



Inpatient

Edit 02166 'Delay Reason 11(Other Delay) Invalid' Will Deny Claims Beginning April 25, 2013

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New York State Medicaid continues to work to increase provider compliance with delay reason reporting on claims aged more than 90 days. As published in the March 2012 Medicaid Update, eMedNY editing will verify the validity of Delay Reason Codes reported on claims.

Effective April 25, 2013, claims with dates of service over 90 days old may be denied with **edit 02166 - Delay Reason Code 11 (Other Delay) Invalid**. The associated HIPAA reason code will be 29-THE TIME LIMIT FOR FILING HAS EXPIRED and for Pharmacy claims NCPDP Reject code NV-M/I DELAY REASON CODE.

Delay reason 11, "Other Delay", applies only to the following limited situations:

- A. Paid claim requiring correction or resubmission through adjustment or void of original claim for a delay reason not listed above. This includes claims previously paid by a Medicaid Managed Care Plan and later recouped due to retroactive disenrollment from the plan. Must be submitted within 60 days of date of notification.
- B. An audit agency directed the provider to void an original claim and to resubmit a new replacement claim for the same beneficiary and related service. If the date of service is aged over 90 days when the replacement claim is submitted, this reason applies. The replacement claim must be submitted within 60 days from the time of notification.
- C. The provider, as part of their internal control and compliance plan, discovers an original claim which was submitted within 90 days of the date of service that has to be voided due to an incorrect beneficiary or provider identification (ID) number. Such claims cannot be corrected by an adjustment and must be voided. The replacement claim with the corrected ID must be submitted within 60 days from the time of discovery of the incorrect ID, but no later than two years from the date of service. Because the voided claim is not agency error, the replacement claim will not qualify for a waiver of the two-year regulation.

D. Interrupted maternity care – use this reason for prenatal care claims delayed over 90 days because delivery was performed by a physician unaffiliated with the practitioner or group who gave the prenatal care.

E. IPRO (Island Peer Review Organization) previously denied the claim, but the denial was reversed on appeal. The claim must be submitted within 30 days from the time of notification from IPRO.

Remember: it is the provider's responsibility to determine and report the appropriate delay reason code. Refer to your provider manual's **Information for All Providers General Billing Section** for more details about delayed claim submission at:

https://www.emedny.org/ProviderManuals/AllProviders/PDFS/Information_for_All_Providers-General_Billing.pdf

The **eMedNY Delay Reason Code Form** is available online at:

https://www.emedny.org/HIPAA/QuickRefDocs/FOD-7001_Sub_Claims_Over_90_days_Old.pdf

Frequently Asked Questions (FAQs) about the proper use of delay reason codes are at:

https://www.emedny.org/ProviderManuals/AllProviders/PDFS/FAQs_on_delayed_claims.pdf

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