

## Availity Known Issues: Resolution & Guidance

Region	Date Added	Payer	Payer ID	Issue	Resolution / Workaround	Status	Resolve Date
All	2/16/2012	Humana	61101	Due to a technical issue, responses may be delayed for questions submitted on the "Research Procedure Code Edits" tool.	Humana is working to correct this issue as quickly as possible.	Open	TBD
All	2/16/2012	Multiple	68058 68057 68050 68053 68067 68068 68069 SHP11	Error Code: C220P Error Message: The Billing Provider NPI (loop 2010AA, NM109) and the Rendering Provider NPI (loop 2310B, NM109) cannot be the same	Edit C220P was activated in error on 1/26/12 for these health plans. This will be corrected on the evening of 2.21.12. For claims that received this rejection within this time-frame, <b>please resubmit on 2/22/12 or later.</b>	Open	ETA 2/22/2012
All	2/9/2012	Multiple	Multiple	2/2/12 – present: Web claims submitted on the Availity Portal for bill types 012x, 022x, 032x, 033x, 034x, 081x and 082x are receiving this rejection: Error Code: 0x3938af8 Error Message: Admission Date/Hour is required on inpatient claims.	We are currently working to correct this issue.	Open	TBD
FL	2/4/2012	BCBSF	00590	WEBV055 Error	Blue Cross and Blue Shield of Florida is experiencing a technical issue that is causing secondary claim rejections.	Open	ETA 2/26/12
MN	2/2/2012	BCBSMN Health Partners	00220 00222 00720 00722 220 222 720 722 07003	3e   HIPAA   R   0x3938b7f   Admission Date/Hour should not be used on non-inpatient claims. Invalid data: DTP*435*D8*date   2300   DTP   NA       5010	This edit will be modified to allow Admission Date/Hour on certain Type of Bill to be submitted. The new rule is • 837I, 5010A - 2300\DTP (Admission Date/Hour) is required for inpatient claims and all the following bill types 012x, 022x, 032x, 033x, 034x, 081x and 082x	Open	ETA 2/22/2012

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MN	2/2/2012	BCBSMN Health Partners	00220 00222 00720 00722 220 222 720 722 07003	3e   HIPAA   R   0x3938bdd   Patient Reason For Visit is required on outpatient visits.   2300   HI   NA       5010	This edit will be modified to only require a Patient Reason for Visit for TOB 013x, 085x, or 078x when: a) Priority (Type) of Admission/Visit Codes 1, 2, or 5 are reported AND b) Revenue Codes 045x, 0516, 0526, or 0762 are reported. If you received this rejection for a claim that did not fit the above criteria, you will need to resubmit the claim after the edit is modified.	Open	<b>ETA 2/22/2012</b>
All	2/2/2012	United Healthcare	87726	United Healthcare ERAs are delayed for dates 1/19/12 - 1/25/12.	Our trading partner is working to deliver these as quickly as possible.	Open	<b>TBD</b>
WA	1/31/2012	Department of Labor & Industry	LABOR	Delay in processing secondary claim responses since 5010 transition on 1/1/12.	Availity is working to return claim responses as soon as possible. Also, please be advised that the trading partner's platform currently cannot accept the qualifier for local procedure codes (2400 SV101-1; ER qualifier). In the interim, resubmit with the qualifier for medical procedure claims (2400 SV101-1; HC qualifier).	Open	<b>TBD</b>
FL IL MI MN WI	1/31/2012	Medicare B (A & B for FL)	09102 00952 00953 00954 00951	Temporary delay in processing secondary claim responses starting 1/31/12.	Please allow more time for claims to process and return responses.	Open	<b>TBD</b>
IL NM OK TX	1/30/2012	BCBSIL BCBSNM BCBSOK BCBSTX	00621 00790 00840 84980	Due to technical issues surrounding the 5010 transition for these health plans, some submitters may be experiencing delays in response files and/or instances of claims not on file with the payer despite receiving an accepted response on their EBR/T.	Availity and these health plans are working diligently to resolve these issues as quickly as possible.	Open	<b>TBD</b>
MN WA	1/27/2012	Medicaid MN, WA	DPWMN AIDWA	Delay in claim responses	We are working with our trading partner to deliver missing responses as quickly as possible	Open	<b>TBD</b>

