New York State Department of Health

HIPAA Transactions Standard Companion Guide

Refers to the Implementation Guides Based on ASC X12 Transactions (Version 005010)

Based on CAQH-CORE Master Companion Guide Template

Disclosure Statement

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Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA[1] clarifies and specifies the data content when performing Electronic Data Interchange (EDI) with New York State Medicaid. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides (Type 3 Technical Reports or TR3s), are compliant with both ASC X12 syntax and those guides.

This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA.

The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

[1] The Health Insurance Portability and Accountability Act of 1996

1. CONTENTS

2. INTRODUCTION

This section describes how ASC X12N TR3 Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. Please refer to Section 10, where New York State Medicaid has provided tables to describe additional information, in addition to the information in the IGs. That information can:

- Limit the repeat of loops, or segments
- Limit the length of a simple data element
- Specify a sub-set of the IGs internal code listings
- Clarify the use of loops, segments, composite and simple data elements
- Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with New York State Medicaid

Scope

This HIPAA Transaction Standard Companion Guide is limited to discussion of the Eligibility Inquiry and Response, the Claim Status Inquiry and Response, and the Health Care Claim Payment Advice transactions as of the publication date. This document is intended as a resource to assist providers, clearinghouses, service bureaus, and all other trading partners of the New York State Department of Health (NYSDOH) in successfully conducting Electronic Data Interchange (EDI) of administrative health care transactions. This document provides instructions for enrolling as a NYSDOH Trading Partner, obtaining technical assistance, initiating and maintaining connectivity, sending and receiving files, testing, and other related information. This document does not provide detailed data specifications, which are published separately by the industry committees responsible for their creation and maintenance.

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guide and is in conformance with ASC X12's Fair Use and Copyright statements.

Overview

This guide provides communications-related information a Trading Partner needs to enroll as a Trading Partner, obtain support, format the ISA and GS envelopes, and exchange test and production transactions with NYSDOH.

Providers who are not enrolled in New York State Medicaid cannot enroll as a Trading Partner until registered and credentialed with the NYSDOH. Please contact eMedNY Enrollment at (800) 343-9000.

HIPAA includes provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health

information to be exchanged electronically and to adopt specifications for implementing each standard.
HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

References

For billing instructions specific to practice or facility types, reference the NYSDOH Provider Manuals posted at:
https://www.emedny.org/ProviderManuals/index.aspx

Related resources such as FAQs, Crosswalks, and the complete set of eMedNY Companion Guides are available from the eMedNY HIPAA Support tab at:
https://www.emedny.org/HIPAA/5010/index.aspx

The eMedNY website also contains links to all forms and related information for enrollment as a Trading Partner of NYSDOH. The enrollment process is described in detail in the Provider Enrollment Guide:
https://www.emedny.org/info/ProviderEnrollment/index.aspx

This table identifies the X12N Implementation transactions that eMedNY currently supports. Located in Section 10 of this document are the 'Companion Guides' that provide information specific to creating these transactions for submission to eMedNY.

Unique ID	Name
005010X279A1	Health Care Eligibility Benefit Inquiry and Response (270/271)
005010X212	Health Care Claim Status Request and Response (276/277)
005010X220	Benefit and Enrollment Maintenance (834)
005010X221A1	Health Care Claim Payment/Advice (835)
005010X223A2	Health Care Claim Institutional (837)
005010X222A1	Health Care Claim Professional (837)
005010X224A2	Health Care Claim Dental (837)
005010X217	Health Care Services Review-Request for Review and Response (278)
005010X214	Health Care Claim Acknowledgment (277)
005010X218	Payroll Deducted and Other Group Premium for Insurance Products (820)
005010X231A1	Implementation Acknowledgement for Health Care Insurance (999)

The Implementation Guides (Type 3 Technical Reports) are available at:
https://x12.org/products

Additional Information

It is assumed that the readers of this document are familiar with HIPAA and its associated Regulations and with EDI standards as developed by the Accredited Standards Committee X12 (ASCX12) and published in the implementation guides (Type 3 Technical Reports) for the included transactions.

The authors of this document address its contents to both technical and non-technical readers tasked with designing, implementing, and/or supporting EDI with New York State Medicaid.

HIPAA Privacy and Security

Trading Partners are responsible for the preservation, privacy, and security of data in their possession. While using the application the user has access to data that contains Protected Health Information (PHI). This information must be handled in accordance with federally prescribed regulations.

3. GETTING STARTED

Working with New York State Medicaid

All eMedNY support services can be accessed through the eMedNY Call Center by calling: (800) 343-9000.

- Technical assistance for HIPAA/EDI related issues can also be obtained by emailing: eMedNYHIPAASupport@gdit.com
- Enrollment Inquiries: emedny_enrollment@gdit.com
- Connectivity or other technical issues: emednyproviderservices@gdit.com

Trading Partner Registration

New York State Medicaid Program Enrollment

NYSDOH requires any entity exchanging electronic data with New York State Medicaid to be enrolled in the New York State Medicaid Program. This requirement applies to Clearinghouses and Service Bureaus as well as to Providers. New York State Medicaid Enrollment Forms and instructions are available at:
https://www.emedny.org/info/ProviderEnrollment/

Successful enrollment is required before proceeding with EDI.

Requirements for Electronic Data Interchange (EDI)

Prior to establishing access with New York State Medicaid's eMedNY system, the enrolled Medicaid provider must meet the following requirements.

Electronic Transmitter Identification Number (ETIN)

NYSDOH requires any entity that intends to exchange electronic data with New York State Medicaid to obtain an ETIN. An ETIN is used to identify a submitter. An ETIN is also used, in conjunction with a Medicaid Provider ID and/or NPI, to set up electronic routing of Electronic Remittance Advices (ERAs). There are two types of ETIN applications:

- Provider ETIN Application: https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/401101_ETIN_aPPL_Provider_Electronic_Paper_ETIN_application.pdf

- Service Bureau/Billing Agency ETIN Application: https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/403101_ETIN_SBaP_ETIN_Service_Bureau_application.pdf

Note: A service Bureau/Billing Agency ETIN Application is used only by entities that submit and/or receive transactions on behalf of an enrolled New York State Medicaid provider.

Certification Statement for Existing ETINs

A notarized Certification Statement must be submitted for each enrolled Provider ID and ETIN combination. The Certification Statement is packaged with the ETIN Application download and is also available as a standalone document at:
https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/490501_ETIN_CERT_Certification_Statement_Cert_Instructions_for_Existing_ETINs.pdf

Certification of the Provider to the ETIN is required and must be renewed annually.

Note: To add an enrolled provider to an existing ETIN only the Certification Statement is required.

Trading Partner Agreement (TPA)

All Trading Partners must have a Trading Partner Agreement on file. The TPA can be executed only upon successful enrollment into the New York State Medicaid Program and upon receiving an ETIN.

The TPA is available at:
https://www.emedny.org/info/providerenrollment/providermaintforms/801101_trdprtagr_trading_partner_agreement.pdf

User ID

A User ID must be obtained to login and exchange transactions in batch mode (other means of user authentication can be applied to real time interactive transactions.) Requirements are specific to the means of communication selected. See Communications Protocols Information in this guide. Also refer to;
https://www.emedny.org/selfhelp/index.aspx

Default ETIN Selection Form

The Trading Partner must designate a Default ETIN to receive information about Medicare Crossover claims, State-submitted adjustments and voids, and claims submitted on paper in their ERA. An ERA reporting these claims will be generated only for the provider's default ETIN. Only one Default ETIN is allowed for a provider.

If a Default ETIN was not selected on the Electronic or PDF Remittance Advice Request form, one can be selected by filing the Default Electronic Transmitter Identification Number (ETIN) Selection Form:
https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/401103_ETINDFLT_Default_ETIN_Selection_Form.pdf.

Note to Managed Care Organizations:
Managed Care Rosters (834) are delivered solely based on the default ETIN in the provider's profile.

Certification and Testing Overview

Reminder: Testers are responsible for the preservation, privacy, and security of data in their possession. While using production data that contains PHI to conduct testing, the data must be

guarded and disposed of appropriately. A notarized Certification Statement for Existing ETINs, as discussed in this guide under Payer Specific Business Rules and Limitations, is required prior to testing.

eMedNY Provider Test Environment (PTE)

The eMedNY PTE is designed to enable New York State Medicaid trading partners to test batch and real-time EDI transactions using the same validation, adjudication logic, and methods as the eMedNY production environment. Test transactions submitted to the eMedNY PTE undergo processes that verify and report on data structure and content to the same degree of stringency as live transactions sent to the eMedNY production environment, and receive, in most cases, the same system responses at each step.

For similar inquiries, the response in the PTE may not be identical to the response in the production environment. For example, edits involving duplicate and near-duplicate claims, or prior authorization submissions, are not applied in PTE, so as to allow for iterative testing. No claim or authorization, requests are pended in the PTE.

PTE Enrollment and Support

- Provider Profiles
  Provider profiles in the PTE are mirrored from the eMedNY production environment. Provider enrollment occurs in the production environment and there is no separate enrollment necessary for the PTE.

- PTE Provider Support
  Email: eMedNYHIPAASupport@gdit.com
  eMedNY Call Center: (800) 343-9000.

4. TESTING WITH NEW YORK STATE MEDICAID

Provider Testing Environment (PTE)

The eMedNY PTE enables Trading Partners to conduct end-to-end testing.

PTE Access Methods

eMedNY PTE can be accessed using any of your existing eMedNY Access Methods (please reference the Communication Protocol Specifications heading under Section 4 of this document) with a few exceptions (see PTE Access Exceptions below).

Since existing access methods are being used for PTE access, it is critical the test indicator is valued in the inbound/outbound transactions.

For test ASC X12 transactions, including 270 and 276: “Test Indicator” in ISA15 is set to “**T**”

Note: If the appropriate indicator for a transaction is not set to Test (T), the transactions will be processed through the production environment.

PTE Access Exceptions (not supported)

- ePACES*
- Audio Response Unit (ARU)*
- Paper*
- CORE Web Services
- File Transfer Service (FTS)

*Note: Since these are internal applications maintained by eMedNY, end user testing is not necessary. User documentation has been modified for these select access methods.

PTE Availability and Submission Cutoff Times

Outside of normal system maintenance, the eMedNY PTE is available continuously for submitting test transactions and receiving associated responses.

The eMedNY PTE may experience processing delays because the production environment is given higher priority than the test environment. Although such delays are uncommon, the delay may cause submissions to be processed in the following week's cycle.

PTE Synchronization to Production Environment

The eMedNY PTE contains essentially the same dimensional data as the eMedNY production environment; however it is not synchronized continuously. Rather, it is updated to reflect the current state of the production environment, generally on a bi-weekly basis, contingent upon system load. This means that client, provider, payment rate, and other information that is subject to update may occasionally differ between the two systems. The eMedNY PTE does not contain the same historical transaction data as the eMedNY production environment. As a result, your experience with historical edits, transaction relationship requirements, and similar transactional results may be different than in production.

PTE Financial Cycle

As is the case with the eMedNY production environment, the eMedNY Provider Test Environment has a Financial Cycle. The PTE Financial Cycle is a weekly processing event in which test Remittance Advice files are prepared. No Pended Claims Reports are generated because no claims are pended in the PTE. However, Managed Care Organizations who receive the 820 transaction will receive the Managed Care Capitation Premium Pended and Denied Claims report, listing denied claims.

