

Submission of 837P File To EI-Hub User Guide



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Revision History

Version Number	Release Date	Author	Revision Summary
v0.1.0		Bobbi D'Orazio	

Unit 1. HCS Setup Prior To Testing

Prior to testing, all submitters must have an HCS account.

Testing will be in a secure version of the system behind HCS and all users who wish to test must have a HCS ID/access to complete the test. Instructions on how to obtain a Health Commerce System (HCS) account can be found on the Learning Management System (LMS): [Health Commerce Account Instructions](#).

To obtain an HCS account, use the following link:

<https://apps.health.ny.gov/pub/usertop.html>

For more information, please use the Quick Reference Guide link below:

https://apps.health.ny.gov/pub/ctrldocs/paperless_edoc2.pdf

New HCS User Account

Need a Health Commerce System (HCS) account? Follow these steps (Register only once):

- Create your unique User ID and set up Security Questions.
- Go to your HCS Coordinator with your user ID and valid photo ID for verification.
- Set your password and login.

FIRST—The New User will...

A. Create User ID & Set Up Security Questions

- Go to <https://commerce.health.state.ny.us>
- Click **Sign Up Here**
- Click **No** (I am not a licensed medical professional)
- Click **'Register for an account'**
- Create/Enter a unique User ID
- Enter your First Name, Last Name and Email Address
NOTE: Name is same as it is on your Photo ID
- Click **Security and Use Policy (SAUP)** link and review
- Check the box to confirm you read and understand the Security and Use Policy (SAUP)
- Check "I'm not a robot" and complete CAPTCHA
- Click **Continue**
- Answer at least six Security Questions and click **Save**
- Confirm: Step 1 Success message

You will receive **two** emails from camu@health.ny.gov:
"HCS Self Registration Account Created for <user ID>" and
"HCS security questions and answers have been changed for <user ID>."
Check junk mail if not received.

- Go to your organization's HCS coordinator with your <user ID> and your valid photo ID e.g. NYS DMV Driver License, NYS DMV Non-driver Photo ID, Passport, Unexpired Foreign Passport, US Driver's license, etc.

SECOND—The HCS Coordinator will...

B. Affiliate you with the organization

- Login the HCS
- Click **Coord Account Tools - HCS** under My Applications
- Scroll down to **Request an account for a... User** (for non-licensed professionals)
- Click **User**
- Select **Yes, they have a Valid Photo ID**
- Select your organization from the list
- Enter the user's HCS ID and click **Next**
NOTE: Confirmation of user ID created was sent to the user via email with subject "HCS Self Registration Account Created for <user ID>"
- Select option: NYS Photo ID or Non NYS Photo ID
NOTE: The information must match exactly. If the ID is not a NYS driver license, please enter the ID number in the Comments field.
- Complete user's information based on photo ID and click **Next**
- Enter the user's business contact information and click **Submit**
- Confirm confirmation message **"Registration Success"** displays
- Instruct the newly enrolled user to look for "Congratulations! You are enrolled on the HCS" email. This contains their link to set their password. **Existing users do not need to reset password.**

User Sets Password & Logs in...

C. Set your password upon receipt of "Congratulations! You are enrolled on the Health Commerce System (HCS)" email:

- Click the link in your email **Note: Only newly enrolled users will receive an email; existing users will not.**
- Enter your user ID
- Check "I'm not a robot" and complete the CAPTCHA
- Click **Continue**
- From the Forgot your Password? screen, click one option e.g. [Reset my password using my NYS Driver License or NYS Non-Driver Photo ID](#) or [Reset my password using my security question answers](#)
- Login** to HCS.

* If you do not know your HCS Coordinator, please call the Commerce Accounts Management Unit (CAMU) at 1-866-529-1890 option 1 (M-F 8am-4:45pm) Revised Feb 2022

Unit 2. Procedures to Submit Electronic Claims

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 upload 837P transactions into the EI-Hub, they must complete the following steps:

1. Review the "Procedures to Submit Electronic Claims" located on the EI-Hub electronic billing link.
2. To register as an EI-Hub electronic claims provider, please email PCG at NYSFAEIP@pcgus.com to begin testing.



Do not submit test files to the email box.

