New York State Early Intervention EI-Hub 277CA Healthcare Claim Acknowledgement Standard Companion Guide

Support for the Operational Management of NYS's EIP: C034488

NY Department of Health

[v4.0.0]

PUBLIC CONSULTING GROUP

Table of Contents

1 PREFACE 3

2 INTRODUCTION 4

2.1 Scope 4

2.2 Overview 4

2.3 References 5

2.4 Additional Information 5

2.5 HIPAA Privacy and Security 5

2.6 Technical Requirements 5

2.7 EDI Submitter Agreement and Registration 5

2.8 Testing 6

2.8.1 Response File 6

2.8.2 Claims File 6

2.8.3 Acceptance 6

3 TRANSACTION PROCESSING 7

3.1 Accepted and Rejected Claims 7

4 277CA DATA ELEMENT TABLE 8

4.1 277CA Healthcare Claim Acknowledgement – Header 8

4.1.1 Header 8

4.2 277CA Healthcare Claim Acknowledgement- Billing Provider Information 9

4.2.1 Billing Provider Information 9

4.3 277CA Healthcare Claim Acknowledgement – Claim Level Status Information Detail 9

4.3.1 Claim Level Status Information Detail 9

4.4 277CA Healthcare Claim Acknowledgement – Trailer 11

4.4.1 Trailer 11

5 CLAIM EDITS 12

5.1 Claim Edits and Rejection Codes 12

6 EXAMPLES 21

6.1 Business Scenario 1: Accepted File 21

6.2 Accepted File (with some claims rejected) 21

6.3 5.3 277CA Returned to Provider 22

7 APPENDIX A 24

7.1 277CA Entity Codes 24

8 APPENDIX B 28

8.1 Service Method, Type and Category 28

Revision History

Revision numbering format:

v[Client Review].[PCG Management Review].[Author Review]

Version Number	Release Date	Notes
1.0.0	April 22, 2021	Draft for client review
2.0.0	May 14, 2021	Updated for client review and approval
3.0.0	June 14, 2021	Updated for client review and approval
4.0.0	July 13, 2021	Version for client approval

1 PREFACE

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when performing Electronic Data Interchange (EDI) with the New York Early Intervention EI-Hub system developed and administered by Public Consulting Group (PCG). Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides (Type 3 Technical Reports or TR3s), are compliant with ASC X12 syntax guides. This Companion Guide is intended to convey information within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

2 INTRODUCTION

This section describes how ASC X12N TR3 Implementation Guides (IGs) were adopted under HIPAA, where Public Consulting Group has provided tables to describe additional instructions in addition to the information in the IGs. That information can:

- Limit the repeat of loops or segments
- Limit the length of a simple data element
- Specify a sub-set of the IGs internal code listings
- Clarify the use of loops, segments, composite, and simple data elements
- Any other information tied directly to a loop, segment, and composite or simple data element pertinent to exchange information electronically with the New York Early Intervention EI-Hub

2.1 SCOPE

This document is intended as a resource to assist providers, clearinghouses, service bureaus, and all other New York Early Intervention EI-Hub electronic submitters in successfully conducting Electronic Data Interchange (EDI) administrative health care transactions. This document provides instructions for enrolling as a New York Early Intervention EI-Hub EDI submitter, obtaining technical assistance, initiating and maintaining connectivity, sending and receiving files, testing, and other related information. This document does not provide detailed data specifications published separately by the industry committees responsible for their creation and maintenance. This companion guide's Transaction Instruction component must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guide and conforms with ASC X12's Fair Use and Copyright statements.

2.2 OVERVIEW

This companion guide is to help those responsible for testing and setting up electronic eligibility transactions. Specifically, it documents and clarifies when situational data elements and segments must be used for inquiries and explains their use in the corresponding response. This guide supplements (but does not contradict) any requirements in the ASC X12N 837 (version 005010X223A2) implementation.

This guide provides communications-related information necessary for EDI file exchange with EI-HUB, the ISA and GS envelopes format, and exchange test and production transactions with the New York Early Intervention EI-Hub. Providers who are not approved with an appendix agreement in the New York State (NYS) Early Intervention Program (EIP) cannot submit EDI transactions. Please contact the Bureau of Early Intervention's (BEI) Provider Approval Unit (PAU) at provider@health.ny.gov or (518) 473-7016 (press 1) for more information on how to become an approved provider.

There are three (3) parts to this guide:

- Information and technical requirements are necessary to transmit EDI transactions with the New York Early Intervention EI-Hub and general information on setting up the EDI relationship.
- Detailed data requirements specific to the New York Early Intervention EI-Hub for processing the 277CA Health Care Claim Acknowledgement
- The tables show the segments and elements, code listings, and examples.

2.3 REFERENCES

The ASC X12N 277CA (version 005010X214) T3 Guide for Health Care Claim Acknowledgement has been established as a standard for claim acknowledgments and is available at http://www.wpc-edi.com/HIPAA.

2.4 ADDITIONAL INFORMATION

Presumed that the readers of this document are familiar with HIPAA and its associated Regulations and EDI standards as developed by the Accredited Standards Committee X12 (ASCX12) and published in the implementation guides (Type 3 Technical Reports) for the included transactions. This document's authors address its contents to technical and non-technical readers tasked with designing, implementing, and/or supporting EDI with the New York Early Intervention EI-Hub.

Substantial effort has been taken to minimize errors. However, the New York Early Intervention EI-Hub, the NYS Department of Health (the Department), PCG employees, directors, and shareholders shall not be liable or responsible for any errors, omissions, or expenses resulting from using the information in this document.

2.5 HIPAA PRIVACY AND SECURITY

EDI submitters are responsible for the preservation, privacy, and security of data in their possession. While using the application, the user has access to Protected Health Information (PHI) and Personally Identifiable Information (PII) data. This information must be handled in accordance with State and federally prescribed regulations.