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IL	1/27/2012	Medicare B IL	00952	Delay in claim responses	We are working with our trading partner to deliver missing responses as quickly as possible	Open	TBD
FL	1/26/2012	BCBSF	00590	Blue Cross and Blue Shield of Florida is experiencing a technical issue that is causing property and casualty claim rejections.	If you have submitted any claims from 12/15/11 forward and received a rejection message stating, "999: IG edit failure", please resubmit your claims on or after Feb. 19, 2012.	Open	ETA 2/19/2012
FL	1/26/2012	Medicare A/B FL	09101 09102	Some Medicare A&B FL responses (claims and ERAs) are delayed from 1/12 - present.	We are working to resolve several technical issues with our trading partner and deliver claim responses and ERAs as quickly as possible.	Open	TBD
All	1/21/2012	Trailblazer, Railroad		Delayed responses	Since the 5010 transition, there has been an increase in delayed responses. We are working with Trailblazer to resolve as quickly as possible.	Open	TBD
All	1/21/2012	NA	NA	HTTP 500 Page cannot be displayed during EDI upload to Send Files folder.	<p>This problem appears to be affecting users of Internet Explorer 8 most often. Please try Firefox as an interim solution. We are still investigating this issue. <b>Update 2/7/2012:</b> IE 8 users can also try the following workaround if they have the administrative rights to do so at their organization. While we do not suspect these changes will affect performance of other sites you access using Internet Explorer, there is that possibility. Please check with your IT administrator if you have any questions:</p> <ul style="list-style-type: none"> <li>• Open Internet Explorer <ul style="list-style-type: none"> <li>• Click "Tools" menu.</li> <li>• Select "Internet Options"</li> <li>• Select the "Advanced" tab.</li> <li>• Scroll down to the security section and: <ul style="list-style-type: none"> <li>o Uncheck "Use TLS 1.0"</li> <li>o Check "Use TLS 1.1"</li> </ul> </li> <li>• Click "OK"</li> </ul> </li> </ul>	Open	ETA 2/20/2012

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All	2/15/2012	Molina	38334	Rejection: Entity's id number. Note: This code requires use of an Entity Code.: Entity Subscriber (A3:153:HK) (A3:153:HK)	Our Trading Partner identified a 5010 processing issue with Molina Healthcare for claims submissions dated 1/1/12-1/31/12. This was specific to Medicare Advantage policyholders. Molina Healthcare recently made EDI changes to modify this requirement. Molina will be re-processing all affected claims.	Resolved	2/15/2012
All	2/1/2012	Amerigroup		Error Message: QD: INVALID SERVICE FACILITY LOCATION INFORMATION	Amerigroup requires the service facility location if the place of service is equal to 12 (Home). If you have received this rejection for claims with a different value for the place of service, please resubmit the rejected claims.	Resolved	2/10/2012
All	2/2/2012	Medicare B NM Medicare B OK Medicare RR	04202 04302 00882	A technical issue has prevented delivery of ERAs since 1/14/12.	The issue has been corrected and ERAs have been processed.	Resolved	2/9/2012
AK ID OR WA	2/7/2012	Medicare B AK Medicare B ID Medicare B OR Medicare B WA	00831 05130 00835 00836	Delayed responses and missing ERAs since 1/23/12	A technical issue at our trading partner has been corrected and responses have begun processing.	Resolved	2/9/2012
All	2/2/2012	United Healthcare	87726	<b>Updated:</b> United Healthcare claim responses and ERAs are delayed from 1/31/12 - 2/9/12.	A connectivity issue has been corrected and the backlog of ERAs and responses has begun processing.	Resolved	2/9/2012
IL NM OK TX	2/6/2012	BCBSIL BCBSNM BCBSOK BCBSTX	00621 00790 00840 84980	Rejection Message: GDUPLICATE FILE ID-CANNOT USE TWICE IN 12 MONTHS	Please disregard this rejection. Due to a technical processing issue, it was returned in error for claims submitted after 1/12/12. If you have any questions regarding this notice, please contact the Electronic Commerce Center at (800) 746-4614.	Resolved	2/8/2012

