



**Department
of Health**

**All Payer
Database**

Original Source Data Submitter (OSDS)

X12 837 Post-Adjudicated Claim Data Reporting Implementation Guides

Standard Companion Guide Transaction Information

Instructions Related to Transactions
Based on ASC X12 837 Post-Adjudicated Claim Data
Reporting Implementation Guides, Version 5010

Transaction Information Companion Guide
Version Number: 2.3 – October 2024

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Preface

Companion Guides (CG) may contain two types of data: instructions for electronic communications with the publishing entity (i.e., Communications/Connectivity Instructions), and supplemental information for creating transactions for the publishing entity while at the same time ensuring compliance with the associated ASC X12 Implementation Guide (IG) (i.e., Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

1 Transaction Instruction Introduction

1.1 Background

1.1.1 Overview of Post-Adjudicated Claims Data Reporting Transactions

The Post-Adjudicated Claims Data Reporting Transaction standards were developed to create standard transaction sets for exchanging post-adjudicated claims data. These standards were defined for payers to exchange this data with trading partners including: All Payer Claims Databases administrators, Health Insurance Exchange administrators and other data reporting entities.

The Post-Adjudicated Claims Data Reporting transactions serve to:

- Support analysis performed by All Payer Claims Databases
- Support the Health Insurance Exchange reporting and analytical requirements
- Promote consistency in post-adjudicated claims data reporting
- Reduce administrative costs

1.1.2 HIPAA Role in Implementation Guides

The Post-Adjudicated Claim Transaction Reporting Implementation Guides were developed for use by the insurance industry. At this time, they have not been adopted as a HIPAA standard and are not HIPAA covered transactions.

1.2 Intended Use

The Transaction Instruction component of this Companion Guide 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.

1.3 Exceptions

New York State Department of Health (NYSDOH) selected these transactions to support the adoption of a single set of health care post-adjudicated claims data reporting standards for the format, data elements and code sets to be used for reporting to All Payer Claims Databases. NYSDOH expects payers to collect, maintain and submit information contained within the provider's claim transactions as required by the associated X12 Implementation Guides and this Companion Guide. This information is essential for NYSDOH to perform health care analytics. This companion guide conforms to the requirements of any associated ASC X12 Implementation Guide, and is in conformance with ASC X12's Fair Use and Copyright statements.

2 Included ASC X12 Implementation Guides

Table 1 X12N Implementation Guides below lists the X12N Implementation Guides for which specific Transaction Instructions apply and which are included in Section 3 of this document.

| Unique ID | Name |
|--------------|---|
| 005010X298 | Post-Adjudicated Claims Data Reporting: Professional (837) |
| 005010X299 | Post-Adjudicated Claims Data Reporting: Institutional (837) |
| 005010X300 | Post-Adjudicated Claims Data Reporting: Dental (837) |
| 005010X231A1 | Implementation Acknowledgment For Health Care Insurance (999) |
| 005010X364 | Data Reporting Acknowledgment (277DRA) |

Table 1: X12N Implementation Guides

The Implementation Guides are available at <http://store.x12.org/>

3 Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

| Legend |
|---|
| SHADED rows represent “segments” in the X12N Implementation Guide. |
| NON-SHADED rows represent “data elements” in the X12N Implementation Guide. |

Table 2: Instruction Table Legend

3.1 ASC X12/005010X298 Post-Adjudicated Claims Data Reporting Professional (837)

| Loop ID | Reference | Name | Notes/Comments |
|---------|-----------|---|--|
| 1000A | NM1 | Submitter Name | |
| 1000A | NM109 | Submitter Identifier | The OSDS assigned Submitter Identifier provided with the EDI Registration Form. The Submitter Identifier is used to ensure the SFTP folders match the transaction submitter. If the Submitter Identifier is not valid for the SFTP inbox, the file will be rejected. |
| 1000B | NM1 | Receiver Name | |
| 1000B | NM103 | Receiver Name | NYSDOH expects to receive “NYSDOH-APD”. |
| 1000B | NM109 | Receiver Primary Identifier | NYSDOH expects to receive “OSDS”. |
| 2000A | PRV | Billing Provider Specialty Information | If the adjudicated taxonomy is different than the provider-submitted taxonomy, the preferred value is the provider-submitted taxonomy. NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2000A | CUR | Foreign Currency Information | NYSDOH expects to receive all amounts in United States dollars. Transactions in currencies other than US Dollars will be rejected. |
| 2010AA | REF | Billing Provider Secondary Identification | |
| 2010AA | REF01 | Reference Identification Qualifier | When the provider’s NPI is not applicable or unknown, NYSDOH expects to receive “G2” – Provider Commercial Number. |

OSDS: X12 837 TRANSACTION INFORMATION COMPANION GUIDE

| Loop ID | Reference | Name | Notes/Comments | | | | | | | | | | | | | | | | | | |
|--|--|---------------------------------------|--|---------|-------------|--------------------------------|--------------------------------|-----------------------------------|--|--|------------------------|---|---------------------------------------|--------------------------------------|----------------------------------|--------------------------------|--------------------|---------------------------------|--|--------------------|--------------------------|
| 2010AA | REF02 | Billing Provider Secondary Identifier | <p>The NYSDOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier <u>must</u> be reported based on the following precedence:</p> <ul style="list-style-type: none"> • Provider's eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field. | | | | | | | | | | | | | | | | | | |
| 2010BA | NM109 | Subscriber Primary Identifier | <p>NYSDOH expects to receive the identifier as89</p> <table border="1"> <thead> <tr> <th>Members</th> <th>Identifiers</th> </tr> </thead> <tbody> <tr> <td>NYSOH QHP members(on exchange)</td> <td>NYSOH Assigned NYHX Identifier</td> </tr> <tr> <td>NYS Medicaid Managed Care members</td> <td>NYS Medicaid Assigned CIN</td> </tr> <tr> <td>Child Health Plus members enrolled through the NYSOH</td> <td>NYSOH Assigned KIDS ID</td> </tr> <tr> <td>Child Health Plus member enrolled through the Plans</td> <td>Unique ID assigned by the KIDS system</td> </tr> <tr> <td>Essential Plan (non-Aliessa) members</td> <td>NYSOH Assigned Essential Plan ID</td> </tr> <tr> <td>Essential Plan Aliessa members</td> <td>NYSOH Assigned CIN</td> </tr> <tr> <td>Off-exchange Commercial members</td> <td>Member ID reported on the 834 (X318) transaction</td> </tr> <tr> <td>Medicare Advantage</td> <td>Payer assigned Member ID</td> </tr> </tbody> </table> | Members | Identifiers | NYSOH QHP members(on exchange) | NYSOH Assigned NYHX Identifier | NYS Medicaid Managed Care members | NYS Medicaid Assigned CIN | Child Health Plus members enrolled through the NYSOH | NYSOH Assigned KIDS ID | Child Health Plus member enrolled through the Plans | Unique ID assigned by the KIDS system | Essential Plan (non-Aliessa) members | NYSOH Assigned Essential Plan ID | Essential Plan Aliessa members | NYSOH Assigned CIN | Off-exchange Commercial members | Member ID reported on the 834 (X318) transaction | Medicare Advantage | Payer assigned Member ID |
| Members | Identifiers | | | | | | | | | | | | | | | | | | | | |
| NYSOH QHP members(on exchange) | NYSOH Assigned NYHX Identifier | | | | | | | | | | | | | | | | | | | | |
| NYS Medicaid Managed Care members | NYS Medicaid Assigned CIN | | | | | | | | | | | | | | | | | | | | |
| Child Health Plus members enrolled through the NYSOH | NYSOH Assigned KIDS ID | | | | | | | | | | | | | | | | | | | | |
| Child Health Plus member enrolled through the Plans | Unique ID assigned by the KIDS system | | | | | | | | | | | | | | | | | | | | |
| Essential Plan (non-Aliessa) members | NYSOH Assigned Essential Plan ID | | | | | | | | | | | | | | | | | | | | |
| Essential Plan Aliessa members | NYSOH Assigned CIN | | | | | | | | | | | | | | | | | | | | |
| Off-exchange Commercial members | Member ID reported on the 834 (X318) transaction | | | | | | | | | | | | | | | | | | | | |
| Medicare Advantage | Payer assigned Member ID | | | | | | | | | | | | | | | | | | | | |
| 2010BB | NM103 | Data Receiver Name | NYSDOH expects to receive "NYSDOH-APD". | | | | | | | | | | | | | | | | | | |
| 2010CA | NM109 | Patient Primary Identifier | <p>NYSDOH expects to receive the identifier as follows:</p> <table border="1"> <thead> <tr> <th>Members</th> <th>Identifiers</th> </tr> </thead> <tbody> <tr> <td>NYSOH QHP members(on exchange)</td> <td>NYSOH Assigned NYHX Identifier</td> </tr> <tr> <td>Off-exchange Commercial members</td> <td>Member ID reported on the 834 (X318) transaction</td> </tr> </tbody> </table> | Members | Identifiers | NYSOH QHP members(on exchange) | NYSOH Assigned NYHX Identifier | Off-exchange Commercial members | Member ID reported on the 834 (X318) transaction | | | | | | | | | | | | |
| Members | Identifiers | | | | | | | | | | | | | | | | | | | | |
| NYSOH QHP members(on exchange) | NYSOH Assigned NYHX Identifier | | | | | | | | | | | | | | | | | | | | |
| Off-exchange Commercial members | Member ID reported on the 834 (X318) transaction | | | | | | | | | | | | | | | | | | | | |
| 2300 | AMT | Patient Paid Amount | | | | | | | | | | | | | | | | | | | |
| 2300 | CLM | Claim Information | | | | | | | | | | | | | | | | | | | |
| 2300 | CLM05-03 | Claim Frequency Type Code | NYSDOH expects to receive adjustment or void encounters whether the adjustments or void is a result of a transaction from the provider to the payer or an action on the part of the payer. | | | | | | | | | | | | | | | | | | |

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| Loop ID | Reference | Name | Notes/Comments |
|---------|-----------|---|--|
| 2300 | DTP | Onset of Current Illness or Injury Date | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2300 | DTP | Initial Treatment Date | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2300 | DTP | Last Seen Date | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2300 | DTP | Acute Manifestation Date | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2300 | DTP | Accident Date | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2300 | DTP | Last Menstrual Period Date | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2300 | DTP | Last X-Ray Date | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2300 | DTP | Hearing and Vision Prescription Date | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2300 | DTP | Disability Date | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2300 | DTP | Last Worked Date | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2300 | DTP | Authorized Work Return Date | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2300 | DTP | Related Hospitalization Admission Date | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2300 | DTP | Related Hospitalization Discharge Date | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2300 | NTE | Claim Note | NYSDOH strongly recommends this segment <u>only</u> be used by Medicaid Managed Care, Child Health Plus and Essential Plans to report the billing provider NYS specific category of service and specialty codes. |
| 2300 | NTE01 | Note Reference Code | For Medicaid Managed Care Organizations Essential Plans and Child Health Plus only: "TPO" (Third Party Organization Notes) for the submission of provider category of service and specialty code. |

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| Loop ID | Reference | Name | Notes/Comments |
|---------|-----------|---|---|
| 2300 | NTE02 | Claim Note Text | For Medicaid Managed Care Organizations Essential Plans and Child Health Plus only: the billing provider NYS specific category of service and specialty codes found in Appendix A must be reported as 99XXX. Where 99 is the category of service and XXX is the Specialty code. |
| 2300 | HI | Health Care Diagnosis Code | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2300 | HI02-HI12 | Health Care Diagnosis Code | Required when it is necessary to report an additional diagnosis code and the preceding HI data elements have been used to report other diagnoses. |
| 2300 | HI | Anesthesia Related Procedure | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2300 | HI02-HI12 | Anesthesia Related Procedure | Required when it is necessary to report an additional anesthesia procedures and the preceding HI data elements have been used to report other anesthesia procedures. |
| 2300 | HI | Condition Information | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2300 | HI02-HI12 | Condition Information | Required when it is necessary to report an additional condition codes and the preceding HI data elements have been used to report other condition codes. |
| 2310A | REF | Referring Provider Secondary Identification | |
| 2310A | REF01 | Reference Identification Qualifier | When the provider's NPI is not applicable or unknown, NYSDOH expects to receive "G2" – Provider Commercial Number |
| 2310A | REF02 | Referring Provider Secondary Identifier | The NYSDOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier must be reported based on the following precedence: <ul style="list-style-type: none"> • Provider's eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field |
| 2310B | PRV | Rendering Provider Specialty Information | If the adjudicated taxonomy is different than the provider-submitted taxonomy, the preferred value is the provider-submitted taxonomy. NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2310B | REF | Rendering Provider Secondary Identification | |

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| Loop ID | Reference | Name | Notes/Comments |
|----------------|------------------|--|---|
| 2310B | REF01 | Reference Identification Qualifier | When the provider's NPI is not applicable or unknown, NYSDOH expects to receive "G2" – Provider Commercial Number. |
| 2310B | REF02 | Rendering Provider Secondary Identifier | <p>The NYSDOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier must be reported based on the following precedence:</p> <ul style="list-style-type: none"> • Provider's eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field. • FOR NEW YORK HEALTH EQUITY REFORM (NYHER) PROGRAM: When provider NPI or MMIS ID is not available, reference provider federal employer identification number (FEIN) to indicate community-based organization (CBO) that provisions the health-related social needs (HRSN) service |
| 2310C | REF | Service Facility Location Secondary Identification | |
| 2310C | REF01 | Reference Identification Qualifier | When the provider's NPI is not applicable or unknown, NYSDOH expects to receive "G2" – Provider Commercial Number. |
| 2310C | REF02 | Laboratory or Facility Secondary Identifier | <p>The NYSDOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier must be reported based on the following precedence:</p> <ul style="list-style-type: none"> • Provider's eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field |
| 2310D | REF | Supervising Provider Secondary Identification | |
| 2310D | REF01 | Reference Identification Qualifier | When the provider's NPI is not applicable or unknown, NYSDOH expects to receive "G2" – Provider Commercial Number |

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| Loop ID | Reference | Name | Notes/Comments |
|---------|-----------|--|--|
| 2310D | REF02 | Supervising Provider Secondary Identifier | <p>The NYSDOH is expecting provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier must be reported based on the following precedence:</p> <ul style="list-style-type: none"> • Provider's eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field |
| 2320 | SBR | Other Subscriber Information | For Integrated Dual guidance – please see the “Special Instructions for Integrated Dual Encounters” in “Other Resources” within this document. |
| 2320 | SBR06 | Coordination of Benefits Code | <p>One 2320 loop with SBR06=6 is required for the submitting payer. Only one 2320 loop with SBR06=6 is allowed. All other 2320 loops must have SBR06=1</p> <p>For Integrated Dual guidance – please see the “Special Instructions for Integrated Dual Encounters” in “Other Resources” within this document.</p> |
| 2320 | AMT | Coordination of Benefits (COB) Payer Paid Amount | |

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| Loop ID | Reference | Name | Notes/Comments |
|---------|-----------|-----------------|--|
| 2320 | AMT02 | Monetary Amount | <p data-bbox="873 233 1487 323">NYSDOH expects to receive the claim level payment amount which is equal to the sum of all line level payment amounts (Loop ID-2430 SVD02).</p> <p data-bbox="873 352 1446 472">For Integrated Dual guidance – please see the “Special Instructions for Integrated Dual Encounters” in “Other Resources” within this document.</p> |

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| Loop ID | Reference | Name | Notes/Comments |
|---------|-----------|-----------------------|----------------|
| 2330A | NM1 | Other Subscriber Name | |

