



NYEIS

New York State Department of Health

Center for Community Health

Bureau of Early Intervention

837 Health Care Claim Professional Companion Guide

HIPAA 005010X222A1 837: Health Care Claim: Professional

Version: 1.13

Published: 6/14/2016

The New York State Department of Health retains title and copyright of this Companion Guide. The Companion Guide must not be published.

**© 2010 NYS Department of Health
Copyright New York State Department of Health**

This page intentionally left blank

Version Control

Version 1.0 Original Published 04/07/2010
Version 1.1 Published 07/14/2010 <ul style="list-style-type: none">• Reference to the data element SV505 on page 10 was removed.• Reference to the instruction for Loop 2300 “The sum of all service lines” enhanced with the addition of “for this claim”.
Version 1.2 Published 09/07/2010. <ul style="list-style-type: none">• Reference to the data element REF02 for Loop 2300 was modified to require capability to accept a maximum field width of up to 30.• Reference to the data element HI01 – 2 for Loop 2300 was included to specify that decimal points in ICD-9 codes are assumed. ICD-9 codes should be transmitted without the decimal points.
Version 1.3 Published 10/12/2010 <ul style="list-style-type: none">• Reference to the data element CLM09 for Loop 2300 was modified to read ‘Must use “Y”’.• Reference to the data element CLM10 for Loop 2300 was modified to read ‘Must use “B”’.
Version 1.4 Published 12/20/2010 <ul style="list-style-type: none">• Reference to the data element ST02 was removed.• Reference to the data element BHT03 was added.
Version 1.5 Published 11/10/2011 <ul style="list-style-type: none">• Moved Version Control to Page 1• Companion Guide Contact Information changed from “Center for Community Health’s Office of Information Technology and Project Management” to “Public Health Informatics and Project Management Office at 518-473-4959”• Updated Table of Contents page numbers• Added comment for Data Element ISA13 of the Interchange Control Header “This value must be unique for each submission from a provider”• Updated Data Element Name for NM103 (Loop 1000B) to read “Name Last or Organization Name”• Corrected Data Element Name for NM108 (Loop 2010BA) to read “Identification Code Qualifier”• Removed “Claim Frequency Type Code” from the Comments section for CLM-05 (Loop 2300)• Added Data Element DTP02 Date Time Period Format Qualifier (Lop 2300): Use “D8” CCYYMMDD• Added Data Element DTP03 Date Time Period (Loop 2300): “Enter one claim date.• Added comment to NM108 (Loop 2310B) to read “If the National Provider Identifier (NPI) for the rendering provider is available and is being reported in NM109 of this loop, then enter “XX”. If the provider’s NPI is not available and the Employer Identification Number (EIN) for the rendering provider is being reported in NM109 of this loop, then enter “24”. If neither the NPI nor the EIN is available and the Social Security Number (SSN) for the rendering provider is being reported in NM109 of this loop, then enter “34”.”• Changed comment for DTP03 (Loop 2400) to read “Enter one service date. This date must be the same for all service lines included in the claim (Loop 2300).”• Added comment for NTE02 (Loop 2400): “Do not use special characters (i.e. “:”.)” and “All service coordination provided on the same day must be reported on one claim and each encounter of service coordination for that day must be reported on separate service lines”• Added Appendix B – “Provider Electronic Claiming Summary”
Version 1.6 Published 02/17/2012 <ul style="list-style-type: none">• Added note under General Information defining segment terminators and data delimiters.• Deleted Transmission Type Identification (REF) Loop,• Added note for NTE02 in Loop 2300. “For Evaluations this data element is not required.”• Deleted Codes ‘24’ and ‘34’ for NM108 in Loop 2310B.• NM109 is limited to NPI number in Loop 2310B.• Added REF01 and REF02 to 2310B along with notes on how to use the new REF segment in the 2310B Loop to hold a rendering providers State ID or NYEIS employee reference #.• Service Facility Location has changed from Loop 2310D to Loop 2310C• Deleted Code ‘FA’ for NM101 in loop 2310C• Service Provider Name has changed from Loop 2310E to Loop 2310D• Added REF01 and REF02 to 2310D along with notes on how to use the new REF segment in the 2310D Loop to hold a rendering providers State ID or NYEIS employee reference #.• Change date format from CCYYMMDD to YYYYMMDD

Version 1.7 Published 04/02/2012

- General Information, second bullet changed to read “NYEIS will only accept one Functional Group Header/Functional Group Trailer (GS/GE) envelope.”
- General Information, third bullet changed to read “NYEIS will only accept one Transaction Set Header /Transaction Set Trailer (ST/SE).”
- ISA16 Component Element Separator was changed to read “Use “.””
- Note on using the Segment Terminator following ISA16 was added and reads “Use “~”. Insert a Tilde immediately following ISA16.”
- 2310B Loop: Replaced the rendering providers State ID or NYEIS employee reference number as the Secondary Identifier with the Employer Identification Number (EIN) or Social Security Number (SSN).
- Receive 835 Remittance - Pg 21, 3rd paragraph. Changed the 835 file naming convention to read: “The 835 naming convention will be ‘835’, followed by the amount of the 835, followed by the date associated with the 835, followed by the Control Number of the 835.” An example of a new filename follows the above wording.
- Replaced “Tips for Reading the 997 Functional Acknowledgement File” in Appendix B with “Tips for Reading the 999 Functional Acknowledgement File”.

Version 1.8 Published 04/27/2012

- 2000C Loop: Added Loop with note indicating that a Patient Hierarchical Level (Loop 2000C) should not be included in the file because the child/patient is identified in 2010BA NM109.
- 2300 Loop: Removed DTP02 and DTP03 from the Claim Information (Loop 2300).
- 2310B Loop: Added the following wording at the top of the 2310B Loop: “The actual rendering provider must be reported at the claim level (2310B loop) and not at the service line level (2420A loop).”
- 2310B Loop: Changed wording from “If the rendering provider’s NPI is not available leave NM108 and NM109 blank” to “If the rendering provider’s NPI is not available do not send NM108 and NM109”.
- 2310D Loop: Replaced the supervising provider’s State ID or NYEIS employee reference number as the Secondary Identifier with the Employer Identification Number (EIN) or Social Security Number (SSN).
- 2310D Loop: Removed wording “The supervising provider’s State ID or NYEIS employee reference number entered here will be checked against the rendering provider’s identifier in NYEIS. If the identifier does not match, the claim will be denied with “This provider does not exist on NYEIS”.

Version 1.9 Published 06/29/2012

- Removed Secondary Identifiers (SSN or EIN) as an option for providers.
- 2010AA Loop: NM108 - Must use ‘XX’.
- 2010AA Loop: NM109 - Enter the National Provider Identifier (NPI) of the Billing Provider.
- 2310B Loop: Removed references to REF01 and REF02 segments.
- 2310B Loop: NM108 – Must use ‘XX’.
- 2310B Loop: NM109 - Enter the National Provider Identifier (NPI) of the Rendering Provider.
- 2310D Loop: NM108 – Must use ‘XX’.
- 2310D Loop: NM109 - Enter the National Provider Identifier (NPI) of the Supervising Provider.

Version 1.10 Published 09/27/2013

- General Service claims, Assistive Technology Device (ATD) claims and Respite claims must be submitted in separate 837P files.

Version 1.11 Published 7/20/2015

- 2310A Loop: OPRA Referring Provider requirement added
- 2310A Loop: NM101 - Must enter “DN” – Referring Provider, for first iteration of this loop
- 2310A Loop: NM102 - Must enter “1” – Person
- 2310A Loop: NM103 - Must enter the last name or organization name
- 2310A Loop: NM108 - Must use ‘XX’.
- 2310A Loop: NM109 - Must enter the National Provider Identifier (NPI) of the Billing Provider.

Version 1.12 Published 9/04/2015

- ICD-10 diagnosis codes are now accepted by NYEIS.
- 2300 Loop: Added data element HI01 - 01 to identify the proper code list qualifier to use for submitting ICD-10 diagnosis codes versus ICD-9 diagnosis codes. Added segments HI02, HI03, and HI04. Included text to note how many diagnosis codes are supported by NYEIS.
- Updated the text of F-File errors related to ICD codes to remove ICD9-specific text and make them generic for all versions of ICD codes.

Version 1.13 Published 6/14/2016

- Minor updates

Table of Contents

Table of Contents	i
Introduction	1
General Information.....	1
Enrollment	1
Segments	3
Interchange Control Header (ISA).....	3
Functional Group Header	4
Transaction Set Header (ST)	4
Beginning of Hierarchical Transaction (BHT).....	5
Submitter Name Loop 1000A	5
Receiver Name (Loop 1000B).....	6
Billing Provider Name (Loop 2010A).....	6
Subscriber Hierarchical Level (Loop 2000B).....	6
Subscriber Name (Loop 2010B).....	7
Payer Name (Loop 2010BB)	7
Patient Hierarchical Level (Loop 2000C).....	7
Claim Information (Loop 2300).....	8
Referring Provider Name (Loop 2310A).....	11
Rendering Provider Name (Loop 2310B).....	12
Service Facility Location (Loop 2310C).....	12
Supervising Provider Name (Loop 2310D).....	13
Other Subscriber Information (Loop 2320).....	13
Service Line (Loop 2400)	14
Appendix A.....	15
County Codes.....	15
Appendix B.....	17
Upload the 837P Claim File to NYEIS.....	17
Check the Status of the Uploaded 837P Claim File by Reviewing the Response File(s)	17
Step One – The 999 Functional Acknowledgement Response	17
Step Two – The F-File Response.....	18
How to Access the Response Files.....	18

Adjudicate the Claim.....	20
Receive 835 Remittance	20
Tips for Reading the 999 Implementation Acknowledgement File	21
999 Legend for the IK3 and IK4 segments.....	22
Tips for Reading the F-File Response File.....	25
F-File Error Guidance	26
Check for Early Intervention Claiming Errors	43

Introduction

The attached 837 Professional Companion Guide provides the specifics for submitting provider Early Intervention service claims to the New York Early Intervention System (NYEIS).

