

eMedNY
New York State Department of
Health

Office of Health Insurance
Programs

835 Supplementary File
Information Companion Guide

NPI Edition

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Trading Partner: eMedNY

835 Supplementary File INTRODUCTION

Pended claim data is NOT reported on the 835 Transaction. However, the Provider will receive supplementary proprietary information that will provide pended claim detail in a format similar to the former proprietary remittance. Additionally, all Denied claims and their edits will be reported on the supplemental file. Please note that this file will be transmitted automatically when applicable. Additionally, providers must contact CSC's Enrollment Support Unit at 1-800-343-9000 (select option 5) to set up the frequency of "old-day" pend reporting. (Initially, the transmission of "old-day" pends will be set to none.)

An 835 Supplementary File will be created using the New York State Department of Health (NYSDOH) Supplementary Proprietary File format (i.e. Record Layout) defined in Attachment A. The proprietary supplementary file contains:

- Fixed length, asterisk (*) delimited fields. Fields that are not applicable to a particular claim will be space filled.
- The logical and physical record length is 600. The record length includes the tilde at the end of the record.
- There is no block-size.
- The tilde at the end of the last record in the file will serve as the end of file indicator.
- The file will not contain header or trailer records.
- The format supplied in Attachment A contains a detail claim record-layout.
- The file will be transmitted with the 835 transaction when applicable.
- Please refer to the eMedNY Technical Supplementary Companion Guide for more information.

COMPANION GUIDE DISCLAIMER:

The New York State Department of Health (NYSDOH) has provided this Medicaid Companion Guide for the 835 Payment Order/Remittance Advice Supplementary File to assist Providers, Clearinghouses and all Covered Entities in processing/receiving an 835 Supplementary File. This document was prepared using a Proprietary Record Format as the vehicle for reporting Remittance Advice Pend information. NYSDOH has focused primarily on the rules and policies regulating the transmission of NYS Medicaid data that are provided within this Companion Guide. NYSDOH has provided the information on www.nyhipaadesk.com and emedny.org as a tool to make the Provider's job easier in processing/receiving electronic transactions in a HIPAA compliant manner.

NYSDOH does not offer individual training to assist Providers in the use of the ASC X12N transactions and Supplementary File formats provided on www.nyhipaadesk.com and emedny.org.

The information provided herein is believed to be true and correct based on NYSDOH policy and the Addenda Version of the HIPAA guidelines. These regulations are continuing to evolve, therefore NYSDOH makes no guarantee, expressed or implied, as to the accuracy of the information provided herein. Furthermore, this is a living document and the information provided herein is subject to change as NYSDOH policy changes or as HIPAA legislation is updated or revised.

CG MODIFICATION TRACKING:

>V4.0

- 11/18/2008 Amend NYS MEDICAID NOTES: add amendment for APG IMPACT ON PROVIDERS topic.

- 08/20/2008 Record length expanded to add the following fields:

FieldName	Format	Position	eMedNY Description	NYS Medicaid Note
NPI	X(10)	528-537	Pay-To Provider	In some instances, this will be the same as the Billing Provider
BILL NPI	X(10)	539-548	Billing Provider	This contains the NPI of the Billing Provider
Filler	X(50)	550-599	Space filled	
End of Record/File Indicator	X(1)	600	End of Record / File Indicator is a Tilde: ~	

>V3.0 – eMedNY NPI Edition

- 09/18/2007 Removed phone system options information from NYS Medicaid Note in front matter, leaving the call center 800 number. Added note to refer to Technical Supplementary Guide.

- Publication Date = 01/31/07, Version = 3.0.

- Amend Title Page, Office of Medicaid Management change to Office of Health Insurance Programs.

- Add NPI Edition and remove Phase II nomenclature

- Add 'NATIONAL PROVIDER IDENTIFIER (NPI)' section with NPI notification information.

** Removed all pre-NPI version history tracking.

NATIONAL PROVIDER IDENTIFIER (NPI):

ALL NYS MEDICAID PROVIDERS WHO ARE HEALTH CARE PROVIDERS ARE REQUIRED TO VISIT EMEDNY.ORG TO REGISTER THEIR NPI(S) AS SOON AS POSSIBLE.

