



## Medicare Electronic Billing Problem Solved!



On Wednesday, 11/19/03, NHIC began applying a new edit to incoming electronic claims submission files. This edit (5019) causes their system to reject any file containing a certain class of characters, called "control characters," with the following message returned in the ACK file: **A Non-preferred Character (CONTROL) was found in the file. ALL SUBMITTED DATA WITHIN THE FILE HAVE BEEN REJECTED BECAUSE OF THIS ERROR.**

\* \* \*

These control characters are standard for the XModem protocol and have never caused a problem until NHIC introduced this new edit. Avanta's technical staff immediately located the problem, informed NHIC of the problem they introduced, proposed a simple solution that would have to be implemented on NHIC's end of the transmission, and awaited a response.

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On Monday 11/24/03, NHIC informed us that they would not make any changes on their end and would no longer accept files submitted using the XModem protocol. While we are disappointed and puzzled by their abrupt decision to change their system with no prior warning, we were able to quickly develop a work-around to allow you to submit your electronic claims with as little disruption as possible.

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Our programming staff completed the switch to the ZModem protocol for Medicare electronic claim submission, and the program was distributed to your system via modem on 11/26/2003. As a result of the

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Medicare edit however, all claims transmitted electronically to Medicare between 11/19/03 and 11/25/03 were rejected. All of the rejected claims will need to be re-flagged, which can be easily done using the new Reflag Previously Billed Items program, rebuilt in a new transmissions and retransmitted. If you have any further questions regarding your Medicare electronic claims, or received reports, please call Avanta.

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## New Re-flagging Feature

A new re-flagging feature has been implemented for re-flagging charges based on previous insurance billing events or batches. The re-flagging program was added to your system on your last update, a timely addition considering the various HIPAA format inconsistencies, tightening of billing standards, and the recent modem protocol changes.

This feature is located in "[C] Special Functions", "[C] Edit Posted Ledger Items", and "[6] Reflag Previously Billed Items". You can choose from a list of previous insurance "runs" (HCFA-1500, Third Party or Medicare electronic) and select to re-flag primary insurance charges, supplemental insurance charges, or both.

After a file or files are selected to be re-flagged, only the specific ledger items that were included in that insurance run will be re-flagged with an "I" flag for primary insurance, and/or an "i" flag for supplemental insurance charges. After the charges are re-flagged you can run HCFA-1500 forms to print these items again. For electronic claims, you will need to Prepare Claims For Transmission after the claims are re-flagged and/or any necessary changes are made. This new transmission will include any changes or corrections made to patient or practice files and the re-flagged items. If you have any questions about this or any other new features, please call Avanta.