

NYS MEDICAID PRE-ADJUDICATION CROSSWALK FOR HEALTH CARE CLAIMS
VERSIONS 5010 4010 (BATCH AND REAL-TIME)

The specifications for the transactions referenced here are the property of the Accredited Standards Committee X12 and are available at:

<http://www.wpc-edi.com/>
<http://store.x12.org/>

Implementation Guide/TR3:
004010X093
005010X212
005010X214

It is extremely important that providers, as well as the vendors that service the eMedNY provider community, react to the front end responses sent by eMedNY. Claims rejected by the front end process are not reported in the Remittance Advice or any other transactions.

The following table lists the specific values returned by the eMedNY system in the ASC X12N 277 Health Care Claim Status in the loop 2200D and 2220D STC segment for Claim Status Category Code (STC01-1), Claim Status Code (STC01-2), and Entity Identifier Code (STC01-3) in response to electronic healthcare claims submitted on the ASC X12N 837 Health Care Claim.

Inbound claims are validated against a set of preliminary edits that are checked prior to adjudication but after EDI translation. If no errors are found on a specific claim, the claim is forwarded for adjudication and reported as STC*A2|20, otherwise the codes listed in the table below will report the specific error condition that was identified. When submitted claims fail any of these edits they will not be adjudicated.

277CA OR U277 (OUTBOUND RESPONSE TO CLAIMS)									VERSION 5010 (INBOUND CLAIM)				VERSION 4010 (INBOUND CLAIM)				
CLAIM LEVEL (LOOP 2200D)						LINE LEVEL (LOOP 2220D)			BATCH			REAL-TIME	BATCH/REAL-TIME			REAL-TIME	
STC01-			STC10-			STC01-			837-			837-	837-			837-	
-1	-2	-3	-1	-2	-3	-1	-2	-3	INST	PROF	DENT	PROF	INST	PROF	DENT	PROF	
NYS Medicaid Conditions																	
A1	20								✓	✓	✓	✓	✓	✓	✓	✓	✓
A2	20								✓	✓	✓	✓	✓	✓	✓	✓	✓
A3	117	1P								✓	✓	✓					
A3	117													✓	✓	✓	✓
A3	121								✓				✓				
A3	121								✓				✓				
A3	121									✓	✓			✓	✓		
A3	153	P4											✓	✓	✓	✓	✓
A3	156	QC	A3	21	QC								✓	✓	✓	✓	✓
A3	156	QC							✓	✓	✓	✓					
A3	400	85							✓	✓	✓	✓	✓	✓	✓	✓	✓
A3	400	P4										✓					

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STC01-			STC10-			STC01-							837-		837-	837-			837-	
-1	-2	-3	-1	-2	-3	-1	-2	-3	NYS Medicaid Conditions				INST	PROF	DENT	PROF	INST	PROF	DENT	PROF
A3	400	PR							Claim is out-of-balance (Coordination of Benefits)	✓	✓	✓								
A3	479	P4							Coordination of Benefits payer at line level (loop 2430 SVD01) not matched to claim level (loop 2330B NM109)				✓							
A3	479	PR							Coordination of Benefits payer at line level (loop 2430 SVD01) not matched to claim level (loop 2330B NM109)	✓	✓	✓								
A3	742								Payer Responsibility Sequence Number Code occurred more than once in a claim	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A3	742								Payer Responsibility Sequence Number Code "U" in non-crossover claim	✓	✓									
A7	26	1P							Billing Provider (NPI or Medicaid ID) not on file or not active on date of service							✓	✓	✓	✓	
A7	33	IL							Invalid client ID (CIN#)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A7	33	IL							Client is not on file	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A7	96	41							ETIN Not Certified for Use	✓	✓	✓								
A7	96	44							ETIN Not Certified for Use				✓	✓	✓	✓	✓	✓	✓	✓
A7	132	85							Billing Provider (NPI or Medicaid ID) not on file or not active on date of service	✓	✓	✓	✓							
A7	132	71							Invalid NYS Medicaid Provider ID for Attending Provider	✓						✓				
A7	132	72							Invalid NYS Medicaid Provider ID for Operating Physician							✓				
A7	132	73							Invalid NYS Medicaid Provider ID for Assistant Surgeon									✓		
A7	132	82							Invalid NYS Medicaid Provider ID for Rendering Provider		✓		✓			✓	✓	✓	✓	✓
A7	132	85							Invalid NYS Medicaid Provider ID for Billing Provider	✓	✓		✓	✓	✓	✓	✓			✓
A7	132	87							Invalid NYS Medicaid Provider ID for Pay-to Provider							✓	✓			
A7	132	DN							Invalid NYS Medicaid Provider ID for Referring Provider		✓		✓	✓	✓	✓	✓	✓	✓	✓
A7	132	DQ							Invalid NYS Medicaid Provider ID for Supervising Provider							✓				✓
A7	187								Statement Dates failed "reasonability" validation (within 6 years of processing date)	✓		✓				✓		✓		
A7	228								Invalid Uniform Billing Claim Form Bill Type	✓						✓				
A7	229								Invalid NUBC Admission Source Code (Point of Origin)	✓						✓				
A7	231								Invalid NUBC Admission Type Code	✓						✓				
A7	232								Invalid ICD-9 diagnosis code for Admitting Diagnosis (also applies to ICD-10 after implementation)	✓						✓				
A7	234								Invalid Patient Discharge Status	✓						✓				

