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## Revision History

Version Number	Release Date	Author	Revision Summary
v.0.1.0	4.2.2024	Cheryl Carlisle, Bobbi D'Orazio, Lauren Zelinsky	First Draft Release Grammar scrubbed (PMR)

## Section 1: 277CA File Overview

### 1. Introduction

The following guide was developed to help Early Intervention (EI) Providers work and resolve EI-Hub 277 claim rejections. This guide was developed following Provider Claims Loader Testing, which took place between February and March 2024. During this testing phase, EI providers tested the upload and submission of 837P files from their third-party system into the EI-Hub.

This guide examines the top 21 reasons for rejection providers experienced during testing and guides addressing these rejections. Providers can find a comprehensive list of all rejection codes can be found in the [277CA Companion Guide](#), located on the Learning Management System (LMS).

### 2. Terminology

EI-Hub uses the standard x12 -277CA terminology. EI-Hub 277CA rejection codes consist of a category code, a status code, and an entity code. Many Entity Codes are specific to the New York Early Intervention billing rules and were created for EI-Hub.

The category code identifies if the claim is accepted or rejected. Accepted claims will have a category code of A2. Rejected claims will have a category code of A3.

The status code, in combination with the entity code, will identify why the claim was rejected.

#### Example:

Category code: Status Code: Entity Code

A3:26:QC – Rejected- Child not found

A rejected claim has not been accepted into EI-Hub and must be worked and resubmitted to EI-Hub. Accepted claims on the 277CA report will move to the Billing module (formerly EI Billing) and be billed out to Medicaid or moved to escrow under Covered Lives.

There are 16 rejection types. (See below table)

Rejection Type
Billing Provider
Billing Rule
Child
Date of Service
Diagnosis
Evaluation
Invoice
Place of Service
Policy
Procedure Code
Referring Provider
Rendering Provider
Service Authorization
Service Method
Service Type



Submitter

### 3. Best Practices to Reduce Claim Rejections

EI Providers should follow these best practices to reduce the number of rejections before submitting claims to EI-Hub:

- 1) Check to ensure that you are claiming against an active Service Authorization.
- 2) For 837 providers, check to ensure that your file has the correct EI-Hub assigned submitter ID.
  - ① Note: EI-Hub assigned submitter ID is the tax ID (without dashes) for agencies or organizational National Provider Identifier (NPI) for individual providers with an Appendix agreement.

- 3) Check to ensure that the **'Scripts, Orders, Recommendations, and Referrals' panel** is completed for **all Service Authorizations** you are billing against. Note:

The EI-Hub operates in compliance with the Bureau of Early Intervention (BEI) Ordering/Prescribing/Referring/Attending (OPRA) guidance, meaning that EI Providers are not obliged to furnish a medical prescription for services that do not require a medical prescription, such as special instruction, group developmental service, service coordination, etc. This panel does require a referring NPI for each Service Authorization, which for certain services, may be the NPI of the billing provider. The NPI number entered in this panel as the "prescriber" must match the referring NPI number listed on the claim to prevent claim rejection during edits/validations

- 4) Check that the therapist's record is complete and confirm that the therapist is associated with the billing provider. Therapist record must: 1) Be in "Active" status, 2) Have an "Employment role", 3) Have a "Start Date" and 4) Have the proper "Catchment" area(s)
  - ① Note: Remember to end date the therapist whom no longer works for your agency. For instructions on how to add/update a therapist record, please reference the following [job aid](#).
- 5) Do not reuse the invoice number from a file with an accepted claim. Invoice numbers can only be reused if all claims within the previous file were rejected.
- 6) Submit claims using unique file names. The EI-Hub does not accept files with file names previously used.
- 7) If the rendering therapist is under the supervision/direction of another therapist, ensure the claim includes both the rendering therapist and the supervising therapist information.

## **4. Customer Support**

Public Consulting Group (PCG) will provide customer service support to EI-Hub users via a Call Center. The Call Center will attempt to answer calls in real-time. Callers may be asked to leave a voicemail, depending on the call volume. A representative will return calls by the following business day. You can reach the PCG Call Center at the below:



**Telephone: 866-315-3747**



**Email: [NYEITraining@pcgus.com](mailto:NYEITraining@pcgus.com)**



**Agents are available Monday to Friday: 7:00 am – 7:00 pm EST**



## Section 2: Resolving Submitter Rejections

### Rejection Types / Codes

Rejection Type	277CA Category Code	277CA Status Code	277CA Entity Code	EM-Error Message
Submitter	A3	496		Submitter ID Invalid on File
Submitter	A3	570	F35	The submitter was not found, and the submitter was not configured to submit production files.

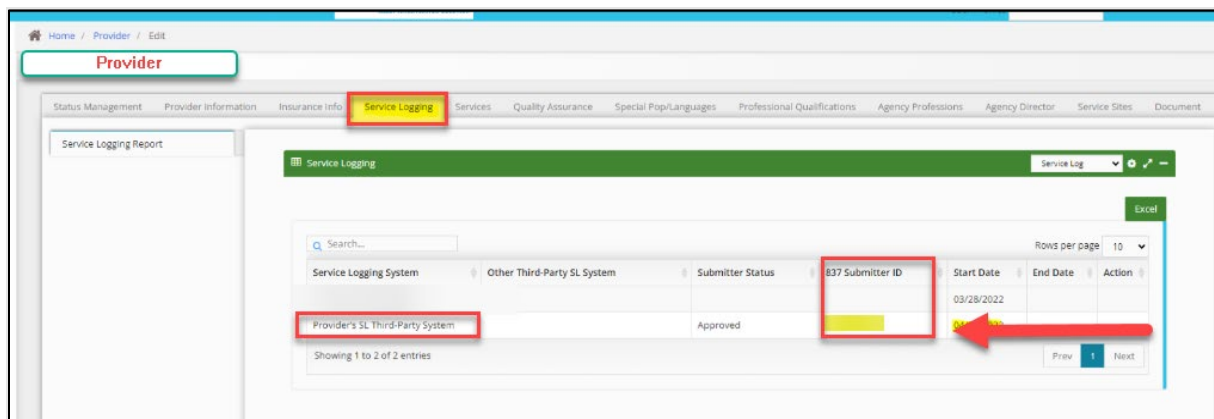
#### 1. A3: 496 – Submitted ID Invalid on File

