

## TRANSACTION: 277 UNSOLICITED - NYS MEDICAID FRONT-END EDITS

The following table lists the specific values for Claim Status Category Code (STC01-1), Claim Status Code (STC01-2), and Entity Identifier Code (STC01-3) returned by the eMedNY system when electronic healthcare claims submitted on the ASC X12N 837 do not meet a set of preliminary expectations prior to adjudication but after EDI translation. These expectations are known as the "Tier Two Edits". When submitted claims fail any of these edits they will not be adjudicated and the edits will be reported back to the submitter in an Unsolicited 277.

Within the 277 transaction, the second position of the TRN segment contains the Patient Control Number that was sent in the 837 claim in CLM-01 in loop 2300. The code values listed in this document are found in the first position of the STC segment, which follows the TRN segment in the 277. These codes indicate the type of error(s) encountered. Note: the first position of the STC segment consists of three sub-element fields.

STC01-1	STC01-2	STC01-3	DESCRIPTION OF THE PROBLEM
<b>X12, HIPAA, and NYSDOH requirements</b>			
A3	117		Signature Indicator (loop 2300, CLM06) does not contain a 'Y'.
A3	121		(837 Professional real-time interactive claims only) The number of line level entries exceeds the NYSDOH maximum of four lines.
A3	156	QC	The submitter included the Patient Information loop (2000C). Since a NYS Medicaid subscriber (sent in loop 2000B) is always the patient, loop 2000C is never necessary.
E0	187		No claim level date of service. This is the Statement Dates DTP segment in the 837I; or the Service Line Date segment(s) are missing or invalid in the 837P or 837D.
<b>Coordination of Benefits requirements</b>			
A3	153	P4	Other Payer ID at the line level (loop 2430, SVD01) does not match back to the Other Payer Primary Identifier at the claim level (loop 2330B, NM109 where NM101 = 'PR').
A3	400		Claim charges are out of balance. The total line level charge amounts (loop 2400; 837P SV102, 837I SV203 or 837D SV302) is not equal to the claim total charge amount (loop 2300, CLM02).
<b>Provider Enrollment requirements</b>			
<p><b>THE FOLLOWING GROUP OF EDITS WILL BE APPLIED TO PROVIDERS (IDENTIFIED BY NPI OR FOR NON-HEALTHCARE PROVIDERS, BY NYS MEDICAID ID) WITHIN THE SUBMITTED 837 CLAIM AS FOLLOWS:</b></p> <ul style="list-style-type: none"> <li>- for rate-based claims (these are always sent on the 837 Institutional), this will be the provider identified as the Billing Provider (loop 2010AA)</li> <li>- for fee-based claims sent on the 837 Institutional, this may be the Billing Provider or the Attending Physician (loop 2310A)</li> <li>- for Professional or Dental claims this may be the Billing Provider (loop 2010AA) or Pay-to Provider (loop 2010AB), or</li> <li>- it may be the Supervising Provider (loop 2310E or 2420D)</li> <li>- it may be the Rendering Provider (loop 2310B or 2420A) if the Supervising Provider is not sent</li> </ul> <p><b>Note: the NPI is sent in an NM1 segment at NM109 as qualified by a value of "XX" in NM108. A NYS Medicaid Provider ID is sent in an REF segment at REF02 with a qualifier of '1D' in REF01.</b></p>			
A3	41		The system access path the submitter used to send their claims does not match the authorized access method on the eMedNY provider profile. If you believe you are using the correct submission process, please call the eMedNY Help Desk (800-343-9000) to verify your authorized access method information. The system indicators for the authorized access path will be discontinued after eMedNY NPI implementation.
A7	26	1P	Provider was not identified in the eMedNY system.
A7	96		ETIN (TSN) is either invalid, or is not associated in the eMedNY system with the Provider, or ETIN/Provider combination was in Cancelled status on date of service.
A7	132	1P	Provider NPI or NYS Provider ID is inactive on the service date, is non-numeric or is of incorrect length.