New York State Department of Health All Payer Database

Encounter Intake System (EIS)

Standard Companion Guide Transaction Information

Instructions related to Transactions
Based on ASC X12 Implementation Guides,
Version 5010

Transaction Information Companion Guide Version Number: 2.0

Table of Contents

Table of Tables

Preface

Companion Guides (CG) may contain two types of data: instructions for electronic communications with the publishing entity (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) (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 (TI) 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 (NYS DOH) 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. NYS DOH 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 NYS DOH 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)
005010X214	Health Care Claim Acknowledgment (277)

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 EIS Submitter Identifier received here will be used to route the Response files to an existing electronic mailbox assigned to the Trading Partner.
1000B	NM1	Receiver Name	
1000B	NM103	Receiver Name	NYS DOH expects to receive "NYSDOH APD".
1000B	NM109	Receiver Primary Identifier	NYS DOH expects to receive "NYSOH-ENC".
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.
2000A	CUR	Foreign Currency Information	NYS DOH 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, NYS DOH expects to receive "G2" – Provider Commercial Number

Loop ID	Reference	Name	Notes/Comments
2010AA	REF02	Billing Provider Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the 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	For NYSOH QHP members (on exchange), NYS DOH expects to receive the NYSOH Assigned NYHX Identifier. For NYS Medicaid Managed Care members, NYS DOH expects to receive the Medicaid assigned CIN. For Child Health Plus Members enrolled through the NYSOH, NYS DOH expects to receive the NYSOH Assigned KIDS ID For Child Health Plus Member enrolled through the Plans, NYS DOH expects to receive the Unique ID assigned by the KIDS system For Essential Plan (non-Aliessa) members. NYS DOH expects to receive the NYSOH Assigned Essential Plan ID. For Essential Plan Aliessa members, NYS DOH expects to receive the NYSOH Assigned CIN.
2010BB	NM103	Data Receiver Name	NYS DOH expects to receive "NYSDOH APD".
2010CA	NM109	Patient Primary Identifier	For NYSOH QHP members (on exchange), NYS DOH expects to receive the NYSOH Assigned NYHX Identifier.
2300	AMT	Patient Paid Amount	
2300	AMT02	Monetary Amount	For QHPs, Medicaid Managed Care Organizations, and Essential Plans: New York State expects to receive the claim level payment amount (Loop ID-2320 AMT02) of the sum of all line level payment amounts (Loop ID-2430 SVD02) less any claim level adjustment amounts (Loop ID-2320 CAS adjustments).
2300	CLM05-03	Claim Frequency Type Code	NYS DOH 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	Onset of Current Illness or Injury Date	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.

Loop ID	Reference	Name	Notes/Comments
2300	DTP	Initial Treatment Date	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2300	DTP	Last Seen Date	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2300	DTP	Acute Manifestation Date	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2300	DTP	Accident Date	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2300	DTP	Last Menstrual Period Date	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2300	DTP	Last X-Ray Date	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2300	DTP	Hearing and Vision Prescription Date	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2300	DTP	Disability Date	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2300	DTP	Last Worked Date	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2300	DTP	Authorized Work Return Date	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2300	DTP	Related Hospitalization Admission Date	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2300	DTP	Related Hospitalization Discharge Date	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2300	NTE	Claim Note	**For QHPs: NYS DOH strongly recommends this segment not be used.**

Loop ID	Reference	Name	Notes/Comments
2300	NTE01	Note Reference Code	**For Medicaid Managed Care Organizations and Essential Plans only**: "TPO" (Third Party Organization Notes) for the submission of provider category of service and specialty code.
2300	NTE02	Claim Note Text	**For Medicaid Managed Care Organizations and Essential Plans only**: the 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	New York State strongly encourages the collection and storage of this data element as 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	New York State strongly encourages the collection and storage of this data element as 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	New York State strongly encourages the collection and storage of this data element as 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, NYS DOH expects to receive "G2" – Provider Commercial Number

Loop ID	Reference	Name	Notes/Comments
2310A	REF02	Referring Provider Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the 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.
2310B	REF	Rendering Provider Secondary Identification	
2310B	REF01	Reference Identification Qualifier	When the provider's NPI is not applicable or unknown, NYS DOH expects to receive "G2" – Provider Commercial Number
2310B	REF02	Rendering Provider Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the 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, NYS DOH expects to receive "G2" – Provider Commercial Number

Loop ID	Reference	Name	Notes/Comments
2310C	REF02	Laboratory or Facility Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the 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, NYS DOH expects to receive "G2" – Provider Commercial Number
2310D	REF02	Supervising Provider Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the 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	For Medicaid Managed Care when a Medicaid member is part of an integrated dual plan: • Each 2320 loop (minimum of 1 for Medicaid and 1 for Medicare) shall report the total encounter cost for the applicable payer in the AMT (COB Payer Paid Amount) segment.
2320	AMT01	Amount Qualifier Code	D - Payor Amount Paid
2330A	NM1	Other Subscriber Name	

Loop ID	Reference	Name	Notes/Comments

2330A	NM109	Subscriber Primary Identifier	For NYSOH QHP members (on exchange), NYS DOH expects to receive the NYSOH Assigned NYHX Identifier.
			For NYS Medicaid Managed Care members, NYS DOH expects to receive the Medicaid assigned CIN.
			For NYS Medicaid Managed Care when a Medicaid member is part of an integrated dual plan:
			   Medicaid:
			     • NYS DOH expects to receive the Medicaid assigned CIN.
			   Medicare:
			     • NYS DOH expects to receive the plan's identifier for the Medicare coverage.
			
			For Child Health Plus Members enrolled through the NYSOH, NYS DOH expects to receive the NYSOH Assigned KIDS ID
			For Child Health Plus Member enrolled through the Plans, NYS DOH expects to receive the Unique ID assigned by the KIDS system
			For Essential Plan (non-Aliessa) members. NYS DOH expects to receive the NYSOH Assigned Essential Plan ID.
			For Essential Plan Aliessa members, NYS DOH expects to receive the NYSOH Assigned CIN.

2330B	NM1	Other Payer Name	

2330B	NM109	Identification Code	For NYS Medicaid Managed Care when a Medicaid member is part of an integrated dual plan:
			   Medicaid:
			     • The Payer ID reported in Loop 2330B NM109 shall be the HIOS ID (Medicaid HIOS ID).
			   Medicare
			     • The Payer ID reported in Loop 2330B NM109 must be different than the Plan ID reported in SBR06=6. Recommendations: Contract Id with Medicare, HIOS ID +"M" (Medicare Payer ID).

2330B	REF	Other Payer Secondary Identifier	
2330B	REF01	Reference Identification Qualifier	For Medicaid Managed Care, when a Medicaid member is part of an integrated dual plan, REF01 = 2U.
2330B	REF02	Other Payer Secondary Identifier	For Medicaid Managed Care, when a Medicaid member is part of an integrated dual plan, REF02 = INTDUAL (in the loop designated for Medicaid).
2330B	REF	Other Payer Claim Control Number	
2330B	REF02	Payer Claim Control Number	When SBR06 = "06", NYS DOH 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 across all plans offered by the Issuer.
2330C	NM1	Other Patient Name	
2330C	NM109	Patient Primary Identifier	For NYSOH QHP members (on exchange), NYS DOH expects to receive the NYSOH Assigned NYHX Identifier.