The Companion Guide must be used in conjunction with "Washington Publishing Company's Combined 005010X222 & 005010X222A1 837 Health Care Claim: Professional". This document may be found at:

<http://www.wpc-edi.com/>

General Information

- NYEIS will only accept one Interchange Control Header/Interchange Control Trailer (ISA/IEA) envelope.
- NYEIS will only accept one Functional Group Header/Functional Group Trailer (GS/GE) envelope.
- NYEIS will only accept one Transaction Set Header /Transaction Set Trailer (ST/SE) envelope.
- No more than 5,000 claims can be submitted within the ST/SE envelope.
- Currently NYEIS is only supporting the 837 Professional transaction set.
- NYEIS is not currently supporting electronic adjustments or replacements to previously submitted claims.
- Transportation and respite services are not supported in the 837 Professional transaction set.
- Record time in 24-hour clock time as follows: HHMM, where HH=hours (00-23) and MM= minutes (00-59).
- Delimiters to be used in the EDI file:
 - 1) Segment Terminator, use a tilde "~"
 - 2) Data Element Delimiter, use an asterisk "**"
 - 3) Repetition Separator, use a carat "^"
 - 4) Component Element Delimiter, use a colon ":"
- EDI files should not contain any cr/lf characters.
- The EDI file name should not contain any special characters. Only letters, numbers and underscores should be used. Periods should only be used once, right before the file extension (e.g. Filename.edi).

Enrollment

To enroll for submitting your claims electronically, logon to the Health Commerce System (HCS):

- Select the My Content button on the Top Menu Bar of the HCS Portal page, and then select Documents by Group.
- Click on the link for your appropriate group from the My Groups section (e.g., LHD, Health Care)
 - If you do not see your Group in the drop down, click the View All Document Groups link. Select the green '+' next to your group.
- Select the "Family and Community Health" link from the Document Groups section
- Select the "Early Intervention" link from the Document Groups section
- Select the "NYEIS" link from the Document Groups section.
 - Click on 'Add to Fav' at the end of this displayed path to more easily access the NYEIS Document Group from HCS Home.
- Select the "Provider Electronic Claiming" folder

- Download the “Procedures to Request Electronic Claiming” and the “Request to Submit Electronic Claims” documents and follow the instructions.

If you have questions, please e-mail NYEIS@health.ny.gov.

Segments

Interchange Control Header (ISA)

Interchange Control Header (ISA)		
----------------------------------	--	--

<u>Data Element</u>	<u>Data Element Name</u>	<u>Comments</u>
ISA01	Author Information Qualifier	Must use "00".
ISA03	Security Information Qualifier	Must use "00".
ISA05	Interchange ID Qualifier	Must use "ZZ".
ISA06	Interchange Sender ID	Provider or Clearinghouse Electronic Transmitter Identification Number (ETIN), defined in Trading Partner Agreement.
ISA07	Interchange ID Qualifier	Must use "ZZ".
ISA08	Interchange Receiver ID	Must use "NYEIS".
ISA09	Interchange Date	Format: YYMMDD.
ISA10	Interchange Time	Format: HHMM.
ISA11	Repetition Separator	Must use "^".
ISA12	Interchange Control Version Number	Must use "00501".
ISA13	Interchange Control Number	Must be identical to IEA02. This value must be unique for each transmission from a provider.
ISA15	Usage Indicator	Use "T" for Test or "P" for Production.
ISA16	Component Element Separator	Use ":".
	Segment Terminator	Use "~". Insert a Tilde immediately following ISA16.

Functional Group Header

Functional Group Header (GS)

<u>Data Element</u>	<u>Data Element Name</u>	<u>Comments</u>
GS01	Functional Identifier Code	Must use "HC".
GS02	Application Sender's Code	Provider or Clearinghouse (ETIN), defined in Trading Partner Agreement.
GS03	Application Receiver's Code	Must use "NYEIS".
GS04	Date	Format: YYYYMMDD.
GS05	Time	Format: HHMM.
GS06	Group Control Number	Must be identical to GE02.
GS08	Version/Release/Industry Identifier Code	Must use "005010X222A1".

Transaction Set Header (ST)

Transaction Set Header (ST)
Create a separate ST-SE loop for each Municipality being submitted

<u>Data Element</u>	<u>Data Element Name</u>	<u>Comments</u>
ST01	Transaction Set Identifier Code	Must use "837".

Beginning of Hierarchical Transaction (BHT)

Beginning of Hierarchical Transaction (BHT)

<u>Data Element</u>	<u>Data Element Name</u>	<u>Comments</u>
BHT03	Reference Identification	<p>Enter the invoice number for this ST-SE envelope.</p> <p>If Loop 2010AB is present, the invoice number must be unique from all previous invoice numbers submitted for the provider identified in Loop 2010AB including previous invoice numbers submitted using 837's, or entered directly into NYEIS or KIDS.</p> <p>If Loop 2010AB is NOT present, the invoice number must be unique from all previous invoice numbers submitted for the provider identified in Loop 2010AA including previous invoice numbers submitted using 837's, or entered directly into NYEIS or KIDS.</p>
BHT06	Transaction Type Code	NYEIS will only accept "CH".

Submitter Name Loop 1000A

Submitter Name (Loop 1000A)

<u>Data Element</u>	<u>Data Element Name</u>	<u>Comments</u>
NM109	Identification Code	Your Electronic Transmitter Identification Number (ETIN), established by Trading Partner agreement with NYEIS, must be entered here.
PER03	Communication Number Qualifier	Use "EM", "FX", or "TE".

Receiver Name (Loop 1000B)

Receiver Name (Loop 1000B)

<u>Data Element</u>	<u>Data Element Name</u>	<u>Comments</u>
NM103	Name Last or Organization Name	Must use Municipality's name + "- Early Intervention"; see Appendix A.
NM109	Identification Code	The Municipality's County Code is entered here; see Appendix A.

Billing Provider Name (Loop 2010AA)

Billing Provider Name (Loop 2010AA)
--

<u>Data Element</u>	<u>Data Element Name</u>	<u>Comments</u>
NM108	Identification Code Qualifier	Must use "XX".
NM109	Identification Code	Enter the National Provider Identifier (NPI) of the Billing Provider. The billing provider NPI entered here will be checked against the billing provider's NPI in NYEIS. If the NPI does not match, an F-File error will be generated for the file.

Subscriber Hierarchical Level (Loop 2000B)

Subscriber Hierarchical Level (Loop 2000B)

<u>Data Element</u>	<u>Data Element Name</u>	<u>Comments</u>
SBR01	Payer Responsibility Sequence Number Code	Must use "P".
SBR02	Individual Relationship Code	Must use "18".

Subscriber Name (Loop 2010B)

Subscriber Name (Loop 2010BA)		
For children with Medicaid Assistive Technology Device (ATD) claims, use Loop 2320.		

Data

<u>Element</u>	<u>Data Element Name</u>	<u>Comments</u>
NM102	Entity Type Qualifier	Must use "1" for Person.
NM108	Identification Code Qualifier	Must use "MI".
NM109	Identification Code	Must use Child's NYEIS Reference Number.

Payer Name (Loop 2010BB)

Payer Name (Loop 2010BB)		
--------------------------	--	--

Data

<u>Element</u>	<u>Data Element Name</u>	<u>Comments</u>
NM108	Identification Code Qualifier	Must use "PI".
NM109	Identification Code	The Municipality's County Code is entered here; see Appendix A.

Patient Hierarchical Level (Loop 2000C)

Patient Hierarchical Level (Loop 2000C)		
---	--	--

Do not include a Patient Hierarchical Level (Loop 2000C) in your files since the child/patient is identified in the 2010BA NM109 data element of the Subscriber Hierarchical Level. Subscriber information should be included in the Subscriber Hierarchical Level (Loop 2000B). Your claims will not be processed if the Subscriber information is not in the Subscriber Hierarchical Level.

Claim Information (Loop 2300)

Claim Information (Loop 2300)

<u>Data Element</u>	<u>Data Element Name</u>	<u>Comments</u>
CLM01	Claim Submitter's Identifier	The claim number must be unique from all previous claim numbers submitted for the provider of record, including previous claim numbers submitted using 837's, or entered directly into NYEIS or KIDS.
CLM05-1	Facility Code Value	Must use one of the following values: 11 Office 12 Home 21 Inpatient Hospital 22 Outpatient Hospital 31 Skilled Nursing Facility 99 Other Unlisted Facility
CLM05-3	Claim Frequency Type Code	Must use 1=Original or 8=Void. NYEIS is not currently supporting electronic adjustments or replacements to previously submitted claims.
CLM08	Yes/No Condition or Response Code (Assignment of Benefits)	Must be "N".
CLM09	Release of Information Code	Must use "Y".
CLM10	Patient Signature Source Code (This is a required element)	Must use "P".
REF01	Reference Identification Qualifier	Must use "G1".
REF02	Reference Identification	Must report NYEIS Service Authorization Number. Provider's system must be able to accept a maximum field width of up to 30.
NTE01	Note Reference Code	Must use "ADD".