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STC01-			STC10-			STC01-							837-		837-	837-			837-						
-1	-2	-3	-1	-2	-3	-1	-2	-3	NYS Medicaid Conditions									INST	PROF	DENT	PROF	INST	PROF	DENT	PROF
A7	249								Invalid Place-of-Service Code		✓	✓	✓			✓	✓	✓							
A7	254								Invalid ICD-9 diagnosis code for Principal Diagnosis (also applies to ICD-10 after implementation)	✓						✓									
A7	255								Invalid ICD-9 diagnosis code for Other Diagnosis (also applies to ICD-10 after implementation)	✓	✓	✓	✓			✓	✓				✓				
A7	725								Rate Code validation error	✓						✓									
A7	465								Invalid ICD-9 procedure code for Principal Procedure (also applies to ICD-10 after implementation)	✓						✓									
A7	490								Invalid ICD-9 procedure code for Other Procedure (also applies to ICD-10 after implementation)	✓						✓									
A7	500	77							Invalid zip-code for Service Facility address	✓	✓	✓	✓			✓	✓				✓				
A7	500	85							Invalid zip-code for Billing Provider address	✓	✓	✓	✓			✓	✓	✓			✓	✓			
A7	501	85							Invalid state for Billing Provider address	✓	✓	✓	✓			✓	✓	✓			✓	✓			
A7	501	87							Invalid state for Pay-to address	✓	✓	✓	✓			✓	✓	✓			✓	✓			
A7	501	FA							Invalid state for facility or laboratory address	✓	✓	✓	✓			✓	✓				✓				
A7	501	GB							Invalid state for other insured address	✓	✓	✓	✓			✓	✓	✓			✓	✓			
A7	501	IL							Invalid state for subscriber address	✓	✓	✓	✓			✓	✓	✓			✓	✓			
A7	501	P4							Invalid state for payer address				✓			✓	✓	✓			✓	✓			
A7	501	PR							Invalid state for payer address	✓	✓	✓													
A7	501	P4							Invalid state for other payer address				✓			✓									
A7	501	PR							Invalid state for other payer address	✓	✓	✓													
A7	501	QD							Invalid state for Responsible Party address							✓	✓					✓			
A7	521								Invalid Claim Adjustment Reason Code (CARC) at claim-level	✓	✓	✓	✓			✓	✓	✓			✓	✓			
A7	535								Invalid Claim Frequency Type Code	✓	✓	✓	✓			✓	✓	✓			✓	✓			
A7	562	71							Invalid NPI for Attending Provider	✓						✓									
A7	562	72							Invalid NPI for Operating Physician	✓						✓									
A7	562	73							Invalid NPI for Assistant Surgeon			✓									✓				
A7	562	82							Invalid NPI for Rendering Provider		✓	✓	✓				✓	✓			✓	✓			
A7	562	85							Invalid NPI for Billing Provider	✓	✓	✓	✓			✓	✓	✓			✓	✓			
A7	562	87							Invalid NPI for Pay-to Provider								✓	✓			✓	✓			

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STC01-			STC10-			STC01-							837-		837-	837-			837-			
-1	-2	-3	-1	-2	-3	-1	-2	-3	NYS Medicaid Conditions				INST	PROF	DENT	PROF	INST	PROF	DENT	PROF		
A7	562	DN							Invalid NPI for Referring Provider				✓	✓	✓	✓	✓	✓	✓	✓	✓	
A7	562	DQ							Invalid NPI for Supervising Provider					✓	✓	✓		✓			✓	
A7	673								Invalid ICD-9 diagnosis code for Patient Reason for Visit Diagnosis (also applies to ICD-10 after implementation)				✓				✓					
A7	728								Invalid state for auto accident state or province code					✓	✓	✓		✓	✓	✓		
A7	751								Invalid state for ambulance pick-up location					✓		✓						
A7	752								Invalid state for ambulance drop-off location					✓		✓						
						A7	132	DK	Invalid NYS Medicaid Provider ID for Ordering Provider at line level					✓		✓		✓			✓	
						A7	132	DN	Invalid NYS Medicaid Provider ID for Referring Provider at line level					✓		✓		✓			✓	
						A7	132	82	Invalid NYS Medicaid Provider ID for Rendering Provider at line level					✓		✓		✓	✓	✓		
						A7	132	73	Invalid NYS Medicaid Provider ID for Assistant Surgeon at line level											✓		
						A7	187		SERVICE DATE AT LINE LEVEL FAILED "REASONABILITY" VALIDATION (WITHIN 6 YEARS OF PROCESSING DATE)				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
						A7	218		Invalid NDC Code				✓	✓		✓	✓	✓	✓			✓
						A7	249		Invalid Place-of-Service Code at line level					✓	✓	✓		✓	✓	✓	✓	
						A7	454		Invalid HCPCS code (includes the ADA Dental procedure codes, which are part of HCPCS Level 2)				✓	✓	✓	✓	✓	✓	✓	✓	✓	
						A7	455		Invalid NUBC Revenue Code				✓				✓					
						A7	501	DK	Invalid state for Ordering Provider address at line level					✓		✓		✓			✓	
						A7	501	FA	Invalid state for facility or laboratory address at line level				✓	✓	✓	✓		✓			✓	
						A7	521		Invalid Claim Adjustment Reason Code (CARC) at line level				✓	✓	✓	✓	✓	✓	✓	✓	✓	
						A7	562	DN	Invalid NPI for Referring Provider at line level					✓		✓		✓			✓	
						A7	562	82	Invalid NPI for Rendering Provider at line level					✓	✓	✓		✓	✓	✓	✓	
						A7	562	73	Invalid NPI for Assistant Surgeon at line level						✓					✓		
						A7	562	DQ	Invalid NPI for Supervising Provider at line level					✓	✓	✓						
						A7	562	DK	Invalid NPI for Ordering Provider at line level					✓		✓		✓			✓	
						A7	751		Invalid state for ambulance pick-up location					✓		✓						
						A7	752		Invalid state for ambulance drop-off location					✓		✓						