3. Submitters or their third part system vendors should view the 837P, 999 and 277 Companion Guides prior to submission of test files.
 - EI-HUB 5010 837P Companion Guide can be found in the LMS: [Link](#)
 - EI-HUB 5010 999 Companion Guide can be found in the LMS: [Link](#)
 - EI-HUB 5010 277CA Companion Guide can be found in the LMS: [Link](#)

The EI-HUB 5010 837P Companion Guide is a companion guide to the ASC X12N Implementation Guides adopted under the Health Insurance Portability and Accountability Act (HIPAA). *This guide clarifies and specifies the data content needed to exchange with the New York Early Intervention EI-Hub electronically.* **Data elements (loops and segments) specified on this companion guide, should be used in tandem with the ASC X12 Version 5010 ASC X12 Version 5010 Implementation Guides adopted for use under HIPAA.** The EI-HUB 5010 837P Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

Please note: A complete 837P must be generated with the required ASC X12 data elements, along with the EI-HUB 837P specific data elements.

Unit 3. Instructions for Testing ASC X12N 837P Claims Transactions

3.1. Test 837 File General Information

A test file must contain a maximum of 50 claims. Providers can submit a maximum of three (3) test files per day.

For the test claims, provider(submitter) must specify a “**T**” in the ISA15 segment of the Interchange Envelope.

Upon successful completion of registration as an EDI submitter, providers may begin testing 837P files.

Testing will be done in the following Stages:

Stage 1- Submission of various service type files. Providers have the option of submitting individual test file for each service type or submitting one file with all service types combined.

Stage 2 – Submission of corrected 837P files. Providers are encouraged to send test files with typical errors so that they can test the acceptance of a corrected file.

3.2. Steps to Perform Stage 1 of 837P Testing:

Submitter/Provider will log onto the EI-HUB Case Management test site and go to the Attendance Module/Reports/Child Info and Authorizations screen to download a list of children to use for testing.

❗ The following steps do not apply to Provider Claims Loader Testing (pages 8-9). Testers will not have access to the Child Info and Authorization report.

Child Information and Authorization Report Results

Report Filters

Billing Provider or EIP Provider ID (Contains) County (Contains) Service Date From and Service Date To

Search...

Billing Provider	EIP Provider ID	EI Child ID	Child First Name	Child Middle Name	Child Last Name	DOB	Child Address	Child City	Child State	Child Zip	Sex	County of Residence	Child Status	Date Aging Out	Service Coordinator First Name	Service Coordinator Last Name	Service Coordinator Company	Service Coordinator Phone	Service Coordinator Email	EIO/D First Name	EIO/D Last Name
ABC Company	97		1Demo	James	1Test	02/01/2021	151 W 34TH ST	NEW YORK	NY	10001-2101	M	Albany	Active	02/01/2024							
ABC Company	97		April	Middle	Four	02/01/2021	254 W 29TH ST	NEW YORK	NY	10001-5290	Non-binary	Albany	Active	02/01/2024							
JBFC5	1191		wrhea		gsw	09/01/2020	254 W 29TH ST	NEW YORK	NY	10001-5290	M	Albany	Active	09/01/2023							
JBFC5	1191		wrhea		gsw	09/01/2020	254 W 29TH ST	NEW YORK	NY	10001-5290	M	Albany	Active	09/01/2023							

Showing 11 to 14 of 14 entries

Prev 1 2 Next

To download the report, click the Excel button on the top hand side of the screen.

