# Unit 8: Provider - Invoicing

Version 4.6

This page intentionally left blank.

# **Document Revision History**

Date	<b>Release</b>	Description		
6/14/2016	4.6	No Changes		
10/27/2015	4.4	• Updated Same SA/New Claim functionality relating to Referring Provider NPI. The Referring Provider NPI entered on a claim will pre-populate on a subsequent claim, when using the Same SA/New Claim button.		
9/22/2015	4.3	• Updated ICD Diagnosis Code information throughout. ICD-10 Codes are required for claiming services provided on or after 10/1/2015.		
7/2015	4.2	<ul> <li>To support the Ordering/Prescribing/Referring/Attending (OPRA) requirements, the Referring Provider NPI is now required to be submitted with all non-vendor based claims. Non-vendor based claims include General Service, Service Coordination, and Evaluation claims. For electronically submitted claims, the Referring Provider NPI should be recorded in loop 2310A (see the NYEIS Companion Guide for further details).         <ul> <li>Updated claim creation steps to account for new required Referring Provider NPI for General Service, Evaluation, and Service Coordination billing. Removed ABA Aide Services.</li> <li>Updated Upload 837 and Submit Invoice steps to account for new language on invoice submission pages</li> <li>Updated F-File "Pre-Invoice" Error Guidance to account for new rejections for missing and invalid referring provider NPI on submitted 837 files</li> </ul> </li> <li>Removed all mention of HIPAA 4010 standard for 837 billing</li> <li>Removed Provider Notified of Rejected Claims</li> </ul>		
11/4/2014	4.01	No Changes		
1/16/2014	3.2.1	No Changes		
4/15/2013	2.1	<ul> <li>Updated sections detailing claim statuses to reflect new Status of 'System Approved' for claims that pass NYEIS invoicing rules.</li> <li>Updated chapter to reflect further processing of post 4/1/13 submitted provider claims by SFA</li> <li>Removed the steps pertaining to Municipal Review process for Provider claims</li> </ul>		
4/1/2013	2.0	<ul> <li>Based on changes to Public Health Law, a provider now enters into an Agreement with the Department in order to deliver and bill for services rendered.         <ul> <li>Provider claim rules were modified to account for contracts ending 3/31/2013 and Provider Agreements effective 4/1/2013.</li> </ul> </li> </ul>		

		• Multiple updates to this unit to reflect the differences in
		Provider/Vendor invoice/claim statuses and processing,
		depending on claim submission date
		<ul> <li>Updated 837 billing section with revised steps for obtaining</li> </ul>
		an ETIN to a given county
3/4/2013	1.6.2.1	No changes
2/14/2013	1.6.2	No Changes
7/19/2012	1.6.1	No Changes
6/5/2012	1.6	Updated Creating Invoices Section.
		Modified Provider 837 (Electronic) Claiming Section to include
		information about the new HIPAA 5010 file format standards
		Modified F-File Error Guidance Section
		Added Tips for Reading the 999 Response File Section
10/21/2011	1.5	Modified Submit Invoice Process
		Added Muni Review Provider Invoice Section
		Added Provider Notified of Rejected Claims Section
		• Enhanced documentation for Provider 837 Invoicing
		Updated Claims Homepage screen shots
		Updated statuses for Claims and Invoices
6/24/2011	1.4	Corrected Service Coordination claiming minutes / units guide
		• Added Important Information box to Rendering Provider section in
		Entering Invoices subtopic.
		Updated General Services Create Claim page screen shots
3/31/2011	1.3	• Updated Service Coordination Claim Home page screen shots in the
		Creating Invoices, Invoice- SERVICE COORDINATION
		subtopics.
1/31/2011	1.2	Added Provider Electronic (837) Claiming section.
11/22/2010	1.1	Added Request Provider Recoupment section.
10/1/2010	1.0	October 2010 NYEIS launch.

# **Table of Contents**

Unit 8: Provider - Invoicing	1
Financial Home Page Review	9
Invoices	11
Creating Invoices	
Invoice – SERVICE COORDINATION	30
Invoice - ASSISTIVE TECHNOLOGY DEVICE (ATD)	
Invoice - RESPITE	43
Invoice - TRANSPORTATION - CAREGIVER	
Invoice - TRANSPORTATION - VENDOR	50
Searching/Viewing Invoices	54
Editing Invoices	55
Deleting Invoices	57
Adding Claims to Invoices	58
Submitting Invoices	58
Voiding Invoices	60
Claims	61
Adding Provider Claims	61
Searching/Viewing Claims	
Editing Claims	69
Deleting Claims	70
Adding Additional Service Lines to a Claim	72
Voiding Claims	74
Waivers	77
Provider Electronic (837) Claiming	85
Getting Approved and Configured for Electronic Claiming	85
Uploading the 837P Claim File to NYEIS	
Checking the 837P Claim File Status	
837P Processing Overview	
The 999 Response File	89
The F-File Response	89
Accessing the Response Files	
Adjudicating the Claim	
Accessing the 835 Remittance File	
Tips for Reading the 999 Response File	
Legend for the 999 File 'IK3' and 'IK4' Segments	
Tips for Reading the F-File Response	101
F-File "Pre-Invoice" Error Guidance	102

This page intentionally left blank.

# **Provider Invoicing**

# **Unit Overview**

This unit describes the process of creating Invoices. Within the invoice are claims that contain details for each date a service is provided, and within that claim are service lines which supply the details about the procedure(s) performed during the service delivered. Invoices are created for all authorized services, such as Physical Therapy, Special Instruction, Respite, Transportation, Service Coordination and Assistive Technology Devices. Users will learn how to create, submit and search for Invoices and Claims as well as how to review the status of each. In addition, users will learn how to edit, delete or void Invoices and Claims.

This page intentionally left blank.

navigation			
	Early Intervention Fiscal Managem	Farly Intervention Fiscal Management	
Home     Inbox	Welcome to the New York Early Interve	antion System	
• My Cases	My Shortcuts	Search	
My Calendar     Search	Registration	Child	
Registration	Reports	Service Authorizations	
	Create Invoice	Service Providers	
	Submit Invoice	Invoices	
	Receive Payment	Payments Received	
	Create Voucher	Payments Issued	
recent items	Unsolicited Adjustments	<u>Vouchers</u>	
	Interfaces	Third Party Insurance	
	Release Claims	Liability Claims	
	Print Provider Profiles	Vendors	
	Print Vendor Profiles	Third Party Insurance Batch	
	Generate Mailing Labels	Provider Claims	
	Banks	Suspended Accounts	
	Subrogation Letter File	Held Voucher Lines	
		Code 35 Placements	
		Code 35 Removals	

# FINANCIAL HOME PAGE REVIEW

• Menu Bar - allows User to access frequently used shortcuts.

**Home** - returns User to personal Home Page (the first page a User comes to when logged in to NYEIS).

**Inbox** - navigates User to a page containing personal tasks.

**My Calendar** - navigates User to calendar where new or recurring activities are entered.

My Cases - navigates Service Coordinators and EIO/Ds to assigned Cases.

**Search** - displays a search page. Use the % symbol in any of the search fields if the information to search for is unknown (e.g., if the first two letters of the individual's last name start with "SM", enter **sm%** and view results).

About - displays NYEIS release version.

Log Out - exits NYEIS.

Navigation Bar - directs User to different areas of the Application. The buttons or links will be different depending on the displayed page or the role of the User. The lower portion of the Navigation Bar contains a section called Recent Items. This section provides quick links to pages recently visited.

**Body** - contains the following sections:

My Shortcuts - navigates User to different areas of the Application.

**Search** - navigates User to a specific Search page.

**My Tasks** - displays a list of the User's Tasks as links that navigate the User to the Task specific page. Tasks are work activities that have to be completed.

**My Calendar** - displays a list of events as links that navigate the User to the event.

# INVOICES

This subgroup describes the process of creating an Invoice. Invoices are defined as the master document in which claims are contained for submission and payment.

#### Invoice

Top Level of Invoice that is unique by Provider of Record. The Provider of Record is the Provider that is assigned the Service Authorization.

#### **Provider Claim**

The second Level of Invoicing is the Provider Claim. Each Invoice can contain one or many Provider Claims. The Provider Claim is where the Child, Rendering Provider, Service Authorization and Date of Service are captured. Provider Claims are at the Visit Level and only one visit per Provider Claim is allowed. All Provider Claims within an Invoice *must* belong to the same Provider of Record. However, Provider Claims can be for different Children, Services, dates of service, or Rendering Providers.

#### **Service Line**

The third Level of an Invoice is the Service Line. Procedure Codes (HCPS, CPT, etc.) and their corresponding Units are captured at this Level. Only one visit per Claim can be captured at the above Provider Claim Level in order to allow for reimbursement by Commercial Insurance at the Procedure Code Level.

The flow for creating an Invoice is the same for either a Provider entering an Invoice online or a Municipality Financial User entering an Invoice that was submitted by a provider into NYEIS. The one difference is the Provider entering an Invoice will have the Provider of Record defaulted to themselves.

# **Important Information**

The unique Invoice types such as Respite, Transportation and AT Device are typically provided by Vendors and not Providers. Some vendors may also be state-approved providers. These providers will also need to be entered into NYEIS as Vendors in order to be available to select when creating a vendor invoice. Vendors who are not state-approved providers do not have access to NYEIS; therefore, the Municipality must enter their Invoices into NYEIS. *Quantum See* Unit 10: Municipal Administration, *Registering Vendors* for further information.

A Provider that is also registered as a Vendor can enter both provider claims (General Service, Evaluation, Service Coordination) and vendor claims (AT Device, Transportation, Respite) in one invoice.

# **Creating Invoices**

This process is followed when creating an Invoice.

- Invoice data can *only* be edited if the **Status** is **Draft**. Draft is defined as an Invoice that has not been submitted for approval into NYEIS. If a change is needed after an Invoice is submitted, then the Invoice *must* be voided and a new one created. If an Invoice is voided, all Claims associated with that Invoice will also be voided.
- ➔ A Provider Claim for each Service Authorization visit is submitted separately within an Invoice.
- Be aware that clicking the Back icon of Internet Browser during the creation of an invoice may cause the System to not capture the data properly and display an Error on the page. If this happens, the User should search for the Invoice and then check to see if the current Claim being entered displays in the list. If not, then the User should reenter the Claim and continue data entry. If the current Claim is displayed on the list, then the User can continue entering the next Claim.
- Only Service Authorizations that have been accepted are available for claiming. See Unit 6: IFSP & SA, Accept/Reject Service Authorization for further information.

#### **Important Information**

A Provider may be eligible to submit Invoices for services rendered in multiple Municipalities. It is *important* that the Municipality entered for an Invoice *match* that of the specific Child's Municipality of Residence. **Municipality** *must* be selected.

Early Interve	ntion Fiscal Management				
Welcome to th	e New York Early Intervention System				
My Shortcut	s		Search		
Registration			Child		
Reports			Service Authorizations		
Create Invoic	<u>e</u>		Service Providers		
Submit Invoid	<u>e</u>		Invoices		
Receive Paym	<u>ient</u>		Payments Received		
Create Vouch	er		Payments Issued		
Unsolicited Adjustments			Vouchers		
Financial Interfaces			Third Party Insurance		
Release Provider Claims			<u>Vendors</u>		
Request Provider Recoupment			Third Party Insurance	Batch	
			Provider Claims		
			Suspended Accounts		
			Held Voucher Lines		
My Tasks			My Calendar		
<u>Task</u>	Subject	Deadline	Start Date	Subject	
23808	Review Claim 78080. Claim denied for 001311000501111111111111111111111111111	3/27/2009 14:25	4/20/2009 08:00	Staff Meeting	

1. Log in to NYEIS. User Home Page displays.

2. Click <u>Create Invoice</u> link under My Shortcuts section. Create Provider Invoice page displays.

	Save	Cancel	
reate Invoice			
Provider of Record:	Toonces Academy	*Municipality:	-
*Invoice Number:		*Invoice Date:	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Billing Agent Reference Number:		Billing Agent Name:	
	Save	Cancel	

3. Select **Provider** from the **Provider of Record** drop down. *If Provider is creating the Invoice, some field information will automatically be populated and the Search step below is not required.* 

Click **Search**  $\Re$  icon for **Provider of Record** to identify Provider. **Provider Search** page displays. Type all known information in **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. *To search again, click Reset button*. Click <u>Select</u> link under Action column for Provider. **Create Provider Invoice** page displays.

4. Type unique **Invoice Number.** Invoice numbers are alpha-numeric and case sensitive; duplicates are not allowed. *Invoice number must be entered. Be sure to write down Invoice Number to search for at a later time.* **Municipality** defaults if the user is the Municipality.

#### **Important Information**

If the **Invoice Number** is unknown, the Provider name and the date the Invoice was created can be searched using the **Invoice Search** page. See **Searching/Viewing Invoices** for further information.

**Invoice numbers are case sensitive**. Be sure to note the upper and lowercase letters when documenting an invoice number.

A Provider may be eligible to submit Invoices for services rendered in multiple Municipalities. It is *important* that the Municipality entered for an Invoice *match* that of the specific Child's Municipality of Residence. **Municipality** *must* be selected.

5. Select the **Municipality** from the drop-down that is associated with the Child/Children that the service(s) was/were provided to.

#### **Important Information**

A separate Invoice needs to be created for each Municipality that the Provider intends to bill. The Invoice can only include claims for services provided to Children associated with the same Municipality.

If the invoice is being created by a Municipal user, the Municipality billed will be set to the Municipality associated with the user entering the invoice.

- 6. Type **Invoice Date**. *Invoice Date* must be entered. Date fields must be formatted as *mm/dd/yyyy* format.
- 7. Click **Save** button. **Search Service Authorizations** page displays with the following sections: **Search Criteria** and **Search Results**.

To search for a specific Service Authorization for invoicing, type all known information in **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. *To search again, click Reset button*.

To view a Service Authorization, click <u>View</u> link under Action column for Service Authorization. The Service Authorization can be reviewed to verify remaining visits, effective dates and availability of co-visits and/or make up visits, etc. After reviewing, click Close button. Description See Unit 6: IFSP & SA for further information regarding Service Authorizations.

To select a specific Service Authorization, click <u>Select</u> link under Action column for Service Authorization. Create Provider Claim page displays with the following sections: Details, Referring Provider, Rendering Provider,

**Provider Claim Reference Numbers, ICD Codes, Location Information** and **Comments**.

In the **Details** section, the **Child's Full Name** and **Service Authorization Number** selected displays. In the **Rendering Provider** section, the name of the Rendering Provider displays.

K KARANA ANTERS OF ANTERS	nly – no real live data)	O Home O Inbox O My	Calend	lar 🕐 My Cases 🔍 Sear	rch O About O	Log Out
navigation	Create Provider Clair	n				2
	Details					
	Child's Full Name:	Gerald Q Sample		Service Authorization Number:	1234567	
recent items	Service Date:		٥	Visit Type:	Regular 🔹	
	Service Time:	00 •:00 •		Service End Time:	00 • : 00 •	
	Parent Signature:					
	Referring Provider					
		Referring Provider NPI:				
	Rendering Provider					
	If the Rendering Provider is d Student/Intern, the system w Supervisors name on the View	ifferent than the Rendering Provider /ill automatically add the rendering's / Claim page	on th supe	e SA, select Rendering Provid rvisor's to the claim when sav	er. If rendering Provic red. You can view the	er is a current
	Supervisors name on the view	Rendering Provider:	Do	oe, Jane		<del>,</del> 7
	Provider Claim Refer	rence Numbers				
		Provider Claim Number:				
		Medical Record Number:				
	ICD Codes					
		Diagnosis (ICD) Code 1:				<u>s</u> 7
		Diagnosis (ICD) Code 2:				S. 5
		Diagnosis (ICD) Code 3:				R
		Diagnosis (ICD) Code 4:				S. 5
	Location Information	1				
	If the location is other than the	he child's home or a provider location	n, plea	ase enter the address in the o	omments.	
		Location Type:	Chi	Id's Home	•	
	Comments					
						//
		Save	C	ancel		

8. Navigate from field-to-field in **Create Provider Claim** page using **Tab** key; enter information. *Date fields must be formatted as mm/dd/yyyy format*.

Service Date, Service Time, Service End Time and Diagnosis (ICD) Code are *required* fields.

**Details** section:

- Service Date is the date the service is delivered and is validated against the Service Authorization Start/End Date.
- Service Start/End Time are in 24 hour time format.

- Visit Type *must* be provided by the Provider to indicate type of service being billed. Options are: **Regular** (for any regularly scheduled visit), **Co-Visit** (if agreed to authorized on the IFSP) or **Makeup Visit** (if agreed to and authorized on the IFSP). The number of visits is authorized on the Service Authorization. NYEIS will automatically reduce the total visits each time a visit is billed.
- **Parent Signature** checkbox indicates that a Parent Signature is on file with the Provider. The delivery of some EI services does not require a parent signature (for example Service Coordination). If the service delivered does not require the provider to maintain a parent signature, this box does not need to be checked.

# Referring Provider section:

• **The Referring Provider NPI** is required for all General Service, Evaluation, and Service Coordination billing. A claim will not save with a missing or invalid referring provider NPI.

#### Rendering Provider section:

➤ The Rendering Provider is auto populated with the Rendering Provider assigned on the Service Authorization. If the Rendering Provider that delivered the service is different than the Rendering Provider assigned on the Service Authorization, the appropriate Rendering Provider should be selected on the claim.

# **Important Information**

For Core Evaluation claims, the Rendering Provider field is auto-populated with the name of only one of the Rendering Providers that conducted the MDE.

#### Provider Claim Reference Numbers section:

- **Provider Claim Number** is the unique internal tracking number assigned to a Claim by the Provider of Record. If this number is not assigned by the Provider of Record, NYEIS will automatically generate a claim number.
- **Medical Record Number** can be used for the Provider's internal use. It is not required.

# ICD Codes section:

- **ICD Codes** allows the Provider to enter three ICD Codes (which have previously been entered on the child's record) and one additional ICD Code (which may or may not have been previously entered on the child's record).
- To add data for the **Diagnosis (ICD) Code 1** field, select the **Search s** icon. Type all known information in **Search Criteria** section. (ICD Codes, if available, will be one or more previously documented ICD Codes in the child's case.) Click **Search** button. Records matching the search criteria display in **Search Results** section. If applicable, select the most appropriate code for *the service delivered*.

*Click <u>Select</u> link under Action column to* identify **ICD Code**. **Create Provider Claim** page displays.

- To add data for the **Diagnosis** (**ICD**) **Codes 2 and 3** fields, repeat the above step.
- To add data for the Diagnosis (ICD) Code 4 field, select the Search sicon. Type all known information in Search Criteria section.
   (Diagnosis (ICD) Code 4 can be selected from the list of all available ICD Codes.) Click Search button. Records matching the search criteria display in Search Results section. If applicable, select the most appropriate code for the service delivered. To search again, click Reset button.

*Click <u>Select</u> link under Action column to identify* **ICD Code**. **Create Provider Claim** page displays.

# **Important Information**

If the EIP provider determines that there is no appropriate ICD code applicable to the service(s) being delivered in the child's record (e.g., child's health assessment or child's multidisciplinary evaluation, prescriptions, written orders, written recommendations, or referrals), the EIP provider is responsible for securing and providing accurate and appropriate diagnosis codes for Early Intervention services provided to children and families in the EIP, consistent with the scope of practice of his or her professional license, certification, or registration. Users with access rights can add these ICD codes to the child's record in NYEIS via the **Health Assessments** link found on the child's integrated case homepage.

#### **Location Information** section:

- Location Information currently displays the location defined from the Service Authorization. If services were performed in a location different than what was originally specified in the Service Authorization, select the location of services.
- 9. Click Save button. Create Provider Service Line page displays.

Create Provider Service Line	?
General Details	
*Procedure Code (HCPCS, CPT, etc.):	~
*Units:	
Comments	
	< >
Save Save & New Cancel	

10. Select the **Procedure Code** (**HCPCS, CPT, etc.**) from the drop down and enter the number of **Units** for Service Line. *The Procedure Code* (*HCSPC, CPT, etc.*) *field and Units field must be entered*.

Some Procedure Codes (HCPCS, CPT, etc.) have a number of minutes associated with them. Based on the code reported by the Provider, the number of units billed for that Procedure Code *must* be indicated. For example, if a Provider uses a code with a 15 minute association, and the Provider worked with the Child for 30 minutes, the units on the Claim would be two. NYEIS does not validate whether the number of units entered for a Procedure Code is appropriate based on the length of the visit. It is the Provider's responsibility to enter the correct number of units for a claim.

#### **Important Information**

Claims that require a Procedure Code will be denied if they are submitted without a Procedure Code selected.

Create Provider Se	rvice Line	a 1
General Details		
	*Procedure Code (HCPCS, CPT, etc.):	~
	*Units:	
Comments		
		1
		~
	Save Save & New Cancel	

11. Click **Save** button. **Provider Claim Home** page displays. *Click Save & New button from the Create Provider Service Line* page to add additional Procedure Codes.

The following options are available for Service Lines section:

 Click <u>View</u> link under Action column. View Provider Service Line page displays. This page also gives the capability to Edit or Delete a Provider Service Line.

View Provider Service Line				
General Det	ails			
	Procedure Code (CPT):	97113 - Therapeutic proc, 1+ areas, each 15 min, aquatic therapy w exercises	Units:	2
Comments				
		<b>E dit D el</b>	ete Close	

#### OR

Click <u>Edit</u> link under Action column. Modify Provider Service Line page displays.

Modify Provider Ser	rvice Line		?
General Details			
	Procedure Code (HCPCS, CPT, etc.):	97124 - Therapeutic proc, 1+ areas, each 15 min, massage, incl stroke, compress	*
	Units:	3	
Comments			
			~
		Save Cancel	

Edit **Procedure Code (HCPCS, CPT, etc.)**. Edit **Comments** as needed. Click **Save** button. **Provider Claim Home** page displays.