Loop ID	Reference	Name	Notes/Comments
2400	DTP	Last Certification Date	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2400	DTP	Last Seen Date	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2400	DTP	Test Date	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2400	DTP	Last X-Ray Date	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2400	DTP	Initial Treatment Date (Line)	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2400	MEA	Test Results	New York State strongly encourages the collection and storage of this data element as 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.
2420A	REF	Rendering Provider Secondary Identification	
2420A	REF01	Reference Identification Qualifier	When the provider's NPI is not applicable or unknown, NYS DOH expects to receive "G2" – Provider Commercial Number
2420A	REF02	Rendering Provider Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the 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
2420B	REF	Purchased Service Provider Secondary Identification	
2420B	REF01	Reference Identification Qualifier	When the provider's NPI is not applicable or unknown, NYS DOH expects to receive "G2" – Provider Commercial Number
2420B	REF02	Purchased Service Provider Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the 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, NYS DOH expects to receive "G2" – Provider Commercial Number
2420C	REF02	Service Facility Location Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the Provider Identifier that the issuer uses internally to process the claim. A Tax ID should not be sent in this field.
2420D	REF	Supervising Provider Secondary Identification	

Loop ID	Reference	Name	Notes/Comments
2420D	REF01	Reference Identification Qualifier	When the provider's NPI is not applicable or unknown, NYS DOH expects to receive "G2" – Provider Commercial Number
2420D	REF02	Supervising Provider Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the 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, NYS DOH expects to receive "G2" – Provider Commercial Number
2420E	REF02	Ordering Provider Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the 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, NYS DOH expects to receive "G2" – Provider Commercial Number

Loop ID	Reference	Name	Notes/Comments
2420F	REF02	Referring Provider Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the Provider Identifier that the issuer uses internally to process the claim. A Tax ID should not be sent in this field.
2430	SVD	Line Adjudication Information	For Medicaid Managed Care when a Medicaid member is part of an integrated dual plan: Encounters with line level pricing shall have 2 separate SVD loops (2430) submitted identifying the Medicaid and Medicare cost shares (even if $0).
2430	SVD01	Identification Code	For Medicaid Managed Care when a Medicaid member is part of an integrated dual plan: • SVD01 of the Medicaid iteration shall match to the Medicaid HIOS ID reported in 2330B NM109. • SVD01 of the Medicare iteration shall match to the Medicare Payer ID reported in 2330B NM109.

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 EIS Submitter Identifier received here will be used to route the Response files to an existing electronic mailbox assigned to the Trading Partner.
1000B	NM1	Receiver Name	
1000B	NM103	Receiver Name	NYS DOH expects to receive "NYSDOH APD".
1000B	NM109	Receiver Primary Identifier	NYS DOH expects to receive "NYSOH-ENC".
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.
2000A	CUR	Foreign Currency Information	NYS DOH 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, NYS DOH expects to receive "G2" – Provider Commercial Number
2010AA	REF02	Billing Provider Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the 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
2010BA	NM109	Subscriber Primary Identifier	For NYSOH QHP members (on exchange), NYS DOH expects to receive the NYSOH Assigned NYHX Identifier. For NYS Medicaid Managed Care members, NYS DOH expects to receive the Medicaid assigned CIN. For Child Health Plus Members enrolled through the NYSOH, NYS DOH expects to receive the NYSOH Assigned KIDS ID For Child Health Plus Member enrolled through the Plans, NYS DOH expects to receive the Unique ID assigned by the KIDS system For Essential Plan (non-Aliessa) members. NYS DOH expects to receive the NYSOH Assigned Essential Plan ID. For Essential Plan Aliessa members, NYS DOH expects to receive the NYSOH Assigned CIN.
2010BB	NM103	Data Receiver Name	NYS DOH expects to receive "NYSDOH APD".
2010CA	NM109	Patient Primary Identifier	For NYSOH QHP members (on exchange), NYS DOH expects to receive the NYSOH Assigned NYHX Identifier.
2300	AMT	Patient Paid Amount	
2300	AMT02	Monetary Amount	For QHPs, Medicaid Managed Care Organizations, and Essential Plans: New York State expects to receive the claim level payment amount (Loop ID-2320 AMT02) of the sum of all line level payment amounts (Loop ID-2430 SVD02) less any claim level adjustment amounts (Loop ID-2320 CAS adjustments).
2300	CLM05-03	Claim Frequency Type Code	NYS DOH 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	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2300	NTE	Billing Note	**For QHPs: NYS DOH strongly recommends this segment not be used.**
2300	NTE01	Note Reference Code	**For Medicaid Managed Care Organizations and Essential Plans only**: "ADD" (Additional Information) for the submission of provider category of service and specialty code.
2300	NTE02	Billing Note Text	**For Medicaid Managed Care Organizations and Essential Plans only**: the 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. NYS DOH expects to receive "799" – No Specialty Required if the specialty code is not available.
2300	HI	Patient's Reason for Visit	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.

Loop ID	Reference	Name	Notes/Comments
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	New York State strongly encourages the collection and storage of this data element as 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	HI01-02	Diagnosis Related Group	NYS DOH expects to receive 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 used.
2300	HI	Other Diagnosis Information	New York State strongly encourages the collection and storage of this data element as 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	New York State strongly encourages the collection and storage of this data element as 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.
2300	HI	Occurrence Span Information	New York State strongly encourages the collection and storage of this data element as 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	New York State strongly encourages the collection and storage of this data element as 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.

Loop ID	Reference	Name	Notes/Comments
2300	HI	Value Information	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures. **For Medicaid Managed Care Organizations only**: NYS DOH 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. **For Medicaid Managed Care Organizations only**: NYS DOH expects to receive a four digit Rate code entered to the left of the dollars/cents delimiter. For HARP encounters, a Rate code must be reported with a Value Code of "24". **For Medicaid Managed Care Organizations only**: NYS DOH 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
2300	HI02-HI12	Value Information	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.
2300	HI	Condition Information	New York State strongly encourages the collection and storage of this data element as 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 code and the preceding HI data elements have been used to report other condition codes.
2300	HCP06	Repriced Approved DRG Code	NYS DOH expects to receive 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 used.
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.
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.

Loop ID	Reference	Name	Notes/Comments
2310A	REF	Attending Provider Secondary Identification	
2310A	REF01	Reference Identification Qualifier	When the provider's NPI is not applicable or unknown, NYS DOH expects to receive "G2" – Provider Commercial Number
2310A	REF02	Attending Provider Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the 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, NYS DOH expects to receive "G2" – Provider Commercial Number
2310B	REF02	Operating Physician Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the 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	

Loop ID	Reference	Name	Notes/Comments
2310C	REF01	Reference Identification Qualifier	When the provider's NPI is not applicable or unknown, NYS DOH expects to receive "G2" – Provider Commercial Number
2310C	REF02	Other Operating Physician Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the 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	When the provider's NPI is not applicable or unknown, NYS DOH expects to receive "G2" – Provider Commercial Number
2310D	REF02	Rendering Provider Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the Provider Identifier that the issuer uses internally to process the claim. A Tax ID should not be sent in this field.
2310E	REF	Service Facility Location Secondary Identification	
2310E	REF01	Reference Identification Qualifier	When the provider's NPI is not applicable or unknown, NYS DOH expects to receive "G2" – Provider Commercial Number

Loop ID	Reference	Name	Notes/Comments
2310E	REF02	Laboratory or Facility Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the Provider Identifier that the issuer uses internally to process the claim. A Tax ID should not be sent in this field.
2310F	REF	Referring Provider Secondary Identification	
2310F	REF01	Reference Identification Qualifier	When the provider's NPI is not applicable or unknown, NYS DOH expects to receive "G2" – Provider Commercial Number
2310F	REF02	Referring Provider Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the 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	For Medicaid Managed Care when a Medicaid member is part of an integrated dual plan: • Each 2320 loop (minimum of 1 for Medicaid and 1 for Medicare) shall report the total encounter cost for the applicable payer in the AMT (COB Payer Paid Amount) segment.
2320	AMT01	Amount Qualifier Code	D - Payor Amount Paid
2330A	NM1	Other Subscriber Name	

