

ERROR TYPE	REPORTED BACK ON	COMMON PROBLEMS / DIFFERENCES BETWEEN PHASE I and PHASE II HIPAA TRANSMISSIONS
File	Reported back on the 'F' file response.	<p>The ISA-08 and GS-03 fields identifying NY Medicaid needs to be 'EMEDNYBAT' (and not MMISNYDOH).</p> <p>Common characters that create the "Wrong format" message and need to be removed from your file are the grave (pronounced gra - vey), which looks like a left single quote and appears to the left of the number '1' key on most keyboards, the carrot ('^') which is a shift 6 on most keyboards, and the new line / carriage control characters.</p> <p>Any files containing multiple ISA - IEA interchanges will be rejected.</p>
Transaction Level	<p><u>Reported on a 997 transaction</u> See '997 Functional Acknowledgements' at the WWW.EMEDNY.ORG/NYHIPAA DESK /eMedNY Phase II News' webpage.</p>	<p>Identifier data field values utilizing external code sets (HCPCS, ICD-9, etc) will now be validated in the new system. Some common data elements required to now comply with external code lists are; Facility Type (Place of Service), Frequency Type (Claim Type), Procedure codes (HCPCS, ICD-9, etc.).</p> <p>Identifier data type values need to match code lists (both internal to HIPAA and external) as an exact match. During Phase I, there was some leniency for padding of spaces or zeroes. This is no longer the case. As an example, the CLM segment, position 20 having a value of '_1', '1_' or 'Q1' will not match the code set value of '1'.</p> <p>Alphanumeric fields should have no padded spaces.</p> <p>Numeric data fields should have no leading zeroes.</p> <p>Enveloping control numbers pairs must match. Those being ISA & IEA, GS & GE and, ST & SE segments.</p>

		<p>The first position of the GE segment must equal the number of transactions (ST-SE) within this functional group (GS-GE).</p> <p>The first position of the IEA segment must be equal to the number of functional groups (GS-GE) within this Interchange (ISA-IEA).</p> <p>Note: The Phase II 997 (Functional Acknowledgment) reports back the first error encountered. Correcting that problem should not be construed as the next 997 will be accepted.</p> <p>Note 2: Status of 'E' in the first position of the AK5 or AK9 simply indicates a warning. Your transaction was not rejected and will be forwarded on for continued processing.</p>
<p>Claim Level - Front End Edits</p>	<p><u>Unsolicited 277 transaction</u> See '277 Unsolicited Status Code Explanations' at www.emedny.org/nyhipaadesk/csc/news/ webpage.</p>	<p>This transaction, if sent to you, would follow your 997 transaction in your 'R' file. You will only receive this when your 837 transaction was accepted as HIPAA compliant (reported back as an 'A' on your AK5-01), but the claim data was determined to have errors that would impact its adjudication. The 277 rejects on the claim level (as oppose to the 997 which is on the batch (ST-SE) level). Claims identified as rejected within a 277 are not forwarded on for adjudication.</p> <p>Note: You will only receive a 277 when there is a predetermined problem with a claim. Not receiving the 277 is a positive sign.</p>

<p>Claim Level - Adjudication Rule Changes</p>	<p>Impacting 835 Remittances, 276 / 277 Claim Status Inquiry / Response</p>	<p>The claims in the new eMedNY Phase II system processes the claim information as a complete document. Where previously the service line of the claim was assigned the TCN (previously referred to as 'CRN'), now the claim level CLM (2300 Loop) of the 837 transaction will be assigned the TCN. Note the following:</p> <ul style="list-style-type: none"> - The service date associated with the 837 Institutional based claims will be the date provided at the Claim level (2300 loop, DTP-01 of 434). When using a date range, the date range will be used. This will also be the date-of-service returned to you on your remittance. - The date of service assigned at the document level for Professional 837 claims will be the service date found on the first service line for that claim. - 837 Dental, the Claim level service date (2300, DTP-01 of 472) is applied to the claim document. - For all 837 types, when submitting a 276 Claim Status Inquiry the service date you need to use is what has been assigned to that document (as defined above).
--------------------------------------------------------	-------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------