#### OR

 Click <u>Delete</u> link under Action column. Delete Provider Service Line page displays the message Are you sure you want to delete this provider service line? Click Yes button. Provider Claim Home page displays.

Delete Provider Service Line:	
Are you sure you want to delete this provider service line?	
	Yes No
Important Information	

Claims that require a Procedure Code will be denied if they are submitted with no Procedure code selected.

# Notes:

- **Rate Codes** and **Rate Amounts** are generated by NYEIS and are *read-only*.
- The **Claim Status** field is in **Open** status until the Invoice has been submitted and processed in the nightly batch. The system will determine if the claim passes the billing rules during the nightly batch. The **Claim Status** field is then updated.
- The **Claim Status** is set to **System Approved** if a claim is submitted and passes the billing rules.
- The **Claim Status** is set to **Pending** if a Claim is submitted and it violates a billing rule for which an upfront waiver has been denied and requires the provider to submit a justification.
- The **Claim Status** is set to **Denied** if a Claim will not be paid due to a billing rule violation.
- If a claim is submitted where the time overlaps with another claim from another provider by more than 9 minutes, the claim will be denied. Visits that will overlap for more than 9 minutes must be authorized on the SA as co-visits and claimed as co-visits. See Unit 6: IFSP & SA, Adding Service Authorizations to Individualized Family Service Plans for further information.

# Same SA/New Claim

 Click Same SA/New Claim button for another Claim visit with the same Service Authorization. Create Provider Claim page displays with the following sections: Details, Referring Provider, Rendering Provider, Provider Claim Reference Numbers, ICD Codes, Location Information and Comments.

NYEIS OA: NYEIS OA: State DOH use o	nly – no real live data)	O Home O Inbox O My	Calen	dar 🔮 My Cases 🔮 Sear	rch O About O	Log Out
navigation	Create Provider Clair	n				2
	Details					
	Child's Full Name:	Gerald Q Sample		Service Authorization Number:	1234567	
recent items	Service Date:		٥	Visit Type:	Regular 🔹	
	Service Time:	00 • : 00 •		Service End Time:	00 • : 00 •	
	Parent Signature:					
	<b>Referring Provider</b>					
		Referring Provider NPI:	12	34567890		
	Rendering Provider If the Rendering Provider is d Student/Intern, the system w Supervisors name on the View	ifferent than the Rendering Provider ill automatically add the rendering's v Claim page. Bendering Provider:	on th supe	e SA, select Rendering Provid rvisor's to the claim when sav oe. Jane	er. If rendering Provid ed. You can view the	ler is a current
		Kendering Provider.	-			
	Provider Claim Refer	Provider Claim Number:				
		Medical Record Number:				
	ICD Codes					
	FI Fligi	ble Diagnosis (ICD) Code 1:				Q 🗔
	Other Eligi	ble Diagnosis (ICD) Code 2:	_			_ • • • 
	Other Eligi	ble Diagnosis (ICD) Code 3:	_			ୢୖଢ଼
	Oth	ner Diagnosis (ICD) Code 4:	31	5.9		Q 🛱
	Location Information	<u>ا</u>				
	If the location is other than the	he child's home or a provider location Location Type:	n, ple Ch	ase enter the address in the c ild's Home	omments.	
	Comments		_			
						h
		Save	С	ancel		

2. Navigate from field-to-field using **Tab** key; enter information. *Date fields must be formatted as mm/dd/yyyy format.* 

Child's Full Name, Service Authorization Number, Referring Provider NPI, Rendering Provider, Diagnosis (ICD) Codes and Location Information are entered from the prior Claim. Referring Provider NPI, Rendering Provider, Diagnosis (ICD) Codes and Location Information may be edited.

- A **Referring Provider NPI** is *required*. Claims with missing or invalid referring provider NPI will not be allowed to save. The Referring Provider NPI pre-populated from the prior claim may be edited.
- To add data for the **Diagnosis (ICD) Code 1** field, select the **Search** icon. Type all known information in **Search Criteria** section. (ICD Codes, if available, will be one or more previously documented ICD Codes in the child's case.) Click **Search** button. Records matching the search criteria display in **Search Results** section. If applicable, select the most appropriate code for *the service delivered*.

*Click <u>Select</u> link under Action column to* identify **ICD Code**. **Create Provider Claim** page displays.

- To add data for the **Diagnosis (ICD) Codes 2 and 3** fields, repeat the above step.
- To add data for the Diagnosis (ICD) Code 4 field, select the Search Sicon. Type all known information in Search Criteria section.
   (Diagnosis (ICD) Code 4 can be selected from the list of all available ICD Codes.) Click Search button. Records matching the search criteria display in Search Results section. If applicable, select the most appropriate code for the service delivered. To search again, click Reset button.

*Click <u>Select</u> link under Action column to identify* **ICD Code**. **Create Provider Claim** page displays.

# **Important Information**

If the EIP provider determines that there is no appropriate ICD code applicable to the service(s) being delivered in the child's record (e.g., child's health assessment or child's multidisciplinary evaluation, prescriptions, written orders, written recommendations, or referrals), the EIP provider is responsible for securing and providing accurate and appropriate diagnosis codes for Early Intervention services provided to children and families in the EIP, consistent with the scope of practice of his or her professional license, certification, or registration. Users with access rights can add these ICD codes to the child's record in NYEIS via the **Health Assessments** link found on the child's integrated case homepage.

Service Date, Service Time, Service End Time, Visit Type, Referring Provider NPI, Rendering Provider and Diagnosis (ICD) Code are *required* fields.

3. Click Save button. Create Provider Service Line page displays.

Create Provider Service Line	?
General Details	
*Procedure Code (HCPCS, CPT, etc.):	~
*Units:	
Comments	
Save Save & New Cancel	

# 4. Select the **Procedure Code** (**HCPCS**, **CPT**, **etc.**) and **Units** for Service Line. *The Procedure Code* (*HCPCS*, *CPT*, *etc.*) *field and Units field must be entered.*

Some Procedure Codes have a number of minutes associated with them. Based on the code reported by the Provider, the number of units billed for that Procedure Code *must* be indicated. For example, if a Provider uses a code with a 15 minute association, and the Provider worked with the Child for 30 minutes, the units on the Claim would be two. NYEIS does not validate whether the number of units entered for a Procedure Code is appropriate based on the length of the visit. It is the provider's responsibility to enter the correct number of units for a claim.

#### **Important Information**

Claims that require a Procedure Code will be denied if they are submitted with no Procedure code selected.

5. Click **Save** button. **Provider Claim Home** page displays with the Procedure Code previously entered automatically populated in the field. *Click Save & New button from the Create Provider Service Line page to add additional Procedure Codes (HCPCS, CPT, etc.).* 

#### New SA/New Claim

1. Click **New SA/New Claim** button for a Claim visit with a new Service Authorization. **Search Service Authorizations** page displays with the following sections: **Search Criteria and Search Results**.

To search for a specific Service Authorization for invoicing, type all known information in **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. To search again, click **Reset** button.

To view a Service Authorization, click <u>View</u> link under Action column for Service Authorization. The Service Authorization can be reviewed to verify remaining visits, effective dates, and availability of co-visits and/or make up visits, etc. After reviewing, click Close See button. See Unit 6: IFSP & SA for further information regarding Service Authorizations.

To select a specific Service Authorization, click <u>Select</u> link under Action column for Service Authorization. Create Provider Claim page displays with the following sections: Details, Referring Provider, Rendering Provider, Provider Claim Reference Numbers, ICD Codes, Location Information and Comments. In the **Details** section, the **Child's Full Name** and **Service Authorization Number** selected displays.

K <sup>arty</sup> <sup>Inter</sup> vent NYEIS QA: NYEIS QA: K NYEIS ODH use of	nly – no real live data)	O Home O Inbox O My C	alendar O My Cases O Sea	rch O About O Log Out
navigation	Create Provider Clain	n		?
	Details			
	Child's Full Name:	Gerald Q Sample	Service Authorization Number:	1234567
recent items	Service Date:		Visit Type:	Regular 🔻
	Service Time:	00 • : 00 •	Service End Time:	00 • : 00 •
	Parent Signature:			
	<b>Referring Provider</b>			
		Referring Provider NPI:		
	Rendering Provider			
	If the Rendering Provider is di Student/Intern, the system w Supervisors name on the View	fferent than the Rendering Provider o ill automatically add the rendering's s y Claim page.	on the SA, select Rendering Provid supervisor's to the claim when sav	er. If rendering Provider is a ved. You can view the current
		Rendering Provider:	Doe, Jane	<del>~</del> <del>~</del>
	Provider Claim Refer	ence Numbers		
		Provider Claim Number:		
		Medical Record Number:		
	ICD Codes			
		Diagnosis (ICD) Code 1:		<u>s</u> r
		Diagnosis (ICD) Code 2:		<u></u>
		Diagnosis (ICD) Code 3:		Q
		Diagnosis (ICD) Code 4:	315.9	S
	Location Information			
	If the location is other than th	e child's home or a provider location, Location Type:	please enter the address in the o Child's Home	omments.
	Comments			
		Save	Cancel	

2. Navigate from field-to-field in **Create Provider Claim** page using **Tab** key; enter information. *Date fields must be formatted as mm/dd/yyyy format*.

Service Date, Service Time, Service End Time, and Diagnosis (ICD) Code are *required* fields.

• Check Parent Signature check box to indicate parent signature is on file for the services as delivered. The delivery of some EI services does not require a parent signature (for example Service Coordination). If the service delivered does not require the provider to maintain a parent signature, this box does not need to be checked.

**Details** section:

• Service Date is the date the service is delivered and is validated against the Service Authorization Start/End Date.

- Service Start/End Time are in 24 hour time format.
- Visit Type *must* be provided by the Provider to indicate type of service being billed. Options are: **Regular** (for any regularly scheduled visit), **CoVisit** (if agreed to authorized on the IFSP) or **Makeup Visit** (if agreed to and authorized on the IFSP). Number of visits is authorized on Service Authorization. NYEIS will automatically reduce the total visits each time a visit is billed.
- **Parent Signature** checkbox indicates that a Parent Signature is on file with the Provider. The delivery of some EI services does not require a parent signature (for example Service Coordination). If the service delivered does not require the provider to maintain a parent signature, this box does not need to be checked.

#### **Referring Provider** section:

• **The Referring Provider NPI** is required for all General Service, Evaluation, and Service Coordination billing. A claim will not save with a missing or invalid referring provider NPI.

# Rendering Provider section:

The Rendering Provider is auto populated with the Rendering Provider assigned on the Service Authorization. If the Rendering Provider that delivered the service is different than the Rendering Provider assigned on the Service Authorization, the appropriate Rendering Provider should be selected on the claim.

# Provider Claim Reference Numbers section:

- **Provider Claim Number** is the unique internal tracking number assigned to a Claim by the Provider of Record. If this number is not assigned by the Provider of Record, NYEIS will automatically generate a claim number.
- Medical Record Number can be used for the Provider's internal use. It is not required.

#### **ICD Codes** section:

• ICD Codes allows the Provider to enter three ICD Codes (which have previously been entered on the child's record) and one additional ICD Code (which may or may not have been previously entered on the child's record).

• To add data for the **Diagnosis (ICD) Code 1** field, select the **Search** icon. Type all known information in **Search Criteria** section. (ICD Codes, if available, will be one or more previously documented ICD Codes in the child's case.) Click **Search** button. Records matching the search criteria display in **Search Results** section. If applicable, select the most appropriate code for *the service delivered*.

*Click <u>Select</u> link under Action column to* identify **ICD Code**. Create **Provider Claim** page displays.

- To add data for the **Diagnosis** (**ICD**) **Codes 2 and 3** fields, repeat the above step.
- To add data for the Diagnosis (ICD) Code 4 field, select the Search Sicon. Type all known information in Search Criteria section.
   (Diagnosis (ICD) Code 4 can be selected from the list of all available ICD Codes.) Click Search button. Records matching the search criteria display in Search Results section. If applicable, select the most appropriate code for the service delivered. To search again, click Reset button.

*Click <u>Select</u> link under Action column to identify* **ICD Code**. **Create Provider Claim** page displays.

#### **Important Information**

If the EIP provider determines that there is no appropriate ICD code applicable to the service(s) being delivered in the child's record (e.g., child's health assessment or child's multidisciplinary evaluation, prescriptions, written orders, written recommendations, or referrals), the EIP provider is responsible for securing and providing accurate and appropriate diagnosis codes for Early Intervention services provided to children and families in the EIP, consistent with the scope of practice of his or her professional license, certification, or registration. Users with access rights can add these ICD codes to the child's record in NYEIS via the **Health Assessments** link found on the child's integrated case homepage.

#### **Location Information** section:

- Location Information currently displays the location defined from the Service Authorization. If services were performed in a location different than what was originally specified in the Service Authorization, select the location of services.
- 3. Click Save button. Create Provider Service Line page displays.

Create Provider Service Line	?
General Details	
*Procedure Code (HCPCS, CPT, etc.):	~
*Units:	
Comments	
Save Save & New Cancel	

4. Select the **Procedure Code** (**HCPCS, CPT, etc.**) from the drop down and **Units** for Service Line. *The Procedure Code* (*HCPCS, CPT, etc.*) *field and Units field must be entered.* 

Some Procedure Codes have a number of minutes associated with them. Based on the code reported by the Provider, the number of units billed for that Procedure Code *must* be indicated. For example, if a Provider uses a code with a 15 minute association, and the Provider worked with the Child for 30 minutes, the units on the Claim would be two. NYEIS does not validate whether the number of units entered for a Procedure Code is appropriate based on the length of the visit. It is the provider's responsibility to enter the correct number of units for a claim.

#### **Important Information**

Claims that require a Procedure Code will be denied if they are submitted with no Procedure code selected.

Create Provider Service Line		
General Details		
*Procedure (	Code (HCPCS, CPT, etc.):	
	*Units:	
Comments		
	Save Save & New Cancel	

5. Click **Save** button. **Provider Claim Home** page displays. *Click Save & New button from the* **Create Provider Service Line** page to add additional Procedure Codes.

The following options are available for Service Lines section:

 Click <u>View</u> link under Action column. View Provider Service Line page displays. This page also gives the capability to Edit or Delete a Provider Service Line.

View Provider Service Line		99
General Details		
Procedure Code (HCPCS, CPT, etc.):	97124 - Therapeutic proc, 1+ areas, each 15 min, massage, incl stroke, compress	Units: 3
Comments		
	E dit Del	ete Close

# OR

Click <u>Edit</u> link under Action column. Modify Provider Service Line page displays.

eneral Details	
	Procedure Code (HCPCS, CPT, etc.): 97124 - Therapeutic proc, 1+ areas, each 15 min, massage, incl stroke, compress
	Units: 3
omments	

Edit **Procedure Code (HCPCS, CPT, etc.)**. Edit **Comments** as needed. Click **Save** button. **Provider Claim Home** page displays.

#### OR

 Click <u>Delete</u> link under Action column. Delete Provider Service Line page displays the message Are you sure you want to delete this provider service line? Click Yes button. Provider Claim Home page displays.

Delete Provider Service Line:	
Are you sure you want to delete this provider service line?	
	Yes No

#### Notes:

- Rate Codes and Rate Amounts are generated by NYEIS and are *read-only*.
- The **Claim Status** field is in **Open** status until the Invoice has been submitted and processed in the nightly batch. The system will determine if the claim passes the billing rules during the nightly batch. The **Claim Status** field is then updated.
- The **Claim Status** is set to **System Approved** if a claim is submitted and passes the billing rules.
- The **Claim Status** is set to **Pending** if a Claim is submitted and it violates a billing rule for which an upfront waiver has been denied and requires the provider to submit a justification.
- The **Claim Status** is set to **Denied** if a Claim will not be paid due to a billing rule violation.
- If a claim is submitted where the time overlaps with another claim from another provider by more than 9 minutes, the claim will be denied. Visits that will overlap for more than 9 minutes must be authorized on the SA as co-visits and claimed as co-visits. See Unit 6: IFSP & SA, Adding Service Authorizations to Individualized Family Service Plans for further information.

# Invoice – SERVICE COORDINATION

A specific process is followed when creating an Invoice(s) for *Service Coordination* Claims.

Invoice data can *only* be edited if the **Status** is **Draft**. Draft is defined as an Invoice that has not been submitted for approval into NYEIS. If a change is needed after an Invoice is submitted, then the Invoice *must* be voided and a new one created.

- 1. Log in to NYEIS. User Home Page displays.
- 2. Click <u>Create Invoice</u> link under My Shortcuts section. Create Provider Invoice page displays.

Create Provider Invoice				?
	Save	Cancel		
Create Invoice				
*Provider of Record:	Provider 💌		<i>Q</i>	5
*Invoice Number:		*Invoice Date:	Ø	
Billing Agent Reference Number:		Billing Agent Name:		
Municipality:	Rensselaer			
	Save	Cancel		

3. Select **Provider** from the **Provider of Record** drop down. *If Provider is creating the Invoice, some field information will automatically be populated and the Search step below is not required.* 

Click **Search**  $\Re$  icon for **Provider of Record** to identify Provider. **Provider Search** page displays. Type all known information in **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. *To search again, click Reset button*. Click <u>Select</u> link under Action column for Provider. **Create Provider Invoice** page displays.

4. Type unique **Invoice Number.** Invoice numbers are alpha-numeric and case sensitive; duplicates are not allowed. *Invoice number must be entered. Be sure to write down Invoice Number to search for at a later time.* **Municipality** defaults if the user is the Municipality.

# **Important Information**

If the **Invoice Number** is unknown, the Provider name and the date the Invoice was created can be searched using the **Invoice Search** page. **Searching/Viewing Invoices** for further information.

**Invoice numbers are case sensitive**. Be sure to note the upper and lowercase letters when documenting an invoice number.

A Provider may be eligible to submit Invoices for services rendered in multiple Municipalities. It is *important* that the Municipality entered for an Invoice *match* that of the specific Child's Municipality of Residence. **Municipality** *must* be selected.

5. Select the **Municipality** from the drop-down that is associated with the Child/Children that the service(s) was/were provided to.

# **Important Information**

A separate Invoice needs to be created for each Municipality that the Provider intends to bill. The Invoice can only include claims for services provided to Children associated with the same Municipality.

- 6. Type **Invoice Date**. *Invoice Date* must be entered. Date fields must be formatted as **mm/dd/yyyy** format.
- 7. Click Save button. Search Service Authorization Number page displays.

Search Serv	rice Authorizatio	ons				2
Search Crite	eria					
	Child's La	st Name:		Child's Fir	st Name:	
Service	Authorization Sta	art Date:	٥	Service Authorization E	ind Date:	٥
Service Authorization Number:						
			Service	Type: Service Coordination		~
			Sea	rch Reset		
Search Res	ults (Number of	Items: 3)				
Action	<u>Service</u> Authorization Number	<u>Child's Name</u>	Service Type	Service Authorization Start Date	Service Authorization End Date	<u>Status</u>
View Select	16137	Tiffany Martin	Service Coordination	10/18/2009	4/17/2010	Approved
View Select	15362	Corey Clink	Service Coordination	8/21/2009	10/5/2009	Active
View Select	27137	Tiffany Martin	Service Coordination	10/18/2010	5/17/2011	Extended
				Cancel		

8. Review the list of **Available Service Authorizations**. Click <u>Select</u> link under **Action** column for the Service Authorization of choice. **Create Provider Claim** page displays.

To view a Service Authorization, click <u>View</u> link under Action column for Service Authorization. The Service Authorization can be reviewed to verify remaining visits, effective dates and availability of co-visits and/or make up visits, etc. After reviewing, click Close <u>See</u> button. *See* Unit 6: IFSP & SA for further information regarding Service Authorizations.

NYEIS OA: NVEIS OA: State DOH use o	nly – no real live data) 🛛 🧿	Home O Inbox O My Cal	endar O My Cases O Se	arch O About	• Log Out
navigation	Create Provider Clai	m			?
	Details				
	Child's Full Name:	Corey Clink	Service Authorizat Numb	tion 15362	
recent items	Service Coordinator:	Berry, Ann	R Provider Cl Numb	aim 98765	
	Service Date:	2/1/2015	🦉 👘 Parent Signatu	ire:	
	<b>Referring Provider</b>				
		Referring Provider NPI:	1234567890		
	ICD Codes				
		Diagnosis (ICD) Code 1:			S, 17
		Diagnosis (ICD) Code 2:			S, 5
		Diagnosis (ICD) Code 3:			<b>୍ଟ</b> କ୍ଟ
		Diagnosis (ICD) Code 4:	315.9 Development Delay	NOS	୍କ୍
	Time In and Time O	ut for Service Date			
	Time In	: 09 • : 00 •	Time Out:	09 • : 30 •	
	Time In	: 00 • : 00 •	Time Out:	00 • : 00 •	
	Time In	: 00 • : 00 •	Time Out:	00 • : 00 •	
	Time In	: 00 • : 00 •	Time Out:	00 • : 00 •	
	Time In	: 00 • : 00 •	Time Out:	00 • : 00 •	
	Comments				
		Save	Cancel		

- 9. Record the **Service Date** and **Provider Claim Number** in the Details cluster. Check Parent Signature check box to indicate parent signature is on file on the IFSP agreeing to the SC services as outlined. The delivery of some EI services does not require a parent signature (for example Service Coordination). If the service delivered does not require the provider to maintain a parent signature, this box does not need to be checked.
- 10. Enter **Referring Provider NPI Number.** The Referring Provider NPI is required for all General Service, Evaluation, and Service Coordination billing. A claim will not save with a missing or invalid referring provider NPI.

## 11. ICD Codes

- **ICD Codes** allows the Provider to enter three ICD Codes (which have previously been entered on the child's record) and one additional ICD Code (which may or may not have been previously entered on the child's record).
- To add data for the **Diagnosis (ICD) Code 1** field, select the **Search s** icon. Type all known information in **Search Criteria** section. (ICD Codes, if available, will be one or more previously documented ICD Codes in the child's case.) Click **Search** button. Records matching the search criteria display in **Search Results** section. If applicable, select the most appropriate code for *the service delivered*.