Claim Information (Loop 2300 Continued)

NTE02	Description	<p>For General Services report the visit type, the visit begin time and the visit end time. Visit types are: "CV1" = Regular Visit, "CV2" = Make-up Visit, "CV3" = Co-Visit. Format: Visit Type-HHMM-HHMM. Do not use special characters (i.e. ":"). For Service Coordination, use Loop 2400 NTE02.</p> <p>For Evaluations this data element is not required.</p>
HI01	Health Care Code Info.	A diagnosis must be included on a claim
HI01 - 01	Code List Qualifier Code	<p>Use "ABK" if HI01 - 02 is an ICD-10 diagnosis code.</p> <p>Use "BK" if HI01 - 02 is an ICD-9 diagnosis code.</p>
HI01 - 02	Industry Code	Submit a diagnosis code in this data element. Do not transmit the decimal point in the diagnosis code. The decimal point is assumed.
HI02	Health Care Code Info.	An additional diagnosis code can be included on a claim
HI02 - 01	Code List Qualifier Code	<p>Use "ABF" if HI02 - 02 is an ICD-10 diagnosis code.</p> <p>Use "BF" if HI02 - 02 is an ICD-9 diagnosis code.</p>
HI02 - 02	Industry Code	Submit a diagnosis code in this data element. Do not transmit the decimal point in the diagnosis code. The decimal point is assumed.
HI03	Health Care Code Info.	An additional diagnosis code can be included on a claim

Claim Information (Loop 2300 Continued)

HI03 - 01	Code List Qualifier Code	Use "ABF" if HI03 - 02 is an ICD-10 diagnosis code. Use "BF" if HI03 - 02 is an ICD-9 diagnosis code.
HI03 - 02	Industry Code	Submit a diagnosis code in this data element. Do not transmit the decimal point in the diagnosis code. The decimal point is assumed.
HI04	Health Care Code Info.	An additional diagnosis code can be included on a claim
HI04 - 01	Code List Qualifier Code	Use "ABF" if HI04 - 02 is an ICD-10 diagnosis code. Use "BF" if HI04 - 02 is an ICD-9 diagnosis code.
HI04 - 02	Industry Code	Submit a diagnosis code in this data element. Do not transmit the decimal point in the diagnosis code. The decimal point is assumed.
HI05 thru HI12	Health Care Code Info.	Additional Diagnosis codes can be submitted but are not processed by NYEIS

- Use ICD 9 diagnosis codes for claims with date of service on or before 9/30/2015
- Use ICD 10 diagnosis codes for claims with date of service on or after 10/1/2015

Referring Provider Name (Loop 2310A)

Referring Provider Name (Loop 2310A)	
This loop is required for all non-vendor based claims. Non-vendor based claims include General Service, Service Coordination, and Evaluation claims.	
The actual referring provider must be reported at the claim level (2310A loop) and not at the service line level (2420F loop).	

Data

<u>Element</u>	<u>Data Element Name</u>	<u>Comments</u>
NM101	Entity ID Code	Must enter "DN" – Referring Provider
NM102	Entity Type Qualifier	Must enter "1" – Person
NM103	Name Last / Org Name	Must enter the last name or organizational name of the referring provider
NM108	Identification Code Qualifier	Must use "XX"
NM109	Identification Code	<p>Must enter the National Provider Identifier (NPI) of the referring provider. The referring provider NPI entered here will have the following pre-adjudication edit checks run against it:</p> <ul style="list-style-type: none"> • The referring provider NPI must be submitted with the claim • The length of the NPI must be ten. • The NPI must be numeric • The NPI must pass a checksum validation that is based on an established formula for NPIs

Any failed edit checks will result in the generation of an F-File error for the claim. See the related referring provider F-File error messages in the "Check for Early Intervention Claiming Errors" section of Appendix B.

Rendering Provider Name (Loop 2310B)

Rendering Provider Name (Loop 2310B)		
The actual rendering provider must be reported at the claim level (2310B loop) and not at the service line level (2420A loop).		

Data

<u>Element</u>	<u>Data Element Name</u>	<u>Comments</u>
NM102	Entity Type Qualifier	Must enter "1" – Person.
NM108	Identification Code Qualifier	Must use "XX".
NM109	Identification Code	Enter the National Provider Identifier (NPI) of the Rendering Provider. The rendering provider NPI entered here will be checked against the rendering provider's NPI in NYEIS. If the NPI does not match, the claim will be denied with "This provider does not exist on NYEIS".

Service Facility Location (Loop 2310C)

Service Facility Location (Loop 2310C)		
Required when the place of service is different than reported in Billing Provider 2010AA or Pay-to Provider 2010AB. If the service was rendered in patient's home do not report this loop; report the place of service in CLM05-1.		

Data

<u>Element</u>	<u>Data Element Name</u>	<u>Comments</u>
NM101	Identification Code Qualifier	Must use "77"
NM103	Name Last or Organization Name	Required except when service was rendered in the patient's home.

Supervising Provider Name (Loop 2310D)

Supervising Provider Name (Loop 2310D)		
Required when the rendering provider requires supervision by a licensed professional.		

Data

<u>Element</u>	<u>Data Element Name</u>	<u>Comments</u>
NM108	Identification Code Qualifier	Must use "XX".
NM109	Identification Code	Enter the National Provider Identifier (NPI) of the Supervising Provider. The supervising provider NPI entered here will be checked against the supervising provider's NPI in NYEIS. If the NPI does not match, the claim will be denied with "This provider does not exist on NYEIS".

Other Subscriber Information (Loop 2320)

Other Subscriber Information (Loop 2320)		
This loop is only required for reporting the results of Assistive Technology Device (ATD) claiming for children with commercial insurance and Medicaid or with Medicaid only. If the child has commercial insurance and Medicaid, report the results of the commercial insurance claiming in this loop. Report the results of the commercial insurance claiming even if the amount paid is zero. Report the results of the Medicaid claiming in this loop even if the amount paid is zero. Note: For children with Commercial Insurance and no Medicaid, do not report this loop.		

Data

<u>Element</u>	<u>Data Element Name</u>	<u>Comments</u>
SBR01	Payer Responsibility Sequence Number Code	When the child has commercial insurance and Medicaid, report "P" in the commercial insurance loop and "S" in the Medicaid loop.
		When the child has Medicaid only, report "P" in the Medicaid loop.
SBR02	Individual Relationship Code	Report an appropriate code in the commercial insurance loop. Report "18" in the Medicaid loop.
CAS01	Claim Adjustment Group Code	NYEIS expects to receive "CO" only.
AMT02	Monetary Amount	Paid amount of zero is acceptable.
OI03	Yes/No Condition or Response Code	Must be "N".

Service Line (Loop 2400)

Service Line (Loop 2400)		
The sum of all service lines for this claim must add up to the Monetary Amount in CLM02, Loop 2300		

Data

<u>Data Element</u>	<u>Data Element Name</u>	<u>Comments</u>
SV101-1	Product/Service ID Qualifier	Service ID Qualifier; enter "HC".
SV103	Unit or Basis for Measurement Code	Enter "UN" – Unit.
DTP01	Date/Time Qualifier	Use "472".
DTP02	Date time period format qualifier	Use "D8" YYYYMMDD.
DTP03	Date time period	Enter one service date. This date must be the same for all service lines included in the claim (Loop 2300).
NTE01	Note Reference Code	Required only for Service Coordination claims. Must use "ADD".
NTE02	Description	<p>For Service Coordination, record the begin time and end time for each encounter. Format is: HHMM-HHMM. Do not use special characters (i.e. “:”).</p> <p>All service coordination provided on the same day must be reported on one claim and each encounter of service coordination for that day must be reported on separate service line(s).</p> <p>When an encounter is on a different day, then a new 2300 claim information loop must be reported.</p>

Appendix A

County Codes

Municipality	County Code
Albany	01
Allegany	02
Broome	03
Cattaraugus	04
Cayuga	05
Chautauqua	06
Chemung	07
Chenango	08
Clinton	09
Columbia	10
Cortland	11
Delaware	12
Dutchess	13
Erie	14
Essex	15
Franklin	16
Fulton	17
Genesee	18
Greene	19
Hamilton	20
Herkimer	21
Jefferson	22
Lewis	24
Livingston	25
Madison	26
Monroe	27
Montgomery	28
Nassau	29
Niagara	31
NY City	70
Oneida	32
Onondaga	33
Ontario	34
Orange	35
Orleans	36
Oswego	37
Otsego	38
Putnam	39
Rensselaer	41
Rockland	43
St. Lawrence	44
Saratoga	45
Schenectady	46
Schoharie	47

Schuyler	48
Seneca	49
Steuben	50
Suffolk	51
Sullivan	52
Tioga	53
Tompkins	54
Ulster	55
Warren	56
Washington	57
Wayne	58
Westchester	59
Wyoming	60
Yates	61

Appendix B

Provider Electronic Claiming Summary

The following steps summarize the general flow of events that occur when a provider submits an electronic claim file (837P) to NYEIS.

Upload the 837P Claim File to NYEIS

Electronic claim files that adhere to the HIPAA 5010A EDI transaction format can be uploaded to NYEIS for processing.

1. To submit an 837P claim file to NYEIS, select the “Upload 837 Invoice” menu option.

Welcome to the New York Early Intervention System

My Shortcuts	Search
Create Referral	Child
Create Invoice	Service Authorizations
Submit Invoice	Invoices
Upload 837 Invoice	Vendors
Download Response Files	Provider Claims
My Provider Homepage	

2. A screen will display allowing you to browse your computer to find the 837P HIPAA claim file. Once selected, click the Save button to upload the file to NYEIS.
3. A confirmation message stating that you have successfully uploaded your file 837P file will be displayed.

Important - Once a file has been uploaded to NYEIS it can take up to 24 hours for the file to be processed. In general, check for the first response file from NYEIS the next business day after uploading an 837P file.

Check the Status of the Uploaded 837P Claim File by Reviewing the Response File(s)

NYEIS processes the receipt of electronic claim file submissions in two steps. Each claim file is first checked to ensure it is a valid HIPAA 5010A file (Step One) and then proprietary pre-adjudication edits are run against the claim file (Step Two). Errors may be generated at each step. This section of the document describes each of these two steps and then provides instructions for how to access and review the related response files generated by NYEIS.

Step One - The 999 Functional Acknowledgement Response

Step one of this process results in the creation of a standard HIPAA 999 Functional Acknowledgement file. This file is used as the first response to a provider after NYEIS receives an 837P claim file from that provider. The purpose of the 999 file is to acknowledge receipt of the 837P file and provide a status pertaining to each segment in the 837P EDI transaction. Tips for reading the 999 file are provided in a separate section near the end of this document.

Important - Any errors generated during this step must be corrected and the 837P file must be resubmitted.