2.6 TECHNICAL REQUIREMENTS

The New York Early Intervention EI-Hub supports the 277CA ASC X12N Version 005010X214 for Claim Acknowledgement transactions. Providers wishing to receive the 277 Claim Acknowledgement must support this version.

2.7 EDI SUBMITTER AGREEMENT AND REGISTRATION

An EDI submitter is defined as any New York Early Intervention Approved Billing Provider who transmits or receives electronic data into/from the EI-Hub.

Before a provider is permitted to submit or receive EDI transactions into/from the EI-Hub, they must complete the following steps:

1. Review the "Procedures to Submit Electronic Claims" section on the EI-Hub electronic billing link.
2. To register as an EI-Hub electronic claims provider, please contact Customer Service at 1(866) 315- 3747 and inform the agent that you would like to be set up for testing.
3. Instructions will be available to providers on how to complete the required testing.
4. After completing the testing phase, the provider will be granted access to send and receive EDI transactions into/from EI-Hub.

Please note the timeline for testing this functionality has not been finalized; more information will be sent to stakeholders when available.

2.8 TESTING

2.8.1 Response File

The 277CA is a response to an 837P being processed; thus, they are not tested independently of the claims testing.

2.8.2 Claims File

The 277CA will be sent as a response file for all version 5010 Health Care Claim files (837P). When health care claims files are tested, a 277CA is generated as a response ("T") for Test in the ISA15. All production 5010 837s will receive production 277CA, with a "P" in ISA15.

2.8.3 Acceptance

As part of the 5010 -837P Health Care Claims file testing, EDI submitters should confirm that they have received and can successfully process the 277CA.

3 TRANSACTION PROCESSING

3.1 ACCEPTED AND REJECTED CLAIMS

All claims received within the incoming 837P 5010 file will be returned in the 277CA file. The 277CA file will show if a claim is accepted or rejected. The 277CA file will be retrieved at approximately 48 HRS upon successfully submitting the 837P file.

a. All claims will be processed through the New York Early Intervention EI-Hub claiming and billing rules/edits.

b. All accepted claims will be returned on the 277CA with the following code: A2:19.

   A2 - **Acknowledgement/Acceptance into the adjudication system - The claim/encounter has been accepted into the adjudication system.**

   19 - **Entity acknowledges receipt of claim/encounter.**

c. Any claim rejected for non-compliance of claiming and billing rules/edits will be returned with an A3, along with Status and Entity Code (if applicable)

   A3 - **Acknowledgement/Returned as an un-processable claim - The claim/encounter has been rejected and has not been entered into the adjudication system.**

   Refer to the 277CA Status and Entity Codes for further rejection information (See Appendix A)

   Note: Adjudication System refers to EI-Hub. Entity refers to EI-Hub in entity acknowledgments. Claims will subsequently be forwarded to the payers.

4 277CA DATA ELEMENT TABLE

For each ASC X12 5010 837P transaction received, the New York Early Intervention EI-Hub will return a 277CA transaction to the submitter. This section clarifies data transmitted inside the various loops and segments associated with the 277CA transaction.

4.1 277CA HEALTHCARE CLAIM ACKNOWLEDGEMENT – HEADER

The 277CA Header identifies the start of the specific transaction set and the transaction's business purpose. When a transaction set uses a hierarchical data structure, a data element in the header, BHT01 (Hierarchical Structure Code), relates the type of business data expected within each level.

4.1.1 Header

Envelope/ Section Label	Segment	Description	Value	Description/Comments
Transaction Set Header	ST01	Transaction Set Identifier Code	277	Health Care Claim Status Response.
Transaction Set Header	ST02	Transaction Set Control Number	Same as SE02	It is identifying Control Number that must be unique within the transaction set functional group.
Transaction Set Header	ST03	Implementation Convention Reference	005010X214	Version, Release, or Industry Identifier.
Beginning of Hierarchical Transaction	BHT01	Hierarchical Structure Code	0085	Information Source, Information Receiver, Provider of service, Patient
Beginning of Hierarchical Transaction	BHT02	Transaction Set Purpose Code	08	Status
Beginning of Hierarchical Transaction	BHT03	Reference Identification	Same as the transmission receipt control number	The information source's system assigns the inventory file number of the transmission. This number operates as a transaction(batch) control number.
Beginning of Hierarchical Transaction	BHT04	Transaction Set Creation Date	YYYYMMDD	Creation Date
Beginning of Hierarchical Transaction	BHT05	Time	HHMMSS	Time expressed in 24hr clock time: H= 00-23, M= 00-59, S=00-59
Beginning of Hierarchical Transaction	BHT06	Transaction Type Code	TH	Receipt Acknowledgement Advice.

4.2 277CA HEALTHCARE CLAIM ACKNOWLEDGEMENT- BILLING PROVIDER INFORMATION

4.2.1 Billing Provider Information

Envelope/ Section Label	Segment	Description	Value	Comment
Loop ID - 2100 C Billing Provider Name				
Billing Provider Information	NM101	Entity Identifier Code	85- Billing Provider	
Billing Provider Information	NM102	Entity Type Qualifier	Person Non-Person Entity	
Billing Provider Information	NM103	Name Last or Organization Name	Name returned as received on 837P	Last Name of Billing Provider or Organization Name.
Billing Provider Information	NM104	Name First	First Name	First Name of Billing Provider.
Billing Provider Information	NM108	Identification Code Qualifier	XX- CMS National Provider Identifier (NPI)	
Billing Provider Information	NM109	Identification Code	10-digit NPI	The New York Early Intervention EI-Hub will return Billing Provider NPI.

