# Inpatient

## Update - Clinic and Inpatient Claims Pending Review for Edit 02159

**Contact Details:**
**1-800-343-9000**
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Effective **October 1st, 2018**, eMedNY edit 02159 (Delay Reason Code 3 (authorization delays invalid) will now **pend** for review for clinic and inpatient claim types. **HIPPA reason code 29** (Adjustment Reason Code 29 with no Remittance Remark Code) will be reported on the 835 remittances. Claim status code 718 will be reported when the claim is pended for manual review.

We encourage providers to confirm that delay reason code 3 is appropriate when submitting these claims. If delay reason code 3 is appropriate, the provider must send supporting documentation for the use of delay reason code 3 within 60 days from the date of claims submission to the following address:

> **New York State Department of Health**
> **Attn: Medical Pended Claims**
> **431B Broadway**
> **Menands, NY 12204-2836**

Please include the corresponding 16-digit Medicaid Transaction Control Number (TCN) of the pended claim(s) found on your Medicaid remittance. Final status of adjudicated claims will appear on the provider remittance statement. Failure to submit the documentation within 60 days will result in the claim being denied.

Please visit the eMedNY.org website Timely Billing Information section (https://www.emedny.org/info/TimelyBillingInformation_index.aspx ) for slides from the most recent webinar on Timely Billing that includes common examples for the appropriate use and documentation for delay reason code 3 as well as other delay reasons used in Medicaid Claims processing.

General questions for claims submission should be directed to CSRA at 1-800-343-9000. Questions on specific claims that are pended for review should be directed to the Bureau of Medical Review, Pended Claims Unit at 1-800-342-3005 (option 3).