NYSDOH implemented the National Provider Identifier (NPI) in the eMedNY system on September 1, 2008. For a limited time after implementation, claims that were submitted with an NPI and that were pending or denied for system edits will be reported in the 835 Supplementary file with both the submitted NPI and the NYS Medicaid Provider ID that was used in claim adjudication.

The 835 Supplemental File will return the Medicaid Provider Identifier of record and the submitted NPI until further notice.

NYSDOH has developed the National Provider Identifier (NPI) Web Enabled Entry process as a means for providers/submitters to register their NPI(s) in the eMedNY system. The NPI Web Enabled Entry system can be accessed by going to www.emedny.org and clicking on "Enter NPI" located in the green box on the right of the screen.

It is required to register all NPIs associated with a NYS Medicaid provider by using the web-enabled application on the emedny.org website.

All submitters should be aware that the NPI must be reported as the primary provider identifier (except for "Atypical", non-healthcare providers) and will be returned in the Remittance Advice and Supplementary file.

NYS MEDICAID NOTE:

The 835 Supplementary File has been established by NYSDOH as the format for the New York State Health Care Claim Payment / Advice Supplementary File.

This Companion Guide, which is provided by the New York State Department of Health (NYSDOH), outlines the required format for the New York State Medicaid Health Care Claim Payment / Advice Supplementary File. It is important that Providers study the Companion Guide and become familiar with the data that will be sent by NYS Medicaid in transmission of an 835 Health Care Claim Payment / Advice Supplementary File. Furthermore, Providers are advised to use this Companion Guide as a supplement to the 835 Companion Guide and the 835 IG.

NYSDOH has provided "NYS MEDICAID NOTE(s)" clarifying the usage of all data elements that will be transmitted in this file.

SUPPORT:

Please refer to the Technical Supplementary Companion Guide for information about transaction header structures, transaction size limits, electronic communications methods, and enrollment as a trading partner. This document is available for download at nyhipaadesk.com.

For further assistance, NYSDOH and its fiscal agent, Computer Sciences Corporation (CSC), are urging providers to visit a web community, <https://www.nyhipaadesk.com>, which will provide Companion Guide updates and other pertinent information. In addition, questions may be sent to NYSDOH's Test Support Team at nyhipaadesk@csc.com.

Providers with questions may call the eMedNY Call Center at: 1-800-343-9000.

Please be advised that Unit representatives will only answer questions related to New York Medicaid HIPAA requirements.

The ASC X12N Implementation Guides and their associated addenda are available in electronic format at: www.wpc-edi.com/hipaa.

Re-association of Supplementary Information to the 835 Transaction:

In order for the Provider to re-associate the detail information provided in the Supplementary File to the 835 Transaction the following crosswalk is provided:

Supplementary Record Field	835 Transaction Field
Patient Control Number/Office Account Number	Loop 2100, CLP01
Recipient ID	Loop 2100, NM109
Claim Reference Number (CRN) / TCN	Loop 2100, CLP07

APG IMPACT ON PROVIDERS:

LINE LEVEL PROCESSING:

Providers whose services are adjudicated using APG processing may require preparation because their claims will be adjudicated at the service line level.

There will be no changes to the Supplemental file record layout, but for APG claims NYSDOH will provide multiple lines with the same TCN / (CRN) for each line item on the claims.

ATTACHMENT A**Supplementary Information Delimited Flat File (for the 835 Transaction)**

(Fixed-length fields, asterisk (*) delimited)