4.3 277CA HEALTHCARE CLAIM ACKNOWLEDGEMENT – CLAIM LEVEL STATUS INFORMATION DETAIL

4.3.1 Claim Level Status Information Detail

Envelope/ Section Label	Segment	Description	Value	Description/Comments
LOOP ID - 2200D CLAIM SUBMITTER TRACE NUMBER- CLAIM LEVEL STATUS INFORMATION				
Information Source Level	HL01	Hierarchical ID Number	Number	
Information Source Level	HL03	Hierarchical Level Code	20- Information Source	Code defining the character of a level in a hierarchical structure.
Information Source Level	HL04	Hierarchical Child Code	Additional Subordinate HL Data Segment in this Hierarchical Structure	HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Envelope/ Section Label	Segment	Description	Value	Description/Comments
LOOP ID - 2200D CLAIM SUBMITTER TRACE NUMBER- CLAIM LEVEL STATUS INFORMATION				
Claim Status Tracking Number	TRN01	Trace Type Code	Current Transaction Trace Number	Referenced Transaction Trace Numbers.
Claim Status Tracking Number	TRN02	Reference Identification	Provider of Service Information Trace Number. Patient Control Number	This data element corresponds to the CLM01 data element of the ASC X12N Dental, Institutional, and Professional Implementation Guide(s).
Claim Status Tracking Number	DTP01	Date/Time Qualifier	472- Service	
Claim Status Tracking Number	DTP02	Date Time Period Format Qualifier	D8- Date Expressed in Format of YYYYMMDD	
Claim Status Tracking Number	DTP03	Date Time Period	YYYYMMDD	
Claim Level Status Information	STC01 - 1	Health Care Claim Status Category Code	A2- Claim Accepted in EI-Hub A3-Claim Rejected in EI-Hub	The New York Early Intervention EI-Hub will be returning A2 or A3 in this segment.
Claim Level Status Information	STC01 - 2	Health Care Claim Status Code	Industry Code	One of the Health Care Industry Category code used from code source 508. https://x12.org/codes/claim-status-codes
Claim Level Status Information	STC01 - 3	Entity Identifier Code	Please see the Implementation Guide for valid codes that may be sent.	The New York Early Intervention EI-Hub will supply additional detail applied to the claim status sent in STC01-2. (See Appendix A).
Claim Level Status Information	STC02	Status Information Effective Date	YYYYMMDD	The effective date of the above category/status.
Claim Level Status Information	STC03	Action Code	U - Reject WQ- Accept	STC03 is used to convey the electronic status of the Billing Providers claims.
Claim Level Status Information	STC04	Monetary Amount	Amount	Total Claim Charge Amount. Sum of the charges (CLM02) submitted from the original claim on the 837 file. Required field can be zero or greater.
Payer Claim Control Number	REF01	Reference Identification Qualifier	1K	
Payer Claim Control Number	REF02	Reference Identification	Payer Claim Control Number	T=The New York Early Intervention EI-Hub Claim number.

Envelope/ Section Label	Segment	Description	Value	Description/Comments
LOOP ID - 2200D CLAIM SUBMITTER TRACE NUMBER- CLAIM LEVEL STATUS INFORMATION				
Claim Level Status Information	STC03	Action Code	U - Reject WQ- Accept	STC03 is used to convey the electronic status of the Billing Providers claims.

4.4 277CA HEALTHCARE CLAIM ACKNOWLEDGEMENT – TRAILER

The 277CA Trailer identifies the end of the specific transaction set and provides control information on the total number of segments included in the transaction set.

4.4.1 Trailer

Envelope/Section Label	Element	Description	Value	Description/Comments
Transaction Set Trailer	SE02	Transaction Set Control Number	Same as ST02	It is identifying Control Number that must be unique within the transaction set functional group.

5 CLAIM EDITS

After the 837P file has been accepted as shown on the 999 file. All claims will be subject to the New York Early Intervention EI-Hub claiming and billing edits. Below is a table of the various claim edits and rejection codes associated with each edit.

5.1 CLAIM EDITS AND REJECTION CODES

Description of Edit	Edit Associated With	277CA Category Code	277CA Status Code	277CA Entity Code	EM-Error Message
The provider is not approved as of the Service Date recorded in the claim.	Billing Provider	A3	25	85	Contact the Bureau of Early Intervention Provider Approval Unit to determine why the billing provider was not in approved status on the claim service date.
Unable to identify billing provider (2000A/_2010AA/NM1/_09_Identification_Code_)	Billing Provider	A3	26	85	Billing Provider not found.
Unable to identify Child (_2000A/_2000B/_2010BA/NM1/_09_Identification_Code_)	Child	A3	26	QC	Patient/child not found. ***Note: First 4 characters of child's first and last name must match exactly with child's name in Case Management system***. *Example: Child's name in CM = Jackson De Jesus, child's name on 837 file must be: first name= Jackson, last name = De Jesus (include space if space is included in name in CM)*
Diagnosis Code Missing	Diagnosis	A3	254	F0	Missing diagnosis.
Extended Service less than 60 minutes is not permitted	Service Method	A3	263		Length of time for services rendered. Extended service less than 60 minutes is not permitted
Claim Id sent on Corrected/Void Claim Not Found in EIHUB	Date of Service	A3	35		Claim/Encounter Not Found (For Corrected/Void Claim)

Description of Edit	Edit Associated With	277CA Category Code	277CA Status Code	277CA Entity Code	EM-Error Message
Exact Date of Service, Provider, Child, Therapist, Auth#, Services (CPT codes) exists in EI-Hub.	Date of Service	A3	54		Duplicate of a previously accepted claim in EI-Hub.
Visit Type Missing. The service type in the 2300 segment is not recorded or not recognized by EI-Hub. The service type needs to be in this format: CV?-HHMM-HHMM Where CV? References the service type. CV1= regular visit CV2= makeup visit CV3= co-visit	Date of Service	A3	570	F1	Visit type missing or format of this field is incorrect.
Claim <Claim number> has invalid times: <times that caused the error> The service times in the 2300 segment are not formatted in the manner that EI-Hub needs them. The service times need to be in this format: hhmm-hhmm	Date of Service	A3	570	F2	Time format error.
No service start date is entered in the claim.	Date of Service	A3	21	F3	Service start date on claim is entered with invalid format.
The service start date cannot be in the future.	Date of Service	A3	510	F4	The service date recorded in the claim is in the future.
Claim Start and End Time Missing General services claims need a start and end time.	Date of Service	A3	21	F5	The claim start and/or end time is missing or invalid.

