New York State

Department of Health (NYS DOH)

Office of Health Insurance Programs (OHIP)

Standard Companion Guide
Transaction Information

Instructions related to Transactions based on ASC X12 Implementation Guides, version 5010

Companion Guide Version Number: 1.9
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Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

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For eMedNY Companion Guide questions, please contact the eMedNY Call Center at 1-800-343-9000.

TRANSACTION INSTRUCTION (TI)

1. TI Introduction

1.1 Background

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard.

HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

1.1.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

2. Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction Instructions apply and which are included in Section 3 of this document.

Unique ID	Name
005010X223A2	Health Care Claim Institutional (837)
005010X222A1	Health Care Claim Professional (837)
005010X224A2	Health Care Claim Dental (837)
005010X217	Health Care Services Review-Request for Review and Response (278)
005010X214	Health Care Claim Acknowledgment (277)
005010X218	Payroll Deducted and Other Group Premium for Insurance Products (820)

The Implementation Guides are available at http://store.x12.org/

3. Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Legend
SHADED rows represent "segments" in the X12N implementation guide.
NON-SHADED rows represent "data elements" in the X12N implementation guide.

ASC X12/005010X223A2 Health Care Claim Institutional (837)

837 Health Care Claim (837 Institutional)

Loop ID	Reference	Name	Codes	Notes/Comments
1000A	NM1	Submitter Name		
1000A	NM109	Submitter Identifier		The ETIN received here will be used to route the Electronic Remittance Advice (ERA) to an existing electronic mailbox designated by the Trading Partner. The ERA Routing occurs only if a valid mailbox has already been set up by eMedNY Provider Enrollment.
1000B	NM1	Receiver Name		
1000B	NM103	Receiver Name		NYS DOH expects to receive "NYS DOH".
1000B	NM109	Receiver Primary Identifier		NYS DOH expects to receive "141797357".
2010AA	REF	Billing Provider Tax Identification		
2010AA	REF02	Billing Provider Tax Identification		NYS DOH will use the tax-ID as recorded in the provider's profile in eMedNY for 1099 reporting purposes and will not use the data sent in this location.
2010BB	REF	Billing Provider Secondary Identification		NYS DOH expects to receive this segment only when the Billing Provider is an Atypical Provider.

Loop ID	Reference	Name	Codes	Notes/Comments
2010BB	REF01	Reference Identification Qualifier	G2	
2010BB	REF02	Billing Provider Secondary Identifier		Billers of Atypical Provider services (those that do not require an NPI) will need to combine the NYS Medicaid Provider ID and Locator Code into element REF02 of Loop 2010BB (5010 submissions only). Example…if Provider ID-12345678 and Locator Code=003, this REF segment will contain: **REF*G2*12345678003~**
2300	REF	Service Authorization Exception Code		
2300	REF02	Service Authorization Exception Code		Service Authorization Exception Codes "1" – "6" are to be used in accordance with Medicaid Policy. Code "7" (Special Handling) is expected when the claim is intended to be processed using a UT exempt NYS DOH specialty code.
2300	HI	Principal Diagnosis		
2300	HI01-2	Principal Diagnosis Code		For claims which may not be directly related to a diagnosis, but for which a valid codes is required to comply with the Implementation Guide, such as Child Care, Managed Care, and Waiver Services, NYS DOH will accept, for services and discharges occurring on and after October 1, 2015; – ICD-10 code R69 – Illness, unspecified.
2300	HI	Value Information		