The PTE cycle emulates payments for successfully adjudicated test claims using fictitious Electronic Funds Transfer (EFT) and bank account numbers. The PTE cycle cutoff is 2:00PM every Friday. Remittance advices are released by the following Monday (production processing can, as noted above, on rare occasions cause 24- 48 hour delays)

EFT Emulated Payments in the PTE

The first eight positions of the "dummy" EFT transactions from the PTE cycle are all 9's. The remaining seven positions are numeric and are system-generated. A paper EFT Notification is generated with the following notice:

"PAYMENT IN THE ABOVE AMOUNT WAS CALCULATED. NO EFTS WILL BE GENERATED IN THE PROVIDER TEST ENVIRONMENT".

In the 835 or 820 Remittance Advice, the Routing Number and Account Number (Data Elements BPR13 and BPR14) are defaulted to all 9s.

Testing and Certification Requirements

Requirements for using the eMedNY PTE are the same as for Production. In order to utilize the eMedNY PTE the following components are required:

- An active New York State Medicaid ETIN
- A notarized Certification Statement (annual re-certification required)
- Active user account and login information for accessing eMedNY
- For HIPAA-regulated providers (health care providers) - registration of NPI
- For non-HIPAA-regulated providers (non-health care providers) - an active New York State Medicaid Provider ID
- For facilities - reporting of affiliated NPI's

For more information about Trading Partner requirements refer to the Provider Maintenance Forms at eMedNY.org;
https://www.emedny.org/info/ProviderEnrollment/allforms.aspx

X12 Transaction Versions

The eMedNY Provider Test Environment accepts and processes only ASC X12 version 5010.

PTE Limits

Transaction size limits are set for inbound test files that differ from the eMedNY production limits.

- Real-time transactions testing in the PTE must not be used for volume testing. Trading partners are allowed to submit a maximum of fifty (50) real-time test transactions per hour in the PTE.
- Submitters are limited to sending two batch transmissions (two physical files) to the PTE per 24-hour period. Also, all electronic batch file submissions are limited to 50 records or transactions.
- The specific data item counted in each transaction:

Transaction	Loop ID – Segment	Counting Instructions
270	2100C – NM1*IL	Each NM1 Segment in Loop ID 2100C constitutes a Subscriber.
276	2200D – TRN	Each TRN Segment in Loop ID 2200D constitutes a claim inquiry.
278	ST-SE (Transaction Set)	eMedNY limits the Subscriber count to a maximum of 1 per Transaction Set (ST – SE segment). Therefore, the number of Transaction Sets per uploaded physical file must not exceed 50.
820	2000B – ENT	Each ENT Segment in Loop ID 2000B constitutes an Individual Remittance.

834	2000 – INS	Each NM1 Segment in Loop ID 2000 constitutes a Subscriber.
837	2300 – CLM	Each CLM Segment in Loop ID 2300 constitutes a claim.

Routing Test Files to PTE

Test transactions are routed into the eMedNY PTE simply by setting the appropriate indicator on the inbound file. For ASC X12 Transactions, set the Usage Indicator (Data Element ISA15) to a value of "**T**".

Version 5010 inbound				
ISA*00*	*00*	*ZZ*ETIN	*ZZ*EMEDNYBAT	*230324*1428*^*00501*000000485*0***T***:~

PTE Response File Naming Conventions

Response file naming in PTE is nearly identical to the file naming convention used in the production environment. The only difference is that the responses returned in PTE contain a '"**T**" for test.

- "F-file"
  A proprietary "F-file" is returned only in response to an unrecognized or unsupported file type or for Interchange errors when the "Acknowledgment Requested" Data Element in ISA14 is set to "0". This file is a short text message describing the nature of the error.

  - Example PTE "F-File" response in eMedNY eXchange:
    F230101063030***T***.020001.txt

- "R-files"
  With the exception of the "F-file" as noted earlier, the filenames of all PTE system response transactions, including acknowledgments and remittance files, begin with a capital letter "R", followed by a 12 digit date and time stamp (24-hour time, in the format YYMMDDHHMMSS).

  All PTE "R-files" include the character "**T**", sent as an indicator in the last byte of the first "node" of the filename, except for Electronic Remittances, which have a "**T**" in the fourth node of the filename.

  - Example PTE "R-file" names in eMedNY eXchange:
    R231008043159***T***.030001.txt
    R231204063030***T***.2365.835-.tar

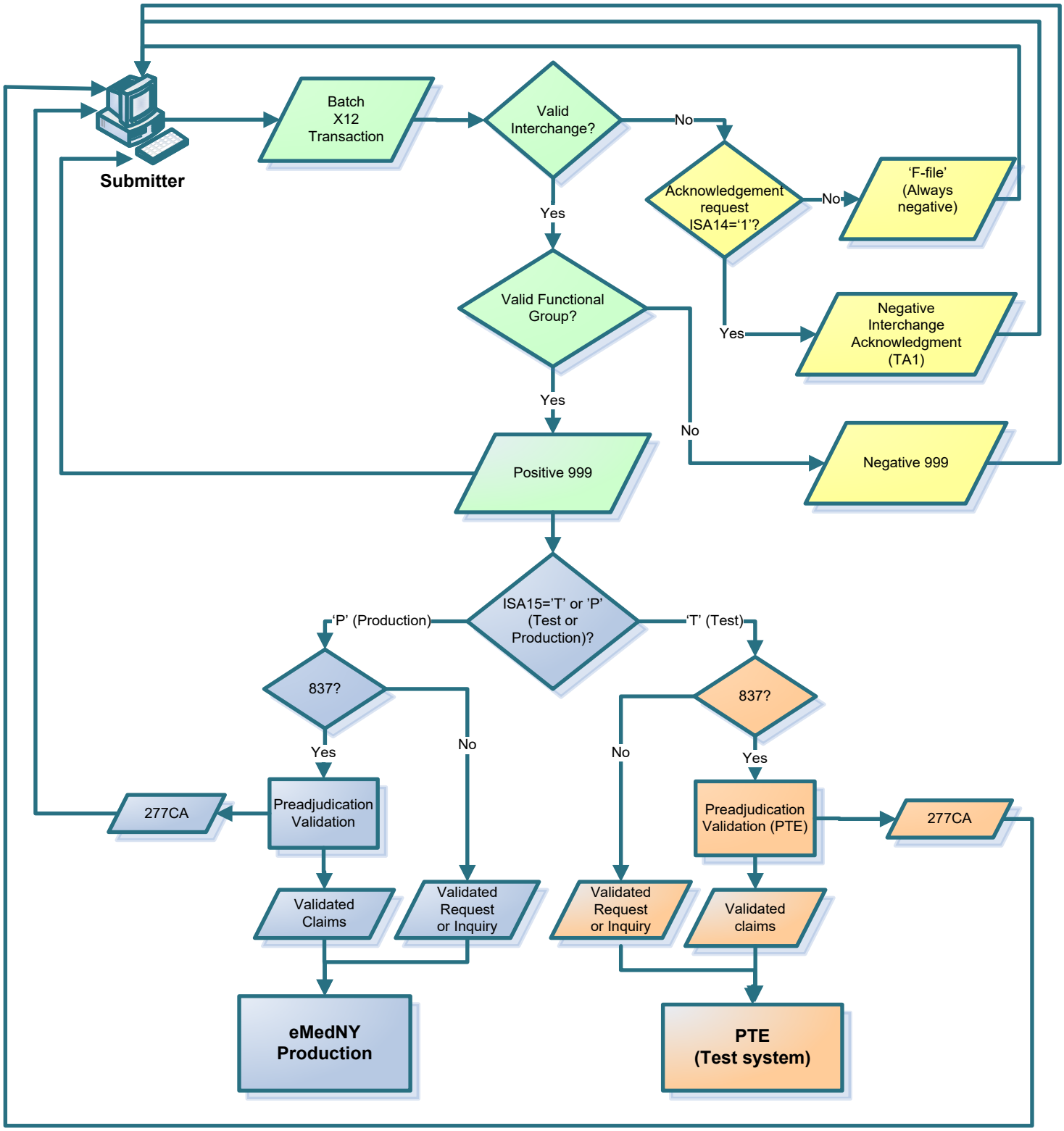
5. CONNECTIVITY WITH NY MEDICAID/COMMUNICATIONS

Process Flows

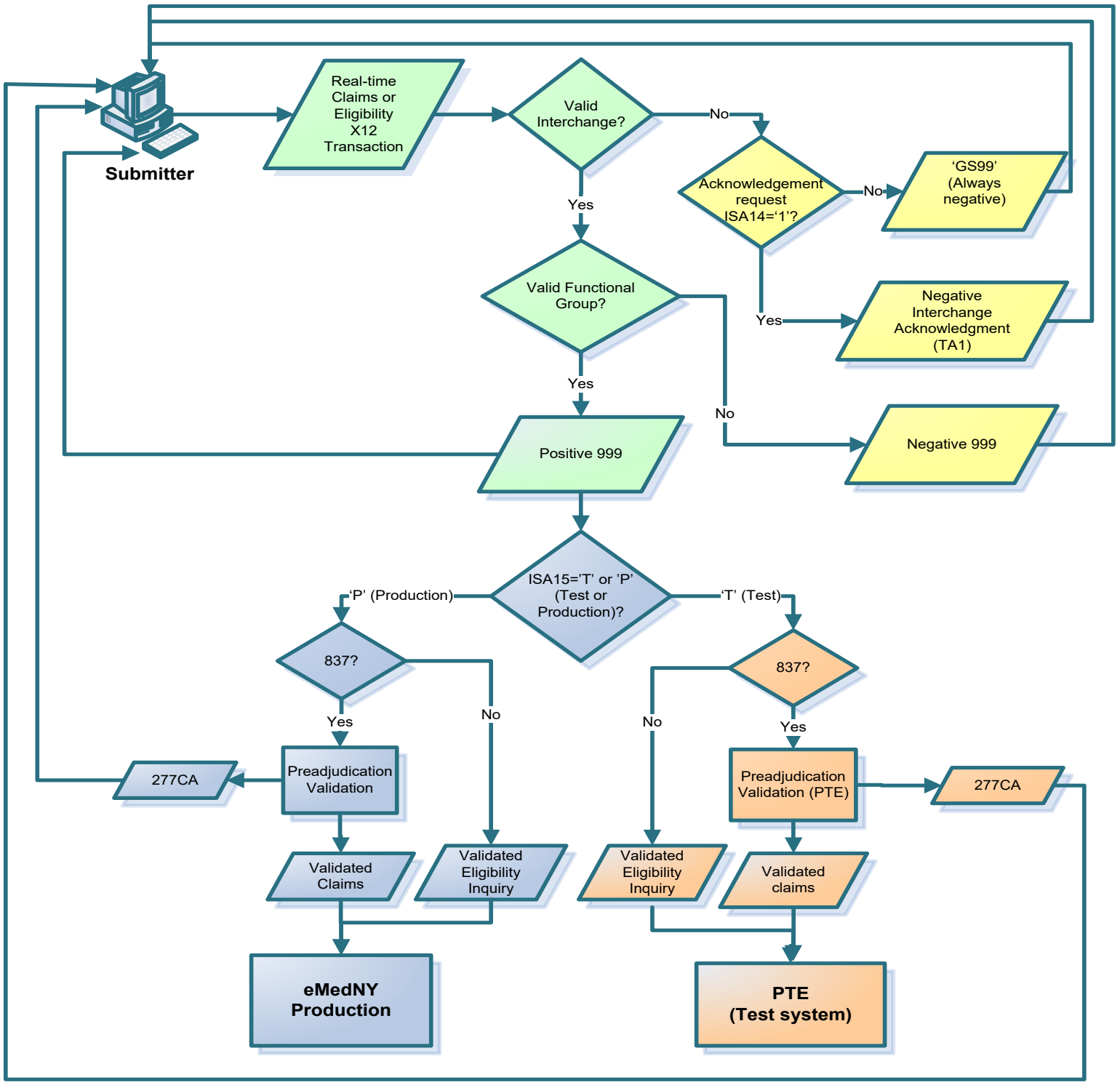
Trading Partner:

- Establishes communications link
- Selects type of transaction to send
- Uploads file

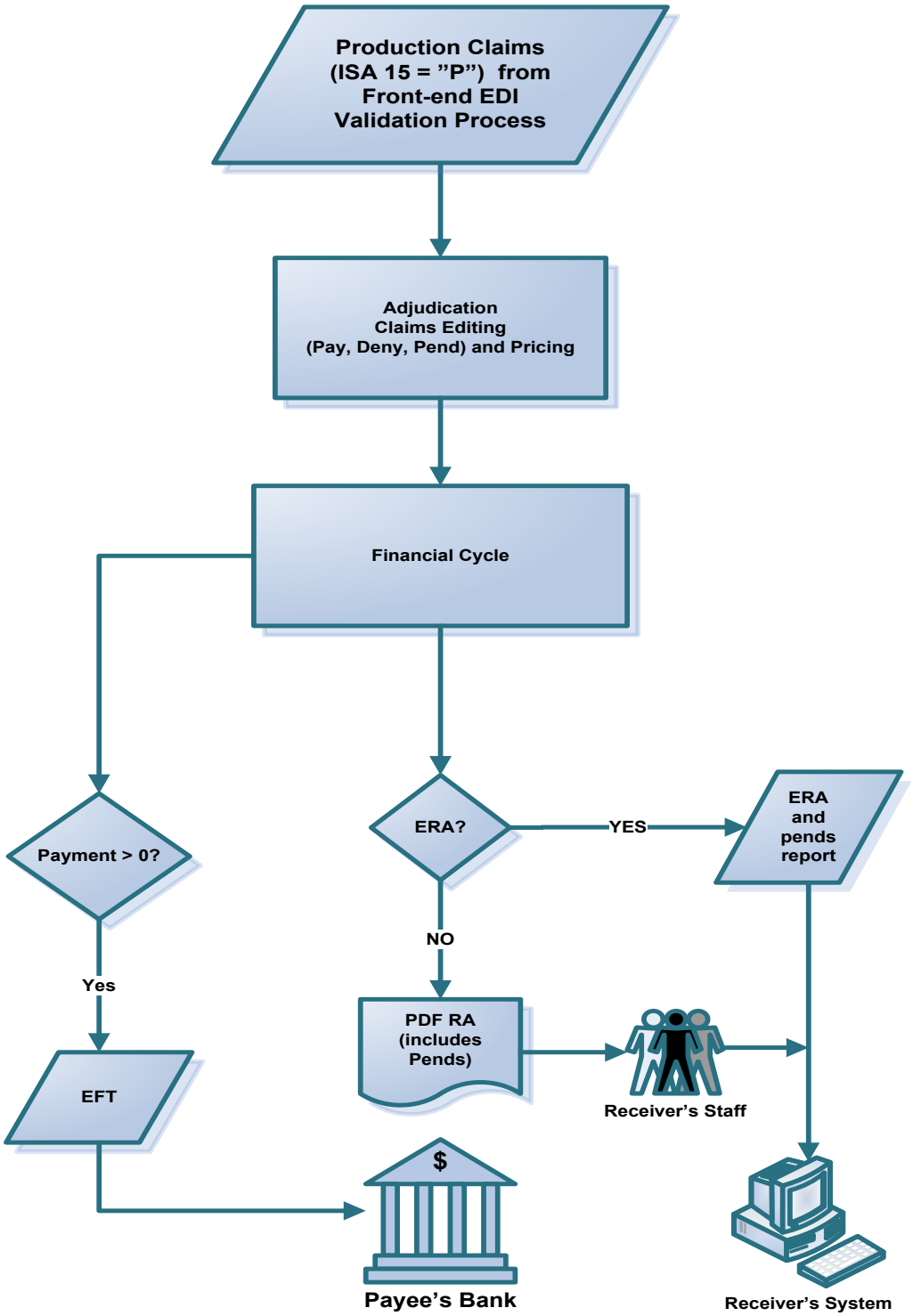
Front-end Validation Process for X12 Transactions (Batch Mode)



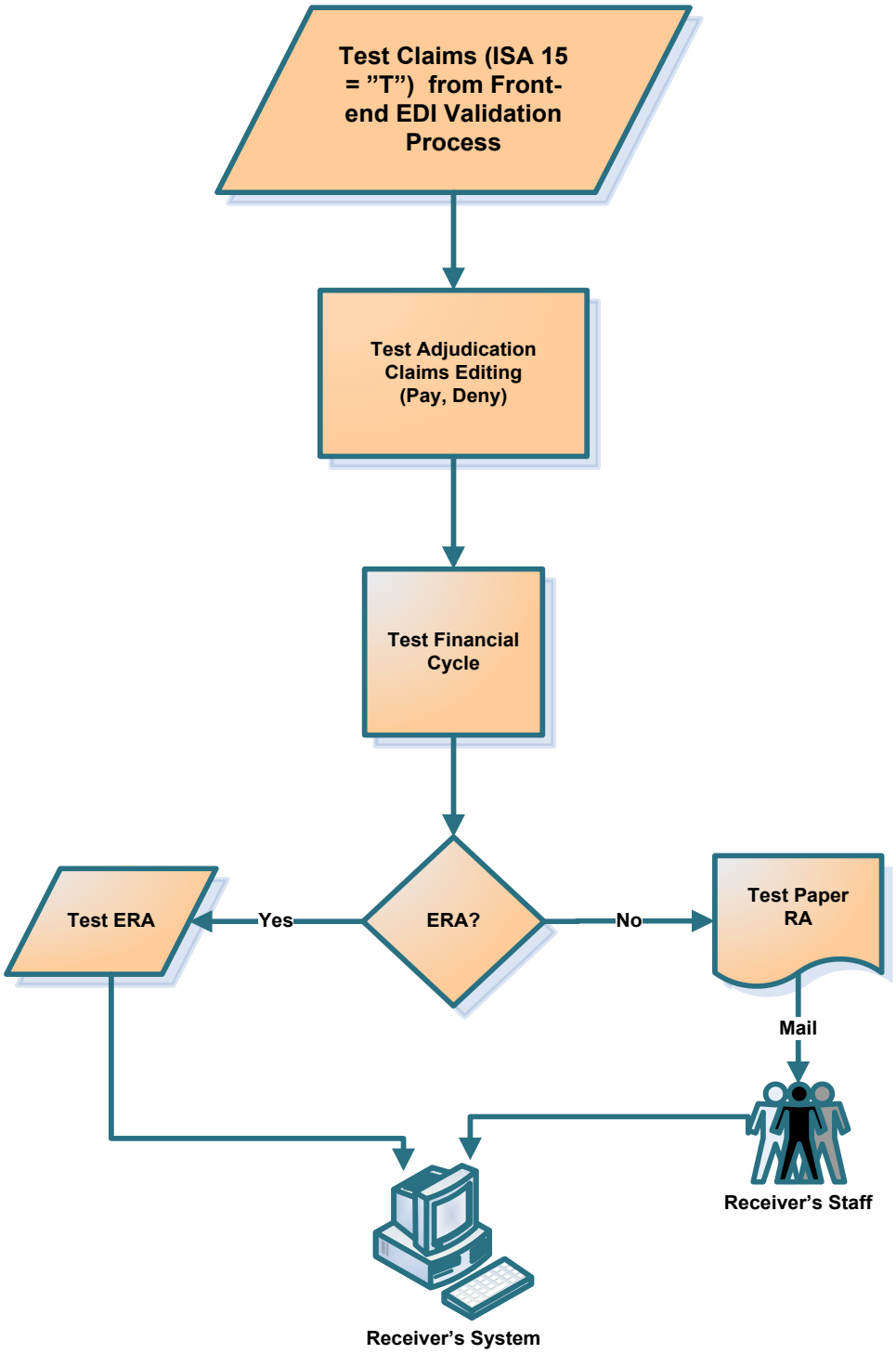
Front-end EDI Validation Process for X12 Transactions (Real-time)



Production Processing – X12 837 Claims



Test Processing – X12 837 Claims



Transmission Administrative Procedures

Determine if the transmission you are sending is Test or Production and is using the appropriate indicator. For details about available eMedNY Access Methods, refer to the Communication Protocol Specifications section below.

Re-transmission Procedure

In the event of an interrupted communications session the Trading Partner only has to reconnect and initiate their file transfer as they normally do.

If a file fails the pre-adjudication process, errors must be corrected before re-transmission. It is recommended that transmitted files that were rejected be assigned new Interchange, Group, and Transaction Control Numbers.

Communication Protocol Specifications

The following communication methods are available for the exchange of electronic transactions with New York State Medicaid:

- ePACES
- eMedNY eXchange
- eMedNY File Transfer Service (FTS) using SOAP
- CAQH-CORE Web Services

ePACES

ePACES is a web application provided free to NYS Medicaid Trading Partners. This method utilizes a web portal where users enter their information in a direct data entry format. Users can submit eligibility requests, prior approval requests, and all claims types (with the exception of NCPDP D.0 pharmacy claims, only real time or batch is available for this claim type.) Access is free; only an internet connection is needed to access the web application.

Please go to the following URL for more detailed information:
https://www.emedny.org/selfhelp/ePACES/epaces_generalinfo.aspx

Or contact the eMedNY Call Center at (800) 343-9000.

eMedNY eXchange

eMedNY eXchange is a free to use web-based access method used to exchange Healthcare transaction files.

Submitters who wish to use eMedNY eXchange must have an active ePACES User ID. There are no exceptions. Both web-based applications use the same login and password databases.

Note: At least one login attempt into ePACES must be successful before eXchange may be accessed.

Please go to the following URL for more detailed information:
https://www.emedny.org/selfhelp/exchange/faq.aspx

For further assistance contact Tier 2 Operations at eMedNYProviderServices@gdit.com or the eMedNY Call Center at (800) 343-9000.

eMedNY FTS using SOAP

Simple Object Access Protocol (SOAP) is a protocol for exchanging structured information in XML format used in the implementation of web services delivered over Hyper Text Transfer Protocol (HTTP) and other protocols. The structured information exchange is defined by a WSDL (Web Service Definition Language) file and XSD (XML Schema Definition) files appropriate for each service. WSDL and XSD are W3C (World Wide Web Consortium) standards.

