

This Claims Audit Report Sample contains one report which would be returned to the sender of the claims ("BigSender"). Within this report the claims of **two different providers** ("Looney Tunes Clinic" and "Happy Cats Clinic") are listed . **Each provider's transaction sets (batches) contain a total, and all the batches for that provider are summed to provide a Grand Total.**

***** Top of Data *****

REPORT ID: CP189R01 BLUE CROSS AND BLUE SHIELD ON NORTH CAROLINA PAGE 1
 JOB: CLMA689D ELECTRONIC CLAIMS AUDIT REPORT

PROVIDER NAME: LOONEY TUNES CLINIC
 PROVIDER NUMBER: 12345 DATE: 12/26/04 17:28:07 MODE OF INPUT: HIPASY
 SENDER NAME: **BIGSENDER**

ISA CTRL #	PATIENT ACCT #	ISA DATE	MEMBER ID #	ISA TIME	CLAIM CTRL#	GS CTRL #	LAST NAME	FIRST NAME	ST CTRL #	FROM DATE	TO DATE	CLAIM CHARGE
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000000177		12/26/04		17:28		172			0180			
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HIPAA ERRORS

PB12345		YYP12233344401				BOOP	BETTY		05/14/04	05/15/04		150.00
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CODE: 12345 SEGMENT NAME: CLAIM INFORMATION LOOP: 2300 -CLM05-1
 INCORRECT DATA: 21YY4
 EXPLANATION: Code value is not valid for the code set required for CLM05-1.

PB43435		YYP12345558901				LEGHORN	FOGHORN		05/14/04	05/15/04		225.00
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CODE: 12345 SEGMENT NAME: CLAIM INFORMATION LOOP: 2300 -CLM05-1
 INCORRECT DATA: 21YY4
 EXPLANATION: Code value is not valid for the code set required for CLM05-1.

PB43444		YYP12222678901				BUNNY	BUGGS		05/14/04	05/15/04		175.00
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CODE: 12345 SEGMENT NAME: CLAIM INFORMATION LOOP: 2300 -CLM05-1
 INCORRECT DATA: 21YY4
 EXPLANATION: Code value is not valid for the code set required for CLM05-1.

PB41435		YYP12345677701				BIRD	TWEETY		05/14/04	05/15/04		225.00
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CODE: 12345 SEGMENT NAME: CLAIM INFORMATION LOOP: 2300 -CLM05-1
 INCORRECT DATA: 21YY4
 EXPLANATION: Code value is not valid for the code set required for CLM05-1.

PB42435		YYP11145678901				CAYOTE	WILEY		05/14/04	05/15/04		225.00
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CODE: 12345 SEGMENT NAME: CLAIM INFORMATION LOOP: 2300 -CLM05-1
 INCORRECT DATA: 21YY4
 EXPLANATION: Code value is not valid for the code set required for CLM05-1.

The Claims Audit Report header includes:

- a line for the ISA, GS, and ST Control Numbers, which identify the transmission and the unique batch;
- a line for Claim-specific information – Patient Account No., Member ID and Name, Claim Control No, Charge

BLUE CROSS AND BLUE SHIELD ON NORTH CAROLINA
ELECTRONIC CLAIMS AUDIT REPORT

JOB: CLMA689D
 PROVIDER NAME: LOONEY TUNES CLINIC
 PROVIDER NUMBER: 12345 DATE: 12/26/04 17:28:07 MODE OF INPUT: HIPASY
 SENDER NAME: **BIGSENDER**

ISA CTRL #	ISA DATE	ISA TIME	GS CTRL #	ST CTRL #			CLAIM CHARGE
PATIENT ACCT #	MEMBER ID #	CLAIM CTRL#	LAST NAME	FIRST NAME	FROM DATE	TO DATE	
PB12435	YYP12345999901		SAILOR	POPEYE	05/14/04	05/15/04	175.00

CODE: 12345 SEGMENT NAME: CLAIM INFORMATION LOOP: 2300 -CLM05-1
 INCORRECT DATA: 21YY4
 EXPLANATION: Code value is not valid for the code set required for CLM05-1.