Loop ID	Reference	Name	Codes	Notes/Comments
2300	HI01-2	Value Code	22 23 24	NYS DOH will process applicable and compliant Value Codes, as defined in the NUBC Manual under Code List Qualifier Code "BE": Value Code 22: Used to report patient contributions toward the cost of care, when the patient would not otherwise be Medicaid-eligible due to "Surplus" income. Net Available Monthly Income (NAMI), the patient participation amount for Skilled Nursing Home inpatients. Value Code 24: Medicaid Rate Code
2300	HI01-5	Monetary Amount (Implementation Name: Value Code Amount)		This sub-element will contain the applicable amount or value associated with the Value Code in sub-element 4 (see previous row) of this Composite Data Element. When sub-element 4 contains "24", the NYS Medicaid Rate Code is sent in this location (all NYS Medicaid Rate Codes are 4 numeric characters. However, because this is a "Monetary Amount" field it will be accepted and processed when sent with or without a decimal point. **)** ***Note: When sending the claim to Medicare, always send it with the decimal point.*** Example: **HI*BE:24:::99.99~**
2310E	N4	Service Facility Location City, State, Zip Code		
2310E	N403	Postal Code		When NM109 (Laboratory or Facility Primary Identifier) is not populated, eMedNY uses the zip+4 to derive the location where the service was provided.

Loop ID	Reference	Name	Codes	Notes/Comments
2320	AMT	Coordination of Benefits (COB) Total Non-covered Amount		The process previously known as “0FILL” is now indicated by usage of this AMT segment. As a result, this indicator is now payer specific.

ASC X12/005010X222A1 Health Care Claim Professional (837)

837 Health Care Claim (837 Professional)

Loop ID	Reference	Name	Codes	Notes/Comments
1000A	NM1	Submitter Name		
1000A	NM109	Submitter Identifier		The ETIN received here will be used to route the Electronic Remittance Advice (ERA) to an existing electronic mailbox designated by the Trading Partner. The ERA Routing occurs only if a valid mailbox has already been set up by eMedNY Provider Enrollment.
1000B	NM1	Receiver Name		
1000B	NM103	Receiver Name		NYS DOH expects to receive "NYS DOH".
1000B	NM109	Receiver Primary Identifier		NYS DOH expects to receive "141797357".
2010AA	REF	Billing Provider Tax Identification		
2010AA	REF02	Billing Provider Tax Identification		NYS DOH will use the tax-ID as recorded in the provider's profile in eMedNY for 1099 reporting purposes and will not use the data sent in this location.
2010BB	REF	Billing Provider Secondary Identification		When the Billing Provider is an Atypical Provider NYS DOH expects to receive two iterations of this segment; one with the NYS Medicaid Provider ID and one with the Locator Code.
2010BB	REF01	Reference Identification Qualifier	G2 LU	
2010BB	REF02	Billing Provider Secondary Identifier		When REF01 contains "G2", NYS DOH expects the NYS Medicaid Provider ID. When REF01 contains "LU", NYS DOH expects the Locator Code.

Loop ID	Reference	Name	Codes	Notes/Comments
2300	CLM	Claim Information		For batch transactions, please refer to the TR3 (implementation guide) requirements and limitations. For real-time processing of the Interactive 837P, NYS DOH will accept a maximum of one claim (one CLM segment).
2300	REF	Service Authorization Exception Code		
2300	REF02	Service Authorization Exception Code		Service Authorization Exception Codes “1” – “6” are to be used in accordance with Medicaid Policy. Code “7” (Special Handling) is expected when the claim is intended to be processed using a UT exempt NYS DOH specialty code.
2310C	N4	Service Facility Location City, State, Zip Code		
2310C	N403	Postal Code		When NM109 (Laboratory or Facility Primary Identifier) is not populated, eMedNY uses the zip+4 to derive the location where the service was provided.
2320	AMT	COORDINATION OF BENEFITS (COB) TOTAL NON-COVERED AMOUNT		The process previously known as “0FILL” is now indicated by usage of this AMT segment. As a result, this indicator is now payer specific.
2400	LX	Service Line Number		For real-time claims submission, NYS DOH expects a maximum of 4 lines (iterations of the LX segment).