*Click <u>Select</u> link under Action column to* identify **ICD Code**. **Create Provider Claim** page displays.

- To add data for the **Diagnosis** (**ICD**) **Codes 2 and 3** fields, repeat the above step.
- To add data for the Diagnosis (ICD) Code 4 field, select the Search Sicon. Type all known information in Search Criteria section.
   (Diagnosis (ICD) Code 4 can be selected from the list of all available ICD Codes.) Click Search button. Records matching the search criteria display in Search Results section. If applicable, select the most appropriate code for the service delivered. To search again, click Reset button.

*Click <u>Select</u> link under Action column to identify* **ICD Code**. **Create Provider Claim** page displays.

# **Important Information**

If the EIP provider determines that there is no appropriate ICD code applicable to the service(s) being delivered in the child's record (e.g., child's health assessment or child's multidisciplinary evaluation, prescriptions, written orders, written recommendations, or referrals), the EIP provider is responsible for securing and providing accurate and appropriate diagnosis codes for Early Intervention services provided to children and families in the EIP, consistent with the scope of practice of his or her professional license, certification, or registration. Users with access rights can add these ICD codes to the child's record in NYEIS via the **Health Assessments** link found on the child's integrated case homepage.

K <sup>4</sup> Conty Interneents NYEIS OA: State DOH use of K	nly – no real live data) 🛛 🧿	Home O Inbox O My Cale	endar 🤇	O My Cases O Searc	h O About	O Log Out
navigation	Create Provider Clai	m				2
	Details					
	Child's Full Name:	Corey Clink	S	Service Authorizatio Number	n 15362	
recent items	Service Coordinator:	Berry, Ann	<b>∛</b> ₩	Provider Clair Number	98765	
	Service Date:	2/1/2015		Parent Signature	: 🗆	
J	<b>Referring Provider</b>					
		Referring Provider NPI:	1234	567890		
	ICD Codes					
		Diagnosis (ICD) Code 1:				<del>୍</del> ଟ୍ କ୍ଟ
	Diagnosis (ICD) Code 2:					S. 5
	Diagnosis (ICD) Code 3:					S. 17
		Diagnosis (ICD) Code 4:	315.9	Development Delay N	OS	୍ଟ୍ କ୍ଟ
	Time In and Time O	ut for Service Date				
	Time In	: 09 • : 00 •		Time Out:	09 • : 30 •	
	Time In	: 00 • : 00 •		Time Out:	00 • : 00 •	]
	Time In	: 00 • : 00 •		Time Out:	00 • : 00 •	]
	Time In	: 00 • : 00 •		Time Out:	00 • : 00 •	]
	Time In	: 00 • : 00 •		Time Out:	00 • : 00 •	]
	Comments					
		Save	C an	cel		/

12. Select/Enter the **Time In** and **Time Out** for the service. Click **Save** button. **Provider Claim Home** page displays.

At least one **Time In** and **Time Out** pair must be entered and the total time entered must be greater than or equal to 6 minutes. NYEIS calculates the number of units based on the total number of minutes for the service date. All of the service time for a day must be entered on one claim. An error will be presented if more than one claim is entered for the same date.

#### **Important Information**

If there is only one activity on a date and it does not exceed 5 minutes, it is not billable and should not be entered into NYEIS. However, if either one activity exceeds 5 minutes or all activities for one date exceed a total of 5 minutes, each activity must be entered individually and the total units are calculated by NYEIS and billable. Please refer to the following chart for cross-reference from minutes to units.

,
,
•
•

13. Click Save button. Provider Claim Home page displays. The following additional functions for Provider Claims are available from the Provider Claim Home page: Same SA/New Claim, New SA/New Claim, Edit Claim, Delete Claim, Add More Time, Void Claim and View Invoice.

NYEIS QA: With the second - no real live data) With the second - no real live data) With the second - no real live data) Home O Inbox O My Calendar O My Cases O Search O About O Log Out					
navigation O Home O Claim Home	Provider Claim Home 98765 - A General Details	Ibany Therapies for Corey Clin	k	2	
O Status History O Claim Reconciliation O Waivers	Child's Full Name: C Date Created: 6 Service Date: 4 Rate Code: 5	Corey Clink /22/2015 /1/2015 244	Service Coordinator: Parent Signature: Submitted Amount: Units:	Berry, Ann No 27.50 2	
	Reference Numbers	0765	Referring Provider NP1:	1254567890	
recent items	Provider Claim Number: 9 Invoice Number: u	8765 nit8sc	Billing Agent Number:		
	ICD Codes Diagnosis (ICD) Code 1: Diagnosis (ICD) Code 2: Diagnosis (ICD) Code 3: Diagnosis (ICD) Code 4: 315.9 - Development delay NOS				
	Claim Decision Claim Status: 0 Amount Approved: 0	)pen 1.00	Effective Date: Rejection Reason:	6/22/2015	
	Claim Comments				
Time In and Time Out for Service Date           Action         Time In		ce Date	Time Out		
	Edit Delete         09:00         09:30           Same SA/New Claim         New SA/New Claim         Edit Claim         Add More Time         Void Claim         View Invoice				

# Notes:

- To add more time for a service date click the **Add More Time** button and enter data for additional service time.
- The **Claim Status** field is in **Open** status until the Invoice has been submitted and processed in the nightly batch. The system will determine if the claim passes the billing rules during the nightly batch. The **Claim Status** field is then updated.

- The **Claim Status** is set to **System Approved** if a claim is submitted and passes the billing rules.
- The **Claim Status** is set to **Denied** if a Claim will not be paid due to a billing rule violation.
- Overlap of Service Coordination claims with other types of claims does not cause claims to be denied.

# Invoice - ASSISTIVE TECHNOLOGY DEVICE (ATD)

During 2014 and early 2015, the New York State Department of Health (NYSDOH) and the State Fiscal Agent (SFA) began implementing a new process for the acquisition of Assistive Technology Devices (ATD). This new process was rolled out incrementally to all municipalities.

The new process affects all ATDs placed on a child's Individualized Family Service Plan (IFSP) with an ATD Service Authorization start date on or after the date in which your region began this new ATD procurement process.

Therefore, there should be <u>no</u> ATD claims entered in NYEIS for ATD SAs with a start date on or after the date your region began the new ATD process. ATD claims for service authorizations with these dates are processed by the State Fiscal Agent (SFA). If claims are entered for SAs **after your region began the new ATD process**, the claim must be voided.

For more information on the ATD claiming process, contact the SFA.

A specific process is followed when creating an Invoice(s) for Assistive Technology Devices (ATD).

Invoice data can *only* be edited if the **Status** is **Draft**. Draft is defined as an Invoice that has not been submitted for approval into NYEIS. If a change is needed after an Invoice is submitted, then the Invoice *must* be voided and a new one created. If an Invoice is voided, all Claims associated with that Invoice will also be voided.

A Claim for each AT Device *must* be separately submitted.

A Vendor, rather than a Provider, is entered for **Assistive Technology Device** (**ATD**) Invoices.
- 1. Log in to NYEIS. User Home Page displays.
- 2. Click <u>Create Invoice</u> link under My Shortcuts section. Select Create Provider Invoice page displays.

Create Provider Invoice					?
		Save	Cancel		
Create Invoice					
*Provider of Record:	Vendor	~			<b>S</b> 7
*Invoice Number:			*Invoice Date:	<b>(</b> )	
Billing Agent Reference Number:			Billing Agent Name:		
Municipality:	Rensselaer				
		Save	Cancel		

- 3. Select Vendor from the Provider of Record drop down.
- Click Search Sicon for Provider (Vendor) of Record to identify Vendor. Vendor Search page displays. Type all known information in Search Criteria section. Click Search button. Records matching criteria display in Search Results section. To search again, click Reset button. Click Select link under Action column for Vendor of choice. Create Provider Invoice page displays.

Create Provider Invoice				?
		Save	Cancel	
Create Invoice				
*Provider of Record:	Vendor	🖌 Rensselae	er Medical Equipment	<b>q</b> 🛱
*Invoice Number:			*Invoice Date:	
Billing Agent Reference Number:			Billing Agent Name:	
Municipality:	Rensselaer			
		Save	Cancel	

5. Type unique **Invoice Number.** Invoice numbers are alpha-numeric and case sensitive; duplicates not allowed. *Invoice Number must be entered. Be sure to write down Invoice Number to search for at a later time.* **Municipality** defaults if the user is the Municipality.

### **Important Information**

If the **Invoice Number** is unknown, the Vendor name and the date the Invoice was created can be searched using the **Invoice Search** page. See Searching/Viewing Invoices for further information.

**Invoice numbers are case sensitive**. Be sure to note the upper and lowercase letters when documenting an invoice number.

- 6. Type **Invoice Date**. *Invoice Date* must be entered. Date fields must be formatted as **mm/dd/yyyy** format.
- 7. Click **Save** button. **Search Service Authorizations** page displays with the following sections: **Search Criteria** and **Search Results.**

Search	Service Author	izations							?
Search	Criteria								
	Child	d's Last Name:			Child's	First Name:			
Ser	vice Authorizati	on Start Date:			Service Authorizatio	n End Date:		<b>(</b> )	
	Service Authoriz	ation Number:							
				Service Type:					•
				Search	Reset				
Search	Results								
Action	<u>Service</u> Authorization Number	<u>Child's Name</u>	Service Type	Service Authoriza	tion Start Date	Service Auth	norization End Date		<u>Status</u>
				Can	cel				

 Type all known information in Search Criteria section. Select ATD from Service Type field. Click Search button. Records matching criteria display in Search Results section. To search again, click Reset button.

To view a Service Authorization, click <u>View</u> link under Action column for Service Authorization. The Service Authorization can be reviewed to verify remaining units. Click on the Service Delivery Summary link from the left hand navigation bar after reviewing, click Close Service Service Authorization Details/Unit 6 IFSP & SA for further information.

To select a specific Service Authorization, click <u>Select</u> link under Action column for Service Authorization. Create Provider Claim - ATD page displays with the following sections: Service Authorization Details, Details, Provider Claim Reference Numbers, ICD Codes and Comments.

Create Provider Claim - ATD			2
Service Authorization Details			
DME Code:	A8000	DME Cost:	116.10
DME Description:	Helmet, protective, soft, prefabricated, includes all components and accessories	Authorized Amount per NonDME Device:	0.00
Details			
Child's Full Name:	Ellie French	Service Authorization Number:	33812
Service Start Date:	<b>(</b>	Service End Date:	
Parent Signature:			
Provider Claim Reference Numbers			
	Provider Claim Number:		
	Medical Record Number:		
ICD Codes			
	EI Eligible Diagnosis (ICD) Code 1:		<b>२</b> , स्
	Other Eligible Diagnosis (ICD) Code 2:		<u>କ୍</u> କୁଲ୍ଲ
	Other Eligible Diagnosis (ICD) Code 3:		କ୍ଷ <del>ହ</del>
	Other Diagnosis (ICD) Code 4:		କ୍ଷ୍ମ <del>ଜ</del> ୍
Comments			
			*
			-
	(Smin)	Cancel	

9. Navigate from field-to-field in **Create Provider Claim - ATD** page using **Tab** key; enter information. *Date fields must be formatted as mm/dd/yyyy format.* 

**Child's Full Name** and **Service Authorization Number** are entered from the Service Authorization.

Service Start Date and Diagnosis (ICD) Codes are required fields.

Details section:

- Service Start/End Date are dates the service is delivered and are validated against the Service Authorization Start/End Date.
- **Parent Signature** checkbox indicates that a Parent Signature is on file with the Provider. The delivery of some EI services does not require a parent signature (for example Service Coordination). If the service delivered does not require the provider to maintain a parent signature, this box does not need to be checked.

## Provider Claim Reference Numbers section:

- **Provider Claim Number** is the unique internal tracking number assigned to a Claim by the Provider of Record. If this number is not assigned by the Provider of Record, NYEIS will automatically generate a claim number.
- Medical Record Number can be used for the Provider's internal use. It is not required.

## ICD Codes section:

- **ICD Codes** allows the Provider to enter three ICD Codes (which have previously been entered on the child's record) and one additional ICD Code (which may or may not have been previously entered on the child's record).
- To add data for the EI Eligible Diagnosis (ICD) Code 1 field, select the Search Search Search ICD Codes, if available, will be one or more previously documented ICD Codes in the child's case.) Click Search button. Records matching the search criteria display in Search Results section. If applicable, select the most appropriate code for *the service delivered*.

*Click <u>Select</u> link under Action column to* identify **ICD Code**. **Create Provider Claim** page displays.

- To add data for the **Other Eligible Diagnosis (ICD) Codes 2 and 3** fields, repeat the above step.
- To add data for the **Other Diagnosis (ICD) Code 4** field, select the **Search** icon. Type all known information in **Search Criteria** section. (**Diagnosis (ICD) Code 4** can be selected from the list of all available ICD Codes.) Click **Search** button. Records matching the search criteria display in **Search Results** section. If applicable, select the most appropriate code *for the service delivered*. *To search again, click Reset button*.

*Click <u>Select</u> link under Action column to identify* **ICD Code**. **Create Provider Claim** page displays.

### **Important Information**

If the EIP provider determines that there is no appropriate ICD code applicable to the service(s) being delivered in the child's record (e.g., child's health assessment or child's multidisciplinary evaluation, prescriptions, written orders, written recommendations, or referrals), the EIP provider is responsible for securing and providing accurate and appropriate diagnosis codes for Early Intervention services provided to children and families in the EIP, consistent with the scope of practice of his or her professional license, certification, or registration. Users with access rights can add these ICD codes to the child's record in NYEIS via the **Health Assessments** link found on the child's integrated case homepage.

10. Click **Save** button. **Enter AT Device Claim COB Details** page displays with the following sections: **Service Authorization Details**, **Insurance ATD Details**, **Medicaid ATD Details** and **Comments**.

Enter AT Device Claim CC	)B Details			
Service Authorization De	tails			
	DME Code: L2385		DME Cost:	32.00
DME	Description: Addition to low knee joint, hea	er extremity, straight vy duty, each joint	Authorized Amount per NonDME Device:	0.00
Insurance ATD Details				
Prior Approval Number:		Determination:		~
Prior Approval Date Requested:		Prior Approval Determination Date:		
Prior Approval Determination Date:		Determination Reason:		*
Payor:		Amount Paid:		
Prior Approval Status:	*	Date Paid:	()	
Medicaid ATD Details				
Prior Approval Number:		Determination:		~
Prior Approval Date Requested:		Prior Approval Determination Date:		
Prior Approval Determination Date:	Ø	Determination Reason:		¥
Payor:		Amount Paid:		
Prior Approval Status:	*	Date Paid:	()	
Comments				
				~

### **Important Information**

If a Child has commercial insurance and Medicaid or Medicaid only, the vendor is responsible for claiming to commercial insurance and/or Medicaid and must seek payment and provide documentation to the municipality.

### Service Authorization Details section:

• This section is read-only and is pre-populated from the data from the Service Authorization.

#### Insurance ATD Details section:

- Information in this section captures Commercial Insurance Details. The left column pertains to Prior Approval information for that Claim such as **Prior Approval Number**, **Prior Approval Date Requested**, **Prior Approval Determination Date**, **Payor** and **Prior Approval Status**. If a Prior Approval was captured for this Claim, enter data.
- The right column pertains to the Determination by the Payor on whether to pay or deny the Claim. If the Claim is paid, the **Amount Paid** and **Date Paid** should be entered. If the Claim is denied, the **Determination Reason** should be entered.

### **Important Information**

The 'Payor' is the Insurance Company that paid the Claim.

### Medicaid ATD Details section:

- Information in this section captures Medicaid Details. Field definitions for this section are similar to details in the **Insurance ATD Details** section.
- 11. Navigate from field-to-field using **Tab** key; enter information. *Date fields must be formatted as mm/dd/yyyy format.*
- 12. Click Save button. Provider Claim Home page displays. The following additional functions for Provider Claims are available from the Provider Claim Home page: Same SA/New Claim, New SA/New Claim, Edit Claim, Delete Claim, Void Claim and View Invoice.

Provider Claim Home 62487 - Adva	Provider Claim Home 62487 - Advanced Audiology Services for Tiffany Martin-04						
General Details							
Billing Provider Name:	Advanced Audiology Services	Parent Signature:	No				
Child's Full Name:	Tiffany Martin-04	Service Type:	ATD				
Date Created:	6/15/2010	Service Authorization Number:	131100				
Start Date:	4/18/2009	End Date:	4/18/2009				
Reference Numbers							
NYEIS Provider Claim Number:	62487	Billing Agent Number:					
Provider Claim Number:	34567	Medical Record Number:					
Invoice Number:	9088JohnTest						
ICD9 Codes							
	EI Eligible Diagnosis (ICD) Code 1:	765.03 - Extreme Prematurity 750-999	grams				
	Other Eligible Diagnosis (ICD) Code 2:						
	Other Eligible Diagnosis (ICD) Code 3:						
	Other Diagnosis (ICD) Code 4:						
Claim Decision							
Provider Claim Status:	Open	Effective Date:	6/15/2010				
Amount Approved:	0.00	Rejection Reason:					
Service Authorization Details							
DME Code:	L2385	DME Cost:	32.00				
DME Description:	Addition to lower extremity, straight knee joint, heavy duty, each joint	Authorized Amount per NonDME Device:	0.00				

### Notes:

- The **Claim Status** field is in **Open** status until the Invoice has been submitted and processed in the nightly batch. The system will determine if the claim passes the billing rules during the nightly batch. The **Claim Status** field is then updated.
- The **Claim Status** is set to **System Approved** if a claim is submitted and passes the billing rules. The status will then become **Approved** overnight. The municipality will then be able to release claim for vendor payment.
- The **Claim Status** is set to **Denied** if a Claim will not be paid due to a billing rule violation.
- **Approved Amount** is calculated based on the Rate associated with DME Amount on the Service Authorization less any amounts paid by 3<sup>rd</sup> Party Insurance.

## Invoice - RESPITE

When creating an Invoice for *Respite Claims*, follow this process.

Invoice data can *only* be edited if the **Status** is **Draft**. Draft is defined as an Invoice that has not been submitted for approval into NYEIS. If a change is needed after an Invoice is submitted, then the Invoice *must* be voided and a new one created.

- 1. Log in to NYEIS. User Home Page displays.
- 2. Click <u>Create Invoice</u> link under My Shortcuts section. Create Provider Invoice page displays.

Create Provider Invoice						2
		Save	Cancel			
Create Invoice						
*Provider of Record:	Vendor	~				<mark>୍</mark> କ୍ କ୍ଟ
*Invoice Number:				*Invoice Date:	Ø	
Billing Agent Reference Number:				Billing Agent Name:		
Municipality:	Rensselaer					
		Save	Cancel			

- 3. Select Vendor from the Provider of Record drop down.
- 4. Click Search  $\leq$  icon for Provider (*Vendor*) of Record to identify Vendor. Vendor Search page displays.

#### **Important Information**

If the Parent is responsible for the Respite on the Service Authorization, the Parent is the Vendor.

Type all known information in **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. *To search again, click Reset button*. Click <u>Select</u> link under Action column for Vendor of choice. Create Provider Invoice page displays.

Create Provider Invoice					?
		Save	Cancel		
Create Invoice					1
*Provider of Record:	Vendor	🖌 Betty's R	espite Care		<b>~</b> ~
*Invoice Number:			*Invoice Date:	Ø	
Billing Agent Reference Number:			Billing Agent Name:		
Municipality:	Rensselaer				
		Save (	Cancel		

#### **Important Information:**

**Respite** includes the following types:

**Family/Caregiver** – A family member or designated caregiver provides the respite service. Before a family member or caregiver can be assigned as a provider, they must first be registered  $\square$  *See* **Unit 10** – **Municipal Administration** for more information on registering a Parent or caregiver for respite services.

**Respite Provider** – Respite services are performed by a providing agency

5. Type unique **Invoice Number.** Invoice numbers are alpha-numeric and case sensitive; duplicates are not allowed. *Invoice Number must be entered. Be sure to write down Invoice Number to search for at a later time.* **Municipality** defaults to Municipality of the User.

#### **Important Information**

If the **Invoice Number** is unknown, the Vendor name and the date the Invoice was created can be searched using the **Invoice Search** page. Searching/Viewing Invoices for further information.

**Invoice numbers are case sensitive**. Be sure to note the upper and lowercase letters when documenting an invoice number.

- 6. **Date**. *Invoice Date* must be entered. Date fields must be formatted as *mm/dd/yyyy* format.
- 7. Click **Save** button. **Search Service Authorizations** page displays with the following sections: **Search Criteria** and **Search Results**.

Search Serv	ice Authorizations							?
Search Crite	eria							
		Child's Last Name:				Child's First Name:		
	Service Author	ization Start Date:	۵		Service Autho	rization End Date:	۵	
	Service Aut	horization Number:						
				Service Type:				•
				Search	Reset			
Search Res	ults (Number of Item	ıs: 7)						
Action	Service Authorization Number	Child's Name	Service Type	Service Authorizatio	n Start Date	Service Authorizati	on End Date	<u>Status</u>
View Select	4541	Laurel Kinmartin	Respite Care	6/29/2010		12/28/2010		Approved
View Select	33809	Ellie French	Respite Care	10/21/2010		4/20/2011		Active
View Select	34845	Lance Reed	Respite Care	10/30/2010		11/16/2010		Closed
View Select	34884	Ethan Michaels	Respite Care	5/2/2011		11/1/2011		Approved
View Select	4483	Casey Ryan	Respite Care	6/29/2010		12/28/2010		Active
View Select	34868	Ethan Michaels	Respite Care	11/2/2010		2/1/2011		Approved
View Select	25089	Jason Johnson	Respite Care	4/24/2010		10/23/2010		Active
				Can	cel			

8. Type all known information in **Search Criteria** section. Select **Respite Care** from **Service Type** field. Click **Search** button. Records matching criteria display in **Search Results** section. To search again, click **Reset** button.