Description of Edit	Edit Associated With	277CA Category Code	277CA Status Code	277CA Entity Code	EM-Error Message
The service start time recorded in the claim occurs after the service end time.	Date of Service	A3	21	F6	Claim start time must precede the end time.
Service date not valid. Service Coordination claim already exists on this service date. An approved claim already exists in EI-Hub for service coordination for the child on this date.	Date of Service	A3	21	F7	Date of service and service type already exists. An approved SC claim already exists in EI-Hub for the child on this date.
All transportation claims must be submitted within the required timeframe	Date of Service	A3	718	T10	Claim/service not submitted within the required timeframe (Transportation Claim Timely Filing)
Limit of one (1) claim for a core evaluation (MDE) and/or for a supplemental evaluation regardless of the number of visits required to perform and complete that evaluation.	Date of Service	A3	54	E1	Duplicate - Limit of one (1) claim for a core evaluation (MDE) and/or for a supplemental evaluation regardless of the number of visits required to perform and complete that evaluation.
The Provider Invoice Number is a duplicate for the Billing Provider of Record. The invoice number is already in EI-HUB on a non-voided invoice.	Invoice	A3	21	F8	Invoice number previously submitted. If replacement/corrected claims, please check the claim frequency code for each claim.
There is no invoice number entered.	Invoice	A3	21	F9	Invoice number missing.
There is no provider entered on the invoice.	Invoice	A3	21	F10	Provider missing on the invoice

Description of Edit	Edit Associated With	277CA Category Code	277CA Status Code	277CA Entity Code	EM-Error Message
There is no municipality entered on the invoice.	Invoice	A3	21	F11	The municipality is missing on the invoice.
There is no invoice date entered on the invoice.	Invoice	A3	21	F12	The invoice date submitted is missing/invalid.
Service Coordination Claim cannot be CoVisit	Billing Rule	A3	570	F13	Service Coordination Claim cannot be CoVisit
Partially completed screenings are not eligible for reimbursement.	Billing Rule	A3	570	EV4	Partially completed screenings are not eligible for reimbursement.
Unable to identify receiving municipality county code (_1000B/NM1/_09_ Identification_Code _)	Municipality	A3	570	F14	Municipality code invalid.
Location Missing The claim does not indicate the service location.	Place of Service	A3	21	F15	Missing place of service/location of service.
Invalid/Missing Procedure Code	Procedure Code	A3	454		Invalid/missing procedure code submitted on claim.
Referring Provider (2310A loop) is missing on 837 or CM	Referring Provider	A3	21	F16	Referring Provider received on 837P or SL claim does not match Referring Provider In Case Management
The NPI reported in data element 2310ANM109 for the referring provider is not valid.	Referring Provider	A3	21	F17	Referring provider NPI missing/invalid.
The NPI reported in data element 2310BNM109 for the rendering provider is not valid.	Rendering Provider	A3	21	F18	Rendering provider NPI missing/invalid.

Description of Edit	Edit Associated With	277CA Category Code	277CA Status Code	277CA Entity Code	EM-Error Message
The rendering provider license has expired or not licensed; the supervising provider is missing. The rendering provider recorded in the claim does not have any Qualified Profession (QP) associated with them based on: the services billed (which is tied to the Service Authorization) the service date recorded in the claim.	Rendering Provider	A3	570	F19	The rendering provider license has expired, or Supervising provider/ therapist must be added for unlicensed therapist.
Rendering Provider on Claim does not match service authorization rendering provider	Rendering Provider	A3	21	F20	Rendering Provider on claim does not match Service Authorization assigned rendering provider.
"The rendering provider NPI reported in data element 2310BNM109 is associated with more than one active employee/ contractor of the billing provider."	Rendering Provider	A3	570	F21	Rendering provider NPI is associated with multiple individuals.
The rendering provider was not an active employee/ contractor of the billing agency on the service date.	Rendering Provider	A3	570	F22	On the service date recorded in the claim, the rendering provider was not an active employee/contractor of the billing provider.
Rendering NPI doesnt match SA Rendering NPI or The rendering provider recorded in the claim is not recorded in EI-HUB as a service coordinator.	Rendering Provider	A3	570	F24	The rendering provider on the claim is not recorded in EI-Hub service auth or rendering provider is not recorded in EI-HUB as a service coordinator for SC claim.

Description of Edit	Edit Associated With	277CA Category Code	277CA Status Code	277CA Entity Code	EM-Error Message
The rendering provider had an active restriction in place on the date of service specified in the claim.	Rendering Provider	A3	570	F26	There was an active restriction placed on the rendering provider on the claim service date. Please check and update catchment area and/or employment role for rendering therapist.
A rendering provider is not specified.	Rendering Provider	A3	21	82	Missing rendering provider.
Unable to match Service Authorization number to the Child and Billing Provider.	Service Authorization	A3	570	F27	Service authorization for a child for a submitted provider/service/visit type not found.
There are not enough units remaining on the service authorization to cover the invoiced visit. The number of units remaining on the Service Authorization is less than the units required for the claim.	Service Authorization	A3	570	F28	Contact the EIO/D or service coordinator to amend the SA and add more units if applicable.
Service Date is outside the date range of the Service Authorization.	Service Authorization	A3	570	F29	The claim service date does not fall within the service authorization start date and end date.
Service Authorization was suspended on the date of service.	Service Authorization	A3	570	F30	Contact the EIO/D or service coordinator to determine why the service authorization or associated IFSP is/has a status of 'suspended.'
There are not enough dollars remaining on the service authorization to cover the invoiced amount. Pertains to respite and transportation claims. The amount entered exceeds the service	Service Authorization	A3	570	F31	Pertains to respite and transportation claims. The amount entered exceeds the service authorization amount.