ASC X12/005010X224A2 Health Care Claim Dental (837)

837 Health Care Claim (837 Dental)

Loop ID	Reference	Name	Codes	Notes/Comments
1000A	NM1	Submitter Name		
1000A	NM109	Submitter Identifier		The ETIN received here will be used to route the Electronic Remittance Advice (ERA) to an existing electronic mailbox designated by the Trading Partner. The ERA Routing occurs only if a valid mailbox has already been set up by eMedNY Provider Enrollment.
1000B	NM1	Receiver Name		
1000B	NM103	Receiver Name		NYS DOH expects to receive “NYS DOH”.
1000B	NM109	Receiver Primary Identifier		NYS DOH expects to receive “141797357”.
2010AA	REF	Billing Provider Tax Identification		
2010AA	REF02	Billing Provider Tax Identification		NYS DOH will use the tax-ID as recorded in the provider’s profile in eMedNY for 1099 reporting purposes and will not use the data sent in this location.
2300	REF	Predetermination Identification		NYS DOH does not support the predetermination business process and will ignore this segment if submitted.
2300	REF	Service Authorization Exception Code		
2300	REF02	Service Authorization Exception Code		Service Authorization Exception Codes “1” – “6” are to be used in accordance with Medicaid Policy. Code “7” (Special Handling) is expected when the claim is intended to be processed using a UT exempt NYS DOH specialty code.
2310C	N4	Service Facility Location City, State, Zip Code		

Loop ID	Reference	Name	Codes	Notes/Comments
2310C	N403	Postal Code		When NM109 (Laboratory or Facility Primary Identifier) is not populated, eMedNY uses the zip+4 to derive the location where the service was provided.
2320	AMT	COORDINATION OF BENEFITS (COB) TOTAL NON-COVERED AMOUNT		The process previously known as “0FILL” is now indicated by usage of this AMT segment. As a result, this indicator is now payer specific.

ASC X12/005010X217 Health Care Services Review Request for Review and Response (278)

Prior Approval (PA)

278 Health Care Service Review - Request (PA)

Loop ID	Reference	Name	Codes	Notes/Comments
	BHT	Beginning of Hierarchical Transaction		
	BHT02	Transaction Set Purpose Code	13	NYS DOH expects to receive Request transaction only. NYS DOH does not support codes 01 or 36.
	BHT06	Transaction Type Code	RU	NYS DOH does not support Medical Services Reservation.
2010A	NM1	UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME		
2010A	NM101	Entity Identifier Code	X3	NYS DOH expects to receive the code for Utilization Management Organization.
2010A	NM108	Entity Identifier Code	PI	NYS DOH expects to receive the code for Payer Identification.
2010A	NM109	Utilization Management Organization (UMO) Identifier		NYS DOH expects to receive ‘141797357’.
2010B	NM1	Requester Name		
2010B	NM101	Entity Identifier Code	1P, FA	NYS DOH expects to receive a code for Provider or Facility

Loop ID	Reference	Name	Codes	Notes/Comments
2010B	NM108	Identification Code Qualifier	XX	NYS DOH expects to receive the qualifier for the Submitter's CMS NPI here
2010B	NM109	Requestor Identifier		When the submitting entity is a provider that qualifies for an NPI, NYS DOH expects to receive the Submitter's NPI here. For All other Submitters, see 2010B REF noted below.
2010B	REF	Requester Supplemental Identification		
2010B	REF01	Reference Identification Qualifier	ZH	NYS DOH expects to receive code ZH when REF02 is required as described below.
2010B	REF02	Requestor Supplemental Identifier		NYS DOH expects to receive the MMIS ID of the submitter transmitting the file when an NPI is not present in this loop.
2010B	N3	Requester Address		NYS DOH does not support identifying a Requester by location.
2010B	N4	Requester City, State, Zip Code		NYS DOH does not support identifying a Requester by location.
2010B	PER	Requester Contact Information		NYS DOH will direct all requests for Additional Information to the Contact Information on file for the Submitter. NYS DOH does not support the direction of requests for Additional Information to a specific Requester.
2010C	NM1	Subscriber Name		