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| Loop ID | Reference | Name | Notes/Comments | | | | | | | | | | | | | | | | | | |
|--|--|-------------------------------|--|---------|-------------|--------------------------------|--------------------------------|-----------------------------------|---------------------------|--|------------------------|---|---------------------------------------|--------------------------------------|----------------------------------|--------------------------------|--------------------|---------------------------------|--|--------------------|--------------------------|
| 2330A | NM109 | Subscriber Primary Identifier | <p>NYSDOH expects to receive the identifier as follows:</p> <table border="1" data-bbox="878 289 1490 972"> <thead> <tr> <th data-bbox="878 289 1187 319">Members</th> <th data-bbox="1187 289 1490 319">Identifiers</th> </tr> </thead> <tbody> <tr> <td data-bbox="878 319 1187 415">NYSOH QHP members(on exchange)</td> <td data-bbox="1187 319 1490 415">NYSOH Assigned NYHX Identifier</td> </tr> <tr> <td data-bbox="878 415 1187 512">NYS Medicaid Managed Care members</td> <td data-bbox="1187 415 1490 512">NYS Medicaid Assigned CIN</td> </tr> <tr> <td data-bbox="878 512 1187 606">Child Health Plus members enrolled through the NYSOH</td> <td data-bbox="1187 512 1490 606">NYSOH Assigned KIDS ID</td> </tr> <tr> <td data-bbox="878 606 1187 703">Child Health Plus member enrolled through the Plans</td> <td data-bbox="1187 606 1490 703">Unique ID assigned by the KIDS system</td> </tr> <tr> <td data-bbox="878 703 1187 758">Essential Plan (non-Aliessa) members</td> <td data-bbox="1187 703 1490 758">NYSOH Assigned Essential Plan ID</td> </tr> <tr> <td data-bbox="878 758 1187 812">Essential Plan Aliessa members</td> <td data-bbox="1187 758 1490 812">NYSOH Assigned CIN</td> </tr> <tr> <td data-bbox="878 812 1187 909">Off-exchange Commercial members</td> <td data-bbox="1187 812 1490 909">Member ID reported on the 834 (X318) transaction</td> </tr> <tr> <td data-bbox="878 909 1187 972">Medicare Advantage</td> <td data-bbox="1187 909 1490 972">Payer assigned Member Id</td> </tr> </tbody> </table> <p>For Integrated Dual guidance – please see the “Special Instructions for Integrated Dual Encounters” in “Other Resources” within this document.</p> | Members | Identifiers | NYSOH QHP members(on exchange) | NYSOH Assigned NYHX Identifier | NYS Medicaid Managed Care members | NYS Medicaid Assigned CIN | Child Health Plus members enrolled through the NYSOH | NYSOH Assigned KIDS ID | Child Health Plus member enrolled through the Plans | Unique ID assigned by the KIDS system | Essential Plan (non-Aliessa) members | NYSOH Assigned Essential Plan ID | Essential Plan Aliessa members | NYSOH Assigned CIN | Off-exchange Commercial members | Member ID reported on the 834 (X318) transaction | Medicare Advantage | Payer assigned Member Id |
| Members | Identifiers | | | | | | | | | | | | | | | | | | | | |
| NYSOH QHP members(on exchange) | NYSOH Assigned NYHX Identifier | | | | | | | | | | | | | | | | | | | | |
| NYS Medicaid Managed Care members | NYS Medicaid Assigned CIN | | | | | | | | | | | | | | | | | | | | |
| Child Health Plus members enrolled through the NYSOH | NYSOH Assigned KIDS ID | | | | | | | | | | | | | | | | | | | | |
| Child Health Plus member enrolled through the Plans | Unique ID assigned by the KIDS system | | | | | | | | | | | | | | | | | | | | |
| Essential Plan (non-Aliessa) members | NYSOH Assigned Essential Plan ID | | | | | | | | | | | | | | | | | | | | |
| Essential Plan Aliessa members | NYSOH Assigned CIN | | | | | | | | | | | | | | | | | | | | |
| Off-exchange Commercial members | Member ID reported on the 834 (X318) transaction | | | | | | | | | | | | | | | | | | | | |
| Medicare Advantage | Payer assigned Member Id | | | | | | | | | | | | | | | | | | | | |

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|--------------|--------------|---------------------------------------|---|
| <p>2330B</p> | <p>NM109</p> | <p>Other Payer Primary Identifier</p> | <p>When SBR06 = 1, NYSDOH expects to receive the payer ID as known to the submitting issuer.</p> <p>When SBR06 = 6, NYSDOH expects to receive:</p> <ul style="list-style-type: none"> • a 14 digit HIOS ID for both on-exchange and off-exchange ACA plans or a • composite record consisting of the Issuer, Plan, and Product ID for non-ACA commercial or Medicare Advantage plans. <p>HIOS Example: 12345NY0010001</p> <p>For non-ACA commercial or Medicare Advantage, the expected composite must be the same as reported in the 834 2750 loop for the member. The composite consists of up to three components (Issuer, Plan, and Product). The components are separated using a right square bracket "]" and is limited to 50 characters. Example scenarios follow:</p> <p>1. A plan identified in the EDI Registration process using:</p> <ul style="list-style-type: none"> • HIOS = 44344 • Plan ID = XZ987562 • Product ID = HD20PERCENT <p>Would be reported as: 44344]XZ987562]HD20PERCENT</p> <p>2. A plan identified in the EDI Registration process using:</p> <ul style="list-style-type: none"> • NAIC = 12344 • Plan ID = XZ987562 • Product ID = HD20PERCENT <p>Would be reported as: N12344]XZ987562]HD20PERCENT</p> <p>3. If the plan related products are not enumerated, the Product ID component would not be populated:</p> <ul style="list-style-type: none"> • NAIC = 12344 • Plan ID = XZ987562 • Product ID = <null> <p>Would be reported as: N12344]XZ987562]</p> <p>Note: The value reported here is the link to the line adjudication information and must match the value submitted in 2430 SVD01. It is acknowledged this is contrary to the note in the Implementation Guide.</p> <p>For Integrated Dual guidance – please see the "Special Instructions for Integrated Dual</p> |
|--------------|--------------|---------------------------------------|---|

OSDS: X12 837 TRANSACTION INFORMATION COMPANION GUIDE

| Loop ID | Reference | Name | Notes/Comments | | | | | | |
|---------------------------------|--|---|---|---------|-------------|--------------------------------|--------------------------------|---------------------------------|--|
| | | | Encounters” in “Other Resources” within this document. | | | | | | |
| 2330B | REF02 | Payer Claim Control Number | When SBR06 = “06”, NYSDOH expects to receive a unique Payer Claim Control Number that can be used to identify the claim when communicating with the Payer. This number should be unique within the Payer Primary ID being submitted. For Integrated Dual guidance – please see the “Special Instructions for Integrated Dual Encounters” in “Other Resources” within this document. | | | | | | |
| 2330C | NM1 | Other Patient Name | | | | | | | |
| 2330C | NM109 | Patient Primary Identifier | <p>NYSDOH expects to receive the identifier as follows:</p> <table border="1"> <thead> <tr> <th>Members</th> <th>Identifiers</th> </tr> </thead> <tbody> <tr> <td>NYSOH QHP members(on exchange)</td> <td>NYSOH Assigned NYHX Identifier</td> </tr> <tr> <td>Off-exchange Commercial members</td> <td>Member ID reported on the 834 (X318) transaction</td> </tr> </tbody> </table> | Members | Identifiers | NYSOH QHP members(on exchange) | NYSOH Assigned NYHX Identifier | Off-exchange Commercial members | Member ID reported on the 834 (X318) transaction |
| Members | Identifiers | | | | | | | | |
| NYSOH QHP members(on exchange) | NYSOH Assigned NYHX Identifier | | | | | | | | |
| Off-exchange Commercial members | Member ID reported on the 834 (X318) transaction | | | | | | | | |
| 2400 | DTP | Last Certification Date | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. | | | | | | |
| 2400 | DTP | Last Seen Date | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. | | | | | | |
| 2400 | DTP | Test Date | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. | | | | | | |
| 2400 | DTP | Last X-Ray Date | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. | | | | | | |
| 2400 | DTP | Initial Treatment Date (Line) | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. | | | | | | |
| 2400 | MEA | Test Results | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. | | | | | | |
| 2420A | PRV | Rendering Provider Specialty Information | If the adjudicated taxonomy is different than the provider-submitted taxonomy, the preferred value is the provider-submitted taxonomy. NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. | | | | | | |
| 2420A | REF | Rendering Provider Secondary Identification | | | | | | | |
| 2420A | REF01 | Reference Identification Qualifier | When the provider’s NPI is not applicable or unknown, NYSDOH expects to receive “G2” – Provider Commercial Number | | | | | | |

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| Loop ID | Reference | Name | Notes/Comments |
|----------------|------------------|---|--|
| 2420A | REF02 | Rendering Provider Secondary Identifier | <p>The NYSDOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier must be reported based on the following precedence:</p> <ul style="list-style-type: none"> • Provider's eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field • FOR NEW YORK HEALTH EQUITY REFORM (NYHER) PROGRAM: When provider NPI or MMIS ID is not available, reference provider federal employer identification number (FEIN) to indicate community-based organization (CBO) that provisions the health-related social needs (HRSN) service |
| 2420B | REF | Purchased Service Provider Secondary Identification | |
| 2420B | REF01 | Reference Identification Qualifier | When the provider's NPI is not applicable or unknown, NYSDOH expects to receive "G2" – Provider Commercial Number |
| 2420B | REF02 | Purchased Service Provider Secondary Identifier | <p>The NYSDOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier must be reported based on the following precedence:</p> <ul style="list-style-type: none"> • Provider's eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field |
| 2420C | REF | Service Facility Location Secondary Identification | |
| 2420C | REF01 | Reference Identification Qualifier | When the provider's NPI is not applicable or unknown, NYSDOH expects to receive "G2" – Provider Commercial Number |
| 2420C | REF02 | Service Facility Location Secondary Identifier | <p>The NYSDOH is expecting the provider's NPI .When the provider's NPI is not applicable or unknown, a provider secondary identifier must be reported based on the following precedence:</p> <ul style="list-style-type: none"> • Provider's eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field |

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| Loop ID | Reference | Name | Notes/Comments |
|----------------|------------------|---|---|
| 2420D | REF | Supervising Provider Secondary Identification | |
| 2420D | REF01 | Reference Identification Qualifier | When the provider's NPI is not applicable or unknown, NYSDOH expects to receive "G2" – Provider Commercial Number |
| 2420D | REF02 | Supervising Provider Secondary Identifier | The NYSDOH is expecting the provider's NPI .When the provider's NPI is not applicable or unknown, a provider secondary identifier must be reported based on the following precedence: <ul style="list-style-type: none"> • Provider's eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field |
| 2420E | REF | Ordering Provider Secondary Identification | |
| 2420E | REF01 | Reference Identification Qualifier | When the provider's NPI is not applicable or unknown, NYSDOH expects to receive "G2" – Provider Commercial Number |
| 2420E | REF02 | Ordering Provider Secondary Identifier | The NYSDOH is expecting the provider's NPI .When the provider's NPI is not applicable or unknown, a provider secondary identifier must be reported based on the following precedence: <ul style="list-style-type: none"> • Provider's eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field |
| 2420F | REF | Referring Provider Secondary Identification | |
| 2420F | REF01 | Reference Identification Qualifier | When the provider's NPI is not applicable or unknown, NYSDOH expects to receive "G2" – Provider Commercial Number |
| 2420F | REF02 | Referring Provider Secondary Identifier | The NYSDOH is expecting the provider's NPI .When the provider's NPI is not applicable or unknown, a provider secondary identifier must be reported based on the following precedence: <ul style="list-style-type: none"> • Provider's eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field |

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| Loop ID | Reference | Name | Notes/Comments |
|---------|-----------|--------------------------------|---|
| 2430 | SVD01 | Other Payer Primary Identifier | <p>Identifies the payer which adjudicated the service line and must match the value submitted in 2330B NM109. It is acknowledged this is contrary to the note in the Implementation Guide.</p> <p>For Integrated Dual guidance – please see the “Special Instructions for Integrated Dual Encounters” in “Other Resources” within this document.</p> |

Table 3: Post-Adjudicated Claims Data Reporting (837 Professional)

3.2 ASC X12/005010X299 Post-Adjudicated Claims Data Reporting Institutional (837)

| Loop ID | Reference | Name | Notes/Comments |
|---------|-----------|---|---|
| 1000A | NM1 | Submitter Name | |
| 1000A | NM109 | Submitter Identifier | The OSDS assigned Submitter Identifier provided with the EDI Registration Form. The Submitter Identifier is used to ensure the SFTP folders match the transaction submitter. If the Submitter Identifier is not valid for the SFTP inbox, the file will be rejected. |
| 1000B | NM1 | Receiver Name | |
| 1000B | NM103 | Receiver Name | NYSDOH expects to receive "NYSDOH-APD". |
| 1000B | NM109 | Receiver Primary Identifier | NYSDOH expects to receive "OSDS". |
| 2000A | PRV | Billing Provider Specialty Information | If the adjudicated taxonomy is different than the provider-submitted taxonomy, the preferred value is the provider-submitted taxonomy. NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2000A | CUR | Foreign Currency Information | NYSDOH expects to receive all amounts in United States dollars. Transactions in currencies other than US Dollars will be rejected. |
| 2010AA | REF | Billing Provider Secondary Identification | |
| 2010AA | REF01 | Reference Identification Qualifier | When the provider's NPI is not applicable or unknown, NYSDOH expects to receive "G2" – Provider Commercial Number |
| 2010AA | REF02 | Billing Provider Secondary Identifier | The NYSDOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier must be reported based on the following precedence: <ul style="list-style-type: none"> • Provider's eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field |

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| Loop ID | Reference | Name | Notes/Comments | |
|---------|-----------|-------------------------------|--|--|
| 2010BA | NM109 | Subscriber Primary Identifier | NYSDOH expects to receive the identifier as follows: | |
| | | | Members | Identifiers |
| | | | NYSOH QHP members(on exchange) | NYSOH Assigned NYHX Identifier |
| | | | NYS Medicaid Managed Care members | NYS Medicaid Assigned CIN |
| | | | Child Health Plus members enrolled through the NYSOH | NYSOH Assigned KIDS ID |
| | | | Child Health Plus member enrolled through the Plans | Unique ID assigned by the KIDS system |
| | | | Essential Plan (non-Aliessa) members | NYSOH Assigned Essential Plan ID |
| | | | Essential Plan Aliessa members | NYSOH Assigned CIN |
| | | | Off-exchange Commercial members | Member ID reported on the 834 (X318) transaction |
| | | | Medicare Advantage | Payer assigned Member ID |
| 2010BB | NM103 | Data Receiver Name | NYSDOH expects to receive "NYSDOH-APD". | |
| 2010CA | NM109 | Patient Primary Identifier | NYSDOH expects to receive the identifier as follows: | |
| | | | Members | Identifiers |
| | | | NYSOH QHP members(on exchange) | NYSOH Assigned NYHX Identifier |
| | | | Off-exchange Commercial members | Member ID reported on the 834 (X318) transaction |
| 2300 | AMT | Patient Paid Amount | | |
| 2300 | CLM | Claim Information | | |
| 2300 | CLM05-01 | Facility Code Value | For X299, Inpatient duplicate logic will be applied for codes: (11, 18, 41, 65, 66, 86). Clinic duplicate logic will be applied for codes: (12, 13, 14, 23, 32, 33, 34, 43, 71, 72, 73, 74, 75, 76, 77, 78, 79, 81, 82, 83, 84, 85, 89). Skilled Nursing Facility duplicate logic will be applied for codes: (21, 22, 28). | |
| 2300 | CLM05-03 | Claim Frequency Type Code | NYSDOH expects to receive codes indicating if the claim is an adjustment or void whether the adjustment or void is a result of a transaction from the provider or an action on the part of the payer. | |
| 2300 | DTP | Discharge Hour | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. | |
| 2300 | NTE | Billing Note | NYSDOH strongly recommends this segment <u>only</u> be used by Medicaid Managed Care, Child Health Plus and Essentials Plans to report the billing provider NYS specific category of service and specialty codes | |
| 2300 | NTE01 | Note Reference Code | For Medicaid Managed Care Organizations Essential Plans and Child Health Plus only: "ADD" (Additional Information) for the submission of provider category of service and specialty code. | |