Description of Edit	Edit Associated With	277CA Category Code	277CA Status Code	277CA Entity Code	EM-Error Message
authorization amount.					
Provider Agency was restricted for this service type on the date of service. The agency or rendering provider is restricted on the date of service specified.	Service Authorization	A3	84	F32	Contact the bureau of early intervention, provider approval unit to determine why the billing provider or rendering provider was restricted on the service date.
Service Type Missing The service type in the 2300 segment is not recorded or not recognized by EI-Hub. The service type needs to be in this format: hhmm-hhmm	Service Type	A3	21	F33	Visit/service type missing.
Test transaction not accepted in EI-Hub. "T" - test indicator was submitted on file.	Submitter	A3	570	F34	Test files are not permitted in production.
Submitter not found or approved to submit files/claims.	Submitter	A3	570	F35	Submitter not found or submitter not configured to submit production files/claims
The provider has not yet been configured to submit HIPAA 5010 production files to EI-Hub. Submitter ID sent on file is missing/invalid.	Submitter	A3	496		Submitter id missing/invalid on file.
Child's Insurance Policy Is Identified as Unregulated as Per DFS.	Policy	A2	570		'Child's Policy Is Unregulated and Cannot be Billed to Commercial Insurance.
No more than three (3) Basic Home & Community Based Visits per Day.	Service Method	A3	612	F36	Basic Home & Community Based Visits per Day Exceeded-Max of 3.

Description of Edit	Edit Associated With	277CA Category Code	277CA Status Code	277CA Entity Code	EM-Error Message
No more than three (3) Extended Home & Community-Based Visits per Day.	Service Method	A3	612	F37	Extended Home & Community Based Visits per Day Exceeded- Max of 3.
No more than one (1) Basic Home & Community Based Visit per Discipline per Day.	Service Method	A3	612	F38	Basic Home & Community Based Visit per Discipline per Day Exceeded- Max of 1.
No more than one (1) Extended Home & Community-Based Visit per Discipline per Day.	Service Method	A3	612	F39	Extended Home & Community Based Visit per Discipline per Day Exceeded- Max of 1.
No more than three (3) Basic and Extended Home & Community-Based Visits per Day.	Service Method	A3	612	F40	Basic and Extended Home & Community Based Visits per Day Exceeded- Max of 3.
No Basic & Extended Home & Community Based Visits within the Same Discipline per Day.	Service Method	A3	612	F41	Basic & Extended Home & Community Based Visits within the Same Discipline per Day Exceeded.
No more than 1 Office/Facility Visit per Discipline per Day	Service Method	A3	612	F42	No more than 1 Office/Facility Visit per Discipline per Day
No more than three (3) Office/Facility Visits per Day.	Service Method	A3	612	F43	Office/Facility Visits per Day Rule Exceeded- Max of 3.
No more than one (1) Parent/Child Group Visit per Day.	Service Method	A3	612	F44	Parent/Child Group Visit per Day Exceeded- Max of 1.
No more than two (2) Family/Caregiver Support Group Visits per Day.	Service Method	A3	612	F45	Family/Caregiver Support Group Visits per Day Exceeded- Max of 2.
No more than one (1) Group Developmental Visit per Day Group. Developmental Includes: Basic Group Developmental	Service Method	A3	612	F46	Group Developmental Visit per Day Exceeded-Max of 1. Group Developmental Includes: – Basic Group Developmental (or) – Enhanced Group Developmental (or) – Basic Group Developmental w/ 1:1

Description of Edit	Edit Associated With	277CA Category Code	277CA Status Code	277CA Entity Code	EM-Error Message
Enhanced Group Developmental Basic Group Developmental w/ 1:1 Aide Enhanced Group Developmental w/ 1:1 Aide.					Aide (or) – Enhanced Group Developmental w/ 1:1 Aide
No more than 2 Additional Supplemental Evaluations during a 1 Year Period	Service Method	A3	612	F47	Limit of 2 additional supplemental evaluations per 1 year period
Claim End Time cannot be the same as Claim Start Time.	Date of Service	A3	21	F49	Claim End Time Cannot Be the Same or Earlier than Claim Start Time.
A service coordination claim cannot be submitted for less than six (6) minutes.	Date of Service	A3	21	F50	Service Coordination Claim Cannot Be Submitted for Less Than 6 Minutes
Time in and time out must not overlap with another time in and time out.	Date of Service	A3	21	F51	Claim Start and End Time. It cannot overlap with another claim.
IFSP status is not active/approved	Date of Service	A3	570	F52	IFSP is not active/approved on Date of Service.

6 EXAMPLES

Below are examples of 277CA responses.

6.1 BUSINESS SCENARIO 1: ACCEPTED FILE

Provider ABC Therapy submitted an 837P file to EI-Hub on 2-11-2021; below is a sample of the 277CA, which would be returned to the provider.