SECURITY ERRORS

A label for the type of error or claim indicates either HIPAA Implementation Guide Errors, Security Errors, BCBSNC Business Errors, or Accepted Claims.

CODE: S001 SEGMENT NAME: BILLING PROVIDER SECONDARY ID LOOP:2010AA -REF-02
 INCORRECT DATA: 562274416
 EXPLANATION: Provider number not authorized.

A Batch Total – representing totals for each transaction set - are provided for ST/SE identified.

BATCH TOTAL	CLAIMS SUBMITTED:	CLAIM VOLUME	AMOUNT	CLAIM DOLLAR AMOUNT
	CLAIMS WITH ERRORS:	327		51,860.00
	HIPAA ERRORS:	327		51,860.00
	SECURITY ERRORS:	006		1,175.00
	BCBSNC ERRORS:	327		51,860.00
	CLAIMS ACCEPTED:	000		000.00
		000		000.00

A double, dashed line appears before the Grand Total.

The "Daily Grand Total" sums all the batches represented in the report for that particular provider. Totals are provided for Claims Submitted, and for each error type – HIPAA, Security, or BCBSNC Business Errors. Totals for claims that have successfully enter the system for adjudication are also listed

DAILY GRAND TOTAL	CLAIMS SUBMITTED:	CLAIM VOLUME	AMOUNT	CLAIM DOLLAR AMOUNT
	CLAIMS WITH ERRORS:	327		51,860.00
	HIPAA ERRORS:	327		51,860.00
	SECURITY ERRORS:	006		1,175.00
	BCBSNC ERRORS:	321		51,860.00
	CLAIMS ACCEPTED:	000		000.00
		000		000.00

REPORT ID: CP189R01
JOB: CLMA689D

BLUE CROSS AND BLUE SHIELD ON NORTH CAROLINA
ELECTRONIC CLAIMS AUDIT REPORT

PROVIDER NAME: HAPPY CATS CLINIC
PROVIDER NUMBER: 00005
SENDER NAME: **BIGSENDER**

DATE: 12/26/04 17:28:07 MODE OF INPUT: HIPASY

ISA CTRL #	ISA DATE	ISA TIME	GS CTRL #	ST CTRL #				
PATIENT ACCT #	MEMBER ID #	CLAIM CTRL#	LAST NAME	FIRST NAME	FROM DATE	TO DATE	CLAIM CHARGE	
000000188	12/26/04	20:15	235	0223				

Interchange Control data appears only when the information has changed.

HIPAA ERRORS

PB55555	YYP12233344401	KITTY	MISS	05/14/04	05/15/04	150.00	
	CODE: 12345	SEGMENT NAME: CLAIM INFORMATION		LOOP: 2300	-CLM05-1		
	INCORRECT DATA: 21YY4						
	EXPLANATION: Code value is not valid for the code set required for CLM05-1.						
PB43435	YYP12345558901	LEGHORN	FOGHORN	05/14/04	05/15/04	225.00	
	CODE: 12345	SEGMENT NAME: CLAIM INFORMATION		LOOP: 2300	-CLM05-1		
	INCORRECT DATA: 21YY4						
	EXPLANATION: Code value is not valid for the code set required for CLM05-1.						
PB43444	YYP12222678901	BUNNY	BUGGS	05/14/04	05/15/04	175.00	
	CODE: 12345	SEGMENT NAME: CLAIM INFORMATION		LOOP: 2300	-CLM05-1		
	INCORRECT DATA: 21YY4						
	EXPLANATION: Code value is not valid for the code set required for CLM05-1.						

BCBSNC ERRORS

PB12345	YYP12233344401	KITTY	MISS	05/14/04	05/15/04	150.00	
	CODE: P335	SEGMENT NAME: CLAIM INFORMATION		LOOP: 2300	-CLM05-1		
	INCORRECT DATA: 99						
	EXPLANATION: Facility Type Code not valid for BCBSNC business.						
PB1823-1	YPH12345678901	DUCKER	DROOPY	05/02/2001	05/02/2001	120.00	
	CODE: P335	SEGMENT NAME: CLAIM INFORMATION		LOOP: 2300	-CLM05-1		
	INCORRECT DATA: 99						
	EXPLANATION: Facility Type Code not valid for BCBSNC business.						