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| Loop ID | Reference | Name | Notes/Comments |
|---------|-----------|--|--|
| 2300 | NTE02 | Billing Note Text | For Medicaid Managed Care Organizations Essential Plans and Child Health Plus only: the billing provider NYS specific category of service and specialty codes found in Appendix A must be reported as 99XXX. Where 99 is the category of service and XXX is the Specialty code. NYSDOH expects to receive “799” – No Specialty Required if the specialty code is not available. |
| 2300 | HI | Principal Diagnosis | |
| 2300 | HI01-09 | Yes/No Condition or Response Code (Present on Admission (POA) Indicator) | NYS DOH expects to receive the appropriate Present on Admission Indicator on the Principal Diagnosis: (N=No, U=Unknown, W=Not Applicable, Y=Yes) |
| 2300 | HI | Patient’s Reason for Visit | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2300 | HI02-HI12 | Patient’s Reason for Visit | Required when it is necessary to report an additional patient’s reason for visit code and the preceding HI data elements have been used to report other patient’s reason for visit codes. |
| 2300 | HI | External Cause of Injury | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2300 | HI02-HI12 | External Cause of Injury | Required when it is necessary to report an additional external cause of injury code and the preceding HI data elements have been used to report other external cause of injury codes. |
| 2300 | HI | Diagnosis Related Group(DRG) Information | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2300 | HI01-02 | Diagnosis Related Group | NYSDOH expects to receive the APR-DRG that is a four digit numeric DRG code that combines the DRG code (3 digits) and the Severity of Illness (SOI) indicator (1 digit). In cases where the MS-DRG (3 digits) is being reported. The MS-DRG should be left justified and an SOI indicator of zero should be added. |
| 2300 | HI | Other Diagnosis Information | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2300 | HI02-HI12 | Other Diagnosis Information | Required when it is necessary to report an additional other diagnosis code and the preceding HI data elements have been used to report other diagnosis codes. |
| 2300 | HI | Other Procedure Information | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2300 | HI02-HI12 | Other Procedure Information | Required when it is necessary to report an additional other procedure code and the preceding HI data elements have been used to report other procedure codes. |

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| Loop ID | Reference | Name | Notes/Comments |
|---------|-----------|-----------------------------|---|
| 2300 | HI | Occurrence Span Information | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2300 | HI02-HI12 | Occurrence Span Information | Required when it is necessary to report an additional occurrence span code and the preceding HI data elements have been used to report other occurrence span codes. |
| 2300 | HI | Occurrence Information | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2300 | HI02-HI12 | Occurrence Information | Required when it is necessary to report an additional occurrence code and the preceding HI data elements have been used to report other occurrence codes. |

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| Loop ID | Reference | Name | Notes/Comments |
|---------|-----------|-----------------------|--|
| 2300 | HI | Value Information | <p>NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures.</p> <p>NYSDOH expects to receive Neonate Birthweight in this segment with a Value Code of “54” and the birth weight in grams in the Value Code Amount field when the Admission Type indicates Newborn.</p> <p>NYSDOH expects to receive “0” in this segment when a Birthweight is not available.</p> <p>For Medicaid Managed Care Organizations and Child Health Plus only:</p> <p>When reporting a NYS Medicaid rate code (Value Code of “24”), NYSDOH expects to receive the four digit rate code as a whole number without a decimal point. For HARP encounters, a rate code must be reported.</p> <p>For Medicaid Managed Care Organizations only: NYSDOH expects to receive a Net Available Monthly Income (NAMI) amount on all applicable nursing home encounters. NAMI should be reported using a value code of “23”. The following instructions should be used to populate the NAMI amount in the Value Amount field: Enter the NAMI amount determined by the local district In cases where the member’s budget has increased, the new amount, rather than the current budgeted amount, should be entered. If billing occurs more than once a month, enter the full NAMI amount on the first claim submitted for the month For retroactive NAMI changes, an adjustment to the previously paid claim needs to be submitted. These adjustments can only be submitted when approval for a budget change has been received from the local district.</p> |
| 2300 | HI02-HI12 | Value Information | <p>Required when it is necessary to report an additional value code and the preceding HI data elements have been used to report other value codes.</p> |
| 2300 | HI | Condition Information | <p>NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures.</p> |
| 2300 | HI02-HI12 | Condition Information | <p>Required when it is necessary to report an additional condition code and the preceding HI data elements have been used to report other condition codes.</p> |

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| Loop ID | Reference | Name | Notes/Comments |
|---------|-----------|--|---|
| 2300 | HCP06 | Repriced Approved DRG Code | NYSDOH expects to receive the APR-DRG that is a four digit numeric DRG code that combines the DRG code (3 digits) and the Severity of Illness (SOI) indicator (1 digit). In cases where the MS-DRG (3 digits) is being reported. The MS-DRG should be left justified and an SOI indicator of zero should be added. |
| 2310A | PRV | Attending Provider Specialty Information | If the adjudicated taxonomy is different than the provider-submitted taxonomy, the preferred value is the provider-submitted taxonomy. NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2310A | REF | Attending Provider Secondary Identification | |
| 2310A | REF01 | Reference Identification Qualifier | When the provider's NPI is not applicable or unknown, NYSDOH expects to receive "G2" – Provider Commercial Number |
| 2310A | REF02 | Attending Provider Secondary Identifier | The NYSDOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier must be reported based on the following precedence: <ul style="list-style-type: none"> • Provider's eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field |
| 2310B | REF | Operating Physician Secondary Identification | |
| 2310B | REF01 | Reference Identification Qualifier | When the provider's NPI is not applicable or unknown, NYSDOH expects to receive "G2" – Provider Commercial Number |
| 2310B | REF02 | Operating Physician Secondary Identifier | When the provider's NPI is not applicable or unknown, a provider secondary identifier must be reported based on the following precedence: <ul style="list-style-type: none"> • Provider's eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field |
| 2310C | REF | Other Operating Physician Secondary Identification | |
| 2310C | REF01 | Reference Identification Qualifier | When the provider's NPI is not applicable or unknown, NYSDOH expects to receive "G2" – Provider Commercial Number |

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| Loop ID | Reference | Name | Notes/Comments |
|---------|-----------|--|--|
| 2310C | REF02 | Other Operating Physician Secondary Identifier | <p>When the provider's NPI is not applicable or unknown, a provider secondary identifier must be reported based on the following precedence:</p> <ul style="list-style-type: none"> • Provider's eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field |
| 2310D | REF | Rendering Provider Secondary Identification | |
| 2310D | REF01 | Reference Identification Qualifier | <p>When the provider's NPI is not applicable or unknown, NYSDOH expects to receive "G2" – Provider Commercial Number</p> |
| 2310D | REF02 | Rendering Provider Secondary Identifier | <p>The NYSDOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier must be reported based on the following precedence:</p> <ul style="list-style-type: none"> • Provider's eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field • FOR NEW YORK HEALTH EQUITY REFORM (NYHER) PROGRAM: When provider NPI or MMIS ID is not available, reference provider federal employer identification number (FEIN) to indicate community-based organization (CBO) that provisions the health-related social needs (HRSN) service |
| 2310E | REF | Service Facility Location Secondary Identification | |
| 2310E | REF01 | Reference Identification Qualifier | <p>When the provider's NPI is not applicable or unknown, NYSDOH expects to receive "G2" – Provider Commercial Number</p> |
| 2310E | REF02 | Laboratory or Facility Secondary Identifier | <p>When the provider's NPI is not applicable or unknown, a provider secondary identifier must be reported based on the following precedence:</p> <ul style="list-style-type: none"> • Provider's eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field |

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| Loop ID | Reference | Name | Notes/Comments | | | | | | | | | | | | | | | | | | |
|--|--|--|---|---------|-------------|--------------------------------|--------------------------------|-----------------------------------|---------------------------|--|------------------------|---|---------------------------------------|--------------------------------------|----------------------------------|--------------------------------|--------------------|---------------------------------|--|--------------------|--------------------------|
| 2310F | REF | Referring Provider Secondary Identification | | | | | | | | | | | | | | | | | | | |
| 2310F | REF01 | Reference Identification Qualifier | When the provider's NPI is not applicable or unknown, NYSDOH expects to receive "G2" – Provider Commercial Number | | | | | | | | | | | | | | | | | | |
| 2310F | REF02 | Referring Provider Secondary Identifier | When the provider's NPI is not applicable or unknown, a provider secondary identifier must be reported based on the following precedence: <ul style="list-style-type: none"> • Provider's eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field | | | | | | | | | | | | | | | | | | |
| 2320 | AMT | Coordination of Benefits (COB) Payer Paid Amount | | | | | | | | | | | | | | | | | | | |
| 2320 | AMT02 | Monetary Amount | NYSDOH expects to receive the claim level payment amount which is equal to the sum of all line level payment amounts (Loop ID-2430 SVD02). | | | | | | | | | | | | | | | | | | |
| 2330A | NM1 | Other Subscriber Name | | | | | | | | | | | | | | | | | | | |
| 2330A | NM109 | Subscriber Primary Identifier | <p>NYSDOH expects to receive the identifier as follows:</p> <table border="1"> <thead> <tr> <th>Members</th> <th>Identifiers</th> </tr> </thead> <tbody> <tr> <td>NYSOH QHP members(on exchange)</td> <td>NYSOH Assigned NYHX Identifier</td> </tr> <tr> <td>NYS Medicaid Managed Care members</td> <td>NYS Medicaid Assigned CIN</td> </tr> <tr> <td>Child Health Plus members enrolled through the NYSOH</td> <td>NYSOH Assigned KIDS ID</td> </tr> <tr> <td>Child Health Plus member enrolled through the Plans</td> <td>Unique ID assigned by the KIDS system</td> </tr> <tr> <td>Essential Plan (non-Aliessa) members</td> <td>NYSOH Assigned Essential Plan ID</td> </tr> <tr> <td>Essential Plan Aliessa members</td> <td>NYSOH Assigned CIN</td> </tr> <tr> <td>Off-exchange Commercial members</td> <td>Member ID reported on the 834 (X318) transaction</td> </tr> <tr> <td>Medicare Advantage</td> <td>Payer assigned Member ID</td> </tr> </tbody> </table> | Members | Identifiers | NYSOH QHP members(on exchange) | NYSOH Assigned NYHX Identifier | NYS Medicaid Managed Care members | NYS Medicaid Assigned CIN | Child Health Plus members enrolled through the NYSOH | NYSOH Assigned KIDS ID | Child Health Plus member enrolled through the Plans | Unique ID assigned by the KIDS system | Essential Plan (non-Aliessa) members | NYSOH Assigned Essential Plan ID | Essential Plan Aliessa members | NYSOH Assigned CIN | Off-exchange Commercial members | Member ID reported on the 834 (X318) transaction | Medicare Advantage | Payer assigned Member ID |
| Members | Identifiers | | | | | | | | | | | | | | | | | | | | |
| NYSOH QHP members(on exchange) | NYSOH Assigned NYHX Identifier | | | | | | | | | | | | | | | | | | | | |
| NYS Medicaid Managed Care members | NYS Medicaid Assigned CIN | | | | | | | | | | | | | | | | | | | | |
| Child Health Plus members enrolled through the NYSOH | NYSOH Assigned KIDS ID | | | | | | | | | | | | | | | | | | | | |
| Child Health Plus member enrolled through the Plans | Unique ID assigned by the KIDS system | | | | | | | | | | | | | | | | | | | | |
| Essential Plan (non-Aliessa) members | NYSOH Assigned Essential Plan ID | | | | | | | | | | | | | | | | | | | | |
| Essential Plan Aliessa members | NYSOH Assigned CIN | | | | | | | | | | | | | | | | | | | | |
| Off-exchange Commercial members | Member ID reported on the 834 (X318) transaction | | | | | | | | | | | | | | | | | | | | |
| Medicare Advantage | Payer assigned Member ID | | | | | | | | | | | | | | | | | | | | |

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| Loop ID | Reference | Name | Notes/Comments |
|---------|-----------|--------------------------------|---|
| 2330B | NM109 | Other Payer Primary Identifier | <p>When SBR06 = 1, NYSDOH expects to receive the payer ID as known to the submitting issuer.</p> <p>When SBR06 = 6, NYSDOH expects to receive:</p> <ul style="list-style-type: none"> • a 14 digit HIOS ID for both on-exchange and off-exchange ACA plans or a • composite record consisting of the Issuer, Plan, and Product ID for non-ACA commercial or Medicare Advantage plans. <p>HIOS Example: 12345NY0010001</p> <p>For non-ACA commercial or Medicare Advantage, the expected composite must be the same as reported in the 834 2750 loop for the member. The composite consists of up to three components (Issuer, Plan, and Product). The components are separated using a right square bracket "]" and is limited to 50 characters. Example scenarios follow:</p> <ol style="list-style-type: none"> 1. A plan identified in the EDI Registration process using: <ul style="list-style-type: none"> • HIOS = 44344 • Plan ID = XZ987562 • Product ID = HD20PERCENT <p>Would be reported as: 44344]XZ987562]HD20PERCENT</p> 2. A plan identified in the EDI Registration process using: <ul style="list-style-type: none"> • NAIC = 12344 • Plan ID = XZ987562 • Product ID = HD20PERCENT <p>Would be reported as: N12344]XZ987562]HD20PERCENT</p> 3. If the plan related products are not enumerated, the Product ID component would not be populated: <ul style="list-style-type: none"> • NAIC = 12344 • Plan ID = XZ987562 • Product ID = <null> <p>Would be reported as: N12344]XZ987562]</p> <p>Please note: The value reported here is the link to the line adjudication information and must match the value submitted in 2430 SVD01. It is acknowledged this is contrary to the note in the Implementation Guide.</p> |

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| Loop ID | Reference | Name | Notes/Comments | | | | | | |
|---------------------------------|--|--|--|---------|-------------|--------------------------------|--------------------------------|---------------------------------|--|
| 2330B | REF02 | Payer Claim Control Number | When SBR06 = "06", NYSDOH expects to receive a unique Payer Claim Control Number that can be used to identify the claim when communicating with the Payer. This number should be unique within the Payer Primary ID being submitted. | | | | | | |
| 2330B | REF02 | Adjudicated DRG | NYSDOH expects to receive the APR-DRG that is a four digit numeric DRG code that combines the DRG code (3 digits) and the Severity of Illness (SOI) indicator (1 digit). In cases where the MS-DRG (3 digits) is being reported. The MS-DRG should be left justified and an SOI indicator of zero should be added. | | | | | | |
| 2330B | REF04-02 | DRG Grouper Version when REF01=1N | NYSDOH expects submitters to submit in the format below to identify the grouper type and version utilized to calculate the reported DRG (e.g. APR 36.0 or MS 36.0) | | | | | | |
| 2330C | NM1 | Other Patient Name | | | | | | | |
| 2330C | NM109 | Patient Primary Identifier | <p>NYSDOH expects to receive the identifier as follows:</p> <table border="1"> <thead> <tr> <th>Members</th> <th>Identifiers</th> </tr> </thead> <tbody> <tr> <td>NYSOH QHP members(on exchange)</td> <td>NYSOH Assigned NYHX Identifier</td> </tr> <tr> <td>Off-exchange Commercial members</td> <td>Member ID reported on the 834 (X318) transaction</td> </tr> </tbody> </table> | Members | Identifiers | NYSOH QHP members(on exchange) | NYSOH Assigned NYHX Identifier | Off-exchange Commercial members | Member ID reported on the 834 (X318) transaction |
| Members | Identifiers | | | | | | | | |
| NYSOH QHP members(on exchange) | NYSOH Assigned NYHX Identifier | | | | | | | | |
| Off-exchange Commercial members | Member ID reported on the 834 (X318) transaction | | | | | | | | |
| 2400 | DTP | Service Date | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. | | | | | | |
| 2420A | REF | Operating Physician Secondary Identification | | | | | | | |
| 2420A | REF01 | Reference Identification Qualifier | When the provider's NPI is not applicable or unknown, NYSDOH expects to receive "G2" – Provider Commercial Number | | | | | | |
| 2420A | REF02 | Operating Physician Secondary Identifier | <p>When the provider's NPI is not applicable or unknown, a provider secondary identifier must be reported based on the following precedence:</p> <ul style="list-style-type: none"> • Provider's eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field | | | | | | |
| 2420B | REF | Other Operating Physician Secondary Identification | | | | | | | |
| 2420B | REF01 | Reference Identification Qualifier | When the provider's NPI is not applicable or unknown, NYSDOH expects to receive "G2" – Provider Commercial Number | | | | | | |

