



Overview of HIPAA Claims Status Report

The HIPAA Claim Status Report will aid providers using HIPAA and allow them to conduct their own reconciliation activities. This report is run through the Reports Module in EIM/ESM and is generated using the same steps as all EIM/ESM reports.

How does it work?

Report input parameters include provider name, service date from/service date to, and services to include. Due to the amount of data included in this report, it is recommended that you complete the criteria for *both* the required and optional fields prior to running this report. The report can be run to display in Excel or in PDF format.

What information does the report contain?

The HIPAA Claim Status Report displays the following:

- Only 277 Rejections (Only services that rejected on the 277 file)
- Only Claims which persisted (Only services that persisted in EIM)
- All Services (Services that *both* rejected on the 277 file *and* persisted in EIM/ESM)

The report will default to the “All Services” view when run.

Reports > HIPAA Claims Status Report

1. Select the Reports module.



From the **Reports** page,

2. Click the [HIPAA Claim Status Report] link.

3. Select [Contract Number] from the drop-down menu. *This is an optional field.*

Note: Search for a contract using the Filter field. The wildcard (%) symbol can be used

Tip: This optional field will help to narrow the search if your organization has many contracts in EIM.



4. Select the [***Provider Name**] from the drop-down menu.

5. Enter [***Service Date From**].

6. Enter [***Service Date To**].

7. Enter [**Batch Number**].

Tip: This optional field will help to narrow the search if the organization submitted many batches.

8. Select [***Services to Include**].

- Only 277 Rejections (Only services that rejected on the 277 file)
- Only Claims which persisted (Only services that persisted in EIM)
- All Services (Services that *both* rejected on the 277 file *and* persisted in EIM/ESM)

9. Select [***Report Format**].

- PDF
- Excel

10. Click the [**Run Report**] button.

Note: The Clear button clears all criteria on page.

HIPAA Claims Status Report - Sample Output

Report Title: HIPAA Claim Status Report Report Run Date: 03/10/2010										Page Number: 1 of 1 Report Run Time: 15:53:49	
Provider Name: Provider XYZ Inc Batch Number: Service Date From: 7/1/2009										Contract Number: 12345678909676543210 - 2010 - CT Services Included: All services Service Date To: 7/31/2009	
Batch Number	Contract Number	Provider Name	Claim Number	Client ID	Enrollment ID	Service Date	Adjudication Outcome	Claimed Amount	Paid Amount	277 Rejection Code	Rejection Reason
00000001	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000001	10000001	000001	07/14/2009	Paid	\$28.55	\$28.63		
00000002	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000002	10000002	000002	07/21/2009	Paid	\$28.55	\$28.63		
00000003	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000003	10000003	000003	07/28/2009	Paid	\$28.55	\$28.63		
00000004	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000004	10000004	000004	07/28/2009	Paid	\$28.55	\$28.63		
10000006	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000014	10000014	000014	07/25/2009	Paid	\$28.55	\$28.63		
10000007	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000015	10000015	000015	07/29/2009	Paid	\$27.50	\$27.58		
10000008	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000016	10000016	000016	07/11/2009	Paid	\$28.55	\$28.63		
10000009	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000017	10000017	000017	07/18/2009	Paid	\$28.55	\$28.63		
10000001	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000018	10000018	000018	07/25/2009	Rejected	\$100.18	\$0.00		Limit of 1 unit per day
20000002	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000019	10000019	000019	07/25/2009	Rejected	\$100.18	\$0.00		Limit of 1 unit per day
30000003	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000020	10000020	000020	07/31/2009	PRC Ready	\$50.00	\$50.00		
40000004	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000021	10000021	000021	07/08/2009	PRC Ready	\$50.00	\$40.00		
50000005	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000022	10000022	000022	07/15/2009	PRC Ready	\$50.00	\$40.00		
60000006	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000023	10000023	000023	07/29/2009	None	\$50.00	\$0.00	38	The Primary Identifier submitted in the 837 file is not found in EIM
70000007	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000024	10000024	000024	07/31/2009	None	\$50.00	\$0.00	96	Rendering provider does not have a Service Delivery Role in EIM on the contract for the activity
80000001	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000025	10000025	000025	07/15/2009	None	\$50.00	\$0.00	38	The Primary Identifier submitted in the 837 file is not found in EIM
80000002	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000026	10000026	000026	07/31/2009	PRC Ready	\$50.00	\$50.00		
80000003	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000027	10000027	000027	07/31/2009	None	\$50.00	\$0.00	38	The Primary Identifier submitted in the 837 file is not found in EIM
80000004	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000028	10000028	000028	07/31/2009	None	\$50.00	\$0.00	96	Rendering provider does not have a Service Delivery Role in EIM on the contract for the activity
80000005	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000029	10000029	000029	07/08/2009	None	\$50.00	\$0.00	96	Rendering provider does not have a Service Delivery Role in EIM on the contract for the activity
80000061	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000084	10000084	000084	07/06/2009	PRC Ready	\$50.00	\$50.00		
80000062	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000085	10000085	000085	07/13/2009	PRC Ready	\$50.00	\$50.00		
80000063	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000086	10000086	000086	07/20/2009	Paid	\$28.55	\$28.63		
80000064	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000104	10000104	000104	07/29/2009	Paid	\$28.55	\$28.63		
80000081	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000105	10000105	000105	07/29/2009	Paid	\$28.55	\$28.63		
80000082	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000106	10000106	000106	07/29/2009	Rejected	\$532.31	\$0.00		Client not enrolled on service date
80000083	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000107	10000107	000107	07/20/2009	Rejected	\$532.31	\$0.00		Missing CCB information
80000094	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000108	10000108	000108	07/25/2009	Rejected	\$532.31	\$0.00		Missing CCB information
90000006	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000119	10000119	000119	07/23/2009	Paid	\$82.76	\$82.76		
90000007	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000120	10000120	000120	07/20/2009	Paid	\$82.76	\$82.76		
90000008	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000121	10000121	000121	07/11/2009	Paid	\$28.55	\$28.63		
90000010	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000122	10000122	000122	07/18/2009	Paid	\$28.55	\$28.63		
90000009	12345678909676543210 - 2010 - CT	Provider XYZ Inc	000123	10000123	000123	07/25/2009	Paid	\$28.55	\$28.63		
Totals:								\$3121.79	\$852.29		

