



All Providers

Duplicate Medicare Crossover Claim Files Processed in Cycle 2356



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The Centers for Medicare & Medicaid Services (CMS) had a systematic issue that caused eMedNY to receive duplicate crossover claim files that were processed in cycle 2356, dated 10/17/22 and will be released 11/2/22.

Due to this, providers may see duplicate claims denials on their remittance statements in cycle 2356. If the first processed claim paid, the duplicate claim will deny with eMedNY edit **00705 DUPLICATE CLAIM IN HISTORY**.

If you receive a paper based remit or PDF, the eMedNY edit 00705 will be displayed on the last pages of the remittance.

If you receive the electronic 835 Healthcare Remit Advice (ASC X12N/005010X221), below is the HIPAA related message for edit 00705 that will be relayed on the 835.

Contact Details:
1-800-343-9000
emednyalert@gdit.com

- Claim Adjustment Group Code (CAGC): **CO** - Contractual Obligation
- Claim Adjustment Reason Code (CARC): **97** - The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- Remit Advice Reason Code (RARC): **M86** - Service denied because payment already made for same/similar procedure within set time frame.

There is no further action required by providers. Questions? Please contact the eMedNY Call Center at 1-800-343-9000.

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The Department has attempted to ensure that the information contained in these notifications is as accurate as possible. However, no e-mail transmittals or materials provided are intended to constitute legal or medical advice.