Loop ID	Reference	Name	Notes/Comments
2330A	NM109	Subscriber Primary Identifier	For NYSOH QHP members (on exchange), NYS DOH expects to receive the NYSOH Assigned NYHX Identifier. For NYS Medicaid Managed Care members, NYS DOH expects to receive the Medicaid assigned CIN. For NYS Medicaid Managed Care when a Medicaid member is part of an integrated dual plan: Medicaid: • NYS DOH expects to receive the Medicaid assigned CIN. Medicare: • NYS DOH expects to receive the plan's identifier for the Medicare coverage. For Child Health Plus Members enrolled through the NYSOH, NYS DOH expects to receive the NYSOH Assigned KIDS ID For Child Health Plus Member enrolled through the Plans, NYS DOH expects to receive the Unique ID assigned by the KIDS system For Essential Plan (non-Aliessa) members. NYS DOH expects to receive the NYSOH Assigned Essential Plan ID. For Essential Plan Aliessa members, NYS DOH expects to receive the NYSOH Assigned CIN.
2330B	NM1	Other Payer Name	
2330B	NM109	Identification Code	For NYS Medicaid Managed Care when a Medicaid member is part of an integrated dual plan: Medicaid: • The Payer ID reported in Loop 2330B NM109 shall be the HIOS ID (Medicaid HIOS ID). Medicare: • The Payer ID reported in Loop 2330B NM109 must be different than the Plan ID reported in SBR06=6. Recommendations: Contract Id with Medicare, HIOS ID +"M" (Medicare Payer ID).
2330B	REF	Other Payer Secondary Identifier	
2330B	REF01	Reference Identification Qualifier	For Medicaid Managed Care, when a Medicaid member is part of an integrated dual plan, REF01 = 2U.
2330B	REF02	Other Payer Secondary Identifier	For Medicaid Managed Care, when a Medicaid member is part of an integrated dual plan, REF02 = INTDUAL (in the loop designated for Medicaid).
2330B	REF	Other Payer Claim Control Number	
2330B	REF02	Payer Claim Control Number	When SBR06 = "06", NYS DOH 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 across all plans offered by the Issuer.
2330B	REF	Adjudicated DRG	

Loop ID	Reference	Name	Notes/Comments
2330B	REF02	Adjudicated DRG	NYS DOH expects to receive 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 used.
2330C	NM1	Other Patient Name	
2330C	NM109	Patient Primary Identifier	For NYSOH QHP members (on exchange), NYS DOH expects to receive the NYSOH Assigned NYHX Identifier.
2400	DTP	Service Date	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2400	HCP06	Approved DRG	NYS DOH expects to receive 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 used.
2420A	REF	Operating Physician Secondary Identification	
2420A	REF01	Reference Identification Qualifier	When the provider's NPI is not applicable or unknown, NYS DOH expects to receive "G2" – Provider Commercial Number
2420A	REF02	Operating Physician Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the 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, NYS DOH expects to receive "G2" – Provider Commercial Number

Loop ID	Reference	Name	Notes/Comments
2420B	REF02	Other Operating Physician Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the 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, NYS DOH expects to receive "G2" – Provider Commercial Number
2420C	REF02	Rendering Provider Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the Provider Identifier that the issuer uses internally to process the claim. A Tax ID should not be sent in this field.
2420D	REF	Referring Provider Secondary Identification	
2420D	REF01	Reference Identification Qualifier	When the provider's NPI is not applicable or unknown, NYS DOH expects to receive "G2" – Provider Commercial Number

Loop ID	Reference	Name	Notes/Comments
2420D	REF02	Referring Provider Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the Provider Identifier that the issuer uses internally to process the claim. A Tax ID should not be sent in this field.
2430	SVD	Line Adjudication Information	For Medicaid Managed Care when a Medicaid member is part of an integrated dual plan: Encounters with line level pricing shall have 2 separate SVD loops (2430) submitted identifying the Medicaid and Medicare cost shares (even if $0).
2430	SVD01	Identification Code	For Medicaid Managed Care when a Medicaid member is part of an integrated dual plan: • SVD01 of the Medicaid iteration shall match to the Medicaid HIOS ID reported in 2330B NM109. • SVD01 of the Medicare iteration shall match to the Medicare Payer ID reported in 2330B NM109.

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 EIS Submitter Identifier received here will be used to route the Response files to an existing electronic mailbox assigned to the Trading Partner.
1000B	NM1	Receiver Name	
1000B	NM103	Receiver Name	NYS DOH expects to receive "NYSDOH APD".
1000B	NM109	Receiver Primary Identifier	NYS DOH expects to receive "NYSOH-ENC".
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. For NYS Medicaid Managed Care and Essential Plan encounters, NYS DOH 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	NYS DOH 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, NYS DOH expects to receive "G2" – Provider Commercial Number

Loop ID	Reference	Name	Notes/Comments
2010AA	REF02	Billing Provider Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the 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	For NYSOH QHP members (on exchange), NYS DOH expects to receive the NYSOH Assigned NYHX Identifier. For NYS Medicaid Managed Care members, NYS DOH expects to receive the Medicaid assigned CIN. For Child Health Plus Members enrolled through the NYSOH, NYS DOH expects to receive the NYSOH Assigned KIDS ID For Child Health Plus Member enrolled through the Plans, NYS DOH expects to receive the Unique ID assigned by the KIDS system For Essential Plan (non-Aliessa) members. NYS DOH expects to receive the NYSOH Assigned Essential Plan ID. For Essential Plan Aliessa members, NYS DOH expects to receive the NYSOH Assigned CIN.
2010BB	NM103	Data Receiver Name	NYS DOH expects to receive "NYSDOH APD".
2010CA	NM109	Patient Primary Identifier	For NYSOH QHP members (on exchange), NYS DOH expects to receive the NYSOH Assigned NYHX Identifier.
2300	AMT	Patient Paid Amount	
2300	AMT02	Monetary Amount	For QHPs, Medicaid Managed Care Organizations, and Essential Plans: New York State expects to receive the claim level payment amount (Loop ID-2320 AMT02) of the sum of all line level payment amounts (Loop ID-2430 SVD02) less any claim level adjustment amounts (Loop ID-2320 CAS adjustments).
2300	CLM05-03	Claim Frequency Type Code	NYS DOH 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.

Loop ID	Reference	Name	Notes/Comments
2300	DTP	Date - Accident Date	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2300	DTP	Date - Appliance Placement	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2300	DTP	Date - Service Date	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2300	DN1	Orthodontic Total Months of Treatment	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2300	DN101	Orthodontic Treatment Total Months Count	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2300	DN102	Orthodontic Treatment Months Remaining Count	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2300	DN2	Tooth Status	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2300	AMT	Patient Amount Paid	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2300	HI	Health Care Diagnosis Code	New York State strongly encourages the collection and storage of this data element as 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.
2310A	REF	Referring Provider Name	
2310A	REF01	Reference Identification Qualifier	When the provider's NPI is not applicable or unknown, NYS DOH expects to receive "G2" – Provider Commercial Number

Loop ID	Reference	Name	Notes/Comments
2310A	REF02	Referring Provider Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the 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. For NYS Medicaid Managed Care and Essential Plan encounters, NYS DOH 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.
2310B	REF	Rendering Provider Secondary Identification	
2310B	REF01	Reference Identification Qualifier	When the provider's NPI is not applicable or unknown, NYS DOH expects to receive "G2" – Provider Commercial Number

Loop ID	Reference	Name	Notes/Comments
2310B	REF02	Rendering Provider Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the 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, NYS DOH expects to receive "G2" – Provider Commercial Number
2310C	REF02	Laboratory or Facility Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the 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	
2310D	REF01	Reference Identification Qualifier	When the provider's NPI is not applicable or unknown, NYS DOH expects to receive "G2" – Provider Commercial Number

Loop ID	Reference	Name	Notes/Comments
2310D	REF02	Assistant Surgeon Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the Provider Identifier that the issuer uses internally to process the claim. A Tax ID should not be sent in this field.
2310E	REF	Supervising Provider Secondary Identification	
2310E	REF01	Reference Identification Qualifier	When the provider's NPI is not applicable or unknown, NYS DOH expects to receive "G2" – Provider Commercial Number
2310E	REF02	Supervising Provider Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the 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	For Medicaid Managed Care when a Medicaid member is part of an integrated dual plan: • Each 2320 loop (minimum of 1 for Medicaid and 1 for Medicare) shall report the total encounter cost for the applicable payer in the AMT (COB Payer Paid Amount) segment.