Step Two – The F-File Response

Once there are no errors being generated on the 999 file, the submitted 837P is reviewed by step two of the file receipt process. Generally this step occurs within 24 hours after generating an error-free 999 response file. During this step, various pre-adjudication edit checks are performed against the data in the submitted 837P file and an F-File is generated to notify providers of any errors. For example, the ETIN provided in the submitted file is checked for validity. The F-File is structured as a comma-delimited file that can be opened in any text editor or Microsoft Excel for review. Textual error messages are listed in the file (e.g. “Submitter ETIN Invalid”) along with additional information to describe the errors. Tips for reading the F-File are provided at the end of this document.

Important - If no errors are generated during Step 2, then no F-File response will be generated. If errors are generated, then the user will need to correct the error in their file and resubmit. If the error is at the claim level, such as an invalid Service Authorization number, then only the claims affected need to be submitted on a new 837. If the error is at the header level, such as invalid ETIN, then the entire file typically needs to be resubmitted. The last section of this document explains each of the **837P pre-edits** that may result in errors being displayed on the F-File and notes what actions are taken if an edit exception is encountered.

How to Access the Response Files

1. To access and review the response file(s) generated by NYEIS and check on the status of a submitted claim file, click on the Download Response Files link from your homepage.

Welcome to the New York Early Intervention System

My Shortcuts

[Create Referral](#)

[Create Invoice](#)

[Submit Invoice](#)

[Upload 837 Invoice](#)

[Download Response Files](#)

[My Provider Homepage](#)

Search

[Child](#)

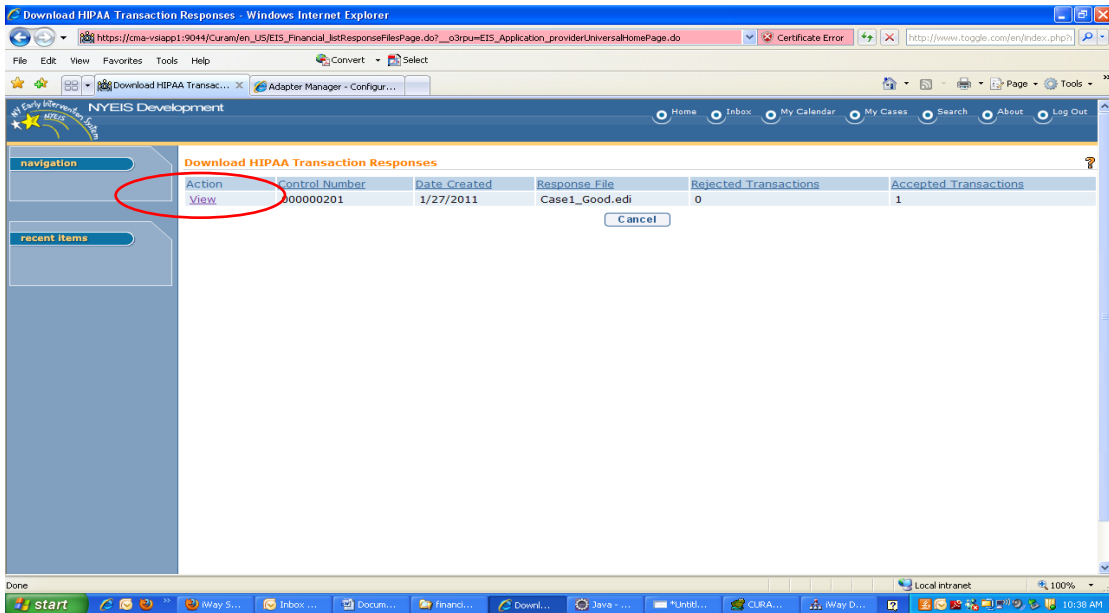
[Service Authorizations](#)

[Invoices](#)

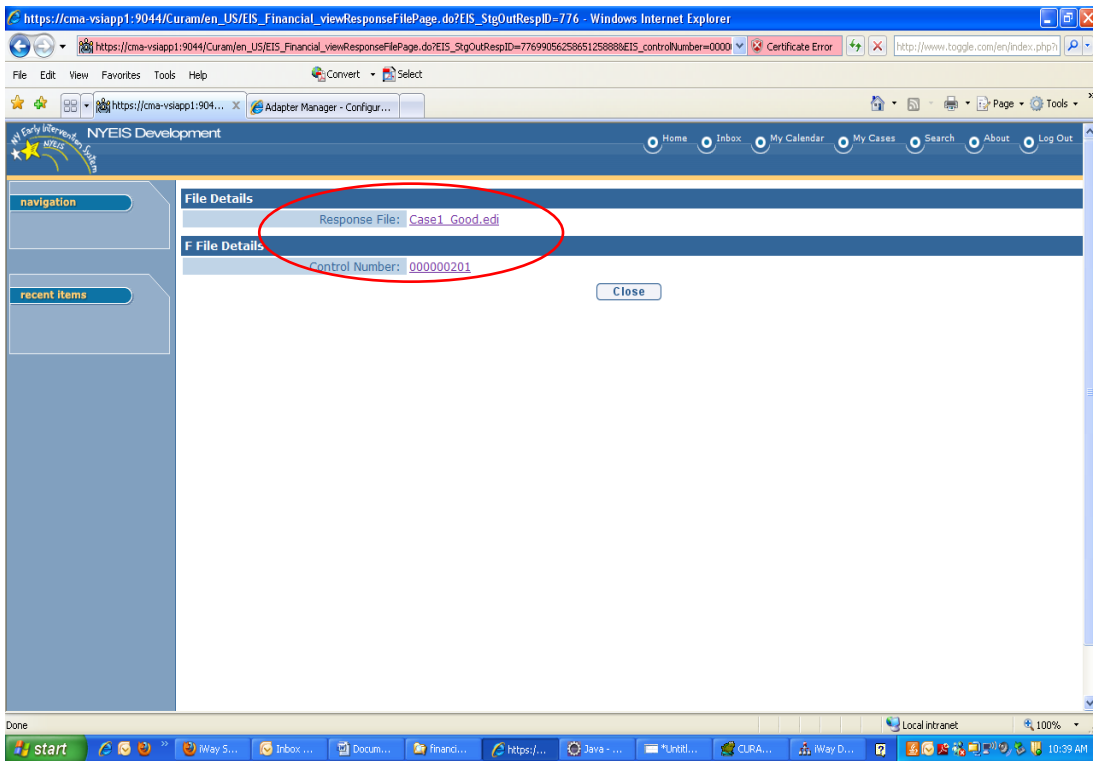
[Vendors](#)

[Provider Claims](#)

2. The Download HIPAA Transaction Responses list page is displayed (see the screenshot that follows). This page lists the response transaction and also indicates the date the response was created and how many transactions in the 837P file were accepted or rejected based on the standard HIPAA file formatting rules. Please note that the Accepted/Rejected Transactions columns are not intended to provide statistics on how many claims in your file have been accepted or rejected. They only indicate whether the transaction sets in your file adhere to standard HIPAA formatting guidelines. You must review the response file(s) to obtain information related to any rejected claims. The Control Number column on this page represents segment ISA13 from the submitted 837P file. The file name in the Response File column is the same as the name of the 837P file that was submitted. To view the responses of a transmission, click on the View action link.



After clicking on the “View” action link, the following screen will appear to allow you to select a file to view by clicking on its name. Remember, the **F File Details** will only be available if there were errors generated during Step Two of the response process. If there were no errors during this step, then the file will not be available for you to select from the screen.



Adjudicate the Claim

After an 837P passes the 999 and the pre-adjudication edits, then NYEIS runs the rest of the invoice billing rules against the claims. The claims can be approved, denied, or pended similar to online NYEIS Invoicing. The status of the invoice and its claims can now be viewed by searching for the invoice (user selects "Invoice" under the search section of their user homepage).

Every Invoice has an assigned status. Depending on where an Invoice is in the process, will determine the Status. Prior to being submitted, an Invoice is considered **Draft**, after submission it is considered **Submitted** and continues through the process. Once the System approves and/or denies all Claims, the Invoice is considered **Fully Adjudicated**, meaning a decision has been made on each Claim. An Invoice will be **Partially Adjudicated** if any Claim is pended awaiting a waiver decision. Invoices that are voided are given a **Void** status.

Receive 835 Remittance

The status of a claim is available on a standard HIPAA 835 Claim Payment/Advice file that will be generated by NYEIS and made available to the provider. NYEIS generates 835's on a daily basis. These 835 files can be accessed via use of the same "Download Response Files" menu option as used to access the other response files received from NYEIS and described in a previous section of this document. A sample of the Download HIPAA Transaction Responses page is presented below. The 835 naming convention will be '835', followed by the amount of the 835, followed by the date associated with the 835, followed by the Control Number of the 835. A new file name might look like '835_1240_20120107_283924.x12'...where 1240 is the amount from the file (BPR02), 20120107 is the date from the file (BPR16), and 283924 is the Control number from the file (ISA13). The amount in the file name will be the same as the reconciled payment amount on the Provider's '**Provider Financials**' screen. This makes it easier for providers to visually associate an 835 to a reconciled payment. Click on the View action to go to the File Details page where you can open the file and review it.

Download HIPAA Transaction Responses					
Action	Control Number	Date Created	Response File	Rejected Transactions	Accepted Transactions
View	000000201	3/30/2011	837P_1099121_03302011	0	1
View	000000640	8/10/2011	835_2011-08-10T13_46_29_840Z	0	0

File Details	
Response File:	835_2011-08-10T13_46_29_840Z

The following information provides a general guideline for when providers should expect to receive an 835 file from the NYEIS adjudication process:

1. Denied claim – If a claim is denied during the adjudication process, an 835 file will be generated and made available to the provider.
2. Approved claim – The 835 will be created for an approved claim once the claim has been generated for payment and included on a check or EFT by County Finance Office. Each municipality is responsible for processing their own payments, so the response time for receiving these 835 files will vary.
3. Pended claims – The 835 does not support pended claims. Users will receive tasks in their Provider Financial work queue requesting them to provide a billing justification reason for the pended claim.