ISA*00* *00* *ZZ*00804 *ZZ*1234567899
*210211*1136*^*00501*000004691*0*P*|~
GS*HN*00804*1234567899*20210210*1545*2243*X*005010X214~
ST*277*0001*005010X214~
BHT*0085*08*000002856285680264*20210211*1136*TH~
HL*1**20*1~
NM1*PR*2*EI-Hub*****46*00804~
TRN*1*16B213C737~
DTP*050*D8*20210211~
DTP*009*D8*20210211~
HL*2*1*21*1~
NM1*41*2*Provider ABC Therapy*****46*1234567899~
TRN*2*80264~
STC*A2|19|PR*20210211*WQ*180~
QTY*90*2~
AMT*YU*180~
HL*3*2*19*1~
NM1*85*2*Provider ABC Therapy****XX*1679956288~
TRN*1*C0B6841A04~
STC*A2|19|PR**WQ*180~
QTY*QA*2~
AMT*YU*180~
HL*4*3*PT~
NM1*QC*1*Smith*John****MI*Policy1234~
TRN*2*3365349175~
STC*A2|19|PR*20210211*WQ*90~
REF*1K*81042661350600~
DTP*472*RD8*20200311-20200311~
HL*5*3*PT~
NM1*QC*1*Smith*John****MI*Policy1234~
TRN*2*365172265~
STC*A2|19|PR*20210211*WQ*90~
REF*1K*81042661360600~
DTP*472*RD8*20200304-20200304~
SE*32*0001~
GE*1*2243~
IEA*1*000004691~

6.2 ACCEPTED FILE (WITH SOME CLAIMS REJECTED)

In the following example, Best ABC Therapy (Electronic Transmitter ID Number S00001) submitted an 837 Professional claim file to EI-Hub on February 5, 2020, for Best ABC Therapy (Employer Tax ID Number 123456789). EI-Hub processed the file on February 5, 2020 and notified Best ABC Therapy that

although the file for charges totaling $1,000.00 was accepted, individual claims were rejected. The following is the status information for the claims contained in the 837P claims transmission file:

- John 'Doe's (Member ID Number 00ABCD1234) claim for $200.00 for dates of service January 28, 2020, through January 31, 2020, was accepted and forwarded to the payer.
- Jane 'Doe's (Member ID Number 45613027602) claim for $500.00 for date of service January 15, 2020, was rejected because it is missing the rendering provider number on the service/detail line with the HCPC procedure code of "92507" with a modifier of "TL" for a charge of $350.00. This rule is required for the payer to process the claim, so the clearinghouse has established an edit to prohibit acceptance of claims without the necessary identification number.
- Helen 'Vest's (Member ID Number 45602708901) claim for $300.00 for the date of service, January 20, 2020, was rejected because the patient was not eligible on the date of service.

6.3 5.3 277CA RETURNED TO PROVIDER

ISA*00* *00* *ZZ*EI-
Hub *ZZ*1234567890 *201009*1703*^*00501*309771720*0*P*:~
GS*HN*EI-Hub*1234567890*20201009*170300*435780*X*005010X214~
ST*277*0001*005010X214~
BHT*0085*08*277X2140001*20060205*1635*TH~
HL*1**20*1~
NM1*PR*2*EI-Hub*****PI*EI00000~
TRN*1*2001020ABCDEF~
DTP*050*D8*20200205~
DTP*009*D8*20200205~
HL*2*1*21*1~
NM1*41*2*BEST ABC THERAPY*****46*1234567890~
TRN*2*2002020542857~
STC*A2:19:PR*20200205*WQ*1000~
QTY*90*1~
QTY*AA*2~
AMT*YU*200~
AMT*YY*800~
HL*3*2*19*1~
NM1*85*2*BEST ABC THERAPY*****FI*1234567890~
HL*4*3*PT~
NM1*QC*1*DOE*JOHN****MI*00ABCD1234~
TRN*2*DOE01428~
STC*A2:19:PR*20200205*WQ*200~
REF*1K*22029500123407X~
DTP*472*RD8*20200128-20200131~
HL*5*3*PT~
NM1*QC*1*DOE*JANE****MI*45613027602~
TRN*2*DOE0221~
STC*A3:21*82*20200205*U*500~
DTP*472*D8*20200115~
HL*6*3*PT~
NM1*QC*1*VEST*HELEN****MI*45602708901~
TRN*2*VEST0303~
STC*A3:570:EM29*20200205*U*300~
DTP*472*RD8*20200120-20200120~
SE*34*0001~

GE*1*435780~
IEA*1*309771720~

7 APPENDIX A

For a complete list of the 277CA Status Codes, go to **https://x12.org/codes/claim-status-codes.**

7.1 277CA ENTITY CODES

Code	Definition
3	Dependent
1P	Provider
1Z	Home Health Care
40	Receiver
41	Submitter
71	Attending Physician
72	Operating Physician
73	Other Physician
77	Service Location
82	Rendering Provider
85	Billing Provider
87	Pay-to Provider.
DK	Ordering Physician
DN	Referring Provider
DQ	Supervising Physician
FA	Facility
GB	Other Insured
HK	Subscriber
IL	Insured or Subscriber.
LI	Independent Lab
PR	Payer
PRP	Primary Payer

Code	Definition
QB	Purchase Service Provider
QC	Patient
QD	Responsible Party
SEP	Secondary Payer
TTP	Tertiary Payer
TU	Third Party Repricing Organization (TPO)
E1	Duplicate - Limit of one (1) claim for a core evaluation (MDE) and/or for a supplemental evaluation regardless of the number of visits required to perform and complete that evaluation.
EV4	Partially completed screenings are not eligible for reimbursement.
F0	Missing diagnosis
F1	Visit type missing or format of this field is incorrect.
F2	Time format error
F3	Service start date missing or invalid.
F4	The service date recorded in the claim is in the future.
F5	The claim start time is missing or invalid.
F6	Claim start time must proceed with the end time.
F7	Date of service and service type already exists.
FM8	Invoice number previously submitted. If replacement/corrected claims, please check the claim frequency code for each claim.
FM9	Invoice number missing.
F10	Provider missing on the invoice number.
F11	The municipality is missing on the invoice.
F12	The invoice date submitted is missing/invalid.
F13	The municipality entered on the invoice is an NYC borough.
F14	Municipality code invalid.
F15	Missing place of service/location of service