The report only includes HIPAA and DDE Claims, no data from SDRs is included. Any claim without a batch number is a DDE Claim, they are included in the report in order to provide a holistic picture of Claim Status for the input parameters. Any claim with an 'Adjudication Outcome' of none was rejected on a 277 file.



Understanding the HIPAA Claims Status Report

How do I read the report?

Batch Number	Contract Number	Provider Name	Claim Number	Client ID	Enrollment ID	Service Date	Adjudication Outcome	Claimed Amount	Paid Amount	277 Rejection Code	Rejection Reason
00000001	12345678909876543210 - 2010 - CT	Provider XYZ Inc	000001	10000001	000001	07/14/2009	Paid	\$28.56	\$28.63		
00000002	12345678909876543210 - 2010 - CT	Provider XYZ Inc	000002	10000002	000002	07/21/2009	Paid	\$28.56	\$28.63		
00000003	12345678909876543210 - 2010 - CT	Provider XYZ Inc	000003	10000003	000003	07/28/2009	Paid	\$28.56	\$28.63		
100000001	12345678909876543210 - 2010 - CT	Provider XYZ Inc	000018	10000018	000018	07/25/2009	Rejected	\$180.18	\$0.00		Limit of 1 unit per day
200000002	12345678909876543210 - 2010 - CT	Provider XYZ Inc	000019	10000019	000019	07/25/2009	Rejected	\$180.18	\$0.00		Limit of 1 unit per day
300000003	12345678909876543210 - 2010 - CT	Provider XYZ Inc	000020	10000020	000020	07/01/2009	RRC Ready	\$50.00	\$50.00		
400000004	12345678909876543210 - 2010 - CT	Provider XYZ Inc	000021	10000021	000021	07/08/2009	RRC Ready	\$50.00	\$40.00		
500000005	12345678909876543210 - 2010 - CT	Provider XYZ Inc	000022	10000022	000022	07/15/2009	RRC Ready	\$50.00	\$40.00		
600000006	12345678909876543210 - 2010 - CT	Provider XYZ Inc	000023	10000023	000023	07/29/2009	None	\$50.00	\$0.00	33	The Primary Identifier submitted in the 837 file is not found in EIM
700000007	12345678909876543210 - 2010 - CT	Provider XYZ Inc	000024	10000024	000024	07/01/2009	None	\$50.00	\$0.00	96	Rendering provider does not have a Service Delivery Role in EIM on the contract for the activity
800000001	12345678909876543210 - 2010 - CT	Provider XYZ Inc	000025	10000025	000025	07/15/2009	None	\$50.00	\$0.00	33	The Primary Identifier submitted in the 837 file is not found in EIM

Adjudication Outcome: The current status of the service (will display 'None' if it was rejected on a 277).