REPORT ID: CP189R01
 JOB: CLMA689D

BLUE CROSS AND BLUE SHIELD ON NORTH CAROLINA
 ELECTRONIC CLAIMS AUDIT REPORT

PROVIDER NAME: HAPPY CATS CLINIC
 PROVIDER NUMBER: 00005
 SENDER NAME: **BIGSENDER**

DATE: 12/26/04 17:28:07 MODE OF INPUT: HIPASY

ISA CTRL #	ISA DATE	ISA TIME	GS CTRL #	ST CTRL #			CLAIM CHARGE
PATIENT ACCT #	MEMBER ID #	CLAIM CTRL#	LAST NAME	FIRST NAME	FROM DATE	TO DATE	
PB1877-1	YBU29715383501		TROOPER	MARY	05/02/2001	05/02/2001	250.00
	CODE: P319	SEGMENT NAME: DATE-	LAST MENSTRUAL PERIOD		LOOP:2300	-DTP03	
	INCORRECT DATA:						
	EXPLANATION: Accident Diagnosis Codes (800-995) require Date of Current Injury. Maternity Diagnosis Codes [630-677.99] require Date of LMP (DTP01 = 484).						

ACCEPTED CLAIMS

*PMP-B3-6	YPP5555555501	061203930054	DAISY	DONNA	02/02/2004	02/02/2004	100.00
PMP-B3-6	YPP55555555601	061203930054	DAISY	DONNA	02/02/2004	02/02/2004	100.00
PMP-B4-1	YPS55555557802	061203930055	ROSE	S	02/16/2004	02/25/2004	230.00
PMP-B4-2	YPA55555558701	061203930056	ROSE	SMELLY	04/16/2004	04/25/2004	150.00
PMP-B4-3	YPH55555556601	061203930057	ROSE	SMELLYW	03/16/2004	03/25/2004	150.00
565656	55555556701	061203930050	TAURUS	BULL	07/16/2004	07/16/2004	150.00
*PMP-B3-6	YPP55555666601	061203930054	DAISY	DONNA	02/02/2004	02/02/2004	100.00
PMP-B3-6	YPP55555666601	061203930054	DAISY	DONNA	02/02/2004	02/02/2004	100.00
PMP-B4-1	YPS23232323204	061203930055	ROSE	S	02/16/2004	02/25/2004	230.00
PMP-B4-2	YPA33333333309	061203930056	ROSE	SMELLY	04/16/2004	04/25/2004	150.00
PMP-B4-3	YPH55557777701	061203930057	ROSE	SMELLYW	02/16/2004	02/25/2004	150.00
565656	12345432101	061203930050	TAURUS	BULL	07/16/2004	07/16/2004	150.00

* - Indicates Replicated Claim

	CLAIM VOLUME	AMOUNT	CLAIM DOLLAR	AMOUNT
BATCH TOTAL - CLAIMS SUBMITTED:	016		2,680.00	
CLAIMS WITH ERRORS:	006		1,070.00	
HIPAA ERRORS:	003		550.00	
SECURITY ERRORS:	000		000.00	
BCBSNC ERRORS:	003		520.00	
CLAIMS ACCEPTED:	010		1,610.00	

REPORT ID: CP189R01
JOB: CLMA689D

BLUE CROSS AND BLUE SHIELD ON NORTH CAROLINA
ELECTRONIC CLAIMS AUDIT REPORT

PROVIDER NAME: HAPPY CATS CLINIC
PROVIDER NUMBER: 00005
SENDER NAME: **BIGSENDER**

DATE: 12/26/04 21:15:07 MODE OF INPUT: HIPASY

ISA CTRL #	ISA DATE	ISA TIME	GS CTRL #	ST CTRL #				
PATIENT ACCT #	MEMBER ID #	CLAIM CTRL#	LAST NAME	FIRST NAME	FROM DATE	TO DATE	CLAIM CHARGE	

HIPAA ERRORS

1234567	YPC2222222204		KITTY	MISSES	05/11/2004	05/11/2004	633.96	
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CODE: I331 SEGMENT NAME: Principal, Admitting, E-Code, etc. LOOP: 2300 -HI -XX-2
INCORRECT DATA: 9170
EXPLANATION: If the Principal Diagnosis Code is between '800' and '995', one of the Occ. Codes/Occ. Span Codes in Form Locators 32-36 must contain 01, 02, 03, 04, 05 or 06.