**Rejection Cause:** The submitter ID on file does not match the EI-HUB assigned submitter ID.

**Resolution:** Check the Service Logging panel under Provider Lookup and confirm that the submitter ID on the 837 file matches the submitter ID in the Service Logging panel.

#### Steps to resolve:

- 1) Go into Case Management and go to the Provider Lookup panel and navigate to the Service Logging tab to see your 837 Submitter ID.



#### 2. A3:570:F35 - Submitter not found or submitter not configured to submit production files

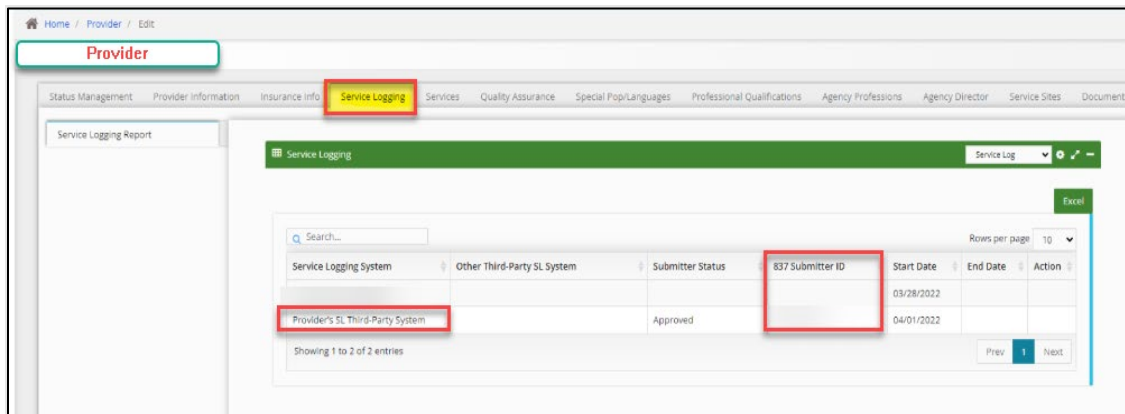
**Rejection Cause:** The submitter ID may be missing/invalid, or the start date may be blank.

**Resolution:** Check the NM1\*41 segment (1000A loop) on the 837 file and ensure that the last field of the NM1\*41 segment matches the submitter ID in the ISA segment

```
ISA*00*          *00*          *ZZ*799999999          *ZZ*EIHUB          *240329*1645*^*00501*000077671*0*P*::~
GS*HC*1629216213*NYEIS*20240329*1645*1*X*005010X222A1~
ST*837*77671*005010X222A1~
BHT*0019*00*ERSTST3345*20240329*1645*CH~
NM1*41*2*Early ABC School, Inc.*46*799999999~
PER*IC*Early ABC School, Inc.*TE*5167778777*EM*psathyan@pcgus.com*FX*5167773293~
```

### Steps to resolve:

- 1) If the submitter ID is missing from the Service Logging panel, please get in touch with PCG Customer Service for assistance with setting up the Service Logging panel.



The screenshot displays the 'Service Logging' interface. The top navigation bar includes 'Home / Provider / Edit' and a 'Provider' dropdown. The 'Service Logging' tab is highlighted in the top navigation bar. The 'Service Logging Report' section shows a table with columns: Service Logging System, Other Third-Party SL System, Submitter Status, 837 Submitter ID, Start Date, End Date, and Action. The first row shows 'Provider's SL Third-Party System' and 'Approved' status. The '837 Submitter ID' column is highlighted with a red box, indicating it is missing or needs attention. The 'Service Logging' tab is also highlighted with a red box.

Service Logging System	Other Third-Party SL System	Submitter Status	837 Submitter ID	Start Date	End Date	Action
Provider's SL Third-Party System		Approved		03/28/2022		

Showing 1 to 2 of 2 entries

## Section 3: Resolving Service Authorization Rejections

### Rejection Type / Code

Edit Field Type	277CA Category Code	277CA Status Code	277CA Entity Code	EM-Error Message
Service Authorization	A3	570	F27	The service authorization for the child for the submitted provider/service/visit type was not found.
Service Authorization	A3	570	F29	The claim service date is not within the service authorization start and end dates.