Please go to the following URL for more detailed information:
https://www.emedny.org/selfhelp/SOAP/soap_web_services.aspx

For further assistance contact Tier 2 Operations at eMedNYProviderServices@gdit.com or the eMedNY Call Center at (800) 343-9000.

CORE Web Services

CORE Web Services involves using Hypertext Transfer Protocol Secure (HTTPS) over an Internet connection. X12 transactions are send in an envelope structure compliant with the HTTP MIME Multipart and SOAP/WSDL standards as per CAQH CORE Connectivity vC1.1.0.

Please go to the following URL for more detailed information:
https://www.emedny.org/selfhelp/SOAP/soap_web_services.aspx

For further assistance contact Tier 2 Operations at eMedNYProviderServices@gdit.com or the eMedNY Call Center at (800) 343-9000.

6. CONTACT INFORMATION

EDI Customer Service

(See contact information below)

EDI Technical Assistance

(See contact information below)

Provider Services Number

(See contact information below)

For each of the above services or for assistance in troubleshooting rejected transactions, or for technical support regarding connectivity please contact:

eMedNY Call Center at (800) 343-9000

Send an email to:
mailto:emednyproviderservices@gdit.com

For all EDI syntax and/or HIPAA transaction compliance issues send an email to:
eMedNYHIPAASupport@gdit.com

For enrollment issues send email to:
emedny_enrollment@gdit.com

Note: Please have the applicable provider identifier – the NPI for Health Care Providers or the NYS Medicaid Provider ID for Atypical Providers available for tracking and faster issue resolution.

Applicable Websites/e-mail

The New York State Department of Health: Resources

Publicly available information about the Medicaid Program:
http://www.health.ny.gov/health_care/medicaid/.

The monthly publication *Medicaid Update*:
http://www.health.ny.gov/health_care/medicaid/program/update/main.htm.

New York State Medicaid Fiscal Agent – Forms and Resources

Information about a variety of topics essential to Medicaid providers and their Business Associates, including topics such as provider enrollment, training, and how to establish and use the various communication channels for exchanging electronic claims and related transactions is publicly available at:
www.emedny.org.

All Provider Enrollment Forms including Maintenance Forms are available at www.emedny.org under the Provider Enrollment tab.

More details about billing guidelines may be accessed via Provider Manuals, available on the eMedNY website. Billing Guidelines are arranged by specific provider type(s):
https://www.emedny.org/ProviderManuals/index.aspx.

More information about the Remittance Advice is available at:
https://www.emedny.org/ProviderManuals/AllProviders/General_Remittance_Guidelines.pdf
For additional information, providers may also contact the eMedNY Call Center at **(800) 343-9000**.

Other Useful Websites

A listing of helpful resources for assistance with Healthcare Transaction support outside of eMedNY are available on the *Online HIPAA 5010/D.0 Resources* page at:
https://www.emedny.org/HIPAA/5010/online_resources.aspx

7. CONTROL SEGMENTS/ENVELOPES

ISA-IEA

Sender and Receiver Codes:

Transaction	ISA06 (Interchange Sender ID)	ISA08 (Interchange Receiver ID)
270 interactive	Submitter's ETIN	EMEDNYREL
271 interactive	EMEDNYREL	Submitter's ETIN
270 batch	Submitter's ETIN	EMEDNYBAT
271 batch	EMEDNYBAT	Submitter's ETIN
276 batch	Submitter's ETIN	EMEDNYBAT
277 batch	EMEDNYBAT	Submitter's ETIN
277 Claim Acknowledgment batch	EMEDNYBAT	Submitter's ETIN
278 request batch	Submitter's ETIN	EMEDNYBAT
278 response batch	EMEDNYBAT	Submitter's ETIN
820 batch	EMEDNYBAT	Submitter's ETIN
834 batch	Submitter's ETIN	EMEDNYBAT
835 batch	EMEDNYBAT	Submitter's ETIN
837 batch	Submitter's ETIN	EMEDNYBAT
837 interactive	Submitter's ETIN	EMEDNYREL
999 batch	EMEDNYBAT	Submitter's ETIN

GS-GE

Sender and Receiver Codes:

Transaction	GS02 (Interchange Sender ID)	GS03 (Interchange Receiver ID)
270 interactive	Submitter's ETIN	EMEDNYREL
271 interactive	EMEDNYREL	Submitter's ETIN
270 batch	Submitter's ETIN	EMEDNYBAT
271 batch	EMEDNYBAT	Submitter's ETIN
276 batch	Submitter's ETIN	EMEDNYBAT
277 batch	EMEDNYBAT	Submitter's ETIN
277 Claim Acknowledgment batch	EMEDNYBAT	Submitter's ETIN
278 request batch	Submitter's ETIN	EMEDNYBAT
278 response batch	EMEDNYBAT	Submitter's ETIN
820 batch	EMEDNYBAT	Submitter's ETIN
834 batch	Submitter's ETIN	EMEDNYBAT
835 batch	EMEDNYBAT	Submitter's ETIN
837 batch	Submitter's ETIN	EMEDNYBAT
837 interactive	Submitter's ETIN	EMEDNYREL
999 batch	EMEDNYBAT	Submitter's ETIN

ST-SE

NYSDOH has no requirements for the contents of the ST and SE segments other than those specified in the Type 3 Technical Reports published by X12N.

8. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Data Format

eMedNY does not support blocked data formats. Trading partners must not include Carriage Returns and/or Line Feeds in the inbound file.

Connectivity Requirements

NYSDOH requires and enforces all applicable Federal and State requirements to protect the security and integrity of its systems. All Trading Partners must meet these requirements to perform Electronic Data Interchange with NYSDOH and the eMedNY system. See Communications Protocol Specifications in this guide.

Electronic Transmitter Identification Number (ETIN)

An ETIN is used to identify the submitter and receiver of an EDI transmission. Every entity that exchanges administrative health care transactions with eMedNY systems must be enrolled as a Trading Partner with a unique Electronic Transmitter Identification Number (ETIN). See Section 3 Getting Started for information about the enrollment process.

The ETIN of the Trading Partner sending an Interchange is expected in the outside envelope data element ISA06, Interchange Sender ID. The ETIN of the Trading Partner sending the Functional Group is expected in data element GS02, Application Sender's Code. These will often be the same.

An ETIN is used, in conjunction with a Provider ID, to set up electronic routing of Remittance Advices.

Production Batch Transactions Size Limits

NYSDOH has set a limit of 5,000 Transaction Sets (ST-SE) within a Functional Group (GS-GE). There are no limits being imposed at this time to the number of Functional Groups (GS-GE) that can be sent within an Interchange (ISA-IEA). Additionally, the following limits apply within each X12 Transaction Set (ST-SE):

270 Eligibility Inquiry

NYSDOH expects no more than 5000 Subscriber Levels (Loop ID 2000C) per Transaction Set (ST-SE).

276 Claim Status Inquiry

NYSDOH expects no more than 5000 Subscriber Levels (Loop ID 2000D) per Transaction Set (ST-SE).

278 Health Care Services Review – Request

Any limits within the Transaction Set (ST-SE) as specified in the ASC X12/005010X217 Health Care Services Review - Request for Review and Response (278).

834 Benefit Enrollment and Maintenance

NYSDOH expects no more than 5000 Member Level Detail Loops (Loop ID 2000)

837 Health Care Claims

NYSDOH expects no more than 5000 Claim Information Loops (Loop ID 2300) per Transaction Set (ST- SE), and further recommends a maximum of 100,000 claims within each Functional Group.

Note: Transaction Sets exceeding these limits are subject to rejection.

Institutional Provider Facility Affiliation of Practitioners

Institutional providers must provide the NPI of all affiliated practitioners who will be reported as the Attending Provider in 837 Institutional claims. Refer to the section: *Facility's Attending Provider Reporting* on the following Self Help page:

https://www.emedny.org/selfhelp/

Ordering/Prescribing/Referring/Attending (OPRA) Providers

All providers who order, prescribe, refer, or attend services payable by fee-for-service Medicaid are required to be enrolled in fee-for-service Medicaid even if they do not bill Medicaid. Enrollment status of these providers can be checked by using the Enrolled Providers Search at:

https://www.emedny.org/info/opra.aspx

Instructions for Billing Atypical Services

Non-emergency Transportation (NET)

Non-emergency Transportation billing is not a HIPAA-regulated function. NYSDOH has adopted the 837 Professional Health Care Claim transaction for this purpose. Please refer to the FAQ "*What are some key requirements when billing for Non-emergency Transportation Services?*" (FAQ ID PB02) at the FAQ page on www.eMedNY.org;

https://www.emedny.org/HIPAA/5010/FAQs/FAQs.aspx?cat=*

Managed Care Capitation Premium

Managed Care Capitation Premium billing is not a HIPAA-regulated function. NYSDOH has adopted the 837 Institutional Health Care Claim transaction for this function. Please refer to the FAQ *"Premium Billing - How should a Managed Care Plan submit a HIPAA 837I for premium billing?"* (FAQ ID IB14) at the FAQ page at eMedNY.org:

https://www.emedny.org/HIPAA/5010/FAQs/FAQs.aspx?cat=*

See also the information about the Default ETIN Selector Form in this guide.

9. ACKNOWLEDGEMENTS AND/OR REPORTS

Invalid Interchange Notifications

A file containing one of these responses will be returned only when a negative response is necessary because the file cannot be processed any further. If produced, a submitter can expect this response within 2 hours after the file is uploaded to eMedNY. Header or envelope level errors are frequently caused by establishing a character as delimiter that is also present in the data content. To avoid these errors delimiters must not be alpha or numeric characters or space.

Interchange Acknowledgment (TA1)

Negative Interchange Acknowledgment (TA1) is returned only if the interchange control (ISA/IEA) structure validation fails ***and*** if a TA1 was requested (inbound ISA14 = '1').

The TA1 Interchange Acknowledgment as implemented by eMedNY contains no values specific to NYS DOH requirements or processing. Specifications for the TA1 Segment are published in *ASC X12C/005010X231 Implementation Guide Acknowledgment for Health Care Insurance (999)*.

Negative Transfer Status (F-File and GS99)

If a TA1 is not requested (inbound ISA14 is not set to '1') and the ASC X12 interchange control structure of a batch transmission (ISA/IEA) cannot be processed, a text file is returned indicating the negative File Transfer Status (F-File). The notification consists of the string "GS99" for a real-time eligibility inquiry or interactive 837 with an unprocessable interchange structure.

Pre-adjudication Claims Editing

The eMedNY system uses a set of front-end edits to enforce the claims activity from each trading partner in both PTE and Production systems. This process occurs after the structure and syntax validation that causes the 999 transaction to be generated, but before claims are passed on to the adjudication system.

Pre-adjudication editing results are reported back to the submitter in the 277 Health Care Claim Acknowledgment transaction (277CA). For some of the more common code values reported by eMedNY for specific error conditions refer to the NYS Medicaid Pre-Adjudication Crosswalk for Health Care Claims on the eMedNY Crosswalks Page at:

https://www.emedny.org/HIPAA/5010/transactions/crosswalks/

X12 Response Files

eMedNY will return the appropriate X12 response to all inbound X12 transactions.

