



## Information Sheet - SNIP Level Changes

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Currently the fiscal agent processes all X12N data files using Strategic National Implementation Process (SNIP) guidelines levels 1 and 2. Levels 1 and 2 validate transactions for integrity/syntax and adherence to national implementation guides.

The new fiscal agent contract requires validation at levels 1 through 4. Levels 3 and 4 validate transactions for balancing and situational elements in the HIPAA Implementation guides. As a result of the higher SNIP level validation, some transactions that process successfully today may fail when validated against the higher SNIP levels.

To assist with analyzing the impact to a submitter's file, EDS will make available an interactive testing tool for all submitters. That testing tool is called Ramp Manager and is provided by EDIFECS. Please reference the Ramp Manager Information Sheet for more details.

Several common failures were identified during testing of current production data. The following information is provided to assist submitters with making the transition to the higher validation levels. It may be appropriate to forward this information to staff responsible for creating your organizations X12N transaction (eg, software vendor, clearinghouse or billing agent). Please review and make changes, as may be necessary.

To assist in your review, the information below is categorized by transaction type.

### All 837 Transactions

- In cases where Healthcare providers send the NPI (*optional during the NPI contingency period, required effective May 23, 2008*) within the NM109 data element in the 2010AA Billing Provider loop and/or 2010AB Pay-to Provider Loop, REF 01 equaling 'EI' or 'SY' must be used.
- Value of element NM109 is incorrect. Expected value is Employer's Identification Number (format is '9 digits or '00-0000000') when NM108='24'.
- Value of element REF02 (Subscriber Secondary ID) is incorrect. Expected value is Social Security Number (format is '9 digits or '000-00-0000') when REF01='SY'.
- Submitters will incur balancing edits beyond sum of all details equaling total charge submitted. In the example below, the balancing error occurred because the other payer paid amounts and/or adjustments did not equal total charge. It was common to receive errors similar to the following example:
  - COB claim balancing failed for payer 'X' (NM109 in loop 2330B): total charge amount (2300 CLM02) 'X' does not equal sum of paid amount (AMT02 in loop 2320) and all adjustment amounts (CAS in 2320 and 2430) 'X'.
  - In another example:
    - COB service line balancing is failed: charge amount (SV102) 'X' does not equal sum of paid amount (SVD02) and all line adjustment amounts (CAS) 'X'.

### 837P

- Loop 2310A (Referring Provider Loop) is missing. It is expected to be used when a referral is involved (segment 2300-REF (Prior Authorization or Referral Number) with REF01 as '9F' is used).

### 270

- Value of element NM108 is incorrect. Expected value is one of 'SV', 'PP', 'FI', '34' when NM101 is '1P' and National Provider ID is not mandated for use.

### 276

- Value of element DMG02 (Subscriber Birth Date) is incorrect. Value for date or start period date is expected to be a date earlier than the Transaction Creation Date. NOTE: Can not be a future date.
- Missing 2100D NM109, where NM108 equals QC. The Element NM109 contains only spaces.