

NYS MEDICAID PRE-ADJUDICATION CROSSWALK FOR HEALTH CARE CLAIMS

VERSION 5010 (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):
 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 Acknowledgment 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. Note also that by default, an STC segment with STC01 valued with A1|20 is returned in loop 2200B.

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. 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 (OUTBOUND RESPONSE TO CLAIMS)									INBOUND CLAIM (VERSION 5010)			
CLAIM LEVEL (LOOP 2200D)			LINE LEVEL (LOOP 2220D)						BATCH			REAL-TIME
STC01-			STC10-			STC01-			837-			837-
-1	-2	-3	-1	-2	-3	-1	-2	-3	INST	PROF	DENT	PROF
NYS Medicaid Conditions												
A1	18	PR							✓	✓	✓	
A1	18	40										✓
A2	20								✓	✓	✓	✓
A3	117	1P								✓	✓	✓
A3	121								✓			
A3	121								✓			
A3	121									✓	✓	
A3	156	QC							✓	✓	✓	✓

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STC01-			STC10-			STC01-			837-			837-	
-1	-2	-3	-1	-2	-3	-1	-2	-3	INST	PROF	DENT	PROF	
									NYS Medicaid Conditions				
A3	400	85							Claim is out-of-balance (charges)	✓	✓	✓	✓
A3	400	P4							Claim is out-of-balance (Coordination of Benefits)				✓
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								Invalid or repeated Payer Responsibility Sequence Number Code (same code occurred more than once in a claim or code "U" in non-crossover claim)	✓	✓	✓	✓
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							Invalid NYS Medicaid Provider ID for Billing Provider, or Billing Provider (identified by NPI or Medicaid ID) not on file or not active on date of service (for Inpatient claims with Rate Codes 2946 or 2953 the "Through" Statement Date is used)	✓	✓	✓	✓
A7	132	71							Invalid NYS Medicaid Provider ID for Attending Provider	✓			
A7	132	82							Invalid NYS Medicaid Provider ID for Rendering Provider		✓		✓
A7	132	DN							Invalid NYS Medicaid Provider ID for Referring 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								ICD-10 diagnosis code for Admitting Diagnosis is invalid or not payable per NYSDOH policy (also applies to ICD-9 for services or discharges before October 1, 2015)	✓			
A7	234								Invalid Patient Discharge Status	✓			

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-1	-2	-3	-1	-2	-3	-1	-2	-3	INST	PROF	DENT	PROF	
									NYS Medicaid Conditions				
A7	249										✓	✓	✓
A7	254								✓				
A7	255								✓	✓	✓	✓	
A7	726								✓				
A7	465								✓				
A7	490								✓				
A7	500	77							✓	✓	✓	✓	
A7	500	85							✓	✓	✓	✓	
A7	501	85							✓	✓	✓	✓	
A7	501	87							✓	✓	✓	✓	
A7	501	FA							✓	✓	✓	✓	
A7	501	GB							✓	✓	✓	✓	
A7	501	IL							✓	✓	✓	✓	
A7	501	P4											✓
A7	501	PR							✓	✓	✓		
A7	501	P4											✓
A7	501	PR							✓	✓	✓		
A7	521								✓	✓	✓	✓	
A7	535								✓	✓	✓	✓	
A7	562	71							✓				

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-1	-2	-3	-1	-2	-3	-1	-2	-3	INST	PROF	DENT	PROF	
									NYS Medicaid Conditions				
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 or Billing Provider is not authorized to bill Medicaid	✓	✓	✓	✓
A7	562	87							Invalid NPI for Pay-to Provider				
A7	562	DN							Invalid NPI for Referring Provider	✓	✓	✓	✓
A7	562	DQ							Invalid NPI for Supervising Provider		✓	✓	✓
A7	673								ICD-10 diagnosis code for Other Diagnosis Information or Patient's Reason for Visit is invalid or not payable per NYSDOH policy (also applies to ICD-9 for services or discharges before October 1, 2015)	✓			
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	DN	Invalid NYS Medicaid Provider ID for Referring Provider 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		HCPCS code is invalid or not payable per NYSDOH policy (HCPCS 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, or missing Claim Check or Remittance Date	✓	✓	✓	✓
						A7	562	DN	Invalid NPI for Referring Provider at line level		✓		✓

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-1	-2	-3	-1	-2	-3	-1	-2	-3	INST	PROF	DENT	PROF				
						A7	562	82	NYS Medicaid Conditions					✓	✓	✓
						A7	562	DK	Invalid NPI for Rendering Provider at line level					✓		✓
						A7	751		Invalid state for ambulance pick-up location					✓		✓
						A7	752		Invalid state for ambulance drop-off location					✓		✓
						A7	249		Invalid Place-of-Service Code at line level					✓	✓	✓
						A7	454		HCPCS code is invalid or not payable per NYSDOH policy (HCPCS 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, or missing Claim Check or Remittance Date				✓	✓	✓	✓
						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					✓		✓