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| Loop ID | Reference | Name | Notes/Comments |
|---------|-----------|--|---|
| 2420B | REF02 | Other Operating Physician Secondary Identifier | When the provider's NPI is not applicable or unknown, a provider secondary identifier must be reported based on the following precedence: <ul style="list-style-type: none"> • Provider's eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field |
| 2420C | REF | Rendering Provider Secondary Identification | |
| 2420C | REF01 | Reference Identification Qualifier | When the provider's NPI is not applicable or unknown, NYSDOH expects to receive "G2" – Provider Commercial Number |
| 2420C | REF02 | Rendering Provider Secondary Identifier | When the provider's NPI is not applicable or unknown, a provider secondary identifier must be reported based on the following precedence: <ul style="list-style-type: none"> • Provider's eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field • FOR NEW YORK HEALTH EQUITY REFORM (NYHER) PROGRAM: When provider NPI or MMIS ID is not available, reference provider federal employer identification number (FEIN) to indicate community-based organization (CBO) that provisions the health-related social needs (HRSN) service |
| 2420D | REF | Referring Provider Secondary Identification | |
| 2420D | REF01 | Reference Identification Qualifier | When the provider's NPI is not applicable or unknown, NYSDOH expects to receive "G2" – Provider Commercial Number |
| 2420D | REF02 | Referring Provider Secondary Identifier | When the provider's NPI is not applicable or unknown, a provider secondary identifier must be reported based on the following precedence: <ul style="list-style-type: none"> • Provider's eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field |

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| Loop ID | Reference | Name | Notes/Comments |
|---------|-----------|--------------------------------|---|
| 2430 | SVD01 | Other Payer Primary Identifier | Identifies the payer which adjudicated the service line and must match the value submitted in 2330B NM109. It is acknowledged this is contrary to the note in the Implementation Guide. |

Table 4: Post-Adjudicated Claims Data Reporting (837 Institutional)

3.3 ASC X12/005010X300 Post-Adjudicated Claims Data Reporting Dental (837)

| Loop ID | Reference | Name | Notes/Comments |
|---------|-----------|---|--|
| 1000A | NM1 | Submitter Name | |
| 1000A | NM109 | Submitter Identifier | The OSDS assigned Submitter Identifier provided with the EDI Registration Form. The Submitter Identifier is used to ensure the SFTP folders match the transaction submitter. If the Submitter Identifier is not valid for the SFTP inbox, the file will be rejected. |
| 1000B | NM1 | Receiver Name | |
| 1000B | NM103 | Receiver Name | NYSDOH expects to receive "NYSDOH-APD". |
| 1000B | NM109 | Receiver Primary Identifier | NYSDOH expects to receive "OSDS". |
| 2000A | PRV | Billing Provider Specialty Information | If the adjudicated taxonomy is different than the provider-submitted taxonomy, the preferred value is the provider-submitted taxonomy. NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. For NYS Medicaid Managed Care, Essential Plan and Child Health Plus encounters, NYSDOH will use the information provided in this segment to derive the NYS proprietary Provider Specialty code. If no taxonomy code is received, the specialty code will be defaulted to "800" – General Dentist. |
| 2000A | CUR | Foreign Currency Information | NYSDOH expects to receive all amounts in United States dollars. Transactions in currencies other than US Dollars will be rejected. |
| 2010AA | REF | Billing Provider Secondary Identification | |
| 2010AA | REF01 | Reference Identification Qualifier | When the provider's NPI is not applicable or unknown, NYSDOH expects to receive "G2" – Provider Commercial Number |
| 2010AA | REF02 | Billing Provider Secondary Identifier | When the provider's NPI is not applicable or unknown, a provider secondary identifier must be reported based on the following precedence: <ul style="list-style-type: none"> • Provider's eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field |

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| Loop ID | Reference | Name | Notes/Comments | |
|---------|-----------|-------------------------------|--|--|
| 2010BA | NM109 | Subscriber Primary Identifier | NYSDOH expects to receive the identifier as follows: | |
| | | | Members | Identifiers |
| | | | NYSOH QHP members(on exchange) | NYSOH Assigned NYHX Identifier |
| | | | NYS Medicaid Managed Care members | NYS Medicaid Assigned CIN |
| | | | Child Health Plus members enrolled through the NYSOH | NYSOH Assigned KIDS ID |
| | | | Child Health Plus member enrolled through the Plans | Unique ID assigned by the KIDS system |
| | | | Essential Plan (non-Aliessa) members | NYSOH Assigned Essential Plan ID |
| | | | Essential Plan Aliessa members | NYSOH Assigned CIN |
| | | | Off-exchange Commercial members | Member ID reported on the 834 (X318) transaction |
| | | | Medicare Advantage | Payer assigned Member ID |
| 2010BB | NM103 | Data Receiver Name | NYSDOH expects to receive "NYSDOH-APD". | |
| 2010CA | NM109 | Patient Primary Identifier | NYSDOH expects to receive the identifier as follows: | |
| | | | Members | Identifiers |
| | | | NYSOH QHP members(on exchange) | NYSOH Assigned NYHX Identifier |
| | | | Off-exchange Commercial members | Member ID reported on the 834 (X318) transaction |
| 2300 | AMT | Patient Paid Amount | | |
| 2300 | CLM | Claim Information | | |
| 2300 | CLM05-03 | Claim Frequency Type Code | NYSDOH expects to receive codes indicating if the claim is an adjustment or void, whether the adjustment or void is a result of a transaction from the provider or an action on the part of the payer. | |
| 2300 | DTP | Date - Accident Date | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. | |
| 2300 | DTP | Date - Appliance Placement | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. | |
| 2300 | DTP | Date - Service Date | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. | |

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| Loop ID | Reference | Name | Notes/Comments |
|---------|-----------|--|---|
| 2300 | DN1 | Orthodontic Total Months of Treatment | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2300 | DN101 | Orthodontic Treatment Total Months Count | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2300 | DN102 | Orthodontic Treatment Months Remaining Count | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2300 | DN2 | Tooth Status | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2300 | AMT | Patient Amount Paid | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2300 | HI | Health Care Diagnosis Code | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2300 | HI02-HI12 | Health Care Diagnosis Code | Required when it is necessary to report an additional diagnosis code and the preceding HI data elements have been used to report diagnosis codes. |
| 2310A | PRV | Referring Provider Specialty Information | If the adjudicated taxonomy is different than the provider-submitted taxonomy, the preferred value is the provider-submitted taxonomy. NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2310A | REF | Referring Provider Name | |
| 2310A | REF01 | Reference Identification Qualifier | When the provider's NPI is not applicable or unknown, NYSDOH expects to receive "G2" – Provider Commercial Number |
| 2310A | REF02 | Referring Provider Secondary Identifier | The NYSDOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier must be reported based on the following precedence: <ul style="list-style-type: none"> • Provider's eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field |

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| Loop ID | Reference | Name | Notes/Comments |
|---------|-----------|--|---|
| 2310B | PRV | Rendering Provider Specialty Information | <p>If the adjudicated taxonomy is different than the provider-submitted taxonomy, the preferred value is the provider-submitted taxonomy.</p> <p>For NYS Medicaid Managed Care, Essential Plan and Child Health Plus encounters, NYSDOH will use the information provided in this segment to derive the NYS proprietary Rendering Provider specialty code. If no taxonomy code is received, the specialty code will be defaulted to “800” – General Dentist.</p> <p>NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures.</p> |
| 2310B | REF | Rendering Provider Secondary Identification | |
| 2310B | REF01 | Reference Identification Qualifier | When the provider’s NPI is not applicable or unknown, NYSDOH expects to receive “G2” – Provider Commercial Number |
| 2310B | REF02 | Rendering Provider Secondary Identifier | <p>The NYSDOH is expecting the provider’s NPI. When the provider’s NPI is not applicable or unknown, a provider secondary identifier must be reported based on the following precedence:</p> <ul style="list-style-type: none"> • Provider’s eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field |
| 2310C | REF | Service Facility Location Secondary Identification | |
| 2310C | REF01 | Reference Identification Qualifier | When the provider’s NPI is not applicable or unknown, NYSDOH expects to receive “G2” – Provider Commercial Number |
| 2310C | REF02 | Laboratory or Facility Secondary Identifier | <p>The NYSDOH is expecting the provider’s NPI .When the provider’s NPI is not applicable or unknown, a provider secondary identifier must be reported based on the following precedence:</p> <ul style="list-style-type: none"> • Provider’s eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field |
| 2310D | REF | Assistant Surgeon Name | |

OSDS: X12 837 TRANSACTION INFORMATION COMPANION GUIDE

| Loop ID | Reference | Name | Notes/Comments |
|---------|-----------|--|---|
| 2310D | REF01 | Reference Identification Qualifier | When the provider's NPI is not applicable or unknown, NYSDOH expects to receive "G2" – Provider Commercial Number |
| 2310D | REF02 | Assistant Surgeon Secondary Identifier | The NYSDOH is expecting the provider's NPI .When the provider's NPI is not applicable or unknown, a provider secondary identifier must be reported based on the following precedence: <ul style="list-style-type: none"> • Provider's eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field |
| 2310D | PRV | Assistant Surgeon Specialty Information | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2310E | REF | Supervising Provider Secondary Identification | |
| 2310E | REF01 | Reference Identification Qualifier | When the provider's NPI is not applicable or unknown, NYSDOH expects to receive "G2" – Provider Commercial Number |
| 2310E | REF02 | Supervising Provider Secondary Identifier | The NYSDOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier must be reported based on the following precedence: <ul style="list-style-type: none"> • Provider's eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field |
| 2320 | AMT | Coordination of Benefits (COB) Payer Paid Amount | |
| 2320 | AMT02 | Monetary Amount | NYSDOH expects to receive the claim level payment amount which is equal to the sum of all line level payment amounts (Loop ID-2430 SVD02). |
| 2330A | NM1 | Other Subscriber Name | |

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| Loop ID | Reference | Name | Notes/Comments | | | | | | | | | | | | | | | | | | |
|--|--|-------------------------------|--|---------|-------------|--------------------------------|--------------------------------|-----------------------------------|---------------------------|--|------------------------|---|---------------------------------------|--------------------------------------|----------------------------------|--------------------------------|--------------------|---------------------------------|--|--------------------|--------------------------|
| 2330A | NM109 | Subscriber Primary Identifier | <p>NYSDOH expects to receive the identifier as follows:</p> <table border="1"> <thead> <tr> <th data-bbox="755 331 1084 365">Members</th> <th data-bbox="1084 331 1395 365">Identifiers</th> </tr> </thead> <tbody> <tr> <td data-bbox="755 365 1084 428">NYSOH QHP members(on exchange)</td> <td data-bbox="1084 365 1395 428">NYSOH Assigned NYHX Identifier</td> </tr> <tr> <td data-bbox="755 428 1084 491">NYS Medicaid Managed Care members</td> <td data-bbox="1084 428 1395 491">NYS Medicaid Assigned CIN</td> </tr> <tr> <td data-bbox="755 491 1084 585">Child Health Plus members enrolled through the NYSOH</td> <td data-bbox="1084 491 1395 585">NYSOH Assigned KIDS ID</td> </tr> <tr> <td data-bbox="755 585 1084 680">Child Health Plus member enrolled through the Plans</td> <td data-bbox="1084 585 1395 680">Unique ID assigned by the KIDS system</td> </tr> <tr> <td data-bbox="755 680 1084 743">Essential Plan (non-Aliessa) members</td> <td data-bbox="1084 680 1395 743">NYSOH Assigned Essential Plan ID</td> </tr> <tr> <td data-bbox="755 743 1084 806">Essential Plan Aliessa members</td> <td data-bbox="1084 743 1395 806">NYSOH Assigned CIN</td> </tr> <tr> <td data-bbox="755 806 1084 900">Off-exchange Commercial members</td> <td data-bbox="1084 806 1395 900">Member ID reported on the 834 (X318) transaction</td> </tr> <tr> <td data-bbox="755 900 1084 959">Medicare Advantage</td> <td data-bbox="1084 900 1395 959">Payer assigned Member ID</td> </tr> </tbody> </table> | Members | Identifiers | NYSOH QHP members(on exchange) | NYSOH Assigned NYHX Identifier | NYS Medicaid Managed Care members | NYS Medicaid Assigned CIN | Child Health Plus members enrolled through the NYSOH | NYSOH Assigned KIDS ID | Child Health Plus member enrolled through the Plans | Unique ID assigned by the KIDS system | Essential Plan (non-Aliessa) members | NYSOH Assigned Essential Plan ID | Essential Plan Aliessa members | NYSOH Assigned CIN | Off-exchange Commercial members | Member ID reported on the 834 (X318) transaction | Medicare Advantage | Payer assigned Member ID |
| Members | Identifiers | | | | | | | | | | | | | | | | | | | | |
| NYSOH QHP members(on exchange) | NYSOH Assigned NYHX Identifier | | | | | | | | | | | | | | | | | | | | |
| NYS Medicaid Managed Care members | NYS Medicaid Assigned CIN | | | | | | | | | | | | | | | | | | | | |
| Child Health Plus members enrolled through the NYSOH | NYSOH Assigned KIDS ID | | | | | | | | | | | | | | | | | | | | |
| Child Health Plus member enrolled through the Plans | Unique ID assigned by the KIDS system | | | | | | | | | | | | | | | | | | | | |
| Essential Plan (non-Aliessa) members | NYSOH Assigned Essential Plan ID | | | | | | | | | | | | | | | | | | | | |
| Essential Plan Aliessa members | NYSOH Assigned CIN | | | | | | | | | | | | | | | | | | | | |
| Off-exchange Commercial members | Member ID reported on the 834 (X318) transaction | | | | | | | | | | | | | | | | | | | | |
| Medicare Advantage | Payer assigned Member ID | | | | | | | | | | | | | | | | | | | | |

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| Loop ID | Reference | Name | Notes/Comments |
|---------|-----------|--------------------------------|---|
| 2330B | NM109 | Other Payer Primary Identifier | <p>When SBR06 = 1, NYSDOH expects to receive the payer ID as known to the submitting issuer.</p> <p>When SBR06 = 6, NYSDOH expects to receive:</p> <ul style="list-style-type: none"> • a 14 digit HIOS ID for both on-exchange and off-exchange ACA plans or a • composite record consisting of the Issuer, Plan, and Product ID for non-ACA commercial or Medicare Advantage plans. <p>HIOS Example: 12345NY0010001</p> <p>For non-ACA commercial or Medicare Advantage, the expected composite must be the same as reported in the 834 2750 loop for the member. The composite consists of up to three components (Issuer, Plan, and Product). The components are separated using a right square bracket "]" and is limited to 50 characters. Example scenarios follow:</p> <p>1. A plan identified in the EDI Registration process using:</p> <ul style="list-style-type: none"> • HIOS = 44344 • Plan ID = XZ987562 • Product ID = HD20PERCENT <p>Would be reported as: 44344]XZ987562]HD20PERCENT</p> <p>2. A plan identified in the EDI Registration process using:</p> <ul style="list-style-type: none"> • NAIC = 12344 • Plan ID = XZ987562 • Product ID = HD20PERCENT <p>Would be reported as: N12344]XZ987562]HD20PERCENT</p> <p>3. If the plan related products are not enumerated, the Product ID component would not be populated:</p> <ul style="list-style-type: none"> • NAIC = 12344 • Plan ID = XZ987562 • Product ID = <null> <p>Would be reported as: N12344]XZ987562]</p> <p>Please note: The value reported here is the link to the line adjudication information and must match the value submitted in 2430 SVD01. It is acknowledged this is contrary to the note in the Implementation Guide.</p> |