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Region	Date Added	Payer	Payer ID	Issue	Resolution / Workaround	Status	Resolve Date
All	2/7/2012	Multiple	Multiple	Rejections for edit 0x3939424. Version #: 4010A1 Error Message: Line Item Charge Amount is invalid.	4010A1 claims for several payers rejected erroneously due to an incorrect edit configuration. Please resubmit any rejected claims on or after 2/8/12. ( <b>Note:</b> claims that received this rejection for payer IDs 68050, 68053, 68057, 68058, 68067, 68068, 68069, and SHP11 should be corrected before resubmitting.)	Resolved	2/7/2012
All	2/6/2012	Multiple	Multiple	Claims rejecting for secondary identifiers - edit 0x3939418. Date range 1/31/12 - 2/6/12	4010A1 inbound claims for several payers are rejecting erroneously. Please resubmit rejected claims on or after 6pm EST on 2/6/12.	Resolved	2/6/2012
All	1/16/2012	Molina	38334	Message Text: The data element is too long. The length of Element CRC02 (Yes/No Condition or Response Code) is '2'. The maximum allowed length is '1'. Segment CRC is defined in the guideline at position 2200.	<b>UPDATED:</b> If you've received this rejection message after 1/1/12, please resubmit affected claims after 2/6/12.	Resolved	2/6/2012
All	2/6/2012	Medicare A NM Medicare A OK Medicare A TX Medicare B CO Medicare B NM Medicare B OK Medicare B TX Medicare RR	04001 04301 04001 04102 04202 04302 04402 00882	Duplicate DPR/T reports	Due to a technical issue at our trading partner, you may have receive duplicate acceptance or rejection messages from 1/9/12 - 1/27/12. We apologize for the inconvenience.	Resolved	2/6/2012
All	2/2/2012	Multiple	NA	Delay in Remit Reader data	We are currety working to resolve this issue.	Resolved	2/4/2012

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ID	2/4/2012	Blue Cross ID	00610	Error Initiator: BLUE CROSS IDAHO Message Type: R Error Code: NA Error Message: A data segment with "Mandatory" status is missing. - Segment ISA (Interchange Control Header) at guideline position N/A is missing. This Segment-s stand rd option is - Mandatory-. A data segment with "Mandatory" status is missing. - Segment GS (Functional Group Header) at guideline position N/A is missing. This Segment-s stand arid option is -Mandatory-. A data segment with "Mandatory" status is missing. - Segment † GE (Functional Group Trailer) at guideline position N/A is missing. This Segment-s sat nard option is -Mandatory-. A data segment with "Mandatory" status is missing. - Seem end IEA (Interchange Control Trailer) at guideline position N/A is missing. This Segment -s standard option is - Mandatory-.	Please disregard this rejection. The payer had a system issue that caused these errors to be returned erroneously.	Resolved	2/4/2012
TX	2/4/2012	Superior Health Plan	SHP11	Due to a system issue, claim rejections were returned in error on DPR/T reports dated 2/1/12 with the message: Value of element LIN03 is incorrect. Expected value is from external code list - National Drug Code (240). Please correct and resubmit claim.	If you received an accepted response for claims on your EBR/T, please ignore the rejection on your DPR/T.	Resolved	2/4/2012
MN	2/2/2012	MN Medicaid	DPWMN	Rejection message: Availity has not received a status update from the payer on this claim. Resubmit the claim if you have not yet received payment."	Rejections are being returned due to technical issues the payer has experienced since 1/1/12. If you receive this rejection, please resubmit affected claims.	Resolved	2/2/2012

