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**Pre-Adjudication Edits on rejected claims**

Pre-Adjudication Edits On Rejected Claims

The New York State Department of Health and CSC want to alert providers/submitters that there are a significant number of claims submitted on the ASC X12 837 electronic format that are rejecting for certain errors that are checked by eMedNY Pre-Adjudication Edits. These "Front-end" rejections stop the claims from being adjudicated or paid.

**Contact Details**

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Pre-Adjudication Edits are only viewable in two ways:

1. When they are reported back in the 277 Claim Acknowledgement (277CA) transaction
2. In ePACES, the 'front-end' rejections are reported as part of the claim status when viewing either Real Time Responses for professional real time or View Previously Submitted Batches for all other claims.

Please note these edits are not given in the Remittance Advice.

The following are the most common the Pre-Adjudication Edits, listed with the codes returned in the STC segment of the 277CA transaction, the code's definition, and a brief note describing steps to remediate the issue.

277CA Reject Codes	277 Real Time Reject Codes	Definition	Solution
A7 96 41	A7 96 44	Invalid Provider and ETIN Combination - 837P	The Billing Provider is not certified with the Electronic Transmitter Identification Number (ETIN). Complete and send an original signed and notarized " <u>Certification Statement for Provider Billing Medicaid</u> " form. Link given below.
A7 96 41	A7 96 44	Invalid Provider and ETIN Combination - 837I	Same as above.
A3 400 P4	A3 400 P4	Transaction Out-of-Balance - LI Coordination of Benefits	The sum of the Other Payer payments and/or adjustments for the line does not equal the line charge amount. Review the Previous Payer Remittance Advice. There should be no discrepancy between the

		(COB)	data in the Previous Payer's Remittance and the COB information in the claim submitted to Medicaid. See the <a href="#">5010 Claim Balancing Example</a> or the <a href="#">ePACES Claim Balancing guides</a> . Links given below.
A7 33 IL	A7 33 IL	Invalid Client ID Check Digit	The Client ID is not valid. Make sure the Client ID in your system matches the client's NY Medicaid card.

To avoid billing and payment delays:

- Process all response files sent by eMedNY,
- Promptly correct the errors causing the rejections,
- and resubmit the claim.

If your claims are being submitted by another agency/service company, please ask them to report these claims rejection reasons to you so you can fix the errors and resubmit in a timely fashion.

For explanations of other 'front end' rejections reasons not listed above be sure to use the Pre-Adjudication Crosswalk for Health Care Claims found here:

[https://www.emedny.org/HIPAA/5010/transactions/crosswalks/eMedNY%20Pre-Adjudication%20Crosswalk%20\(837%20Health%20Care%20Claims\).pdf](https://www.emedny.org/HIPAA/5010/transactions/crosswalks/eMedNY%20Pre-Adjudication%20Crosswalk%20(837%20Health%20Care%20Claims).pdf).

Certification Statement:

[https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/490501\\_ETIN\\_CERT\\_Certification\\_Statement\\_Cert\\_Instructions\\_for\\_Existing\\_ETINs.pdf](https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/490501_ETIN_CERT_Certification_Statement_Cert_Instructions_for_Existing_ETINs.pdf).

5010 Claim Balancing Guide:

[https://www.emedny.org/HIPAA/5010/transactions/5010\\_Claim\\_Balancing\\_Example.pdf](https://www.emedny.org/HIPAA/5010/transactions/5010_Claim_Balancing_Example.pdf).

ePACES Claim Balancing Guide:

[https://www.emedny.org/HIPAA/QuickRefDocs/ePACES\\_Claim\\_Balancing.pdf](https://www.emedny.org/HIPAA/QuickRefDocs/ePACES_Claim_Balancing.pdf).

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