 87112//

Phone Number.....: (505)292-2600//
Contact Person....: GLORIA//
AO Control Number..: 400//
All Inclusive Mode.: YES//
Backbill Limit (months): 24//
Dental Bill Status.:
Rx Billing Status..:

Select CLINIC UNBILLABLE:

EMC SUBMITTER ID: EMCSUBID//
EMC PASSWORD: EMCPW//
EMC TEST INDICATOR: T ← when in production, this will be P
USE PLAN NAME?:
72 HOUR RULE:

```

**NOTE: RPMS Software Local Modifications**

Before you start testing, you will need to contact ITSC to have two ABM routines installed on your RPMS system. The two routines include modifications for the following items:

1. Billing for Off-Site locations. The local routine will allow the HRN to print if the bill did not generate at the primary location. This is mainly for Home/School/Offsite Hospital locations.
2. Billing for Parent & Satellite facilities. Within 3P, if the A/R Parent Satellite Set Up is set to Yes, the routine will use the visit location instead of the DUZ(2) when looking for the group number. The system also has a code for the group number which was previously focused more on the payer assigned provider number instead.

Please contact the RPMS Help Desk at [ITSChelp@mail.ihs.gov](mailto:ITSChelp@mail.ihs.gov) to make the request. This routine will be released in a later patch of 3P Version 2.5



## 3.0 General 837 Testing & Production Procedures

**IMPORTANT NOTE:** Please review the entire document before creating your first batch to Medicare Part B.

### 3.1 Contacting TrailBlazers Medicare Part B.

Each site will have to contact Medicare Part B to inform them of the facility provider #'s you will be submitting claims for. Once you have contacted them, TrailBlazers Part B will update their database delineating the facility numbers to be in parallel testing and production mode.

To contact TrailBlazers Part B, send an email to [EDIPARTB@trailblazerhealth.com](mailto:EDIPARTB@trailblazerhealth.com). Along with your facility provider numbers, you also need to provide them with the RPMS Vendor ID # V00233 for Indian Health Services (RPMS) software which was certified by Medicare Part B. EMC status is noted as production granted for the 4010A1 format on 01/16/04.

### 3.2 Verify that Required RPMS software is installed at your site.

Notify your Information Technology staff to ensure RPMS has the necessary software installed on their system:

- ABM Version 2.5 Patch 5 – Contains 837 fixes
- AUT 98.1 Patch 13 – Contains taxonomy list

**Note:** Once the RPMS software is installed, and the Provider taxonomy, Location taxonomy and Insurer files are setup, you can create the first test batch of claims.

### 3.3 Testing Process

Testing will need to be completed prior to sending live files. Sites that are going to be submitting claims will need to determine what professional services they are currently submitting to Medicare Part B. For example, each site will only be submitting the 837-P but there are different locations that may be billed. Sites will need to approve at least twenty (20) bills for the initial test batch. During testing, the claims will need to have the mode of export changed on an individual claim basis. This is accomplished through the Claim Editor. EDTD>EDCL and answer question

## TrailBlazers Medicare Part B

#7 from page 1 by entering 'E' for edit, select #7, enter '??' and selecting the appropriate form, either the 837 UB or the 837 1500. See example below:

```
~~~~~ PAGE 1
~~~~~
Patient: MEDICARE,TWO [HRN:XXXXX Claim
Number:..... (CLAIM IDENTIFIERS)
.....

[1] Clinic.....: GENERAL
[2] Visit Type.....: OUTPATIENT
[3] Bill Type.....: 131
[4] Billing From Date..: 04/28/2004
[5] Billing Thru Date..: 04/28/2004
[6] Super Bill #.....:
[7] Mode of Export.....: 837 INST (UB)
[8] Visit Location.....: QUICK ATTENTION HEALTH CENTER

-----
WARNING:071 - EMPLOYMENT INFORMATION UNSPECIFIED
-----

Desired ACTION (Edit/View/Next/Jump/Back/Quit): N// E
Desired FIELDS: (1-8): 1-8// 7

[7] Mode of Export..: 837 INST (UB)// ??

