

**American National Standards Institute X12N 837 Health Care Claim,
Versions 004010X096A1, 097A1, & 098A1,
Companion Document for
WPS Insurance Corporation**

- Family Care Program –

The Health Insurance Portability and Accountability Act (HIPAA) requires that all health insurance payers in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI X12N 837 implementation guides have been established as the standard for compliance for claim transactions. The implementation guides for each transaction are available electronically at www.wpc-edi.com.

The following information is intended to serve only as a companion document to the HIPAA ANSI X12N 837 Professional, Institutional, and Dental implementation guides. The use of this document is solely for the purpose of clarification.

The information describes specific requirements to be used for processing data in the WPS or EPIC Life Insurance systems of Wisconsin Physicians Service. The information in this document is subject to change. Changes will be communicated in the WPS and EPIC EDI Newsbytes quarterly news bulletin and on the Wisconsin Physicians Service website: www.wpsic.com. This companion document supplements, but does not contradict any requirements in the X12N 837 Professional, Institutional, and Dental implementation guides.

Please call us at 1-800-782-2680 to discuss any questions or concerns.

Specific to ALL 004010 Transactions:

1. Wisconsin Physicians Service will convert all lower case characters submitted on an inbound 837 file to upper case when sending data to the WPS or EPIC processing systems. Consequently, data later submitted for coordination of benefits will be submitted in upper case.
2. You must submit incoming 837 claim data using the basic character set as defined in Appendix A of the Implementation Guides. In addition to the basic character set, you may choose to submit lower case characters and the '@' symbol from the extended character set. Any other characters submitted from the extended character set may cause the interchange (transmission) to be rejected at the carrier translator.
3. The incoming 837 transactions utilize delimiters from the following list: >, *, ~, ^, |, and:
Submitting delimiters not supported within this list may cause an interchange (transmission) to be rejected.
4. Only loops, segments, and data elements valid for the HIPAA Implementation Guides will be translated. Submitting data not valid based on the Implementation Guides may cause files to be rejected.
5. Only loops, segments, and data elements valid for the HIPAA Implementation Guides will be translated. Non implementation guide data may not be sent for processing consideration.
6. Wisconsin Physicians Service may edit data submitted within the envelope segments (ISA, GS, ST, SE, GE, and IEA) beyond the requirements defined in the Implementation Guides.
7. Wisconsin Physicians Service will reject an interchange (transmission) that is submitted with a submitter identification number that is not authorized for electronic claim submission. Submitter identification number must be reported in ISA06, GS02, and loop 1000A, NM109 (Sender ID).
8. Wisconsin Physicians Service may reject an interchange (transmission) that is not submitted with unique values in the ST02 (Transaction Set Control Number) elements.

9. Wisconsin Physicians Service may reject an interchange (transmission) submitted with more than 9,999 loops.
10. Wisconsin Physicians Service may reject an interchange (transmission) submitted with more than 9,999 segments per loop.
11. Wisconsin Physicians Service will only accept claims for one line of business per transaction. Claims submitted for multiple lines of business within one ST-SE (Transaction Set) may cause the transaction to be rejected.
12. Wisconsin Physicians Service will return the version of the 837 inbound transaction in GS08 (Version/Release/ Industry Identifier Code) of the 997.
13. We suggest retrieval of the ANSI 997 functional acknowledgment files on or before the first business day after the claim file is submitted, but no later than five days after the file submission. Compression of files using PKZIP is supported for transmissions between the submitter and Wisconsin Physicians Service.
14. Only valid qualifiers for WPS or EPIC should be submitted on incoming 837 claim transactions. Any qualifiers submitted for WPS or EPIC processing not defined for use in WPS or EPIC billing, may cause the claim or the transaction to be rejected.
15. The hierarchical level (HL segment) must be in order from one, by one (+1) and must be numeric. Failure may cause the transaction to be rejected.
16. The subscriber may or may not be the same as the patient. If subscriber is not the same as the patient (2000B/SBR02 not = 18), loop 2000C must be reported.
17. Do not use Credit/Debit card information to bill WPS or EPIC (2300 loop, AMT01=MA and 2010BD loop).
18. Wisconsin Physicians Service may reject an interchange (transmission) with more than 5,000 CLM segments (claims) submitted per transaction.
19. Data submitted in loop 2300, CLM20 (Delay Reason Code) may not be used for processing.
20. Any data submitted in loop 2300, PWK (Paperwork) segment, may not be considered for processing.
21. All dates that are submitted on an incoming 837 claim transaction should be valid calendar dates in the appropriate format based on the respective qualifier. Failure to submit a valid calendar date may result in rejection of the claim or the applicable interchange (transmission).
22. Service dates at the line level (2400 loop, DTP03) should not span more than one month per line. If service dates do span more than one month per line, claim adjudication may be delayed.
23. You may report up to four modifiers in loop 2400. However, the WPS and EPIC processing systems will only use the first two modifiers for adjudication and payment determination of claims.
24. A maximum of 38 characters will be accepted for patient account number reported in loop 2300, CLM01. However, value will be truncated to 20 characters.
25. WPS/EPIC editing of the 837 transaction is based on the implementation guide as well as the business edits that are listed at the end of this document.