Field Name	Format	Position	eMedNY Description	NYS Medicaid Note
ETIN	X(4)	1-4	Electronic Transmitter Identification Number – a unique number assigned to service bureau(s), Plans or Providers submitting or receiving electronic transactions.	NYSDOH will provide information as supplied on input transaction.
Group Provider ID	X(8)	6-13	Provider Group Identification Number – provider identification number assigned to the group practice where the named individual is a member.	NYSDOH will provide information as supplied on input transaction.
Individual Provider ID Number	X(8)	15-22	Provider Identification Number – the unique number assigned by NYSDOH to each provider of services applying for enrollment in the Medicaid Program.	NYSDOH will provide information as supplied on input transaction.
Location of Service	X(3)	24-26	Location of Service – (Locator Code) – the provider's specific office at which the service was performed.	NYSDOH will provide information as supplied on input transaction.
Status of Claim	X(4)	28-31	Claim Line Type – Shows actual claim status on remittance for the provider's reference.	NYSDOH will provide value ' PENDING ' or ' DENY '. Note: A status of DENY provides an alternate record format for reporting 27 Error Reason Codes determined through adjudication. A status of PENDING defaults to the prior record format. Review format starting at position 293 for alternate and prior record formats.
Patient Account Number/ Prescription Number	X(20)	33-52	Office Control Number – any number assigned by a provider to a recipient or a claim for reference purposes. Used by the provider to tie a particular claim to a particular payment. Admitting Number – a number assigned by a hospital to a recipient at the time of admission to track a patient during hospitalization. Prescription Number (Pharmacy, Special Services, Eye Appliances) – the number assigned to a prescription by a pharmacist when it is filled.	For 835 Supplementary: NYSDOH will provide information as submitted in field CLM01 (Claim Submitter's Identifier) on the 837I, 837P and 837D. Input as Prescription/Service Reference Number (402-D2) on NCPDP claim. There is no Patient Account Number on NCPDP. In some cases, NYSDOH will provide 'NOT PROVIDED' in instances when the Patient Control Number is not available, such as when processing adjustments or voids to 'old' history claims. For new eMedNY paper claim submissions, NYSDOH will return: <ul style="list-style-type: none">- Office Account Number submitted on new Claim Form A.- Patient Account Number submitted on NY 1500.- Prescription Order Number submitted on the new Pharmacy form.- Patient Control Number submitted on the CMS UB-92 form.
Claim Reference Number	X(16)	54-69	Claim Reference Number – a unique number serving to identify each claim transaction received.	This is a unique identifier assigned to each claim line input which NYSDOH will use, if necessary, to adjust or void the claim. Format = YYDDNNNNNNNNMA (YY = Year, DDD = Julian day, NNNNNNNN = Sequence Number, M = Media type (0 = Paper, 2 = Electronic, 3 = POS), A = Claim type (0 =