Tips for Reading the 999 Implementation Acknowledgement File

An understanding of how to read the standard HIPAA 999 Implementation Acknowledgement file is required in order to comprehend the status of a submitted claim batch and to correct any errors noted at this step in the process. Here are some tips for reading the 999 file:

- Review the AK9 segment in the 999.
- If you see an **A** in the AK9 segment, your file was received and accepted for further processing by NYEIS. Remember: **A** = Accepted. Below is an example of an accepted 999.

```
ISA*00*      *00*      *ZZ*NYEIS      *ZZ*ALBAnnnn
*101210*1032*U*00401*000000201*0*T*::~~
GS*FA*NYEIS*ALBAnnnn*20101210*1032*201*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*HC*201*005010X222A1~
AK9*A*1*1*1~
SE*6*0001~
GE*1*201~
IEA*1*000000201~
```

- If you see an **R** in the IK5 or AK9 segments, your file was rejected. Remember: **R** = Rejected. Below is an example of a rejected 999. To help interpret this example, the superscript numbers provided cross reference the Number column in the 999 legend that is provided below.

```
ISA*00*      *00*      *ZZ*NYEIS      *ZZ*ALBAnnnn
*101210*1032*U*00401*000000201*0*T*::~~
GS*FA*NYEIS*ALBAnnnn*20101210*1032*201*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*HC*201*005010X222A1~
AK2*837*0001*005010X222A1~
IK31*NM12*1033*2330B4*85~
IK46*097*6710*211~
IK5*R~
AK9*R*1*1*0~
SE*6*0001~
GE*1*201~
IEA*1*000000201~
```

- Any time there are IK3 and IK4 segments in a 999, there is a rejected 837P. These segments will appear between the AK2 and IK5 segments (see the previous bullet for an example). The IK3 segment is used to report errors in a data segment in the submitted 837P and identify the location of the data segment in the file. The IK4 segment is used to report errors in a data element or composite data structure in the submitted 837P and identify the location of the data element in the file. See below for the 999 legend that describes each element in the IK3 and IK4 segments.

999 Legend for the IK3 and IK4 segments

Number	Element	Name	Instructions
1	IK3	<i>Error Identification: This segment is used to report errors in a data segment and identify the location of the data segment.</i>	
2	IK301	Segment ID Code	This contains the identification of the data segment in error (e.g., "NM1" or "SV1").
3	IK302	Segment Position In Transaction Set	This is the numerical count of this data segment from the start of the transaction set (i.e. from the start of the ST loop in the 837P file that was submitted to NYEIS).
4	IK303	Loop Identifier Code	This identifies the loop within which the error occurred on the file submitted to NYEIS.
5	IK304	Implementation Segment Syntax Error Code	This element contains the error noted for the segment. The codes and descriptions are: <ul style="list-style-type: none"> 1. Unrecognized segment ID 2. Unexpected segment 3. Required segment missing 4. Loop occurs over maximum times 5. Segment exceeds maximum use 6. Segment not in defined transaction set 7. Segment not in proper sequence 8. Segment has data element errors 14. Implementation "Not Used" segment present 16. Implementation dependent segment missing 17. Implementation loop occurs under minimum times 18. Implementation segment below minimum use 19. Implementation dependent "Not Used" segment present
	CTX	<i>Segment Context and Business Unit Identifier: This segment is used to report when the error identified in this IK3 loop was triggered by a situational requirement of the Implementation Guide and the error occurs at the segment level.</i>	
	CTX01-1	Context Name	Always contains the value " SITUATIONAL TRIGGER ".
	CTX01-02	Context Reference	Context Reference
	CTX02	Segment ID Code	Code defining the segment ID of the data segment in error.
	CTX03	Segment Position in Transaction Set	This is the numerical count of this data segment from the start of the transaction set (i.e. from the start of the ST loop in the 837P file that was submitted to NYEIS). The transaction set header (i.e. the ST segment) is count position 1.
	CTX04	Loop Identifier Code	This identifies the loop within which the error occurred on the file submitted to NYEIS.
	CTX05-01	Element Position in Segment	This is used to indicate the relative position of a simple data element, or the relative position of a composite data structure with the relative position of the component within the composite data structure, in error.
	CTX05-02	Component Data Element Position in Composite	Required when the situational requirement relates to a component data element within a composite data structure.
	CTX05-03	Repeating Data Element in Position	Required when the situational requirement relates to a repeating data element.

	CTX06	Reference in Segment	Required when CTX05 is used and the data element reference number of the data element identified in CTX05-1 is known by the submitter of the 999, and it is not a composite data element.
	CTX06-1	Data Element Reference Number	Reference number used to locate the data element in the Data Element Dictionary.
	CTX06-02	Data Element Reference Number	Required when CTX05-2 is used and the data element reference number of the data element identified in CTX05-2 is known.
6	IK4	<i>Implementation Data Element Note: This segment is used to report errors in a data element or composite data structure and identify the location of the data element.</i>	
7	IK401-1	Element Position in Segment	This is used to indicate the relative position of the data element or composite data structure in error. If CLM03 was in error, the value would be "3."
8	IK401-2	Component Data Element Position in Composite	This identifies the component data element position within the composite data structure. This element is only included when an error occurs in a composite data element and the composite data element position can be determined.
9	IK401-3	Repeating Data Element Position	This identifies the specific repetition of a data element that is in error. This is a situational element that is not always provided.
10	IK402	Data Element Reference Number	This identifies the "Data Element Number" reference number from the Implementation Guide.
11	IK403	Implementation Data Element Syntax Error Code	This element contains the code indicating the type of error found. The values and descriptions are: 1. Required data element missing 2. Conditionally required data element missing 3. Too many data elements 4. Data element too short 5. Data element too long 6. Invalid character in data element 7. Invalid code value 8. Invalid date 9. Invalid time 10. Exclusion condition violated 12. Too many repetitions 13. Too many components 16. Code value not used in implementation 19. Implementation dependent data element missing 110. Implementation "Not Used" data element present 111. Implementation too few repetitions 112. Implementation pattern match failure 113. Implementation dependent "Not Used" data element present
12	IK404	Copy of Bad Data Element	This element contains a copy of the data in error. This is a situational element that is not always provided.
	CTX	<i>Element Context: This segment is used to report when the error identified in this IK4 loop was triggered by a situational requirement of the Implementation Guide and the error occurs at the element level.</i>	
	CTX01-1	Context Name	Always contains the value " SITUATIONAL TRIGGER ".
	CTX01-02	Context Reference	Context Reference
	CTX02	Segment ID Code	Code defining the segment ID of the data segment in error.

	CTX03	Segment Position in Transaction Set	This is the numerical count of this data segment from the start of the transaction set (i.e. from the start of the ST loop in the 837P file that was submitted to NYEIS). The transaction set header (i.e. the ST segment) is count position 1.
	CTX04	Loop Identifier Code	This identifies the loop within which the error occurred on the file submitted to NYEIS.
	CTX05-01	Element Position in Segment	This is used to indicate the relative position of a simple data element, or the relative position of a composite data structure with the relative position of the component within the composite data structure, in error.
	CTX05-02	Component Data Element Position in Composite	Required when the situational requirement relates to a component data element within a composite data structure.
	CTX05-03	Repeating Data Element in Position	Required when the situational requirement relates to a repeating data element.
	CTX06	Reference in Segment	Required when CTX05 is used and the data element reference number of the data element identified in CTX05-1 is known by the submitter of the 999, and it is not a composite data element.
	CTX06-1	Data Element Reference Number	Reference number used to locate the data element in the Data Element Dictionary.
	CTX06-02	Data Element Reference Number	Required when CTX05-2 is used and the data element reference number of the data element identified in CTX05-2 is known.

Tips for Reading the F-File Response File

Each error in an F-File is presented as a row of data. The position and description of the F-File columns that relate to each row of data is as follows:

Column #	Column Name	Column Description
1	Error Message	A textual message describing the error.
2	Error Data	The data that caused the error.
3	GS Reference	The Group Control Number from the submitted file (segment GS06).
4	ISA Reference	The ISA Number from the submitted file (segment ISA13).
5	Created Date	The date the error message was generated in NYEIS. This date is not meant to represent the date the file was submitted to NYEIS.
6	File Name	The original name of the file that was submitted to NYEIS and in which the error was detected.
7	Claim Number	The Claim Reference Number (CLM01) associated with the error. This column will only be populated if the error is detected within the 2300 claim loop, which includes errors detected at the 2400 service line level.
8	SA Number	The claim Service Authorization Number (2300REF02) associated with the error. This column will only be populated if its value is available at, or above, the file level where the error was detected.
9	Child Reference Number	The Child Reference Number (2010BANM109) associated with the error. This column will only be populated if its value is available at, or above, the file level where the error was detected.
10	Service Date	The claim service line Service Date (2400DTP03) associated with the error. This column will only be populated if its value is available at, or above, the file level where the error was detected.



837 Professional Companion Guide

F-File Error Guidance

Once there are no errors generated on the 999 file, the submitted 837P is reviewed by step two of the file receipt process. Generally this step occurs within 24 hours after generating an error-free 999 response file. During this step, various pre-adjudication edit checks are performed against the data in the submitted 837P file and an F-File is generated to notify providers of any errors. For example, the ID of each rendering provider listed in the submitted file is checked for validity. The F-File is structured as a comma-delimited file that can be opened in any text editor or spreadsheet software such as Microsoft Excel for review. Textual error messages are listed in the file (e.g. “The NPI reported in data element 2310BNM109 for the rendering provider is not valid”), along with additional information to describe the errors. Tips for reading the F-File are provided at the end of this document.

Important - If no errors are generated during Step 2, then no F-File response will be generated. If errors are generated, then the user will need to correct the error in their file and resubmit. If the error is at the claim level, such as an invalid Service Authorization number, then only the claims affected need to be submitted on a new 837. If the error is at the header level, such as invalid ETIN, then the entire file typically needs to be resubmitted.

The table below explains each of the 837P edits that may result in errors being displayed on the F-File and notes what actions are taken if an edit is exception is encountered.