National Provider Identifier (NPI)

The Healthcare Insurance Portability and Accountability Act (HIPAA) required that providers submit the NPI with all standard electronic transactions by the compliance date of May 23, 2007. However, on April 2, 2007, the Centers for Medicare and Medicaid (CMS) published guidance to the healthcare industry regarding National Provider Identifier (NPI) contingency planning. CMS' NPI contingency plan guidance allows providers, vendors, clearinghouses and health plans ('covered entities') that demonstrate "good faith efforts" a maximum of 12 additional months (i.e., May 23, 2008) to achieve NPI compliance without financial penalty. Therefore, WPS has adopted the same strategy and extended the dual usage period to May 23, 2008. During the transition, providers may continue to submit any legacy identifiers they currently use within any transaction.

Non-covered entities: Providers whose services are not considered health care services and/or who do not meet the definition of health care provider are not required to obtain an NPI. For example, State Medicaid agencies are considered non-covered entities.

Rendering Provider Information: Professional Transaction Only

Rendering provider information should be given at the 2310B or 2420A level. Failure to do so will not result in the claim being denied, but may cause the claim to be delayed in processing.

WPS/EPIC Secondary/Tertiary Claims

In order to assure proper adjudication of claims containing prior payer involvement, it is strongly recommended that WPS/EPIC receive the prior payer allowed, paid, and reason if no prior payment is made on claims submitted. WPS/EPIC follows the ASC X12 837 implementation guides for the needed elements to process. The following outline provides the basic elements of the 837 needed for secondary and tertiary claims processing.

Loop 2320/SBR –

Other Subscriber Information – The 2320 loop is required when reporting other insurance, prior or otherwise. The multiple instance of SBR's breakdown multiple payers and the claim adjudication decisions.

Loop 2320 –

AMT Prior Payer Paid - The 837 implementation guide requires this element if claim adjudicated by prior payer.

AMT - Allowed Amount – Allowed amounts can be provided at the AMT. However, if the AMT cannot be reported, the CAS segment is necessary to adjudicate.

OI – Other Insurance Coverage Information – Required if 2320 loop is present.

Loops 2320 or 2430

CAS segments – The CAS segments as described in the 837 implementation guides indicate the CAS usage is to report prior payers adjustments that cause the amount paid to differ from the amount originally charged. The CAS segment can be used in lieu of the Allowed Amount AMT if all financial elements of the claim are defined in the CAS.

Report CARC (claim adjustment reason code) and associated dollar amount at same level as received from the prior payer.

Loop 2330A/NM1 –

Other Subscriber Name – The 837 implementation guide requires if 2320 present.

Loop 2330B

NM1 – Other Payer Name – The 837 implementation guide requires if 2320 present

DTP - Claim Adjudication Date The 837 implementation guide requires when line adjudication date is not used & the payer has adjudicated claim.

Dental Claim Transaction

WPS and EPIC do not process non adjunctive dental claims. Adjunctive dental claims must contain a diagnosis and be submitted in the 837 Professional or Institutional format for adjudication by WPS or EPIC.

Business Edits

Informational Messages:

An informational message represents information only and is utilized during a transition phase to inform trading partners of a specific scenario. WPS accepts claim for adjudication, but may convert informational message in the future to an edit to deny claim and not accept for adjudication.