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| Loop ID | Reference | Name | Notes/Comments | | | | | | |
|---------------------------------|--|---|---|---------|-------------|--------------------------------|--------------------------------|---------------------------------|--|
| 2330B | REF02 | Payer Claim Control Number | When SBR06 = "06", NYSDOH expects to receive a unique Payer Claim Control Number that can be used to identify the claim when communicating with the Payer. This number should be unique within the Payer Primary ID being submitted. | | | | | | |
| 2330C | NM1 | Other Patient Name | | | | | | | |
| 2330C | NM109 | Patient Primary Identifier | <p>NYSDOH expects to receive the identifier as follows:</p> <table border="1"> <thead> <tr> <th>Members</th> <th>Identifiers</th> </tr> </thead> <tbody> <tr> <td>NYSOH QHP members(on exchange)</td> <td>NYSOH Assigned NYHX Identifier</td> </tr> <tr> <td>Off-exchange Commercial members</td> <td>Member ID reported on the 834 (X318) transaction</td> </tr> </tbody> </table> | Members | Identifiers | NYSOH QHP members(on exchange) | NYSOH Assigned NYHX Identifier | Off-exchange Commercial members | Member ID reported on the 834 (X318) transaction |
| Members | Identifiers | | | | | | | | |
| NYSOH QHP members(on exchange) | NYSOH Assigned NYHX Identifier | | | | | | | | |
| Off-exchange Commercial members | Member ID reported on the 834 (X318) transaction | | | | | | | | |
| 2400 | TOO | Tooth Information | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. | | | | | | |
| 2400 | DTP | Date - Service Date | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. | | | | | | |
| 2400 | DTP | Date - Prior Placement Date | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. | | | | | | |
| 2400 | DTP | Date - Appliance Placement | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. | | | | | | |
| 2400 | DTP | Date - Replacement | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. | | | | | | |
| 2400 | DTP | Date - Treatment Start | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. | | | | | | |
| 2400 | DTP | Date - Treatment Completion Date | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. | | | | | | |
| 2420A | PRV | Rendering Provider Specialty Information | <p>If the adjudicated taxonomy is different than the provider-submitted taxonomy, the preferred value is the provider-submitted taxonomy.</p> <p>NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures.</p> | | | | | | |
| 2420A | REF | Rendering Provider Secondary Identification | | | | | | | |

OSDS: X12 837 TRANSACTION INFORMATION COMPANION GUIDE

| Loop ID | Reference | Name | Notes/Comments |
|----------------|------------------|---|---|
| 2420A | REF01 | Reference Identification Qualifier | When the provider's NPI is not applicable or unknown, NYSDOH expects to receive "G2" – Provider Commercial Number |
| 2420A | REF02 | Rendering Provider Secondary Identifier | When the provider's NPI is not applicable or unknown, a provider secondary identifier must be reported based on the following precedence: <ul style="list-style-type: none"> • Provider's eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field |
| 2420B | REF | Assistant Surgeon Secondary Identification | |
| 2420B | REF01 | Reference Identification Qualifier | When the provider's NPI is not applicable or unknown, NYSDOH expects to receive "G2" – Provider Commercial Number |
| 2420B | REF02 | Assistant Surgeon Secondary Identifier | When the provider's NPI is not applicable or unknown, a provider secondary identifier must be reported based on the following precedence: <ul style="list-style-type: none"> • Provider's eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field |
| 2420B | PRV | Assistant Surgeon Specialty Information | NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures. |
| 2420C | REF | Supervising Provider Secondary Identification | |
| 2420C | REF01 | Reference Identification Qualifier | When the provider's NPI is not applicable or unknown, NYSDOH expects to receive "G2" – Provider Commercial Number |
| 2420C | REF02 | Supervising Provider Secondary Identifier | When the provider's NPI is not applicable or unknown, a provider secondary identifier must be reported based on the following precedence: <ul style="list-style-type: none"> • Provider's eMedNY assigned MMIS Provider Identifier • Provider Identifier reported to the NYSDOH Provider Network Data System • Provider Identifier that the issuer uses internally to process the claim. A tax ID should not be sent in this field |

| Loop ID | Reference | Name | Notes/Comments |
|---------|-----------|--------------------------------|---|
| 2430 | SVD01 | Other Payer Primary Identifier | Identifies the payer which adjudicated the service line and must match the value submitted in 2330B NM109. It is acknowledged this is contrary to the note in the Implementation Guide. |

Table 5: Post-Adjudicated Claims Data Reporting (837 Dental)

3.4 ASC X12/005010X231A1 Implementation Acknowledgment for Health Care Insurance (999)

There are no special clarifications necessary for this implementation.

3.5 ASC X12/005010X364 Data Reporting Acknowledgment (277DRA)

There are no special clarifications necessary for this implementation.

4 Additional Information

4.1 Business Scenarios

None

4.2 Payer Specific Business Rules and Limitations

4.2.1 Data Submitter File Submission

Every entity that exchanges transactions with the Original Source Data Submitter (OSDS) must enroll as a Data Submitter. Additional information about file submission is included in the OSDS Data Submitter Companion Guide, available on the NYS Health Connector page at <https://nyshc.health.ny.gov/web/nyapd/apd-osds>.

4.3 Frequently Asked Questions

The FAQ will be provided to the Issuers in the Agenda and Minutes of the weekly Issuer call. Issuers can refer to NYS Health Connector OSDS page at: <https://nyshc.health.ny.gov/web/nyapd/apd-osds> and OSDS email at: apd.osds@health.ny.gov to receive the weekly call invitations and materials.

4.4 Other Resources

4.4.1 Special Instructions for Integrated Dual Encounters

The purpose of this section is intended to provide special instructions to be followed when plans are submitting claims for “Integrated Dual” members. Integrated Duals are a subset of Medicaid members who also have Medicare coverage are enrolled into specific programs for which the Medicare and Medicaid member benefits are combined and administered as a single plan.

The set of instructions outlined below provide the specific differences applicable to this population. The following bullets are intended to provide overall guidance that is not specific to a particular data element or loop, but are important general considerations.

- Medicaid Encounters submitted to OSDS for members in integrated dual programs shall include all Medicare and Medicaid Managed Care expenses.
- Medicaid Managed Care plans shall submit all encounters for integrated dual programs as a Medicaid encounter regardless of whether there is a Medicaid share. (Medicare paid only)
- Plans are **not to submit** a separate Medicare encounter.
- Medicare adjudication is to always be reported even when Medicare does not pay (Medicaid paid only). This is applicable to all 837 and NCPDP encounters for integrated members.

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The following are the loop and element specific differences to be applied to all 837 claims (837I, 837P and 837D) for the Integrated Dual population.

| 2320 | SBR | Other Subscriber Information | An iteration of this loop and subordinate loops is required for both Medicaid and Medicare. | | | | | | |
|---------------------------|---------------------------|--|--|---------|-------------|---------------------------|---------------------------|--------------------|--------------------------|
| 2320 | SBR06 | Coordination of Benefits Code | The 2320 loop identifying Medicaid shall be populated with the value of 6. The 2320 loop identifying Medicare shall be populated with the value of 1. | | | | | | |
| 2320 | SBR09 | Claim Filing Indicator Code | Medicaid (SBR06 = 6), Use code MC (Medicaid) Medicare (SBR06 = 1), Use code 16 (Health Maintenance Organization (HMO) Medicare Risk) | | | | | | |
| 2320 | AMT | Coordination of Benefits (COB) Payer Paid Amount | | | | | | | |
| 2320 | AMT02 | Monetary Amount | Medicaid (SBR06 = 6), the amount reported shall be the Medicaid total claim payment amount. Medicare (SBR06 = 1), the amount reported shall be the Medicare total claim payment amount. Note: Zero is a valid amount when the cost/expense of the service is covered 100% by the other plan (Medicare or Medicaid). | | | | | | |
| 2330A | NM1 | Other Subscriber Name | | | | | | | |
| 2330A | NM109 | Subscriber Primary Identifier | <p>NYSDOH expects to receive the identifier as follows:</p> <table border="1"> <thead> <tr> <th>Members</th> <th>Identifiers</th> </tr> </thead> <tbody> <tr> <td>NYS Medicaid Managed Care</td> <td>NYS Medicaid Assigned CIN</td> </tr> <tr> <td>Medicare Advantage</td> <td>Payer assigned Member Id</td> </tr> </tbody> </table> | Members | Identifiers | NYS Medicaid Managed Care | NYS Medicaid Assigned CIN | Medicare Advantage | Payer assigned Member Id |
| Members | Identifiers | | | | | | | | |
| NYS Medicaid Managed Care | NYS Medicaid Assigned CIN | | | | | | | | |
| Medicare Advantage | Payer assigned Member Id | | | | | | | | |
| 2330B | NM109 | Other Payer Primary Identifier | <p>Medicaid (SBR06 = 6), NYSDOH expects to receive the 5 digit HIOS ID.</p> <p>Medicare: (SBR06 = 1), NYSDOH expects to receive a composite record consisting of the Issuer, Plan, and Product ID for the Medicare Advantage plan. Each of the components is separated by the right square bracket "]"</p> <p>When the Medicare Advantage plan:</p> <ul style="list-style-type: none"> submits an 834 for members who are not Integrated Dual participants, the value reported in the 2750 loop | | | | | | |

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| | | | |
|-------|-------|------------------------------------|--|
| | | | <p>of the 834 to identify the plan is expected.</p> <ul style="list-style-type: none"> has only Integrated Dual members and an 834 is not submitted, the value reported must not be the same value as the HIOS reported for Medicaid. <p>The preferred value is a combination of the plan's HIOS or NAIC identifier, the CMS assigned Plan Contract Number which typically begins with an "H", and the CMS assigned Plan Benefit Package (PBP).</p> <p>For example:</p> <ul style="list-style-type: none"> NAIC = N12345 Plan Contract Number = H3388 Plan Benefit Package = 001 <p>is reported as: N12345]H3388]001.</p> <p>Note: When the preferred value is not known, it is recommended to use the HIOS id with an M appended to the end. Example = 12345M.</p> |
| 2330B | REF | Other Payer Secondary Identifier | |
| 2330B | REF01 | Reference Identification Qualifier | <p>Medicaid (SBR06 = 6), Not Used</p> <p>Medicare: (SBR06 = 1), REF01 = 2U</p> |
| 2330B | REF02 | Other Payer Secondary Identifier | <p>Medicaid (SBR06 = 6), Not Used</p> <p>Medicare: (SBR06 = 1), REF02 = INTDUAL</p> |
| 2430 | SVD | Line Adjudication Information | When line level pricing is used, an iteration of this loop is required for both Medicaid and Medicare. |
| 2430 | SVD01 | Other Payer Primary Identifier | Identifies the payer which adjudicated the service line and must match the value submitted in 2330B NM109. It is acknowledged this is contrary to the note in the Implementation Guide. |
| 2430 | SVD02 | Service Line Paid Amount | <p>Medicaid (SBR06 = 6), the amount reported shall be the Medicaid total claim payment amount.</p> <p>Medicare (SBR06 = 1), the amount reported shall be the Medicare total claim payment amount.</p> <p>Note: Zero is a valid amount when the cost/expense of the service is covered 100% by the other plan (Medicare or Medicaid).</p> |

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Note: As the instructions in this Companion Guide are not intended to be stand-alone requirements documents, the instructions herein must be used along with:

- The Implementation Guides or Technical Reports Type 3s (TR3s): <http://store.x12.org/>
- Non-medical code sets: www.wpc-edi.com
- Data Submitter Companion Guide (Contains detailed information about Data Submitter registration and testing.)

The OSDS Help Desk is available for any questions at (877)363-5630 or a ticket can be created through ServiceNow at <https://optum.service-now.com/itss2>.

Table 6: Change Summary

5 Appendix A: Provider NYS Specific Category of Service and Specialty Code

Table 6: Provider NYS Specific Category of Service and Specialty Code.

(This applies to Medicaid Manage Care (MMC), Child Health Plus (CHP) and Essential Plan Program (EPP))

| MEDS III Categories of Service, Applicable Encounter Type Indicators (ETI) and Form Type/EDI | | | | |
|---|---|------------|------------------------|----------------------|
| COS Code | COS Description | ETI | ETI Description | Form Type/EDI |
| 01 | Physician Services | P | Professional | CMS-1500 / 837P |
| 03 | Podiatry | P | Professional | CMS-1500 / 837P |
| 04 | Psychology | P | Professional | CMS-1500 / 837P |
| 05 | Eye Care / Vision | P | Professional | CMS-1500 / 837P |
| 06 | Rehabilitation Therapy | I | Institutional | UB-04 / 837I |
| 07 | Nursing | P | Professional | CMS-1500 / 837P |
| 11 | Inpatient | I | Institutional | UB-04 / 837I |
| 12 | Institutional LTC | I | Institutional | UB-04 / 837I |
| 13 | Dental | T | Dental | ADA / 837D |
| 14 | Pharmacy | D | Pharmacy/DME | NCPDP |
| 15 | Home Health Care/Non-Institutional Long Term Care | I | Institutional | UB-04 / 837I |
| 16 | Laboratories | P | Professional | CMS-1500 / 837P |
| 19 | Transportation | P | Professional | CMS-1500 / 837P |
| 22 | DME and Hearing Aids | P | Professional | CMS-1500 / 837P |
| 28 | Intermediate Care Facilities | I | Institutional | UB-04 / 837I |
| 33 | Social Care Networks (SCNS) | P | Professional | CMS-1500/837P |
| 33 | Social Care Networks (SCNS): Medical Respite Services | I | Institutional | UB-04/837I |
| 41 | NPs/Midwives | P | Professional | CMS-1500 / 837P |
| 73 | Hospice | I | Institutional | UB-04 / 837I |
| 75 | Clinical Social Worker | P | Professional | CMS-1500 / 837P |
| 85 | Freestanding Clinic | I | Institutional | UB-04 / 837I |
| 87 | Hospital OP/ER Room | I | Institutional | UB-04 / 837I |

Table 7: MEDS III Provider Specialty Code

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| MEDS III Provider Specialty Code | |
|---|--|
| Specialty Code | Specialty Description |
| 002 | NEUROMUSCULOSKELETAL MEDICINE & OMM |
| 003 | HCBS SELF DIRECTION (SUPPORT BROKERAGE) |
| 004 | VEHICLE MODIFICATION |
| 005 | STATE OPERATED CLINIC |
| 006 | DAY TREATMENT (OPWDD) |
| 007 | ALCOHOLISM/SUBSTANCE ABUSE INPATIENT- MC PNDS ONLY |
| 008 | CHILDRENS MH OUTPATIENT (NON-RESIDENTIAL) |
| 009 | FEMALE PELVIC MEDICINE & RECONSTRUCTIVE SURGERY |
| 010 | PSC: ALLERGY AND IMMUNOLOGY |
| 011 | GENERAL HOSPITAL (ARTICLE 28) - MC PNDS ONLY |
| 012 | ADVANCED HEART FAILURE & TRANSPLANT CARDIOLOGY |
| 013 | MEDICALLY MANAGED DETOXIFICATION |
| 014 | ICF/IID FACILITIES |
| 015 | RESIDENT SUBSTANCE ABUSE TREAT SRVCS STABILIZATION |
| 016 | RESIDENT SUBSTANCE ABUSE TREAT SRVCS REHAB |
| 017 | OMH PSYCH CTR/OASAS ASA INPATIENT - MC PNDS ONLY |
| 018 | PRIVATE PSYCH & ASA INPATIENT - MC PNDS ONLY |
| 019 | SUPPORTED EMPLOYMENT |
| 020 | PSC: ANESTHESIOLOGY |
| 021 | CHILDRENS MENTAL HEALTH CLINIC TREATMENT |
| 022 | CHILDRENS COMMUNITY PSYCHIATRIC SUPPORT & TREAT |
| 023 | CHILDRENS CRISIS INTERVENTION |
| 024 | OASAS DIAG AND TREATMENT DSRIP INTEGRATED SERVICES |
| 025 | OASAS DIAG AND TREATMENT MMTP DSRIP FREESTAND |
| 026 | OASAS HOSPITAL-BASED OUTPATIENT DSRIP |
| 027 | OASAS HOSPITAL-BASED OUTPATIENT MMTP DSRIP |
| 028 | APPLIED BEHAVIORAL ANALYSIS PROVIDERS |
| 029 | SLEEP CENTERS |
| 030 | PSC: COLON AND RECTAL SURGERY |
| 031 | INCREASED PRIMARY CARE FEE |
| 032 | HOME INFUSION VENDORS |
| 033 | SLEEP MEDICINE PHYSICIANS |
| 034 | STATE OPERATED FACILITY |
| 035 | LITHOTRIPSY CENTERS |
| 036 | CHILDRENS FAMILY PEER SUPPORT SERVICES |
| 037 | CHILDRENS HCBS CAREGIVER FMLY SUPPORT & SVC |
| 038 | CHILDRENS HCBS COMMUNITY HABILITATION |
| 039 | CHILDRENS HCBS COMM SELF ADVOCACY TRNG & SUPPORT |
| 040 | PSC DERM: DERMATOLOGY |