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ID	2/14/2012	Medicare B ID	05130	R^^Category: Acknowledgement/Rejected for relational field in error. Status: Submitter not approved for electronic claim submissions on behalf of this entity. Entity: Billing Provider	<p>Medicare Part B transitioned its business from Cigna Government Services to Noridian, effective Jan. 27, 2012. If you receive this rejection:</p> <ol style="list-style-type: none"> <li>1. Obtain your Medicare Part B ID Payer-Assigned Provider ID via Noridian Total Onboarding (TOB) account. This ID is a five-digit number, beginning with "ID" (ex: ID12345). For electronic claim billing, this value will need to be submitted in loop 1000A NM109.</li> <li>2. Verify that your provider numbers are linked to Availity through your TOB account for 837 and 835 transactions. Availity's 837 and 835 Trading Partner ID is CH00033.</li> </ol> <p>If you do not have a Total Onboarding account or have questions, Idaho Part B providers should contact EDISS at 855-765-3360.</p>	Resolved	2/1/2012
All	2/1/2012	All		Version #: 4010A1 Error Message Invalid Code List Qualifier Code in Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information when claim does not involve inpatient admission. Invalid data: BJ	If you are receiving this rejection on 4010A1 submissions, please use a ZZ qualifier instead of BJ.	Resolved	2/1/2012

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All	2/1/2012	Medicare A NM Medicare A OK Medicare A TX Medicare B CO Medicare B NM Medicare B OK Medicare B TX Medicare RR	04001 04301 04001 04102 04202 04302 04402 00882	Rejection Message: Availity has not received a status update from the payer on this claim. Resubmit the claim if you have not yet received payment.	Due to numerous technical issues surrounding the 5010 transition, you may receive this rejection message. Please resubmit affected claims.	Resolved	2/1/2012
All	1/31/2012	Medicare A NM Medicare A OK Medicare A TX Medicare B CO Medicare B NM Medicare B OK Medicare B TX Medicare RR	04001 04301 04001 04102 04202 04302 04402 00882	Delay in secondary claim responses from Trailblazer.	Due to a technical issue surrounding the 5010 transition, some large 277CA response files from Trailblazer cannot be processed; therefore, you may be missing DPR/T reports for these payers. Trailblazer is working to resolve this issue as quickly as possible. Please do not resubmit any claims at this time. We will provide updates as soon as we have them. <b>Update:</b> Trailblazer has corrected this issue and efforts are underway to reprocess backlog of affected files.	Resolved	2/1/2012
ID	1/27/2012	Medicare B ID	05130	The payer ID is not valid	Medicare Part B is transitioning its business from Cigna Government Services to Noridian, effective Jan. 27, 2012. Please note: there will be a temporary blackout during the transition (between Jan. 27 and 31). During this time, you will not be able to submit claims to Medicare B of Idaho. Claims submitted during this time frame will be rejected with the message "The payer ID is not valid." You may resume claim submission on Feb. 1 and continue to use the Payer ID of 05130.	Resolved	2/1/2012

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All	1/31/2012	Medicare A NM Medicare A OK Medicare A TX Medicare B CO Medicare B NM Medicare B OK Medicare B TX	04001 04301 04001 04102 04202 04302 04402	Submitter not approved for electronic claim submission on behalf of this entity-Entity: Billing Provider	<p>Providers who receive rejections for linkage edit 496 need to be linked to Availity's Submitter ID <b>S00532</b>. Providers are required to complete page 5 of the EDI enrollment packet. Please fax this document to 803-763-2010, and indicate "5010 linkage" as the subject. Trailblazer will work these requests as they are received and will send an email when the request is completed.</p> <p>Please understand this is not a "re-enrollment".</p> <p><a href="http://www.trailblazerhealth.com/Publications/PDF%20Form/EDIEnrollmentPacket.pdf">http://www.trailblazerhealth.com/Publications/PDF%20Form/EDIEnrollmentPacket.pdf</a></p>	Resolved	1/31/2012
TX	1/31/2012	Molina	20554	Availity was not allowing a duplicate U3 modifier to be sent for this payer.	This edit has been relaxed to allow the U3 modifier to be duplicated for a procedure code. Please resubmit any Molina claims that rejected due to not having this modifier sent twice.	Resolved	1/26/2012
IL NM OK TX	1/27/2012	BCBSIL BCBSNM BCBSOK BCBSTX	00621 00790 00840 84980	Rejection Message: 0x3939447   ZIP Code is invalid in Subscriber City, State, ZIP Code. Invalid data: 750340000	Please submit your claims with a valid 9 digit zip code.	Resolved	1/27/2012

