eMedNY

New York State Department of Health

Office of Health Insurance Programs

Pended Claims Report:

Specification

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Trading Partner: eMedNY

Pended Claims – Enhanced Reporting
INTRODUCTION

The standard transaction for Remittance Advice is the ASC X12 835 Payroll Deducted and Other Group Premium Payment for Insurance Products. Pended claim data is not reported on the 835 Transaction. In order to better serve the NYS Medicaid provider community, NYSDOH has developed a proprietary transaction to report information about pended claims. NYS Medicaid providers who receive the 835 transaction will receive enhanced information about their pended claims in a format similar to the former proprietary remittance.

Please note that this file will be transmitted automatically when applicable. Additionally, providers must contact eMedNY Call Center at 1-800-343-9000 (select Provider Enrollment) to set up the frequency of "old-day" pend reporting. (Initially, the transmission of "old-day" pends will be set to none.)

A Pended Claims Report File will be created using the New York State Department of Health (NYSDOH) Supplementary Proprietary File format (i.e. Record Layout) defined in Attachment A. The proprietary supplementary file contains:

- Fixed length, asterisk (*) delimited fields. Fields that are not applicable to a particular claim will be space filled.
- The logical and physical record length is 600. The record length includes the tilde at the end of the record.
- There is no block-size.
- The tilde at the end of the last record in the file will serve as the end of file indicator.
- The file will not contain header or trailer records.
- The format supplied in Attachment A contains a detail claim record-layout.
- The file will be transmitted with the 835 transaction when applicable.
- Please refer to the eMedNY Transaction Information Companion Guide and Trading Partner Information Companion Guide for more information.

DISCLAIMER:

The New York State Department of Health (NYSDOH) has provided this document and the data specification described herein to assist its contracted Providers, Clearinghouses, and Business Associates in processing/receiving a Pended Claims Report. This document was prepared using a proprietary record format as the vehicle for reporting pended claim information. NYSDOH has focused primarily on the rules and policies regulating the transmission of NYS Medicaid data that are provided within this document. NYSDOH NYSDOH has provided the information on www.emedy.org under the "eMedNYHIPAASupport" tab as a tool to make the Plan's job easier in processing/receiving electronic transactions.

The information provided herein is believed to be true and correct based on NYSDOH policy and all other applicable regulations. These regulations are continuing to evolve, therefore NYSDOH makes no guarantee, expressed or implied, as to the accuracy of the information provided herein. Furthermore, this is a living document and the information provided herein is subject to change as NYSDOH policy changes or as HIPAA legislation or other applicable State of Federal regulation is updated or revised.

MODIFICATION TRACKING:

>V1.0 – Initial publication
>V1.1 – Updated email address to @csgov.com. Updated references to the NYS Medicaid Fiscal Agent and their website.
>V1.2 – Updated email address to @csra.com.
>V1.3 – Updated email address to @gdit.com.

NYS MEDICAID NOTE:

The Pended Claims Report has been established by NYSDOH as the format for reporting pended claims to NYS Medicaid providers.

This document which is provided by the New York State Department of Health (NYSDOH), outlines the specification for a proprietary report that is sent to providers as an electronic transaction when claims have been pended during the adjudication process. It is important that providers, their software vendors, and Business Associates study this document and become familiar with the specification that it defines.

NYSDOH has provided "NYS MEDICAID NOTE(s)" clarifying the usage of all data elements that will be transmitted in this file.

SUPPORT:

Please refer to the eMedNY Trading Partner Information Companion Guide for information about transaction header structures, transaction size limits, electronic communications methods, and enrollment as a Trading Partner. This document is available for download at eMedNY.com.

For further assistance, NYSDOH and its fiscal agent are urging providers to visit a web community, www.eMedNY.org, which will provide Companion Guide updates and other pertinent information. In addition, questions may be sent to the NYS Medicaid Fiscal Agent's Support Team at eMedNYHIPAASupport@gdit.com.

Providers with questions may call the eMedNY Call Center at: 1-800-343-9000. Please be advised that Unit representatives will only answer questions related to New York Medicaid requirements.

The ASC X12N Implementation Guides and their associated Addenda are available in electronic format at: www.wpc-edi.com/hipaa.

Re-association of Supplementary Information to the 820 Transaction:
In order for the Plan to re-associate the detail information provided in the Pended Claims Report to the 835 Transaction, the following crosswalk is provided:

Pended Claims Report Field	ASC X12N 835 Transaction Field
Patient Control Number/Office Account Number	Loop 2100,CLP-01
Recipient ID	Loop 2100, NM1-09
Transaction Control Number (TCN)	Loop 2100, CLP-07

APG IMPACT ON PROVIDERS:

LINE LEVEL PROCESSING:

Providers for whom claim adjudication has been transitioned to APG processing may require preparation because their claims will be adjudicated at the service line level. There will be no changes to the Pended Claims Report file record layout, but for APG claims NYSDOH will provide multiple lines with the same TCN / (CRN) for each line item on the claims.