Loop ID	Reference	Name	Codes	Notes/Comments
2000D	HL	Dependent Level		NYS DOH does not process the Dependent Loop since a NY Medicaid patient is never someone other than the subscriber and each patient can be uniquely identified at the Subscriber Level (loop 2000C).
2000E	UM	Health Care Services Review Information		
2000E	UM01	Request Category Code	HS	NYS DOH expects to receive the code for Health Services Review.
2000E	UM02	Certification Type Code	3, 4, I, S	In addition to Initial Inquiry, NYS DOH will recognize Revision, Extension, or Cancel on a PA request. A Cancel transaction will cancel all approved, pended or suspended detail lines when none of the requested services have been rendered. An Extension may be used to extend the Expiration Date on Approved PA's. If the Service Detail loop is not valued, the Extension request will apply to all detail lines. If all PA detail lines are not being cancelled, NYS DOH expects to receive a Revision code at the Patient Event Level and Cancel at the Service Detail Level for the specific PA detail line(s) to be cancelled. NYS DOH does not process any other Certification Type Codes.

Loop ID	Reference	Name	Codes	Notes/Comments
2000E	REF	Previous Review Authorization Number		NYS DOH expects to receive the Prior Authorization Number in this segment when this request is to Cancel, Extend or Revise a previously approved PA request.
2000E	REF	Previous Review Administrative Reference Number		NYS DOH does not process data sent in this segment.
2000E	DTP	Admission Date		NYS DOH expects to receive the proposed Admission date, for “Bed Reservation from date”, in a Nursing Home when Service Type Code ’54’ is valued in UM03.
2000E	DTP	Discharge Date		NYS DOH expects to receive the proposed Discharge Date, “for Bed Reservation to date”, in a Nursing Home when Service Type Code ’54’ is valued in UM03.
2000E	HSD	Health Care Services Delivery		NYS DOH expects to receive this segment when requesting PAs for following services: Transportation Private Duty Nursing (PDN) DME Rentals/Supplies NYS DOH will ignore the HSD segment for Cancel and Extension transactions. For all other PA types, submit quantity in SV106 or SV306. HSD information is returned on the response only for an approved PA.

Loop ID	Reference	Name	Codes	Notes/Comments
	HSD01	Quantity Qualifier	FL, HS	NYS DOH expects to receive the qualifier 'FL' for DME Rentals/Supplies (Items/units) and Transportation (Trips/units). For PDN, enter 'HS' for Hours.
	HSD02	Service Unit Count		For PDN and Transportation enter the number of trips/hours per day. For DME Rentals/Supplies, enter 1.
	HSD03	Unit or Basis for Measurement Code	DA, MO	For PDN and Transportation, enter 'DA'. For DME Rentals/Supplies, enter 'MO'.
	HSD04	Sample Selection Modulus		For PDN and Transportation, enter 1. For DME Rentals/Supplies, enter 1.
	HSD05	Time Period Qualifier	7, 34	For PDN and Transportation, enter 7. For DME Rentals/Supplies, enter 34.
	HSD06	Period Count		For PDN and Transportation, enter total number of days. For DME Rentals/Supplies, enter total number of months.
2010EA	NM1	PATIENT EVENT PROVIDER NAME		
2010EA	NM101	Entity Identifier Code	DK	NYS DOH will interpret this as the Ordering Provider's information.
			DN	NYS DOH will interpret this as the Referring Provider's information.
			FA	NYS DOH will interpret this as the Billing Provider's information.
			G3	NYS DOH will interpret this as the Billing Provider's information.