Please review the bolded text in the “**Action Taken by NYEIS if Exception Encountered**” column for guidance on what to do if a particular edit has been encountered and is displayed on the F-file response file.



837 Professional Companion Guide

Check for Pre-Invoice Errors

Sample Error Text Description of Edit	Relevant 837P Data Item(s) Used in Edit	Action Taken by NYEIS if Exception Encountered	Notes	Relative Level of Edit (Header or Claim)
<p>“Test transaction not accepted in NYEIS”</p> <p>Check for test file</p>	<p>ISA15 (Usage Indicator)</p>	<p>If the value is “T”, then the file is a test file and it will not be processed any further by NYEIS. The F-File response file produced by NYEIS will include a record indicating that this is a test file.</p> <p>NYEIS will STOP processing the 837P file. The 837P file must be corrected and resubmitted.</p>		<p>Header</p>
<p>“Unable to identify receiving municipality county code (_1000B/NM1/_09_Identification_Code_)”</p> <p>Validate Municipality Code</p>	<p>1000BNM109 (Muni Code)</p>	<p>If the Municipality Code <u>cannot</u> be found in NYEIS, then the file will not be processed any further by NYEIS. The F-File response file produced by NYEIS will include a record indicating that the county could not be found.</p> <p>NYEIS will STOP processing the 837P file. The 837P file must be corrected and resubmitted.</p>		<p>Header</p>



837 Professional Companion Guide

Sample Error Text Description of Edit	Relevant 837P Data Item(s) Used in Edit	Action Taken by NYEIS if Exception Encountered	Notes	Relative Level of Edit (Header or Claim)
<p>“The Submitter ETIN reported in data element GS02 is not valid for the municipality code reported in data element 1000BNM109.”</p> <p>Validate Submitter</p>	<p>GS02 (submitter ETIN)</p> <p>1000BNM109 (Muni Code)</p>	<p>If the Submitter <u>cannot</u> be found in NYEIS (or the Submitter has not yet been configured by NYEIS to send electronic 837P transactions), then the file will not be processed any further by NYEIS. The F-File response file produced by NYEIS will include a record indicating that the submitter could not be found.</p> <p>NYEIS will STOP processing the 837P file. The 837P file must be corrected and resubmitted.</p>		<p>Header</p>



837 Professional Companion Guide

Sample Error Text Description of Edit	Relevant 837P Data Item(s) Used in Edit	Action Taken by NYEIS if Exception Encountered	Notes	Relative Level of Edit (Header or Claim)
<p>“The provider has not yet been configured to submit HIPAA 4010 production files to NYEIS for the ETIN (ISA06) and Muni Code (1000BNM109) submitted in the file. Your file will not be processed any further.”</p> <p>Validate Submitter is Configured to Submit Production Files</p>	<p>ISA12 (HIPAA Version Indicator)</p> <p>ISA06 (Submitter ETIN)</p> <p>1000BNM109 (Muni Code)</p>	<p>If the submitter has not yet been configured to submit production files for the HIPAA version indicated in the file, then the file will not be processed any further by NYEIS. The F-File response file produced by NYEIS will include a record indicating that the submitter has not yet been configured to submit this version of the 837P transaction.</p> <p>NYEIS will STOP processing the 837P file. The 837P file must be corrected and resubmitted.</p>		



837 Professional Companion Guide

Sample Error Text Description of Edit	Relevant 837P Data Item(s) Used in Edit	Action Taken by NYEIS if Exception Encountered	Notes	Relative Level of Edit (Header or Claim)
<p>“Unable to identify billing provider (2000A/_2010AA/NM1/_09_Identification_Code_)”</p> <p>Validate Billing Provider</p>	<p>1000BNM109 (Muni Code)</p> <p>GS04 (Date)</p> <p>2010AANM109 (Billing Provider NPI)</p>	<p>If the Billing Provider <u>cannot</u> be found in NYEIS, or is not active in NYEIS as of the date in GS04, then no claims for this Billing Provider will be processed by NYEIS. The F-File response file produced by NYEIS will include a record indicating that the Billing Provider could not be found. NYEIS will STOP processing the 837P file if there are no other Billing Providers in the file. The 837P file must be corrected and resubmitted. Otherwise, NYEIS will continue processing the 837P file and attempt to validate the next Billing Provider.</p>	<p>If the Billing Provider is not found, then NYEIS checks for the Billing Provider via use of the 2010AAREF02 segment. Dashes are supported in the identifier value for both 2010AANM109 and 2010AAREF02. The 2000A (Billing Provider) loop is allowed to repeat according to HIPAA standards. NYEIS accommodates this requirement by skipping to the end of the iteration (in case there is another Billing Provider in the file), rather than terminating the process immediately.</p>	<p>Header</p>



837 Professional Companion Guide

Sample Error Text Description of Edit	Relevant 837P Data Item(s) Used in Edit	Action Taken by NYEIS if Exception Encountered	Notes	Relative Level of Edit (Header or Claim)
<p>“Submitter ETIN in ISA_06 Does not match Provider Clearing House ETIN”</p> <p>Validate Clearinghouse ETIN</p>	<p>ISA06 (Sender ETIN)</p>	<p>If the Clearinghouse ETIN cannot be validated against what is in NYEIS for this provider, then no claims for this Billing Provider will be processed by NYEIS. The F-File response file produced by NYEIS will include a record indicating that the Submitter ETIN is invalid.</p> <p>NYEIS will STOP processing the 837P file if there are no other Billing Providers in the file. The 837P file must be corrected and resubmitted. Otherwise, NYEIS will continue processing the 837P file and attempt to validate the next Billing Provider.</p>	<p>This validation only occurs if a provider is submitting claims through a clearinghouse.</p> <p>The 2000A (Billing Provider) loop is allowed to repeat according to HIPAA standards. NYEIS accommodates this requirement by skipping to the end of the iteration (in case there is another Billing Provider in the file), rather than terminating the process immediately.</p>	<p>Header</p>



837 Professional Companion Guide

Sample Error Text Description of Edit	Relevant 837P Data Item(s) Used in Edit	Action Taken by NYEIS if Exception Encountered	Notes	Relative Level of Edit (Header or Claim)
<p>“Unable to identify Child (_2000A/_2000B/_2010BA/NM1/_09_Identification_Code_)”</p> <p>Validate Child</p>	<p>2010BANM109 (Child Reference Number)</p>	<p>If the child is <u>not</u> found in NYEIS, then no claims for this child will be processed by NYEIS. The F-File response file produced by NYEIS will include a record indicating that the child could not be identified.</p> <p>NYEIS will STOP processing the 837P file if there are no other children in the file. Otherwise, NYEIS will continue processing the 837P file and attempt to validate the next Child. Any claims related to children who could not be validated by NYEIS must be corrected and resubmitted on another 837P file.</p>		<p>Header</p>



837 Professional Companion Guide

Sample Error Text Description of Edit	Relevant 837P Data Item(s) Used in Edit	Action Taken by NYEIS if Exception Encountered	Notes	Relative Level of Edit (Header or Claim)
<p>“NYEIS is not currently supporting electronic adjustments or replacements to previously submitted claims”</p> <p>Validate Claim Frequency Type Code</p>	<p>2300CLM0503 (Claim Frequency Type Code)</p>	<p>If Claim Frequency Code is not equal to “1” or “8” for a particular claim, then NYEIS will log an error for that claim. The F-File response file produced by NYEIS will include a record indicating that NYEIS does not currently support electronic adjustments or replacements to previously submitted claims.</p> <p>NYEIS will continue processing the 837P file.</p>	<p>Only Claim Frequency Codes “1” (original) or “8” (void) are supported by NYEIS.</p>	<p>Claim</p>



837 Professional Companion Guide

Sample Error Text Description of Edit	Relevant 837P Data Item(s) Used in Edit	Action Taken by NYEIS if Exception Encountered	Notes	Relative Level of Edit (Header or Claim)
<p>“Unable to match Service Authorization number to the Child and Billing Provider”</p> <p>Validate Service Authorization</p>	<p>2300REF02 (Service Authorization number...where 2300REF01 = “G1”)</p> <p>2010BANM109 (Child Reference Number)</p> <p>2010AANM109 or 2010AAREF02 (Billing Provider ID)</p>	<p>If the Service Authorization is <u>not</u> found in NYEIS using the relevant data, then NYEIS will log an error for that claim. The F-File response file produced by NYEIS will include a record indicating that the Service Authorization could not be matched.</p> <p>NYEIS will continue processing the 837P file.</p>		<p>Claim</p>
<p>“Invalid ICD Code”</p> <p>Validate Diagnosis Codes</p>	<p>2300HI0102, 2300HI0202, 2300HI0302, 2300HI0402 (Health Care Diagnosis Code)</p>	<p>If the Claim Diagnosis Code does <u>not</u> exist as an active ICD code in NYEIS, then NYEIS will log an error for that claim. The F-File response file produced by NYEIS will include a record indicating that it is an invalid Diagnosis Code.</p> <p>NYEIS will continue processing the 837P file.</p>	<p>NYEIS supports up to 4 Diagnosis Codes. Any additional codes are ignored during processing.</p>	<p>Claim</p>



837 Professional Companion Guide

Sample Error Text Description of Edit	Relevant 837P Data Item(s) Used in Edit	Action Taken by NYEIS if Exception Encountered	Notes	Relative Level of Edit (Header or Claim)
<p>“Referring Provider 2310A loop is missing.”</p> <p>Confirm Referring Provider NPI exists for non-vendor based claims.</p>	<p>2310ANM109 (Identification Code)</p>	<p>If the referring provider NPI is not submitted with a non-vendor based claim, then NYEIS will log an error for that claim. The F-File response file produced by NYEIS will include a record indicating that the NPI associated with the referring provider must be submitted with the claim.</p> <p>NYEIS will continue processing the 837P file</p>		<p>Claim</p>