ATTACHMENT A

Supplementary Information Delimited Flat File

(Fixed-length fields, asterisk (*) delimited)

Field Name	Format	Position	eMedNY Description	NYS Medicaid Note
ETIN	X(4)	1-4	Electronic Transmitter Identification Number – a unique number assigned to service bureau(s), Plans or Providers submitting or receiving electronic transactions.	NYSDOH will provide information as supplied on input transaction.
Group Provider ID	X(8)	6-13	Provider Group Identification Number – provider identification number assigned to the group practice where the named individual is a member.	NYSDOH will provide information as supplied on input transaction.
Individual Provider ID Number	X(8)	15-22	Provider Identification Number – the unique number assigned by NYSDOH to each provider of services applying for enrollment in the Medicaid Program.	NYSDOH will provide information as supplied on input transaction.
Location of Service	X(3)	24-26	Location of Service – (Locator Code) – the provider's specific office at which the service was performed.	NYSDOH will provide information as supplied on input transaction.
Status of Claim	X(4)	28-31	Claim Line Type – Shows actual claim status on remittance for the provider's reference.	NYSDOH will provide value ' PEND' **Review format starting at position 293 for pend record format.**
Patient Account Number/ Prescription Number	X(20)	33-52	Office Control Number – any number assigned by a provider to a recipient or a claim for reference purposes. Used by the provider to tie a particular claim to a particular payment. Admitting Number – a number assigned by a hospital to a recipient at the time of admission to track a patient during hospitalization. Prescription Number (Pharmacy, Special Services, Eye Appliances) – the number assigned to a prescription by a pharmacist when it is filled.	NYSDOH will provide information as submitted in field CLM01 (Claim Submitter's Identifier) on the 837I, 837P and 837D. Input as Prescription/Service Reference Number (402-D2) on NCPDP claim. There is no Patient Account Number on NCPDP. In some cases, NYSDOH will provide 'NOT PROVIDED' in instances when the Patient Control Number is not available, such as when processing adjustments or voids to 'old' history claims. For new eMedNY paper claim submissions, NYSDOH will return: - Office Account Number submitted on new Claim Form A. - Patient Account Number submitted on NY 1500. - Prescription Order Number submitted on the new Pharmacy form. - Patient Control Number submitted on the CMS UB-04 form.
Claim Reference Number	X(16)	54-69	Claim Reference Number – a unique number serving to identify each claim transaction received.	This is a unique identifier assigned to each claim line input which NYSDOH will use, if necessary, to adjust or void the claim. Format = YYDDDNNNNNNNNNMA (YY = Year, DDD = Julian day, NNNNNNNNN = Sequence Number, M = Media type (0 = Paper, 2 = Electronic, 3 = POS), A = Claim type (0= original, 1 = Credit Adjustment or Credit Void, 2 = Debit Adjustment)).
Remittance Number	X(11)	71-81	Sequential number generated for remittances during the payment cycle.	NYSDOH will provide the six-character date of the remittance (YYMMDD), followed by a 5-digit sequence number.
Invoice Type	X(2)	83-84	Invoice Type - code indicating the type of invoice that was generated the adjudicated claims record.	NYSDOH will provide the Invoice Type as generated by the system.
Claim or Prior	X(30)	86-115	Specifies the line number for service on an invoice or prior approval. It identifies service lines that can be	NYSDOH will provide information as submitted