LOOP	SEGMENT	ELEMENT	QUALIFIER	WPS and EPIC 837 PROFESSIONAL BUSINESS EDITS
	ISA05			Must = ZZ
	ISA06			Must = WPS assigned trading partner ID & coincide to line of business reported in ISA08.
	ISA07			Must = ZZ
	ISA08			Must = 'WPS' – Wisconsin Physicians Service 'EPIC' – EPIC Life Insurance Must coincide with trading partner ID reported in ISA06.
	ISA09			Must not = future date
	ISA09			Duplicate File Check = File submitted matches another file(s) submitted in the past. Following is the matching criteria: ISA09, ISA10, ISA13, GS02, GS03, GS04, GS05, GS06, 2010AA-NM109, 2010B-NM103, 2300-CLM02, 2400-DTP03/472, 2400-SV101-2, and SE
	GS02			Must = value in ISA06
	GS03			Must = ISA08
	GS04			Must not be a future date
	BHT	02		Must = 00
	BHT	06		Must = CH
1000A	NM1	09		Must = ISA06
1000B	NM1	09		Must = ISA08
2000A	CUR	02		Must = USA
2010AA	NM1	08		Must = 24 or XX
2010AA	NM1	09		Must = 9 numeric if 2010AA/NM108 = 24 Must = valid NPI if 2010AA/NM108 = XX
2010AA	N3/N4			INFORMATIONAL MESSAGE ONLY: Must be the service location/physical address if service facility location is NOT reported in 2310D.
2010AA	REF	01		Must = EI or SY when 2010AA/NM108 = XX
2010AB	NM1	09	XX	Must be valid NPI if qualifier = XX
2000B	SBR	09		Must = CI
2010BA	NM1	02		Must = 1
2010BA	NM1	08		Must = MI
2010BA	NM1	09		Must = 9 digit numeric WPS Member Number
2010BA	N3	01		Contains patient address. FAMILY CARE NOTE: If patient address is unknown, use provider's address in place of patients.
2010BA	N4	01, 02, 03		Contains City, State, Zip Code of patient address. FAMILY CARE NOTE: If unknown, use City, State, Zip Code of provider.
2010BA	DMG	02		Must not be after date of service reported in 2300/DTP02 (DTP01 = 434). FAMILY CARE NOTE: If patient date of birth is unknown, use 01-01-1901 (do not send dashes/use correct date format)

LOOP	SEGMENT	ELEMENT	QUALIFIER	WPS and EPIC 837 PROFESSIONAL BUSINESS EDITS
2010BA	DMG	03		FAMILY CARE NOTE: If the patient sex is unknown, use 'U – Unknown'
2010CA	DMG	02		Must not be after date of service reported in 2300/DTP02 (DTP01 = 434)
2300	CLM	02		Max value = 999,999.99
		02		Decimal placement error. Correlates to dollar amount reported.
		02		Must = sum of all line charges (SV102)
		05		Must = values 1 (Original) through 8 (Void/Cancel). WPS and EPIC will not accept 'alpha' frequency code values for processing.
2300	AMT	02	F5	Max value = 999,999.99
		02	F5	Decimal placement error. Correlates to dollar amount reported.
		02	F5	Must not be negative value
2300	REF	01	G1	FAMILY CARE NOTE: Segment must be sent by Family Care providers. Not required for WPS or EPIC
		02		FAMILY CARE NOTE: Only that code authorized on the providers 'Service Authorization' form should be submitted (one same code per claim). Use one date of service, or span of dates, with the units of service equal to the number of services provided within that span. If a Revenue Code was pre-authorized, provider should submit that claim in the Institutional Claim format.
2300	CR1	06		Must not be negative
2300	HI	Diagnosis Codes		Diagnosis codes have a maximum size of five (5). WPS and EPIC do not accept decimal points in diagnosis codes. FAMILY CARE NOTE: If no diagnosis code is available, use code 780.99 (do not include decimal)
2310A	NM1	09	XX	Must be valid NPI if qualifier = XX
2310A	PRV	03		Must = Taxonomy code when submitting psychiatric services (codes 908XX) in SV101-1 (unless given at 2310B)
2310B	NM1	09	XX	Must be valid NPI if qualifier = XX
2310B	PRV	03		Must = Taxonomy code when submitting psychiatric services (codes 908XX) in SV101-1 (unless given at 2310A)
2310C	NM1	09	XX	Must be valid NPI if qualifier = XX
2310D	NM1	09	XX	Must be valid NPI if qualifier = XX
2310D	N3/N4			INFORMATIONAL MESSAGE ONLY: Required when a billing address is reported in 2010AA, N3/N4.
2310E	NM1	09	XX	Must be valid NPI if qualifier = XX
2320	SBR	01		Must = P when 2000B/SBR01 = S
		01		Must = P and S when 2000B/SBR01 = T
2320	CAS	03		Max value = 999,999.99
		03		Decimal placement error. Correlates to dollar amount reported.
2320	CAS	06		Max value = 999,999.99
		06		Decimal placement error. Correlates to dollar amount reported.
2320	CAS	09		Max value = 999,999.99
		09		Decimal placement error. Correlates to dollar amount reported.