837 Professional Companion Guide

Sample Error Test Description of Edit	Relevant 837P Data Item(s) Used in Edit	Action Taken by NYEIS if Exception Encountered	Notes	Relative Level of Edit (Header or Claim)
<p>“The NPI reported in data element 2310ANM109 for the referring provider is not valid.”</p> <p>Validate Referring Provider NPI</p>	<p>2310ANM109 (Identification Code)</p>	<p>If the Referring Provider NPI is not formatted properly, then NYEIS will log an error for that claim. The F-File response file produced by NYEIS will include a record indicating that the NPI associated with the Referring Provider is not valid.</p> <p>The following criteria are used to determine if the format of the Referring Provider NPI is valid:</p> <ul style="list-style-type: none"> • The length of the NPI must be ten. • The NPI must be numeric. • The NPI must pass a checksum validation that is based on an established formula for NPIs. <p>NYEIS will continue processing the 837P file</p>		<p>Claim</p>



837 Professional Companion Guide

Sample Error Test Description of Edit	Relevant 837P Data Item(s) Used in Edit	Action Taken by NYEIS if Exception Encountered	Notes	Relative Level of Edit (Header or Claim)
<p>“The NPI reported in data element 2310BNM109 for the rendering provider is not valid.”</p> <p>“The SSN/FEIN reported in data element 2310BNM109 for the rendering provider is not valid.”</p> <p>“The Reference Number reported in data element 2310BREF02 for the rendering provider is not valid.”</p> <p>Validate Rendering Provider ID</p>	<p>2310BNM108 (Identification Code Qualifier)</p> <p>2310BNM109 (Identification Code)</p> <p>OR</p> <p>2310BREF02 (Reference_Identi fication_Qualifier)</p> <p>2310BREF02 (Rendering Provider Secondary Identifier)</p>	<p>If the ID associated with the Rendering Provider is not found in NYEIS, then NYEIS will log an error for that claim. The F-File response file produced by NYEIS will include a record indicating that the ID associated with the Rendering Provider could not be identified.</p> <p>NYEIS will continue processing the 837P file</p>	<p>2310BREF01 and 2310BREF02 are only available on HIPAA 5010 transactions. 2310BREF01 must be ‘G2’.</p>	<p>Claim</p>



837 Professional Companion Guide

<p>Sample Error Text</p> <p>Description of Edit</p>	<p>Relevant 837P Data Item(s) Used in Edit</p>	<p>Action Taken by NYEIS if Exception Encountered</p>	<p>Notes</p>	<p>Relative Level of Edit (Header or Claim)</p>
<p>“Referring Provider 2310A loop is missing.”</p> <p>Confirm Referring Provider NPI exists for non-vendor based claims.</p>	<p>2310ANM109 (Identification Code)</p>	<p>If the referring provider NPI is not submitted with a non-vendor based claim, then NYEIS will log an error for that claim. The F-File response file produced by NYEIS will include a record indicating that the NPI associated with the referring provider must be submitted with the claim.</p> <p>NYEIS will continue processing the 837P file</p>		<p>Claim</p>



837 Professional Companion Guide

<p>Sample Error Text</p> <p>Description of Edit</p>	<p>Relevant 837P Data Item(s) Used in Edit</p>	<p>Action Taken by NYEIS if Exception Encountered</p>	<p>Notes</p>	<p>Relative Level of Edit (Header or Claim)</p>
<p>“The NPI reported in data element 2310ANM109 for the referring provider is not valid.”</p> <p>Validate Referring Provider NPI</p>	<p>2310ANM109 (Identification Code)</p>	<p>If the Referring Provider NPI is not formatted properly, then NYEIS will log an error for that claim. The F-File response file produced by NYEIS will include a record indicating that the NPI associated with the Referring Provider is not valid.</p> <p>The following criteria are used to determine if the format of the Referring Provider NPI is valid:</p> <ul style="list-style-type: none"> • The length of the NPI must be ten. • The NPI must be numeric. • The NPI must pass a checksum validation that is based on an established formula for NPIs. <p>NYEIS will continue processing the 837P file</p>		<p>Claim</p>



837 Professional Companion Guide

Sample Error Text Description of Edit	Relevant 837P Data Item(s) Used in Edit	Action Taken by NYEIS if Exception Encountered	Notes	Relative Level of Edit (Header or Claim)
<p>“The rendering provider is not a current employee/contractor of the billing provider.”</p> <p>Confirm Rendering Provider is an Employee/Contractor of the Billing Provider</p>	<p>2310BNM108 (Identification Code Qualifier)</p> <p>2310BNM109 (Identification Code)</p> <p>2010AANM109 or 2010AAREF02 (Billing Provider ID)</p> <p>OR</p> <p>2310BREF02 (Reference_Identi fication_Qualifier)</p> <p>2310BREF02 (Rendering Provider Secondary Identifier) 2010AANM109 or 2010AAREF02 (Billing Provider ID)</p>	<p>If the Rendering Provider is not found to be an active employee/contractor of the billing provider, then NYEIS will log an error for that claim. The F-File response file produced by NYEIS will include a record indicating that the Rendering Provider is not a current employee/contractor of the billing provider.</p> <p>NYEIS will continue processing the 837P file.</p>	<p>2310BREF01 and 2310BREF02 are only available on HIPAA 5010 transactions. 2310BREF01 must be ‘G2’.</p>	<p>Claim</p>



837 Professional Companion Guide

<p>“The rendering provider NPI reported in data element 2310BNM109 is associated with more than one active employee/contractor of the billing provider.”</p> <p>“The rendering provider SSN/FEIN reported in data element 2310BNM109 is associated with more than one active employee/contractor of the billing provider.”</p> <p>“The rendering provider Reference Number reported in data element 2310BREF02 is associated with more than one active employee/contractor of the billing provider.”</p> <p>Determine if the Reported Rendering Provider ID is Used by More Than One Active Employee/Contractor of the Billing Provider</p>	<p>2310BNM108 (Identification Code Qualifier) 2310BNM109 (Identification Code) 2010AANM109 or 2010AAREF02 (Billing Provider ID)</p> <p>OR</p> <p>2310BREF02 (Reference_Identification_Identifier) 2310BREF02 (Rendering Provider Secondary Identifier) 2010AANM109 or 2010AAREF02 (Billing Provider ID)</p>	<p>If more than one active employee/contractor of the billing provider is found to use the same ID reported for the rendering provider, then NYEIS will log an error for that claim. The F-File response file produced by NYEIS will include a record indicating that the ID reported for the rendering provider is associated with more than one active employee/contractor of the billing provider.</p> <p>NYEIS will continue processing the 837P file.</p>	<p>2310BREF01 and 2310BREF02 are only available on HIPAA 5010 transactions. 2310BREF01 must be ‘G2’.</p>	<p>Claim</p>
---	--	---	--	--------------



837 Professional Companion Guide

<p>“The Procedure Code is too long or it is missing. One and only one code should be entered here. (_2400/_SV101-02)”</p> <p>Check Length of Procedure Code</p>	<p>2400SV101-02 (Procedure Code)</p>	<p>One procedure code should be reported in this segment. If the length of the procedure code is too long to be validated by NYEIS, or if the procedure code does not exist in the file, then NYEIS will log an error for that claim. The F-File response file produced by NYEIS will include a record indicating that the procedure code is too long.</p> <p>NYEIS will continue processing the 837P file.</p>		<p>Claim</p>
---	--	--	--	--------------



837 Professional Companion Guide

Check for Early Intervention Claiming Errors

Sample Error Text Description of Edit	Relevant 837P Data Item(s) Used in Edit	Action Taken by NYEIS if Exception Encountered	Notes	Relative Level of Edit (Header or Claim)
<p>“Claim: <Claim Number> has an invalid rendering Provider with Reference Number: <Primary Alternate ID>. The rendering provider was not an active employee/contractor of the billing agency on the service date.”</p> <p>On the service date recorded in the claim, the rendering provider was not an active employee / contractor of the billing provider.</p>	<p>HIPAA Data Element (Rendering Provider Identifier)</p>	<p>Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) if the employees status of the rendering was an error and is corrected.</p>		<p>Claim</p>
<p>“Claim: <Claim Number> has an invalid rendering Provider with Reference Number: <Primary Alternate ID>. The rendering provider is not recognized by NYEIS as an ABA Aide. Contact the Bureau of Early Intervention Provider Approval Unit for assistance.”</p> <p>The rendering provider recorded in the claim is not recorded in NYEIS as an ABA Aide.</p>	<p>HIPAA Data Element (Rendering Provider Identifier)</p>	<p>Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) if the restriction on the rendering was an error and is corrected.</p>		<p>Claim</p>
<p>“Claim: <Claim Number> has an invalid rendering Provider with Reference Number: <Primary Alternate ID>. The rendering provider is not a service coordinator.”</p> <p>The rendering provider recorded in the claim is not recorded in NYEIS as a service coordinator.</p>	<p>HIPAA Data Element (Rendering Provider Identifier)</p>	<p>Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the issue is been corrected.</p>		<p>Claim</p>
<p>“Claim: <Claim Number> has an invalid rendering Provider with Reference Number: <Primary Alternate ID>. The rendering provider is not approved for the Qualified Profession authorized to provide the service. Contact the Bureau of Early Intervention Provider Approval Unit for assistance.”</p> <p>The rendering provider recorded in the claim is not approved for a Qualified Profession that is eligible to perform the service</p>	<p>HIPAA Data Element (Rendering Provider Identifier)</p>	<p>Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) if the Qualified Profession issue was an error and is corrected.</p>		<p>Claim</p>



837 Professional Companion Guide

Sample Error Text Description of Edit	Relevant 837P Data Item(s) Used in Edit	Action Taken by NYEIS if Exception Encountered	Notes	Relative Level of Edit (Header or Claim)
designated in the claim.				
<p>“Claim: <Claim Number> has an invalid rendering Provider with Reference Number: <Primary Alternate ID>. There was an active restriction placed on the rendering provider on the claim service date. Contact the Bureau of Early Intervention Provider Approval Unit for assistance.”</p> <p>The rendering provider had an active restriction in place on the date of service specified in the claim.</p>	<p>HIPAA Data Element (Rendering Provider Identifier)</p>	<p>Claim is not uploaded to NYEIS.</p> <p>Submit a new 837P file (new Invoice Number) if the restriction was an error and has been corrected.</p>		<p>Claim</p>