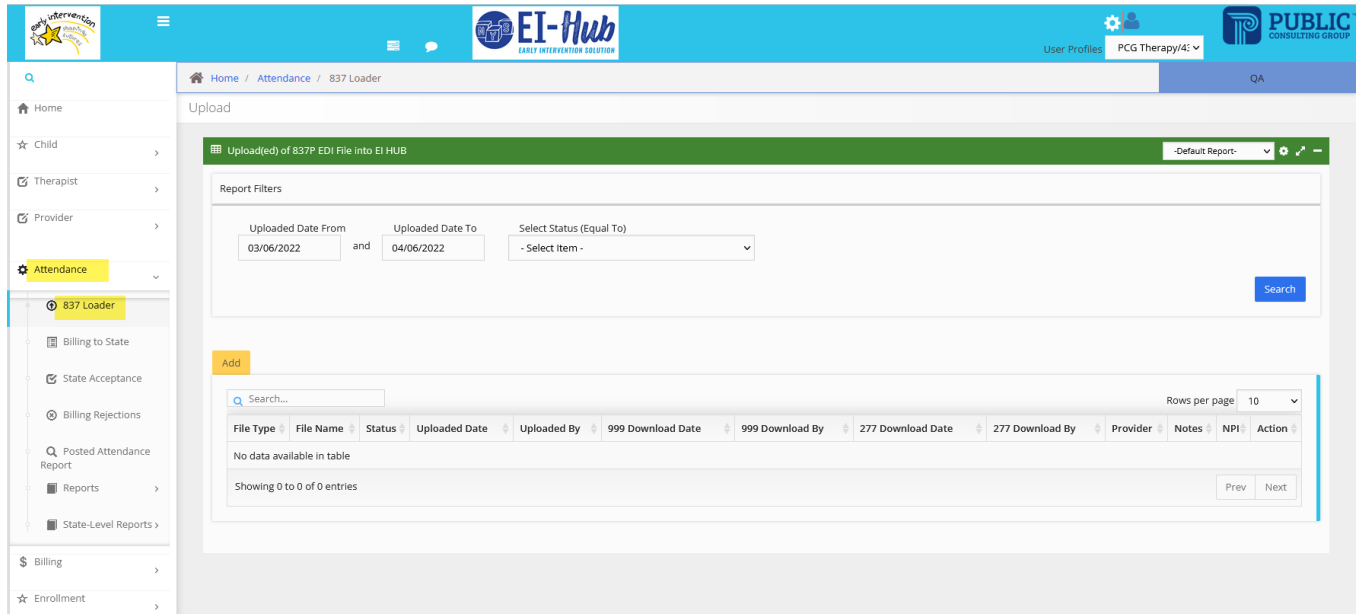
Provider will create a test 837P file in the ASC x12 Version 5010 format, using their billing system and EDI software/vendor using the data from the Child Info and Authorizations report. Provider can add CPT Code, Service Start and End Time, and Units.

Further details of an 837P EDI transactions file can be found in the **NYS DOH EI-HUB 5010 837P Companion Guide**

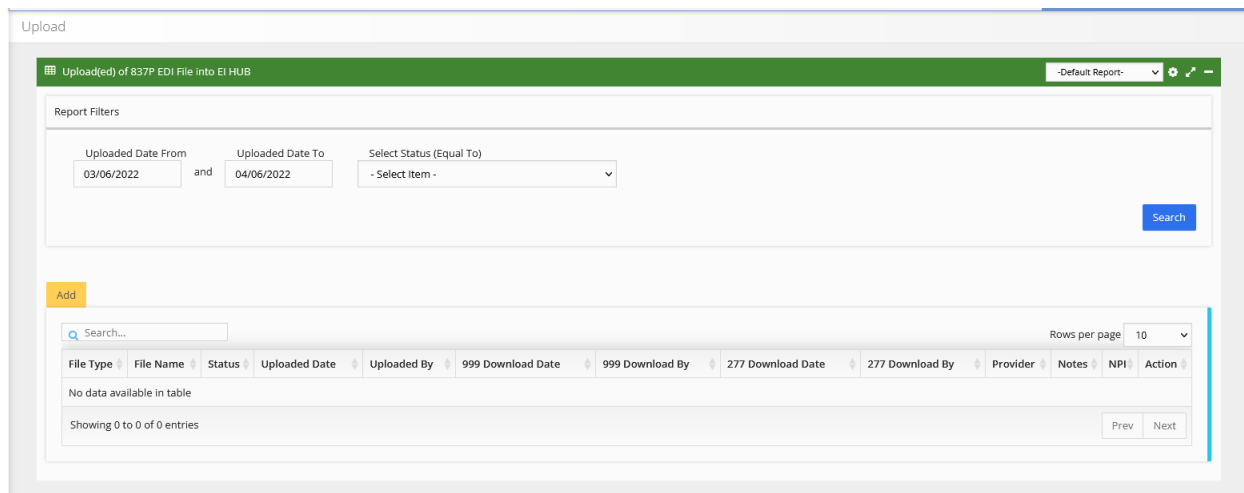
The Child Info and Authorization Report will contain the following information for use to build the 837P test file:

Ref #	Report Fields	Ref #	Report Fields
1	Billing Provider	25	Program
2	EIP Provider ID	26	Enrollment Type
3	EI Child ID	27	Enrollment Status
4	Child First Name	28	Authorization Number
5	Child Middle Name	29	Start Date
6	Child Last Name	30	End Date
7	DOB	31	Location Type
8	Child Address	32	Suspended Start Date
9	Child City	33	Suspended End Date
10	Child State	34	Length
11	Child Zip	35	Frequency
12	Sex	36	Frequency Unit
13	County of Residence	37	Total Sessions Authorized
14	Child Status	38	Total Co-Visit Units
15	Date Aging Out	39	Visits Per Day
16	Service Coordinator First Name	40	IFSP ID
17	Service Coordinator Last Name	41	IFSP Signed Date
18	Service Coordinator Company	42	IFSP Type
19	Service Coordinator Phone	43	IFSP Status
20	Service Coordinator Email	44	IFSP Start Date
21	EIO/D First Name	45	IFSP End Date
22	EIO/D Last Name	46	Exit Date
23	EIO/D Phone	47	Service Date
24	EIO/D Email	48	Service Last Modified Date

Provider will be granted temporary access to the EI-HUB 837P Loader during testing. 837P Loader can be found in the Attendance Module.



The Main Menu of the 837P Loader is shown below.



- Upload Date From – This field can be used to view 837P files that were uploaded by the user for a specific from date.
- Upload Date To – This field can be used to view 837P files that were uploaded by the user for a specific to date.

User can view files uploaded for one date or for a date range using the Upload Date From and Upload Date To fields.

- Select Status – This field can be used to filter 837P files with an Accepted or Rejected status.

Click the Search button to see the results of the search. Results can be sorted on any column in ascending or descending order by clicking the appropriate report column.

- Add Button is used to add(upload) a file.

The file Upload screen will pop up. Select the document type of Insurance 837 file.

Review on-screen file requirements.

Click Choose File and select the 837P file you wish to upload.

Click Confirm Upload of 837P EDI File into EI-HUB.

Upload 837P EDI File into EI HUB

File must be in the X12 file format; the recommended file type is .txt. Files including, but not limited to, PDF, Excel, Word, PowerPoint, JPG, etc., are not accepted. File/Document name cannot exceed 115 characters. The maximum number of uploaded files is 1.

Document Area : X12

*Document Type

--- Select ---

Document Name

Browse...

No file selected.

Notes

Confirm Upload of 837P EDI File into EI HUB

Cancel

A screen will pop up for provider to certify that the information on the invoice is true and accurately reflects the services provided under the Early Intervention Program. It will also show the name of the file that was selected by user.

Prior to clicking the Upload button, please confirm that the correct file was selected.

File with Errors

If the file that was uploaded has errors, the user may receive an error message (if the file uploaded is not an X12 complaint file). This type of error will not generate a 999 or 277 file. A 999 will be generated if the file is x12 compliant but has data element errors. A 999 which is rejected (has errors) will not generate a 277 file. All errors must be fixed on the 837P file and resubmitted.

File with No Errors

User will receive a message stating that the file uploaded successfully if the file had no errors.

Click the Close button to return to 837P Main Menu.

- 1- Upon successful upload of an 837P file, the user can return to the 837P Loader Main Menu and check the status of the file.

A 999 file will be generated for all 837P files, which were uploaded with no errors. Go to the Action column on the table, which will show a list of files uploaded (The list will display files depending on the upload from and to dates entered by user).

File Type	File Name	Status	Uploaded Date	Uploaded By	999 Download Date	999 Download By	277 Download Date	277 Download By	Provider	Notes	NPI	Action
Insurance 837 File	MAN13395C	Accepted	04/14/2022	BSmith					PCG Therapy		0987654321	Download

Showing 1 to 1 of 1 entries

Prev 1 Next

-Click the Download 999 File button which corresponds to the file name to download the 999. A small file download message will pop up. If you have EDI software which can translate the 999, then click open to see the file.

- Review the 999 using your billing system or vendor software and check to confirm that your file has been accepted

The AK9 segment will contain an “A”, which indicates that the 837P file uploaded was accepted.

Refer to the [EI-HUB 999 Companion Guide](#) for more information on the 999.

```
GS*FA*NYEIS*NYC1014*220414*1145*1*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*HC*1*005010X222A1~
AK9*A*1*1*1~
SE*4*0001~
GE*1*1~
IEA*1*000000001~
```

A 277 file will be generated if the 999 shows that the 837P file was accepted. The user can click on the **Download 277 File** button located beneath the **Download 999 File** button, which is found to the far-right bottom of the screen.