Loop ID	Reference	Name	Notes/Comments
2320	AMT01	Amount Qualifier Code	D - Payor Amount Paid
2330A	NM1	Other Subscriber Name	
2330A	NM109	Subscriber Primary Identifier	For NYSOH QHP members (on exchange), NYS DOH expects to receive the NYSOH Assigned NYHX Identifier. For NYS Medicaid Managed Care members, NYS DOH expects to receive the Medicaid assigned CIN. For NYS Medicaid Managed Care when a Medicaid member is part of an integrated dual plan: Medicaid: • NYS DOH expects to receive the Medicaid assigned CIN. Medicare: • NYS DOH expects to receive the plan's identifier for the Medicare coverage. For Child Health Plus Members enrolled through the NYSOH, NYS DOH expects to receive the NYSOH Assigned KIDS ID For Child Health Plus Member enrolled through the Plans, NYS DOH expects to receive the Unique ID assigned by the KIDS system For Essential Plan (non-Aliessa) members. NYS DOH expects to receive the NYSOH Assigned Essential Plan ID. For Essential Plan Aliessa members, NYS DOH expects to receive the NYSOH Assigned CIN.
2330B	NM1	Other Payer Name	
2330B	NM109	Identification Code	For NYS Medicaid Managed Care when a Medicaid member is part of an integrated dual plan: Medicaid: • The Payer ID reported in Loop 2330B NM109 shall be the HIOS ID (Medicaid HIOS ID). Medicare • The Payer ID reported in Loop 2330B NM109 must be different than the Plan ID reported in SBR06=6. Recommendations: Contract Id with Medicare, HIOS ID +"M" (Medicare Payer ID).
2330B	REF	Other Payer Secondary Identifier	
2330B	REF01	Reference Identification Qualifier	For Medicaid Managed Care, when a Medicaid member is part of an integrated dual plan, REF01 = 2U.
2330B	REF02	Other Payer Secondary Identifier	For Medicaid Managed Care, when a Medicaid member is part of an integrated dual plan, REF02 = INTDUAL (in the loop designated for Medicaid).

Loop ID	Reference	Name	Notes/Comments
2330B	REF	Other Payer Claim Control Number	
2330B	REF02	Payer Claim Control Number	When SBR06 = "06", NYS DOH 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 across all plans offered by the Issuer.
2330C	NM1	Other Patient Name	
2330C	NM109	Patient Primary Identifier	For NYSOH QHP members (on exchange), NYS DOH expects to receive the NYSOH Assigned NYHX Identifier.
2400	TOO	Tooth Information	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2400	DTP	Date - Service Date	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2400	DTP	Date - Prior Placement Date	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2400	DTP	Date - Appliance Placement	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2400	DTP	Date - Replacement	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2400	DTP	Date - Treatment Start	New York State strongly encourages the collection and storage of this data element as it is critical to the intended analytics anticipated to be part of quality measures.
2400	DTP	Date - Treatment Completion Date	New York State strongly encourages the collection and storage of this data element as 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.
2420A	REF	Rendering Provider Secondary Identification	

Loop ID	Reference	Name	Notes/Comments
2420A	REF01	Reference Identification Qualifier	When the provider's NPI is not applicable or unknown, NYS DOH expects to receive "G2" – Provider Commercial Number
2420A	REF02	Rendering Provider Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the 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, NYS DOH expects to receive "G2" – Provider Commercial Number
2420B	REF02	Assistant Surgeon Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the Provider Identifier that the issuer uses internally to process the claim. A Tax ID should not be sent in this field.
2420C	REF	Supervising Provider Secondary Identification	

Loop ID	Reference	Name	Notes/Comments
2420C	REF01	Reference Identification Qualifier	When the provider's NPI is not applicable or unknown, NYS DOH expects to receive "G2" – Provider Commercial Number
2420C	REF02	Supervising Provider Secondary Identifier	The NYS DOH is expecting the provider's NPI. When the provider's NPI is not applicable or unknown, a provider secondary identifier should be reported as based upon the following: For NYSOH QHP and Essential Plans, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. For eMedNY enrolled providers, NYS DOH expects to receive the eMedNY assigned MMIS Provider Identifier. For Medicaid Managed Care providers that are not eMedNY enrolled providers, NYS DOH expects to receive the Provider Identifier reported to the NYS DOH Provider Network Data System. If the provider does not have an MMIS Provider Identifier or a Provider Identifier reported to the NYS DOH Provider Network Data System, NYS DOH expects to receive the Provider Identifier that the issuer uses internally to process the claim. A Tax ID should not be sent in this field.
2430	SVD	Line Adjudication Information	For Medicaid Managed Care when a Medicaid member is part of an integrated dual plan: Encounters with line level pricing shall have 2 separate SVD loops (2430) submitted identifying the Medicaid and Medicare cost shares (even if $0).
2430	SVD01	Identification Code	For Medicaid Managed Care when a Medicaid member is part of an integrated dual plan: • SVD01 of the Medicaid iteration shall match to the Medicaid HIOS ID reported in 2330B NM109. • SVD01 of the Medicare iteration shall match to the Medicare Payer ID reported in 2330B NM109.

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 X12/005010X214 Health Care Claim Acknowledgment (277)

There are no special clarifications necessary for this implementation.

4 TI Additional Information

4.1 Business Scenarios

None.

4.2 Payer Specific Business Rules and Limitations

4.2.1 Trading Partner Encounter File Submission

Every entity that exchanges transactions with the Encounter Intake System (EIS) must enroll as a Trading Partner. Additional information about file submission is included in the EIS Trading Partner Information Companion Guide, available from the EIS Encounters support services for Issuers through the following e-mail: NYS-DOH-APD-Issuer-Support@csra.com

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 contact the NYS APD team at nysapd@health.ny.gov to receive the weekly call invitations and materials.

4.4 Other Resources

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
- Trading Partner Information Companion Guide (Contains detailed information about trading partner registration and testing.)

For EIS Companion Guide questions, please contact the APD support services for Issuers through the following e-mail: NYS-DOH-APD-Issuer-Support@csra.com

5 X12 Transaction Information Change Summary

Version	Date	Section(s) Changed	Change Summary
1.1	3/27/2015	3.1, 3.2 and 3.3	Changes related to the reporting requirements for Medicaid and CHP Issuers and EIS Release 2
1.1	4/28/2015	Appendix A	Updated Appendix A Provider Specialty Code List
1.2	5/15/2015	3.2	Changes related to instructions for Diagnosis Related Group reporting.
1.3	8/3/2015	3.1, 3.2 and 3.3	• Clarified reporting for atypical provider identifiers for all transactions • Clarified reporting on Specialty Code in NTE segment for Institutional transactions
1.4	10/5/2015	Appendix A	• Updated Appendix A Provider Specialty Code List • Clarified reporting requirements for neonatal birthweight and rate code in Value Information segment for Institutional transactions
1.5	1/24/2017	3.2, 4, Appendix A	• Clarified reporting requirements in Value Information segment for Institutional transactions • Updated State contact information • Updated Appendix A Provider Specialty Code List; Added 835, 836, 837, 838, and 839. • Changed member ID used for QHP from Unique Issuer Assigned Identifier to NYSOH Assigned NYHX Identifier. • Included instructions for Essential Plan. • Added note to applicable 2300 HI02 – HI12 elements; Required when it is necessary to report an additional *Health Information Code* and the preceding HI data elements have been used to report other *Health Information Codes.* • Changed CSC email addresses to CSRA.