1          UB-82      OMB NO. 0938-0279
2          HCFA-1500A   Old Version Dated 1-84
3          HCFA-1500B   New Version Dated 12-90
4          ADA-90      Dental Claim Form Dated 1990
5          WI-MCD-RX    Wisconsin Medicaid Drug Claim Form (482-020)
6          WI-MCD-DEN   Wisconsin Medicaid Dental Form
10         UB-92-E V4   UB-92 Electronic (NSF Version 4)
11         UB-92      OMB NO. 0938-0279
12         ADA-94      DENTAL ADA-94 FORM
13         UB-92-E V5   Electronic UB-92 (NSF Version 5)
14         HCFA-1500 Y2K   HCFA 1500 Y2K version
15         HCFA-1500-E   Electronic HCFA-1500 (NSF Version 2.0)
16         UB-92-E ENVOY   Electronic UB-92 (Envoy/NEIC version)
17         UB-92-E V6   Electronic UB-92 (NSF Version 6)
18         ADA-99      Dental Claim Form Dated 1999
19         HCFA-1500-E ENVOY   Electronic HCFA-1500 Envoy (NSF V 2.0)
20         HCFA-1500-E V3.01   Electronic HCFA-15000 (NSF V3.01)
21         837 INST (UB)   837 4010 INSTITUTIONAL
22         837 PROF (HCFA)  837 4010 PROFESSIONAL
```

Once you have batch the 20 claims in the new 837 format, follow the same procedures that you follow when sending the claims electronically to TrailBlazers via the GPNET software.

## 4.0 Receiving and Reading of Error Reports.

Once testing begins, and you start sending your files on the Medicare Online system, you will be notified if your claims were accepted with or without errors. There will be three types of reports you will be receiving. These error reports will need to be downloaded from your 'Outbox' on the Medicare online system. The names of these reports are the 997 Functional Acknowledgement, a Comp report, and the RSP (confirmation report).

The first files you will receive are called the 997 Functional Acknowledgement and the Comp report if there are errors. The errors indicated will need to be reviewed and corrected before sending additional claim files of the same transaction type. The errors (the AK5 segment will have an 'R' for rejected) will list on the 997 and on the Comp report which is an easier to read format. After the errors are corrected, you will need to recreate the batch and resend. Once your files have successfully been received by Medicare, the '997' response file will indicate the file was accepted (the AK5 and AK9 segment will have an 'A' for accepted).

Within a few hours, you will then receive an RSP Confirmation Report from your 'Outbox' on the Medicare online system. You must check your RSP (confirmation report) to ensure all data elements have been received. The RSP report is the official confirmation that an ANSI file is accepted. The RSP report is how a site can be absolutely sure that TrailBlazers is processing an ANSI file.

If you are having trouble reading the error reports, or if you have submitted multiple files and have been unable to get a file to pass, contact your Area IT or Business Office Coordinator for assistance on reading these error reports and defining corrective actions.

If the Area IT or Business Office Coordinator is unavailable, email the error report to the ITSC RPMS Help Desk at [ITSChelp@mail.ihs.gov](mailto:ITSChelp@mail.ihs.gov). The call will be logged in via the Service Center software by name of testing transaction, payer tested with and name of facility. You will receive a response from ITSC at this point.

## 5.0 Production Mode

Once claims have been submitted and no errors are occurring the site may go into production mode. To do this, please follow these steps:

1. The site will need to contact TrailBlazers Medicare Part B at the EDI Help Line at 1-866-749-4302 to obtain a Production notification from. You will need to complete and fax back to 410-683-2937. This enables TrailBlazers to recognize your files as production files, and therefore, will begin processing the files for payment.
2. Once a site move into Production Mode, the Third Party software will now be set up in permanent mode. The site will now change the EMC TEST INDICATOR field to 'P' for PRODUCTION and begin sending production files. Please see example on page 4.
3. Each mode of export for the Visit Type can now be changed to the *default* 837 HIPAA format in the Insurer File within Table Maintenance. This will eliminate the need to change this on an individual claim basis from the testing phase. This process must be done for each payer that has been approved for production.
4. In the 3P Insurer file, at the TMTP>INTM>scroll down until you are asked to select the visit type, enter the appropriate selection, and then populate the mode of export. You may type "??" to get a listing to select from. See example below:

TrailBlazers Medicare Part B