Field Name	Format	Position	eMedNY Description	NYS Medicaid Note
				original, 1 = Credit Adjustment or Credit Void, 2 = Debit Adjustment).
Remittance Number	X(11)	71-81	Sequential number generated for remittances during the payment cycle.	NYSDOH will provide the six-character date of the remittance (YYMMDD), followed by a 5-digit sequence number.
Invoice Type	X(2)	83-84	Invoice Type - code indicating the type of invoice that was generated the adjudicated claims record.	NYSDOH will provide the Invoice Type as generated by the system.
Claim or Prior Authorization /Approval (PA) Line Number	X(30)	86-115	Specifies the line number for service on an invoice or prior approval. It identifies service lines that can be adjudicated separately when appended to the invoice number or prior approval number.	NYSDOH will provide information as submitted on input.
Medical Record Number	X(30)	117-146	Medical Record Number – number assigned to a patient's medical record by the hospital. Unique to each patient.	NYSDOH will provide information as supplied on input (Loop ID 2300, REF02 on 837 Institutional).
Adjudication Date	X(8)	148-155	Date Adjudicated – date upon which a claim transaction was processed.	NYSDOH will provide information in the following format: CCYYMMDD.
Bill Date	X(8)	157-164	Billing Date/Invoice Date – The date a provider enters on a claim indicating when it was prepared.	NYSDOH will provide information as supplied on input.
Client ID Number	X(11)	166-176	Recipient Identifier – a unique identifier that serves to identify data pertaining to that individual.	NYSDOH will provide information as supplied on input.
Client Last Name	X(17)	178-194	Recipient Name – the name of an individual as provided on the application for assistance of care. Needed for individual identification. Must be present on MA ID cards.	NYSDOH will provide information as supplied on input. If unavailable from input, this field will contain client last name from the NYSDOH Client File, which corresponds to the client ID number submitted.
Client First Name	X(10)	196-205	Recipient Name – the name of an individual as provided on the application for assistance of care. Needed for individual identification. Must be present on MA ID cards.	NYSDOH will provide information as supplied on input. If unavailable from input, this field will contain client first name from the NYSDOH Client File, which corresponds to the client ID number submitted.
Client Middle Initial	X	207	Recipient Name – the name of an individual as provided on the application for assistance of care. Needed for individual identification. Must be present on MA ID cards.	NYSDOH will provide information as supplied on input. If unavailable from input, this field will contain client middle initial from the NYS DOH Client File, which corresponds to the client ID number submitted.
Recycle Number	X(4)	209-212	Number of Times Recycled – the number of times a claim has been recycled through the Daily adjudication cycle.	NYSDOH will provide a figure indicating the number of times a claim has been recycled through the Daily adjudication cycle because it pended for edits.
Date of Service/From Date	X(8)	214-221	Service Date – the date upon which the service covered by a claim was rendered.	NYSDOH will provide information in the following format: CCYYMMDD.
Through Date of Service	X(8)	223-230	End Service Date – the date upon which the service covered by a claim was ended.	NYSDOH will provide information in the following format: CCYYMMDD.
Procedure Code/ NCPDP Code	X(11)	232-242	Procedure Code Number – a code identifying a given procedure. This code, along with the Procedure Code Source, serves as the key to the Procedure File. NCPDP Code -- the specific identifier of a particular prescription drug, non-prescription drug, sickroom supply, DME/surgical supply, orthotic/prosthetic appliance, or hearing aid.	For 835 Supplementary File - Procedure Code is HCPCS or ADA code, NCPDP Code is 5-4-2 format.
Rate Code	X(4)	244-247	Rate Code – a code identifying a medical service or product that utilizes a rate reimbursement technique	NYSDOH will provide information as submitted on input or system generated.

Field Name	Format	Position	eMedNY Description	NYS Medicaid Note
			under MMIS.	
Units of Service /Times Performed	-9(7).9(3)	249-260	Quantity – the units (e.g., days, visits, miles, injections) of a procedure rendered to a recipient.	Units of Service. <u>This is a signed field.</u> Note: Decimal will be transmitted. Negative sign will be transmitted in the high order field position.
Amount Charged/Billed	-9(8).99	262-273	The amount billed by the plan for each service.	NYSDOH will provide information as submitted on input. This is a signed field. Note: Decimal will be transmitted. Negative sign will be transmitted in the high order field position.
Amount Paid	-9(8).99	275-286	Amount Paid for Claim – the amount paid by Medicaid for this service.	Total claim approved amount. A signed field. Note: Decimal will be transmitted. Negative sign will be transmitted in the high order field position.
Medicaid Covered Actual Days	9(4)	288-291	Calculated Medicaid Days – the number of full days payable by Medicaid in the most recent month of billing during the service period of a claim. Used to associate a number of days of payment with a particular rate code and aid category.	NYSDOH will provide the calculated Medicaid days.
			Status of Claim "DENY" record format follows.	
			Positions 293 to 526 of this record layout shall be used to provide edit information depending on the status of the claim. If the claim is DENIED, the area shall contain up to twenty-seven (27) edit numbers and no descriptions.	Please refer to the Edit/Error KnowledgeBase for edit descriptions with resolutions: http://www.emedny.org/hipaa/edit_error/KnowledgeBase.html
Error Reason Code1	X(5)	293-297	Error Reason Code – the edit result code put on a claim during an adjudication cycle.	NYSDOH will provide the five-digit code that specifies the reason for the claim being denied and up to 27 reason codes may be reported.
Error Reason Code2	X(5)	299-303	See Error Reason Code1.	See Error Reason Code1.
Error Reason Code3	X(5)	305-309	See Error Reason Code1.	See Error Reason Code1.
Error Reason Code4	X(5)	311-315	See Error Reason Code1.	See Error Reason Code1.
Error Reason Code5	X(5)	317-321	See Error Reason Code1.	See Error Reason Code1.
Error Reason Code6	X(5)	323-327	See Error Reason Code1.	See Error Reason Code1.
Error Reason Code7	X(5)	329-333	See Error Reason Code1.	See Error Reason Code1.
Error Reason Code8	X(5)	335-339	See Error Reason Code1.	See Error Reason Code1.
Error Reason Code9	X(5)	341-345	See Error Reason Code1.	See Error Reason Code1.
Error Reason Code10	X(5)	347-351	See Error Reason Code1.	See Error Reason Code1.
Error Reason Code11	X(5)	353-357	See Error Reason Code1.	See Error Reason Code1.
Error Reason Code12	X(5)	359-363	See Error Reason Code1.	See Error Reason Code1.