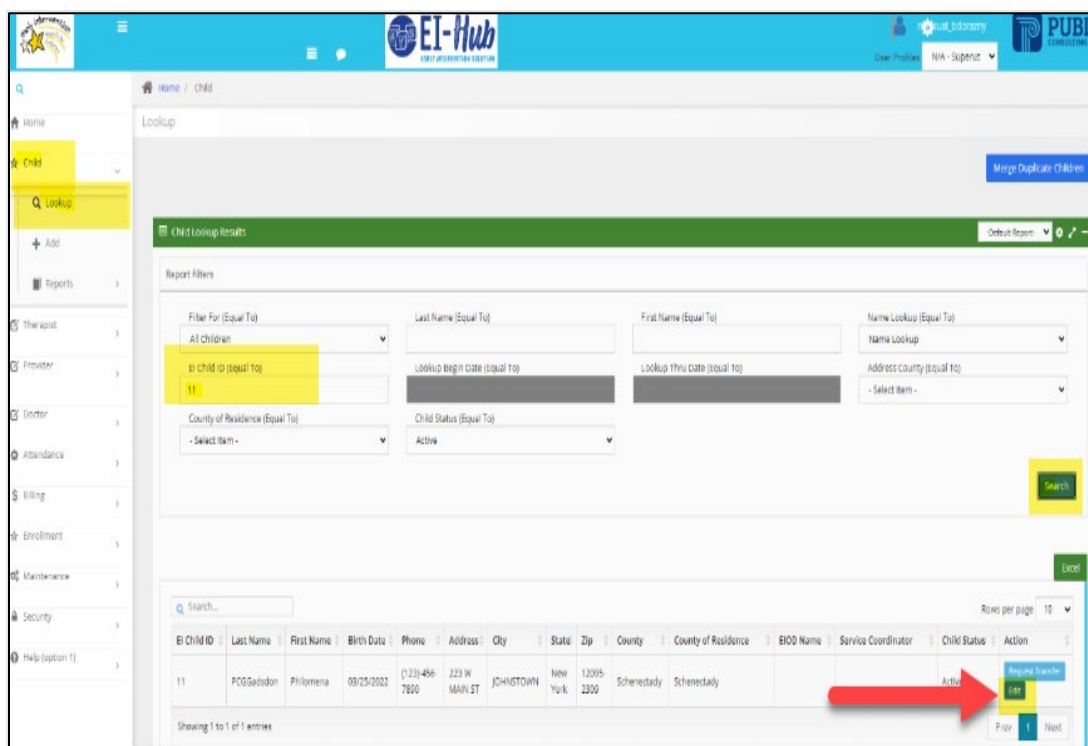
### 1. A3:570:F27 - Service authorization for the child for the submitted provider/service/visit type not found

**Rejection Cause:** The Service Authorization for the child was not found for the provider or service/visit type.

**Resolution:** Confirm that the service authorization number on the claim in the 837 file is correct for your child .

#### Steps to Resolve:

- 1) Check to make sure the service authorization on the claim matches the child's service authorization assigned to the billing provider.
- 2) Check to make sure the rendering provider on the claim matches the service authorization rendering provider.
- 3) Go to Case Management Child Lookup and find your child. Click the Edit button to view the child's information.



- 4) Go to the Services tab and find the child's service authorization. The Assigned Billing Provider and Rendering Therapist on the claim must match the child's SA assigned Billing Provider and Rendering Therapist.



Initial	Submitted	04/01/2022	02/27/2024	Physical Therapy - Basic	PT	Service Auth	Active	04/01/2022	10/01/2022	Provider	Rendering	True
						A11304						

Showing 1 to 10 of 28 entries

Prev 1 2 3 Next

- 5) If the provider is missing, this can be added by the county and/or service coordinator in the "Company Assignment" panel within the IFSP Services area.  
 If a rendering provider is missing this can be added by the county, agency, and/or service coordinator in the "Therapist Assignment" panel within the IFSP Service area.  
 Please note that if there is more than one rendering provider, all of them can be added in the 'Therapist Assignment' panel. Please note that multiple rendering providers can be added to the same service authorization from this panel.

## 2. A3:570:F29- The claim service date does not fall within the service authorization 'Start Date' and 'End Date.'

**Rejection Cause:** The claim date of service is not within the Case Management Service Authorization Start and End Dates.

**Resolution:** Check Case Management, Service Information Panel, Service Authorization Start and End Date. The claim date of service should fall within the service authorization start and end dates.

### Steps to Resolve

- 1) Go to Case Management Child Lookup to find your child. Enter in child ID (NYEIS Reference # or EI-Hub Child ID). Click the **Search** button to find the child. Click the **Edit** button on the bottom right corner to view child information.

- 2) Check if the claim date of service is within the child's service authorization start and end dates.
  - a. Fix claim date of service in your electronic file. The Claim Date of Service cannot be outside the service authorization start and end dates.

ISPP Type	ISPP Status	ISPP Start Date	ISPP End Date	Program Name	Service Type	Authorization No.	Service Status	Service Start Date	Service End Date	Agency	Therapist	Waiver Review/Needed	Waiver Type
Initial	Closed	04/01/2022	07/26/2022	Service Coordination - Ongoing	Service Coordination - Ongoing	A11302	Active	05/01/2022	07/29/2022			False	Waiver Type 1: No more than 3 Basal Home and Community Based Visits per Day.
Initial	Closed	04/01/2022	07/26/2022	Speech Language (Int)	Speech Language	A11351	Active	05/01/2022	07/29/2022			True	Waiver Type 2: No more than 3 Basal and Extended Home and Community Based Visits per Day.

## Section 4: Resolving Referring Provider Rejections

### Rejection Type / Code

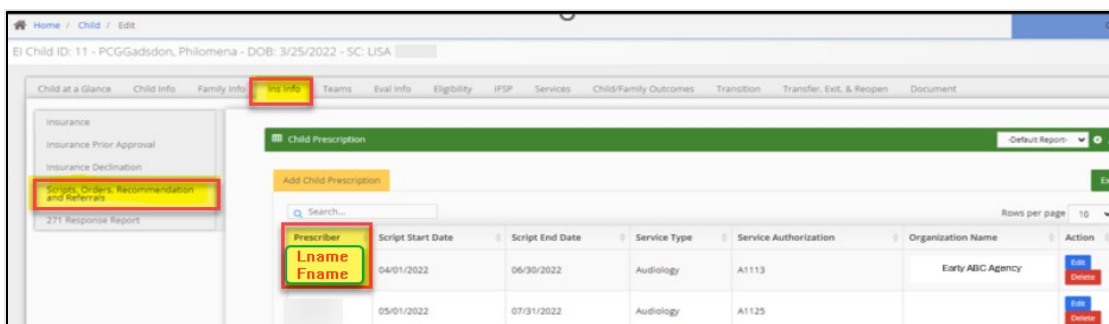
Rejection Type	277CA Category Code	277CA Status Code	277CA Entity Code	EM-Error Message
Referring Provider	A3	21	F16	The Referring Provider received on 837P does not match the Referring Provider In Case Management.