Version	Date	Section(s) Changed	Change Summary
1.6	7/11/2017	Cover Page	Added NYS DOH APD Logo
1.7	9/27/2018	Appendix A, 3.1, 3.2, 3.3	Added Provider Specialty Codes 002, 003, 005, 006, 009, 012, 013, 014, 015, 016, 019, 024, 025, 026, 027, 028, 029, 032, 033, 034, 035, 042, 043, 360, 361, 370, 372, 373, 405, 405, 406, 407, 408, 611, 612, 613, 614, 752 Added 2330A NM109 Subscriber Primary Identifier and 2330C NM109 Patient Primary Identifier. Added 2320 AMT01 Amount Qualifier Code and 2300 AMT 02 Monetary Amount.
1.8	5/30/2019	Appendix A	Added Provider Specialty Codes 004, 008, 021, 022, 023, 036, 037, 038, 039, 044, 045, 046, 047, 048, 049, 051, 052, 053, 054, 077, 078, 755
1.9	6/14/2021	3.1, 3.2, 3.3	Added 2230B Other Payer Secondary Identifier REF01, REF02. Added clarifying language to 2320 AMT Coordination of Benefits (COB) Payer Paid Amount, 2330A NM1 Other Subscriber Name, 2330N NM1 Other Payer Name, 2330B REF Other Payer Secondary Identifier, 2330B REF Payer Claim Control Number, and 2340 SVD Line Adjudication Information for Medicaid Managed Care when a Medicaid member is part of an integrated dual plan.
2.0	9/2/2022	3.2	Added 2300 Principal Diagnosis HI01-09

Table 6: Change Summary

6 Appendix A
Provider NYS Specific Category of Service and Specialty Code

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-92 / 837I
07	Nursing	P	Professional	CMS-1500 / 837P
11	Inpatient	I	Institutional	UB-92 / 837I
12	Institutional LTC	I	Institutional	UB-92 / 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-92 / 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-92 / 837I
41	NPs/Midwives	P	Professional	CMS-1500 / 837P
73	Hospice	I	Institutional	UB-92 / 837I
75	Clinical Social Worker	P	Professional	CMS-1500 / 837P
85	Freestanding Clinic	I	Institutional	UB-92 / 837I
87	Hospital OP/ER Room	I	Institutional	UB-92 / 837I

MEDS III Categories of Service, Applicable Encounter Type Indicators (ETI) and Form Type/EDI

Specialty Code	Specialty Description
002	NEUROMUSCULOSKELETAL MEDICINE & OMM
003	HCBS SELF DIRECTED (SUPPORT BROKER)
004	VEHICLE MODIFICATION
005	STATE OPERATED CLINIC
006	DAY TREATMENT (OPWDD)
007	ALCOHOLISM/SUBSTANCE ABUSE INPATIENT

MEDS III Provider Specialty Code

MEDS III Provider Specialty Code

Specialty Code	Specialty Description
008	CHILDREN'S MH OUTPATIENT (NON-RESIDENTIAL)
009	FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY
010	ALLERGY AND IMMUNOLOGY
011	GENERAL HOSPITAL (ARTICLE 28)
012	ADVANCED HEART FAILURE & TRANSPLANT CARDIOLOGY
013	MEDICALLY MANAGED DETOXIFICATION
014	ICF/IID FACILITIES
015	RESIDENTIAL SUBSTANCE ABUSE TREATMENT SERVICES (STABILIZATION)
016	RESIDENTIAL SUBSTANCE ABUSE TREATMENT SERVICES (REHABILITATION)
017	OMH PSYCH CTR/OASAS ASA INPATIENT
018	PRIVATE PSYCH & ASA INPATIENT
019	SUPPORTED EMPLOYMENT
020	ANESTHESIOLOGY
021	CHILDREN'S MENTAL HEALTH CLINIC TREATMENT
022	CHILDREN'S COMMUNITY PSYCHIATRIC SUPPORT & TREATMENT
023	CHILDREN'S 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 BEHAVORIAL ANALYSIS PROVIDERS
029	SLEEP CENTERS
030	COLON AND RECTAL SURGERY
032	HOME INFUSION VENDORS
033	SLEEP MEDICINE PHYSICIANS
034	STATE OPERATED FACILITY
035	LITHOTRIPSY CENTERS
036	CHILDREN'S FAMILY PEER SUPPORT SERVICES
037	CHILDREN'S HCBS CAREGIVER FAMILY SUPPORT AND SERVICES
038	CHILDREN'S HCBS COMMUNITY HABILITATION
039	CHILDREN'S HCBS COMMUNITY SELF ADVOCACY TRAINING AND SUPPORT
040	DERMATOLOGY
041	DERMATOPATHOLOGY
042	OPWDD FISCAL INTERMEDIARY
043	DAY HABILITATION
044	CHILDREN'S HCBS CRISIS RESPITE
045	CHILDREN'S HCBS DAY HABILITATION
046	CHILDREN'S HCBS PALLIATIVE CARE BEREAVEMENT SERVICES
047	CHILDREN'S HCBS PALLIATIVE CARE EXPRESSIVE THERAPY

MEDS III Provider Specialty Code

Specialty Code	Specialty Description
048	CHILDREN'S HCBS PALLIATIVE CARE MASSAGE THERAPY
049	CHILDREN'S HCBS PALLIATIVE CARE PAIN AND SYMPTOM MANAGEMENT
050	FAMILY PRACTICE
051	CHILDREN'S HCBS PLANNED RESPITE
052	CHILDREN'S HCBS PRE-VOCATIONAL SERVICES
053	CHILDREN'S HCBS SUPPORTED EMPLOYMENT
054	CHILDREN'S OTHER LICENSED PRACTITIONER
055	ADOLESCENT MEDICINE: FAMILY MEDICINE
056	ADOLESCENT MEDICINE: PEDIATRICS
057	BEHAVIORAL PEDIATRICS
058	INTERNAL MEDICINE AND PEDIATRICS
059	PEDIATRIC RHEUMATOLOGY
060	INTERNAL MEDICINE
061	PEDIATRIC INFECTIOUS DISEASE
062	CARDIOVASCULAR DISEASE
063	ENDOCRINOLOGY AND METABOLISM
064	GASTROENTEROLOGY
065	HEMATOLOGY - INTERNAL MED
066	INFECTIOUS DISEASES
067	NEPHROLOGY
068	PULMONARY DISEASES
069	RHEUMATOLOGY
070	NEUROLOGICAL SURGERY
071	SPINAL CORD INJURY MEDICINE
072	PEDIATRIC NEUROSURGERY
073	PEDIATRIC DERMATOLOGY
074	MEDICAL TOXICOLOGY
075	UNDERSEA & HYPERBARIC MEDICINE
076	PEDIATRIC REHABILITATION
077	CHILDREN'S PSYCHOSOCIAL REHABILITATION
078	YOUTH PEER SUPPORT SERVICES
080	NUCLEAR MEDICINE
081	MEDICAL NUCLEAR PHYSICS
083	NEUROMUSCULAR MEDICINE
084	NEURORADIOLOGY
085	NEUROTOLOGY
089	OBSTETRICS AND GYNECOLOGY
092	MATERNAL AND FETAL MEDICINE
093	REPRODUCTIVE ENDOCRINOLOGY