Response File Table

Inbound ASC X12 transactions are responded to as follows:

REQUEST	BATCH RESPONSE	REAL-TIME RESPONSE
270	F-FILE; TA1; 999; 271	GS99; TA1; 999; 271
276	F-FILE; TA1; 999; 277	*N/A*
278 Request	F-FILE; TA1; 999; 278 Response	*N/A*
834	F-FILE; TA1; 999	*N/A*
837	F-FILE; TA1; 999; 277CA	GS99; TA1; 999; 277CA

Pended Claims Reporting

Pended Claims Report (835S)

Pended claims are not reported in the 835 transaction; they are instead listed in the Pended Claims Report file. This file is commonly paired with the 835 transaction for any processing cycle that produces pended claims. It should be noted that when there are no paid/denied claims in a cycle but there are still pends to report, it is possible to only get an 835S in a cycle.

The specification for this report is available on the eMedNY 5010/D.0 Transaction Instructions page:

https://www.emedny.org/HIPAA/5010/transactions/Pended_Claims_Report_Specifcation.pdf

Managed Care Capitation Premium Pended and Denied Claims Report (820S)

Pended claims are not reported in the 820 transaction and only limited information is provided about denied claims. This file is commonly paired with the 820 transaction for cycles with pended or denied claims. It should be noted that when there are no pended/denied claims in a cycle but there are still pends to report, it is possible to only get an 820S in a cycle.

The specification for this report is available on the eMedNY 5010/D.0 Transaction Instructions page:

https://www.emedny.org/HIPAA/5010/transactions/MCO_Premium_Claims_Pend_and_Deny%20Report_Specifcation.pdf

Pends Reporting – Sort and Frequency Options

Providers can control how information about pended claims is sent by completing the Pended Claim Recycle Request Form

Available at:
https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/703101_PNDCLMFORM_PENDED_CLAIM_RECYCLE_REQUEST_FORM.pdf.

Either paper (PDF); or the Pended Claims Report (for receivers of the 835 Remittance Advice) or Managed Care Premium Pended and Denied Claims Report (for receivers of the 820 Premium Payment Notification) can be selected.

Electronic Remittances
A provider can choose from the 2 following pended claim delivery options:

- First Remit Only: This option would report pending claims in ONLY the first "new pend" remittance and not appear again until the status changes to a paid or denied claim, or
- Every Week: This option would report a cumulative list of all pending claims on every weekly remittance.

Paper (PDF) Remittances
Pended claims are included in the PDF remittance and no separate Pended Claims Report is produced. A provider can choose from the 3 following pended claim delivery options:

- First Remit Only: This option would report pending claims in ONLY the first "new pend" remittance and not appear again until the status changes to a paid or denied claim, or
- Cumulative Every 4th Week: This option would report pending claims in the first "new pend" remittance and again every 4th weekly cycle. The 4th cycle references weekly cycle numbers that are divisible by 4 (for example 1484, 1488, 1492 and so on). This means that every 4th cycle a provider would receive a cumulative list of all claims pending at that point in time, regardless of when a claim was first pended, or
- Every Week: This option would report a cumulative list of all pending claims on every weekly remittance.

Note: Any request to change options for electronic remittances must include the ETIN.

10. TRADING PARTNER AGREEMENTS

EDI Trading Partner Agreements ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is conducted separately or as a part of a larger agreement, between each party to the agreement.

Trading Partners

An EDI Trading Partner is any entity (provider, billing service, clearinghouse, software vendor, employer group, financial institution, etc.) that transmits electronic data to or receives electronic data from another entity. For the purposes of this document a Trading Partner is any entity that exchanges electronic health care data with New York State Medicaid or its agent through the eMedNY system.

11. TRANSACTION SPECIFIC INFORMATION

The tables in this section list specific transaction Instructions applicable to ASC X12 transactions:

Unique ID	Name
005010X279A1	Health Care Eligibility Benefit Inquiry and Response (270/271)
005010X212	Health Care Claim Status Request and Response (276/277)
005010X214	Health Care Claim Acknowledgment (277)
005010X221A1	Health Care Claim Payment/Advice (835)
005010X223A2	Health Care Claim Institutional (837)
005010X222A1	Health Care Claim Professional (837)
005010X224A2	Health Care Claim Dental (837)
005010X231A1	Implementation Acknowledgment for Health Care Insurance (999)

The implementation guides (Type 3 Technical Reports) are available at:
https://x12.org/products

TR3: ASC X12N/005010X279A1 Health Care Eligibility Benefit Inquiry and Response (270/271)

Transaction: 270 Health Care Benefit Inquiry

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
63		BHT	Beginning of Hierarchical Transaction			
64		BHT02	Transaction Set Purpose Code	13	2	NYSDOH expects to receive '13'. NYSDOH does not support Cancellation via 270 Inquiry.
69	2100A	NM1	Information Source Name			
69	2100A	NM101	Entity Identifier Code	PR	2	NYSDOH expects to receive 'PR'.
70	2100A	NM102	Entity Type Qualifier	2	1	NYSDOH expects to receive '2'.
71	2100A	NM108	Identification Code Qualifier	FI	2	NYSDOH expects to receive 'FI'.
71	2100A	NM109	Information Source Primary Identifier		9	NYSDOH expects to receive '141797357'
75	2100B	NM1	Information Receiver Name			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
75	2100B	NM101	Entity Identifier Code	1P, 2B, 80, FA, GP	2	NYSDOH only recognizes Provider, Third-Party Administrator, Hospital, Facility, or Gateway Provider.
77	2100B	NM108	Identification Code Qualifier	SV, XX	2	NYSDOH only recognizes Service Provider Number or Centers for Medicare and Medicaid Services National Provider Identifier
79	2100B	REF	Information Receiver Additional Identification			NYSDOH expects to receive this segment ONLY if the Entity identified in GS02 is different from the Entity identified in the NM1 Segment (Loop ID 2100B), such as when the submitter is acting as a Service Bureau on behalf of the provider. Otherwise, when both are the same Entity, DO NOT SEND this REF segment.
79	2100B	REF01	Reference Identification Qualifier	EO	2	NYSDOH only recognizes the qualifier for Submitter Identification Number.
80	2100B	REF02	Information Receiver Additional Identifier		8	NYSDOH expects to receive the **8-digit MMIS Identification Number** of the entity identified in GS02. **Note:** This MMIS-ID must be currently certified with the ETIN in GS02.
92	2100C	NM1	Subscriber Name			
96	2100C	NM109	Identification Code		8	NYSDOH expects the Member's NY Medicaid Identification Number. (ex. LL#####L) For more information about the Common Benefit ID Cards (CBIC), refer to the MEVS and DVS Provider Manual.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
122	2100C	DTP	Subscriber Date			NYSDOH expects to receive Date of Service (DoS). NYSDOH supports an inquiry for any date within the current month even if it is a future date. Eligibility requests for dates in subsequent months will not be allowed. For example on July 1, 2024 a request may be submitted for any date during the month of July. Note: NYSDOH strongly recommends checking eligibility on the date of service as the member's benefits may be updated at any time. If this segment is not valued on a 270 Inquiry, the request will be processed for the current DoS. NYSDOH does not support eligibility requests for a range of dates. If a range is submitted, eligibility determination will be based upon the "**from**" date.
123	2100C	DTP01	Date/Time Qualifier	291	3	NYSDOH expects to receive the qualifier for Plan.
124	2110C	EQ	Subscriber Eligibility or Benefit Inquiry			NYSDOH supports either a generic eligibility inquiry (using service type '30') or Explicit inquiries using select service type codes. **NYSDOH supports a maximum of 99 explicit service type inquiries per transaction**.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
126	2110C	EQ01	Service Type Code	1, 2, 4, 5, 6, 7, 8, 12, 13, 18, 20, 30, 33, 35, 40, 42, 45, 47, 48, 50, 51, 52, 53, 62, 65, 68, 73, 76, 78, 80, 81, 82, 86, 88, 93, 98, 99, A0, A3, A6, A7, A8, AD, AE, AF, AG, AI, AL, BG, BH, MH, UC	1-2	NYSDOH supports Explicit Service Type Inquiry using fifty one (51) Service Type Codes. NYSDOH supports EQ01 to be repeated, up to 99 times, using the Repetition Separator identified in ISA11. For all Generic Inquiries, NYSDOH expects to receive Service Type Code '**30**'. All other Service Type Codes submitted will result in this transaction to be treated as a generic inquiry, same as if Service Type Code '**30**' was submitted on the Inquiry.
146	2000D	HL	Dependent Level			NYSDOH does not support the Dependent Loop since all NYS Medicaid patients can be uniquely identified at the Subscriber Level (Loop ID 2000C).

Transaction: 271 Health Care Benefit Response

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
289	2110C	EB	Subscriber Eligibility or Benefit Inquiry Information			NYSDOH repeats the EB segment for each Service Type.
291	2110C	EB01	Eligibility or Benefit Information	1, 6, B, I, J, N, R, U, Y	1	NYSDOH returns these codes.
292	2110C	EB01	Eligibility or Benefit Information	J	1	When EB01 = 'J', member's Principal Provider Excess Resource amount is conveyed in EB07. This value is returned with Service Type Codes 'AG' or '48' in EB03.
292	2110C	EB01	Eligibility or Benefit Information	N	1	When EB01 = 'N', the patient has provider restrictions for the service type identified in EB03. The provider the patient is restricted to is reported in Loop ID 2120C.
292	2110C	EB01	Eligibility or Benefit Information	R	1	When EB01 = 'R', another payer is expected to pay or process before NYSDOH will pay. The payer is identified in Loop ID 2120C.
292	2110C	EB01	Eligibility or Benefit Information	U	1	The patient's benefits are administered by another payer indicated in EB05. The payer is identified in Loop ID 2120C. If any services are carved-out from the MCO, additional iteration(s) of the EB segment may be returned to indicate active coverage for those covered services.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
292	2110C	EB01	Eligibility or Benefit Information	W	1	NYSDOH will value 'W' to identify the following: • Client in Outreach, or enrolled with a Care Management Agency OR • Client in Outreach, or enrolled with a Health Home OR • Client enrolled with Care Coordination Organization (CCO) Health Home OR • Client enrolled in Office for People with Developmental Disabilities (OPWDD) Basic Home and Community Based Services (HCBS) Plan Support Care Management CCO Descriptions of these programs are also in the MEVS and DVS Provider Manual When available, the Name and identifier for this entity will be valued in the NM1 segment (Loop ID 2120C). Any applicable Restriction/Exception/Exemption (RRE) Code(s) will be valued in the MSG Segment (Loop ID 2110C).
292	2110C	EB01	Eligibility or Benefit Information	Y	1	When EB01='Y', member's NAMI amount is conveyed in EB07. This value is returned with Service Type Codes 'AG' or '48' in EB03.
293	2110C	EB03	Service Type Code	1, 4, 5, 30, 33, 35, 47, 48, 50, 54, 82, 86, 88, 98, AL, AG, MH, UC	1 - 2	NYSDOH returns all these service type codes, when applicable, in response to a Generic Eligibility Inquiry (EQ01 = '30' **or** any service type code which are **not supported** for Explicit Inquiry). NYSDOH **does not** repeat this data element, instead will repeat the EB segment to convey eligibility or benefit information, if available, for each Service Type Code.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
299	2110C	EB05	Plan Coverage Description			When EB01='1', '6' or 'U' and EB03 = '30, NYSDOH may return a Plan Coverage Description. For more information refer to the Eligibility Benefits Descriptions section in the MEVS and DVS Provider Manual.
299	2110C	EB06	Time Period Qualifier	26, 27, 29, 34	2	NYSDOH does not value this field when EB01 ='B' **and** EB03 = '4', '5', '88', '91' or '92', although EB07 may still contain a copay amount associated with these five service types. Otherwise, NYSDOH returns one of the values in the Codes column, when there is a benefit amount in EB07.
300	2110C	EB07	Benefit Amount			When EB01 = B, the amount reported here is the copay amount. When EB01 = Y, the amount reported here is the Net Available Monthly Income (NAMI) amount. When EB01 = J, the amount reported here is the Principal Provider Excess Resource amount.
314	2110C	REF	Subscriber Additional Information			
315	2110C	REF01	Reference Identification Qualifier	18, 6P	2	NYSDOH may send the Plan and/or Policy number which applies to the Subscriber Benefit Related Entity Name in Loop ID 2120C NM1 segment.
317	2110C	DTP	Subscriber Eligibility/Benefit Date			When applicable, NYSDOH returns date(s) associated with NAMI or Excess Resource amounts
317	2110C	DTP01	Date Time Qualifier	291	3	NYSDOH will return this code.
318	2110C	DTP02	Date Time Period Format Qualifier	D8, RD8	2 – 3	When DTP02 = 'D8', NYSDOH will return the NAMI Begin Date in DTP03. When DTP02 = 'RD8', NYSDOH will return the Principal Provider (Excess Resource) Begin Date and End Date as a Range.
322	2110C	MSG	Message Text			NYSDOH may send multiple iterations of MSG Segment
323	2110C	MSG01	Free Form Message Text			NYSDOH may send up to 10 Exception Codes. Refer to the MEVS and DVS Provider Manual for translation of these codes. NYSDOH may also send the Client's Recertification Month here. Example: 'RECERT MONTH = 09'