To view a Service Authorization, click <u>View</u> link under Action column for Service Authorization. The Service Authorization can be reviewed. After reviewing, click Close <u>See</u> button. *See* Unit 6: IFSP & SA for further information regarding Service Authorizations.

To select a specific Service Authorization, click <u>Select</u> link under Action column for Service Authorization. Create Provider Claim - Respite page displays with the following sections: Details, Respite Details and Comments.



Navigate from field-to-field using **Tab** key; enter information. *Date fields must be formatted as mm/dd/yyyy format.* **Start Date**, **End Date** and **Number of Hours** are *required* fields. **Parent Signature** box check is used to indicate that parent signature is on file for Respite services delivered.

### **Important Information**

The System calculates the **Claim Amount** based on the **Number of Hours** multiplied by the **Respite Cost Per Hour on the Service Authorization**.

Provider Claim Home 3232 - Childre	Provider Claim Home 3232 - Children Bus Service for Tiffany Martin-02						
General Details							
Billing Provider Name:	Children Bus Service	Service Authorization Number:	22533				
Child's Full Name:	Tiffany Martin-02	Date Created:	10/22/2009				
Start Date:	10/12/2009	End Date:	10/14/2009				
Parent Signature:	No	Submitted Amount:	25.00				
Respite Details							
	Number of Hours:	1					
Reference Numbers							
NYEIS Provider Claim Number:	38153	Invoice Number:	87872				
Provider Claim Number:	3232	Billing Agent Number:					
Claim Decision							
Claim Status:	Open	Effective Date:	10/22/2009				
Amount Approved:	0.00	Rejection Reason:					
Claim Comments							
Same SA/New Claim   New SA/New Claim   Edit Claim   Delete Claim   Void Claim   View Invoice							

## Notes:

- The **Claim Status** field is in **Open** status until the Invoice has been submitted and processed in the nightly batch. The system will determine if the claim passes the billing rules during the nightly batch. The **Claim Status** field is then updated.
- The **Claim Status** is set to **System Approved** if a claim is submitted and passes the billing rules. The status will then become **Approved** overnight. The municipality will then be able to release claim for vendor payment.
- The **Claim Status** is set to **Denied** if a Claim will not be paid due to a billing rule violation.

## **Invoice - TRANSPORTATION - CAREGIVER**

Caregivers do not have user access to NYEIS and therefore cannot create and submit an Invoice for services provided. Transportation – Caregiver claims are processed by the Municipality.

A specific process is followed when creating an Invoice for *Transportation – Caregiver* Claims.

Invoice data can *only* be edited if the **Status** is **Draft**. Draft is defined as an Invoice that has not been submitted for approval into NYEIS. If a change is needed after an Invoice is submitted, then the Invoice *must* be voided and a new one created.

A Vendor, rather than a Provider, is entered for **Transportation – Caregiver** type Invoices.

- 1. Log in to NYEIS. User Home Page displays.
- 2. Click <u>Create Invoice</u> link under My Shortcuts section. Create Provider Invoice page displays.

Create Provider Invoice					?
		Save	Cancel		
Create Invoice					
*Provider of Record:	Vendor	*			<b>~</b> <del>~</del>
*Invoice Number:			*Invoice Date:	Q	
Billing Agent Reference Number:			Billing Agent Name:		
Municipality:	Rensselaer				
		Save	Cancel		

- 3. Select Vendor from the Provider of Record drop down.
- 4. Click Search  $\leq$  icon for Provider (*Vendor*) of Record to identify Vendor. Vendor Search page displays.

**Important Information** In NYEIS, the Caregiver providing the transportation is the **Vendor Name**.

 Type all known information in Search Criteria section. Click Search button. Records matching criteria display in Search Results section. *To search again, click Reset button*. Click <u>Select</u> link under Action column for Vendor of choice. Create Provider Invoice page displays.

Create Provider Invoice					?
		Save Cancel			
Create Invoice					1
*Provider of Record:	Vendor	🖌 Frodo Baggins			<mark>୍</mark> କ ଲ
*Invoice Number:			*Invoice Date:	<i>(</i> )	
Billing Agent Reference Number:			Billing Agent Name:	¥	
Municipality:	Rensselaer				
		Save Cancel			

6. Type unique **Invoice Number.** Invoice numbers are alpha-numeric and case sensitive; duplicate vendor invoice numbers are not allowed. *Invoice Number must be entered. Be sure to write down Invoice Number to search for at a later time.* **Municipality** defaults to Municipality of the User.

#### **Important Information**

If the **Invoice Number** is unknown, the Vendor name and the date the Invoice was created can be searched using the **Invoice Search** page. **Searching/Viewing Invoices** for further information.

**Invoice numbers are case sensitive**. Be sure to note the upper and lowercase letters when documenting an invoice number.

- 7. Type **Invoice Date**. *Invoice Date* must be entered. Date fields must be formatted as *mm/dd/yyyy* format.
- 8. Click **Save** button. **Search Service Authorizations** page displays with the following sections: **Search Criteria** and **Search Results**.

Search	Service Authori	zations							?
Search	Criteria								
	Child	l's Last Name:			Child's	s First Name:			
Ser	vice Authorizatio	on Start Date:			Service Authorizati	on End Date:		٥	
	Service Authoriz	ation Number:							
				Service Type:					•
				Search	Reset				
Search	Results								
Action	<u>Service</u> Authorization Number	<u>Child's Name</u>	Service Type	Service Authoriza	tion Start Date	Service Auth	orization End Date	<u>S1</u>	<u>tatus</u>
				C and	cel				

9. Type all known information in **Search Criteria** section. Select **Transportation** from **Service Type** field. Click **Search** button. Records matching criteria display in **Search Results** section. To search again, click **Reset** button.

To view a Service Authorization, click <u>View</u> link under Action column for Service Authorization. Review the Service Authorization. After reviewing, click **Close** Service Button.

To select a specific Service Authorization, click <u>Select</u> link under Action column for Service Authorization. Create Provider Claim – Caregiver Transportation page displays with the following sections: Details, Provider Claim Reference Numbers, Transportation Details, Public Details *or* Private Details and Comments.

Create Provider Claim - Caregiver Transportation			?
Details			
Child's Full Name:	Monday Blues	Service Authorization Number:	49940
Service Start Date:		Service End Date:	<b>(</b> )
Parent Signature:			
Provider Claim Reference Numbers			
	Provider Claim Number:		
Transportation Details			
Transportation Type:	Caregiver	Caregiver Transport Method:	Caregiver - private car
Private Details			
Only complete for private transportation.			
Mileage:		# of Trips:	
Comments			
			*
			-
	Save	Cancel	

10. Navigate from field-to-field in **Create Provider Claim – Caregiver Transportation** page using **Tab** key; enter information. *Date fields must be formatted as mm/dd/yyyy format.* 

Service Start Date and Service End Date are *required* fields.

Details section:

- Service Start/Service End Date are dates the service is delivered and are validated against the Service Authorization Start/End Date.
- **Parent Signature** checkbox indicates that a Parent Signature is on file with the Provider. The delivery of some EI services does not require a parent signature (for example Service Coordination). If the service delivered does not require the provider to maintain a parent signature, this box does not need to be checked.

## Provider Claim Reference Numbers section:

• **Provider Claim Number** is the unique internal tracking number assigned to a Claim by the Provider of Record. If this number is not assigned by the Provider of Record, NYEIS will automatically generate a claim number.

### Transportation Details section:

• This section is read-only. Fields are pre-populated based on data from the Service Authorization.

### Public Details section:

➡ If Public Transportation is used, complete the Public Details section. The Receipt Amount is the amount paid if the Provider Claim is approved.

### Private Details section:

- If Private Transportation is used, complete the Private Details section. These fields are used along with the associated Service Authorization fields (i.e., Fixed Roundtrip Rate, Cost Per Mile) to calculate the amount paid if the Provider Claim is approved.
- 11. Click Save button. Provider Claim Home page displays. The following additional functions for Provider Claims are available from the Provider Claim Home page: Same SA/New Claim, New SA/New Claim, Edit Claim, Delete Claim, Void Claim and View Invoice.

Provider Claim Home 34367 - Linda	Martin for Tiffany Martin		?
General Details			
Billing Provider Name:	Linda Martin	Service Type:	Transportation (Caregiver)
Child's Full Name:	Tiffany Martin	Service Authorization Number:	10240
Start Date:	7/15/2009	End Date:	7/15/2009
Date Created:	10/14/2009	Submitted Amount:	50.00
Parent Signature:	No		
Reference Numbers			
NYEIS Provider Claim Number:	34367	Invoice Number:	342
Provider Claim Number:	2323	Billing Agent Number:	
Claim Decision			
Claim Status:	Open	Effective Date:	10/14/2009
Amount Approved:	0.00	Rejection Reason:	
Transportation Details			
Transportation Type:	Caregiver	Caregiver Transport Method:	Caregiver - private car
Public Details			
Only complete for public transportation.			
Receipt Amount:	0.00	Receipt Provided?:	No
Private Details			
Only complete for private transportation.	100	# of Trian	0
Mileage:	100	# 01 Hips:	U U
Claim Comments			
Same SA/N	ew Claim New SA/New Claim Edit Cl	aim) Delete Claim) (Void Claim) (V	iew Invoice

# Notes:

- The **Claim Status** field is in **Open** status until the Invoice has been submitted and processed in the nightly batch. The system will determine if the claim passes the billing rules during the nightly batch. The **Claim Status** field is then updated.
- The **Claim Status** is set to **System Approved** if a claim is submitted and passes the billing rules. The status will then become **Approved** overnight. The municipality will then be able to release claim for vendor payment.
- The **Claim Status** is set to **Denied** if a Claim will not be paid due to a billing rule violation.

## Invoice - TRANSPORTATION - VENDOR

A specific process is followed when creating an Invoice(s) for *Transportation – Vendor* Claims.

Invoice data can *only* be edited if the **Status** is **Draft**. Draft is defined as an Invoice that has not been submitted for approval into NYEIS. If a change is needed after an Invoice is submitted, then the Invoice *must* be voided and a new one created.

A Vendor, rather than a Provider, is entered for **Transportation – Vendor** type Invoices.

1. Log in to NYEIS. User Home Page displays.

2. Click <u>Create Invoice</u> link under My Shortcuts section. Create Provider Invoice page displays.

Create Provider Invoice					?
		Save Cancel			
Create Invoice					
*Provider of Record:	Vendor 💌				<mark>୍</mark> ଟ୍ ଲ
*Invoice Number:			*Invoice Date:	Ø	
Billing Agent Reference Number:			Billing Agent Name:		
Municipality:	Rensselaer				
		Save Cancel			

- 3. Select Vendor from the Provider of Record drop down.
- 4. Click **Search** *S* icon for **Provider** (*Vendor*) **of Record** to identify Vendor. **Vendor Search** page displays.
- Type all known information in Search Criteria section. Click Search button. Records matching criteria display in Search Results section. *To search again, click Reset button*. Click <u>Select</u> link under Action column for Vendor of choice. Create Provider Invoice page displays.

Create Provider Invoice					2
		Save Cancel			
Create Invoice					
*Provider of Record:	Vendor	EI Transport KIDS			<b>S</b> 5
				A.	
*Invoice Number:			*Invoice Date:		
Billing Agent Reference Number:			Billing Agent Name:		
Municipality:	Rensselaer				
		Save Cancel			

6. Type unique **Invoice Number.** Invoice numbers are alpha-numeric and case sensitive; duplicate vendor invoice numbers are not allowed. *Invoice Number must be entered. Be sure to write down Invoice Number to search for at a later time.* **Municipality** defaults to Municipality of the User.

#### **Important Information**

If the **Invoice Number** is unknown, the Vendor name and the date the Invoice was created can be searched using the **Invoice Search** page. **Searching/Viewing Invoices** for further information.

**Invoice numbers are case sensitive**. Be sure to note the upper and lowercase letters when documenting an invoice number.

- 7. Type **Invoice Date**. *Invoice Date* must be entered. Date fields must be formatted as **mm/dd/yyyy** format.
- 8. Click **Save** button. **Search Service Authorizations** page displays with the following sections: **Search Criteria** and **Search Results**.

Search	Service Author	izations							?
Search	Criteria								
	Child	d's Last Name:			Child's	First Name:			
Ser	vice Authorizati	on Start Date:			Service Authorizatio	on End Date:		<i>(</i> )	
	Service Authorization Number:								
				Service Type:					-
				Search	Reset				
Search	Results								
Action	<u>Service</u> Authorization Number	Child's Name	Service Type	Service Authoriza	tion Start Date	Service Auth	orization End Date	en la	Status
				Can	cel				

Type all known information in **Search Criteria** section. Select **Transportation** from **Service Type** field. Click **Search** button. Records matching criteria display in **Search Results** section. To search again, click **Reset** button.

To select a specific Service Authorization, click <u>Select</u> link under Action column for Service Authorization. Create Provider Claim – Vendor Transportation page displays with the following sections: Details, Transportation Details and Comments.



 Navigate from field-to-field in Create Provider Claim – Vendor Transportation page using Tab key; enter information. Date fields must be formatted as mm/dd/yyyy format.

Start Date, End Date and # of Trips are required fields.

Details section:

- **Start/End Date** are dates the service is delivered and are validated against the **Service Authorization Start/End Date**.
- **Parent Signature** checkbox indicates that a Parent Signature is on file with the Provider. Transportation does not require the provider to maintain a parent signature; this box does not need to be checked

• **Provider Claim Number** is the unique internal tracking number assigned to a Claim by the Provider of Record. If this number is not assigned by the Provider of Record, NYEIS will automatically generate a claim number.

### Transportation Details section:

- **Payment Type** displays the information from the Service Authorization. User will enter the **# of Trips** for billing.
- 10. Click Save button. Provider Claim Home page displays. The following additional functions for Provider Claims are available from the Provider Claim Home page: Same SA/New Claim, New SA/New Claim, Edit Claim, Delete Claim, Void Claim and View Invoice.

Provider Claim Home 34368 - Childr	rovider Claim Home 34368 - Children Bus Service for Tiffany Martin					
General Details						
Billing Provider Name:	Children Bus Service	Service Authorization Number:	780			
Child's Full Name:	Tiffany Martin	Date Created:	10/14/2009			
Start Date:	10/12/2009	End Date:	10/12/2009			
Service Type/Method:	Transportation (Vendor)	Submitted Amount:	56.25			
Parent Signature:	No					
Transportation Details						
# of Trips:	3	Transportation Amount:	0.00			
Reference Numbers						
NYEIS Provider Claim Number:	34368	Invoice Number:	323			
Provider Claim Number:	222	Billing Agent Number:				
Claim Decision						
Claim Status:	Open	Effective Date:	10/14/2009			
Amount Approved:	0.00	Rejection Reason:				
Claim Comments						
Same SA/Ne	ew Claim New SA/New Claim Edit C	laim) (Delete Claim) (Void Claim) (V	iew Invoice			

### Notes:

- The **Claim Status** field is in **Open** status until the Invoice has been submitted and processed in the nightly batch. The system will determine if the claim passes the billing rules during the nightly batch. The **Claim Status** field is then updated.
- The **Claim Status** is set to **System Approved** if a claim is submitted and passes the billing rules. The status will then become **Approved** overnight. The municipality will then be able to release claim for vendor payment.
- The **Claim Status** is set to **Denied** if a Claim will not be paid due to a billing rule violation.

## **Searching/Viewing Invoices**

- 1. Log in to NYEIS. User Home Page displays.
- 2. Click <u>Invoices</u> link under Search section. Invoice Search page displays.

Invesion Connels						9
Invoice Search						ſ
Search Criteria						
Provider	of Record:		I	Provider State ID:		
Invoid	ce Number:			Municipality:	•	
Invoice F	From Date:	<b>Ø</b>		Invoice To Date:		
	Status:	•		Invo	ice To Date	
		Search	Reset			
Search Results						
Action Invoice Number	Provider of Record	Provider State ID Muni	icipality Invoice Date	<u>Submitted Amount</u>	Approved Amount	Status

3. Type all known information in Search Criteria section.

The Invoice Number (written down prior) can now be used to search using the **Invoice Number** field.

Important Information	
Invoice numbers are alpha-numeric and case sensitive.	

Every Invoice has an assigned status. 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.

After the Invoice is submitted and processed overnight, the user can view the status for the Invoice which will display **System Approved**. Any claims in **Pending** status seen on the **System Approved** invoice are awaiting a waiver decision.

## **Important Information**

Invoices submitted **prior to 4/1/2013** include the following invoice statuses:

- **Fully Adjudicated** This invoice status reflects an invoice where all claims on the invoice have been adjudicated, meaning a claim decision (approved/denied) is in place for all claims on the invoice
- **Partially Adjudicated** This invoice status indicates that one or more claims on the invoice are in **Pending** status, pending a waiver approval for the given claim(s). See **Waivers** section later in this unit for further information

Invoices that are voided are given a status of 'Void".

4. Click **Search** button. Records matching criteria display in **Search Results** section.

	Search Reset								
Search	earch Results (Number of Items: 12)								
Action	Invoice Number	Provider of Record	Provider State ID	Municipality	Invoice Date	Submitted Amount	Approved Amount	<u>Status</u>	
View	MSS-001	Midway Social Services	899999999	Albany	3/18/2015	2,997.00	0.00	System Approved	
View	mts01-Gen	Midway Training Services	857441	Albany	3/18/2015	54.00	0.00	Open	
View	mts02-Gen	Midway Training Services	857441	Albany	3/18/2015	0.00	0.00	Open	
View	TestVend1	Test Vendor		Albany	2/18/2015	1,500.00	0.00	Open	
View	TestVend2	Test Vendor		Albany	3/19/2015	0.00	0.00	Open	
View	TestVend3	Test Vendor		Albany	3/19/2015	12.00	12.00	System Approved	
View	sttrans-01	Sam's Taxi		Albany	3/23/2015	0.00	0.00	Open	
View	sttrans-02	Sam's Taxi		Albany	3/23/2015	0.00	0.00	Open	
View	sttrans-03	Sam's Taxi		Albany	3/19/2015	0.00	0.00	Open	
View	smithvend-01	Jim Smith		Albany	3/19/2015	0.00	0.00	Open	
View	smithvend-02	Jim Smith		Albany	3/19/2015	0.00	0.00	Open	
View	smithvend-03	Jim Smith		Albany	3/23/2015	13.00	0.00	Open	

*To search again, click* **Reset** *button.* Click <u>View</u> link under **Action** column for Invoice of choice. **View Invoice** page displays. *Click column heading to sort data in ascending or descending order.* 

View Invoice						2
Invoice Detai	s					
	Provider of Recor	d: Test Vendor		Invoice Number:	TestVend1	
Billing Agent Reference Number:			Billing Agent Name:			
Date Created: 2/18/2009		d: 2/18/2009		Invoice Date:	2/18/2015	
Municipality: Albany			Submission Method: Manual			
Status: Open		s: Open		Invoice Amount:	1,500.00	
Provider Clair	ns List					
Action	Child Name	Rendering Provider Name	Date of Service	Service Authorization Number	Service Type / Method	Status
<u>View</u>	Mandissa Smith	Test Vendor	1/22/2015	10255	Transportation (EI)	Open
View	Mandissa Smith	Test Vendor	1/22/2015	10255	Transportation (EI)	Open
View	Mandissa Smith	Test Vendor	1/22/2015	10255	Transportation (EI)	Open
View	Mandissa Smith	Test Vendor	1/22/2015	10255	Transportation (EI)	Open
		E dit Del	ete Void	Add Claim Close		

 The following additional functions are available when viewing an Invoice before it has been submitted Edit, Delete, Void, Add Claim and Close buttons. Once an Invoice is submitted, the Edit, Delete, and Add Claim functions are no longer available.

### **Editing Invoices**

An **Invoice** can *only* be edited if the **Status** is **Draft**. Draft is defined as an Invoice that has not been submitted for approval into NYEIS. If an Invoice needs to be edited or deleted after an Invoice is submitted, then the Invoice *must* be voided and a new one created.

- 1. Log in to NYEIS. User Home Page displays.
- 2. Click **Invoices** link under **Search** section. **Invoice Search** page displays.

Invoice Search						?
Contraction						
Provider of	Record:		Provider Sta	te ID:		
Invoice	Number:		Munici	pality:	-	
Invoice Fro	om Date:	<i>(</i> )	Invoice To	Date:	Ø	
	Status:	•		Invoid	te To Date	
		Search	Reset			
Search Results						
Action Invoice Number Pre	ovider of Record	Provider State ID Munici	pality Invoice Date Submitt	ed Amount	Approved Amount Stat	us

 Type all known information in Search Criteria section. Click Search button. Records matching criteria display in Search Results section. *To search again, click Reset button*. Click <u>View</u> link under Action column for Invoice of choice. View Invoice page displays.

**Important Information** Invoice numbers are alpha-numeric and are case sensitive.

View Invoid	ce					2		
Invoice De	tails							
	Provider of Record:	Sam's Taxi		Invoice Number:	sttrans-01			
Billing	Agent Reference Number:			Billing Agent Name:				
	Date Created:	3/23/2015		Invoice Date:	3/23/2015			
	Municipality:	Albany		Submission Method:	Manual			
	Status:	Draft		Invoice Amount:	0.00			
Provider Claims List								
Action	Child Name Renderin	n <u>g Provider Name</u>	Date of Service	Service Authorization Number	Service Type / Method	Status		
		Edit	Delete Void	Add Claim Close				

4. Click Edit button. Modify Invoice page displays.

Modify Invoice						
		Save	Cancel			
Invoice Details						
Provider of Record:	Sam's Taxi			Invoice Number:	sttrans-01	
Billing Agent Reference Number:				Billing Agent Name:		
Date Created:	3/23/2015			Invoice Date:	3/23/2015	۵
Municipality:	Albany			Submission Method:	Manual	
Status:	Draft					
		Save	Cancel			

5. Apply edits to the following fields: **Invoice Number**, **Billing Agent Reference Number**, **Billing Agent Name** or **Invoice Date**.

