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eMedNY Front-End (Pre-Adjudication) Edits Effective July 21, 2011

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Effective July 21, 2011, several claim edits will be implemented in the eMedNY front end. These edits will be performed prior to claim adjudication, and will provide much faster turnaround for notification of these error conditions. **Claims rejected by the front end process will not be reported in the Remittance Advice.** Front end error conditions will be returned in outbound responses to claim submissions: 277CA for 5010 submissions and U277 for 4010. Claims that have passed all "pre-adjudication" edits and do not have errors indicated will be reported on a future remittance advice.

It is important that your billing staff sees the responses returned in the 277CA or U277 so they can identify and correct exceptional conditions with submitted claims. Contact your technical staff or vendor to be sure they are planning to provide your billing staff with a report of this information. Specifications for the 277CA and U277 are published by Accredited Standards Committee X12 and are available at:
<http://www.wpc-edi.com> and
<http://store.X12.org/>.

A list of pre-adjudication edits and associated claim status codes is posted on www.emedny.org in the eMedNY HIPAA Support section. Click on "5010 Crosswalks".

Or Click here for the list:

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

Please note: there are differences on the list based on whether you've submitted claims with version 4010 or version 5010, so be careful to reference the proper column on the right side of the chart.

As of July 21, ePaces will only send version 5010 to eMedNY. ePaces users will be provided with the 5010 pre-adjudication edit responses.

Questions can be directed to the eMedNY Call Center at 800-343-9000.

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