

## **NEW FILE FORMAT PREPARATION CHECK LIST**

For use by all facilities in Idaho, Illinois, Mississippi, Montana and Oregon

### **Expanded Flat File Format:**

- ❑ Provide Facility NPI information to COMPdata prior to submitting new format to Test or Production
- ❑ Do not add Header or Trailer Records – Will cause file to fail
- ❑ All states except MS:
  - File must be 2500 bytes long
  - Line Feed must be entered after the 2500<sup>th</sup> byte between each record in a file
- ❑ MS Only
  - File must be 5000 bytes long
  - Line Feed must be entered after the 5000<sup>th</sup> byte between each record in a file
- ❑ Outpatient procedures must appear in only the Service Line Item/Date fields as of 04/01/11 dates of service
- ❑ All single character fields should be submitted in uppercase.
- ❑ Every Outpatient CPT/HCPC Service Line Item must have a corresponding Revenue Code listed
- ❑ If Payer ID is Self Pay (98918), then Payer Name should be “Self Pay”
- ❑ All Inpatient records are put through Medicare code edits, which might cause rejections if data is conflicting or coded improperly. Examples:
  - Certain Dx's cannot be used as Principal Dx (e.g. most V-Codes)
  - Dx code not appropriate for age group
  - Procedure code not appropriate for gender

### **837 4010A1 File Format:**

- ❑ Provide Facility NPI information to COMPdata prior to submitting new format to Test or Production
- ❑ Based upon Institutional version
- ❑ ISA Segment – use Facility ID as Submitter ID and “COMPdata” as Receiver ID
- ❑ End of ISA Segment must contain usage indicator: T = Test, P = Production
- ❑ GS Segment must designate the 837 version being used. Example: 004010X096A1
- ❑ NM1\*85 Segment must contain Facility NPI.
- ❑ For Outpatient services, CPT/HCPC codes must appear only in the SV2 Segment as of 04/01/11 dates of service
- ❑ Every Outpatient CPT/HCPC Service Line Item must have a corresponding Revenue Code listed
- ❑ Race and Ethnicity codes must be separated by a colon. e.g. R3:E1
- ❑ If Payer ID is Self Pay (98918), then Payer Name should be “Self Pay”
- ❑ All Inpatient records are put through Medicare code edits, which might cause rejections if data is conflicting or coded improperly. Examples:
  - Certain Dx's cannot be used as Principal Dx (e.g. most V-Codes)
  - Dx code not appropriate for age group
  - Procedure code not appropriate for gender