# Important Information

The **Provider of Record** and **Municipality** *cannot* be edited. If either of the fields changes, the Invoice should be deleted.

6. Click Save button. View Invoice page displays.

#### **Deleting Invoices**

**Invoices** can *only* be deleted if the **Status** is **Draft**. Draft is defined as an Invoice that has not been submitted for approval into NYEIS. If a deletion is needed after an Invoice is submitted, then the Invoice *must* be voided and a new one created.



Be aware selecting **Delete Invoice** will delete the Invoice, including all Claims and Service Lines attached.

- 1. Log in to NYEIS. User Home Page displays.
- 2. Click <u>Invoices</u> link under Search section. Invoice Search page displays.

Invoice Search							?
Search Criteria							
Provider of Re	ecord:			Pro	vider State ID:		
Invoice Nu	mber:				Municipality:	•	•
Invoice From	Date:	<b>Ø</b>		In	voice To Date:		0
St	tatus:	-				Invoice To Date	
		Search	Reset	t			
Search Results							
Action Invoice Number Provid	der of Record Prov	ider State ID Mu	unicipality	Invoice Date	Submitted Amou	unt Approved Amo	unt Status

 Type all known information in Search Criteria section. Click Search button. Records matching criteria display in Search Results section. *To search again, click Reset button*. Click <u>View</u> link under Action column for Invoice of choice. View Invoice page displays.

View Invoice				?			
Invoice Details							
Provider of Record:	Sam's Taxi	Invoice Number:	sttrans-01				
Billing Agent Reference Number:		Billing Agent Name:					
Date Created:	3/23/2015	Invoice Date:	3/23/2015				
Municipality:	Albany	Submission Method:	Manual				
Status	Draft	Invoice Amount:	0.00				
Provider Claims List							
Action Child Name Renderi	ng Provider Name Date of Service	Service Authorization Number	Service Type / Method	Status			
Edit Delete Void Add Claim Close							

4. Click **Delete** button. **Confirm Provider Invoice Delete** page displays with the message *Are you sure you want to delete this Provider Invoice?* 

Confirm Provider Invoice Delete	
Are you sure you want to delete this Provider Invoice?	
	Yes No

5. Click **Yes** button to delete entire Invoice. User Home page displays.

Early Interv	rention Fiscal Management					
Welcome to	the New York Early Intervention System					
My Shortcu	its		Search			
Registration			Child			
Reports			Service Authorization	15		
Create Invo	ice		Service Providers			
Submit Invo	ice		Invoices			
Receive Pay	ment		Payments Received			
Create Vou	<u>cher</u>		Payments Issued			
Unsolicited .	Adjustments		Vouchers			
Financial In	terfaces		Third Party Insurance	2		
Release Pro	vider Claims		Vendors			
<u>Request Pro</u>	vider Recoupment		Third Party Insurance	a Batch		
			Provider Claims			
			Suspended Accounts			
			Held Voucher Lines			
My Tasks			My Calendar			
Task	<u>Subject</u>	Deadline	Start Date	Subject		
23808	Review Claim 78080. Claim denied for 001311000501111111111111111111111111111	3/27/2009 14:25	4/20/2009 08:00	Staff Meeting		

## Adding Claims to Invoices

See Claims, Adding Provider Claims section for complete details.

## **Submitting Invoices**

- 1. Log in to NYEIS. User Home Page displays.
- 2. Click **Submit Invoice** under **My Shortcuts** section. **Submit Provider Invoice** page displays.

Submit Provider Invoice ?							
Provider Invo	ices to be Submitted						
Action	Billing Provider	Invoice Number	Invoice Date	Number of Claims	Invoice Amount		
Submit View	Test Vendor	1	3/19/2009	1	0.00		
Submit View	Albany Services	4332	4/15/2009	1	0.00		
Submit View	Garrett Medical and Home Health Care	34	2/27/2009	1	0.00		
Submit View	Garrett Medical and Home Health Care	12	2/24/2009	3	54.00		
Submit View	Midway Training Services	1	3/18/2009	1	0.00		
Submit View	Sam's Taxi	Test0	2/20/2009	1	30.00		
Submit View	Sam's Taxi	12	2/27/2009	1	400.00		
Submit View	Midway Social Services	12345	4/15/2009	15	577.00		
Submit View	Sam's Taxi	144	3/24/2009	1	200.00		
Submit View	Albany Services	8763	4/15/2009	1	450.00		
Submit View	Jim Smith	1	3/23/2009	1	13.00		
Submit View	Sam's Taxi	101827Test	2/20/2009	1	0.00		
Submit View	Happy Transport	7675	4/15/2009	1	0.00		
Submit View	Garrett Medical and Home Health Care	3	2/27/2009	1	0.00		
Submit View	Garrett Medical and Home Health Care	54321	4/15/2009	1	0.00		
Submit View	Midway Social Services	MKUM	3/8/2009	1	999.00		

3. Identify Invoice for submission. Click <u>Submit</u> link under Action column. Submit Invoice page displays with the message:



Click **Submit – Nightly Batch** button. **Submit Provider Invoice** list page displays.

Using Submit- Nightly Batch will process the invoice overnight. All claims in the invoice will run through the NYEIS Invoice business rules to determine for each claim whether it passes the rules and is approved, fails the rules and is denied, or is pending indicating the claim violates a billing rule for which an upfront waiver has been denied and requires the submission of a justification from the provider.

Following overnight processing, the user can view the status for the Invoice which will display **System Approved.** Individual Claims on the invoice will either be **Approved** (vendor claims only), **System Approved**, **Denied**, or **Pending** (i.e., violates a billing rule for which an upfront waiver has been denied and requires the submission of a justification from the provider).  $\square$  See **Waivers** section later in this unit for further information

#### **Important Information**

As part of a nightly batch process, if any approved **Claim** is determined to be the first service delivered on a service authorization and the date of service is greater than 30 days from the **Effective Start of the Authorizing IFSP**, a task is generated to the providers Service Authorization Work Queue to supply a late reason.

As part of NYEIS's system batch processes the system checks if the date that the first service is delivered is later than 30 days after the date of the authorizing IFSP. When this occurs the **Provider** is assigned a **Task** in their **Service Authorization Work Queue** to provide a Late Reason. This information is then viewable on the **Service Authorization** Homepage.

#### **Voiding Invoices**

Invoices that are submitted and/or subsequently processed can be voided. As opposed to deleting an invoice, a voided invoice and its associated claims can continue to be viewed in the system. An Invoice cannot be voided if **Status** is **Draft**. Draft is defined as an Invoice that has not been submitted for approval into NYEIS.



Be aware selecting **Void Invoice** will void the Invoice, including all Claims and Service Lines attached.

#### **Important Information**

When an invoice is voided, each Claim within the Invoice is voided. The next payment batch to the Provider will be reduced by the amount of the Void. Payment reductions can be seen on the **Payment Summary Detail** List page with the amount in the **Credit** column.

For each Claim submitted prior to 4/1/2013 in an Invoice that is voided, the System checks if any 3<sup>rd</sup> Party Reimbursement has started. If a Void occurs on a Claim that has been submitted for reimbursement to Commercial Insurance or Medicaid, a credit is sent to the 3<sup>rd</sup> Party, if the 3<sup>rd</sup> Party pays the Claim. If the voided Claim is part of a State Voucher, a credit is created and goes into the next State Voucher.  $\square$  *See* **Voiding Claims** for further information on voiding individual Claims. Claims submitted and subsequently voided after 4/1/2013 are processed by the SFA.

- 1. Log in to NYEIS. User Home Page displays.
- 2. Click <u>Invoices</u> link under Search section. Invoice Search page displays.

Invoice Search			?
Search Criteria			
Provider of Record:	1	Provider State ID:	
Invoice Number:		Municipality:	<b>•</b>
Invoice From Date:		Invoice To Date:	
Status:	<b></b>		Invoice To Date
	Search	Reset	
Search Results			
Action Invoice Number Provider of	Record Provider State ID Muni	cipality Invoice Date Submitted Amo	ount Approved Amount Status

 Type all known information in Search Criteria section. Click Search button. Records matching criteria display in Search Results section. *To search again, click Reset button*. Click <u>View</u> link under Action column for Invoice of choice. View Invoice page displays.

## **Important Information** Invoice numbers are alpha-numeric and case sensitive

View Invoic	e							?	
Invoice Det	ails								
Provider of Record: Saratoga Health Solutions						Invoice Number:	JBS September 20	14	
Billing Age	nt Reference Nu	mber:				Billing Agent Name:			
Date Created: 9/19/2014						Invoice Date:	9/18/2014		
	Munici	pality:	Saratoga			Submission Method:	Manual		
	S	tatus:	System Approve	d		Submitted Amount:	Submitted Amount: 62.00		
	Entere	ed By:	Carrie Carlson			Approved Amount:	62.00		
Provider Cl	aims List								
Action	Child Name	<u>Rende</u> Name	ering Provider	<u>Claim</u> Number	Date of Service	Service Authorization Number	<u>Service Type /</u> Method	<u>Status</u>	
View	Sarah Nettleson	Dona	ldson, Thome	87554	8/1/2014	317186	OT - Basic	System Approved	
			Edit	Delete	Void	Add Claim Close			

4. Click Void button. Void Invoice page displays with the message *Are you sure you want to void this invoice and its provider claims?* 

Void Invoice						
Are you sure you want to void this invoice and its provider claims?						
	Yes No					

5. Click Yes button to void entire Invoice. View Invoice page displays.

View Invoid	e							?	
Invoice De	tails								
	Provider of R	ecord:	Saratoga Health	Solutions		Invoice Number:	JBS September 2014		
Billing Age	nt Reference Nu	mber:				Billing Agent Name	:		
Date Created: 9/19/2014					Invoice Date: 9/18/2014				
Municipality: Sar			Saratoga			Submission Method:	Manual		
	S	tatus:	Voided			Submitted Amount: 62.00			
	Enter	ed By:	Carrie Carlson			Approved Amount	62.00		
Provider Cl	aims List								
Action	Child Name	Rende Name	ering Provider	<u>Claim</u> Number	<u>Date of</u> Service	<u>Service Authorization</u> Number	<u>Service Type /</u> <u>Method</u>	<u>Status</u>	
View	Sarah Nettleson	Dona	ldson, Thome	87554	8/1/2014	317186	OT - Basic	Void	
			Edit	Delete	Void	Add Claim Close			

# CLAIMS

## **Adding Provider Claims**

Claims can only be added to Invoices with a Status of Draft.

- 1. Log in to NYEIS. User Home Page displays.
- 2. Click **Invoices** link under **Search** section. **Invoice Search** page displays.

 Type all known information in Search Criteria section. Click Search button. Records matching criteria display in Search Results section. *To search again, click Reset button*. Click <u>View</u> link under Action column for Invoice of choice. View Invoice page displays.

**Important Information** Invoice numbers are alpha-numeric and case sensitive.

View Invoice			2				
Invoice Details							
Provider of Record	Albany Services	Invoice Number:	4332				
Billing Agent Reference Number		Billing Agent Name:					
Date Created	4/15/2009	Invoice Date:	4/15/2009				
Municipality	Albany	Submission Method:	Manual				
Status	Open	Invoice Amount:	0.00				
Provider Claims List							
Action Child Name Render	ng Provider Name Date of Service	Service Authorization Number	Service Type / Method Status				
Edit Delete Void Add Claim Close							

4. Click Add Claim button. Search Service Authorizations page displays with the following sections: Search Criteria and Search Results.

Search Service Authorizations			?
Search Criteria			
Child's Last Name:		Child's First Name:	
Service Authorization Start Date:	(i) (ii) (iii) (ii	Service Authorization End Date:	
Service Authorization Number:			
	Service Type:		
	Search	Reset	
Search Results			
Action Authorization Child's Name Number	Service Type Service Authoriza	tion Start Date Service Auth	orization End Date Status
	C an	cel	

5. Type all known information in **Search Criteria** section. Select **Service Type** field. Click **Search** button. Records matching criteria display in **Search Results** section. To search again, click **Reset** button.

To view a Service Authorization, click <u>View</u> link under Action column for Service Authorization. The Service Authorization can be reviewed to verify remaining visits, effective dates and availability of co-visits and/or make up visits, etc. After reviewing, click Close Se button.

To select a specific Service Authorization, click <u>Select</u> link under Action column for Service Authorization. Create Provider Claim page displays.

6. Navigate from field-to-field in **Create Provider Claim** page using **Tab** key; enter information. *Date fields must be formatted as mm/dd/yyyy format*. Below are possible sections that will display. Details section:

- Service Start/End Date are dates the service is delivered and are validated against the Service Authorization Start/End Date.
- Service Start/End Time are in 24 hour time format.
- Visit Type *must* be provided by the Provider to indicate type of service being billed. Options are: **Regular** (for any regularly scheduled visit), **CoVisit** (if agreed to authorized on the IFSP) or **Makeup Visit** (if agreed to and authorized on the IFSP). Number of visits are authorized on Service Authorization. NYEIS will automatically reduce the total visits each time a visit is billed.
- **Parent Signature** checkbox indicates that a Parent Signature is on file with the Provider. The delivery of some EI services does not require a parent signature (for example Service Coordination). If the service delivered does not require the provider to maintain a parent signature, this box does not need to be checked.

## Referring Provider section:

• **The Referring Provider NPI** is required for all General Service, Evaluation, and Service Coordination billing. A claim will not save with a missing or invalid referring provider NPI.

## Rendering Provider section:

⇒ The Rendering Provider is auto populated with the Rendering Provider assigned on the Service Authorization. If the Rendering Provider that delivered the service is different than the Rendering Provider assigned on the Service Authorization, the appropriate Rendering Provider should be selected on the claim.

## Provider Claim Reference Numbers section:

- **Provider Claim Number** is a unique tracking number assigned to a Claim by the Provider of Record. If the Provider does not enter a Claim number, the system will automatically assign it when the Claim is created.
- Medical Record Number can be used for the Provider's internal use. It is not required.

## **ICD Codes** section:

• **ICD Codes** allows the Provider to enter three ICD Codes (which have previously been entered on the child's record) and one additional ICD Code (which may or may not have been previously entered on the child's record).

• To add data for the **Diagnosis (ICD) Code 1** field, select the **Search s** icon. Type all known information in **Search Criteria** section. (ICD Codes, if available, will be one or more previously documented ICD Codes in the child's case.) Click **Search** button. Records matching the search criteria display in **Search Results** section. If applicable, select the most appropriate code for *the service delivered*.

*Click <u>Select</u> link under Action column to* identify **ICD Code**. Create **Provider Claim** page displays.

- To add data for the **Diagnosis (ICD) Codes 2 and 3** fields, repeat the above step.
- To add data for the Diagnosis (ICD) Code 4 field, select the Search Sicon. Type all known information in Search Criteria section.
   (Diagnosis (ICD) Code 4 can be selected from the list of all available ICD Codes.) Click Search button. Records matching the search criteria display in Search Results section. If applicable, select the most appropriate code for the service delivered. To search again, click Reset button.

*Click <u>Select</u> link under Action column to identify* **ICD Code**. **Create Provider Claim** page displays.

## **Important Information**

If the EIP provider determines that there is no appropriate ICD code applicable to the service(s) being delivered in the child's record (e.g., child's health assessment or child's multidisciplinary evaluation, prescriptions, written orders, written recommendations, or referrals), the EIP provider is responsible for securing and providing accurate and appropriate diagnosis codes for Early Intervention services provided to children and families in the EIP, consistent with the scope of practice of his or her professional license, certification, or registration. Users with access rights can add these ICD codes to the child's record in NYEIS via the **Health Assessments** link found on the child's integrated case homepage.

 Click Search , icon to identify Rendering Provider and Diagnosis (ICD) Codes for defined sections. Click <u>Select</u> link under Action column for record of choice. Create Provider Claim page displays. *Be sure that the Rendering Provider and Diagnosis (ICD) Codes are selected.*

- 8. Click Save button. Create Provider Service Line page displays.
- 9. Select the **Procedure Code** (HCPCS, **CPT**, etc.) from the drop down and **Units** for Service Line.

Some Procedure Codes have a number of minutes associated with them. Based on the code reported by the Provider, the number of units billed for that Procedure Code *must* be indicated. For example, if a Provider uses a code with a 15 minute association, and the Provider worked with the Child for 30 minutes, the units on the Claim would be two. NYEIS does not validate whether the number of units entered for a Procedure Code is appropriate based on the length of the visit. It is the provider's responsibility to enter the correct number of units for a claim.

#### **Important Information**

Claims that require a Procedure code will be denied if they are submitted without a Procedure Code selected. See Claims for more information on **Provider Claim Home** page.

10. Click **Save** button. **Provider Claim Home** page displays. *Click Save & New button from the Create Provider Service Line* page to add additional Procedure Codes.

The following options are available for Service Lines section:

 Click <u>View</u> link under Action column. View Provider Service Line page displays. This page also gives the capability to Edit or Delete a Provider Service Line.



Or

Click <u>Edit</u> link under Action column. Modify Provider Service Line page displays.

Modify Provider Ser	vice Line	
General Details		
Procedure Code (CPT):	90801 - Psychiatric diagnostic interview exam	Units: 1
Comments		
	Save Cancel	

Edit **Procedure Code (HCPCS, CPT, etc.)**. Edit **Comments** as needed. Click **Save** button. **Provider Claim Home** page displays.

#### Or

Click <u>Delete</u> link under Action column. Delete Provider Service Line page displays the message Are you sure you want to delete this provider service line? Click Yes button. Provider Claim Home page displays.

Delete Provider Service Line:	
Are you sure you want to delete this provider service line?	
	Yes No

## **Searching/Viewing Claims**

- 1. Log in to NYEIS. User Home Page displays.
- 2. Click <u>Provider Claims</u> link under Search section. Provider Claim Search page displays.

Provider Claim Search			?
Search Criteria			
Invoice Number:		Child's Name:	
Provider of Record:		Rendering Provider Name:	
Service Authorization Number:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Provider Claim Number:	
Received From Date:		Received To Date:	
Service From Date:		Service To Date:	Ø
Status:		Approved Amount:	
Search Reset			
Search Results			

3. Type all known information in Search Criteria section. Click Search button. Records matching criteria display in Search Results section. To search again, click Reset button. Click <u>View</u> link under Action column for Claim of choice. Provider Claim Home page displays. The following additional functions for Provider Claims are available from the Provider Claim Home page: Same SA/New Claim, New SA/ New Claim, Edit Claim, Delete Claim, Add Service Line, Void Claim and View Invoice. See sections below for further information.

NYEIS OA: Wers or State DOH use o	inly – no real live data)	O Home	O Inbox O My Calendar O My Case	es O Search O About O Log Out
navigation O Home O Claim Home	Provider Claim Home 98765 - General Details	Albany Therapies for Corey Clin	k	2
<ul> <li>Status History</li> <li>Claim Reconciliation</li> <li>Waivers</li> </ul>	Child's Full Name: Date Created: Service Date: Rate Code:	Corey Clink 6/22/2015 4/1/2015 5244	Service Coordinator: Parent Signature: Submitted Amount: Units:	Berry, Ann No 27.50 2
	Service Authorization Number: Reference Numbers	15362	Referring Provider NPI:	1234567890
recent items	Provider Claim Number: Invoice Number:	98765 unit8sc	Billing Agent Number:	
	ICD Codes			
		Diagnosis (ICD) Code 1:		
		Diagnosis (ICD) Code 2:		
		Diagnosis (ICD) Code 3: Diagnosis (ICD) Code 4:	315.9 - Development delay NOS	
	Claim Decision			
	Claim Status: Amount Approved:	Open 0.00	Effective Date: Rejection Reason:	6/22/2015
	Claim Comments			
	Time In and Time Out for Ser	vice Date		
	Action Time In		Time Out	
	Edit Delete 09:00		09:30	
	Same SA/New Claim New SA/I	New Claim Edit Claim Delete C	Claim Add More Time Void Cl	aim View Invoice Close

## **Important Information**

Provider Claims go through the following Status lifecycle. Users can search for Claims by **Status** on the **Provider Claim Search** page.

**Open**: Claim has not been submitted for approval and can be edited.

Submitted: Claim has been submitted for approval.

**System Approved:** Claim has been adjudicated by NYEIS and will move on for further processing

**Approved**: Specific status for Vendor claims only (Transportation, Respite ATD) - Claim has passed the Invoice Rules.

**Denied**: Claim has failed one or more Invoice Rules or was rejected by the Municipality. A Denial Reason is added to the Claim and displays on the **Provider Claim Home** page.

**Pending**: Claim has violated a billing rule for which an upfront waiver has been denied and is awaiting the submission of a justification from the provider and Approval.

**HIPAA Reject:** Claims in 'Pending' status for greater than 28 days are automatically set to this status.

**County Provided Service**: Municipality was the Provider of Record for an approved Claim. A payment is not created for the Municipality. This Claim will

not be included in the County Payment File (applicable to pre 4/1/2013 submitted claims only).

Municipal Audit: Claim has been recouped due to Municipal audit.

**Municipal Audit Processing:** Claim has been recouped due to Municipal audit and included on a payment file reducing a payment.

**Municipal Audit Recovered:** Claim has been recouped due to Municipal audit and the net of the provider payment is less than zero. This happens when the total of the provider claim released is less than the recouped claims.

**Municipal Rejected:** Claim was reviewed by a Muncipal Finance user and manually rejected (applicable to pre 4/1/2013 submitted claims only)

**SDOH Audit:** Claim has been recouped due to an SDOH audit.

**SDOH Audit Processing:** Claim has been recouped due to SDOH audit and included on a payment file reducing a payment.

**SDOH Audit recovered:** Claim has been recouped due to SDOH audit and the net of the provider payment is less than zero. This happens when the total of the provider claim released is less than the recouped claims.

