

New York State Medicaid

eMedNY News & Issues as of 01/21/2010

The purpose of eMedNY News & Issues is to share eMedNY related information and identify system issues relevant to our NY Medicaid provider community. The document includes Important Announcements, New eMedNY Issues and Active eMedNY Issues and will be updated as issues are corrected and/or new issues are identified. Closed eMedNY issues are archived and posted [here](#). eMedNY News & Issues will be posted on www.nyhipaadesk.com ([ISSUES of eMedNY](#)). Please visit this site periodically for updates. If you have questions about the information in this document, please consult with your technical staff or email us at nyhipaadesk@csc.com.

Important Announcements

Attending & Rendering Provider NPI to be Enforced:

Letters have been mailed to clinics/hospital outpatient providers who are still submitting some claims with the MMIS ID# or License Number of the attending providers instead of the attending provider's NPI. Letters have also been mailed to practitioners (physicians & nurse registries) who have been submitting claims with the MMIS ID or License number of the rendering providers. These letters advise that the deadline for using NPIs on claims for such providers is Feb 18, 2010. This requirement has been in place for some time but we wanted to afford our impacted facilities and practitioners sufficient time to register the NPIs of their attending/rendering providers prior to enforcement. Clinics/hospital outpatient claims will be denied with Edit 02023 and Practitioners with Edit 02025.

For more information, please send an email to NYHIPAADESK3@CSC.COM.

Medicare Crossover Correction Notice:

Medicaid Update articles for September and October 2009 indicated claims denied by Medicare will not crossover to NY Medicaid. This is incorrect. Any claim that has any Patient Responsibility (CAS*PR) amount after being processed by Medicare will be crossed over to NY Medicaid. NY Medicaid will then adjudicate that claim based on the exact CARC reported (please note that Medicare uses many other PR codes besides 1, 2 and 3).

For more information, please contact the eMedNY Call Center at 1-800-343-9000 or <mailto:eMedNYProviderRelations@csc.com>.

Submit Referred Ambulatory to Medicare on Professional Claim for Crossover:

Referred Ambulatory claims sent directly to Medicaid on an 837I without a Rate Code are currently recognized as Referred Ambulatory and processed internally as if they were submitted on a Professional claim. However Medicare crossover claims received on an 837I without a Rate Code will not derive to a Referred Ambulatory claim type. If Referred Ambulatory is submitted on the 837I the Bill Type will be used to classify the claim. This means if the Clinic Bill Type is used, for example, the result would be a

Clinic Co-pay deduction. To avoid this issue Referred Ambulatory claims for dual eligible clients should be submitted to Medicare on the Professional claim.

New eMedNY Issues

- **Update: 01/08/2010 – Edit 02067 Attending Provider Not Linked to Billing Provider:**
A number of facilities are submitting claims where some of the attending providers are not affiliated with Medicaid for your facility, which results in edit 02067 being reported in the 835 Supplemental file (X12 Reason 208|N55). NY Medicaid will begin denying claims where the attending provider NPI is not affiliated. New York State Medicaid requires that clinics, hospitals and other facilities register the National Provider Identifier (NPI) and licenses for all practitioners who are affiliated with the facility and might be included as an attending provider on claims submitted by the facility. NY Medicaid provides two methods for affiliating practitioners NPIs: On the web at: <https://npi.emedny.org/Facility/>, or via batch by following the instructions on the [Facilities Practitioner's NPI Reporting](#).
Please check this notice periodically for status update.

Active eMedNY Issues

- **Update: 12/30/2009 – 835 CLP11 Reporting Error:**
An error is occurring in CLP11 - Diagnosis Related Group (DRG) Code - as of cycle 1688. eMedNY is suppressing leading zeroes from the DRG field. A change will be implemented to accommodate APR DRG reporting. For Institutional claims, NYSDOH will provide up to 4 bytes in CLP11. The first 3 bytes will be the DRG. The 4th byte will be present only when the Severity of Illness is reported. If the APR Severity of Illness is not applicable the last position will be suppressed and only the 3-byte DRG code will be sent.
Update: 01/05/2010 – A fix has been implemented.
- **Update: 12/30/2009 – 835 “Paid Edits” Remark Codes Sent:**
eMedNY is sending Remark Codes of “paid-edits” in the 835 Remittance Advice, which is causing confusion for providers attempting to crosswalk the edit to the CARC & RARC combination.
Update: 01/07/2010 – A fix has been implemented.
- **Update: 09/30/2009 – 835 Sending CARC A2 on RETRO Claims:**
CARC A2 is still being reporting for RETRO claims. A2 is discontinued code.

Update: 01/08/2010 – A fix has been implemented.