Field Name	Format	Position	eMedNY Description	NYS Medicaid Note
Error Reason Code13	X(5)	365-369	See Error Reason Code1.	See Error Reason Code1.
Error Reason Code14	X(5)	371-375	See Error Reason Code1.	See Error Reason Code1.
Error Reason Code15	X(5)	377-381	See Error Reason Code1.	See Error Reason Code1.
Error Reason Code16	X(5)	383-387	See Error Reason Code1.	See Error Reason Code1.
Error Reason Code17	X(5)	389-393	See Error Reason Code1.	See Error Reason Code1.
Error Reason Code18	X(5)	395-399	See Error Reason Code1.	See Error Reason Code1.
Error Reason Code19	X(5)	401-405	See Error Reason Code1.	See Error Reason Code1.
Error Reason Code20	X(5)	407-411	See Error Reason Code1.	See Error Reason Code1.
Error Reason Code21	X(5)	413-417	See Error Reason Code1.	See Error Reason Code1.
Error Reason Code22	X(5)	419-423	See Error Reason Code1.	See Error Reason Code1.
Error Reason Code23	X(5)	425-429	See Error Reason Code1.	See Error Reason Code1.
Error Reason Code24	X(5)	431-435	See Error Reason Code1.	See Error Reason Code1.
Error Reason Code25	X(5)	437-441	See Error Reason Code1.	See Error Reason Code1.
Error Reason Code26	X(5)	443-447	See Error Reason Code1.	See Error Reason Code1.
Error Reason Code27	X(5)	449-453	See Error Reason Code1.	See Error Reason Code1.
Filler	X(31)	455-485		
Filler	X(40)	487-526		
Status of Claim "PEND" record format follows.				
			Positions 293 to 526 of this record layout shall be used to provide edit information depending on the status of the claim. If the claim is PENDED, the area shall contain up to two (2) edit numbers and their description.	Please refer to the Edit/Error KnowledgeBase for edit descriptions with resolutions: http://www.emedny.org/hipaa/edit_error/KnowledgeBase.html
Error Reason Code1	X(5)	293-297	Error Reason Code – the edit result code put on a claim during an adjudication cycle.	NYSDOH will provide the five-digit code that specifies the reason for the claim being pending; the description of the code is found in the Error Reason Message (see next row).
Error Reason Message1	X(90)	299-388	Remittance Message – pend on the remittance line that corresponds to the reason code. Prints on proprietary remittance so that the provider does not have to look up the reason code.	NYSDOH will provide the pend message that corresponds to the Error Reason Code.
Error Reason Code2	X(5)	390-394	See Error Reason Code1.	See Error Reason Code1.
Error Reason Message2	X(90)	396-485	See Error Reason Message1.	See Error Reason Message1.
Filler	X(40)	487-526		

Field Name	Format	Position	eMedNY Description	NYS Medicaid Note
			"NPI Fields"	
NPI	X(10)	528-537	NPI of the Pay-to Provider.	In some instances, this will be the same as the Billing NPI.
Bill NPI	X(10)	539-548	NPI of the Billing Provider.	This is the NPI of the Billing Provider.
Filler	X(50)	550-599	Space filled.	
End of Record/File Indicator	X(1)	600	End of Record / File Indicator is a Tilde: ~	