



All Provider Types

Edit 02304 will Pend for Manual Review for all Professional Claims



Edit 02304 will Pend for Manual Review for all Professional Claims

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. The COB claim to Medicaid must accurately reflect the primary payers' adjudication of the claim as reported in the Explanation of Benefits (EOB).

Effective June 1, 2021, claims setting **edit 02304 – Zero Fill** will pend to the Department of Health (DOH) for manual review. The corresponding HIPAA codes that will be reported on the 835 remittance is **Claim Adjustment Reason Code 22** and **Remittance Remark Code N36**. While the claim(s) is pending, the corresponding claim status response codes will be 596.

We encourage providers to confirm that the claim was zero filled appropriately. For claims submitted on paper with the Explanation of Benefits (EOB) attached, DOH will compare the EOB 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.

For claims submitted on paper without an EOB or submitted electronically, send the primary EOB, indicating the corresponding 16-digit Medicaid Transaction Control Number (TCN) found on your Medicaid remittance within 60 days from the date of claims submission, either by fax 518-457-0036 or to the following address:

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

DOH staff will review the documentation and adjudicate the claim(s) accordingly through the regular claim processing system. Final status of adjudicated claims will appear on the provider remittance statement. Failure to submit the EOB within 60 days will result in the claim being denied for the edit.

For further information regarding this review please reference the following link

https://www.emedny.org/Listserv/eMedNYGeneralUpdates/Submission_Guidance_for_Claims_with_Third_Party_12-4-20.pdf

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

Questions and Additional Information:

- General questions regarding claims submission should be directed to the eMedNY Call Center at (800) 343-9000.
- Questions regarding specific medical pended claims should be directed to the Bureau of Medical Review, Pended Claims Unit at (800) 342-3005 (option 3)

If you are having problems viewing content within this newsletter, please email amednyalert@gdit.com for further assistance

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.