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| MEDS III Provider Specialty Code | |
|---|--|
| Specialty Code | Specialty Description |
| 041 | PSC DERM: DERMATOPATHOLOGY |
| 042 | OPWDD FISCAL INTERMEDIARY |
| 043 | DAY HABILITATION |
| 044 | CHILDRENS HCBS CRISIS RESPITE |
| 045 | CHILDRENS HCBS DAY HABILITATION |
| 046 | CHILDRENS HCBS PALLIATIVE CARE BEREAVEMENT SVC |
| 047 | CHILDRENS HCBS PALLIATIVE CARE EXPRESSIVE THERAPY |
| 048 | CHILDRENS HCBS PALLIATIVE CARE MASSAGE THERAPY |
| 049 | CHILDRENS HCBS PALLIATIVE CARE PAIN & SYMPT MGMT |
| 050 | PSC: FAMILY PRACTICE |
| 051 | CHILDRENS HCBS PLANNED RESPITE |
| 052 | CHILDRENS HCBS PRE-VOCATIONAL SERVICES |
| 053 | CHILDRENS HCBS SUPPORTED EMPLOYMENT |
| 054 | CHILDRENS OTHER LICENSED PRACTITIONER |
| 055 | ADOLESCENT MEDICINE: FAMILY MEDICINE (MC USE ONLY) |
| 056 | ADOLESCENT MEDICINE: PEDIATRICS (MC USE ONLY) |
| 057 | DEVELOPMENT: BEHAVIORAL PEDIATRICS (MC USE ONLY) |
| 058 | INTERNAL MEDICINE AND PEDIATRICS (MC USE ONLY) |
| 059 | MC:PEDIATRIC RHEUMATOLOGY (MC ONLY) |
| 060 | PSC INT MED: INTERNAL MEDICINE |
| 061 | PEDIATRIC INFECTIOUS DISEASE (MC USE ONLY) |
| 062 | PSC INT MED: CARDIOVASCULAR DISEASE |
| 063 | PSC INT MED: ENDOCRINOLOGY AND METABOLISM |
| 064 | PSC INT MED: GASTROENTEROLOGY |
| 065 | PSC INT MED: HEMATOLOGY |
| 066 | PSC INT MED: INFECTIOUS DISEASES |
| 067 | PSC INT MED: NEPHROLOGY |
| 068 | PSC INT MED: PULMONARY DISEASES |
| 069 | PSC INT MED: RHEUMATOLOGY |
| 070 | PSC NEURO SUR: NEUROLOGICAL SURGERY |
| 071 | SPINAL CORD INJURY MEDICINE (MC USE ONLY) |
| 072 | PEDIATRIC NEUROSURGERY (MC USE ONLY) |
| 073 | MC:PEDIATRIC DERMATOLOGY (MC ONLY) |
| 074 | MC:MEDICAL TOXICOLOGY (MC ONLY) |
| 075 | MC:UNDERSEA & HYPERBARIC MEDICINE (MC ONLY) |
| 076 | MC:PEDIATRIC REHABILITATION (MC ONLY) |
| 077 | CHILDRENS PSYCHOSOCIAL REHABILITATION |
| 078 | YOUTH PEER SUPPORT SERVICES |
| 079 | SCHOOL BASED HEALTH CENTER |

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| MEDS III Provider Specialty Code | |
|---|--|
| Specialty Code | Specialty Description |
| 080 | PSC NUC MED: NUCLEAR MEDICINE |
| 081 | PSC RAD: MEDICAL NUCLEAR PHYSICS - INACTIVE |
| 083 | NEUROMUSCULAR MEDICINE - MC PNDS ONLY |
| 084 | NEURORADIOLOGY - MC PNDS ONLY |
| 085 | NEUROTOLOGY - MC PNDS ONLY |
| 086 | OPWDD Specialty Hospital |
| 087 | OPWDD Care Coordination Organization/Health Home |
| 088 | Voluntary Foster Care Agency |
| 089 | PSC OB GYN: OBSTETRICS AND GYNECOLOGY |
| 092 | PSC OB GYN: MATERNAL AND FETAL MEDICINE |
| 093 | PSC OB GYN: REPRODUCTIVE ENDOCRINOLOGY |
| 095 | CERTIFIED DIABETES EDUCATOR (MC USE ONLY) |
| 096 | Problem Gambling |
| 097 | Fiscal Intermediary CDPC |
| 098 | In Lieu of Services |
| 100 | PSC OPHTHAL: OPHTHALMOLOGY |
| 101 | PEDIATRIC OPHTHALMOLOGY (MC USE ONLY) |
| 102 | CAE: CERTIFIED ASTHMA EDUCATOR |
| 103 | CDE: CERTIFIED DIABETES EDUCATOR |
| 104 | DOULA CERT |
| 110 | PSC ORTHO SUR: ORTHOPEDIC SURGERY |
| 111 | HAND SURGERY - ORTHOPEDIC SURGERY (MC USE ONLY) |
| 112 | HAND SURGERY - PLASTIC SURGERY (MC USE ONLY) |
| 113 | HAND SURGERY - SURGERY (MC USE ONLY) |
| 114 | MC:PLASTIC SURGERY WITH THE HEAD & NECK (MC ONLY) |
| 120 | PSC OTOLARYN: OTOLARYNGOLOGY |
| 121 | PEDIATRIC OTOLARYNGOLOGY (MC USE ONLY) |
| 127 | PSC: CLIA REGISTRATION/COMPLIANCE/ACCREDITATION |
| 128 | PSC: CLIA WAIVER |
| 129 | PSC: CLIA PHYSICIAN PERFORMED MICROSCOPY PROCEDURE |
| 130 | PSC: CLIA WAIVER/REGISTRATION (OBSOLETE 10/12/99) |
| 131 | PSC PATH: BLOOD BANKING |
| 135 | PSC PATH: CLINICAL PATHOLOGY |
| 136 | PSC PATH: FORENSIC PATHOLOGY |
| 137 | PSC PATH: HEMATOLOGY |
| 138 | PSC PATH: CHEMICAL PATHOLOGY |
| 139 | PSC PATH: MEDICAL MICROBIOLOGY |
| 140 | MC:PATHOLOGY WITH MOLECULAR GENETIC SPEC (MC ONLY) |
| 141 | PSC PATH: NEUROPATHOLOGY |

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| MEDS III Provider Specialty Code | |
|---|--|
| Specialty Code | Specialty Description |
| 142 | PSC PATH: ANATOMIC PATHOLOGY |
| 143 | PSC PATH: DERMATOPATHOLOGY |
| 144 | TRANSPLANT HEPATOLOGY - MC PNDS ONLY |
| 145 | PEDIATRIC TRANSPLANT HEPATOLOGY - MC PNDS ONLY |
| 146 | PSC PATH: ANATOMIC AND CLINICAL PATHOLOGY |
| 147 | PEDIATRIC PATHOLOGY - MC PNDS ONLY |
| 148 | PSC PATH: RADIOISOTOPIC PATHOLOGY |
| 149 | MC:PEDIATRIC EMERGENCY MEDICINE (MC ONLY) |
| 150 | PSC PEDIATRICS |
| 151 | PSC PEDIATRICS: CARDIOLOGY |
| 152 | PSC PEDIATRICS: HEMATOLOGY - ONCOLOGY |
| 153 | PSC PEDIATRICS: SURGERY |
| 154 | PSC PEDIATRICS: NEPHROLOGY |
| 155 | PSC PEDIATRICS: NEONATAL - PERINATAL MEDICINE |
| 156 | PSC PEDIATRICS: ENDOCRINOLOGY |
| 157 | PSC PEDIATRICS: PULMONOLOGY |
| 158 | PSC PPAC: PREFERRED PHYSICIANS AND CHILDREN PROG |
| 159 | PSC MOMS: MEDICAID OBSTETRICAL & MATERNAL SVC PROG |
| 160 | PSC PM & REHAB: PHYSICAL MEDICINE & REHABILITATION |
| 161 | PCP PEDIATRICS: PEDIATRIC CRITICAL CARE |
| 162 | PSC PM & REHAB: OSTEOPATHIC MANIPULATIVE MEDICINE |
| 163 | PSC PEDIATRICS: GASTROENTOLOGY |
| 164 | CRITICAL CARE MED - ANESTHESIOLOGIST (MC USE ONLY) |
| 165 | CRITICAL CARE MEDICINE - INTERNAL (MC USE ONLY) |
| 166 | CRITICAL CARE MEDICINE - OBSTETRICS (MC USE ONLY) |
| 167 | CRITICAL CARE MEDICINE - SURGERY (MC USE ONLY) |
| 169 | PSC MOMS: HEALTH SUPPORTIVE SERVICES |
| 170 | PSC PLASTIC SUR: PLASTIC SURGERY |
| 171 | CLINICAL MOLECULAR GENETICS - MC PNDS ONLY |
| 172 | CHILDREN'S CRISIS RESIDENCE |
| 173 | ADULT CRISIS RESIDENCE |
| 180 | CLINICAL BIOCHEMICAL GENETICS - MC PNDS ONLY |
| 181 | AEROSPACE |
| 182 | PSC PREV MED: GENERAL PREVENTIVE MEDICINE |
| 183 | PSC PREV MED: OCCUPATIONAL MEDICINE |
| 184 | PSC PREV MED: PUBLIC HEALTH |
| 185 | PSC PREV MED: AEROSPACE MEDICINE |
| 186 | T.B. DIRECTLY OBSERVED THERAPY/PHYSICIAN |
| 187 | PSY SP CD: MEDICAL GENETICS |

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| MEDS III Provider Specialty Code | |
|---|---|
| Specialty Code | Specialty Description |
| 188 | MC:CLINICAL GENETICS (MC ONLY) |
| 189 | MC:MOLECULAR GENETIC PATHOLOGY (MC ONLY) |
| 190 | MC:PAIN MANAGEMENT-PSYCHIATRY & NEUROLOGY (MC ONLY) |
| 191 | PSC PSY & NEURO: CHILD PSYCHIATRY |
| 192 | PSC PSY & NEURO: PSYCHIATRY (NOT CHILD) |
| 193 | PSC PSY & NEURO: CHILD NEUROLOGY |
| 194 | PSC PSY & NEURO: NEUROLOGY (NOT CHILD) |
| 195 | PSC PSY & NEURO: PSYCHIATRY & NEUROLOGY |
| 196 | PSC PSY & NEURO: CLOZAPINE CASE MANAGER |
| 197 | GERIATRIC PSYCHIATRY (MC USE ONLY) |
| 198 | ADDICTION PSYCHIATRY (MC USE ONLY) |
| 199 | MC:NERODEVELOPMENTAL DISABILITIES (MC ONLY) |
| 200 | PSC RAD: PSC RADIOLOGY |
| 201 | PSC RAD: DIAGNOSTIC RADIOLOGY |
| 202 | PSC RAD: DIAGNOSTIC ROENTGENOLOGY |
| 205 | PSC RAD: THERAPEUTIC RADIOLOGY |
| 206 | PSC RAD: RADIOLOGICAL PHYSICS - INACTIVE |
| 207 | PSC RAD: THERAPEUTIC RADIOLOGICAL PHYSICS - INACT |
| 208 | PSC RAD: DIAGNOSTIC RADIOLOGICAL PHYSICS - INACT |
| 210 | PSC: GENERAL SURGERY |
| 211 | HOSPITALIST (MC USE ONLY) |
| 220 | PSC THOR SUR: THORACIC SURGERY |
| 230 | PSC: UROLOGY |
| 231 | PEDIATRIC UROLOGY (MC USE ONLY) |
| 240 | VASCULAR NEUROLOGY - MC PNDS ONLY |
| 241 | PSC INT MED: ONCOLOGY |
| 242 | PSC OB GYN: GYNECOLOGIC ONCOLOGY |
| 243 | VASCULAR MEDICINE - MC PNDS ONLY |
| 244 | RADIOLOGIST ONCOLOGY (MC USE ONLY) |
| 245 | MC:PEDIATRIC RADIOLOGY (MC ONLY) |
| 246 | MC:VASCULAR&INTERVENTIONAL RADIOLOGY (MC ONLY) |
| 247 | MANAGED CARE - PHYSICIAN ENHANCED FEE |
| 248 | MANAGED CARE - DENTAL ENHANCED FEE |
| 249 | PSC: HIV PRIMARY CARE SERVICES (CONFIDENTIAL) |
| 250 | PSC EMER MED: EMERGENCY MEDICINE |
| 252 | PSC: PRIMARY CARE INITIATIVE IN UNDERSERVED AREAS |
| 253 | PSC: SPECIALISTS PRIMARY CARE INIT - UNDERSRVD AREA |
| 254 | PCMPS: SPECIALISTS IN PHYSICIANS CASE MGMT PROGRAM |
| 270 | PSC CHAP: CHILD HEALTH ASSURANCE PROGRAM |

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| MEDS III Provider Specialty Code | |
|---|--|
| Specialty Code | Specialty Description |
| 280 | CHIROPRACTIC (OBSOLETE) |
| 281 | PSC: CLINICAL SOCIAL WORKER (OBSOLETE) |
| 282 | CERTIFIED DRUG & ALCOHOL COUNSELOR (MC USE ONLY) |
| 283 | COUNSELOR (MC USE ONLY) |
| 290 | ACUPUNCTURIST (MC USE ONLY) |
| 300 | PSC: PHYSICAL THERAPY - LONG TERM MAINTENANCE |
| 301 | PSC: OCCUPATIONAL THERAPY - LONG TERM MAINTENANCE |
| 302 | PSC: SPEECH THERAPY - LONG TERM MAINTENANCE |
| 303 | PSC: AIDS/HIV SERVICES |
| 304 | PSC: MEDICAL REHAB - LONG TERM MAINTENANCE |
| 305 | PSC: PEDIATRIC SPECIALTY - ALL EXCEPT PRIMARY CARE |
| 306 | PSC: SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAM |
| 307 | PSC: DURABLE MEDICAL EQUIPMENT (EMEVS USE ONLY) |
| 308 | CLN SP CD: HIV PRIMARY CARE SERVICES |
| 309 | CLN SP CD: MEDICALLY SUPERVISED SUBSTANCE ABUSE |
| 310 | CLN SP CD: OMH ADULT CLINIC (STATE OPERATED) |
| 311 | CLN SP CD: OMH CHILD CLINIC (STATE OPERATED) |
| 312 | CLN SP CD: OMH CONTINUING DAY TRTMT (STATE OPR) |
| 313 | CLN SP CD: OMH PARTIAL HOSPITALIZATION (STATE OPR) |
| 314 | CLN SP CD: OMH INTEN PSYCH REHAB TRTMT (STATE OPR) |
| 315 | CLN SP CD: OMH ADULT CLINIC |
| 316 | CLN SP CD: OMH CHILD CLINIC |
| 317 | CLN SP CD: OMH CONTINUING DAY TREATMENT |
| 318 | CLN SP CD: OMH PARTIAL HOSPITALIZATION |
| 319 | CLN SP CD: OMH INTENSIVE PSYCH REHAB TREATMENT |
| 320 | CLN SP CD: CLOZAPINE CASE MANAGER |
| 321 | COMPREHENSIVE SPECIALTY CLINIC SERVICES |
| 322 | OMH COMPREHENSIVE OUTPATIENT PROGRAM (COPS) CLINIC |
| 323 | OMH COMP OUTPAT PROG (COPS) CONTINUING DAY TRTMT |
| 324 | PRE-SCHOOL SUPPORTIVE HEALTH CARE |
| 325 | CLN SP CD: EARLY INTERVENTION |
| 326 | OMH/CR ADULT (VOLUNTARY) |
| 327 | OMH/CR CHILDREN (VOLUNTARY) |
| 328 | OMH FAMILY BASED TREATMENT |
| 329 | OMH/CR ADULT (STATE OPERATED) |
| 330 | OMH/CR CHILDREN (STATE OPERATED) |
| 331 | OMH TEACHING FAMILY HOME |
| 332 | OMR/DD CR (STATE OPERATED) |
| 333 | OMH CERTIFIED PHYSICIAN |