LOOP	SEGMENT	ELEMENT	QUALIFIER	WPS and EPIC 837 PROFESSIONAL BUSINESS EDITS
2320	CAS	12		Max value = 999,999.99
		12		Decimal placement error. Correlates to dollar amount reported.
2320	CAS	15		Max value = 999,999.99
		15		Decimal placement error. Correlates to dollar amount reported.
2320	CAS	18		Max value = 999,999.99
		18		Decimal placement error. Correlates to dollar amount reported.
2320	AMT	01	D	2320/AMT01, qualifier D is required if 2000B/SBR01 = T and 2320/SBR01= P or S
		01	D	2320/AMT01, qualifier D is required if 2320/SBR01 = P
2320	AMT	02	D	Max value = 999,999.99
		02	D	Decimal placement error. Correlates to dollar amount reported.
		02	D	Must not be negative value
2320	AMT	02	AAE	Max value = 999,999.99
		02	AAE	Decimal placement error. Correlates to dollar amount reported.
2320	AMT	02	B6	Max value = 999,999.99
		02	B6	Decimal placement error. Correlates to dollar amount reported.
		02	B6	Must not be negative value
2320	AMT	02	F2	Max value = 999,999.99
		02	F2	Decimal placement error. Correlates to dollar amount reported.
2320	AMT	02	AU	Max value = 999,999.99
		02	AU	Decimal placement error. Correlates to dollar amount reported.
2320	AMT	02	D8	Max value = 999,999.99
		02	D8	Decimal placement error. Correlates to dollar amount reported.
2320	AMT	02	F5	Max value = 999,999.99
		02	F5	Decimal placement error. Correlates to dollar amount reported.
2400	SV1	01-1		Must = HC
2400	SV1	02		Max value = 999,999.99
		02		Decimal placement error. Correlates to dollar amount reported.
		02		Must not be negative value
2400	SV1	04		Max value = 999.9 If decimal is reported, number after decimal will be truncated.
		04		Decimal placement error.
		04		Must not be negative value
2400	SV5	03		Max value = 999
		03		Must not be negative value
2400	SV5	04		Max value = 999,999.99
		04		Decimal placement error. Correlates to dollar amount reported.
		04		Must not be negative value
2400	SV5	05		Max value = 999,999.99
		05		Decimal placement error. Correlates to dollar amount

LOOP	SEGMENT	ELEMENT	QUALIFIER	WPS and EPIC 837 PROFESSIONAL BUSINESS EDITS
				reported.
		05		Must not be negative value
2400	CR1	06		Must not be negative value
2400	DTP	03	472	Must not be a future date
		03	472	Century of date must = 19 or 20
		03	472	'From' date must be = to or < 'To' date
2400	DTP	03	463	Must not be a future date
		03	463	Century of date must = 19 or 20
2410	CTP	03		Max value = 999,999.99
		03		Decimal placement error. Correlates to dollar amount reported.
		03		Must not be negative value
2410	CTP	04		Max value = 999.9 If decimal is reported, number after decimal will be truncated.
		04		Decimal placement error.
		04		Must not be negative value
2420A	NM1	09	XX	Must be valid NPI if qualifier = XX
2420B	NM1	09	XX	Must be valid NPI if qualifier = XX
2420C	NM1	09	XX	Must be valid NPI if qualifier = XX
2420D	NM1	09	XX	Must be valid NPI if qualifier = XX
2420E	NM1	09	XX	Must be valid NPI if qualifier = XX
2420F	NM1	09	XX	Must be valid NPI if qualifier = XX
2430	CAS	03		Max value = 999,999.99
		03		Decimal placement error. Correlates to dollar amount reported.
2430	CAS	06		Max value = 999,999.99
		06		Decimal placement error. Correlates to dollar amount reported.
2430	CAS	09		Max value = 999,999.99
		09		Decimal placement error. Correlates to dollar amount reported.
2430	CAS	12		Max value = 999,999.99
		12		Decimal placement error. Correlates to dollar amount reported.
2430	CAS	15		Max value = 999,999.99
		15		Decimal placement error. Correlates to dollar amount reported.
2430	CAS	18		Max value = 999,999.99
		18		Decimal placement error. Correlates to dollar amount reported.