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
329	2120C	NM1	Subscriber Benefit Related Entity Name			
330	2120C	NM101	Entity Identifier Code	P3	2	When NM101 = 'P3', the entity identified is the provider the patient is restricted to for the service type reported in EB03.
330	2120C	NM101	Entity Identifier Code	P4	2	When NM101 = 'P4', the entity identified is a payer deemed primary to Medicaid.
61 (A1)	2120C	NM101	Entity Identifier Code	Y2	2	When EB01 = 'U' and NM101 = 'Y2', the entity identified here is a Managed Care Plan. Otherwise, when EB01 = 'W' (Loop ID 2110C) and NM101 = 'Y2' (Loop ID 2120C), the entity identified has: • Client in Outreach, or enrolled with a Care Management Agency OR • Client in Outreach, or enrolled with a Health Home OR • Client enrolled with Care Coordination Organization (CCO) Health Home OR • Client enrolled in Office for People with Developmental Disabilities (OPWDD) Basic Home and Community Based Services (HCBS) Plan Support Care Management CCO Descriptions of these programs are also in the MEVS and DVS Provider Manual
333	2120C	NM108	Identification Code Qualifier	PI	2	NYSDOH will send 'PI' for Managed Care plans, Other payers, or Family Health Plus plans.
333	2120C	NM108	Identification Code Qualifier	SV	2	NYSDOH will send 'SV' when identifying an Atypical provider MMIS ID in NM109.
333	2120C	NM108	Identification Code Qualifier	XX	2	NYSDOH will send 'XX' when identifying a Restricted Provider.
347	2000D	HL	Dependent Level			NYSDOH does not support the Dependent Loop since all NYS Medicaid patients can be uniquely identified at the Subscriber Level (Loop ID 2000C).

TR3: ASC X12N/005010X212 Health Care Claim Status Request and Response (276/277)

Transaction: 276 Health Care Claim Status Request

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
37		BHT	Beginning of Hierarchical Transaction			
37		BHT03	Reference Identification			NYSDOH may return this information on the 277 response when the transaction cannot be processed due to an invalid provider ID or ETIN/provider ID combination.
39	2100A	NM1	Information Source Level			
42	2100A	NM109	Identification Code		9	NYSDOH expects to receive '141797357'.
49	2100C	NM1	Provider Name			
51	2100C	NM108	Identification Code Qualifier	SV, XX	2	NYSDOH will only recognize codes 'SV' for atypical providers and 'XX' for all others.
69	2210D	SVC	Service Line Information			NYSDOH does not support Service Line specific status requests. When sent, this data will be ignored and the request will be processed using the claim level data.
75	2000E	HL	Dependent Level			NYSDOH does not support the Dependent Loop since all NYS Medicaid patients can be uniquely identified at the Subscriber Level (Loop ID 2000D).

Transaction: 277 Health Care Claim Status Response

The 277 Health Care Claim Status Response as implemented in eMedNY contains no values specific to NYSDOH requirements or processing. Readers of this document are directed to the Type 3 Technical Report ASC X12N/005010X212 Implementation Guide for Health Care Claim Status Response (277).

TR3: ASC X12N/005010X214 Health Care Claim Acknowledgment (277)

Transaction: 277 Health Care Claim Acknowledgment

Readers of this document are directed to the Type 3 Technical Report ASC X12N/005010X220 Implementation Guide for Health Care Claim Acknowledgment (277) and associated Errata.

For more information about the specific values that are retuned in the STC Segment (Loop ID 2200D and/or Loop ID 2220D), refer to the NYS Medicaid Pre-adjudication Crosswalk for Health Care Claims available on the www.eMedNY.org website at: https://www.emedny.org/HIPAA/5010/transactions/crosswalks/eMedNY%20Pre-Adjudication%20Crosswalk%20(837%20Health%20Care%20Claims).pdf

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
65	2200C	STC	Billing Provider Status Information			NYSDOH will not provide status at this level.
71	2200C	QTY	Total Accepted Quantity			NYSDOH will not use this segment since Billing Provider Level Status will not be reported.
72	2200C	QTY	Total Rejected Quantity			NYSDOH will not use this segment since Billing Provider Level Status will not be reported.
73	2200C	AMT	Total Accepted Amount			NYSDOH will not use this segment since Billing Provider Level Status will not be reported.
74	2200C	AMT	Total Rejected Amount			NYSDOH will not use this segment since Billing Provider Level Status will not be reported.

TR3: ASC X12N/005010X220 Benefit Enrollment and Maintenance (834)

Transaction: 834 Benefit Enrollment and Maintenance

Please reference the Type 3 Technical Report ASC X12N/005010X220 Implementation Guide for Benefit Enrollment and Maintenance (834) and associated Addenda and Errata for the specification

For detailed information about 834 Batch Enrollment, Verification, and Effectuation readers of this document are directed to the MCE 834 Companion Guide on www.eMedNY.org under the eMedNY 5010/D.0 Transaction Instructions tab.

TR3: ASC X12N/005010X221A1 Health Care Claim Payment/Advice (835)

Transaction: 835 Health Care Claim Payment/Advice

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
82		REF	Receiver Identification			
82		REF02	Receiver Identifier			NYSDOH will return the submitter's ETIN (in the 837 this is the NM109 data element in Loop ID 1000A).
182	2100	AMT	Claim Supplemental Information			NYSDOH will send this segment at Loop ID 2100 in the remittance advice for claims processed under the Health Home program.
182	2100	AMT01	Amount Qualifier Code	ZK	2	The value of 'ZK' will be sent in this location for Health Home claims.
183	2100	AMT02	Monetary Amount			The Health Home payment amount will be reported in this location.
186	2110	SVC	Service Payment Information			The SVC segment will only be returned for Clinic claims processed under the APG (Ambulatory Patient Groups) methodology; and for Professional, Dental, and Pharmacy claims.
217		PLB	Provider Adjustment			
219		PLB03-2	Provider Adjustment Identifier			When assigned by the enforcement agency, this field will contain the Audit Number prefixed with FMG# for the first cycle a Negative Recoupment is reported. Any subsequent cycle, in which the Negative Recoupment is reported, the original remittance advice number prefixed with RA# will be provided. For Lump Sum* payments only, the Financial Control Number (literal FCN#) will be provided along with up to a 30-character description of the payment. *LS Payments do not include PTAR or HITECH

TR3: ASC X12N/005010X223A2 Health Care Claim Institutional (837I)

Transaction: 837 Health Care Claim – Institutional

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
71	1000A	NM1	Submitter Name			
72	1000A	NM109	Submitter Identifier			The ETIN received here will be used to route the Electronic Remittance Advice (ERA) to an existing electronic mailbox designated by the Trading Partner. The ERA Routing occurs only if a valid mailbox has already been set up by eMedNY Provider Enrollment.
76	1000B	NM1	Receiver Name			
77	1000B	NM103	Receiver Name		6	NYSDOH expects to receive 'NYSDOH'.
77	1000B	NM109	Receiver Primary Identifier		9	NYSDOH expects to receive '141797357'.
90	2010AA	REF	Billing Provider Tax Identification			
90	2010AA	REF02	Billing Provider Tax Identification		9	NYSDOH will use the tax-ID as recorded in the provider's profile in eMedNY for 1099 reporting purposes and will not use the data sent in this location.
129	2010BB	REF	Billing Provider Secondary Identification			NYSDOH expects to receive this segment only when the Billing Provider is an Atypical Provider.
129	2010BB	REF01	Reference Identification Qualifier	G2	2	
130	2010BB	REF02	Billing Provider Secondary Identifier			Billers of Atypical Provider services (those that do not require an NPI) will need to combine the NYS Medicaid Provider ID and Locator Code into element REF02 of Loop ID 2010BB. Example: if Provider ID is '01234567' and Locator Code = '003', this REF segment will contain: **REF*G2*01234567003~**
161	2300	REF	Service Authorization Exception Code			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
161	2300	REF02	Service Authorization Exception Code		1	Service Authorization Exception Codes '1' – '6' are to be used in accordance with Medicaid Policy. Code '7' is expected when the claim is intended to be processed under special handling. See your Billing Manual for guidance on this code**.**
184	2300	HI	Principal Diagnosis			
185	2300	HI01-2	Principal Diagnosis Code			For claims that may not be directly related to a diagnosis (such as Child Care, Managed Care, and Waiver Services), a valid diagnosis code is required to comply with the Implementation Guide (TR3), NYSDOH will accept, for services and discharges occurring on and after October 1, 2015: ICD-10 code 'R69' – Illness, unspecified.
284	2300	HI	Value Information			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
284	2300	HI01-2	Value Code	22, 23, 24, 85	2	NYSDOH will process applicable and compliant Value Codes, as defined in the NUBC Manual under Code List Qualifier Code 'BE': Value Code '22': Used to report patient contributions toward the cost of care, when the patient would not otherwise be Medicaid-eligible due to "Surplus" income. Value Code '23': Net Available Monthly Income (NAMI), the patient participation amount for Skilled Nursing Home inpatients. Value Code '24': Medicaid Rate Code Value Code '**85**': To report a Federal Information Processing Standards (FIPS) code.
285	2300	HI01-5	Monetary Amount (Implementation Name: Value Code Amount)			This sub-element will contain the applicable amount or value associated with the Value Code in sub-element 4 (see previous row) of this Composite Data Element. When sub-element 4 contains '24', the NYS Medicaid Rate Code is sent in this location (all NYS Medicaid Rate Codes are 4 numeric characters). However, because this is a "Monetary Amount" field it will be accepted and processed when sent with or without a decimal point. Note: When sending the claim to Medicare, always send it with the decimal point. Medicare Example: **HI*BE:24:::99.99~**
345	2310E	N4	Service Facility Location City, State, Zip Code			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
346	2310E	N403	Postal Code		9	When NM109 (Laboratory or Facility Primary Identifier) is not populated, eMedNY uses the zip+4 to derive the location where the service was provided.
366	2320	AMT	Coordination of Benefits (COB) Total Non-covered Amount			The process previously known as “0FILL” is now indicated by usage of this AMT segment. As a result, this indicator is now payer specific.