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| MEDS III Provider Specialty Code | |
|---|--|
| Specialty Code | Specialty Description |
| 350 | PPCP ASSOCIATED DENTAL CLINIC - ORAL SURGERY |
| 351 | PPCP ASSOCIATED DENTAL CLINIC - GENERAL DENTISTRY |
| 352 | PPCP ASSOCIATED COPS |
| 353 | PPCP ASSOCIATED OMH CLINICS |
| 354 | PPCP ASSOCIATED PSYCHIATRY, GENERAL (DOH CERT) |
| 355 | CLN SP CD: AIDS DAY HEALTH CARE SERVICES |
| 356 | HCBS/TBI WAIVER |
| 357 | CLN SP CD:OUTPATIENT CHEMICAL DEPENDENCE WITHDRAWL |
| 358 | MC:TBI SERVICES (MC ONLY) |
| 360 | ADDICTION MEDICINE |
| 361 | INTENSIVE BEHAVIORAL SERVICE |
| 362 | PATHWAYS TO EMPLOYMENT |
| 365 | MH RESIDENTIAL (NONINPATIENT) - MC PNDS ONLY |
| 370 | PREVOCATIONAL SERVICES |
| 371 | CASE MANAGEMENT - MC PNDS ONLY |
| 372 | NYSTART PROGRAM |
| 373 | RESIDENTIAL HABILITATION - FAMILY CARE |
| 375 | MH OUTPATIENT (NON-RESIDENTIAL) - MC PNDS ONLY |
| 376 | MENTAL HEALTH PRACTITIONER - MC PNDS ONLY |
| 400 | MICROBIOLOGY |
| 401 | FQ OUT-OF-STATE (NON-CMMA) |
| 402 | FQ PRIMARY |
| 403 | FQ SECONDARY |
| 404 | FQ AUTHORIZED |
| 405 | FEDERALLY QUALIFIED HEALTH CENTER - MC PNDS ONLY |
| 406 | PRESUMPTIVE ELIGIBILITY CENTER - MC PNDS ONLY |
| 407 | TRIBAL HEALTH CLINIC - MC PNDS ONLY |
| 408 | DESIGNATED AIDS CENTER - MC PNDS ONLY |
| 410 | BACTERIOLOGY |
| 411 | LSC: BACTERIOLOGY - GENERAL |
| 412 | LSC: BACTERIOLOGY - LIMITED |
| 413 | LSC: BACTERIOLOGY - AEROBES ONLY |
| 414 | LSC: BACTERIOLOGY - NEISSERIA GONORRHOEAE SCREENG |
| 415 | LSC: BACTERIOLOGY - GC SMEARS ONLY |
| 416 | LSC: BACTERIOLOGY-RESTRICTED (DENTAL) |
| 419 | LSC: MYCOBACTERIOLOGY - SMEARS AND CULTURE |
| 420 | LSC: MYCOBACTERIOLOGY - GENERAL |
| 421 | LSC: MYCOBACTERIOLOGY - LIMITED |
| 422 | LSC: MYCOBACTERIOLOGY - SMEARS ONLY |

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| MEDS III Provider Specialty Code | |
|---|--|
| Specialty Code | Specialty Description |
| 423 | LSC: DIAGNOSTIC IMMUNOLOGY - COMPREHENSIVE |
| 424 | LSC: DIAGNOSTIC IMMUNOLOGY - OTHER |
| 427 | LSC: DIAGNOSTIC IMMUNOLOGY - GENERAL/LIMITED |
| 429 | LSC: DIAGNOSTIC IMMUNOLOGY - SPECIAL |
| 430 | HUMAN IMMUNODEFICIENCY VIRUS - RESTRICTED A |
| 431 | HUMAN IMMUNODEFICIENCY VIRUS - RESTRICTED B |
| 432 | HUMAN IMMUNODEFICIENCY VIRUS - COMPREHENSIVE |
| 433 | SEROLOGY - ROUTINE |
| 434 | SEROLOGY - LIMITED |
| 435 | LSC: CELLULAR IMMUNOLOGY - LIMITED I |
| 436 | LSC: CELLULAR IMMUNOLOGY - LIMITED II |
| 437 | SEROLGY - OTHER |
| 438 | LSC: CELLULAR IMMUNOLOGY - GENERAL |
| 439 | LSC: CELLULAR IMMUNOLOGY - LIMITED III |
| 440 | LSC: VIROLOGY - GENERAL I OR GENERAL II |
| 441 | LSC: VIROLOGY - LIMITED |
| 442 | LSC: VIROLOGY - RESTRICTED |
| 450 | LSC: MYCOLOGY - GENERAL |
| 451 | LSC: MYCOLOGY - LIMITED(YEAST ONLY) |
| 460 | LSC: PARASITOLOGY |
| 461 | LSC: PARASITOLOGY - STOOL |
| 462 | LSC: PARASITOLOGY - OTHER |
| 463 | LSC: PARASITOLOGY - BLOOD |
| 470 | LSC: URINE PREGNANCY TESTING |
| 480 | LSC: HEMATOLOGY |
| 481 | LSC: HEMATOLOGY - COMPREHENSIVE |
| 482 | LSC: HEMATOLOGY - GENERAL |
| 483 | LSC: HEMATOLOGY - COAGULATION ONLY |
| 484 | LSC: HEMATOLOGY - LIMITED |
| 485 | LSC: HEMATOLOGY - OTHER |
| 486 | LSC: CYTOHEMATOLOGY - LIMITED/DIAGNOSTIC |
| 490 | LSC: IMMUNOHEMATOLOGY |
| 491 | LSC: BLOOD SERVICES - DIAGNOSTIC IMMUNOHEMATOLOGY |
| 492 | LSC: IMMUNOHEMATOLOGY SPC 492 |
| 493 | LSC: IMMUNOHEMATOLOGY SPC 493 |
| 510 | LSC: CLINICAL CHEMISTRY - GENERAL |
| 511 | LSC: CLINICAL CHEMISTRY - LIMITED |
| 512 | LSC: TOXICOLOGY - ERYTHROCYTE PROTOPORPHYRIN-HEMAT |
| 513 | LSC: TOXICOLOGY - ERYTHROCYTE PROTOPORHYRIN-EXTRCT |

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| MEDS III Provider Specialty Code | |
|---|--|
| Specialty Code | Specialty Description |
| 514 | LSC: TOXICOLOGY - DRUG ANALYSIS-QUAL (OR FORENSIC) |
| 515 | LSC: TOXICOLOGY - BLOOD LEAD |
| 516 | LSC: ENDOCRINOLOGY |
| 517 | LSC: CHEMLIMIT |
| 518 | LSC: QUALITATIVE TOXICOLOGY - REHABILITATION PROGS |
| 519 | LSC: CHEM RESERV |
| 520 | CHEM ALL |
| 521 | LSC: BLOOD PH AND GASES |
| 522 | CHEM IMD |
| 523 | LSC: THERAPEUTIC SUBSTANCE MONITORING/QUAN TOXICOL |
| 524 | LSC: URINALYSIS |
| 530 | LSC: PATHOLOGY SPC 530 |
| 531 | LSC: HISTOPATHOLOGY - GENERAL/ORAL/DERMATOPATHALGY |
| 532 | LSC: PATHOLOGY SPC 532 |
| 533 | LSC: PATHOLOGY SPC 533 |
| 540 | LSC: CYTOPATHOLOGY |
| 550 | LSC: ONCOFETAL ANTIGEN - GENERAL |
| 551 | LSC: ONCOFETAL ANTIGEN - LIMITED |
| 552 | LSC: ONCOFETAL ANTIGEN - GENERAL, SERA ONLY |
| 553 | LSC: ONCOFETAL ANTIGEN - GENL, AMNIOTIC FLUID ONLY |
| 560 | LSC: GENETIC TESTING |
| 561 | BLOOD TRANSFUSION COLLECTION |
| 562 | BLOOD TRANSFUSION |
| 570 | MISCELLANEOUS |
| 571 | LSC: CYTOGENETICS - GENERAL |
| 572 | LSC: CYTOGENETICS - LIMITED |
| 573 | LSC: CYTOGENETICS - HEMATOLOGICAL DISORDERS |
| 574 | MISCELLANEOUS HIS |
| 575 | MISCELLANEOUS LIMITED HIS |
| 576 | MISCELLANEOUS MISCELLANEOUS |
| 579 | NURSE SP CD: MEDICALLY FRAGILE CHILDREN |
| 580 | LSC: HISTOCOMPATIBILITY - LIMITED |
| 585 | MISCELLANEOUS CLINIC CHEM |
| 590 | MISCELLANEOUS SPECIALTY TEST |
| 599 | LSC: ALL LABS (PROCEDURE FILE & EMEVS USE ONLY) |
| 600 | SPORTS MEDICINE - EMERGENCY (MC USE ONLY) |
| 601 | SPORTS MEDICINE - FAMILY MEDICINE (MC USE ONLY) |
| 602 | SPORTS MEDICINE - INTERNAL (MC USE ONLY) |
| 603 | SPORTS MEDICINE - PEDIATRICS (MC USE ONLY) |

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| MEDS III Provider Specialty Code | |
|---|--|
| Specialty Code | Specialty Description |
| 604 | SPORTS MEDICINE -ORTHOPEDIC - MC PNDS ONLY |
| 611 | RESIDENTIAL HABILITATION - SUPERVISED IRA/CR |
| 612 | RESIDENTIAL HABILITATION - SUPPORTIVE IRA/CR |
| 613 | HARM REDUCTION SERVICES/SEP |
| 614 | DAY HABILITATION |
| 615 | PERSONAL EMERGENCY RESPONSE SYSTEM - MC PNDS ONLY |
| 616 | MENTAL HEALTH INPATIENT - MC PNDS ONLY |
| 620 | GERIATRICS - FAMILY MEDICINE (MC USE ONLY) |
| 621 | GERIATRICS - INTERNAL (MC USE ONLY) |
| 630 | PAIN MANAGEMENT (MC USE ONLY) |
| 640 | AUDIOLOGIST (MC USE ONLY) |
| 650 | GENERAL VASCULARY SURGERY (MC USE ONLY) |
| 651 | CARDIO-THORACIC (MC USE ONLY) |
| 652 | MC:INTERVENTION CARDIOLOGY (MC ONLY) |
| 653 | CLINICAL CARDIAC ELECTROPHYSIOLOGY - MC PNDS ONLY |
| 655 | AIDS SKILLED NURSING FACILITY-REPORTING ONLY |
| 656 | HEAD INJURY/TBI INJURY SNF-REPORTING ONLY |
| 657 | NEURO SKILLED NURSING FACILITY-REPORTING ONLY |
| 658 | PEDIATRIC SKILLED NURSING FACILITY-REPORTING ONLY |
| 659 | VENT SKILLED NURSING FACILITY-REPORTING ONLY |
| 660 | MC:INSTITUTIONAL LTC (MC ONLY) |
| 661 | SOCIAL AND ENVIRONMENTAL SUPPORTS |
| 662 | SOCIAL DAY CARE |
| 663 | NURSING HOME CARE |
| 664 | ADULT DAY HEALTH CARE |
| 665 | MC:NON INSTITUTIONAL LTC (MC ONLY) |
| 666 | ASSISTED LIVING PROGRAM |
| 667 | HOME DELIVERED MEALS |
| 668 | HOME CARE - HOME HEALTH AIDE |
| 669 | MC:HOSPICE CARE (MC ONLY) |
| 670 | MC:AMBULANCE (MC ONLY) |
| 671 | MC:OTHER TRANSPORTATION (MC ONLY) |
| 672 | PARAPROFESSIONAL SERVICES: LEVEL 1 HMMAKER/HOUSKPR |
| 673 | PARAPROFESSIONAL SERVICES: LEVEL 2 PERSONAL CARE |
| 674 | RESPIRATORY THERAPY |
| 675 | CONSUMER DIRECTED PERSONAL ASSISTANT LEVEL 1 |
| 676 | CONSUMER DIRECTED PERSONAL ASSISTANT LEVEL 2 |
| 680 | MC:NURSING (MC ONLY) |
| 711 | PRESCRIPTION FOOTWEAR |

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| MEDS III Provider Specialty Code | |
|---|--|
| Specialty Code | Specialty Description |
| 714 | E S & O S C: LOW VISION SPECIALIST |
| 715 | E S & O S C: CONTACT LENS PRIVILGE |
| 716 | E S & O S C: OPTOMETRIST/DIAGNOSTIC PHARMEUTICALS |
| 730 | MISC SP CD: PHC INBORN METABOLIC DISEASE CENTER |
| 738 | MISC SP CD: PORTABLE X-RAY COMPANIES (MC) |
| 739 | MISC SP CD: INDEPENDENT PHYSIOLOGICAL LABS (MC) |
| 740 | MISC SP CD: REGIONAL PERINATAL TRANSPORTATION PROV |
| 741 | TRANSPLANT SURGERY (MC USE ONLY) |
| 749 | ASA GENERAL OUTPATIENT - MC PNDS ONLY |
| 750 | MISC SP CD: METHADONE MAINTENANCE (PHYSICIAN) |
| 751 | MISC SP CD: METHADONE MAINTENANCE PREFERRED PROV |
| 752 | COMMUNITY HABILITATION |
| 754 | ASA MEDICALLY MONITORED WITHDRAWAL - MC PNDS ONLY |
| 755 | DOULA |
| 760 | MISC SP CD: CLINIC PHARMACY (EMEVS USE ONLY) |
| 762 | HOME CARE SERVICES AGENCY LIMITED LICENSE |
| 775 | MISC SP CD: ALL SPECIALITIES (PROCEDURE FILE ONLY) |
| 776 | MISC SP CD: G/P ONLY - NO SPEC (PROC FILE ONLY) |
| 777 | MISC SP CD: ALL PHYSICIAN (PROC FILE & EMEVS ONLY) |
| 778 | MISC SP CD: ALL PODIATRIST (CLM PROC ONLY) |
| 779 | MISC SP CD: ALL NURSE PRAC (CLM PROC ONLY) |
| 780 | MISC SP CD: ALL CLINICAL PSYCHLG (CLMS PROC ONLY) |
| 781 | MISC SP CD: ALL CERT SOCIAL WKRS (CLMS PROC ONLY) |
| 782 | MISC SP CD: ALL NURSE MIDWIVES (CLMS PROC ONLY) |
| 790 | MISC SP CD: RESPITE (K. BECKETT DEMO) |
| 791 | MISC SP CD: S/HMO (ELDERPLAN) |
| 798 | MISC SP CD: LONG TERM HOME HEALTH |
| 799 | MISC SP CD: NO SPECIALTY REQUIRED |
| 800 | DENT SP CD: GENERAL DENTIST (PROCEDURE FILE) |
| 801 | DENT SP CD: ORTHODONTURE |
| 802 | DENT SP CD: ENDODONTIST |
| 803 | DENT SP CD: ORAL PATHOLOGIST |
| 804 | DENT SP CD: PEDODONTIST |
| 805 | DENT SP CD: PROSTHODONTIST |
| 806 | DENT SP CD: PERIODONTIST |
| 807 | DENT SP CD: PUBLIC HEALTH |
| 808 | DENT SP CD: ORAL SURGEON |
| 809 | DENT SP CD: DENTAL ANESTHESIOLOGIST |
| 810 | DENT SP CD: PARENTERAL CONSCIOUS SEDATION |

