

Formatting, submitting patient control/account numbers

This Best Practice is intended for use with the corresponding MN Uniform Companion Guide(s),
Version 5010.

1. Title of best practice:

Formatting, submitting patient control/account numbers

2. Who does the best practice apply to: Providers**3. Narrative description as to what is being addressed by this best practice:**

The 837 professional, institutional and dental transactions allow values within the alpha numeric and basic character sets (such as spaces). Some payer applications have issues with accepting spaces and/or characters which may cause this information to not be returned.

4. The loops, segments and elements, etc. that the best practice applies to:

Loop 2300, segment CLM01

5. Describe how to do the best practice:

The Minnesota best practice is not to send spaces, special characters, or punctuation characters *within* an identifier. To ensure that this information is accurately returned on your 835 remittance advice transaction, it is recommended that only alpha characters A through Z and/or numeric characters 0 (zero) through 9 are to be used within this field.

HIPAA NOTE:

The maximum number of characters to be supported for this field is 20. A provider may submit fewer characters depending upon their needs. Characters beyond 20 are not required to be stored nor returned by any receiving system.

Please note that sending Patient Control Numbers in excess of 20 characters may result in some vendors or clearinghouses being unable to match submitted claim information to the remittance advice.

6. Examples to illustrate best practice:

Example of a recommended format:

CLM*123XYZABC*500***11::1*Y*A*Y*Y*C~.

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Example of a format that is **not** recommended:

CLM*123 XYZ-ABC*500***11::1*Y*A*Y*Y*C~

In the above example, the 837 receiver system/payer application may only recognize data up to the space

7. AUC approval date:

11-20-14

8. Last reviewed date:

08-06-2014

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