Loop ID	Reference	Name	Codes	Notes/Comments
			QV	NYS DOH will interpret this as the Billing Provider's information.
			SJ	If FA, G3 and/or QV are not valued in other iterations of Loop 2010EA then the value in NM109 will be recognized as the Billing Provider NPI
2010EA	REF	Patient Event Provider Supplemental Information		NYS DOH expects to receive this segment only when the services to be approved are Atypical and an NPI is not to be used.
2010EA	REF01	Reference Identification Qualifier	ZH, 0B	
2010EA	REF02	Patient Event Provider Supplemental Identifier		When REF01 = 'ZH', NYS DOH expects to receive the MMIS ID. When REF01 = '0B', NYS DOH expects to receive the profession code and license concatenated as follows: 1st 3 bytes = Profession Code; remaining 8 bytes = License Number.
2000F	UM	Health Care Services Review Information		
2000F	UM02	Certification Type Code	C	NYS DOH will inactivate individual detail lines of the Original PA which are not yet rendered when Loop 2000E UM02 = S (Revised).
			I	NYS DOH will extend individual detail lines of the original PA which are not yet rendered when Loop 2000E UM02 = 4 (Extension).
2000F	REF	Previous Review Authorization Number		If sent, NYS DOH expects to receive the line number from the original Authorization.

Loop ID	Reference	Name	Codes	Notes/Comments
2000F	SV1	Professional Service		
2000F	SV103	Unit of Basis for Measurement Code	UN	NYS DOH expects to receive the code for Units.

278 Health Care Service Review - Response (PA)

Loop ID	Reference	Name	Codes	Notes/Comments
2010B	REF	Requester Supplemental Identification		Segment is only created when the 278 request contained a REF segment and REF01 = “ZH” and the request NM1 segment did not specify an NPI
2010B	REF01	Reference Identification Qualifier	ZH	Indicates that NYS DOH will return the Carrier Assigned Reference Number in REF02 (below).
2010B	REF02	Reference Identification		NYS DOH will return the submitted 8-digit MMIS ID.
2010D	AAA	Dependent Request Validation		If the Dependent Loop was valued on the 278 Request, then the transaction will be rejected at this level. NYS DOH does not support the Dependent Loop since all NYS Medicaid patients can be uniquely identified at the Subscriber Level (loop 2000C).

Dispensing Validation System (DVS)

278 Health Care Service Review - Request (DVS)

Loop ID	Reference	Name	Codes	Notes/Comments
	BHT	Beginning of Hierarchical Transaction		
	BHT01	Transaction Set Purpose Code	01, 13	NYS DOH expects to receive Request or Cancellation.
2010A	NM1	UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME		
	NM101	Entity Identifier Code	X3	NYS DOH expects to receive the code for Utilization Management Organization.
	NM102	Entity Type Qualifier	2	NYS DOH expects to receive the code for Non-Person Entity.
	NM108	Entity Identifier Code	PI	NYS DOH expects to receive the code for Payer Identification.
	NM108	Utilization Management Organization (UMO) Identifier		NYS DOH expects to receive '141797357'.
2010B	REF	Requester Supplemental Identification		
	REF01	Reference Identification Qualifier	ZH	NYS DOH Requires the Medicaid ID of the entity
	REF02	Requester Supplemental Identifier		When the ETIN reported in GS02 is different than the entity identified in NM109 of this loop, report the MMIS ID of the ETIN entity here.
2000D	HL	Dependent Level		NYS DOH does not support the Dependent Loop since all NYS Medicaid patients can be uniquely identified at the Subscriber Level (loop 2000C).
2000E	DTP	Event Date		NYS DOH expects to receive the Date of Service in this segment. If a date is not submitted, NYS DOH will default to current date.

Loop ID	Reference	Name	Codes	Notes/Comments
	DTP03	Proposed or Actual Event Date		If a range of dates is submitted, NYS DOH will process based upon the from date.
2010EA	NM1	PATIENT EVENT PROVIDER NAME		
	NM101	Entity Identifier Code	71, 72, 73 77, AAJ, DD, P3, QB	If one of the listed codes is used NYS DOH will ignore the corresponding loop information.
2000F	SV1	Professional Service		This segment is used when seeking approval of a “Non-Dental” service.
2000F	SV3	Dental Service		This segment is used when seeking approval of a “Dental” service.
2000F	TOO	Tooth Information		When applicable, NYS DOH expects to receive the Tooth Number in this segment.