7645432	YPP333333333		PAW	SOCKS	05/12/2004	05/12/2004	854.79	
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CODE: I006 SEGMENT NAME: Subscriber Name LOOP: 2010BA-NM1-09
INCORRECT DATA: YPP333333333
EXPLANATION: Member ID must be valid.

ACCEPTED CLAIMS

4155928	YPH12345678902	052004806159	PURR	MARY	04/05/2004	04/05/2004	2,397.16	
4160686	YPH98765432101	052004806160	CAT	THOMAS	05/11/2004	05/11/2004	5,306.96	
4160926	YPC11111111101	052004806163	PERSIA	SUSAN	05/12/2004	05/12/2004	308.50	
4161203	YPH22222222200	052004806157	LAPCAT	LAURA	05/14/2004	05/16/2004	3,754.12	
4161364	YPP33333333306	052004806164	JUMPUP	JASON	05/16/2004	05/16/2004	306.19	
4161365	ZEB44444444400	052004806158	SMALL	SAMMIE	05/16/2004	05/16/2004	6,147.68	
4161367	YPC55555555509	052004806165	KITSTER	JOSE	05/16/2004	05/16/2004	1,369.51	
4161368	TEA66666666605	052004806166	RABBIT	PETER	05/16/2004	05/16/2004	216.63	
4161373	YPP77777777703	052004806167	RUMBLE	RHONDA	05/16/2004	05/16/2004	660.72	
4161395	YPP88888888804	052004806168	TIGER	BEAR	05/16/2004	05/16/2004	973.08	
4161396	99999999906	052004806169	LION	ROBERT	05/16/2004	05/16/2004	870.74	
4161411	R000000000	052004806170	JAGUAR	JAMES	05/16/2004	05/16/2004	413.59	
4161436	YPP122223334400	052004806171	CHITA	JOHN	05/16/2004	05/16/2004	2,795.10	

	CLAIM VOLUME	AMOUNT	CLAIM DOLLAR	AMOUNT
BATCH TOTAL - CLAIMS SUBMITTED:	015		27,008.73	
CLAIMS WITH ERRORS:	002		1,488.75	
HIPAA ERRORS:	000		000.00	
SECURITY ERRORS:	000		000.00	
BCBSNC ERRORS:	002		1,488.75	
CLAIMS ACCEPTED:	013		25,519.98	

REPORT ID: CP189R01

BLUE CROSS AND BLUE SHIELD ON NORTH CAROLINA

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JOB: CLMA689D

ELECTRONIC CLAIMS AUDIT REPORT

PROVIDER NAME: HAPPY CATS CLINIC

PROVIDER NUMBER: 00005

DATE: 12/26/04 17:28:07

MODE OF INPUT: HIPASY

SENDER NAME: **BIGSENDER**

ISA CTRL #	ISA DATE	ISA TIME	GS CTRL #	ST CTRL #				
PATIENT ACCT #	MEMBER ID #	CLAIM CTRL#	LAST NAME	FIRST NAME	FROM DATE	TO DATE	CLAIM CHARGE	

		CLAIM VOLUME	AMOUNT	CLAIM DOLLAR AMOUNT
DAILY GRAND TOTAL	CLAIMS SUBMITTED:	031		29,688.73
	CLAIMS WITH ERRORS:	008		2,558.75
	HIPAA ERRORS:	003		550.00
	SECURITY ERRORS:	000		000.00
	BCBSNC ERRORS:	005		2,008.75
	CLAIMS ACCEPTED:	023		27,129.98