



eMedNY General Updates

Edit 02015 will Pend for Manual Review



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New York State Medicaid continues to work to increase provider compliance with properly reporting **correct Coordination of Benefits (COB)** information on claims submitted for beneficiaries who have primary insurance through Medicare. The Coordination of Benefits claim to Medicaid must accurately reflect Medicare's adjudication of the claim as reported in the Medicare Explanation of Medicare Benefits (EOMB).

Effective April 1, 2015, claims setting **edit 02015 - Medicare Coinsurance Greater than Zero and Medicare Payment Equals Zero** will pend to the New York State Department of Health (NYSDOH) for manual review. For claims submitted on paper with the Explanation of Medicare Benefits (EOMB) attached, NYSDOH will compare the EOMB to the information on the pending paper claim. If it doesn't match, the claim will be denied for the edit. Most claims should be corrected and resubmitted to avoid setting this edit.

The corresponding HIPAA codes that will be reported on the 835 remittance is **Claim Adjustment Reason Code 129** and **Remittance Remark Code N48**. While the claim(s) is pending, the corresponding claim status response codes will be 286.

Additional information on proper submission of Coordination of Benefits information to Medicaid was published in the **February 2014 and December 2014 Medicaid Update**. Providers who may need technical assistance complying with COB claims submission requirements should contact eMedNYHIPAASupport@csc.com.

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