## 1. A3:21:F16- Referring Provider received on 837P does not match Referring Provider In Case Management

**Rejection Cause:** The Referring Provider on the claim in the 837 file does not match the Script panel referring provider.

**Resolution:** The referring provider information in the 837 claim must match the referring provider information in the Scripts, Orders Recommendations and Referrals panel. **Steps to Resolve:**

- 1) Go to Child Lookup and navigate to the Scripts, Orders, Recommendation and Referrals panel on the Insurance Info tab. Check the Scripts, Orders, Recommendation and Referrals panel and ensure that the referring provider on the 837 claim matches the referring provider as shown in the Scripts, Orders, Recommendation and Referral panel under the SA you are using.



Prescriber	Script Start Date	Script End Date	Service Type	Service Authorization	Organization Name	Action
Lname Fname	04/01/2022	06/30/2022	Audiology	A1113	Early ABC Agency	Edit Cancel
	05/01/2022	07/31/2022	Audiology	A1125		Edit Cancel

## Section 5: Resolving CPT/HCPCS Code Rejections

### Rejection Type / Code

Rejection Type	277CA Category Code	277CA Status Code	277CA Entity Code	EM-Error Message
Procedure Code	A3	454		Billing Restriction Applied to Rendering Provider Services. Under EI, the provider is not permitted to bill the CPT/HCPCS Code.

## 1. A3:454- Billing Restriction Applied to Rendering Provider Services. Under EI Provider Not Permitted to bill CPT/HCPCS Code

**Rejection Cause:** The CPT/HCPCS code used on the claim is not a BEI approved CPT code and/or the HCPCS code used does not match the rendering provider profession as defined by BEI in the professions to the CPT code master table.

**Resolution:** CPT and/or HCPCS used on the claim must be on the BEI approved list of CPT/HCPCS codes.

### Steps to Resolve

- 1) Verify that the CPT and/or HCPCS code used on the claim is on the BEI approved CPT/HCPCS codes list. This list can be found on the .



- 2) Check the CPT Code used, as CPT codes cannot be blank or less than five (5) characters.
- 3) If Service Coordination claim, please submit with CPT code T1017- Targeted Case Management (15 minutes = 1 Unit)

## Section 6: Resolving Rendering Provider Rejections

### Rejection Type / Code

Rejection Type	277CA Category Code	277CA Status Code	277CA Entity Code	EM-Error Message
Rendering Provider	A3	570	F19	The Rendering Provider is not licensed. A supervising provider/ therapist must be added.
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 billing provider employee/contractor.
Rendering Provider	A3	570	F24	The rendering provider on the claim is not recorded in EI-Hub service auth, or the rendering provider is not recorded in EI-HUB as a service coordinator for the SC claim.
Rendering Provider	A3	570	F26	An active restriction was placed on the Rendering Provider on the Service Date. Contact the Bureau of Early Intervention Provider Approval Unit for assistance.

#### 1. A3:570:F19 - The Rendering Provider is not licensed. Supervising provider/ therapist must be added

**Rejection Cause:** On the claim date of service, the rendering provider is not licensed/licensed expired.

**Resolution:** If the rendering provider does not have a license and is required to be 'under the supervision of' or 'under the direction of', please add a supervising therapist to the claim. The 837 claim must include the supervising provider segment.

**Example:**

(NM1\*DQ\*1\*Doe\*John\*\*\*\*XX\*1234567891~)

- ① **Note:** Check the Clinical Supervisor panel to review or assign a supervising therapist.

#### Steps to Resolve

- 1) In Case Management, go to Therapist Lookup to find a rendering provider. Once in the provider record, navigate to the Professional tab and Companies Panel to find your agency. Then click Edit to navigate to the **Clinical Supervisor** panel.



Provider Type	Provider Category	Company Name	EIP Provider ID	Employee Type	Evaluator	From Date	To Date	Employee Status	Action
County			121	Employee		05/12/2022		Active	Edit
County	Agency		187	Employee		07/02/2023	01/07/2024	Inactive	Edit
Provider	Agency		201			11/01/2021		Active	Edit
Provider	Agency	NY Test				03/01/2023		Active	Edit

- 2) Check if the Clinical Supervisor panel is completed if the rendering provider is to be 'under the supervision of' or 'under the direction of'. Please also confirm that the 'date of service' falls within the clinical supervisor's Start and End Dates.

Clinical Supervisor Name	Profession	NPI	Start Date	End Date	Action
FName LName	Audiologist		03/05/2022		Edit

## 2. A3:570:F21- Rendering provider NPI is associated with multiple individuals

**Rejection Cause:** Rendering provider NPI has multiple records. The therapist may have changed name, address, email, or contact information and added a new record.

**Resolution:** Contact PCG Call Center for assistance with this rejection.

### Steps to Resolve

- 1) Call PCG Call Center and notify them of the issue. A ticket will be opened. User will be contacted when issue is resolved.