278 Health Care Service Review - Response (DVS)

Loop ID	Reference	Name	Codes	Notes/Comments
2010A	NM1	Utilization Management Organization (UMO) Name		
	NM101	Entity Identifier Code	X3	NYS DOH will always send the code for Utilization Management Organization.
	NM102	Entity Type Qualifier	2	NYS DOH will always send the code for Non-Person Entity.
	NM108	Entity Identifier Code	PI	NYS DOH will always send the code for Payer Identification.
	NM109	Utilization Management Organization (UMO) Identifier		NYS DOH will always send ‘141797357’.
2010DA	AAA	Dependent Request Validation		If the Dependent Loop is valued on the 278 Request, then the transaction will be rejected at this level. NYS DOH does not support the Dependent Loop since all NYS Medicaid patients can be uniquely identified at the Subscriber Level (loop 2000C).

ASC X12/005010X214 Health Care Claim Acknowledgment (277)

277 Health Care Claim Acknowledgment

Loop ID	Reference	Name	Codes	Notes/Comments
2200C	STC	Billing Provider Status Information		NYS DOH will not provide status at this level.
2200C	QTY	Total Accepted Quantity		NYS DOH will not use this segment since Billing Provider Level Status will not be reported.
2200C	QTY	Total Rejected Quantity		NYS DOH will not use this segment since Billing Provider Level Status will not be reported.
2200C	AMT	Total Accepted Amount		NYS DOH will not use this segment since Billing Provider Level Status will not be reported.
2200C	AMT	Total Rejected Amount		NYS DOH will not use this segment since Billing Provider Level Status will not be reported.

For more information about the specific values that are retuned in the STC Segment (Loop 2200D and/or Loop 2220D), refer to the NYS Medicaid Pre-adjudication Crosswalk for Health Care Claims which is located on the eMedNY.org website (move your cursor to the “eMedNY HIPAA Support” tab and select “Crosswalks”.

ASC X12/005010X218 Payroll Deducted and Other Group Premium Payment for Insurance Products (820)

820 Payroll Deducted and Other Group Premium Payment for Insurance Products

Loop ID	Reference	Name	Codes	Notes/Comments
2200A	ADX	Organization Summary Remittance Level Adjustment for Previous Payment		
2200A	ADX02	Premium Payment Adjustment Reason	H1	NYS DOH will send H1 for Information Forthcoming to identify the amounts of all fiscal (non-claim related) adjustments with additional information to be provided in the Managed Care Capitation Premium Pended and Denied Claims Report.
2320B	ADX	Individual Premium Adjustment for Current Payment		
2320B	ADX02	Adjustment Reason Code	H1	NYS DOH will send H1 for Information Forthcoming to identify Pended, Denied, Paid State Adjustment / Void, Paid Claims with Stop loss or Kick Payment Rate Codes, and Retro Claims for Managed Care records with additional information to be provided in the Managed Care Capitation Premium Pended and Denied Claims Report.

4. TI Additional Information

4.1 Business Scenarios

4.2 Payer Specific Business Rules and Limitations

4.2.1 Electronic Transmitter Identification Number

Every entity that exchanges transactions with eMedNY systems must enroll as a Trading Partner with eMedNY using a unique Electronic Transmitter Identification Number (ETIN). Trading Partners who exchange transactions in batch mode will be assigned a mailbox and User ID.

The ETIN of the Trading Partner sending the transaction is expected in the outside envelope data element ISA06, Interchange Sender ID. The ETIN of the Trading Partner sending the Functional Group is expected in data element GS02, Application Sender's Code. These will often be the same.

For claims transactions sent on the ASC X12N 837, the ETIN sent within the Transaction Set in the NM109 data element, Submitter Identification Code, in Loop 1000A, will be used to determine where to return the electronic Remittance Advice.