The screenshot shows the 'Upload' section of the '837 Loader' interface. It includes a 'Report Filters' section with date ranges and a status dropdown. Below is a table of uploaded files with columns for File Type, File Name, Status, Uploaded Date, Uploaded By, 999 Download Date, 999 Download By, 277 Download Date, 277 Download By, Provider, Notes, NPI, and Action. Two entries are shown: one rejected and one accepted. The accepted entry has buttons for 'Download 999 File' and 'Download 277 File'.

File Type	File Name	Status	Uploaded Date	Uploaded By	999 Download Date	999 Download By	277 Download Date	277 Download By	Provider	Notes	NPI	Action
Insurance 837 File	NN1492TH_BO_ER-dateBarb_10142021124433.277CA	Rejected	04/14/2022	bdorazio_cm					PCG Therapy		0987654321	
Insurance 837 File	MAN13395C	Accepted	04/14/2022	bdorazio_cm	04/14/2022	ASmith	04/18/2022	bdorazio_cm	PCG Therapy		0987654321	Download 999 File Download 277 File

A pop up will appear showing the status of the file download. User has the option to select:

Open, Always Open Files of This Type, Show in Folder and Cancel. *Note that other browsers will have the same options but may be worded differently.

If you have software which can translate the 277 files, then you can download the file and review the claims.

The 277 file will show accepted and rejected claims. User should work and correct the rejected claims and resubmit to EI-HUB. See Appendix A for the list of common 277 rejections.

The screenshot shows the '837 Loader' section of the EI-HUB interface. It includes a sidebar with navigation options like Home, Child, Therapist, Provider, Attendance, Billing, Enrollment, Maintenance, and Security. The main area is titled 'Upload' and 'Upload(ed) of 837P EDI File into EI HUB'. It features 'Report Filters' for 'Uploaded Date From' (03/19/2022) and 'Uploaded Date To' (04/19/2022). Below the filters is a table with the following data:

File Type	File Name	Status	Uploaded Date
Insurance 837 File	NN1492TH_BD_ER-dateBarb_10142021124433.277CA	Rejected	04/14/2022
Insurance 837 File	MAN1339SC	Accepted	04/14/2022

Below the table, it says 'Showing 1 to 2 of 2 entries'. A context menu is open over the table, showing options: 'Open', 'Always open files of this type', 'Show in folder', and 'Cancel'.

Below is a sample 277 with a rejected claim and the errors associated with the claim.

Please note that rejected claims will not be assigned an EI-HUB claim id. Only accepted claims will be assigned an EI-HUB claim id. Providers must correct the 277 rejections and resubmit the claims as original claims.

```
ISA*00*          *00*          *ZZ*NYEIS      *ZZ*NYC1014      *220415*1422**00501*000000090*0*P*~
GS*HN*NYEIS*NYC1014*20220415*1422*90*X*005010X214~
ST*277*0001*005010X214~
BHT*0085*08*972*20220415*1422*TH~
HL*1**20*1~
NMI*PR*2*DOHMH****PI*70~
TRN*1*972~
DTP*050*D8*20220415~
DTP*009*D8*20220415~
HL*2*1*21*1~
NMI*41*2*PCG Therapy Services****46*NYC1014~
TRN*2*14331~
STC*AO:19*20220415*WQ*2466~
QTY*AA*90~
AMT*YY*2466~
HL*3*2*19*1~
NMI*85*2*PCG Therapy Services****XX*9999888777~
TRN*1*0~
REF*TJ*123456789~
QTY*QC*90~
AMT*YY*2466~
HL*4*3*PT~
NMI*QC*1*Testla*Axion***MI*771234~
TRN*2*113~
STC*A3:21:EM1*20220415*U*108*****Referring Provider received on 837P does not match Referring Provider In Case Management~
STC*A3:21:EM1*20220415*U*108*****Visit type format of this field is incorrect. The service type needs to be in this format: CV?-HHMM-HHMM~
STC*A3:26:85*20220415*U*108*****Billing Provider not found. Contact BEI Provider Approval Unit~
STC*A3:26:QC *20220415*U*108*****Child not found.~
STC*A3:496*20220415*U*108*****Submitter ID Invalid on File~
STC*A3:570:EM2*20220415*U*108*****The rendering provider recorded in the claim is not recorded in EI-Hub as a service coordinator.~
STC*A3:570:EM3*20220415*U*108*****Submitter not found or submitter not configured to submit production files.~
REF*1K*113~
DTP*472*D8*20210602~
```