Code	Definition
F16	Referring provider missing
F17	Referring provider NPI missing/invalid
F18	Rendering provider NPI missing/invalid
F19	The rendering provider is not licensed; supervising provider/therapist must be added.
F21	Rendering provider NPI is associated with multiple individuals.
F22	On the service date recorded in the claim, the rendering provider was not an active employee/contractor of the billing provider.
F24	The rendering provider on the claim is not recorded in EI-Hub service auth or rendering provider is not recorded in EI-HUB as a service coordinator for SC claim.
F26	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"."
F27	Service authorization for a child for a submitted provider/service/visit type not found.
F28	Contact the EIO/D or service coordinator to amend the same and add more units.
F29	The claim service date does not fall within the service authorization start date and end date.
F30	contact the EIO/D or service coordinator to determine why the service authorization or associated IFSP is has a status of 'suspended.'
F31	Pertains to respite and transportation claims; the amount entered exceeds the service authorization amount.
F32	Contact the bureau of early intervention, provider approval unit to determine why the billing provider or rendering provider was restricted on the service date.
F33	Visit/service type missing.
F34	Test files are not permitted in production.
F35	Submitter not found or submitter not configured to submit production files/claims.
F36	Basic Home & Community Based Visits per Day Exceeded- Max of 3
F37	Extended Home & Community Based Visits per Day Exceeded- Max of 3
F38	Basic Home & Community Based Visit per Discipline per Day Exceeded- Max of 1
F39	Extended Home & Community Based Visit per Discipline per Day Exceeded- Max of
F40	Basic and Extended Home & Community Based Visits per Day Exceeded- Max of 3
F41	Basic & Extended Home & Community Based Visits within the Same Discipline per Day Exceeded
F43	Office/Facility Visits per Day Rule Exceeded- Max of 3

Code	Definition
F44	Parent/Child Group Visit per Day Exceeded- Max of 1
F45	Family/Caregiver Support Group Visits per Day Exceeded- Max of 2
F46	Group Developmental Visit per Day Group Developmental Includes: Basic Group Developmental Enhanced Group Developmental Basic Group Developmental w/ 1:1 Aide Enhanced Group Developmental w/ 1:1 Aide Exceeded- Max of 1
F47	No more than 2 Additional Supplemental Evaluations during a 1 Year Period
F49	Claim End Time Cannot Be the Same or Earlier Than Claim Start Time.
F50	Service Coordination Claim Cannot Be Submitted for Less Than 6 Minutes.
F51	Claim Start and End Time. It cannot overlap with Another. Claim Start and End Time. It does not apply to co-visits.
F52	IFSP is not active/approved on Date of Service
T10	Claim/service not submitted within the required timeframe (Transportation Claim Timely Filing)

8 APPENDIX B

8.1 SERVICE METHOD, TYPE AND CATEGORY

Rate Code	Description	Service Type	Service Category	Service Method
5244	Service Coordination	Service Coordination	Service Coordination	Service Coordination
5410	Non-physician Supplemental Eval - PT	Non-physician Supplemental Eval - PT	Supplemental Evaluation	Supplemental Evaluation
5411	Non-physician Supplemental Eval - Psych	Non-physician Supplemental Eval - Psych	Supplemental Evaluation	Supplemental Evaluation
5412	Non-physician Supplemental Eval - Social Work	Non-physician Supplemental Eval - Social Work	Supplemental Evaluation	Supplemental Evaluation
5413	Non-physician Supplemental Eval - Special Instruction	Non-physician Supplemental Eval - Special Inst	Supplemental Evaluation	Supplemental Evaluation
5414	Non-physician Supplemental Eval - Speech	Non-physician Supplemental Eval - Speech	Supplemental Evaluation	Supplemental Evaluation
5415	Non-physician Supplemental Eval - Vision	Non-physician Supplemental Eval - Vision	Supplemental Evaluation	Supplemental Evaluation
5416	Bilingual Core Evaluation Add on	Bilingual Core Evaluation Add on	Supplemental Evaluation	Evaluation
5417	Bilingual Evaluation Add on - Physician	Bilingual Evaluation Add on - Physician	Supplemental Evaluation	Supplemental Evaluation
5401	Screening Evaluation	Screening	Screening	Evaluation
5418	Bilingual Evaluation Add on – Non-Physician	Bilingual Evaluation Add on – Non-Physician	Supplemental Evaluation	Supplemental Evaluation
5420	Assistive Tech - Basic	Assistive Technology	General	Basic Home/Community-based Indiv/Coll Visit
5421	Audiology - Basic	Audiology	General	Basic Home/Community-based Indiv/Coll Visit
5422	Family Counseling - Basic	Family Counseling	General	Basic Home/Community-based Indiv/Coll Visit
5423	Family Support - Basic	Family Support	General	Basic Home/Community-based Indiv/Coll Visit
5424	Family Training - Basic	Family Training	General	Basic Home/Community-based Indiv/Coll Visit
5425	Health - Basic	Health	General	Basic Home/Community-based Indiv/Coll Visit
5426	Nursing - Basic	Nursing	General	Basic Home/Community-based Indiv/Coll Visit
5428	Nutrition - Basic	Nutrition	General	Basic Home/Community-based Indiv/Coll Visit
5402	Core Evaluation	Core Evaluation	Evaluation	Evaluation
5429	OT - Basic	OT	General	Basic Home/Community-based Indiv/Coll Visit
5430	PT - Basic	PT	General	Basic Home/Community-