LOOP	SEGMENT	ELEMENT	QUALIFIER	WPS and EPIC 837 INSTITUTIONAL BUSINESS EDITS
	ISA05			Must = ZZ
	ISA06			Must = WPS assigned trading partner ID & coincide to line of business reported in ISA08.
	ISA07			Must = ZZ
	ISA08			Must = 'WPS' – Wisconsin Physicians Service 'EPIC' – EPIC Life Insurance Must coincide with trading partner ID reported in ISA06.
	ISA09			Must not = future date
	ISA09			Duplicate File Check = File submitted matches another file(s) submitted in the past. Following is the matching criteria: ISA09, ISA10, ISA13, GS02, GS03, GS04, GS05, GS06, 2010AA-NM109, 2010B-NM103, 2300-CLM02, 2400-DTP03/472, 2400-SV202-2, and SE
	GS02			Must = value in ISA06
	GS03			Must = ISA08
	GS04			Must not be a future date
	BHT	02		Must = 00
	BHT	06		Must = CH
1000A	NM1	09		Must = ISA06
1000B	NM1	09		Must = ISA08
2000A	CUR	02		Must = USA
2010AA	NM1	08		Must = 24 or XX
2010AA	NM1	09		Must = 9 numeric if 2010AA/NM108 = 24 Must = valid NPI if 2010AA/NM108 = XX
2010AA	N3/N4			INFORMATIONAL MESSAGE ONLY: Must be the service location/physical address if service facility location is NOT reported in 2310E.
2010AA	REF	01		Must = EI or SY when 2010AA/NM108 = XX
2010AB	NM1	09	XX	Must be valid NPI if qualifier = XX
2000B	SBR	09		Must = CI
2010BA	NM1	02		Must = 1
2010BA	NM1	08		Must = MI
2010BA	NM1	09		Must = 9 digit numeric WPS or EPIC Member Number
2010BA	N3	01		Contains patient address. FAMILY CARE NOTE: If patient address is unknown, use provider's address in place of patients.
2010BA	N4	01, 02, 03		Contains City, State, Zip Code of patient address. FAMILY CARE NOTE: If unknown, use City, State, Zip Code of provider.
2010BA	DMG	02		Must not be after date of service reported in 2300/DTP02 (DTP01 = 434). FAMILY CARE NOTE: If patient date of birth is unknown, use 01-01-1901 (do not send dashes/use correct date format)
2010BA	DMG	03		FAMILY CARE NOTE: If the patient sex is unknown, use 'U – Unknown'
2010CA	DMG	02		Must not be after date of service reported in 2300/DTP02 (DTP01 = 434)
2300	CLM	02		Max value = 999,999.99
2300	CLM	02		Decimal placement error. Correlates to dollar amount reported.
		02		Must = sum of all line charges (SV203)

LOOP	SEGMENT	ELEMENT	QUALIFIER	WPS and EPIC 837 INSTITUTIONAL BUSINESS EDITS
		05		Must = values 1 (Original) through 8 (Void/Cancel). WPS and EPIC will not accept 'alpha' frequency code values for processing.
2300	AMT	02	F5	Max value =999,999.99
		02	F5	Decimal placement error. Correlates to dollar amount reported.
		02	F5	Must not be negative value
2300	REF	01	G1	FAMILY CARE NOTE: Segment must be sent by Family Care providers. Not required for WPS or EPIC
		02		FAMILY CARE NOTE: Only that code authorized on the providers 'Service Authorization' form should be submitted (one same code per claim). Use one date of service, or span of dates, with the units of service equal to the number of services provided within that span. If a HCPCS code was pre-authorized, provider should submit that claim in the Professional Claim format.
2300	HI	Diagnosis Codes		Diagnosis codes have a maximum size of five (5). WPS and EPIC do not accept decimal points in diagnosis codes. FAMILY CARE NOTE: If no diagnosis code is available, use code 780.99 (do not include decimal)
2300	HI	01-5	BE	Max value = 999,999.99
		01-5	BE	Decimal placement error. Correlates to dollar amount reported.
		01-5	BE	Must not be negative value
2310A	NM1	09	XX	Must be valid NPI if qualifier = XX
2310A	PRV	03		Must = Taxonomy code when submitting psychiatric services (codes 908XX) in SV101-1 (unless given at 2310B)
2310B	NM1	09	XX	Must be valid NPI if qualifier = XX
2310B	PRV	03		Must = Taxonomy code when submitting psychiatric services (codes 908XX) in SV101-1 (unless given at 2310A)
2310C	NM1	09	XX	Must be valid NPI if qualifier = XX
2310E	NM1	09	XX	Must be valid NPI if qualifier = XX
2310E	N3/N4			INFORMATIONAL MESSAGE ONLY: Required when a billing address is reported in 2010AA, N3/N4.
2320	SBR	01		Must = P when 2000B/SBR01 = S
		01		Must = P and S when 2000B/SBR01 = T
2320	CAS	03		Max value = 999,999.99
		03		Decimal placement error. Correlates to dollar amount reported.
2320	CAS	06		Max value = 999,999.99
		06		Decimal placement error. Correlates to dollar amount reported.
2320	CAS	09		Max value = 999,999.99
		09		Decimal placement error. Correlates to dollar amount reported.
2320	CAS	12		Max value = 999,999.99
		12		Decimal placement error. Correlates to dollar amount reported.
2320	CAS	15		Max value = 999,999.99
		15		Decimal placement error. Correlates to dollar amount reported.