Claimed Amount: The claimed amount for that individual service (not the claimed amount for the entire service line or claim).

Paid Amount: The paid amount by the agency for that particular service (not the entire service line or claim; will display \$0 for a claim rejected on the 277).

277 Rejection Code: The error code for the 277 Rejection (See Table A for listing of 277 Rejection Codes/Reasons).

Rejection Reason: The rejection reason is applicable for claims that reject on both the 277 files and/or during normal EIM adjudication.

- For claims rejecting on the 277 file, the rejection reasons will display in this column. (See Table A for listing of 277 Rejection Codes/Reasons)
- For claims rejecting during EIM adjudication, the rejection reason will display in this column. Example: 'Limit 1 Unit of Service per Day'. These claims will not have a reason code.

Table A: 277 Rejection Code/Reasons

277 Rejection Code	EIM Description (Adjudication)	Rejection Reason
21	Claim Frequency Type Code = "6" (at Claim Level) and the Claim Original Reference Number does not exist.	The claim original reference number submitted in the 837 file is not valid in EIM.
21	Claim Frequency Type Code = "7" (at Claim Level) and the Claim Original Reference Number does not exist.	The claim original reference number submitted in the 837 file is not valid in EIM.



21	Claim Frequency Type Code = "8" (at Claim Level) and the Claim Original Reference Number does not exist.	The claim original reference number submitted in the 837 file is not valid in EIM.
21	Claim Frequency Type Code = "6" (at Claim Level) and the Claim Original Reference Number is null.	The claim original reference number submitted in the 837 file is invalid.
21	Claim Frequency Type Code = "7" (at Claim Level) and the Claim Original Reference Number is null.	The claim original reference number submitted in the 837 file is invalid
21	Claim Frequency Type Code = "8" (at Claim Level) and the Claim Original Reference Number is null.	The claim original reference number submitted in the 837 file is invalid
21	When claim frequency code is 1,2,3,4,5 and original claim number is present in XML.	When using claim frequency codes of 1, 2, 3, 4 or 5 do not submit a Claim Original Reference Number with the claim.
26	Billing Organization (at Claim Level) does not exist within the system.	Billing Organization at claim level does not exist in EIM.
26	Rendering Provider Organization (at Claim Level or Service Line level) (if information is submitted) does not exist within the system.	Rendering Provider Organization does not exist in EIM.
26	Service Facility Organization (at Claim Level or Service Line level) does not exist within the system.	Service Facility Organization does not exist in EIM.
28	Activity (at Claim Level) does not exist within the system.	The activity code submitted in the 837 file is not associated to the contract being billed.
30	Subscriber and Subscriber ID mismatched.	The claim in the 837 file is attempting to replace, correct or void a prior claim but the Primary Identifier submitted in the file does not match the Primary Identifier of the original claim
33	Client (at Claim Level) does not exist within the system.	The Primary Identifier submitted in the 837 file is not found in EIM.
48	Prior Authorization or Referral Number does not contain a numeric value.	The Prior Authorization or Referral Number does not contain a numeric value.
54	There exists a duplicate claim within the same batch that has the same activity, contract, client ID, and frequency code	There exists a duplicate claim in EIM for the same batch number that has the same activity, contract, primary