Rate Code	Description	Service Type	Service Category	Service Method
				based Indiv/Coll Visit
5431	Psychology - Basic	Psychology	General	Basic Home/Community-based Indiv/Coll Visit
5432	Social Work - Basic	Social Work	General	Basic Home/Community-based Indiv/Coll Visit
5433	Special Instruction - Basic	Special Instruction	General	Basic Home/Community-based Indiv/Coll Visit
5434	Speech Language - Basic	Speech Language	General	Basic Home/Community-based Indiv/Coll Visit
5435	Vision - Basic	Vision	General	Basic Home/Community-based Indiv/Coll Visit
5439	Assistive Tech - Extended	Assistive Technology	General	Ext Home/Community-based Indiv/Coll Visit
5440	Audiology - Extended	Audiology	General	Ext Home/Community-based Indiv/Coll Visit
5403	Physician Supplemental Evaluation	Physician Supplemental Evaluation	Supplemental Evaluation	Supplemental Evaluation
5441	Family Counseling - Extended	Family Counseling	General	Ext Home/Community-based Indiv/Coll Visit
5442	Family Support - Extended	Family Support	General	Ext Home/Community-based Indiv/Coll Visit
5443	Family Training - Extended	Family Training	General	Ext Home/Community-based Indiv/Coll Visit
5444	Health - Extended	Health	General	Ext Home/Community-based Indiv/Coll Visit
5445	Nursing - Extended	Nursing	General	Ext Home/Community-based Indiv/Coll Visit
5447	Nutrition - Extended	Nutrition	General	Ext Home/Community-based Indiv/Coll Visit
5448	OT - Extended	OT	General	Ext Home/Community-based Indiv/Coll Visit
5449	PT - Extended	PT	General	Ext Home/Community-based Indiv/Coll Visit
5450	Psychology - Extended	Psychology	General	Ext Home/Community-based Indiv/Coll Visit
5451	Social Work - Extended	Social Work	General	Ext Home/Community-based Indiv/Coll Visit
5405	Non-physician Supplemental Eval - Assistive Technology	Non-physician Supplemental Eval - Assistive Technology	Supplemental Evaluation	Supplemental Evaluation
5406	Non-physician Supplemental Eval - Audiology	Non-physician Supplemental Eval - Audiology	Supplemental Evaluation	Supplemental Evaluation
5452	Special Instruction - Extended	Special Instruction	General	Ext Home/Community-based Indiv/Coll Visit
5453	Speech Language - Extended	Speech Language	General	Ext Home/Community-based Indiv/Coll Visit

Rate Code	Description	Service Type	Service Category	Service Method
5454	Vision - Extended	Vision	General	Ext Home/Community-based Indiv/Coll Visit
5458	Assistive Technology - Facility	Assistive Technology	General	Office/Facility Indiv/Coll Visit
5459	Audiology - Facility	Audiology	General	Office/Facility Indiv/Coll Visit
5460	Family Counseling - Facility	Family Counseling	General	Office/Facility Indiv/Coll Visit
5461	Family Support - Facility	Family Support	General	Office/Facility Indiv/Coll Visit
5462	Family Training - Facility	Family Training	General	Office/Facility Indiv/Coll Visit
5463	Health - Facility	Health	General	Office/Facility Indiv/Coll Visit
5464	Nursing - Facility	Nursing	General	Office/Facility Indiv/Coll Visit
5465	Nutrition - Facility	Nutrition	General	Office/Facility Indiv/Coll Visit
5466	OT - Facility	OT	General	Office/Facility Indiv/Coll Visit
5467	PT - Facility	PT	General	Office/Facility Indiv/Coll Visit
5468	Psychology - Facility	Psychology	General	Office/Facility Indiv/Coll Visit
5469	Social Work - Facility	Social Work	General	Office/Facility Indiv/Coll Visit
5470	Special Instruction - Facility	Special Instruction	General	Office/Facility Indiv/Coll Visit
5471	Speech Language - Facility	Speech Language	General	Office/Facility Indiv/Coll Visit
5472	Vision - Facility	Vision	General	Office/Facility Indiv/Coll Visit
5407	Non-physician Supplemental Eval - Nursing	Non-physician Supplemental Eval - Nursing	Supplemental Evaluation	Supplemental Evaluation
5476	Parent/Child Group	Group	General	Parent/Child
5479	Basic Group Developmental	Group	General	Basic Group Developmental
5480	Basic Group Developmental with 1:1 Aide	Group	General	Basic Group Developmental with 1:1 Aide
5482	Enhanced Group Developmental	Group	General	Enhanced Group Developmental
5483	Enhanced Group Developmental with 1:1 Aide	Group	General	Enhanced Group Developmental with 1:1 Aide

Rate Code	Description	Service Type	Service Category	Service Method
5485	Family Caregiver Support Group	Group	General	Family Caregiver Support Group
5486	Sibling Support Group	Group	General	Sibling Support
PN576	Respite Care	Respite Care	Respite	
PN577	Transportation - EI	Transportation	Transportation	
PN578	Transportation - Caregiver	Transportation	Transportation	
5408	Non-physician Supplemental Eval - Nutrition	Non-physician Supplemental Eval - Nutrition	Supplemental Evaluation	Supplemental Evaluation
PN579	Medical D&E	ATD	ATD	
5409	Non-physician Supplemental Eval - OT	Non-physician Supplemental Eval - OT	Supplemental Evaluation	Supplemental Evaluation
5457	Applied Behavior Analyst Treatment Services – Basic	ABA	General	Basic Home/Community-based Indiv/Coll Visit
5474	Applied Behavior Analyst Treatment Services – Extended	ABA	General	Ext Home/Community-based Indiv/Coll Visit
5475	Applied Behavior Analyst Treatment Services – Facility	ABA	General	Office/Facility Indiv/Coll Visit
5478	Transportation (Each one-way trip)	Transportation	Transportation	