LOOP	SEGMENT	ELEMENT	QUALIFIER	WPS and EPIC 837 INSTITUTIONAL BUSINESS EDITS
2320	CAS	18		Max value = 999,999.99
		18		Decimal placement error. Correlates to dollar amount reported.
2320	AMT	02	C4	Max value = 999,999.99
		02	C4	Decimal placement error. Correlates to dollar amount reported.
		02	C4	Must not be negative value
2320	AMT	02	B6	Max value = 999,999.99
		02	B6	Decimal placement error. Correlates to dollar amount reported.
		02	B6	Must not be negative value
2320	AMT	02	T3	Max value = 999,999.99
		02	T3	Decimal placement error. Correlates to dollar amount reported.
		02	T3	Must not be negative value
2320	AMT	02	N1	Max value = 999,999.99
		02	N1	Decimal placement error. Correlates to dollar amount reported.
		02	N1	Must not be negative value
2320	AMT	02	A8	Max value = 999,999.99
		02	A8	Decimal placement error. Correlates to dollar amount reported.
		02	A8	Must not be negative value
2400	LX			Max segments = 998
2400	SV2	03		Max value = 999,999.99
		03		Decimal placement error. Correlates to dollar amount reported.
		03		Must not be negative value
2400	SV2	05		Max value = 999,999.99 If decimal is reported, number after decimal will be truncated.
		05		Decimal placement error.
		05		Must not be negative value
2400	DTP	03	472	Must not be a future date
		03	472	Century of date must = 19 or 20
		03	472	'From' date must be = to or < 'To' date
2400	DTP	03	GT	Max value = 999,999.99
2400	AMT	02	GT	Decimal placement error. Correlates to dollar amount reported.
		02	GT	Must not be negative value
2400	AMT	02	N8	Max value = 999,999.99
		02	N8	Decimal placement error. Correlates to dollar amount reported.
		02	N8	Must not be negative value
	CTP	03		Max value = 999,999.99
		03		Decimal placement error. Correlates to dollar amount reported.
		03		Must not be negative value
	CTP	04		Max value = 999.9 If decimal is reported, number after decimal will be truncated.
		04		Decimal placement error.
		04		Must not be negative value
2420A	NM1	09	XX	Must be valid NPI

LOOP	SEGMENT	ELEMENT	QUALIFIER	WPS and EPIC 837 INSTITUTIONAL BUSINESS EDITS
2420B	NM1	09	XX	Must be valid NPI
2420C	NM1	09	XX	Must be valid NPI
2430	CAS	03		Max value = 999,999.99
		03		Decimal placement error. Correlates to dollar amount reported.
2430	CAS	06		Max value = 999,999.99
		06		Decimal placement error. Correlates to dollar amount reported.
2430	CAS	09		Max value = 999,999.99
		09		Decimal placement error. Correlates to dollar amount reported.
2430	CAS	12		Max value = 999,999.99
		12		Decimal placement error. Correlates to dollar amount reported.
2430	CAS	15		Max value = 999,999.99
		15		Decimal placement error. Correlates to dollar amount reported.
2430	CAS	18		Max value = 999,999.99
		18		Decimal placement error. Correlates to dollar amount reported.