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| MEDS III Provider Specialty Code | |
|---|---|
| Specialty Code | Specialty Description |
| 811 | MAXILLOFACIAL SURGERY (MC USE ONLY) |
| 815 | DENT SP CD: ALL DENTISTS (PROCEDURE FILE ONLY) |
| 816 | ASSERTIVE COMMUNITY TREATMENT |
| 817 | ASSISTIVE TECHNOLOGY |
| 818 | COMMUNITY INTEGRATION COUNSELING |
| 819 | COMMUNITY TRANSITIONAL SERVICE PROVIDER |
| 820 | ENVIRONMENTAL MODIFICATIONS SERVICES |
| 821 | FREESTANDING BIRTH CENTER |
| 822 | INDEPENDENT LIVING SKILLS TRAINING PROVIDER |
| 823 | URGENT CARE |
| 824 | MOBILE MENTAL HEALTH TREATMENT PROVIDER |
| 825 | MOVING ASSISTANCE PROVIDER |
| 826 | PALLIATIVE CARE PROVIDER |
| 827 | PEER DELIVERED SERVICES |
| 828 | PEER MENTORING PROVIDER |
| 829 | PERSONALIZED RECOVERY ORIENTED SERVICES |
| 830 | POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS |
| 831 | SOCIAL DAY CARE TRANSPORTATION |
| 832 | STRUCTURED DAY PROGRAM |
| 833 | TELEHEALTH |
| 834 | HOME AND COMMUNITY SUPPORT SERVICES |
| 835 | HCBS PROVIDER TRAVEL |
| 836 | HCBS PSYCHOSOCIAL REHAB |
| 837 | HCBS PEER SUPPORT |
| 838 | OMH OTHER LICENSED PRACTITIONERS |
| 839 | HCBS COMMUNITY PSYCHIATRIC SUPPORTS AND TREATMENT |
| 851 | MC:OTHER VISION CARE (MC ONLY) |
| 852 | PCCM ENHANCEMENT |
| 853 | PCCM QUALITY ENHANCEMENT |
| 854 | HABILITATION SUPPORT SERVICES |
| 855 | FAMILY SUPPORT AND TRAINING |
| 856 | SHORT-TERM CRISIS RESPITE |
| 857 | INTENSIVE CRISIS RESPITE |
| 858 | PRE-VOCATIONAL SERVICES |
| 859 | TRANSITIONAL EMPLOYMENT |
| 860 | INTENSIVE SUPPORTED EMPLOYMENT |
| 861 | ONGOING SUPPORTED EMPLOYMENT |
| 862 | EDUCATION SUPPORT SERVICES |
| 898 | VOLUNTEER DRIVER AGENCY-REPORTING ONLY |

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| MEDS III Provider Specialty Code | |
|---|--|
| Specialty Code | Specialty Description |
| 899 | HOSP INP SP CD: HOSPITAL INPATIENT - EMEVS ONLY |
| 900 | CLN SP CD: HMO CO-PAYMENT |
| 901 | CLN SP CD: EMERGENCY ROOM |
| 902 | CLN SP CD: ENDOCRINE |
| 903 | CLN SP CD: DIABETES |
| 904 | CLN SP CD: OBSTETRICS |
| 905 | CLN SP CD: GYNECOLOGY |
| 906 | CLN SP CD: FAMILY PLANNING |
| 907 | CLN SP CD: ABORTION |
| 908 | CLN SP CD: CHILD HEALTH ASSURANCE PROGRAM (CHAP) |
| 909 | CLN SP CD: NUTRITION |
| 910 | CLN SP CD: ORAL SURGERY |
| 911 | CLN SP CD: GENERAL DENTISTRY |
| 912 | CLN SP CD: ORTHODONTICS |
| 913 | CLN SP CD: HEMODIALYSIS |
| 914 | CLN SP CD: GENERAL MEDICINE |
| 915 | CLN SP CD: ALLERGY |
| 916 | CLN SP CD: ARTHRITIS |
| 917 | CLN SP CD: RHEUMATOLOGY |
| 918 | CLN SP CD: PODIATRY |
| 919 | CLN SP CD: EYE |
| 920 | CLN SP CD: PHYSICAL THERAPY |
| 921 | CLN SP CD: SPEECH THERAPY |
| 922 | CLN SP CD: METHADONE MAINTENANCE TREATMENT PROGRAM |
| 923 | CLN SP CD: OCCUPATIONAL THERAPY |
| 924 | CLN SP CD: REHABILITATION MEDICINE |
| 925 | CLN SP CD: HYPERTENSION |
| 926 | CLN SP CD: CLN SP CD HEMATOLOGY |
| 927 | CLN SP CD: CARDIOLOGY |
| 928 | CLN SP CD: CARDIOVASCULAR |
| 929 | CLN SP CD: PULMONARY |
| 930 | CLN SP CD: GASTROENTEROLOGY |
| 931 | CLN SP CD: NEUROLOGY |
| 932 | CLN SP CD: NEUROSURGERY |
| 933 | CLN SP CD: CANCER DETECTION |
| 934 | CLN SP CD: ONCOLOGY - THERAPY (RADIATION OR CHEMO) |
| 935 | CLN SP CD: EAR NOSE & THROAT |
| 936 | CLN SP CD: PEDIATRIC GENERAL MEDICINE |
| 937 | CLN SP CD: PEDIATRIC ALLERGY |

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| MEDS III Provider Specialty Code | |
|---|--|
| Specialty Code | Specialty Description |
| 938 | CLN SP CD: PEDIATRIC NEUROLOGY |
| 939 | CLN SP CD: PEDIATRIC HEMATOLOGY |
| 940 | CLN SP CD: PEDIATRIC CARDIAC |
| 941 | CLN SP CD: PEDIATRIC RENAL |
| 942 | CLN SP CD: PEDIATRIC PULMONARY |
| 943 | CLN SP CD: PEDIATRIC ORTHOPEDIC |
| 944 | CLN SP CD: PEDIATRIC ENDOCRINE |
| 945 | CLN SP CD: PSYCHIATRY - INDIVIDUAL |
| 946 | CLN SP CD: PSYCHIATRY - GROUP |
| 947 | CLN SP CD: PSYCHIATRY - HALF DAY CARE |
| 948 | CLN SP CD: PSYCHIATRY - FULL DAY CARE |
| 949 | CLN SP CD: ALCOHOLISM TREATMENT PROGRAM |
| 950 | CLN SP CD: ORTHOPEDIC |
| 951 | CLN SP CD: SURGICAL, MINOR |
| 952 | CLN SP CD: SURGICAL, GENERAL |
| 953 | CLN SP CD: UROLOGY |
| 954 | CLN SP CD: NEPHROLOGY |
| 955 | CLN SP CD: GENITO-URINARY |
| 956 | CLN SP CD: DERMATOLOGY |
| 957 | CLN SP CD: CONTRACT CARRIER |
| 958 | CLN SP CD: OPHTHALMOLOGY |
| 959 | CLN SP CD: OUTPAT CHEM DEPENDENCY PROG FOR YOUTH |
| 960 | CLN SP CD: PEDIATRIC DERMATOLOGY |
| 961 | CLN SP CD: PEDIATRIC DIABETES |
| 962 | CLN SP CD: PEDIATRIC SURGERY |
| 963 | CLN SP CD: CHILD PSYCHIATRY |
| 964 | CLN SP CD: PSYCHIATRY-GENERAL |
| 965 | CLN SP CD: TUBERCULOSIS |
| 966 | CLN SP CD: INFECTIOUS DISEASES |
| 967 | CLN SP CD: PHC SPEECH & HEARING |
| 968 | CLN SP CD: PHC APPROVED AMPUTEE CENTER |
| 969 | CLN SP CD: HOSP DME/ORTHOTIC/PROSTH APPLNC VENDOR |
| 970 | CLN SP CD:NURSING HOME HOSPITAL DAYCARE (NO CLAIM) |
| 971 | CLN SP CD: MH CLINIC TREATMENT (STATE OPERATED) |
| 972 | CLN SP CD: MH DAY TREATMENT (STATE OPERATED) |
| 973 | CLN SP CD: MH CONTINUING TREATMENT (STATE OPR) |
| 974 | CLN SP CD: MENTAL HEALTH CLINIC TREATMENT |
| 975 | CLN SP CD: MENTAL HEALTH DAY TREATMENT |
| 976 | CLN SP CD: MENTAL HEALTH CONTINUING TREATMENT |

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| MEDS III Provider Specialty Code | |
|---|--|
| Specialty Code | Specialty Description |
| 977 | CLN SP CD: MR/DD CLINIC TREATMENT (STATE OPERATED) |
| 978 | CLN SP CD: PREFERRED PRIMARY CARE CLINIC |
| 979 | CLN SP CD: MR/DD CLINIC TREATMENT |
| 980 | T.B. DIRECTLY OBSERVED THERAPY/CLINIC |
| 981 | CLN SP CD: DIAG AND RESEARCH CLINIC MR (STATE OPR) |
| 982 | PHCP APNEA CTR: PCP APNEA CENTER |
| 983 | CLN SP CD: SPECIALTY CLINIC - MENTAL RETARDATION |
| 984 | CLN SP CD: ALCOHOLISM CLINIC TREATMENT (STATE OPR) |
| 985 | CLN SP CD: ALCOHOLISM DAY REHAB (STATE OPERATED) |
| 986 | CLN SP CD: ALCOHOLISM CLINIC TREATMENT |
| 987 | CLN SP CD: ALCOHOLISM DAY REHABILITATION |
| 988 | CLN SP CD: COMPREHENSIVE ALCOHOLISM CARE |
| 989 | MEDICALLY SUPERVISED WITHDRAWAL-OUTPATIENT |
| 990 | CLN SP CD: COMP PHYSICAL EXAM (SCHOOL HEALTH PROJ) |
| 991 | CLN SP CD: ROUTINE VISIT (SCHOOL HEALTH PROJECT) |
| 992 | OMH COMPREHENSIVE PSYCHIATRIC EMERGENCY PROG |
| 993 | CLN SP CD: HOSP-BASED/FREESTANDING AMBULAT SURGERY |
| 994 | CLN SP CD: BLOOD PRODUCTS (ORDERED AMBULATORY) |
| 995 | CLN SP CD: GENETIC COUNSELING (ORDERED AMBULATORY) |
| 996 | CLN SP CD: HEARING SERVICES (ORDERED AMBULATORY) |
| 997 | CLN SP CD: OPERATING ROOM (ORDERED AMBULATORY) |
| 998 | CLN SP CD: RADIOLOGY (ORDERED AMBULATORY) |
| 999 | CLN SP CD: OTHER |

6 X12 Transaction Information Change Summary

| Version | Date | Section(s) Changed | Change Summary |
|---------|----------|-------------------------------|---|
| 1.0 | 8/1/19 | | Initial Version |
| 1.1 | 9/9/19 | Appendix A , 3.1, 3.2 and 3.2 | <ul style="list-style-type: none"> • Updated Appendix A Provider Specialty Code verbiage for usage • Clarified 2010CA for Patient Primary Identifier • Clarified 1000A for Issuer’s NAIC |
| 1.2 | 10/24/19 | 3.1, 3.2, 3.3, 4.2.1 and 4.4 | <ul style="list-style-type: none"> • 1000A NM109 Submitter Identifier updated comments • 1000B NM103 Receiver Name updated comments • 2010BB NM103 Data Receiver Name updated comments • 2330B NM109 Other Payer Primary Identifier updated comments and provided examples • Updated OSDS Contact Information |
| 1.3 | 11/21/19 | 3.1 , 4.2.1 and 4.4 | <ul style="list-style-type: none"> • Updated verbiage for OSDS Help Desk • Updated verbiage for 2330B NM109 Other Payer Primary Identifier • Updated verbiage for 2010CA for Patient Identifier • 2300 AMT02 Patient Paid Amount updated comments |
| 1.4 | 3/3/20 | 3.1, 3.2 and 3.3 | <ul style="list-style-type: none"> • Updated verbiage for 2330B NM109 - Updates were made to Sections 3.1 (Professional), 3.2 (Institutional) and 3.3 (Dental) • Added 2430 SVD01 - Updates were made to Sections 3.1 (Professional), 3.2 (Institutional) and 3.3 (Dental) • Update was made to Section 3.2 (Institutional) only for 2330B, Adjudicated DRG segment - updated 2330B REF04-02 DRG Grouper Version verbiage when REF01 = 1N • 2010BA NM109 comments added for Medicare Advantage • 2010CA NM109 comments removed for Members and Identifiers • 2300 Header tab has been added |

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|-----|-----------|---------------|--|
| | | | <ul style="list-style-type: none"> • 2300 AMT02 Patient Paid Amount comments removed • 2320 AMT02 Coordination of Benefits (COB) Payer Paid Amount comments added • 2330A NM109 comments added for Medicare Advantage • 2330C NM109 comments removed for Members and Identifiers • 2330B NM109 verbiage has been reformatted |
| 1.5 | 4.10.2020 | 3.1, 3.2, 3.3 | <p>When SBR06 = 1, NYSDOH expects to receive the payer ID as known to the submitting issuer.</p> <p>When SBR06 = 6, NYSDOH expects to receive:</p> <ul style="list-style-type: none"> • a 14 digit HIOS ID for both on-exchange and off-exchange ACA plans or a composite record consisting of the Issuer, Plan, and Product ID for non-ACA commercial or Medicare Advantage plans. |
| 1.6 | 4.14.2021 | 3.2 | <p>Removal specific language for “For Medicaid Managed Care Organizations and Child Health Plus only”</p> <p>This updates now reads “NYSDOH expects to receive Neonate Birthweight in this segment with a Value Code of “54” and the birth weight in grams in the Value Code Amount field when the Admission Type indicates Newborn.”</p> |
| 1.7 | 8/01/2021 | 4.4.1 | <p>Special Instruction for Integrated Dual Encounters reference sheet has been added. This section is intended to provide special instructions to be followed when plans are submitting claims for “Integrated Dual” members. Integrated Duals are a subset of Medicaid members who also have Medicare coverage are enrolled into specific programs for which the Medicare and Medicaid member benefits are combined and administered as a single plan.</p> |
| 1.8 | 6/1/2022 | 3.2 | <p>NYSDOH expects to receive “0” in this segment when a Birthweight is not available.</p> |
| 1.9 | 5/17/2023 | Appendix A | <p>Updated Appendix A Provider Specialty Codes list.</p> |
| 2.0 | 11/1/2023 | 3.2 | <p>Added logic derivation for CLM05-01 codes.</p> |

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|-----|------------|------------|---|
| 2.1 | 2/1/2024 | 3.2 | Added Loop 2300 HI01-09 Yes/No Condition or Response Code (Present on Admission (POA) Indicator). |
| 2.2 | 6/1/2024 | 3.2 | Updated logic derivation for CLM05-01 codes. |
| 2.3 | 10/29/2024 | 3.1, 3.2 | Added the following verbiage to REF02 for 2310B, 2420A, 2310D, and 2420C: FOR NEW YORK HEALTH EQUITY REFORM (NYHER) PROGRAM: When provider NPI or MMIS ID is not available, reference provider federal employer identification number (FEIN) to indicate community-based organization (CBO) that provisions the health-related social needs (HRSN) service |
| 2.3 | 10/29/2024 | Appendix A | Added a row for COS Code 33 Social Care Networks (SCNS) P Professional CMS-1500/837P |
| 2.3 | 10/29/2024 | Appendix A | Added a row for COS Code 33 Social Care Networks (SCNS): Medical Respite Services I Institutional UB-04/837I |
| 2.3 | 10/29/2024 | Appendix A | Updated 'UB-92' to 'UB-04' for COS Codes 06, 11, 12, 15, 28, 73, 85, and 87 |