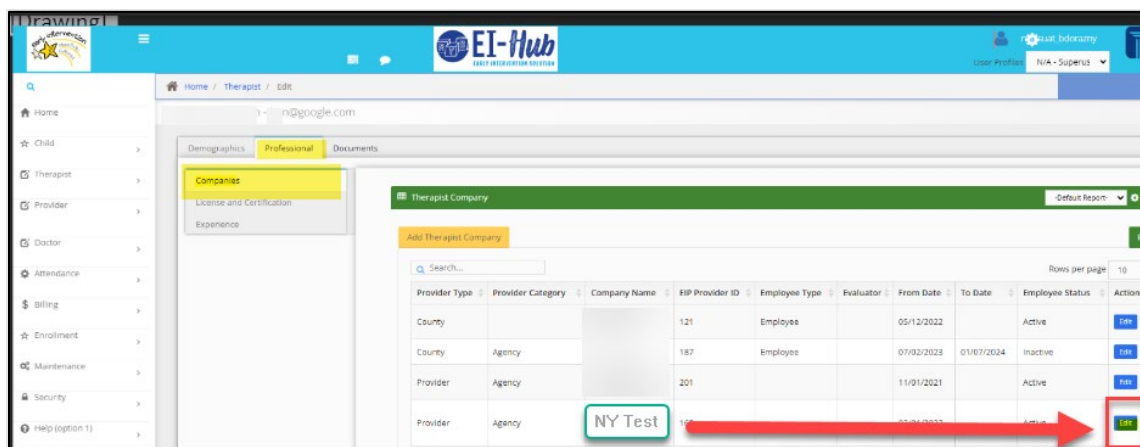
### 3. **A3:570:F22- On the service date recorded in the claim, the rendering provider was not an active employee/contractor of the billing provider**

**Rejection Cause:** The Rendering Therapist employment role panel is incomplete or missing. EI-Hub requires that all rendering therapists have an employment role for each billing provider association.

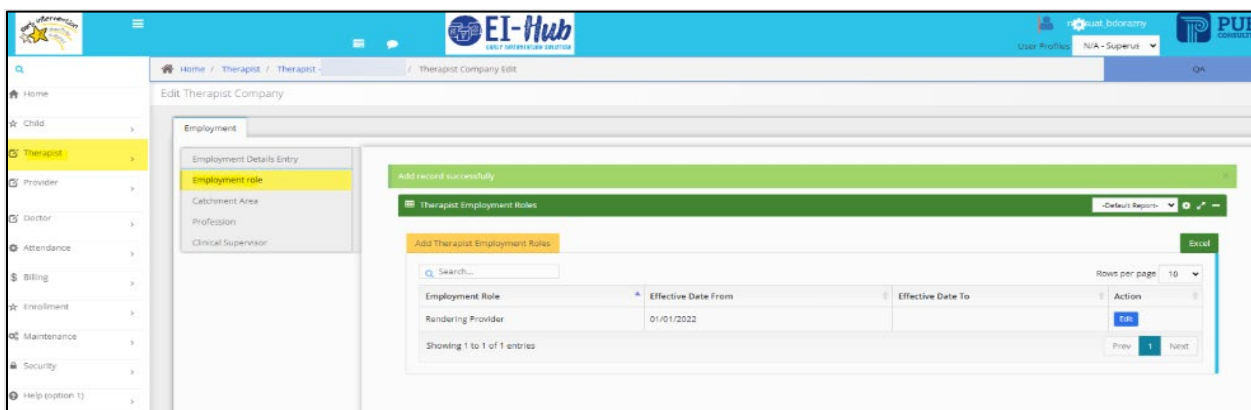
**Resolution:** Confirm in Case Management that the therapist employment role panel is completed.

#### Steps to Resolve

- 1) In Case Management: Go to Therapist Lookup to find a rendering provider. Once in the provider record, navigate to the Professional tab and Companies Panel to find your agency. Then click Edit to navigate to the Employment tab.



- 2) The Employment role panel should be completed for all therapists associated with your agency.



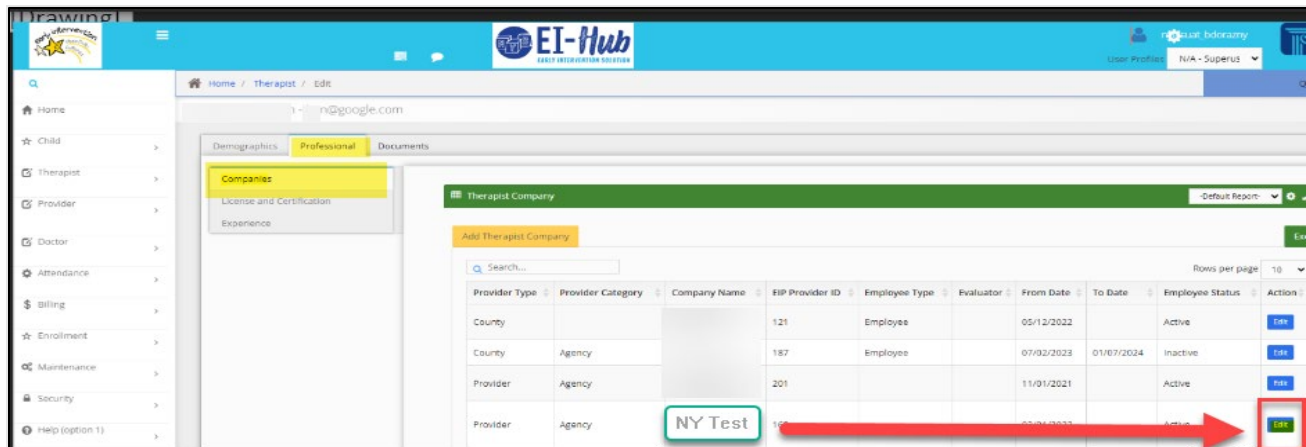
#### 4. A3:570:F24 - The rendering provider on the claim is not recorded in EI-Hub service auth, or the rendering provider is not recorded in EI-HUB as a service coordinator for SC claim

**Rejection Cause:** The rendering provider on the claim does not match the rendering provider in the service authorization or for Service Coordination claims; the rendering provider on the SC claims is not recorded in Case Management as a Service Coordinator

**Resolution:** Confirm that the rendering provider on the claim matches the service authorization rendering provider. If there are service coordination claims, check the rendering provider profession and ensure that service coordination is listed as one of the professions, along with a start date.

