

FILE FORMAT PREPARATION CHECK LIST

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:
 - File must be 2500 bytes long
 - Line Feed must be entered after the 2500th byte between each record in a file
- Outpatient procedures must appear in only the Service Line Item/Date fields
- All single character fields should be submitted in uppercase.
- Every Outpatient CPT/HCPCS 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
 - Dx code not appropriate for age group
 - Procedure code not appropriate for gender

837 5010A2 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 and ST Segments must designate the 837 version being used. Example: 005010X223A2
- The separator character specified in the end of the first line of the file must be used as the separator throughout the entire file, with the exception of the Race/Ethnicity reporting noted below.
- Race and Ethnicity codes must be separated by a colon. e.g. R3:E1
- NM1*85 Segment must contain Facility NPI.
- POA indicators must be reported in HI segment, individually associated with each inpatient diagnosis code. Seven (7) separators must separate every diagnosis from its POA indicator. Example:
HI*BF:4821:.....Y*HI*BF:25000:.....N~
- Diagnoses exempt from POA should have no POA indicator reported at all. Do not include a blank space or 1 for exempt codes. The seven separators should be present after the diagnosis code, but no POA reported. Example:
HI*BF:4821:.....~
- For Outpatient services, CPT/HCPCS codes must appear only in the SV2 Segment.
- Every Outpatient CPT/HCPCS Service Line Item must have a corresponding Revenue Code listed. The placement of the associated revenue codes and procedure codes must match. e.g., The revenue code listed in position three must have its associated procedure code listed in the third CPT/HCPCS Service Line Item field.
- 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
 - Dx code not appropriate for age group
 - Procedure code not appropriate for gender