- Update: 02/22/2007 – 835 Reporting Denied Claims, But No CARCs:
This occurs when the Charged Amount is zeroes, and the claim denies. The reason is adjustments cannot be reported when the Charged Amount is zeroes because the claim will not balance since the adjustment needs to be greater than \$.00.
The problem is primarily on Secondary paper claims because there is only one field to report Charged Amount and/or Deductible. When the Deductible is submitted, eMedNY copies the Deductible Amount to the Charged Amount field. However, this is currently happening towards the back-end of the eMedNY adjudication process. Claims that fail front-end edits, such as “Client not on file”, do not get a chance to get the Charged Amount populated and result in a denial without a CAS Segment. NYSDOH has initiated a project request to correct this problem.
Please check this notice periodically for status update.
- Update 7/20/05 – CLP02 = 2 and no CAS*CO*23 – PART 2:
CLP02 is sometimes incorrectly reporting Claim Status Code of 2 (Secondary) but not reporting Prior Payer information, which is being erroneously combined with Medicaid’s CO adjustments. However, Medicaid’s CO adjustment should be reported separately in its own CAS*CO*45, and the Prior Payer’s write-off and/or payment should be identified with CARC 23. CSC is assessing a solution.
Update: 01/23/2007 – The fix will not be implemented in January 2007, as previously scheduled. A new ETA will be provided in the future.
Update: 01/08/2010 – A fix has been implemented.
- Update 08/24/2006 – CLP02 = 1 though the claim reported a previous payer – PART 3:
In the 835 Remittance Advice, CLP02 is sometimes incorrectly reporting Claim Status Code of 1 (Processed as Primary) even though the claim reported prior payer’s adjudication information. The 835-transaction is combining the prior payer’s payment and adjustments with NYSDOH’s CO adjustments, causing problems in the provider’s Accounts Receivable. NYSDOH’s CO adjustment should be reported separately in its own CAS*CO*45, and the Prior Payer’s write-off and/or payment should be identified with CARC 23.
Update: 01/23/2007 – The fix will not be implemented in January 2007, as previously scheduled. A new ETA will be provided in the future.
Update: 01/08/2010 – A fix has been implemented.
- Update 9/23/05 – Edit 02001 – Enforcing Balancing Compliance for COB Claims:
This Edit was activated on 09/22/2005. As a result, Coordination of Benefit (COB) claims whose total paid-amount at the claim level did not match the sum of all the lines paid-amounts were denied. The Edit was turned off on 09/23/05.
The denied claims will not be reprocessed. It is the submitter’s responsibility to resubmit those claims. The paid-amount at the claim level must equal the sum of all the paid-amounts reported at line level; otherwise the claim will be denied.
Update 10/11/05 - Please note that this is a necessary, imminent change. However, DOH has decided to keep the Edit turned off, until further notice, due to the number of claims that will deny if this Edit is turned on at this point. It will be turned back on in the near future to ensure claim balancing, which is mandated by the HIPAA Rule, and to avoid inappropriate claim adjudication. We are currently incorrectly paying claims

due to inaccurate amounts being reported.

Please check this notice periodically for updates, but start making your system changes now to avoid negative impact on your cash flow.

Update: 10/21/05 – The Edit mapping/crosswalks, which can be now found in the [Crosswalks](#) folder in NYHIPAADESK, are being updated. The corresponding Claim Adjustment Reason Code for Edit 02001 is 125, and the Remark Code is N4.

Update: 02/06/06 – ETA during cycle 1489, Edit 02001 (X12 Reason 125|N4) will be set to PEND for paper claims and DENY for electronic claims. Please make system changes now. On average, over 55,000 claims are failing this Edit on a cycle basis. These claims will be affected once the status of the Edit is changed.

Update: 03/09/06 – Please note that this is a necessary, imminent change. However, DOH has decided to keep the Edit turned off, until further notice, due to the number of claims that will deny if this Edit is turned on at this point.

Please check this notice periodically for updates.

Update 10/21/05 – Virtual Private Network (VPN) Connectivity Restrictions:

Many providers have indicated an interest in utilizing the Internet for communicating with Medicaid. CSC is investigating a solution to allow more trading partners to utilize internet-FTP submission.

Update: 01/08/2010 – CSC has implemented a new Simple Object Access Protocol (SOAP) communication method to allow trading partners to submit files via the Internet under a Service Oriented Architecture (SOA). The SOAP method is a good solution for those users who prefer to develop an automated approach to submitting files using the internet as a communications mechanism. Please note, CSC will be phasing out the current dial-up Bulletin Board System (BBS) in the near future and is currently urging BBS users to start switching to different method of file submission such as SOAP, FTP or eMedNY eXchange.

For more information, please send an email to NYHIPAADESK3@CSC.COM.

Closed eMedNY Issues

- ✓ Issues resolved more than six months ago are archived [here](#).

Issues Resolved as of 01/08/2010