3.3. Steps to Perform Stage 2 of 837P Testing of Corrected Claims

A corrected claim can be submitted to EI-HUB to change/adjust a claim which has been accepted by EI-HUB and appears in EIBilling. Please refer to the New York State Early Intervention EI-HUB 5010 837P Companion Guide for further information.

Corrected claims can be submitted to EI-HUB for the following types of corrections/changes:

- Date of Service corrections will be accepted within 90 days of the original claim submission.

Example: Provider erroneously typed in a wrong date of service and claim was accepted by EI-HUB. Provider can submit a corrected claim to EI-HUB to correct the date of service.

- Number of Units correction

Example: Provider entered too few number of units on a claim, which was accepted in EI-HUB.

Provider can submit a corrected claim to EI-HUB to correct the number of units.

- Service Time In and Out Correction

Example: Provider entered the wrong time in or time out on a claim, which was accepted in EI-HUB. Provider can submit a corrected claim to EI-HUB to correct the time in/out.

- Procedure Code (CPT/HCPCS) Correction

Example: Provider used a deleted CPT code for Date of Service on an EI-HUB accepted claim. Provider can submit a corrected claim to EI-HUB to correct the CPT/HCPCS code.

Provider forgot to bill a CPT code on an EI-HUB accepted Claim. Provider can submit a corrected claim to EI-HUB to add the service line for the Date of Service.

- Diagnosis Code Correction

Example: Provider entered an invalid diagnosis code for Date of Service on an EI-HUB accepted claim. Provider can submit a corrected claim to change or add more diagnosis codes.

- Place of Service Correction

Example: Provider entered incorrect Place of Service on an EI-HUB accepted claim. Provider can submit a corrected claim to change the place of service.

- Referring Provider Name and/or NPI Correction

Example: Provider entered an incorrect Referring provider on an EI-HUB accepted claim. Provider can submit a corrected claim to change the Referring Provider Name and/or NPI.

- Modifier Correction

Example: Provider forgot to include a modifier on an EI-HUB accepted claim. Provider can submit a corrected claim to add the modifier to the claim.

Note: The system will automatically append a G modifier to base on service type to a claim. Speech, PT and OT claims will automatically add the G modifier. Providers must add the modifier for Evaluations.

- Addition of Service Lines to Original Claim

Example: Provider forgot to bill a service line (CPT/HCPCS code) for a Date of Service on an EI-HUB accepted claim. Provider can submit a corrected claim to add service lines to the claim.

- Invoice Number Correction

Example: Provider billed a batch of claims with an incorrect invoice #. Provider can submit a corrected claim.

Providers can only send corrected claims to EI-HUB for a **previously accepted claim which is in EIBilling**. An EI-HUB assigned payer id must be included for each corrected claim (Must include EI-HUB Assigned Claim ID in the REF*F8 segment). Corrected claims must be sent with a Claim Frequency Code of "7".

Providers should send test each type of correction listed above.

3.4. Voiding A Claim

A void should only be sent if provider is canceling a child's claim for the date of service and provider.

When sending a Void, the Claim Frequency Code must be "8" and the claim must include the original accepted EI-HUB claim id in the REF*F8 segment.

Example: Provider erroneously billed a date of service for the wrong child. Provider can void the claim and bill new claim with correct child and Date of Service.

Unit 4. Appendix A- 277 Rejection Codes

Edit Associated With	277CA Category Code	277CA Status Code	277CA Entity Code	EM-Error Message
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.
Billing Provider	A3	26	85	Billing Provider not found.
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. <i>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)</i>
Diagnosis	A3	254	F0	Missing diagnosis.
Service Method	A3	263		Length of time for services rendered. Extended service less than 60 minutes is not permitted
Date of Service	A3	54		Duplicate of a previously accepted claim in EI-Hub.
Date of Service	A3	570	F1	Visit type missing or format of this field is incorrect.
Date of Service	A3	570	F2	Time format error.
Date of Service	A3	21	F3	Service start date on claim is entered with invalid format.
Date of Service	A3	510	F4	The service date recorded in the claim is in the future.
Date of Service	A3	21	F5	The claim start and/or end time is missing or invalid.