MEDS III Provider Specialty Code

Specialty Code	Specialty Description
095	CERTIFIED DIABETES EDUCATOR
100	OPTHALMOLOGY
101	PEDIATRIC OPHTHALMOLOGY
102	CERTIFIED ASTHMA EDUCATOR
110	ORTHOPEDIC SURGERY
111	HAND SURGERY - ORTHOPEDIC SURGERY
112	HAND SURGERY - PLASTIC SURGERY
113	HAND SURGERY - SURGERY
114	PLASTIC SURGERY WITH THE HEAD & NECK
120	OTOLARYNGOLOGY
121	PEDIATRIC OTOLARYNGOLOGY
127	CLIA REGISTRATION/COMPLIANCE/ACCREDITATION
128	CLIA WAIVER
129	CLIA PHYSICIAN PERFORMED MICROSCOPY PROCEDURE
130	CLIA WAIVER/REGISTRATION
131	BLOOD BANKING
135	CLINICAL PATHOLOGY
136	FORENSIC PATHOLOGY
137	HEMATOLOGY - PSC PATH
138	CHEMICAL PATHOLOGY
139	MEDICAL MICROBIOLOGY
140	PATHOLOGY WITH MOLECULAR GENETIC SPEC
141	NEUROPATHOLOGY
142	ANATOMIC PATHOLOGY
143	DERMATOPATHOLOGY - PSC PATH
144	TRANSPLANT HEPATOLOGY
145	PEDIATRIC TRANSPLANT HEPATOLOGY
146	ANATOMIC AND CLINICAL PATHOLOGY
147	PEDIATRIC PATHOLOGY
148	RADIOISOTOPIC PATHOLOGY
149	PEDIATRIC EMERGENCY MEDICINE
150	PEDIATRICS
151	PEDIATRIC CARDIOLOGY
152	PEDIATRIC HEMATOLOGY - ONCOLOGY
153	PEDIATRIC SURGERY
154	PEDIATRIC NEPHROLOGY
155	PEDIATRIC NEONATAL - PERINATAL MEDICINE
156	PEDIATRIC ENDOCRINOLOGY
157	PEDIATRIC PULMONOLOGY

MEDS III Provider Specialty Code

Specialty Code	Specialty Description
158	PREFERRED PHYSICIANS AND CHILDREN PROG
159	MEDICAID OBSTETRICAL & MATERNAL SVC PROG
160	PHYSICAL MEDICINE & REHABILITATION
161	PEDIATRIC CRITICAL CARE
162	OSTEOPATHIC MANIPULATIVE MEDICINE
163	PEDIATRIC GASTROENTOLOGY
164	CRITICAL CARE MED - ANESTHESIOLOGIST
165	CRITICAL CARE MEDICINE - INTERNAL
166	CRITICAL CARE MEDICINE - OBSTETRICS
167	CRITICAL CARE MEDICINE - SURGERY
169	MEDICAID OBSTERICAL & MATERNAL SERVICES PRGM (MOMS): HEALTH SUPPORTIVE SERVICES
170	PLASTIC SURGERY
171	CLINICAL MOLECULAR GENETICS
180	CLINICAL BIOCHEMICAL GENETICS
181	AEROSPACE
182	GENERAL PREVENTIVE MEDICINE
183	OCCUPATIONAL MEDICINE
184	PUBLIC HEALTH - PREVENTIVE MEDICINE
185	AEROSPACE MEDICINE
186	T.B. DIRECTLY OBSERVED THERAPY/PHYSICIAN
187	MEDICAL GENETICS
188	CLINICAL GENETICS
189	MOLECULAR GENETIC PATHOLOGY
190	PAIN MANAGEMENT-PSYCHIATRY & NEUROLOGY
191	CHILD PSYCHIATRY
192	PSYCHIATRY
193	CHILD NEUROLOGY
194	NEUROLOGY
195	PSYCHIATRY & NEUROLOGY
196	CLOZAPINE CASE MANAGER - PSYCH
197	GERIATRIC PSYCHIATRY
198	ADDICTION PSYCHIATRY
199	NERODEVELOPMENTAL DISABILITIES
200	RADIOLOGY
201	DIAGNOSTIC RADIOLOGY
202	DIAGNOSTIC ROENTGENOLOGY
205	THERAPEUTIC RADIOLOGY
206	RADIOLOGICAL PHYSICS

MEDS III Provider Specialty Code

Specialty Code	Specialty Description
207	THERAPEUTIC RADIOLOGICAL PHYSICS
208	DIAGNOSTIC RADIOLOGICAL PHYSICS
210	GENERAL SURGERY
211	HOSPITALIST
220	THORACIC SURGERY
230	UROLOGY
231	PEDIATRIC UROLOGY
240	VASCULAR NEUROLOGY
241	ONCOLOGY
242	GYNECOLOGIC ONCOLOGY
243	VASCULAR MEDICINE
244	RADIOLOGIST ONCOLOGY
245	PEDIATRIC RADIOLOGY
246	VASCULAR&INTERVENTIONAL RADIOLOGY
247	MANAGED CARE - PHYSICIAN ENHANCED FEE
248	MANAGED CARE - DENTAL ENHANCED FEE
249	HIV PRIMARY CARE SERVICES
250	EMERGENCY MEDICINE
252	PRIMARY CARE INITIATIVE IN UNDERSERVED AREAS
253	SPECIALSTS PRIMARY CARE INIT - UNDERSRVD AREA
254	SPECIALISTS IN PHYSICIANS CASE MGMT PROGRAM
270	CHILD HEALTH ASSURANCE PROGRAM
280	CHIROPRACTIC
281	CLINICAL SOCIAL WORKER
282	CERTIFIED DRUG & ALCOHOL COUNSELOR
283	COUNSELOR
290	ACUPUNCTURIST
300	PHYSICAL THERAPY
301	OCCUPATIONAL THERAPY
302	SPEECH THERAPY
303	AIDS/HIV SERVICES
304	MEDICAL REHAB
305	PEDIATRIC SPECIALTY - ALL EXCEPT PRIMARY CARE
306	SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAM
307	DURABLE MEDICAL EQUIPMENT
308	HIV PRIMARY CARE SERVICES - CLINIC SPECIALTY
309	MEDICALLY SUPERVISED SUBSTANCE ABUSE
310	OMH ADULT CLINIC (STATE OPR)
311	OMH CHILD CLINIC(STATE OPR)

MEDS III Provider Specialty Code	
Specialty Code	**Specialty Description**
312	OMH CONTINUING DAY TRTMT (STATE OPR)
313	OMH PARTIAL HOSPITALIZATION (STATE OPR)
314	OMH INTEN PSYCH REHAB TRTMT (STATE OPR)
315	OMH ADULT CLINIC
316	OMH CHILD CLINIC
317	OMH CONTINUING DAY TREATMENT
318	OMH PARTIAL HOSPITALIZATION
319	OMH INTENSIVE PSYCH REHAB TREATMENT
320	CLOZAPINE CASE MANAGER - CLINIC
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	EARLY INTERVENTION
326	OMH/CR ADULT (VOLUNTARY)
327	OMH/CR CHILDREN (VOLUNTARY)
328	OMH FAMILY BASED TREATMENT
329	OMH/CR ADULT (STATE OPR)
330	OMH/CR CHILDREN (STATE OPR)
331	OMH TEACHING FAMILY HOME
332	OMR/DD CR (STATE OPR)
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
355	AIDS DAY HEALTH CARE SERVICES
356	HOME & COMMUNITY BASED SERVICE (HCBS) WAIVER
357	OUTPATIENT CHEMICAL DEPENDENCE WITHDRAWL
358	TBI SERVICES
359	RISPERDAL CONSTA ADMINISTRATION
360	ADDICTION MEDICINE
361	INTENSIVE BEHAVIORAL SERVICE
362	PATHWAYS TO EMPLOYMENT
365	MH RESIDENTIAL (NON-INPATIENT)
370	PREVOCATIONAL SERVICES
371	CASE MANAGEMENT
372	START PROGRAM
373	RESIDENTIAL HABILITATION -FAMILY CARE