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All	1/31/2012	Medicare Railroad	00882	Submitter not approved for electronic claim submission on behalf of this entity-Entity: Billing Provider	<p>if you have not previously enrolled you will need to complete the EDI Enrollment Pack:  <a href="http://www.palmettogba.com/Palmetto/Providers.Nsf/files/EDI_Enroll_RR_Pack.pdf/\$File/EDI_Enroll_RR_Pack.pdf">http://www.palmettogba.com/Palmetto/Providers.Nsf/files/EDI_Enroll_RR_Pack.pdf/\$File/EDI_Enroll_RR_Pack.pdf</a></p> <p>If you have previously completed EDI enrollment, please complete the EDI application and provider Authorization form:</p> <p>EDI Application:  <a href="http://www.palmettogba.com/Palmetto/Providers.Nsf/files/EDI_Enroll_RR_App.pdf/\$File/EDI_Enroll_RR_App.pdf">http://www.palmettogba.com/Palmetto/Providers.Nsf/files/EDI_Enroll_RR_App.pdf/\$File/EDI_Enroll_RR_App.pdf</a></p> <p>Provider Authorization:  <a href="http://www.palmettogba.com/Palmetto/Providers.Nsf/files/EDI_Enroll_RR_ProvAuth.pdf/\$File/EDI_Enroll_RR_ProvAuth.pdf">http://www.palmettogba.com/Palmetto/Providers.Nsf/files/EDI_Enroll_RR_ProvAuth.pdf/\$File/EDI_Enroll_RR_ProvAuth.pdf</a></p>	Resolved	1/31/2012
All	1/27/2012	Dupage Medical Group	DMG01	Availity has identified a technical issue impacting claim responses for Illinois Health Plan (Dupage Medical Group - PayerID DMG01) delivered between January 1st and January 23, 2012. Claim responses may have contained a claim response indicator 'R' accompanied with the message: 'Claim has been accepted for further processing.'	If you have received an Electronic Batch Report (EBR) with a claim response: 'R   NA   Claim has been accepted for further processing', please disregard. The responses have been reprocessed and you should receive either an EBR or Delayed Payer Report (DPR) with the correct claim response indicator	Resolved	1/27/2012
All	1/27/2012	Medicare A	00320 04001 04301 04001 09101	We have been notified by CMS of a technical issue that prevented 277CA responses from being generated for Medicare A claims submitted between 12/30/11 - 1/5/12 .	Please resubmit claims submitted to Medicare A within this time-frame if you did not receive a secondary response and the payer advises the claims are NOF and you have not been paid for the claims.	Resolved	1/27/2012

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FL	1/20/2012	BCBSF	00590	WEBV055 Error	Blue Cross and Blue Shield of Florida is experiencing a technical issue that is causing secondary claim rejections. If you have submitted a secondary claim and received a rejection message stating, "055: Total Coordination of Benefits Paid Amount (per payer) for the claim does not balance to the detail lines," please resubmit your claims on or after Jan. 27, 2012.	Resolved	1/27/2012
All	1/26/2012	Great West Life	80705	Technical issues resulting in rejection message - Some claims in this file were not processed by the payer. Please resubmit claims for which you have not received payment	Please resubmit any claims that received this message if they are not on file with the payer or have not been paid. This affected claims submitted from 1/1 -1/14.	Resolved	1/26/2012
FL	1/26/2012	Medicare A/B FL	09101 09102	Batch rejection. Correct the claims in error and resend entire batch.	If you receive this rejection message, there should be at least one claim from the batch with a specific rejection message. Please correct those specific rejections and resubmit all rejected claims.	Resolved	1/26/2012
All	1/25/2012	5010 only payers		Between 1/1/12 and 1/25/12 there was a technical issue involving institutional claims submitted in 4010 that required up-conversion to 5010 for certain payers. If the 4010 file had any claims that did not contain a CL1 segment, the claims could not be processed.	If you have 4010 Institutional claims that were submitted within this time-frame that meet this criteria, please resubmit the claims.	Resolved	1/25/2012