##### Steps to Resolve

- 1) In Case Management: Go to Therapist Lookup to find a rendering provider. Once in the provider record, navigate to the Professional tab and Companies panel to find your agency. Then Click Edit to navigate to the Employment tab.



- 2) Navigate to the Profession panel. Service Coordinator should appear under the Profession column along with a Start Date.

#### 5. A3:570:F26- An active restriction was placed on the Rendering Provider on the Service Date.

**Rejection Cause:** The Rendering Provider (Therapist) or Service Coordinator's Employment role or Catchment area is not set up or therapist is not active on the date of service.(Date of service is outside therapist start and end date.**Resolution:** Billing provider must update therapist catchment area or employment role for therapist

##### Steps to Resolve

- 1) In Case Management: Go to Therapist Lookup to find a rendering provider. Once in the provider record, navigate to the Professional tab and Companies Panel to find your agency. Then click Edit to navigate to the Employment tab.

Provider Type	Provider Category	Company Name	#IP Provider ID	Employee Type	Evaluator	From Date	To Date	Employee Status	Action
County			121	Employee		09/12/2022		Active	edit
County	Agency		187	Employee		01/03/2023	01/07/2024	Inactive	edit
Provider	Agency		201			11/01/2021		Active	edit
Provider	Agency		192			03/24/2023		Active	edit

2) Confirm that the rendering provider Employment role panel has been completed.

Employment Role	Effective Date From	Effective Date To	Action
Evaluation Assessment Team	02/01/2022		edit
Evaluation Assessment Team	01/01/2022		edit
Rendering Provider	04/01/2022		edit
Service Coordinator	02/01/2022		edit

3) Confirm that the rendering provider has the appropriate Catchment Area and matches the child's county.

Catchment Area	Availability	Action
Columbia	UNKNOWN	delete
Greene	UNKNOWN	delete
Schoharie	UNKNOWN	delete

## Section 7: Resolving Child Not Found Rejections

### Rejection Type / Codes

Rejection Type	277CA Category Code	277CA Status Code	277CA Entity Code	EM-Error Message
Child	A3	26	QC	Child not found.

### 1. A3:26:QC- Child Not Found

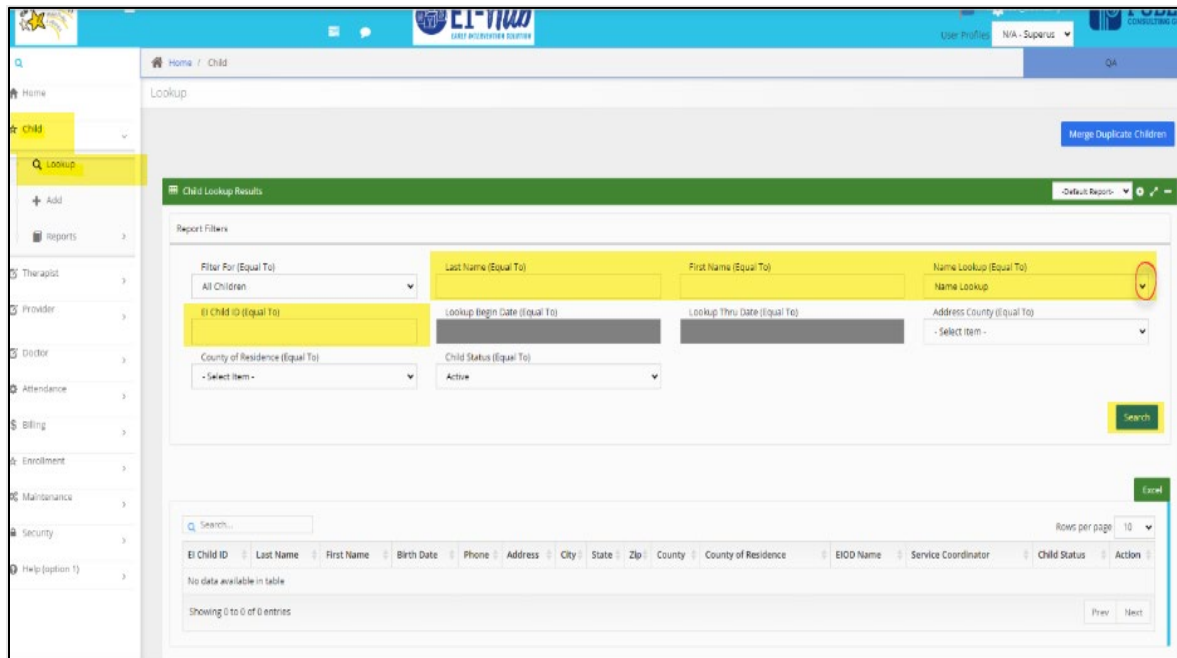
**Rejection Cause:** Child Information does not match Child data in service authorization.