MEDS III Provider Specialty Code

Specialty Code	Specialty Description
375	MH OUTPATIENT (NON-RESIDENTIAL)
376	MENTAL HEALTH PRACTITIONER
400	MICROBIOLOGY
401	FQ OUT-OF-STATE (NON-CMMA)
402	FQ PRIMARY
403	FQ SECONDARY
404	FQ AUTHORIZED
405	FEDERALLY QUALIFIED HEALTH CENTER (FQHC)
406	PRESUMPTIVE ELIGIBILITY
407	TRIBAL HEALTH CENTERS
408	DESIGNATED AIDS CENTERS
410	BACTERIOLOGY
411	BACTERIOLOGY - GENERAL
412	BACTERIOLOGY - LIMITED
413	BACTERIOLOGY - AEROBES ONLY
414	BACTERIOLOGY - NEISSERIA GONORRHOEAE SCREENG
415	BACTEROLOGY - GC SMEARS ONLY
416	BACTERIOLOGY-RESTRICTED (DENTAL)
419	MYCOBACTERIOLOGY - SMEARS AND CULTURE
420	MYCOBACTERIOLOGY - GENERAL
421	MYCOBACTERIOLOGY - LIMITED
422	MYCOBACTERIOLOGY - SMEARS ONLY
423	DIAGNOSTIC IMMUNOLOGY - COMPREHENSIVE
424	DIAGNOSTIC IMMUNOLOGY - OTHER
427	DIAGNOSTIC IMMUNOLOGY - GENERAL/LIMITED
429	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	CELLULAR IMMUNOLOGY - LIMITED I
436	CELLULAR IMMUNOLOGY - LIMITED II
437	SEROLGY - OTHER
438	CELLULAR IMMUNOLOGY - GENERAL
439	CELLULAR IMMUNOLOGY - LIMITED III
440	VIROLOGY - GENERAL I OR GENERAL II
441	VIROLOGY - LIMITED
442	VIROLOGY - RESTRICTED

MEDS III Provider Specialty Code

Specialty Code	Specialty Description
450	MYCOLOGY - GENERAL
451	MYCOLOGY - LIMITED(YEAST ONLY)
460	PARASITOLOGY
461	PARASITOLOGY - STOOL
462	PARASITOLOGY - OTHER
463	PARASITOLOGY - BLOOD
470	URINE PREGNANCY TESTING
480	HEMATOLOGY
481	HEMATOLOGY - COMPREHENSIVE
482	HEMATOLOGY - GENERAL
483	HEMATOLOGY - COAGULATION ONLY
484	HEMATOLOGY - LIMITED
485	HEMATOLOGY - OTHER
486	CYTOHEMATOLOGY - LIMITED/DIAGNOSTIC
490	IMMUNOHEMATOLOGY
491	BLOOD SERVICES - DIAGNOSTIC IMMUNOHEMATOLOGY
492	IMMUNOHEMATOLOGY SPC 492
493	IMMUNOHEMATOLOGY SPC 493
510	CLINICAL CHEMISTRY - GENERAL
511	CLINICAL CHEMISTRY - LIMITED
512	TOXICOLOGY - ERYTHROCYTE PROTOPORPHYRIN-HEMAT
513	TOXICOLOGY - ERYTHROCYTE PROTOPORHYRIN-EXTRCT
514	TOXICOLOGY - DRUG ANALYSIS-QUAL (OR FORENSIC)
515	TOXICOLOGY - BLOOD LEAD
516	ENDOCRINOLOGY
517	CHEMLIMIT
518	QUALITATIVE TOXICOLOGY - REHABILITATION PROGS
519	CHEM RESERV
520	CHEM ALL
521	BLOOD PH AND GASES
522	CHEM IMD
523	THERAPEUTIC SUBSTANCE MONITORING/QUAN TOXICOL
524	URINALYSIS
530	PATHOLOGY SPC 530
531	HISTOPATHOLOGY - GENERAL/ORAL/DERMATOPATHALGY
532	PATHOLOGY SPC 532
533	PATHOLOGY SPC 533
540	CYTOPATHOLOGY
550	ONCOFETAL ANTIGEN - GENERAL

MEDS III Provider Specialty Code

Specialty Code	Specialty Description
551	ONCOFETAL ANTIGEN - LIMITED
552	ONCOFETAL ANTIGEN - GENERAL, SERA ONLY
553	ONCOFETAL ANTIGEN - GENL, AMNIOTIC FLUID ONLY
560	GENETIC TESTING
561	BLOOD TRANSFUSION COLLECTION
562	BLOOD TRANSFUSION
570	MISCELLANEOUS
571	CYTOGENETICS - GENERAL
572	CYTOGENETICS - LIMITED
573	CYTOGENETICS - HEMATOLOGICAL DISORDERS
574	MISCELLANEOUS HIS
575	MISCELLANEOUS LIMITED HIS
576	MISCELLANEOUS MISCELLANEOUS
579	NURSE: MEDICALLY FRAGILE CHILDREN
580	HISTOCOMPATIBILITY - LIMITED
585	MISCELLANEOUS CLINIC CHEM
590	MISCELLANEOUS SPECIALTY TEST
599	LABORATORY
600	SPORTS MEDICINE - EMERGENCY
601	SPORTS MEDICINE - FAMILY MEDICINE
602	SPORTS MEDICINE - INTERNAL
603	SPORTS MEDICINE - PEDIATRICS
604	SPORTS MEDICINE - ORTHOPEDIC
611	RESIDENTIAL HABILITATION -SUPERVISED IRA/CR
612	RESIDENTIAL HABILITATION -SUPPORTIVE IRA/CR
613	HARM REDUCTION SERVICES/SEP
614	ASSISTED LIVING SERVICE
615	PERSONAL EMERGENCY RESPONSE SYSTEM
616	MENTAL HEALTH INPATIENT
620	GERIATRICS - FAMILY MEDICINE
621	GERIATRICS - INTERNAL
630	PAIN MANAGEMENT
640	AUDIOLOGIST
650	GENERAL VASCULARY SURGERY
651	CARDIO-THORACIC
652	INTERVENTION CARDIOLOGY
653	CLINICAL CARDIAC ELECTROPHYSIOLOGY
655	AIDS SKILLED NURSING FACILITY
656	HEAD INJURY/TBI INJURY SNF

EIS: TRANSACTION INFORMATION COMPANION GUIDE

MEDS III Provider Specialty Code

Specialty Code	Specialty Description
657	BEHAVIORAL HEALTH INTERVENTION NURSING FACILITY (NEURO)
658	PEDIATRIC SKILLED NURSING FACILITY
659	VENT SKILLED NURSING FACILITY
660	INSTITUTIONAL LTC
661	SOCIAL AND ENVIRONMENTAL SUPPORTS
662	SOCIAL DAY CARE
663	NURSING HOME CARE
664	ADULT DAY HEALTH CARE
665	NON INSTITUTIONAL LTC
666	ASSISTED LIVING PROGRAM
667	HOME DELIVERED MEALS/CONGREGATE MEALS
668	HOME CARE - HOME HEALTH AIDE
669	HOSPICE CARE
670	AMBULANCE
671	OTHER TRANSPORTATION (NON-EMERGENT)
672	PARALEVEL1 PARAPROFESSIONAL SERVICES: LEVEL 1 HMMAKER/HOUSKP
673	PARALEVEL2 PARAPROFESSIONAL SERVICES: LEVEL 2 PERSONAL CARE
674	RESPIRATORY THERAPY
675	CONSUMER DIRECTED PERSONAL CARE: LEVEL 1
676	CONSUMER DIRECTED PERSONAL CARE: LEVEL 2
680	NURSING
711	PRESCRIPTION FOOTWEAR
714	LOW VISION SPECIALIST
715	OPTICIAN/CONTACT LENS PRIVILGE
716	OPTOMETRIST/DIAGNOSTIC PHARMEUTICALS
730	INBORN METABOLIC DISEASE CENTER
738	PORTABLE X-RAY COMPANIES
739	INDEPENDENT PHYSIOLOGICAL LABS
740	REGIONAL PERINATAL TRANSPORTATION PROV
741	TRANSPLANT SURGERY
749	ASA GENERAL OUTPATIENT
750	METHADONE MAINTENANCE (PHYSICIAN)
751	METHADONE MAINTENANCE PREFERRED PROV
752	COMMUNITY HABILITATION
754	ASA MEDICALLY MONITORED WITHDRAWAL
755	DOULA
760	PHARMACY
762	HOME CARE SERVICES AGENCY LIMITED LICENSE
775	ALL SPECIALITIES