	and service date.	identifier, service code and service date.
91	No enrollment exists in EIM on service dates.	For the service dates identified in the 837 file there are no enrollments in EIM.
91	Only Draft/Denied/pending Enrollment exists for the client.	The client identified in the 837 file is only associated with draft, denied or pending enrollments in EIM.
91	No enrollment found at all for the client.	The client identified in the 837 file has no enrollments in EIM.
91	No enrollment exists for the contract.	The contract identified in the 837 file has no enrollments in EIM.
96	Contract (at Claim Level) does not exist within the system.	The contract number submitted in the 837 file is not found in EIM.
96	More than one Contract (comparing the Claim Level and Service Line Level) exists within the claim.	There are multiple contract numbers submitted within the claim. Only one CN1 segment should be present per claim.
96	Rendering Provider Organization (at Claim Level or Service Line Level) (if information is submitted) does not have a Service Delivery Role on Contract and for Activity.	Rendering provider does not have a Service Delivery Role in EIM on the contract for the activity.
96	Service Facility Organization (at Claim Level or Service Line Level) does not have a Service Delivery Role on Contract and for Activity.	Service Facility Organization does not have a Service Delivery Role in EIM on the contract for the activity.
96	Billing Organization is not the Contracting Organization within the system.	Billing Organization submitted in 837 file is not the Contracting Organization in EIM.
96	Service facility location is not a service provider in the system.	Service Facility Location does not have a Service Delivery Role in EIM on the contract for the activity
476	Unit qualifier is missing or not valid for this submission or the number of units does not match the number of days of service.	The unit qualifier is missing or not valid for this claim or the number of units submitted do not match the number of days of service.
479	Other Carrier payer ID is missing or invalid.	The Other Payer Primary Identifier is missing from COB portion of claim or invalid in EIM.



493	Diagnosis Code(s) (at Claim Level) contained within the claim does not exist within the system.	The diagnosis code submitted in the 837 file at claim level does not exist in EIM.
493	Taxonomy Code (at Claim Level) for Billing Provider does not exist within the system.	The taxonomy code submitted in the 837 file for the billing provider does not exist in EIM.
493	Taxonomy Code (at Claim Level or Service Line Level) for Rendering Provider does not exist within the system.	The taxonomy code submitted in the 837 file for the rendering provider does not exist in EIM.
493	Facility Code (at Claim Level or Service Line level) does not exist within the system.	The facility code submitted in the 837 file does not exist in EIM.
493	Claim Frequency Code (at Claim Level) does not exist within the system.	The claim frequency code submitted in the 837 file at claim level does not exist in EIM.
493	Release of Information Code (at Claim Level or Service Line level) does not exist within the system.	The release of information code submitted in the 837 file does not exist in EIM.
493	Delay Reason Code (at Claim Level) does not exist within the system.	The delay reason code submitted in the 837 file at claim level does not exist in EIM.
493	Provider or Supplier Signature Indicator (at Claim Level) does not exist within the system.	The provider or supplier signature indicator submitted in the 837 file at claim level does not exist in EIM.
493	Medicare Assignment Code (at Claim Level) does not exist within the system.	The Medicare assignment code submitted in the 837 file at claim level does not exist in EIM.
493	Assignment of Benefits Indicator (at Claim Level) does not exist within the system.	The assignment of benefits indicator submitted in the 837 file at claim level does not exist in EIM.
493	Patient Signature Source Code (at Claim Level) does not exist within the system.	The patient signature source code submitted in the 837 file at claim level does not exist in EIM.
493	The claim filing indicator does not exist within the system.	The claim filing indicator submitted in the 837 file at claim level does not exist in EIM.
493	The note reference code does not exist within the system.	The note reference code submitted in the 837 file at claim level does not exist in EIM.
493	The attachment report type code or attachment transmission code does not	The attachment report type code or attachment transmission code



	exist within the system.	submitted in the 837 file at claim level does not exist in EIM.
493	The unit or basis of measurement code does not exist within the system.	The unit or basis of measurement code submitted in the 837 file at claim level does not exist in EIM.
493	The claim note reference code does not exist within the system.	The claim note reference code submitted in the 837 file at claim level does not exist in EIM.
493	The revenue code submitted in the 837 file at claim level does not exist in EIM.	The revenue code submitted in the 837 file at claim level does not exist in EIM.
493	Principal Diagnosis does not exist in EIM.	The Principal Diagnosis Code submitted in the 837 file does not exist in EIM.
493	Admitting Diagnosis does not exist in EIM.	The Admitting Diagnosis Code submitted in the 837 file does not exist in EIM.
499	Service Code(s) (at Service Line Level) contained within the claim does not exist within the system.	The service code submitted in the 837 file at service line level is not associated to the contract being billed.

Additional Learning Opportunities

192 HIPAA Billing and Claim Level Reconciliation CBT – To take online course, log into [PACE](#).

Questions or need assistance?

Call Virtual Gateway Customer Service

1-800-421-0938

(617-847-6578 - TTY for the deaf and hard of hearing)

8:30 am to 5:00 pm Monday through Friday