TR3: ASC X12N/005010X222A1 Health Care Claim Professional (837P)

Transaction: 837 Health Care Claim – Professional

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
74	1000A	NM1	Submitter Name			
75	1000A	NM109	Submitter Identifier			The ETIN received here will be used to route the Electronic Remittance Advice (ERA) to an existing electronic mailbox designated by the Trading Partner. The ERA Routing occurs only if a valid mailbox has already been set up by eMedNY Provider Enrollment.
79	1000B	NM1	Receiver Name			
80	1000B	NM103	Receiver Name		6	NYSDOH expects to receive 'NYSDOH'.
80	1000B	NM109	Receiver Primary Identifier		9	NYSDOH expects to receive '141797357'.
94	2010AA	REF	Billing Provider Tax Identification			
94	2010AA	REF02	Billing Provider Tax Identification		9	NYSDOH will use the tax-ID as recorded in the provider's profile in eMedNY for 1099 reporting purposes and will not use the data sent in this location.
140	2010BB	REF	Billing Provider Secondary Identification			When the Billing Provider is an Atypical Provider NYSDOH expects to receive two iterations of this segment; one with the NYS Medicaid Provider ID and one with the Locator Code.
140	2010BB	REF01	Reference Identification Qualifier	G2, LU	2	
141	2010BB	REF02	Billing Provider Secondary Identifier	G2, LU		When REF01 contains 'G2', NYSDOH expects the NYS Medicaid Provider ID. When REF01 contains 'LU', NYSDOH expects the Locator Code.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
157	2300	CLM	Claim Information			For batch transactions, please refer to the TR3 (implementation guide) requirements and limitations. Additionally NYS DOH sets a limit of 100,000 CLM in total per Functional Group. For real-time processing of the Interactive 837P, NYSDOH will accept a maximum of one claim (one CLM segment).
189	2300	REF	Service Authorization Exception Code			
189	2300	REF02	Service Authorization Exception Code		1	Service Authorization Exception Codes '1' – '6' are to be used in accordance with Medicaid Policy. Code '7' (Special Handling) is expected when the claim is intended to be processed under special handling. See your Billing Manual for guidance on this code.
273	2310C	N4	Service Facility Location City, State, Zip Code			
274	2310C	N403	Postal Code		9	When NM109 (Laboratory or Facility Primary Identifier) is not populated, eMedNY uses the zip+4 to derive the location where the service was provided.
306	2320	AMT	Coordination of Benefits (COB) Total Non-Covered Amount			The process previously known as "0FILL" is now indicated by usage of this AMT segment. As a result, this indicator is now payer specific.
350	2400	LX	Service Line Number			For real-time claims submission, NYSDOH expects a maximum of 4 lines (iterations of the LX segment).

TR3: ASC X12N/005010X224A2 Health Care Claim Dental (837D)

Transaction: 837 Health Care Claim – Dental

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
69	1000A	NM1	Submitter Name			
70	1000A	NM109	Submitter Identifier			The ETIN received here will be used to route the Electronic Remittance Advice (ERA) to an existing electronic mailbox designated by the Trading Partner. The ERA Routing occurs only if a valid mailbox has already been set up by eMedNY Provider Enrollment.
74	1000B	NM1	Receiver Name			
75	1000B	NM103	Receiver Name		6	NYSDOH expects to receive 'NYSDOH'.
75	1000B	NM109	Receiver Primary Identifier		9	NYSDOH expects to receive '141797357'.
89	2010AA	REF	Billing Provider Tax Identification			
89	2010AA	REF02	Billing Provider Tax Identification		9	NYSDOH will use the tax-ID as recorded in the provider's profile in eMedNY for 1099 reporting purposes and will not use the data sent in this location.
165	2300	REF	Predetermination Identification			NYSDOH does not support the predetermination business process and will ignore this segment if submitted.
166	2300	REF	Service Authorization Exception Code			
166	2300	REF02	Service Authorization Exception Code		1	Service Authorization Exception Codes '1' – '6' are to be used in accordance with Medicaid Policy. Code '7' (Special Handling) is expected when the claim is intended to be processed under special handling. See your Billing Manual for guidance on this code.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
206	2310C	N4	Service Facility Location City, State, Zip Code			
207	2310C	N403	Postal Code		9	When NM109 (Laboratory or Facility Primary Identifier) is not populated, eMedNY uses the zip+4 to derive the location where the service was provided.
233	2320	AMT	Coordination of Benefits (COB) Total Non-Covered Amount			The process previously known as “0FILL” is now indicated by usage of this AMT segment. As a result, this indicator is now payer specific.

TR3: ASC X12N/005010X217 Health Care Services Review Request for Review and Response (278)

Transaction: 278 Health Care Service Review - Request

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
67		BHT	Beginning of Hierarchical Transaction			
67		BHT02	Transaction Set Purpose Code	13	2	NYSDOH expects to receive Request transaction only. NYSDOH does not support codes 01 or 36.
68		BHT06	Transaction Type Code	RU	2	NYSDOH does not support Medical Services Reservation.
71	2010A	NM1	Utilization Management Organization (UMO) Name			
71	2010A	NM101	Entity Identifier Code	X3	2	NYSDOH expects to receive the code for Utilization Management Organization.
73	2010A	NM108	Identification Code Qualifier	PI	2	NYSDOH expects to receive the code for Payer Identification.
73	2010A	NM109	Utilization Management Organization (UMO) Identifier		9	NYSDOH expects to receive '141797357'.
76	2010B	NM1	Requester Name			
76	2010B	NM101	Entity Identifier Code	1P, FA	2	NYSDOH expects to receive a code for Provider or Facility
77	2010B	NM108	Identification Code Qualifier	XX	2	NYSDOH expects to receive the qualifier for the Submitter's CMS NPI here
78	2010B	NM109	Requestor Identifier			When the submitting entity is a provider that qualifies for an NPI, NYSDOH expects to receive the Submitter's NPI here. For All other Submitters, see 2010B REF noted below.
79	2010B	REF	Requester Supplemental Identification			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
79	2010B	REF01	Reference Identification Qualifier	ZH	2	NYSDOH expects to receive code 'ZH' when REF02 is required as described below.
80	2010B	REF02	Requestor Supplemental Identifier			NYSDOH expects to receive the MMIS ID of the submitter transmitting the file when an NPI is not present in this loop.
81	2010B	N3	Requester Address			NYSDOH does not support identifying a Requester by location.
82	2010B	N4	Requester City, State, Zip Code			NYSDOH does not support identifying a Requester by location.
84	2010B	PER	Requester Contact Information			NYSDOH will direct all requests for Additional Information to the Contact Information on file for the Submitter. NYSDOH does not support the direction of requests for Additional Information to a specific Requester.
91	2010C	NM1	Subscriber Name			
103	2000D	HL	Dependent Level			NYSDOH does not process the Dependent Loop since a NY Medicaid patient is never someone other than the subscriber and each patient can be uniquely identified at the Subscriber Level (Loop ID 2000C).
120	2000E	UM	Health Care Services Review Information			
120	2000E	UM01	Request Category Code	HS	2	NYSDOH expects to receive the code for Health Services Review.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
121	2000E	UM02	Certification Type Code	3, 4, I, S	1	In addition to Initial Inquiry, NYSDOH will recognize Revision, Extension, or Cancel on a PA request. A Cancel transaction will cancel all approved, pended or suspended detail lines when none of the requested services have been rendered. An Extension may be used to extend the Expiration Date on Approved PA's. If the Service Detail loop is not valued, the Extension request will apply to all detail lines. If all PA detail lines are not being cancelled, NYSDOH expects to receive a Revision code at the Patient Event Level and Cancel at the Service Detail Level for the specific PA detail line(s) to be cancelled. NYSDOH does not process any other Certification Type Codes.
128	2000E	REF	Previous Review Authorization Number			NYSDOH expects to receive the Prior Authorization Number in this segment when this request is to Cancel, Extend or Revise a previously approved PA request.
129	2000E	REF	Previous Review Administrative Reference Number			NYSDOH does not process data sent in this segment.
135	2000E	DTP	Admission Date			NYSDOH expects to receive the proposed Admission date, for "Bed Reservation from date", in a Nursing Home when Service Type Code '54' is valued in UM03.
136	2000E	DTP	Discharge Date			NYSDOH expects to receive the proposed Discharge Date, "for Bed Reservation to date", in a Nursing Home when Service Type Code '54' is valued in UM03.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
155	2000E	HSD	Health Care Services Delivery			NYSDOH expects to receive this segment when requesting PAs for following services: • Transportation • Private Duty Nursing (PDN) • DME Rentals/Supplies NYSDOH will ignore the HSD segment for Cancel and Extension transactions. For all other PA types, submit quantity in SV106 or SV306. HSD information is returned on the response only for an approved PA.
156		HSD01	Quantity Qualifier	FL, HS	2	NYSDOH expects to receive: • For DME Rentals/Supplies (Items/units) enter 'FL' • For Transportation (Trips/units) enter 'FL' • For PDN enter 'HS' for Hours
156		HSD02	Service Unit Count			NYSDOH expects to receive: • For PDN enter the number of hours per day • Transportation enter the number of trips per day • For DME Rentals/Supplies enter '1'
157		HSD03	Unit or Basis for Measurement Code	DA, MO	2	NYSDOH expects to receive: • For PDN enter 'DA' • For Transportation enter 'DA' • For DME Rentals/Supplies, enter 'MO'
157		HSD04	Sample Selection Modulus			NYSDOH expects to receive: • For PDN enter '1' • For Transportation enter '1' • For DME Rentals/Supplies enter '1'

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
157		HSD05	Time Period Qualifier	7, 34	1 – 2	NYSDOH expects to receive: • For PDN enter '7' • For Transportation enter '7' • For DME Rentals/Supplies enter '34'
157		HSD06	Period Count			NYSDOH expects to receive: • For PDN enter total number of days • Transportation enter total number of days • For DME Rentals/Supplies enter total number of months
209	2010EA	NM1	Patient Event Provider Name			
210	2010EA	NM101	Entity Identifier Code	DK	2	NYSDOH will interpret this as the Ordering Provider's information.
210				DN	2	NYSDOH will interpret this as the Referring Provider's information.
210				FA	2	NYSDOH will interpret this as the Billing Provider's information.
210				G3	2	NYSDOH will interpret this as the Billing Provider's information.
210				QV	2	NYSDOH will interpret this as the Billing Provider's information.
210				SJ	2	If FA, G3 and/or QV are not valued in other iterations of Loop ID 2010EA then the value in NM109 will be recognized as the Billing Provider NPI
213	2010EA	REF	Patient Event Provider Supplemental Information			NYSDOH expects to receive this segment only when the services to be approved are Atypical and an NPI is not to be used.
213	2010EA	REF01	Reference Identification Qualifier	ZH, 0B	2	

