#### **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.

2	277CA (OUTBOUND RESPONSE TO CLAIMS)									INBOUND CLAIM (VERSION 5010)						
CLAIM LEVEL LINE LEVEL (LOOP 2200D) (LOOP 2220D)												ВАТСН				
	STC01	-	S	TC10	)-		STC01	-			837-					
-1	-2	-3	-1	-2	-3	-1	-2	-3	NYS Medicaid Conditions	INST	PROF	DENT	PROF			
A1	18	PR							No errors detected at Claim Level; Claim rejected due to line-level errors: STC segment in Loop 2220D provides detail (see bottom of worksheet). Returned in response to v. 5010 batch transactions ONLY.	✓	<b>✓</b>	✓				
A1	18	40							No errors detected at Claim Level; Claim rejected due to line-level errors: STC segment in Loop 2220D provides detail (see bottom of worksheet).				✓			
A2	20								No error being reported (((Claim has been forwarded to adjudication)))	✓	✓	✓	$\checkmark$			
А3	117	1P							Provider Signature-on-File indicator not set to "Y"		<b>√</b>	<b>√</b>	<b>√</b>			
А3	121								Maximum lines (999) exceeded in claim	<b>√</b>						
А3	121								Maximum lines (50) exceeded for conversion of Institutional to Professional claim (applies only to claims submitted on 837I with no Rate Code.)	✓						
А3	121								Maximum lines (50) exceeded in claim		✓	✓				

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2	277CA (OUTBOUND RESPONSE TO CLAIMS)										CLAIM (VERSIO 5010)				
CLAIM LEVEL LINE LEVEL (LOOP 2220D)							OP 22	20D)			REAL- TIME				
-1	STC01 -2	- -3	-1	TC10		STC01- -1 -2 -3			NYS Medicaid Conditions	837- INST PROF DEN			837- PROF		
A3	156	QC	-1	-2	-5	-1	-2	-3	Patient Hierarchical Level (dependent loop) present	IN31 √	FROF	JEN1	FROF		
A3	400	85							Claim is out-of-balance (charges)	· /	<b>√</b>	<b>√</b>	<u>,</u>		
-									Claim is out-of-balance (Coordination of Benefits)	<b>                                     </b>	<b>V</b>	_			
A3	400	P4							, ,	<u> </u>			$\vdash$		
A3	400	PR							Claim is out-of-balance (Coordination of Benefits)	✓	✓	✓			
А3	479	P4							Coordination of Benefits payer at line level (loop 2430 SVD01) not matched to claim level (loop 2330B NM109)				✓		
А3	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#)	<b>√</b>	<b>√</b>	<b>√</b>	<b>✓</b>		
A7	33	IL							Client is not on file	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>		
Α7	96	41							ETIN Not Certified for Use	✓	✓	✓			
A7	96	44							ETIN Not Certified for Use				<b>√</b>		
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)	✓	✓	✓	<b>✓</b>		
A7	132	71							Invalid NYS Medicaid Provider ID for Attending Provider	<b>√</b>					
A7	132	82							Invalid NYS Medicaid Provider ID for Rendering Provider	1	<b>√</b>		<b>√</b>		
A7	132	DN							Invalid NYS Medicaid Provider ID for Referring Provider		<b>√</b>		<b>√</b>		
A7	162	GB							Invalid Identifier for Other Insured (After 12/31/2019, when Medicare is involved the MBI must be used.)	✓	✓		✓		
A7	187								Statement Dates failed "reasonability" validation (within 6 years of processing date)	<b>√</b>		<b>√</b>			
A7	228								Invalid Uniform Billing Claim Form Bill Type	<b>√</b>					
Α7	229								Invalid NUBC Admission Source Code (Point of Origin)	✓					
A7	231								Invalid NUBC Admission Type Code	✓					