**Resolution:** Check the following for the child:

- 1) The child ID on the claim must match the child ID in Case management.
- 2) The child's DOB on the claim must match the child's DOB in Case Management.
- 3) The first four (4) characters of the last name on the claim must match the first four (4) characters of the child's last name recorded in Case Management.
- 4) The first four (4) characters of the first name on the claim must match the first four (4) characters of the child's first name recorded in Case Management.

## Steps to Resolve

- 1) Go to the Case Management Child Lookup panel and enter your child ID (NYEIS Reference # or EI-Hub child ID) to find your child. Click Edit, then go to the Child Info tab.



- 2) Click Basic Demographic Info to see the child demographics. Confirm that the child's ID, last name, first name, and date of birth on the claim match the child's information.

**Note:** If the data in Case Management is incorrect and your Case Management user role does not permit access to update the child record, contact the Service Coordinator or EIO/D to update the child record and correct any incorrect data in Case Management.



## Section 8: Resolving Service Method Rejections

### Rejection Type / Codes

Rejection Type	277CA Category Code	277CA Status Code	277CA Entity Code	EM-Error Message
Service Method	A3	612	F39	Exceeds Extended Home & Community Based Visit limit; 1/Day/Discipline; No Waiver approved
Service Method	A3	612	F41	Exceeds Basic & Extended Home & Community Based Visits limit; 1/Day/Discipline; No Waiver approved.

### 1. A3:612:F39 - Exceeds Extended Home & Community Based Visit limit; 1/Day/Discipline; No Waiver approved

**Rejection Cause:** The claim billed was rejected because another extended home and community claim was billed on the same date of service for the same service type/discipline.

**Resolution:** Check EI Billing to see if there is more than one extended service claim for service type on the same date of service or if the same date of service has been previously billed on another file.

#### Steps to Resolve

- 1) If a claim already exists in EI Billing for the date of service and extended service type, a manual waiver must be submitted to EIO/D for approval.
- 2) If the date of service does not exist for the child and service type, please contact PCG Call Center so that the Billing & Claiming Team can investigate and help resolve this rejection.

## 2. A3:612:F41- Exceeds Basic & Extended Home & Community Based Visits limit; 1/Day/Discipline; No Waiver approved

**Rejection Cause:** The claim billed was rejected because another claim was billed for the same service type (discipline) and the same service date.

**Resolution:** Check EI Billing to see if there is more than one claim for the same service type (discipline) for the date of service or if the same date of service was previously billed on another file.

### Steps to Resolve

- 1) If a claim already exists in EI Billing for the date of service and service type, a manual waiver must be submitted to EIO/D for approval.
- 2) If the date of service does not exist for the child and service type, please contact PCG Customer Service so that the Billing & Claiming Team can investigate and help resolve this rejection.
  - ① **Note:** Claims may be submitted to EI-Hub and accepted but have not moved to EI Billing yet; therefore, please allow 24 hours and then check EI Billing for a claim with the same service type on the same date of service for the child.

## Section 9: Resolving Invoice Number Rejections

### Rejection Type / Code

Rejection Type	277CA Category Code	277CA Status Code	277CA Entity Code	EM-Error Message
Invoice	A3	21	F8	The invoice number was previously submitted. If replacement/corrected claims, please check each claim's frequency code.

### 1. A3:21:F8 - Invoice number previously submitted. If replacement/corrected claims, please check the claim frequency code for each claim

**Rejection Cause:** The invoice number submitted on file has already been used. You cannot reuse an invoice number for any file with an accepted claim.

**Resolution:** Resubmit file with new invoice number.

### Steps to Resolve

- 1) Change invoice number on file and resubmit file.

**Note:** Do not reuse file names, as EI-HUB only allows an invoice number and file name to be used once.

## Section 10: Resolving Date of Service Rejections

### Rejection Type / Codes

Rejection Type	277CA Category Code	277CA Status Code	277CA Entity Code	EM-Error Message
Date of Service	A3	21	F49	Claim End Time Cannot Be the Same or Earlier Than Claim Start Time.
Date of Service	A3	21	F51	Claim Start and End Time. It cannot overlap with another claim.
Date of Service	A3	570	F52	IFSP Status is not active/approved

#### 1. A3:21:F49- Claim End Time Cannot Be the Same or Earlier Than Claim Start Time

**Rejection Cause:** Claim end time equals or exceeds the claim start time.

**Resolution:** Change claim end time be after claim start time.

##### Steps to Resolve

- 1) Check the claim end time and ensure that the end time is after the start time.

#### 2. A3:21:F51- Claim Start and End Time. It cannot overlap with another claim

**Rejection Cause:** The claim's start and end times overlap with another claim and it is not marked as a 'covisit.' The time overlap of claims cannot exceed nine (9) minutes.

**Resolution:** Check service authorization and confirm that covisits are allowed and the quantity has not been exceeded. Check the claim NTE segment on the 837 file. If a claim is a covisit, the NTE segment visit type must be CV3.

- CV1= regular visit
- CV2= makeup visit
- CV3= co-visit

##### Example:

NTE segment for covisit claim  
NTE\*ADD\*CV3-0800-0915~

##### Steps to Resolve

- 1) Go to Case Management Child Lookup, enter the child ID (NYEIS Reference # or EI-Hub child ID), and click Search to find the child.



Child Lookup Results

Child ID	Last Name	First Name	Birth Date	Phone	Address	City	State	Zip	County	County of Residence	BOD Name	Service Coordinator	Child Status	Action
11	POSSADON	Philomena	03/25/2002	(718) 456-7800	223 W MAIN ST	JOHNSTOWN	New York	12095-2200	Schenectady	Schenectady			Active	<a href="#">Edit</a>

- The child lookup will display the child found on the bottom of the screen. Click the Edit button (bottom right corner of the screen) to view child information.