**SDOH Unqualified Personnel:** Claim has been recouped; SDOH determined unqualified personnel on the claim.

**SDOH Unqualified Personnel Processing:** Claim has been recouped; SDOH determined Unqualifed Personnel on a claim -- included on the payment file reducing the payment.

**SDOH Unqualified Personnel Recovered:** Claim has been recouped; SDOH determined Unqualified Personnel on a claim and the net of the provider payment is less than zero. This happens when the total of the provider claim released is less than the recouped claims.

**Released**: Municipality has released the approved Claim for Payment. **Processing**: Claim has been included in the Municipal Payment File to Municipal Finance.

Paid: Claim has been paid to the Provider.

Void: Claim has been voided.

**Void Processing**: Claim has been voided and included on a Provider payment. **Void Recovered**: Claim has been voided and the Payment containing the credit has been reconciled. Note: General Service Claims submitted after 4/1/2013 and subsequently voided will receive the status of Void Recovered in NYEIS; however, the processing and payment recovery of the voided claim is completed by the SFA. **Retro/Retro Processing/Retro Paid**: Claim has been part of a retroactive rate reimbursement.

## **Editing Claims**

Claim data attached to an **Invoice** can *only* be edited if the **Status** is **Draft**. If a deletion is needed after a Claim is submitted, then the Claim *must* be voided and if desired, the claim can be rebilled as a new claim on a new invoice.

- 1. Log in to NYEIS. User Home Page displays.
- 2. Click <u>Provider Claims</u> link under Search section. Provider Claim Search page displays.

Provider Claim Search			?
Search Criteria			
Invoice Number:		Child's Name:	<b>~</b> _
Provider of Record:		Rendering Provider Name:	
Service Authorization Number:	<del>~</del>	Provider Claim Number:	
Received From Date:	() ()	Received To Date:	Ø
Service From Date:	Ø	Service To Date:	Ø
Status:	▼	Approved Amount:	
	Search	Reset	
Search Results			
Action Child's Name In	nvoice Number Service Authorization N	umber Provider Claim Number Service	Start Date Approved Amount Status

 Type all known information in Search Criteria section. Click Search button. Records matching criteria display in Search Results section. *To search again, click Reset button*. Click <u>View</u> link under Action column for Claim of choice. Provider Claim Home page displays.

H Confy Miller Menter And Conference of Conf	niy – no real live data)	O Home	O Inbox O My Calendar O My Cas	es 🗴 Search 🖉 About 🖉 Log Out
navigation O Home	Provider Claim Home 98765 -	Albany Therapies for Corey Clin	ik	2
• Claim Home	General Details			
• Status History	Child's Full Name:	Corey Clink	Service Coordinator:	Berry, Ann
Claim Reconciliation	Date Created:	6/22/2015	Parent Signature:	No
O waivers	Service Date:	4/1/2015	Submitted Amount:	27.50
	Rate Code:	5244	Units:	2
	Service Authorization Number:	15362	Referring Provider NPI:	1234567890
	Reference Numbers			
recent items	Provider Claim Number:	98765	Billing Agent Number:	
	Invoice Number:	unit8sc		
	ICD Codes			
		Diagnosis (ICD) Code 1:		
		Diagnosis (ICD) Code 2:		
		Diagnosis (ICD) Code 3:		
		Diagnosis (ICD) Code 4:	315.9 - Development delay NOS	
	Claim Decision			
	Claim Status:	Open	Effective Date:	6/22/2015
	Amount Approved:	0.00	Rejection Reason:	
	Claim Comments			
	Time In and Time Out for Ser	vice Date		
	Action <u>Time In</u>		Time Out	
	Edit Delete 09:00		09:30	
	Same SA/New Claim New SA/	New Claim Edit Claim Delete C	Claim Add More Time Void C	laim View Invoice Close

Modify Provider Claim					2
Details					
Provider of Record:	Albany Therapies		Rendering Provider:	Berry, Ann	<del>୍</del> କ କ୍ଟ
Child's Full Name:	Corey Clink		Service Authorization Number:	15362	
Date Created:	6/22/2015		Visit Type:	Regular 🔹	
Service Date:	4/1/2015		Parent Signature:	<b>v</b>	
Service Time:	09 • : 00 •		Service End Time:	09 •: 30 •	
Referring Provider					
	Referring Provider NP	I:	1234567890		
Provider Claim Reference N	umbers				
Provider Claim Number:	98765		Medical Record Number:		
ICD Codes					
	Diagnosis (ICD) Code :	1:			R 1
	Diagnosis (ICD) Code 2	2:			<u>s</u> 7
	Diagnosis (ICD) Code 3	3:			<u>s</u> 7
	Diagnosis (ICD) Code	4:	315.9 - Development delay NO	S	<b>~</b> ~~
Location Information					
If the location is other than the child's h	ome or a provider location, please ent	er t	he address in the comments.	-	
	Location Type	е.	child s florne	•	
Comments					
					1.
	Save		Cancel		

## 4. Click Edit Claim button. Modify Provider Claim page displays

- 5. Apply changes.
- 6. Click Save button. Provider Claim Home page displays.

## **Deleting Claims**

Claim data attached to an **Invoice** can *only* be deleted if the **Status** is **Draft**. If a deletion is needed after a Claim is submitted, then the Claim *must* be voided and if desired, the claim can be rebilled as a new claim on a new invoice.



Be aware selecting **Delete Claim** will delete the Claim and all attached Service Lines.

- 1. Log in to NYEIS. User Home Page displays.
- 2. Click <u>Provider Claims</u> link under Search section. Provider Claim Search page displays.

Provider Claim Search			ទួ
Search Criteria			
Invoice Number	:	Child's Name	: <mark>%</mark> स्ट
Provider of Record	:	Rendering Provider Name	:
Service Authorization Number	: ۹٫۴	Revealed a Provider Claim Number	:
Received From Date	:	Received To Date	:
Service From Date	: 🖉	Service To Date	: 🖉
Status	:	Approved Amount	:
	Search	Reset	
Search Results			
Action Child's Name	Invoice Number Service Authorization	Number Provider Claim Number Servio	ce Start Date Approved Amount Status

 Type all known information in Search Criteria section. Click Search button. Records matching criteria display in Search Results section. *To search again, click Reset button*. Click <u>View</u> link under Action column for Claim of choice. Provider Claim Home page displays.

NYEIS OA: Wess Jese OHuse o	niy – no real live data)	O Home O Inbox O My Calendar O My Cases O Search O About O Log Ou
navigation O Home	Provider Claim Home 98765 - Albany Therapies fo	Corey Clink
<ul> <li>Claim Home</li> <li>Status History</li> <li>Claim Reconciliation</li> <li>Waivers</li> </ul>	General Details Child's Full Name: Corey Clink Date Created: 6/22/2015 Songice Date: 4/1/2015	Service Coordinator: Berry, Ann Parent Signature: No Submitted Amount: 27 50
	Rate Code: 5244 Service Authorization Number: 15362	Units: 2 Referring Provider NPI: 1234567890
recent items	Provider Claim Number: 98765 Invoice Number: unit8sc	Billing Agent Number:
	ICD Codes	
	Diagnosis (IC Diagnosis (IC Diagnosis (IC	)) Code 1: )) Code 2: )) Code 3:
	Diagnosis (IC	)) Code 4: 315.9 - Development delay NOS
	Claim Decision	
	Claim Status: Open Amount Approved: 0.00	Effective Date: 6/22/2015 Rejection Reason:
	Claim Comments	
	Time In and Time Out for Service Date	
	Action     Time In       Edit Delete     09:00	Time Out 09:30
	Same SA/New Claim New SA/New Claim Edit Claim	Delete Claim Add More Time Void Claim View Invoice Close

4. Click **Delete Claim** button. **Confirm Provider Claim Delete** page displays with the message *Are you sure you want to delete this Provider Claim?* 

Confirm Provider Claim Delete	
Are you sure you want to delete this Provider Claim?	
	Yes No

- 5. Click **Yes** button to delete entire Claim. **View Invoice** page displays.
- 6. Click Close button. User Home Page displays.

## Adding Additional Service Lines to a Claim

- 1. Log in to NYEIS. User Home Page displays.
- 2. Click <u>Provider Claims</u> link under Search section. Provider Claim Search page displays.

Provider Claim Search			?
Search Criteria			
Invoice Number:		Child's Name:	<b>Q</b> 🛱
Provider of Record:		Rendering Provider Name:	
Service Authorization Number:	<b>بې</b> بې	Provider Claim Number:	
Received From Date:		Received To Date:	
Service From Date:	Ø	Service To Date:	
Status:	<b>•</b>	Approved Amount:	
	Search	Reset	
Search Results			
Action Child's Name I	nvoice Number Service Authorization N	umber Provider Claim Number Service	Start Date Approved Amount Status

 Type all known information in Search Criteria section. Click Search button. Records matching criteria display in Search Results section. *To search again, click Reset button*. Click <u>View</u> link under Action column for Claim of choice. Provider Claim Home page displays.
KENT WERE AND STREET OF LESS O	only – no real live data) 🛛 🧿	Home O Inbox O My Ca	lendar O My Cases O Sei	arch O About O Log Out
navigation O Home O Claim Nome	Provider Claim Home	24404 - ABC Agency for	r Sample Child	2
• Status History	General Details			
<ul> <li>Claim Reconciliation</li> <li>Waivers</li> </ul>	Rendering Provider Name:	Mitchell, Mike	Parent Signature:	Yes
	Billing Provider Name:	ABC Agency	Service Authorization Number:	1234567
	Supervisor's Name:		Service Type/Method:	OT - Basic
	Child's Full Name:	Sample Child	Visit Type:	Regular
recent items	Service Date:	5/21/2015	Service End Time:	15:45
	Service Start Time:	15:15	Place Of Service:	Home
	Date Created:	7/14/2015	Rate Code:	5429
	Submitted Amount:	69.00	Referring Provider NPI:	1234567890
	Reference Numbers			
	Provider Claim Number:	24404	Billing Agent Number:	
	Invoice Number:	Inv05312015	Medical Record Number:	
	ICD Codes			
	TOD COUCS	Diagnosis (ICD) Code 1:		
		Diagnosis (ICD) Code 2:	315.9 - Development de	lav NOS
		Diagnosis (ICD) Code 3:	758.0 - Down syndrome	
		Diagnosis (ICD) Code 4:	750.0 Down syndrome	
		2.129.13513 (102) 0000 4.		
	Claim Decision			
	Claim Status:	Open	Rejection Reason:	
	Amount Approved:	0.00	Void Reason:	
	Effective Date:	//14/2015		
	Location Information			
		Location Type:	Child's Home	
	Claim Comments			
	Service Lines			
	Action Proce	dure Code (HCPCS, CPT, e	<u>etc.)</u>	Units
	View Edit Delete 9753	0 - Therapeutic activity, d	lirect contact by provider	, each 15 min 2
	Same SA/New Claim	Void Claim View	Edit Claim   Delete Clain Invoice Close	Add Service Line

4. Click Add Service Line button. Create Provider Service Line page displays.





Service Coordination, Special Instruction and Evaluations do not have Service Lines.

5. Select from the **Procedure Code (HCPCS, CPT, etc.)** drop down. Type **Units**. Type **Comments** (*Optional*).

Some Procedure Codes have a number of minutes associated with them. Based on the code reported by the Provider, the number of units billed for that Procedure Code *must* be indicated. For example, if a Provider uses a code with a 15 minute association, and the Provider worked with the Child for 30 minutes, the units on the Claim would be two. NYEIS does not validate whether the number of units entered for a Procedure Code is appropriate based on the length of the visit. It is the provider's responsibility to enter the correct number of units for a claim.

#### **Important Information**

Claims that require a Procedure code will be denied if they are submitted without a Procedure code selected. See Claims for more information on **Provider Claim Home** page.

6. Click **Save** button to save Service Line. **Provider Claim Home** page displays with Service Line(s).

Or

Click Save & New to save Service Line and create an additional Service Line.

7. Click **Home** from the Navigation Bar. User Home Page displays.

#### **Voiding Claims**

A Claim cannot be voided if **Status** is **Draft**. Claims that are in a **Submitted** or later statuses such as **Pending**, **System Approved**, and **Approved** can instead be voided.



Be aware selecting Void Claim will void the Claim and all Service Lines attached.

#### **Important Information**

Applicable to all pre 4/1/2013 submitted claims and all vendor claims:

• After a Claim is voided, the next payment batch to a Provider will be reduced by the amount of the Void. Payment reductions can be seen on the **Payment Summary Detail List** page with the amount in the **Credit** column.

- If a Void occurs on a Claim that has been submitted for reimbursement to Commercial Insurance or Medicaid, a credit gets sent to the 3<sup>rd</sup> Party if the 3<sup>rd</sup> Party pays the Claim. If the voided Claim is part of a State Voucher, a credit is created and goes into the next State Voucher.
- If a Claim is voided prior to being released for payment, the Claim will not be included in the list of Claims that can be released. The voided Claim will not be part of the County Payment File.

Claims submitted after 4/1/2013 that are subsequently voided will display a status of '**Void Recovered'**, however the processing and payment recovery of the voided claim is completed by the **State Fiscal Agent** 

- 1. Log in to NYEIS. User Home Page displays.
- 2. Click <u>Provider Claims</u> link under Search section. Provider Claim Search page displays.

Provider Claim Search			?		
Search Criteria					
Invoice Number:		Child's Name:	<b>Q</b> 🛱		
Provider of Record:		Rendering Provider Name:			
Service Authorization Number:	<u>୍</u> କୁ କ	Provider Claim Number:			
Received From Date:	(j)	Received To Date:	Ø		
Service From Date:	<i>(</i> )	Service To Date:	Ø		
Status:	<b></b>	Approved Amount:			
Search Reset					
Search Results					
Action Childle Mana T	avaira Number Convise Authorization Nu	unhan Dravidar Claim Number Camiles	Charle Date Approved Approximity Charles		

 Type all known information in Search Criteria section. Click Search button. Records matching criteria display in Search Results section. *To search again, click Reset button*. Click <u>View</u> link under Action column for Claim of choice. Provider Claim Home page displays.

K <sup>A</sup> Costy literways WEBS OA: (State DOH use of State State St	nly – no real live data)	O Home	O Inbox O My Calendar O My Cas	es 🔍 Search 🔍 About 🔍 Log Out			
navigation           O Home           O Chim Home	Provider Claim Home 98765 -	rovider Claim Home 98765 - Albany Therapies for Corey Clink ?					
Calam Home     Status History     Calam Reconciliation     Waivers	Child's Full Name: Date Created: Service Date: Rate Code: Service Authorization Number:	Corey Clink 6/22/2015 4/1/2015 5244 15362	Service Coordinator: Parent Signature: Submitted Amount: Units: Referring Provider NPI:	Berry, Ann No 27.50 2 1234567890			
recent items	Reference Numbers Provider Claim Number: Invoice Number:	98765 unit8sc	Billing Agent Number:				
		Diagnosis (ICD) Code 1: Diagnosis (ICD) Code 2: Diagnosis (ICD) Code 3: Diagnosis (ICD) Code 4:	315.9 - Development delay NOS				
	Claim Decision Claim Status: Amount Approved:	Open 0.00	Effective Date: Rejection Reason:	6/22/2015			
	Claim Comments       Time In and Time Out for Sen       Action     Time In       Edit Delete     09:00	vice Date	Time Out 09:30				
	Same SA/New Claim New SA/New S	New Claim Edit Claim Delete (	Claim Add More Time Void C	laim View Invoice Close			

4. Click **Void Claim** button. **Void Provider Claim** page displays with the message *Are you sure you want to void this Provider Claim?* 

Void Provider Claim: 98765 - Albany Therapies for Corey Clink	
Are you sure you want to void this Provider Claim?	
	Yes No

5. Click **Yes** button to void entire Claim. **Provider Claim Home** page displays. **Claim Status** displays **Void**.



#### **Important Information**

If the State changes a provider's approval status to Disqualified or Disapproved, the system will automatically void any claims with a status of Submitted, Processing, and Paid when the recorded claim service date falls on or after the effective date of the Provider's status change.

# WAIVERS

A Waiver is needed if a Claim is submitted and it violates a billing rule for which an upfront waiver has been denied and requires the submission of a justification from the provider. A Claim can violate one or more billing rules for which an upfront waiver has been denied and the **Status** of the Claim appears as **Pending**. For each Claim in Pending Status, a task is created for the Provider in the **Financials Work Queue** to provide a justification for each of the billing violations for which an upfront waiver has been denied on the Claim. If the provider is not online, the task goes to the Municipality's **Fiscal Staff Work Queue** to obtain the justification from the provider.

1. From the provider **Financial** work queue, or the Municipality's **Fiscal Staff** work queue if the provider is not on NYEIS, select **Task** Provide Justification for Billing Rule Violation.

navigation	Work Qu	eue Tasks:	Albany_FiscalStaff			<b>?</b>
• Inbox	Action	<u>Task ID</u>	<u>Subject</u>	<u>Priority</u>	<u>Status</u>	<u>Deadline</u>
O Reserved Lasks O Assigned Tasks O Deferred Tasks	<u>Reserve</u>	<u>15375</u>	Provide Justification for Billing Rule Violation for Claim B555		Open	10/26/2009 09:56
• Work Queues • Notifications						

2. Click on the Reserve link under the Action column. Click **Reserve & View** to display Task Home Page.

navigation	Task Home: ProviderJustificationTask - 15375			
O Task History O Task Assignment List O Graphical ¥iew	Manage <sup>▲</sup> Add Comment <sup>▲</sup> Close	巅 <u>Forward</u>		
	Subject Provide Justification for Billing Rule Viol	lation for Claim B555		
	Details			
recent items	Task ID: 15375 Priority: Reserved By: Time Worked: 00:00 [Change]	Status:         Open           Deadline:         10/26/2009 09:56           Last Assigned:         9/28/2009 09:56		
	Primary Action	Supporting Information		
	<u>Create Justification for Billing Rule</u> <u>Violation</u>	Provider Claim Homepage		

3. Select Create Justification for Billing Rule Violation under the Primary Action. Create Justification for Billing Rule Violation page displays with list of billing rule violations for the Claim.

Create Justifi	Create Justification for Billing Rule Violation ?						
	Submit Waiver Request Close						
Details							
Child I	Name:	Annie Garwood	Provider Claim Number:	B555	5		
SA NU	imber:	9221					
Billing Rule V	iolatio	ns					
Action	<u>Violati</u>	ion Description			<u>Justification</u> <u>Reason</u>		
Enter Reason	Rule1 Visit j	Rule1: Up to 3 Basic Home and Community Based Visit per Day					
Enter Reason	Enter Reason and Community Based Visits per Day						
	Submit Waiver Request Close						

4. Select **Enter Reason** under the Action Column to select justification reason for each violation. Click **Save**. After the Provider provides justification, the Early Intervention Official Designee (EIO/D) receives a task to review the Request for Waiver. The EIO/D can then approve or reject the request for Waiver.

If the Request for Waiver is approved, the claim becomes **Approved**. If the Request for Waiver is rejected, the Claim is denied.

#### **Important Information:**

The Approval status assigned and nature of further claim processing upon EIO/D approval of a waiver request will vary depending on the *original provider claim submission date:* 

- If claim associated with the approved waiver request was submitted prior to 4/1/2013: The approval status is **'Approved'**
- If claim associated with the approved waiver request was submitted on or after 4/1/2013: The approval status is '**System Approved**'

Create Justification for Billing Rule Violation					
Claim Infor	mation				
	Child Name:	Annie Garwood			
	Provider Claim Number:	B555			
	SA Number:	9221			
Waiver Rea	son				
Violation Description:	Rule1: Up to 3 Basic Home and Cor	nmunity Based Visit per Day			
Justification	Child Need.	×			
	Child Need. Exceeded service frequency per day due to make up sessions. Exceeded service frequency per month due to service authorized in mid-month. Exceeded service frequency per week due to make up sessions.				

The Provider can view the status of claims, either [Approved/System Approved] or Denied, by viewing the **Claim Homepage**. Providers with appropriate access to a child's **IFSP Homepage** may also click the **Waivers** link off the navigation bar to view the status of any waivers for that IFSP.

# **Important Information** Waivers *must* be approved/rejected by an EIO/D. See **EIO/D waiver approval/rejection steps** for more information.

- 1. Log in to NYEIS. User Home Page displays.
- 2. Click <u>Provider Claims</u> link under Search section. Provider Claim Search page displays.

Provider Claim Search			?
Search Criteria			
Invoice Number:		Child's Name:	
Provider of Record:		Rendering Provider Name:	
Service Authorization Number:	<u>୍</u> କୁ କ୍	Provider Claim Number:	
Received From Date:	()	Received To Date:	
Service From Date:	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Service To Date:	Ø
Status:	· · · · · ·	Approved Amount:	
	Search	Reset	
Search Results			
Action Child's Name	Invoice Number Service Authorization Nu	umber Provider Claim Number Service	Start Date Approved Amount Status

3. Type all known information in **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. *To search again, click Reset button.* Click <u>View</u> link under Action column for Claim of choice.