837 Professional Companion Guide

Sample Error Text Description of Edit	Relevant 837P Data Item(s) Used in Edit	Action Taken by NYEIS if Exception Encountered	Notes	Relative Level of Edit (Header or Claim)
<p>“The Provider Invoice Number is a duplicate for the Provider of Record.”</p> <p>The invoice number is already in NYEIS on a non-voided invoice.</p>	<p>HIPAA Data Element (Provider Invoice Number)</p>	<p>837 is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.</p>		<p>Header</p>
<p>“You must enter an invoice number.”</p> <p>There is no invoice number entered.</p>	<p>HIPAA Data Element (Provider Invoice Number)</p>	<p>837 is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.</p>		<p>Header</p>
<p>“You must enter a provider for the invoice.”</p> <p>There is no provider entered on the invoice.</p>	<p>HIPAA Data Element (Billing Provider Identification Code)</p>	<p>837 is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.</p>		<p>Header</p>



837 Professional Companion Guide

Sample Error Text Description of Edit	Relevant 837P Data Item(s) Used in Edit	Action Taken by NYEIS if Exception Encountered	Notes	Relative Level of Edit (Header or Claim)
<p>“You must enter a municipality for the invoice.”</p> <p>There is no municipality entered on the invoice</p>	HIPAA Data Element (Muni Code)	<p>837 is not uploaded to NYEIS.</p> <p>Submit a new 837P file (new Invoice Number) after the error is corrected.</p>		Header
<p>“You must enter a date for the invoice.”</p> <p>There is no invoice date entered on the invoice.</p>	HIPAA Data Element (Invoice Date)	<p>837 is not uploaded to NYEIS.</p> <p>Submit a new 837P file (new Invoice Number) after the error is corrected.</p>		Header
<p>“A borough cannot be billed on an invoice, invoices must be billed at the NYC - Citywide level.”</p> <p>The municipality entered on the invoice corresponds to a NYC borough instead of NYC-Citywide.</p>	HIPAA Data Element (Muni Code)	<p>837 is not uploaded to NYEIS.</p> <p>Submit a new 837P file (new Invoice Number) after the error is corrected.</p>		Header



837 Professional Companion Guide

Sample Error Text Description of Edit	Relevant 837P Data Item(s) Used in Edit	Action Taken by NYEIS if Exception Encountered	Notes	Relative Level of Edit (Header or Claim)
<p>“Claim <Claim number> has invalid times : <times that caused the error>”</p> <p>The service times in the 2300 segment are not formatted in the manner that NYEIS needs them. The service times need to be in this format: CV?-hhmm-hhmm.</p>	<p>HIPAA Data Element (Claim Note Description)</p>	<p>Claim is not uploaded to NYEIS.</p> <p>Submit a new 837P file (new Invoice Number) after the error is corrected.</p>	<p>CV? references the service type.</p> <p>Service times are represented by ‘hhmm’. Colons (:) cannot be used to separate hours and minutes.</p>	<p>Claim</p>
<p>"A Line on Claim: <Claim number> has an invalid procedural code: <CPT Code>"</p> <p>The procedural code(CPT) entered on the claim line is not recognized as a valid code by NYEIS</p>	<p>HIPAA Data Element (Procedure Code)</p>	<p>Claim is not uploaded to NYEIS.</p> <p>Submit a new 837P file (new Invoice Number) after the error is corrected.</p>		<p>Claim</p>



837 Professional Companion Guide

Sample Error Text Description of Edit	Relevant 837P Data Item(s) Used in Edit	Action Taken by NYEIS if Exception Encountered	Notes	Relative Level of Edit (Header or Claim)
<p>“The Provider is not approved as of the Service Date recorded in the claim. Please contact the Bureau of Early Intervention Provider Approval Unit for assistance regarding the provider’s status.”</p> <p>The billing provider is not approved to provide the service on the service date recorded in the claim.</p>	<p>HIPAA Data Element (Rendering Provider Identifier)</p> <p>HIPAA Data Element (where 2300REF01 = “G1”)</p>	<p>Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) if the Approval status was an error and has been corrected.</p>	<p>Contact the Bureau of Early Intervention, Provider Approval Unit to determine why the billing provider was not in Approved status on the claim service date.</p>	<p>Claim</p>
<p>“There are not enough units remaining on the service authorization to cover the invoiced visit.”</p> <p>The number of units remaining on the Service Authorization is less than the units required for the claim.</p>		<p>Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.</p>	<p>Contact the EIO/D or Service Coordinator to amend the SA and add more units.</p>	<p>Claim</p>



837 Professional Companion Guide

Sample Error Text Description of Edit	Relevant 837P Data Item(s) Used in Edit	Action Taken by NYEIS if Exception Encountered	Notes	Relative Level of Edit (Header or Claim)
<p>“Service Date is outside the date range of the Service Authorization.”</p> <p>The claim service date does not fall within the Service Authorization Start Date and End Date.</p>	<p>HIPAA Data Element (Service Date)</p>	<p>Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.</p>		<p>Claim</p>
<p>“The Service Authorization was suspended on the date of service.”</p> <p>The status of the service authorization specified was suspended on the date of service specified</p>	<p>HIPAA Data Element (Service Date)</p>	<p>Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) if the SA status of suspended was an error and has been corrected.</p>	<p>Contact the EIO/D or Service Coordinator to determine why the Service Authorization or associated IFSP is has a status of ‘Suspended’.</p>	<p>Claim</p>



837 Professional Companion Guide

Sample Error Text Description of Edit	Relevant 837P Data Item(s) Used in Edit	Action Taken by NYEIS if Exception Encountered	Notes	Relative Level of Edit (Header or Claim)
<p>“You must enter a service start date.”</p> <p>No service start date is entered in the claim.</p>	<p>HIPAA Data Element (Service Date)</p>	<p>Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.</p>		<p>Claim</p>
<p>“The service start date cannot be in the future.”</p> <p>The service date recorded in the claim is in the future.</p>	<p>HIPAA Data Element (Service Date)</p>	<p>Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.</p>		<p>Claim</p>
<p>“You must enter a claim start time.” “You must enter a claim end time.”</p> <p>General services claims need a start and end time.</p>	<p>HIPAA Data Element (Claim Note Description)</p>	<p>Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.</p>		<p>Claim</p>



837 Professional Companion Guide

Sample Error Text Description of Edit	Relevant 837P Data Item(s) Used in Edit	Action Taken by NYEIS if Exception Encountered	Notes	Relative Level of Edit (Header or Claim)
<p>“The claim start time must proceed the end time.”</p> <p>The service start time recorded in the claim occurs after the service end time.</p>	<p>HIPAA Data Element (Claim Note Description)</p>	<p>Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.</p>		<p>Claim</p>
<p>“You must enter a visit type.”</p> <p>The service type in the 2300 segment is not recorded or not recognized by NYEIS. The service type needs to be in this format: CV?-hhmm-hhmm</p>	<p>HIPAA Data Element (Claim Note Description)</p>	<p>Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.</p>	<p>CV? References the service type. CV1 = regular CV2 = makeup CV3 = co visit</p>	<p>Claim</p>
<p>“You must enter a Location Type.”</p> <p>The claim does not indicate the service location.</p>	<p>HIPAA Data Element (Place of Service Code)</p>	<p>Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.</p>		<p>Claim</p>



837 Professional Companion Guide

Sample Error Text Description of Edit	Relevant 837P Data Item(s) Used in Edit	Action Taken by NYEIS if Exception Encountered	Notes	Relative Level of Edit (Header or Claim)
"You must enter an ICD Diagnosis Code.	HIPAA Data Element (Diagnosis Code)	Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.		Claim
"Provider has no active contract for the invoiced municipality." The billing provider on the invoice 1) does not have a contract with the county designated in the invoice, or 2) has a contract but it does not include the service type/method associated with the Service Authorization service.	HIPAA Data Element (Billing Provider Identification Code) HIPAA Data Element (Muni Code)	Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) if the contract issue was an error and has been corrected.	Review the NYEIS contract record associated with the county designated in the invoice. Confirm that the contract is Active and includes the service type / method designated in the Service Authorization. Contact the Municipality to resolve errors with the contract.	Claim



837 Professional Companion Guide

Sample Error Text Description of Edit	Relevant 837P Data Item(s) Used in Edit	Action Taken by NYEIS if Exception Encountered	Notes	Relative Level of Edit (Header or Claim)
<p>“Service date not valid. Service Coordination claim already exists on this service date.” An approved claim already exists in NYEIS for service coordination for the child on this date</p>	<p>HIPAA Data Element (Service Date)</p>	<p>Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.</p>		<p>Claim</p>
<p>“Rendering Provider must be selected for the claim.” A rendering provider is not specified.</p>	<p>HIPAA Data Element (Rendering Provider Identifier)</p>	<p>Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.</p>		<p>Claim</p>
<p>“There are not enough dollars remaining on the service authorization to cover the invoiced amount.” Pertains to respite and transportation claims. The amount entered exceeds the service authorization amount.</p>		<p>Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.</p>		<p>Claim</p>



837 Professional Companion Guide

Sample Error Text Description of Edit	Relevant 837P Data Item(s) Used in Edit	Action Taken by NYEIS if Exception Encountered	Notes	Relative Level of Edit (Header or Claim)
<p>“The Provider Agency was restricted for this service type on the date of service.”</p> <p>The agency or rendering provider is restricted for the product on the date of service specified.</p>	<p>HIPAA Data Element (Billing Provider Identification Code)</p>	<p>Claim is not uploaded to NYEIS.</p> <p>Submit a new 837P file (new Invoice Number) if the restriction was an error and is corrected.</p>	<p>Contact the Bureau of Early Intervention, Provider Approval Unit to determine why the billing provider or rendering provider was restricted on the service date.</p>	<p>Claim</p>