- Navigate to the Services tab within the child record and select your service authorization, then click the Edit button to view details of the service authorization.

Services

Service Auth	Billing Provider	Waiver Type	Discipline	Frequency	Duration	Effective Date	Action			
A11384	Active	04/01/2022	10/01/2022		True	4	Week	45 Minutes	2022	<a href="#">Edit</a>



- Click on Service Details panel to see the allowed number of covisits and/or makeup visits. Claims that overlap more than six (6) minutes will be rejected unless the service authorization allows covisits.

### 3. A3:570:F52- IFSP is not active/approved on Date of Service

**Rejection Cause:** The claim date of service falls within the child's IFSP, currently in Draft, Submitted, or Cancelled status and not Approved/Active.

**Resolution:** Check IFSP status on the claim date of service.

#### Steps to Resolve

- Go to Child Lookup panel and enter the child ID to find your child. Click Edit to view details of the child. Go to the IFSP tab to see the IFSP Status.
- If IFSP status is Draft, Submitted, or Cancelled and not approved, please get in touch with the EIO/D.
- If IFSP status is Approved or Closed and the claim date of service falls within the IFSP From and To Dates, please contact the PCG Call Center so that the Billing & Claiming Team can investigate and help resolve your claim issue.

IFSP Type	IFSP Status	IFSP Reason for Delay	IFSP Method	IFSP Extension Reason	IFSP Start Date	IFSP End Date	Signed Date	Linked IFSP	Action
Initial	Draft		In person meeting		05/13/2024	10/13/2024		True	View Edit

## Section 11: Resolving Service Authorization Rejections

### Rejection Type / Codes

Rejection Type	277CA Category Code	277CA Status Code	277CA Entity Code	EM-Error Message
Service Authorization	A3	570	F28	Contact the EIO/D or service coordinator to amend the SA and add more units if applicable.

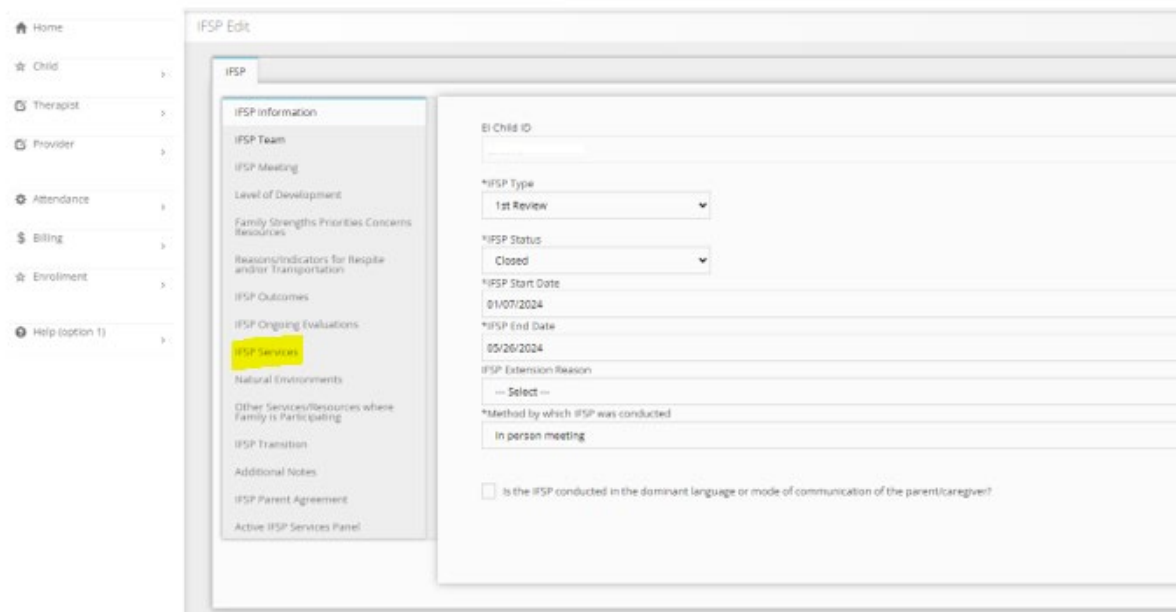
#### 1. A3:570:F28 - Contact the EIO/D or service coordinator to amend the SA and add more units if applicable.

**Rejection Cause:** The maximum number of sessions allowed for the child's service authorization has been reached.

**Resolution:** Contact the EIO/D or service coordinator to amend the service authorization to add more sessions for the child.

#### Steps to Resolve

- 1) Go to Child Lookup panel and enter the child ID to find your child. Click Edit to view details of the child. Go to IFSP panel then click Edit, then click the IFSP Services panel. Select the service authorization for your child and click Edit button to view details of the service authorization.



- 2) Navigate to the Service Delivery panel. Check the total number of sessions authorized. A report named 'AR Details' which shows the number of session authorizations can be found under the Billing menu.



<b>Service Information</b>	Service Type
<b>Service Delivery</b>	PT
Service Details	IPSP Start Date
Company Assignment	04/01/2022
Service Location	IPSP End Date
Alternate Service Location	02/27/2024
Therapist Assignment	*Start Date
Assistive Technology	04/01/2022
Assistive Technology Device	*End Date
Transportation Services	10/01/2022
Respite Services	Suspended Start Date
Waiver	Suspended End Date
Service Delay Reason	Extended End Date
	Intensity
	IND
	*Frequency
	4
	*Frequency Unit
	Week
	*Length (minutes)
	45 Minutes
	IPSP Outcome Name
	Select -- X
	Session Duration Minutes
	30
	# Sessions Authorized
	108
	<input type="button" value="Submit"/>