Search Reset							
Search Results (Num	ber of Items: 4)						
Action	Child's Name	Invoice Number	Service Authorization Number	Provider Claim Number	Service Start Date	Approved Amount	<u>Status</u>
View	Mandissa Smith	12122	11010	5555	12/7/2008	0.00	Pending
View	Mandissa Smith	12122	11010	6666	12/7/2008	0.00	Pending
View	Cocoa Chips	1324	47115	111D	1/31/2009	0.00	Pending
View	Cocoa Chips	testagain	47117	TestWaiver	2/14/2009	0.00	Pending

4. Provider Claim Home page displays. Click Waivers from the Navigation Bar.

H <sup>€ Arty</sup> Werkeng to Je Water DOH use o	niy – no real live data)	O Home	O Inbox O My Calendar O My Cas	es 🕑 Search 🕑 About 🕑 Log Out
navigation	Provider Claim Home 98765 -	Albany Therapies for Corey Clin	k	3
Claim Home	General Details			
Status History	Child's Full Name:	Corey Clink	Service Coordinator:	Berry, Ann
Claim Reconciliation	Date Created:	6/22/2015	Parent Signature:	No
• waivers	Service Date:	4/1/2015	Submitted Amount:	27.50
	Rate Code:	5244	Units:	2
	Service Authorization Number:	15362	Referring Provider NPI:	1234567890
	Reference Numbers			
recent items	Provider Claim Number:	98765	Billing Agent Number:	
	Invoice Number:	unit8sc		
	ICD Codes			
		Diagnosis (ICD) Code 1:		
		Diagnosis (ICD) Code 2:		
		Diagnosis (ICD) Code 3:		
		Diagnosis (ICD) Code 4:	315.9 - Development delay NOS	
	Claim Decision			
	Claim Status:	Open	Effective Date:	6/22/2015
	Amount Approved:	0.00	Rejection Reason:	
	Claim Comments			
	Time In and Time Out for Serv	vice Date		
	Action <u>Time In</u>		Time Out	
	Edit Delete 09:00		09:30	
	Same SA/New Claim New SA/N	lew Claim) Edit Claim) Delete C	Claim Add More Time Void C	laim View Invoice Close

5. **Waiver List** page displays. This page contains the list of billing violations that make up this waiver.

<b>Important Information</b> This Waivers list does not include any Upfront waivers.						
Waiver List						?
		C	Close			
Details						
	Child Name:	Cocoa Chips		Provider Claim Numb	er: TestWaiver	
Waivers						
Action	Violation Description		<u>Justification</u> <u>Reason</u>	Approved/Rejected	<u>Date</u> Approved/Rejected	<u>Status</u>
View	Rule17: Visits Per Day C Authorization Exceeded	Clinically Appropriate for Service				Submitted for Review
			Close			

6. Click <u>View</u> link under Action column to display a specific billing violation. View Waiver page displays with the section listing the related claims that contributed to the Billing Rule Violation. The EIO/D has the opportunity to view the combination of claims to aide with their decision to approve or reject the waiver request.

View Waiver					
			Clo	se	
Waiver Details					
	Child Name:	Cocoa Chips		Date Rec	quested:
Provid	er Claim Number:	TestWaiver	TestWaiver		ejected:
Viola	ation Description:	Rule17: Visits Per Day Clinic Appropriate for Service Aut Exceeded	cally thorization	Approved/Reject	cted by:
Just	tification Reason:			Reason Re	ejected:
Status: Submitted for Review					
<b>Related Claims That</b>	t Caused Billing \	Violation			
Action Provid	der Claim Number		Service Dat	e Service Type	<u>e / Method</u>
View 444B			2/14/2009	Speech Lan	guage - Basic
View 444A	444A		2/14/2009	Speech Lan	guage - Basic
View 111F			2/14/2009	Speech Lan	guage - Basic
Comments					

- Close
- 7. Click Close button. Waiver List page displays.
- 8. Click Close button. Provider Claim Home page displays.

#### **EIO/D** waiver approval/rejection steps:

After the provider submits a waiver request for an individual claim, the child's assigned EIO/D receives a task to approve or reject the waiver request. Approved waiver requests result in the claim becoming **System Approved** while rejected waiver requests result in the claim being **Denied**.

# **Important Information** Approval of a submitted waiver request is a *Municipal* function. If a waiver request is denied in error, the claim can only be resubmitted on a new invoice. No further action can be taken with a **Denied** claim.

1. Click Inbox on upper menu bar. My Workspace Page displays:

NYEIS Training: With with the second	O Home O Inbox O My Calendar O My Cases O Search O About O Log	Out
My Workspace: Sample EIOD       O Inbox       O Reserved Tasks       O Assigned Tasks       O Deferred Tasks       O Work Queues       O Work Queues       O Mork Queues	Eind Task Sefore Deadline	?
My Tasks	<ul><li># of Assigned Tasks: 19</li><li># of Reserved Tasks: 0</li></ul>	

2. Click on **Assigned Tasks** in the left-hand Navigation Bar. **Assigned Tasks** page displays:

WEIS Train WIES Train Training use onl	ning: y – no real live	data)	O Home O Inbox O	My Calendar	r O My Cases O Search	About O Log Out
navigation     O Inbox     O Reserved Tasks	Assigned	<b>i Tasks: S</b> TaskID	ample EIOD	Priority	Assigned	? Deadline
Assigned Tasks     Deferred Tasks     Work Queues     Notifications	Reserve	242553	Review Billing Waiver Request for Claim 6044		6/25/2012 14:21	7/2/2012 14:21

3. Look for a task with subject "Review Billing Waiver Request for Claim (Claim number)". The claim number referenced in the subject will correspond to the claim in **Pending** status. Click on the Task ID number. **Task Home** page displays for selected task:

Task Home: ProviderEIO	DInvoiceWaiverAp	proval - 427532	2
Manage			
🖹 Add Comment	Reserve	Forward	Restart
Close 🕵	<u>Un-Reserve</u>	🖨 <u>Defer</u>	
Subject			
Review Billing Waiver Reque	est for Claim 6044		
Details			
Task ID: 427532		Status:	Open
Priority:		Deadline:	1/12/2014 15:13
Reserved By:		Last Assigned:	1/7/2014 15:13
Time Worked: 00:00 [0	Change]		
Primary Action		Supporting Infor	mation
Review Billing Violations		Provider Claim Ho	ome

4. Follow Task's Primary Action: Review Billing Violations. Alternatively, clicking on the link to the Provider Claim Home under the Supporting Information cluster will load the Provider Claim. Hit the Back button when review of claim is complete. After following the Tasks Primary Action, the Waiver Requested For Following Violations page displays:

NYEIS Train Wess J. (Training use only	ning: — no real live d	ata) O Home O Inbox O My Calendar O My Cases	• Search •	About 🕑 Log Out
navigation	Waiver R	equested For Following Violations Finished Approve All Close		?
	Details			
		Child Name: Tom Lee4		
recent items		Provider Claim Number: 6044		
		SA Number: 10290		
	<b>Billing W</b>	aivers		
	Action	Violation Description	<u>Justification</u> <u>Reason</u>	<u>Status</u>
	<u>Manage</u>	Rule3: No more than 1 Basic Home and Community Based Visit per Discipline per Day	Child Need.	Submitted for Review
		Finished Approve All Close		

#### 5. If Approving ALL associated Billing Violations with a given Claim

In cases where multiple billing violations exist for a claim, click the **Approve All** button to approve all related billing waivers at once. The **Confirm Billing Waiver Approval** page displays:

Confirm Billing Waiver Approval	2
Affirmation: I approve this billing rule exception based on the child's clinica	al need.
Yes No	

Click the **Yes** button to approve all associated waivers for the given claim. **Waiver Requested For Following Violations** page displays with an 'Approved' status assigned to all violations. Clicking **No** returns to the **Waiver Requested For Following Violations**, without any decisions recorded:

	(Finished) (Appro	ve All Close		
Details				
	Child Name:	Tom Lee4		
	Provider Claim Number:	6044		
	SA Number:	10290		
<b>Billing Wai</b>	vers			
Action	Violation Description		Justification Reason	<u>Status</u>
Manage	Rule3: No more than 1 Basic Home and Community	Based Visit per Discipline per Day	Child Need.	Approved
	Finished (Appro	ve All Close		

# If rejecting a submitted waiver request or to render a decision on an individual billing violation with a given claim:

Click the **Manage** link to review corresponding to any individual violations cited. **Approve Billing Waiver Request** page displays:

NYEIS Train WESS	ing: – no real live	data)	O Home O Inbox	• му с	Calendar 🧕	My Cases 🔮 Se	earch O About O Log Out
navigation	Approve	e Billing Waiver	Request Ap	orove	Reject		?
	Details						
		Child Name:	Tom Lee4		Provider C	laim Number:	6044
recent items		SA Number:	10290		Rea	son Rejected:	
	Viola	ition Description:	Rule3: No more th Basic Home and Community Based per Discipline per	an 1 Visit Day	Justific	ation Reason:	Child Need.
	Related	Claims That Ca	used Billing Viola	tion			
	Action	Provider Claim	<u>Number</u>	Service	Date	Service Type /	/ Method
	View	67755		12/15/	2010	Special Instru	iction - Basic
	Comme	nts					
			Ар	orove	Reject		

If desired click the **View** link in the **Related Claims That Caused Billing Violation** cluster to view the claim. Click the **Back** button when review is complete:

- a. To reject the request, record a rejection reason in the Reason Rejected field (optional), record any comments in Comments section (optional), then click the Reject button. Confirm Billing Waiver Rejection page displays. Click Yes to proceed with rejection or click No to return to previous page
- **b.** To approve the request, enter comments in the **Comments** section (optional), then click **Approve. Confirm Billing Waiver Approval** page displays. Click **Yes to proceed with approval or click No to return to previous page.**
- 6. Following the decision by the EIOD on the given claim, the **Waiver Requested For Following Violations** page displays. The Status column will reflect the most recent decision on the claim ('Approved' or 'Rejected'):

Waiver Req	uested For Following Violations			2
	Finished Appro	ve All Close		
Details				
	Child Name:	Tom Lee4		
	Provider Claim Number:	6044		
	SA Number:	10290		
<b>Billing Wai</b>	vers			
Action	Violation Description		Justification Reason	<u>Status</u>
Manage	Rule3: No more than 1 Basic Home and Community	Based Visit per Discipline per Day	Child Need.	Rejected
	(Finished) (Appro	ve All Close		

Clicking **Finished** applies the decision to the claim. If Approved, the claim will status will reflect **System Approved.** If Rejected, the claim status will reflect **Denied** 

# **PROVIDER ELECTRONIC (837) CLAIMING**

This section contains information to guide Users through the process of electronically submitting claims – to NYEIS. <u>Only electronic claims adhering to the HIPAA 5010 transaction format can be accepted into NYEIS.</u>

The following sections provide information about the pre-approval process for submitting electronic claims, and the subsequent general flow of events that occur when a provider submits (uploads) an electronic 837P claim file into NYEIS. Users are provided with feedback on each submissions status by way of '999' and 'F-File' response files. Details on how to interpret this information is provided in this topic.

# **Getting Approved and Configured for Electronic Claiming**

Before a provider is permitted to upload 837P transactions into NYEIS, they must complete the following steps:

- 1. Review the "Procedures to Submit Electronic Claims" file located on the Health Commerce System in the NYEIS Electronic Claiming folder.
- 2. Download the "Request to Submit Electronic" and the "837 HealthCare Claim Professional Companion Guide".
- 3. On the "Request to Submit Electronic Claims" request an ETIN for each municipality that is in your agency's Catchment Area and that you want to submit electronic claims for.
- 4. Send completed form to <u>NYEIS@health.ny.gov</u>. ETINs will be generated and registered in the NYEIS Test System and Testing Instructions will be supplied to the provider.
- 5. Complete the testing process.

During the testing phase providers are supplied the documentation needed to successfully complete the process. Download the "837 HealthCare Claim Professional Companion Guide" and the "Procedures to Submit Electronic Claims" from the Health Commerce System (HCS) in the NYEIS Folder.

#### **Important Information**

The provider's account will be configured in NYEIS after successfully completing the testing process. This will enable the provider to successfully upload the 837P Claim file.

## Uploading the 837P Claim File to NYEIS

All 837P electronic claim files must adhere to the HIPAA 5010A EDI transaction format in order to be successfully uploaded to NYEIS and processed. The file will be rejected if it does not adhere to the HIPAA 5010A standard.

#### **Important Information**

Once the 837P Invoice file has been uploaded to NYEIS it will take at a minimum 24 hours for the file to be <u>fully</u> processed. Processing involves three phases, or review steps.

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



2. A screen will display allowing you to browse your computer to find the 837P HIPAA claim file.

🖉 Upload HIPAA 8371 EDI File - Windows Internet Explo	rer		
G - Kiki https://cma-vsiapp1:9044/Curam/en_US/EIS_Fina	ncial_upload837iFilePage.do?o3rpu=EI5_Application_provider	UniversalHomePage.do 🛛 👻 😧 Certificate Erro	🖌 🗲 🗙 http://www.toggle.com/en/index.php?i
File Edit View Favorites Tools Help	🐑 Convert 👻 🔂 Select		
😪 🛷 📸 Upload HIPAA 837I EDI File			🏠 🔻 🖾 🔹 🆶 👻 Page 🕶 🍈 Tools 🗸 👋
NYEIS Development		O Home O Inbox O My Calendar	● <sup>My Cases</sup> ● <sup>Search</sup> ● <sup>About</sup> ● <sup>Log Out</sup>
navigation Upload HIPAA 837I	EDI File		?
Select the EDI File			
	File: Browse		
recent items	(	Save Cancel	
Done			👻 Local intranet 🔍 100% 🔹 💡
🛃 start 💋 🙆 🥹 🤌 🕲 Message Lis 🗔 In	nbox - Micr 📓 Document 1 🏠 financial_int	C Upload HIPA 🔘 Java - Cura 💳 *Untitled	-1 🛐 📕 🖓 🖏 🖏 👘 🏷 🐫 10:13 AM

3. To upload claims select the Browse button.



- 4. Choose the file that is to be uploaded into NYEIS by either double clicking on the file name or clicking once on the file name, then clicking the Open button.
- 5. The file name will be placed in the file field on the Upload screen. Click Save to transmit the claim file into NYEIS:

Upload HIPAA 837 EDI File	2
NOTE: Claims submitted on this invoice are true, complete and accurately reflect services rendered. Changes cannot be made to claims after submission.	
Select the EDI File	
File: Choose File Sample837UploadFile.edi	
Save Cancel	

6. A confirmation message stating that you have successfully uploaded your file 837P file will be displayed.

## **Checking the 837P Claim File Status**

NYEIS processes the submitted 837P electronic claim file in three phases, or review steps.

# 837P Processing Overview

The 837P claim file is first reviewed to ensure it conforms to the HIPAA 5010 file format standard (Step 1). If the system detects any non-conformities in the file, the system provides feedback in the form a 999 Response file. The provider must review the 999 File, correct all errors listed in the 999, and resubmit the 837P. If no errors are detected, the 999 Response File provides notice that the submitted 837P file passed the HIPAA 5010 standards review.

#### **Important Information**

If the 837P file that is uploaded to NYEIS is not in a recognized format (e.g., a Word document is uploaded), the system will not generate a 999 Response File for files in the HIPAA 5010 file format standard. Rather, the uploaded file is placed into an "Invalid" file folder that is monitored daily by the Operations team.

Once the 837P file passes the 5010 file format standards, the system next analyzes the file for proprietary "pre-invoice" errors (Step 2). All claims that pass the "pre-invoice" review are then analyzed to confirm that they pass all Early Intervention claiming rules (Step 3). Errors with the invoice or claims may be identified at each Step.

## **Important Information**

An F-File Response will be created after Step 2 if the system identifies "preinvoice" errors in 837P claim file. Step 2 is completed within one hour after the 837P passes the Step 1 review. In addition, the claims that pass the Step 2 "pre-invoice" review are then processed in Step 3, the Early Intervention claiming rules review. If any of these claims are found to have claiming rule violations, the claim is visible within NYEIS as a denied claim. Step 3 is completed during a nightly batch process.

An F-File Response will only be generated and made available once all of the preinvoice and claiming rules reviews have been completed and there are errors detected. If none of the claims in a submitted 837P file pass the "pre-invoice" review, then the F-File is immediately made available to the provider. Otherwise, providers should wait 24 hours to check for an F-File response in order to ensure that all of the claiming rules have been run against the file.

#### The 999 Response File

Step 1 of the process always results in the creation of the 999 Response file. The purpose of the 999 Response File is to acknowledge receipt of the 837P file and provide a status pertaining to each segment in the 837P EDI transaction. The file informs the user if the 837P file conforms to the mandatory HIPAA 5010 file format standard.

#### **Important Information**

Any errors detected in the 837P file during this Step are listed in the 999 Response File and must be corrected by the provider. The 837P file must then be <u>resubmitted</u>.

Tips for reading the results contained in the 999 file are provided. See Tips for **Reading the 999 Response File** below. Users can optionally purchase a guide to the 999 called 'EDI 999 Transaction Functional Acknowledgement'. Use your preferred search engine to find vendors who sell the guide.

#### **The F-File Response**

If the submitted 837P file passes the HIPAA 5010 file format standard test, review Steps 2 and 3 are initiated. These Steps generally occur within 24 hours after the system generates an error-free 999 Response File.

During these Steps, the 837P data is reviewed for "pre-invoice" errors (Step 2) and Early Intervention claiming rule violations (Step 3). For example, in Step 2 the ETIN recorded in the 837P submitted file is checked for validity, and in Step 3 claiming rule violations are run against each claim. If errors are found, the system generates the F-File response to notify the provider of any errors that the system identified.

#### **Important Information**

An F-File will be created after Step 2 if the system identifies "pre-invoice" errors with 837P claim file. Step 2 is completed within one hour after the 837P passes the Step 1 review.

In addition, the claims that pass the Step 2 "pre-invoice" review are then processed in Step 3, the Early Intervention claiming rules review. If any of these claims are found to have claiming rule violations, the claim is visible within NYEIS as a denied claim. Step 3 is completed during a nightly batch process.

An F-File Response will only be generated and made available once all of the preinvoice and claiming rules reviews have been completed...and there are errors detected. If none of the claims in a submitted 837P file pass the "pre-invoice" review, then the F-File is immediately made available to the provider. Otherwise, providers should wait 24 hours to check for an F-File response in order to ensure that all of the claiming rules have been run against the file.

The F-File is structured as a <u>comma-delimited</u> 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. *See Tips for Reading the F-File Response* below. Tips for reading the F-file can also be found in the "837 HealthCare Claim Professional Companion Guide" document on the Health Commerce System (HCS) in the NYEIS Folder.

## **Important Information**

- An F-File will not be generated if no errors are detected during Step 2 "preinvoice" review.
- If errors are detected, the provider will need to correct the error in their 837P file and resubmit it.
- If the detected 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 837P.
- If the detected 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 includes a table that explains each of the **837P pre-invoice review** errors displayed in the F-File and notes what actions are taken if the error is encountered.

## Accessing the Response Files

 To access and review the response files generated by NYEIS to check on the status of a submitted claim file, click on the <u>Download Response Files</u> link from your homepage or click on the <u>My Provider Homepage</u> link and then click on the <u>Response Files</u> link in the Navigation bar.

My Shortcuts	Search
<u>Create Referral</u>	Child
Create Invoice	Service Authorization
Submit Invoice	Invoices
Upload 837 Invoice	<u>Vendors</u>
Download Response Files	Provider Claims

The Download HIPAA Transaction Responses list page is displayed. This page lists the 999 Response file identifier (Control Number column), Date Created, file name (Response File column) and how many transactions in the 837P file were accepted or rejected based on the standard HIPAA 5010 file formatting rules.

Note that the **Rejected Transactions** and **Accepted Transactions** columns are <u>not</u> intended to provide statistics concerning 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 5010 formatting guidelines.

3. Review the 999 Response File to obtain information related to any rejected claims. The **Control Number** column on this page represents segment ISA13 from the submitted 837P file. The **Response File** column label is the same as the name of the 837P file that was submitted.

	Download HIPAA Transaction Responses						2
	Action	Control Number	Date Created	Response File	Rejected Transactions	Accepted Transactions	
(	<u>View</u>	00000201	1/27/2011	Case1_Good.edi	0	1	
				Cancel			

4. To view the responses of a transmission, click on the <u>View</u> action link. A page displays with two sections: File Details and F-File Details. The File Details section displays the system generated 999 Response File. An F-File may also be displayed in the F- File Details section, but only if errors were detected during Step 2 and/or Step 3 of the process described previously. If there were no errors during this Step, the F-File will not be available for you to select from the screen.



Click the link in **Response File** field for the 999 Response File, or the **Control Number** field for the F-File (if displayed), to open or save the file to your hard drive. *See Tips for Reading the 997 Response File or Tips for Reading the F-File Response* when reviewing either file. Tips for reading the F-file can also be found in the "F-Filer Error Guidance" document on the Health Commerce System (HCS) in the NYEIS Folder.

#### **Important Information**

The leading 0 for values is not being displayed on the f-file because of the way Microsoft Excel is formatting the column when the f-file is opened. Try these steps to get around the auto-formatting:

- After clicking on the f-file in NYEIS, click on the Save option instead. Save the file with a ".txt" extension (choose All Files as the "Save As Type" and then type in .txt at the end of the filename.)
- Open Excel.
- With Excel open, click on the File > Open menu option.
- Browse your computer for the .txt file you just saved and open it. A Text Import Wizard should come up.
- Choose "Delimited" and then click Next.
- Make sure only the "Comma" delimiter option is selected and then click Next.
- Individually select each column that you want to be formatted as text and then select the "Text" column data while the column is highlighted. This text option will maintain any leading 0's in the numbers.
- Click Finish.

# **Adjudicating the Claim**

Once an 837P passes the HIPAA 5010 "pre-invoice" and Early Intervention claiming rule reviews, the claims are approved, denied, or pended similar to online NYEIS Invoicing. The status of the invoice and its claims can subsequently be viewed by searching for the invoice.

Every Invoice has an assigned status. The status of the Invoice depends on where it is in the Invoice process. 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 **System Approved**. Invoices that are voided are given a **Void** status.

# Accessing the 835 Remittance File

The status of any claim submitted via the 837P electronic claim can be viewed in the HIPAA 835 Claim Payment/Advice file that NYEIS generates on a daily basis. These 835 files are accessed via the **Download Response Files** menu option on the User Home page.