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All	1/25/2012		68058, 68057, 68050, 68053, 68067, 68068, SHP11	The trading partner for these payers activated an edit on 1/6/12 in their front end system to validate NDC codes which may cause invalid NDC code rejections from the payer.	Please contact the payer directly for assistance with any NDC code rejections.	Resolved	1/25/2012
All	1/25/2012		10775, WELLM2, PHCS1, AIDOR 10207, 70029	Due to a technical issue, claims for these payers could not be processed between 1/21/12 and 1/25/12	Please resubmit the affected claims	Resolved	1/25/2012
FL	1/21/2012	BCBSF	00590	Taxonomy code rejection	You may have received an error message for claims to Blue Cross Blue Shield of Florida regarding a missing taxonomy code, stating "The taxonomy code is required." This error message was returned on certain claims between Jan. 21 and Jan. 24 due to a payer-specific edit requiring provider specialty information (Segment PRV). Changes have been made to relax this edit. Please resubmit any claims that were rejected during the affected time period.	Resolved	1/25/2012
All	1/3/2012	ALL		HIPAA Message Type: R Error Code: 0x3938b7f Error Message: Admission Date/Hour should not be used on non-inpatient claims	This edit was modified on 1/24/12 to allow Admission Date/Hour on certain Type of Bill to be submitted. The new rule is • 837I, 5010A - 2300\DTP (Admission Date/Hour) is required for inpatient claims and all the following bill types 012x, 022x, 032x, 033x, 034x, 081x and 082x Please resubmit affected claims.	Resolved	1/23/2012

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All	1/3/2012	ALL		HIPAA   R   0x3938b21   Discharge Hour is required on final inpatient claims.   2300   DTP   NA       5010	This edit was relaxed for Type of Bill 21 only (CLM05-1 of 21) on 1/21/12. The new rule is • 837I, 5010A - 2300\DTP (Discharge hour) is required for all final inpatient claim except type 021x. Claims with TOB 21 submitted prior to this date will need to be resubmitted.	Resolved	1/23/2012
All	1/12/2012	All		Error Initiator: HIPAA Message Type: R Error Code: 0x8220005 Error Message: An error was reported from a JavaScript rule. Invalid data: LX*1	This has been corrected. Please resubmit affected claims.	Resolved	1/23/2012
All	1/24/2012	All		3e   HIPAA   R   0x110010   XML Parser error.   NA   NA   N	Please resubmit affected claims as of 1/21/12	Resolved	1/21/2012
IL NM OK TX	1/17/2012	BCBSIL BCBSNM BCBSOK BCBSTX	00621 00790 00840 84980	Error Code: B203P Error Message: The billing provider address (loop 2010AA, N301 or N302) must be a physical address. A P.O. box or lockbox address must be entered in the Pay-To Address (loop 2010AB, N301).	<ul style="list-style-type: none"> <li>Providers cannot submit a Billing Provider Address with a P.O. Box (or any variation of P.O. BOX) or a Billing Provider Address that starts with the words LOCKBOX, RURAL, ROUTE, RT, BOX, LOCKBOX, DRAWER, or POST OF for these health plans' claims. It is acceptable to use these words if the address does not begin with them (i.e. the address cannot start "Route 6" however "123 Route 6" is ok).</li> <li>If you need to indicate RURAL in your address, you can use RR instead.</li> <li>Please correct and resubmit affected claims.</li> </ul>	Resolved	1/21/2012
All	1/26/2012	Trailblazer		Submitters completing 835 enrollment for Trailblazer prior to 1/13/12 were receiving the following denial response: "Your clearinghouse has not switched to the new format 5010, therefore we are unable to process this request, contact your clearinghouse for more information".	This issue has been resolved. If you have received this denial message from Trailblazer prior to 1/13/12, please resubmit your ERA enrollment forms for processing.	Resolved	1/13/2012