Version 2.0   September 2, 2022

Page **52** of **57**

MEDS III Provider Specialty Code

Specialty Code	Specialty Description
776	GENERAL PRACTICE ONLY – NO SPEC
777	ALL PHYSICIAN
778	PODIATRIST
779	NURSE PRAC
780	CLINICAL PSYCHLG
781	CERT SOCIAL WKRS
782	NURSE MIDWIVES
790	RESPITE
791	S/HMO (ELDERPLAN)
798	LONG TERM HOME HEALTH
799	NO SPECIALTY REQUIRED
800	GENERAL DENTIST
801	ORTHODONTURE
802	ENDODONTIST
803	ORAL PATHOLOGIST
804	PEDODONTIST
805	PROSTHODONTIST
806	PERIODONTIST
807	PUBLIC HEALTH
808	ORAL SURGEON
809	DENTAL ANESTHESIOLOGIST
810	PARENTERAL CONSCIOUS SEDATION
811	MAXILLOFACIAL SURGERY
815	DENTIST – FAMILY
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

MEDS III Provider Specialty Code

Specialty Code	Specialty Description
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	OTHER VISION CARE
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 SUPPORTIVE EMPLOYMENT
861	ONGOING SUPPORTED EMPLOYMENT
862	EDUCATION SUPPORT SERVICES
899	HOSPITAL INPATIENT
900	HMO CO-PAYMENT
901	EMERGENCY ROOM
902	ENDOCRINE
903	DIABETES
904	OBSTETRICS
905	GYNECOLOGY
906	FAMILY PLANNING
907	ABORTION
908	CHILD HEALTH ASSURANCE PROGRAM (CHAP)
909	NUTRITION
910	ORAL SURGERY – CLINIC SPECIALTY
911	GENERAL DENTISTRY – CLINIC SPECIALTY
912	ORTHODONTICS
913	HEMODIALYSIS
914	GENERAL MEDICINE – CLINIC SPECIALTY
915	ALLERGY
916	ARTHRITIS

MEDS III Provider Specialty Code

Specialty Code	Specialty Description
917	RHEUMATOLOGY – CLINIC SPECIALTY
918	PODIATRIST CENTER
919	EYE/VISION CENTER
920	PHYSICAL THERAPY – CLINIC SPECIALTY
921	SPEECH THERAPY- CLINIC SPECIALTY
922	METHADONE MAINTENANCE TREATMENT PROGRAM
923	OCCUPATIONAL THERAPY- CLINIC SPECIALTY
924	REHABILITATION MEDICINE- CLINIC SPECIALTY
925	HYPERTENSION – CLINIC SPECIALTY
926	HEMATOLOGY- CLINIC SPECIALTY
927	CARDIOLOGY
928	CARDIOVASCULAR- CLINIC SPECIALTY
929	PULMONARY-CLINIC SPECIALTY
930	GASTROENTEROLOGY – CLINIC SPECIALTY
931	NEUROLOGY- CLINIC SPECIALTY
932	NEUROSURGERY- CLINIC SPECIALTY
933	CANCER DETECTION
934	ONCOLOGY – THERAPY (RADIATION OR CHEMO)
935	EAR, NOSE & THROAT- CLINIC SPECIALTY
936	PEDIATRIC GENERAL MEDICINE- CLINIC SPECIALTY
937	PEDIATRIC ALLERGY- CLINIC SPECIALTY
938	PEDIATRIC NEUROLOGY- CLINIC SPECIALTY
939	PEDIATRIC HEMATOLOGY- CLINIC SPECIALTY
940	PEDIATRIC CARDIAC – CLINIC SPECIALTY
941	PEDIATRIC RENAL- CLINIC SPECIALTY
942	PEDIATRIC PULMONARY- CLINIC SPECIALTY
943	PEDIATRIC ORTHOPEDIC- CLINIC SPECIALTY
944	PEDIATRIC ENDOCRINE – CLINIC SPECIALTY
945	PSYCHIATRY – INDIVIDUAL
946	PSYCHIATRY – GROUP
947	PSYCHIATRY – HALF DAY CARE
948	PSYCHIATRY – FULL DAY CARE
949	ALCOHOLISM TREATMENT PROGRAM
950	ORTHOPEDIC- CLINIC SPECIALTY
951	SURGICAL, MINOR
952	SURGICAL, GENERAL
953	UROLOGY – CLINIC SPECIALTY
954	NEPHROLOGY – CLINIC SPECIALTY
955	GENITO-URINARY- CLINIC SPECIALTY

MEDS III Provider Specialty Code

Specialty Code	Specialty Description
956	DERMATOLOGY – CLINIC SPECIALTY
957	CONTRACT CARRIER
958	OPTHALMOLOGY – CLINIC SPECIALTY
959	OUTPAT CHEM DEPENDENCY PROG FOR YOUTH
960	PEDIATRIC DERMATOLOGY – CLINIC SPECIALTY
961	PEDIATRIC DIABETES- CLINIC SPECIALTY
962	PEDIATRIC SURGERY – CLINIC SPECIALTY
963	CHILD PSYCHIATRY – CLINIC SPECIALTY
964	PSYCHIATRY-GENERAL- CLINIC SPECIALTY
965	TUBERCULOSIS- CLINIC SPECIALTY
966	INFECTIOUS DISEASES – CLINIC SPECIALTY
967	SPEECH & HEARING- CLINIC SPECIALTY
968	AMPUTEE CENTER
969	HOSP DME/ORTHOTIC/PROSTH APPLNC VENDOR
970	NURSING HOME HOSPITAL DAYCARE (NO CLAIM)
971	MH CLINIC TREATMENT (STATE OPR)
972	MH DAY TREATMENT (STATE OPR)
973	MH CONTINUING TREATMENT (STATE OPR)
974	MENTAL HEALTH CLINIC TREATMENT
975	MENTAL HEALTH DAY TREATMENT
976	MENTAL HEALTH CONTINUING TREATMENT
977	MR/DD CLINIC TREATMENT (STATE OPR)
978	PREFERRED PRIMARY CARE CLINIC
979	MR/DD CLINIC TREATMENT
980	T.B. DIRECTLY OBSERVED THERAPY/CLINIC
981	DIAG AND RESEARCH CLINIC MR (STATE OPR)
982	APNEA CENTER
983	SPECIALTY CLINIC – MENTAL RETARDATION
984	ALCOHOLISM CLINIC TREATMENT (STATE OPR)
985	ALCOHOLISM DAY REHAB (STATE OPR)
986	ALCOHOLISM CLINIC TREATMENT
987	ALCOHOLISM DAY REHABILIATION
988	COMPREHENSIVE ALCOHOLISM CARE
989	MEDICALLY SUPERVISED WITHDRAWAL-OUTPATIENT
990	COMP PHYSICAL EXAM (SCHOOL HEALTH PROJ)
991	ROUTINE VISIT (SCHOOL HEALTH PROJECT)
992	OMH COMPREHENSIVE PSYCHIATRIC EMERGENCY PROG
993	HOSP-BASED/FREESTANDING AMBULAT SURGERY
994	BLOOD PRODUCTS (ORDERED AMBULATORY)

MEDS III Provider Specialty Code	
Specialty Code	**Specialty Description**
995	GENETIC COUNSELING (ORDERED AMBULATORY)
996	HEARING SERVICES (ORDERED AMBULATORY)
997	OPERATING ROOM (ORDERED AMBULATORY)
998	RADIOLOGY (ORDERED AMBULATORY)
999	OTHER

Table 7: Provider NYS Specific Category of Service and Specialty Code