 To access and review the 835, click on the <u>Download Response Files</u> link from your homepage or click the <u>My Provider Homepage</u> link and then click on the <u>Response Files</u> link in the Navigation bar. The Download HIPAA Transaction Responses list page displays.



2. The 835 Remittance File will have the '835' prefix in the **Response File** name. Click on the <u>View</u> link in the Action column action to access the 835 file. A page with a File Details section displays.

			a	and the second second	1
Action	Control Number	Date Created	Response File	Rejected Transactions	Accepted Transactions
View	00000201	3/30/2011	837P_1099121_03302011	0	1
<u>View</u>	00000640	8/10/2011	835_2011-08-10T13_46_29_840Z	0	0
-			Cancel		

3. Click the **Response File** field link to open or save the file to your hard drive.

File Details	
Pesponse File: 835 2011-08-10T13 46 29 8402 Close	

- 4. The following information provides a general guideline for when providers should expect to receive an 835 Remittance File as a result of the claim adjudication process:
  - <u>Denied claim</u> If a claim is denied during the adjudication process, an 835 Remittance file will be generated and made available to the provider.
  - <u>Approved claim</u> The 835 will be created for an approved claim <u>after</u> 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 Remittance files will vary.
  - <u>Pended claims</u> The 835 Remittance File does not support pended claims. Providers will receive a Task in their **Financial** Work Queue which requires they provide a billing justification reason for the pended claim. *Appendix H - Workflows* for further information about the task.

# Tips for Reading the 999 Response 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 <u>the AK9</u> 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*00000201*0*T*:~
GS*FA*NYEIS*ALBAnnnn*20101210*1032*201*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*HC*201*005010X222A1~
AK9*A*1*11*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.

```
*00*
ISA*00*
                           *ZZ*NYEIS
                                              *ZZ*ALBAnnnn
*101210*1032*U*00401*00000201*0*T*:~
GS*FA*NYEIS*ALBAnnnn*20101210*1032*201*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*HC*201*005010X222A1~
AK2*837*0001*005010X222A1~
IK3<sup>1</sup>*NM1<sup>2</sup>*103<sup>3</sup>*2330B<sup>4</sup>*8<sup>5</sup>~
IK4<sup>6</sup>*09<sup>7</sup>*67<sup>10</sup>*2<sup>11</sup>~
IK5*R~
AK9*R*1*1*0~
SE*6*0001~
GE*1*201~
IEA*1*00000201~
```

• 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 <u>segment</u> 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 <u>element</u> 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.

# Legend for the 999 File 'IK3' and 'IK4' Segments

Number	Element	Name	Instructions
1	IK3	Error Identification: T errors in a data segme data segment.	his segment is used to report ent and identify the location of the
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	<ul> <li>This element contains the error noted for the segment. The codes and descriptions are:</li> <li>1. Unrecognized segment ID</li> <li>2. Unexpected segment</li> <li>3. Required segment missing</li> <li>4. Loop occurs over maximum times</li> <li>5. Segment exceeds maximum use</li> <li>6. Segment not in defined transaction set</li> <li>7. Segment not in proper sequence</li> <li>8. Segment has data element errors</li> <li>14. Implementation "Not Used" segment present</li> <li>16. Implementation dependent segment missing</li> <li>17. Implementation loop occurs under minimum times</li> <li>18. Implementation segment below minimum use</li> <li>19. Implementation dependent "Not Used" segment present</li> </ul>

CTX	Segment Context and I	Business Unit Identifier: This
	segment is used to rep	ort when the error identified in this
	IK3 loop was triggered	d by a situational requirement of
	the Implementation Gi	ide and the error occurs at the
	segment level.	
CTX01-1	Context Name	Always contains the value
		<b>"SITUATIONAL TRIGGER"</b> .
CTX01-	Context Reference	Context Reference
02		
CTX02	Segment ID Code	Code defining the segment ID of
		the data segment in error.
CTX03	Segment Position in	This is the numerical count of
	Transaction Set	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
CINCI	Loop Identifier Code	which the error occurred on the
		file submitted to NYFIS
CTX05-	Flement Position in	This is used to indicate the
01	Segment	relative position of a simple data
01	beginent	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-	Component Data	Required when the situational
02	Element Position in	requirement relates to a
02	Composite	component data element within a
	composite	composite data structure
CTX05-	Repeating Data	Required when the situational
03	Flement in Position	requirement relates to a repeating
05		data element
CTX06	Reference in	Bequired when CTX05 is used
CIAOO	Segment	and the data element reference
	Segment	number of the data element
		identified in CTX05 1 is known
		by the submitter of the 900 and it
		is not a composite data element
 CTV04 1	Data Flomant	Deference number used to looste
	Data Element	the data element is the Data
	keierence Number	Line data element in the Data
		Element Dictionary.

	CTX06-	Data Element	Required when CTX05-2 is used	
	02	Reference Number	and the data element reference	
			number of the data element	
			identified in CTX05-2 is known.	
6	IK4	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.	
7	IK401-1	Element Position in	This is used to indicate the	
		Segment	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	This identifies the component	
		Element Position in	data element position within the	
		Composite	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	This identifies the specific	
		Element Position	repetition of a data element that is	
			in error. This is a situational	
			element that is not always	
			provided.	
10	IK402	Data Element	This identifies the "Data Element	
		Reference Number	Number" reference number from	
			the Implementation Guide.	

11	IK403	Implementation Data	This element contains the code
		Element Syntax	indicating the type of error found.
		Error	The values and descriptions are:
		Code	L
			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
			I6 Code value not used in
			implementation
			19 Implementation dependent
			data element missing
			110 Implementation "Not Used"
			data element present
			I11 Implementation too few
			repetitions
			I12. Implementation pattern
			match failure
			I13. Implementation dependent
			"Not Used" data element
			present
12	IK404	Copy of Bad Data	This element contains a copy of
		Element	the data in error. This is a
			situational element that is not
			always provided.
	CTX	Element Context: This	s segment is used to report when
		the error identified in a	this IK4 loop was triggered by a
		situational requiremen	at of the Implementation Guide and
		the error occurs at the	element level.
	CTX01-1	Context Name	Always contains the value
			<b>"SITUATIONAL TRIGGER"</b> .
	CTX01-	Context Reference	Context Reference
	02		
	CTX02	Segment ID Code	Code defining the segment ID of
			the data segment in error.

CTX03	Segment Position in	This is the numerical count of
	Transaction Set	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-	Element Position in	This is used to indicate the
01	Segment	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-	Component Data	Required when the situational
02	Element Position in	requirement relates to a
	Composite	component data element within a
	-	composite data structure.
CTX05-	Repeating Data	Required when the situational
03	Element in Position	requirement relates to a repeating
		data element.
CTX06	Reference in	Required when CTX05 is used
	Segment	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 used to locate
	Reference Number	the data element in the Data
		Element Dictionary.
CTX06-	Data Element	Required when CTX05-2 is used
02	Reference Number	and the data element reference
		number of the data element
		identified in CTX05-2 is known.

# **Tips for Reading the F-File Response**

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	The Child Reference Number
	Number	(2010BANM109) associated with the error.
		This column will only be populated if its value
		is available at, or above, the file level where
10		the error was detected.
10	Service Date	The claim service line Service Date
		(2400D1P03) 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.

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:

#### F-File "Pre-Invoice" 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.



# **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)
Test transaction not accepted in NYEIS	ISA15 (Usage Indicator)	file is a test file and it will		Header
Check for test file		not be processed any further by NYEIS. The <b>F-File</b>		
		response file produced by		
		NYEIS will include a record		
		file.		
		NYEIS will STOP		
		processing the 837P file.		
		corrected and resubmitted.		
"Unable to identify receiving municipality county code	1000BNM109	If the Municipality Code		Header
(_1000B/NM1/_09_Identification_Code_)"	(Muni Code)	<u>cannot</u> be found in NYEIS,		
		then the file will not be processed any further by		
Validate Municipality Code		NYEIS. The <b>F-File</b> response		
		file produced by NYEIS will		
		include a record indicating		
		that the county could not be		
		Iouna.		
		NYEIS will STOP		
		processing the 837P file.		
		The 837P file must be		
		corrected and resubmitted.	1	

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)
"The Submitter ETIN reported in data element GS02 is not valid for the municipality code reported in data element 1000BNM109." Validate Submitter	GS02 (submitter ETIN) 1000BNM109 (Muni Code)	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 <b>F-File</b> response file produced by NYEIS will include a record indicating that the submitter could not be found. <b>NYEIS will STOP</b> <b>processing the 837P file.</b> <b>The 837P file must be</b> corrected and resubmitted		Header

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)
"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." Validate Submitter is Configured to Submit Production Files	ISA12 (HIPAA Version Indicator) ISA06 (Submitter ETIN) 1000BNM109 (Muni Code)	If the submitter has not yet been configure to submit production files for the HIPAA version indicated in the file, then the file will not be processed any further by NYEIS. The <b>F-File</b> 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. <b>NYEIS will STOP</b> <b>processing the 837P file.</b> <b>The 837P file must be</b> <b>corrected and resubmitted.</b>		

Sample Error Text	Relevant	Action Taken by	Notes	Relative
	837P Data	NYEIS if Exception		Level of
Description of Edit	Item(s) Used	Encountered		Edit
	in Edit			(Header or
				Claim)
"Unable to identify billing provider (2000A/_2010AA/NM1/_09_Identification_Code_)" Validate Billing Provider	1000BNM109 (Muni Code) GS04 (Date) 2010AANM109 (Billing Provider NPI)	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 <b>F-File</b> response file produced by NYEIS will include a record indicating that the Billing Provider could not be found. <b>NYEIS will STOP</b> <b>processing the 837P file if</b> <b>there are no other Billing</b> <b>Providers in the file.</b> The <b>837P file must be corrected</b> <b>and resubmitted.</b> <b>Otherwise, NYEIS will</b> <b>continue processing the</b> <b>837P file and attempt to</b> <b>validate the next Billing</b> <b>Provider.</b>	If the Billing Provider is not found, then NYEIS checks for the Billing Provider via use of the <b>2010AAREF02</b> 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.	Header

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
<ul><li>"Submitter ETIN in ISA_06 Does not match Provider Clearing House ETIN"</li><li>Validate Clearinghouse ETIN</li></ul>	ISA06 (Sender ETIN)	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 <b>F-File</b> response file produced by NYEIS will include a record indicating that the Submitter ETIN is invalid. <b>NYEIS will STOP</b> 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.	This validation only occurs if a provider is submitting claims through a clearinghouse. 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.	Header

Sample Error Text	Relevant 837P Data	Action Taken by NYEIS if Exception	Notes	Relative Level of
Description of Edit	Item(s) Used in Edit	Encountered		Edit (Header or Claim)
"Unable to identify Child (_2000A/_2000B/_2010BA/NM1/_09_Identification_C ode_)" Validate Child	2010BANM10 9 (Child Reference Number)	If the child is <u>not</u> found in NYEIS, then no claims for this child will be processed by NYEIS. The <b>F-File</b> response file produced by NYEIS will include a record indicating that the child could not be identified. <b>NYEIS will STOP</b> 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.		Header
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)
---	---	---	--	--
"NYEIS is not currently supporting electronic adjustments or replacements to previously submitted claims" Validate Claim Frequency Type Code	2300CLM050 3 (Claim Frequency Type Code)	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. NYEIS will continue processing the 837P file.	Only Claim Frequency Codes "1" (original) or "8" (void) are supported by NYEIS.	Claim

Sample Error Text	Relevant 837P Data	Action Taken by NYEIS if Exception	Notes	Relative Level of
Description of Edit	Item(s) Used in Edit	Encountered		Edit (Header or Claim)
<ul><li>"Unable to match Service Authorization number to the Child and Billing Provider"</li><li>Validate Service Authorization</li></ul>	2300REF02 (Service Authorization numberwher e 2300REF01 = "G1") 2010BANM10 9 (Child Reference Number) 2010AANM10 9 or 2010AAREF0 2 (Billing Provider ID)	If the Service Authorization is <u>not</u> found in NYEIS using the relevant data, then <b>NYEIS will log an</b> <b>error for that claim</b> . The <b>F-File</b> response file produced by NYEIS will include a record indicating that the Service Authorization could not be matched. <b>NYEIS will continue</b> <b>processing the 837P</b> <b>file</b> .		Claim

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)
"Invalid ICD Code" Validate Diagnosis Codes	2300HI0102, 2300HI0202, 2300HI0302, 2300HI0402	If the Claim Diagnosis Code does <u>not</u> exist as an active ICD code in NYEIS, then <b>NYEIS</b>	NYEIS supports up to 4 Diagnosis Codes. Any additional codes	Claim
	(Health Care Diagnosis Code)	will log an error for that claim. The F-File response file produced by NYEIS will include a record indicating that it	are ignored during processing.	
		is an invalid Diagnosis Code. NYEIS will continue processing the 837P		
		file.		

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)
"Referring Provider 2310A loop is missing." Confirm Referring Provider NPI exists for non-vendor based claims.	2310ANM109 (Identification Code)	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. <b>NYEIS will continue</b> <b>processing the 837P</b> <b>file</b>		Claim

Sample Error Test	Relevant 837P	Action Taken by NYEIS	Notes	Relative
	Data Item(s)	if Exception		Level of Edit
Description of Edit	Used in Edit	Encountered		(Header or
				Claim)
"The NPI reported in data element 2310ANM109 for	2310ANM109	If the Referring Provider		Claim
the referring provider is not valid."	(Identification	NPI is not formatted		
	Code)	properly, then NYEIS		
Validate Referring Provider NPI		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.		
		The following criteria are		
		format of the Referring		
		Provider NPI is valid:		
		• The length of the		
		NPI must be ten.		
		• The NPI must be		
		numeric.		
		• The NPT must pass a checksum validation		
		that is based on an		
		established formula		
		for NPIs.		
		NYEIS will continue		
		processing the 837P		
		file		

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

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)
"Referring Provider 2310A loop is missing."	2310ANM109 (Identification	If the referring provider NPI is not submitted		Claim
Confirm Referring Provider NPI exists for non-vendor based claims.	Code)	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. <b>NYEIS will continue</b> <b>processing the 837P</b> file		

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)
"The NPI reported in data element 2310ANM109 for the referring provider is not valid." Validate Referring Provider NPI	2310ANM109 (Identification Code)	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. The following criteria are used to determine if the format of the Referring Provider NPI is valid: • 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. <b>NYEIS will continue</b> <b>processing the 837P</b> file		Claim

Sample Error Text	Relevant	Action Taken by	Notes	Relative
	837P Data	NYEIS if Exception		Level of
Description of East	in Edit	Encountered		Edit (Hoodon on
	III Eult			(neauer or Claim)
"The rendering provider is not a current employee/contractor of the billing provider." Confirm Rendering Provider is an Employee/Contractor of the Billing Provider	2310BNM108 (Identification Code Qualifier) 2310BNM109 (Identification Code) 2010AANM109 or 2010AAREF02 (Billing Provider ID) OR 2310BREF02 (Reference_Identi fication_Qualifier ) 2310BREF02 (Rendering Provider Secondary Identifier) 2010AANM109 or 2010AAREF02 (Billing Provider ID)	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. <b>NYEIS will continue</b> <b>processing the 837P</b> <b>file.</b>	2310BREF01 and 2310BREF02 are only available on HIPAA 5010 transactions. 2310BREF01 must be 'G2".	Claim

"The rendering provider NPI reported in data element	2310BNM108	If more than one active	2310BREE01 and	Claim
2310BNM109 is associated with more than one active	(Identification	employee/contractor of	2310BREF02 are	Chullin
employee/contractor of the billing provider "	Code	the billing provider is	only available on	
	Qualifier)	found to use the same	HIPAA 5010	
"The rendering provider SSN/FEIN reported in data	2310BNM109	ID reported for the	transactions	
element 2310BNM109 is associated with more than one	(Identification	rendering provider then	2310BREE01	
active employee/contractor of the hilling provider "	(Identification Code)	NVFIS will log an	must be 'G?"	
active employee/contractor of the bining provider.	$2010\Delta \Delta NM10$	error for that claim		
"The rendering provider Reference Number reported in	0 or	The <b>F-File</b> response file		
data element 2310BREE02 is associated with more than	2010A A R F F 0	produced by NVEIS will		
and active employee/contractor of the billing provider "	2010AAKEF0 2 (Billing	include a record		
one active employee/contractor of the offining provider.	2 (Diffing Dravidar ID)	indicating that the ID		
Determine if the Demonted Demonstrate Device Describer ID is	Provider ID)	indicating that the ID		
Determine if the Reported Rendering Provider ID is	OP	reported for the		
Used by More Than One Active Employee/Contractor	UK	rendering provider is		
of the Billing Provider	2310BREF02	associated with more		
	(Reference_Identi	than one active		
	fication_Qualifier	employee/contractor of		
	)	the billing provider.		
	2310BREF02			
	(Rendering Provider	NYEIS will continue		
	Secondary	processing the 837P		
	Identifier)	file.		
	2010AANM109			
	or			
	2010AAREF02			
	(Billing Provider			
	Provider Secondary Identifier) 2010AANM109 or 2010AAREF02 (Billing Provider ID)	processing the 837P file.		

"The Procedure Code is too long or it is missing One	2400SV101-02	One procedure code	Claim
and only one code should be entered here	(Procedure Code)	should be reported in	Chuinn
and only one code should be entered here.	(	should be reported in	
(_2400/_SV101-02)"		this segment. If the	
		length of the procedure	
Check Length of Procedure Code		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 <b>F-File</b> response file	
		produced by NYEIS will	
		include a record	
		indicating that the	
		procedure code is too	
		long.	
		<b>O</b>	
		NYEIS will continue	
		processing the 837P	
		Processing the 05/1	
		me.	

## Check for Early Intervention Claiming Errors

Sample Error Text	Relevant	Action Taken by	Notes	Relative
Description of Edit	85/P Data Item(s) Used	NYEIS II Exception Encountered		Level of Edit
	in Edit	Lincountered		(Header
				or Claim)
"Claim: <claim number=""> has an invalid rendering</claim>	HIPAA Data	Claim is not uploaded		Claim
Provider with Reference Number: <primary alternate<="" td=""><td>Element</td><td>to NYEIS.</td><td></td><td></td></primary>	Element	to NYEIS.		
ID>. The rendering provider was not an active	(Rendering	Submit a new 837P file		
employee/contractor of the billing agency on the	Provider	(new Invoice Number)		
service date.	Identifier)	if the employees status		
On the service data recorded in the claim, the rendering		of the rendering was		
provider was not an active employee / contractor of the		corrected		
hilling provider		corrected.		
"Claim' <claim number=""> has an invalid rendering</claim>	HIPAA Data	Claim is not uploaded		Claim
Provider with Reference Number: < Primary Alternate	Element	to NYEIS.		0.000
ID>. The rendering provider is not recognized by	(Rendering	Submit a new 837P file		
NYEIS as an ABA Aide. Contact the Bureau of Early	Provider	(new Invoice Number)		
Intervention Provider Approval Unit for assistance."	Identifier)	if the restriction on the		
The rendering provider recorded in the claim is not		rendering was an error		
recorded in NYEIS as an ABA Aide.		and is corrected.		
"Claim: <claim number=""> has an invalid rendering</claim>	HIPAA Data	Claim is not uploaded		Claim
Provider with Reference Number: <primary alternate<="" td=""><td>Element</td><td>to NYEIS.</td><td></td><td></td></primary>	Element	to NYEIS.		
ID>. The rendering provider is not a service	(Rendering			
coordinator."	Provider	Submit a new 837P file		
	Identifier)	(new Invoice Number)		
The rendering provider recorded in the claim is not		after the issue is been		
recorded in NYEIS as a service coordinator.		corrected.		
"Claim: <claim number=""> has an invalid rendering</claim>	HIPAA Data	Claim is not uploaded		Claim
Provider with Reference Number: < Primary Alternate	Element	to NYEIS.		
ID>. The rendering provider is not approved for the	(Rendering			

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)
Qualified Profession authorized to provide the service. Contact the Bureau of Early Intervention Provider Approval Unit for assistance." The rendering provider recorded in the claim is not approved for a Qualified Profession that is eligible to perform the service designated in the claim.	Provider Identifier)	Submit a new 837P file (new Invoice Number) if the Qualified Profession issue was an error and is corrected.		
"Claim: <claim number=""> has an invalid rendering Provider with Reference Number: <primary alternate<br="">ID&gt;. 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." The rendering provider had an active restriction in place on the date of service specified in the claim.</primary></claim>	HIPAA Data Element (Rendering Provider Identifier)	Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) if the restriction was an error and has been corrected.		Claim

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

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

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

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

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

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 a service start date." No service start date is entered in the claim.	HIPAA Data Element (Service Date)	Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.		Claim
"The service start date cannot be in the future." The service date recorded in the claim is in the future.	HIPAA Data Element (Service Date)	Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.		Claim
"You must enter a claim start time." "You must enter a claim end time." General services claims need a start and end time.	HIPAA Data Element (Claim Note Description)	Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.		Claim

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

Sample Error Text	Relevant 837P Data	Action Taken by NYEIS if Exception	Notes	Relative Level of
Description of Edit	Item(s) Used	Encountered		Edit
	in Edit			(Header
"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)		Claim
		after the error is corrected.		
"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.	Claim
			Contact the Municipality to resolve errors with the contract.	

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

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)
"The Provider Agency was restricted for this service	HIPAA Data	Claim is not uploaded	Contact the Bureau of Early	Claim
type on the date of service.	(Billing	W N I 1215.	Intervention,	
The agency or rendering provider is restricted for the	Provider	Submit a new 837P file	Provider	
product on the date of service specified.	Identification	(new Invoice Number)	Approval Unit to	
	Code)	if the restriction was	determine why	
		an error and is	the billing	
		correcteu.	rendering	
			provider was	
			restricted on the	
			service date.	