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277CA (OUTBOUND RESPONSE TO CLAIMS)								MS)	INBOUND CLAIM (VEF 5010)						
CLAIM LEVEL LINE LEVEL (LOOP 2220D)											REAL- TIME				
STC01- STC10-				)-	STC01-						837-				
-1	-2	-3	-1	-2	-3	-1	-2	-3	NYS Medicaid Conditions	INST	PROF	DENT	PROF		
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)	✓					
Α7	234								Invalid Patient Discharge Status	$\checkmark$					
Α7	249								Invalid Place-of-Service Code		✓	$\checkmark$	✓		
A7	254								ICD-10 diagnosis code for Principal Diagnosis is invalid or not payable per NYSDOH policy (also applies to ICD-9 for services or discharge before October 1, 2015)	✓					
A7	255								ICD-10 diagnosis code for Other Diagnosis (837I) or Health Care Diagnosis Code (837P, 837D) is invalid or not payable per NYSDOH policy (also applies to ICD-9 for services or discharges before October 1, 2015)	✓	✓	✓	✓		
Α7	726								Rate Code validation error	✓					
A7	465								ICD-10 procedure code for Principal Procedure is invalid or not payable per NYSDOH policy (also applies to ICD-9 for services or discharges before October 1, 2015)	✓					
A7	490								ICD-10 procedure code for Other Procedure is invalid or not payable per NYSDOH policy (also applies to ICD-9 for services or discharges before October 1, 2015)	✓					
Α7	500	77							Invalid zip-code for Service Facility address	✓	✓	✓	<b>√</b>		
A7	500	85							Invalid zip-code for Billing Provider address	<b>√</b>	✓	<b>√</b>	<b>√</b>		
Α7	501	85							Invalid state for Billing Provider address	$\checkmark$	✓	✓	✓		
A7	501	87							Invalid state for Pay-to address	✓	<b>√</b>	✓	✓		
Α7	501	FA							Invalid state for facility or laboratory address	✓	✓	✓	✓		
A7	501	GB							Invalid state for other insured address	✓	✓	✓	✓		
Α7	501	IL							Invalid state for subscriber address	✓	✓	✓	✓		
Α7	501	P4							Invalid state for payer address				✓		
A7	501	PR							Invalid state for payer address	✓	✓	<b>√</b>			
A7	501	P4							Invalid state for other payer address				✓		
Α7	501	PR							Invalid state for other payer address	✓	✓	✓			
A7	521								Invalid Claim Adjustment Reason Code (CARC) at claim-level, or missing Claim Check or Remittance Date	<b>✓</b>	<b>✓</b>	<b>✓</b>	<b>√</b>		

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277CA (OUTBOUND RESPONSE TO CLAIMS)								MS)		INBOUND CLAIM (VERSIC 5010)					
CLAIM LEVEL LINE LEVEL (LOOP 2200D) (LOOP 2220D)											REAL- TIME				
	STC01	-	S	TC10	)-	STC01-		,			837-		837-		
-1	-2	-3	-1	-2	-3	-1	-2	-3	NYS Medicaid Conditions	INST	PROF	DENT	PROF		
Α7	535								Invalid Claim Frequency Type Code	✓	✓	✓	✓		
Α7	562	71							Invalid NPI for Attending Provider	✓					
Α7	562	72							Invalid NPI for Operating Physician	✓					
Α7	562	73							Invalid NPI for Assistant Surgeon			✓			
Α7	562	82							Invalid NPI for Rendering Provider		✓	✓	<b>√</b>		
Α7	562	85							Invalid NPI for Billing Provider or Billing Provider is not authorized to bill Medicaid	✓	<b>√</b>	✓	✓		
Α7	562	87							Invalid NPI for Pay-to Provider						
A7	562	DN							Invalid NPI for Referring Provider	✓	✓	✓	✓		
A7	562	DQ							Invalid NPI for Supervising Provider		<b>√</b>	✓	✓		
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		<b>√</b>	✓	✓		
A7	751								Invalid state for ambulance pick-up location		✓		<b>√</b>		
A7	752								Invalid state for ambulance drop-off location		<b>√</b>		✓		
						A7	132	DN	Invalid NYS Medicaid Provider ID for Referring Provider at line level		<b>√</b>		<b>√</b>		
						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)	✓	✓	✓	<b>✓</b>		
						A7	455		Invalid NUBC Revenue Code	✓					
						A7	501	DK	Invalid state for Ordering Provider address at line level		<b>√</b>		<b>√</b>		
						A7	501	FA	Invalid state for facility or laboratory address at line level	✓	✓	✓	<b>√</b>		

## **VERSION 5010 (BATCH AND REAL-TIME)**

27	77CA (	(OUTE	BOUI	ND R	ESPC	ONSE T	O CLAII	VIS)		INBOUND CLAIM (VERSI 5010)			
CLAIM LEVEL LINE LEVEL (LOOP 2200D) (LOOP 2220D)											ВАТСН		REAL- TIME
	STC01	_		TC10		STC01-				837-			837-
-1	-2	-3	-1	-2	-3	-1	-2	-3	NYS Medicaid Conditions	INST	PROF	DENT	PROF
						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		<b>√</b>		<b>✓</b>
						A7	562	82	Invalid NPI for Rendering Provider at line level		✓	✓	✓
						A7	562	DK	Invalid NPI for Ordering Provider at line level		✓		$\checkmark$
						<b>A7</b>	751		Invalid state for ambulance pick-up location		✓		✓
						<b>A7</b>	752		Invalid state for ambulance drop-off location		✓		$\checkmark$
						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	<b>√</b>			
						A7	501	DK	Invalid state for Ordering Provider address at line level		✓		✓
						<b>A7</b>	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		✓	✓	✓
						<b>A7</b>	562	DK	Invalid NPI for Ordering Provider at line level		✓		✓
						<b>A7</b>	<b>751</b>		Invalid state for ambulance pick-up location		✓		✓
						<b>A7</b>	<b>752</b>		Invalid state for ambulance drop-off location		✓		✓