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
214	2010EA	REF02	Patient Event Provider Supplemental Identifier			When REF01 = 'ZH', NYSDOH expects to receive the MMIS ID. When REF01 = '0B', NYSDOH expects to receive the profession code and license concatenated as follows: 1st 3 bytes = Profession Code; Remaining 8 bytes = License Number.
238	2000F	UM	Health Care Services Review Information			
239	2000F	UM02	Certification Type Code	C	1	NYSDOH will inactivate individual detail lines of the Original PA which are not yet rendered when Loop ID 2000E UM02 = S (Revised).
239				I	1	NYSDOH will extend individual detail lines of the original PA which are not yet rendered when Loop ID 2000E UM02 = 4 (Extension).
244	2000F	REF	Previous Review Authorization Number			If sent, NYSDOH expects to receive the line number from the original Authorization.
247	2000F	SV1	Professional Service			
250	2000F	SV103	Unit of Basis for Measurement Code	UN	2	NYSDOH expects to receive the code for Units.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
232	2010B	REF	Requester Supplemental Identification			Segment is only created when the 278 request contained a REF segment and REF01 = 'ZH' and the request NM1 segment did not specify an NPI
323	2010B	REF01	Reference Identification Qualifier	ZH	2	Indicates that NYSDOH will return the Carrier Assigned Reference Number in REF02 (below).
324	2010B	REF02	Reference Identification		8	NYSDOH will return the submitted 8-digit MMIS ID.
355	2010D	AAA	Dependent Request Validation			If the Dependent Loop was valued on the 278 Request, then the transaction will be rejected at this level. NYSDOH does not support the Dependent Loop since all NYS Medicaid patients can be uniquely identified at the Subscriber Level (Loop ID 2000C).

Transaction: 278 Health Care Service Review - Request (Dispense Validation System - DVS)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
67		BHT	Beginning of Hierarchical Transaction			
67		BHT01	Transaction Set Purpose Code	01, 13	2	NYSDOH expects to receive Request or Cancellation.
71	2010A	NM1	Utilization Management Organization (UMO) Name			
71		NM101	Entity Identifier Code	X3	2	NYSDOH expects to receive the code for Utilization Management Organization.
72		NM102	Entity Type Qualifier	2	2	NYSDOH expects to receive the code for Non-Person Entity.
73		NM108	Entity Identifier Code	PI	2	NYSDOH expects to receive the code for Payer Identification.
73		NM109	Utilization Management Organization (UMO) Identifier		9	NYSDOH expects to receive '141797357'.
79	2010B	REF	Requester Supplemental Identification			
79		REF01	Reference Identification Qualifier	ZH	2	NYSDOH Requires the Medicaid ID of the entity
80		REF02	Requester Supplemental Identifier			When the ETIN reported in GS02 is different than the entity identified in NM109 of this loop, report the MMIS ID of the ETIN entity here.
103	2000D	HL	Dependent Level			NYSDOH does not support the Dependent Loop since all NYS Medicaid patients can be uniquely identified at the Subscriber Level (Loop ID 2000C).
134	2000E	DTP	Event Date			NYSDOH expects to receive the Date of Service in this segment. If a date is not submitted, NYSDOH will default to current date.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
134		DTP03	Proposed or Actual Event Date			If a range of dates is submitted, NYSDOH will process based upon the "from" date.
209	2010EA	NM1	Patient Event Provider Name			
210		NM101	Entity Identifier Code	71, 72, 73 77, AAJ, DD, P3, QB	2-3	If one of the listed codes is used NYSDOH will ignore the corresponding loop information.
247	2000F	SV1	Professional Service			**This segment is used when seeking approval of a "Non-Dental" service.**
259	2000F	SV3	Dental Service			**This segment is used when seeking approval of a "Dental" service.**
264	2000F	TOO	Tooth Information			When applicable, NYSDOH expects to receive the Tooth Number in this segment.

Transaction: 278 Health Care Service Review - Response (DVS)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
310	2010A	NM1	Utilization Management Organization (UMO) Name			
310		NM101	Entity Identifier Code	X3	2	NYSDOH will always send the code for Utilization Management Organization.
311		NM102	Entity Type Qualifier	2	1	NYSDOH will always send the code for Non-Person Entity.
311		NM108	Entity Identifier Code	PI	2	NYSDOH will always send the code for Payer Identification.
312		NM109	Utilization Management Organization (UMO) Identifier		9	NYSDOH will always send '141797357'.
355	2010DA	AAA	Dependent Request Validation			If the Dependent Loop is valued on the 278 Request, then the transaction will be rejected at this level. NYSDOH does not support the Dependent Loop since all NYS Medicaid patients can be uniquely identified at the Subscriber Level (Loop ID 2000C).

TR3: ASC X12N/005010X218 Payroll Deducted and Other Group Premium Payment for Insurance Products (820)

Transaction: 820 Payroll Deducted and Other Group Premium Payment for Insurance Products

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
85	2200A	ADX	Organization Summary Remittance Level Adjustment for Previous Payment			
86	2200A	ADX02	Premium Payment Adjustment Reason	H1	2	NYSDOH will send 'H1' for Information Forthcoming to identify the amounts of all fiscal (non-claim related) adjustments with additional information to be provided in the Managed Care Capitation Premium Pended and Denied Claims Report.
114	2300B	REF	Reference Information			NYS DOH will value identifiers, if available, using one or more iterations of this REF segment.
114	2300B	REF01	Reference Identification Qualifier	LU, ZZ	2	When REF01 is 'ZZ', NYS DOH will send a TCN (23-Char), an FCN# with up to a 30-character description (Lump Sum payments only, char-varies up to 50), HBE Member ID (12-char), and/or Variant Code (2-char of HIOS ID). When REF01 is 'LU' NYS DOH will send the member's Residential County Code (2-char).
117	2320B	ADX	Individual Premium Adjustment for Current Payment			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
118	2320B	ADX02	Adjustment Reason Code	H1	2	NYSDOH will send H1 for Information Forthcoming to identify Pended, Denied, Paid State Adjustment / Void, Paid Claims with Stop loss or Kick Payment Rate Codes, and Retro Claims for Managed Care records with additional information to be provided in the Managed Care Capitation Premium Pended and Denied Claims Report.

TR3: ASC X12C/005010X231A1 Implementation Acknowledgment for Health Care Insurance (999)

Transaction: 999 Implementation Acknowledgment for Health Care Insurance

The 999 Implementation Acknowledgment for Health Care Insurance as implemented in eMedNY contains no values specific to NYSDOH requirements or processing. Readers of this document are directed to the Type 3 Technical Report ASC X12C/005010X231 Implementation Guide for Implementation Acknowledgment for Health Care Insurance (999) and associated Errata.

APPENDICES

1. IMPLEMENTATION CHECKLIST

NYSDOH does not publish a trading partner Implementation Checklist.

2. BUSINESS SCENARIOS

NYSDOH expects NY Medicaid providers to verify client eligibility before providing services to NY Medicaid clients.

NYSDOH encourages NY Medicaid providers to perform Claim Status Inquiry on a regular basis, generally within 48 hours of claim submission. The Claim Status Response will return useful information that will allow correction and re-submission of claims that were denied for billing errors, more timely than waiting for the remittance advice.

3. TRANSMISSION EXAMPLES

eMedNY examples of ASC X12 files are available at
https://www.emedny.org/HIPAA/5010/5010_sample_files/index.aspx

4. FREQUENTLY ASKED QUESTIONS

https://www.emedny.org/HIPAA/5010/FAQs/FAQs.aspx?cat=*

5. CHANGE SUMMARY

Significant changes are listed in **bold type.**

Date	Version	Modification(s)
10/14/2012	1.0	Initial publication of Companion Guide based on CAQH-CORE Template for ASC X12 Transaction Sets as defined in; 005010X279A1 (270/271) 005010X212 (276/277) 005010X221A1 (835)
4/25/2013	2.0	Version 2.0 *(changes effective June 21, 2013)* Modified 005010X279A1 (270/271)
1/22/2014		Updated website link for Trading Partner Agreement Updated website link for Certification Statement for Existing ETINs
8/4/2015	2.1	**Added CAQH-CORE Web Services to the Communications Protocols section** Updated broken links to eMedNY.org and CMS.gov online resources
11/20/2015	2.2	Updated email addresses to @csgov.com
7/15/2016	2.3	Updated email addresses to @csra.com Updated health.ny.state.us to health.ny.gov in hyperlinks
8/25/2016	3.0	**Added 278, 277CA, 820, 834, 837 and 999 in all applicable locations.**

10/18/2016	3.1	Added information about; real-time (interactive) claims, negative file acknowledgments, ETIN, pended claims reporting, atypical services billing, provider affiliation and enrollment. Replaced/added data flow diagrams.
2/16/2017	3.2	**Added information sent in the 820, loop 2300B REF segments.**
5/9/2018	3.3	Added reference to MEVS Manual and Eligibility Descriptions in 271 EB05 note. Added information about delimiter related errors to Acknowledgments section.
6/5/2018	3.4	Updated information about billing for Non-emergency Transportation services in “Instructions for Billing Atypical Services” section.
2/8/2019	3.5	**Removed references to POS devices**
7/18/2019	3.6	**Modified 005010X279A1 271 HC Benefit Response related to CCO/HH**
4/10/2020	3.7	Added note in section 10 to refer to the 834 Managed Care Enrollment guide for MCE enrollment, verification, and effectuation
6/22/2020	3.8	Updated email address domains to @gdit.com in sections 2 and 5
9/22/2021	3.9	**Modified 835 PLB03-2 add note about Lump Sum Payments** **Modified 820 2300B-REF01 add note about Lump Sum Payments** **Other revisions:** • Minor spelling and grammar corrections
12/16/2022	4.0	**Removed references to the Utilization Program in the 271 Response 2110C-EB01** **Other revisions:** • Minor formatting, spelling and grammar corrections • Added SOAP/FTS to PTE Access limitations

03/29/2024	5.0	**Added Value Code 85 for FIPS to HI segment in the 837I** **Removed all reference to FTP – FTP was shut down on 11/1/2023** **Other revisions:** • Formatting, spelling, punctuation and grammar corrections • Removed Password section – redundancy – passwords are addressed in each application manual that uses a password • Removed all reference to MEDS History – obsolete • Removed all reference to Family Health Plus (FHP) – obsolete program • Clarified the 'W' entries in EB01 sections of the 271 • Clarified Service Authorization codes in Loop ID 2300 REF02 in the 837I, 837P, 837D • Corrected MMIS ID example in Loop ID 2010BB in the 837I, 837P, 837D • Clarified some acronyms throughout • Normalized formatting of phone numbers • Loop naming conventions changed to match X12 IP requirements (loop to Loop ID) • Corrected outdated, broken, or obsolete links • Edited sections for clarity/redundancy: Communication Protocol Specifications; Business Scenarios in Appendix 2; eMedNY eXchange, Other Useful Websites • Highlighted (bolded) significant changes in this change log from beginning to current • Updated dates in samples/examples