Date of Service	A3	21	F6	Claim start time must proceed with the end time.
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.
Date of Service	A3	718	T10	Claim/service not submitted within the required timeframe (Transportation Claim Timely Filing)
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.
Invoice	A3	21	F8	Invoice number previously submitted.
				If replacement/corrected claims, please check the claim frequency code for each claim.
Invoice	A3	21	F9	Invoice number missing.
Invoice	A3	21	F10	Provider missing the invoice number.
Invoice	A3	21	F11	The municipality is missing on the invoice.
Invoice	A3	21	F12	The invoice date submitted is missing/invalid.
Billing Rule	A3	570	F13	Service Coordination Claim cannot be Co-Visit

Billing Rule	A3	570	EV4	Partially completed screenings are not eligible for reimbursement.
Municipality	A3	570	F14	Municipality code invalid.
Place of Service	A3	21	F15	Missing place of service/location of service.
Procedure Code	A3	454		Invalid/missing procedure code submitted on claim.
Referring Provider	A3	21	F16	Referring Provider received on 837P or SL claim does not match Referring Provider in Case Management
Referring Provider	A3	21	F17	Referring provider NPI missing/invalid.
Rendering Provider	A3	21	F18	Rendering provider NPI missing/invalid.
Rendering Provider	A3	570	F19	The rendering provider license has expired, or Supervising provider/therapist must be added for unlicensed therapist.

Rendering Provider	A3	21	F20	Rendering Provider on claim does not match Service Authorization assigned rendering provider.
Rendering Provider	A3	570	F21	Rendering provider NPI is associated with multiple individuals.
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 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.
Rendering Provider	A3	570	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.

Rendering Provider	A3	21	82	Missing rendering provider.
Service Authorization	A3	570	F27	Service authorization for a child for a submitted provider/service/visit type not found.
Service Authorization	A3	570	F28	Contact the EIO/D or service coordinator to amend the SA and add more units if applicable.
Service Authorization	A3	570	F29	The claim service date does not fall within the service authorization start date and end date.
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.'
Service Authorization	A3	570	F31	Pertains to respite and transportation claims. The amount entered exceeds the service authorization amount.

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	A3	21	F33	Visit/service type missing.
Submitter	A3	570	F34	Test files are not permitted in production.
Submitter	A3	570	F35	Submitter not found or submitter not configured to submit production files/claims
Submitter	A3	496		Submitter id missing/invalid on file.
Policy	A2	570		'Child's Policy Is Unregulated and Cannot be Billed to Commercial Insurance.
Service Method	A3	612	F36	Basic Home & Community Based Visits per Day Exceeded- Max of 3.

Service Method	A3	612	F37	Extended Home & Community Based Visits per Day Exceeded- Max of 3.
Service Method	A3	612	F38	Basic Home & Community Based Visit per Discipline per Day Exceeded- Max of 1.
Service Method	A3	612	F39	Extended Home & Community Based Visit per Discipline per Day Exceeded- Max of 1.
Service Method	A3	612	F40	Basic and Extended Home & Community Based Visits per Day Exceeded- Max of 3.
Service Method	A3	612	F41	Basic & Extended Home & Community Based Visits within the Same Discipline per Day Exceeded.
Service Method	A3	612	F42	No more than 1 Office/Facility Visit per Discipline per Day
Service Method	A3	612	F43	Office/Facility Visits per Day Rule Exceeded- Max of 3.
Service Method	A3	612	F44	Parent/Child Group Visit per Day Exceeded- Max of 1.
Service Method	A3	612	F45	Family/Caregiver Support Group Visits per Day Exceeded- Max of 2.
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 Aide (or)

				– Enhanced Group Developmental w/ 1:1 Aide
Service Method	A3	612	F47	Limit of 2 additional supplemental evaluations per 1 year period
Date of Service	A3	21	F49	Claim End Time Cannot Be the Same as Claim Start Time.
Date of Service	A3	21	F50	Service Coordination claim total time and units error
Date of Service	A3	21	F51	Claim Start and End Time. It cannot overlap with another claim.
Date of Service	A3	570	F52	IFSP is not active/approved on Date of Service.