Field Name	Format	Position	eMedNY Description	NYS Medicaid Note
Authorization /Approval (PA) Line Number			adjudicated separately when appended to the invoice number or prior approval number.	on input.
Medical Record Number	X(30)	117-146	Medical Record Number – number assigned to a patient's medical record by the hospital. Unique to each patient.	NYSDOH will provide information as supplied on input (Loop ID 2300, REF02 on 837 Institutional).
Adjudication Date	X(8)	148-155	Date Adjudicated – date upon which a claim transaction was processed.	NYSDOH will provide information in the following format: CCYYMMDD.
Bill Date	X(8)	157-164	Billing Date/Invoice Date – The date a provider enters on a claim indicating when it was prepared.	NYSDOH will provide information as supplied on input.
Client ID Number	X(11)	166-176	Recipient Identifier – a unique identifier that serves to identify data pertaining to that individual.	NYSDOH will provide information as supplied on input.
Client Last Name	X(17)	178-194	Recipient Name – the name of an individual as provided on the application for assistance of care. Needed for individual identification. Must be present on MA ID cards.	NYSDOH will provide information as supplied on input. If unavailable from input, this field will contain client last name from the NYSDOH Client File, which corresponds to the client ID number submitted.
Client First Name	X(10)	196-205	Recipient Name – the name of an individual as provided on the application for assistance of care. Needed for individual identification. Must be present on MA ID cards.	NYSDOH will provide information as supplied on input. If unavailable from input, this field will contain client first name from the NYSDOH Client File, which corresponds to the client ID number submitted.
Client Middle Initial	X	207	Recipient Name – the name of an individual as provided on the application for assistance of care. Needed for individual identification. Must be present on MA ID cards.	NYSDOH will provide information as supplied on input. If unavailable from input, this field will contain client middle initial from the NYS DOH Client File, which corresponds to the client ID number submitted.
Recycle Number	X(4)	209-212	Number of Times Recycled – the number of times a claim has been recycled through the Daily adjudication cycle.	NYSDOH will provide a figure indicating the number of times a claim has been recycled through the Daily adjudication cycle because it pended for edits.
Date of Service/From Date	X(8)	214-221	Service Date – the date upon which the service covered by a claim was rendered.	NYSDOH will provide information in the following format: CCYYMMDD.
Through Date of Service	X(8)	223-230	End Service Date – the date upon which the service covered by a claim was ended.	NYSDOH will provide information in the following format: CCYYMMDD.
Procedure Code/ NCPDP Code	X(11)	232-242	Procedure Code Number – a code identifying a given procedure. This code, along with the Procedure Code Source, serves as the key to the Procedure File. NCPDP Code -- the specific identifier of a particular prescription drug, non-prescription drug, sickroom supply, DME/surgical supply, orthotic/prosthetic appliance, or hearing aid.	For a Pended Claims Report file - Procedure Code is HCPCS or ADA code, NCPCDP Code is an NDC Code in 5-4-2 format.
Rate Code	X(4)	244-247	Rate Code – a code identifying a medical service or product that utilizes a rate reimbursement technique under MMIS.	NYSDOH will provide information as submitted on input or system generated.
Units of Service /Times Performed	-9(7).9(3)	249-260	Quantity – the units (e.g., days, visits, miles, injections) of a procedure rendered to a recipient.	Units of Service. This is a signed field. **Note: Decimal will be transmitted.** **Negative sign will be transmitted in the high order field position.**
Amount Charged/Billed	-9(8).99	262-273	The amount billed by the plan for each service.	NYSDOH will provide information as submitted on input. This is a signed field. **Note: Decimal will be transmitted.** **Negative sign will be transmitted in the high order field position.**

Field Name	Format	Position	eMedNY Description	NYS Medicaid Note
Amount Paid	-9(8).99	275-286	Amount Paid for Claim – the amount paid by Medicaid for this service.	Total claim approved amount. A signed field. **Note: Decimal will be transmitted.** **Negative sign will be transmitted in the high order field position.**
Medicaid Covered Actual Days	9(4)	288-291	Calculated Medicaid Days – the number of full days payable by Medicaid in the most recent month of billing during the service period of a claim. Used to associate a number of days of payment with a particular rate code and aid category.	NYSDOH will provide the calculated Medicaid days.
			Status of Claim "PEND" record format follows.	
			Positions 293 to 526 of this record layout shall be used to provide edit information depending on the status of the claim. If the claim is PENDED, the area shall contain up to two (2) edit numbers and their description.	Please refer to the Edit/Error Knowledge Base for edit descriptions with resolutions: https://www.emedny.org/HIPAA/5010/edit_error/index.aspx
Error Reason Code1	X(5)	293-297	Error Reason Code – the edit result code put on a claim during an adjudication cycle.	NYSDOH will provide the five-digit code that specifies the reason for the claim being pended; the description of the code is found in the Error Reason Message (see next row).
Error Reason Message1	X(90)	299-388	Remittance Message – pend on the remittance line that corresponds to the reason code. Prints on proprietary remittance so that the provider does not have to look up the reason code.	NYSDOH will provide the pend message that corresponds to the Error Reason Code.
Error Reason Code2	X(5)	390-394	See Error Reason Code1.	See Error Reason Code1.
Error Reason Message2	X(90)	396-485	See Error Reason Message1.	See Error Reason Message1.
Filler	X(40)	487-526		
			"NPI Fields"	
NPI	X(10)	528-537	NPI of the Pay-to Provider.	This will be the same as the Billing NPI.
Bill NPI	X(10)	539-548	NPI of the Billing Provider.	This is the NPI of the Billing Provider.
Filler	X(50)	550-599	Space filled.	
End of Record/File Indicator	X(1)	600	End of Record / File Indicator is a Tilde: ~	