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ID, OR, WA	10/10/2011	Regence		Submitters sending 5010 B2B 270 to Regence are getting responses with an extra "00" added to member IDs.	This issue has been resolved, please resubmit any affected transactions.	Resolved	1/12/2012
All	1/11/2012	Print to paper	98999, ADSL1, ECIBB, MWP01, PHIF4, TWCCP, VIASA	Print to Paper rejections	<p>Important notice on print to paper claim transactions</p> <p>Availity has identified an issue that prevented the delivery of claim transactions between Dec. 17, 2011 and Jan. 6, 2012 to the following payers:</p> <p>If you have submitted transactions to these payers from Dec. 17 to Jan. 6, please resubmit the claims. We apologize for any inconvenience.</p>	Resolved	1/11/2012
All	1/11/2012	Print to paper	PRINT	Print to Paper rejections	<p>Availity has identified an issue that prevented the delivery of claims transactions to the "print to paper" vendor (payer ID PRINT) from Dec. 17, 2011 to Jan. 6, 2012. If you have submitted transactions to payer ID PRINT during this time, we ask that you resubmit these transactions.</p> <p>Please be advised that, because these claims were not delivered to the vendor, your organization will not be billed for these print claims.</p>	Resolved	1/11/2012

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All	12/28/2011	Molina	20554	Date - Last Menstrual Period may be used only for female patient. Segment DTP (Date - Last Menstrual Period) is used. It is not expected to be used when patient is not female (element DMG03 in loop 2010CA is not 'F'). Segment DTP is defined in the guideline at position 1350.^^^  NA REJ	This issue was resolved as of 1/11/11. Please resubmit affected claims.	Resolved	1/11/2012
All	1/9/2012	DMERC	17003 18003 19003	ERA files are delayed 1.4.12 - forward	We currently have a delay in ERAs for DME Regions B,C,D. We are currently investigating the cause.	Resolved	1/10/2012
All	1/3/2012	Trailblazer, Medicare B ID, Railroad		R^^Category: Acknowledgement/Rejected for relational field in error. Status: Submitter not approved for electronic claim submissions on behalf of this entity. Entity: Billing Provider	We have been advised that the rejection message "R^^Category: Acknowledgement/Rejected for relational field in error. Status: Submitter not approved for electronic claim submissions on behalf of this entity. Entity: Billing Provider" was returned in error on claims submitted on 1/3/12 and 1/4/12 for these payers. Please resubmit any affected claims.	Resolved	1/6/2012
IL	1/3/2012	Medicare B IL		R^^Category: Acknowledgement/Rejected for relational field in error. Status: Submitter not approved for electronic claim submissions on behalf of this entity. Entity: Billing Provider	We have been advised that the rejection message "R^^Category: Acknowledgement/Rejected for relational field in error. Status: Submitter not approved for electronic claim submissions on behalf of this entity. Entity: Billing Provider" is valid for claims submitted on or after 1/1/12 for this payer. Please complete a new EDI enrollment with the payer to indicate that Availity is your clearinghouse.	Resolved	1/6/2012
All	12/30/2011	Dakotacare		Payer does not accept Ansi Format Ansi_5010	This has been resolved. Please resubmit affected claims.	Resolved	1/4/2012



## Availity Known Issues: Resolution & Guidance

Region	Date Added	Payer	Payer ID	Issue	Resolution / Workaround	Status	Resolve Date
All	1/3/2012	Aetna, Cigna		The payer id was not valid on 1/3/12. Please correct and resubmit the failed transactions.	Fix implemented on 1/3/12, please resubmit affected files.	Resolved	1/3/2012
All	12/29/2011	Trailblazer, Railroad		DPR Rejection: "This claim has been rejected".	Availity has identified a technical issue involving certain Medicare Part B claims in Texas submitted on December 16th, 2011. This issue caused Delayed Payer Reports (DPR)/Delayed Payer Texts (DPT) to include erroneous rejection messages stating, "This claim has been rejected". If you have received this rejection message for claims submitted on December 16th, please disregard. The correct response was returned on the Electronic Batch Report (EBR)/Electronic Batch Text (EBT).	Resolved	12/29/2011