Viewing 999 & 277 Files

Prepared for

myUnity Essentials Financial



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For agencies using the <u>Zirmed/Waystar Interface</u> or <u>Ability Interface</u>, follow the instructions in those clearinghouse FAQs.

If not interfaced with a clearinghouse, 999 and 277 files should be downloaded from the payer/clearinghouse website.

Go to **Billing > Claim Status**.

To view the X12 claim file in conjunction with the 999 or 277 files, click on the ellipsis button to upload the X12 claim file. Otherwise, leave X12 837 Claim File blank.

Click on the ellipsis button to browse to your previously downloaded 277 or 999 response file.

₩		Electro	nic Claims Status	×
General Options				
X12 837 Claim File: Demand Final.x12 277, 997 or 999 Acknowledg 277_20200402.txt	gement F	ile: Clearin	Ig-House: None	
Type File-Date	Status	State	Name	-1
🛕 Pre <u>v</u> iew 🥩 <u>P</u> rint া	<u>G</u> et 277	🖹 G <u>e</u> t 999	I Save	

Click **Preview** to view the accepted/rejected records and rejection reason codes.

Sample X12 Report:



8	8/16/2011 4:31:06 PM Electr	ronic X12 File Report		Page 1			
S X F	Submit Date: 08/12/2011 Time: 11:10 Submitter ID: V K12 File: C:1HAS Documents\EBil\999 testing\8372qa.b Provider: Homecare of NJ Number: 123456789 Versi	G5106 xt ion: 5010 Status: Rejected	Ohio Homecare				
1 2 3 4 5 6 7 8	ISA*00* *00* *ZZ*VG5105 *ZZ*11001 GS*HC*VG5106*11001*20110812*1110*10812111 ST*837*0001*005010X223A2~ BHT*0019*00*108121110*20110812*1110*CH~ NM1*41*2*Homecare of NJ*****46*VG5106~ PER*IC*Kevin Scandalis*TE*7325557218~ NM1*40*2*Medicare PPS*****46*11001~ HL*1**20*1~	*110812*1110***00501*1081211 10*X*005010X223A2~	10*0*P*:~				
9 10 11 12 13	Provider PRV*BI*PXC*251E00000X~ NM1*85*2*Homecare of NJ*****XX*123456789~ N3*716 Newman Springs Road~ N4*Lincroft*NJ*077380000~ REF*EI*111223344~ REF*LU*03~						
	Error encountered for the above record -> Segment has data element errors						
	Position 1 reports error -> Invalid code value the b	oad element is [LU]					
15	HL*2*1*22*0~						
	Secondary Error related to the above record -> Un	expected segment					
	No further explantion is available.						
16 17	SBR*P*18**Medicare PPS*****MA~ NM1*1L*1*Peters*Guy****MI*160707733A~ N3*11 Broad Street~						

- 18 N3*21 Broad Street~ 19 N4*Middlton*NJ*087748~ 20 DMG*D8*19250225*F~

Unlisted Errors

If there is an Unlisted Error on the report, review the error code explanation on one of the following websites.

https://x12.org/codes/claim-status-codes

https://cgsmedicare.com/medicare_dynamic/edi/277CA_edit_lookup_tool/?part=a