```

( MEDICARE )
.
MEDICARE - 12800 INDIAN SCHOOL RD, NE
          ALBUQUERQUE, NM 87112

OK? Y// y

Visit
Type - Description          Mode of Export      Mult Fee      Form Sched      Start      Stop      Rate
-----
111  INPATIENT              837 INST (UB) YES   08/09/1989 12/31/1989 380.00
                                01/01/1990 12/31/1990 400.00
                                01/01/1991                                414.00
121  ANCILLARY (MCR PA  UB-82      NO              08/09/1989 12/31/1989 60.00
                                01/01/1990 12/31/1990 64.00
                                01/01/1991                                66.24
131  OUTPATIENT              837 PROF (HCFA)NO  08/09/1989 12/31/1989 72.00
                                01/01/1990 12/31/1990 76.00
                                01/01/1991                                78.00
                                01/01/2003                                160.00
831  AMBULATORY SURGER  UB-82      NO      2      01/01/1990 76.00
                                01/01/1991 76.00
999  PROFESSIONAL COMP  837 PROF (HCFA)N/A

Select VISIT TYPE...: 111  INPATIENT
...OK? Yes// (Yes)

Billable (Y/N/E)....: YES//
Start Billing Date (create no claims with visit date before)...:
Procedure Coding....: CPT//
Fee Schedule.....:
Multiple Forms?.....: YES//
Payer Assigned Provider Number.....:
Auto Approve?.....:
Mode of Export.....: 837 INST (UB)// ??

Choose from:
1      UB-82      OMB NO. 0938-0279
2      HCFA-1500A  Old Version Dated 1-84
3      HCFA-1500B  New Version Dated 12-90
4      ADA-90      Dental Claim Form Dated 1990
5      WI-MCD-RX   Wisconsin Medicaid Drug Claim Form (482-020)
6      WI-MCD-DEN  Wisconsin Medicaid Dental Form
10     UB-92-E V4    UB-92 Electronic (NSF Version 4)
11     UB-92      OMB NO. 0938-0279
12     ADA-94      DENTAL ADA-94 FORM
13     UB-92-E V5    Electronic UB-92 (NSF Version 5)
14     HCFA-1500 Y2K  HCFA 1500 Y2K version
15     HCFA-1500-E  Electronic HCFA-1500 (NSF Version 2.0)
16     UB-92-E ENVOY  Electronic UB-92 (Envoy/NEIC version)
17     UB-92-E V6    Electronic UB-92 (NSF Version 6)
18     ADA-99      Dental Claim Form Dated 1999
19     HCFA-1500-E ENVOY  Electronic HCFA-1500 Envoy (NSF V 2.0)
20     HCFA-1500-E V3.01  Electronic HCFA-15000 (NSF V3.01)
21     837 INST (UB)  837 4010 INSTITUTIONAL
22     837 PROF (HCFA)  837 4010 PROFESSIONAL
    
```

This step will have to be completed for each visit type that you are submitting to Medicare Part B.

## **6.0 After Production Mode: Continuous Monitoring**

Once successful files have been sent, the site will need to continue to monitor each transmission error report by retrieving them from the Outbox files in the GPNET system each time 837 files are submitted. They will be required to read the error reports, perform the necessary fixes, recreate the electronic batch and resubmit original batches to TrailBlazers B. The ongoing monitoring is very important to ensure files are accepted and processed for payment by the payer.

## 7.0 Contact Information

**If you have any questions on this procedure, please notify:**

Sandra Lahi at [Sandra.Lahi@mail.ihs.gov](mailto:Sandra.Lahi@mail.ihs.gov) or 505-248-4206

Dyanne Leyba at [Dyanne.Leyba@ihs.gov](mailto:Dyanne.Leyba@ihs.gov) or 505-248-4962

Adrian Lujan at [Adrian.Lujan@mail.ihs.gov](mailto:Adrian.Lujan@mail.ihs.gov) or 505-248-4349

**Or please contact the ITSC Service Center by:**

Phone: (505) 248-4371 or

(888) 830-7280

Fax: (505) 248-4363

Web: <http://www.rpms.ihs.gov/TechSupp.asp>

Email: [ITSCHelp@mail.ihs.gov](mailto:ITSCHelp@mail.ihs.gov)