NYS DOH requires the Billing Provider to be currently certified with the ETIN submitted in NM109 of loop 1000A.

Additional information about the setup and use of an ETIN is included in the Trading Partner Information Companion Guide, available on the Additional Payer Specific Information

Pended Claims File Pended claims will be reported on the Pended Claims Report. This file is transmitted with the 835 transaction.

Pended and Denied File Pended and denied claims for Managed Care Capitation Premium will be reported on the Pended and Denied Claims Report. This file is transmitted with the 820 transaction.

For more information please visit the eMedNY.org website and select Transaction Instructions under the eMedNY HIPAA Support tab.

4.3 Frequently Asked Questions

Please visit the eMedNY.org website and select FAQ from the eMedNY HIPAA Support tab for a list of Frequently Asked Questions.

4.4 Other Resources

The instructions in this Companion Guide must be used along with:

The Implementation Guides or Technical Reports Type 3s (TR3s)
http://store.x12.org/

Non-medical code sets
www.wpc-edi.com

Trading Partner Information Companion Guide (Contains detailed information about trading partner registration and testing.);

https://www.emedny.org/HIPAA/5010/transactions/eMedNY_Trading_Partner_Information_CG.pdf

NYSDOH Provider Manuals;

https://www.emedny.org/ProviderManuals/index.aspx

Refer to related resources such as FAQs, Crosswalks and other supporting documentation provided on the eMedNY.org website. The website also contains links to all forms and related information for enrollment as a Trading Partner of NYS DOH.

Provider Enrollment Guide:
https://www.emednyhipaasupport.com/info/ProviderEnrollment/enrollguide.aspx

For eMedNY Companion Guide questions, please contact the eMedNY Call Center at 1-800-343-9000.

5. TI Change Summary

CG Modification Tracking:

Date	Modification
11/1/2010	Initial publication
6/1/2011	Following transactions added: 277 Health Care Claim Status Response 278 Health Care Service Review – Request (DVS) 278 Health Care Service Review – Response (DVS) 835 Health Care Claim Payment/Advice 820 Payroll Deducted and Other Group Premium Payment for Insurance Products 278 Health Care Service Review – Response (PA) Following sections modified: Payer Specific Business Rules and Limitations (Section 4.2) Frequently Asked Questions (Section 4.3) Other Resources (Section 4.4)
6/13/2011	Following Transaction(s) added: 278 Health Care Service Review – Request (PA)
6/27/2011	Value Code “23” added to the table for the 837 Health Care Claim – Institutional in Section 3.
7/7/2011 11/2/2011 12/22/2011	Added text to clarify use of the Service Facility Location Name loop in the tables for each of the three types of 837 Health Care Claims. Modified text in the table for the 837 Institutional in Section 3 to clarify the content requirements applicable to the Billing Provider Secondary Identification REF segment in loop 2010BB. Added text and an example to clarify the format for the Rate Code in the Value Information HI segment in loop 2300.
01/23/2012	Added note about the SVC segment in the table for the 835 in Section 3
06/15/2012	Updated URLs in Sections 3 and 4. Removed “4010 Business Issues Corrected” paragraph in 4.2.2.
09/01/2012	Added information about Health Home payments in the table for the 835 transaction in Section 3.
10/18/2012	Removed instructions for 270/271, 276/277, and 835. These are published in a separate guide. Added note about Pended and Denied Claims Report in 4.2.2.
2/27/2014	Revised note for Principal Diagnosis segment in the table for the 837I.

Date	Modification
8/5/2015	Added ICD-10 information to note for the Principal Diagnosis segment, modified notes for Value Codes and Rate Codes in 837I table, HI segment. Updated notes for the Pended Claims Report and the Managed Care Capitation Pended and Denied Claims Report. Updated hyperlinks throughout the guide.
10/7/2015	Removed ICD-9 references.