

**eMedNY**

**Override Error Messages**

*(Errors 80305 to 91057)*

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There are certain circumstances when NYS Medicaid needs to provide more information, in addition to the normal claim edits which are returned on an 835 remittance advice. Generally this occurs in cases where a claim is pended for manual review and additional information is necessary to complete processing. Another circumstance for returning these errors is when required information is missing from the attachments included with paper claim submissions. Since they are not standard claim edits, NYSDOH has decided to return the following errors only as part of an electronic 835 supplemental file or in a paper remittance advice. For standard claim edits please click [here](#).

Errors	Description
80305	NO STERILIZATION CONSENT FORM ATTACHED
80310	INVALID STERILIZATION CONSENT FORM ATTACHED
80315	STERILIZATION CONSENT FORM - RECIPIENT ID NUMBER MISSING / INCONSISTENT
80320	STERILIZATION CONSENT FORM - OPERATION PROCEDURES INCONSISTENT
80325	STERILIZATION CONSENT FORM - RECIPIENT STATEMENT INCOMPLETE/ALTERED
80330	STERILIZATION CONSENT FORM - CONSENT STATEMENT INCOMPLETE/ ALTERED
80335	STERILIZATION CONSENT FORM - PHYSICIAN STATEMENT INCOMPLETE/ALTERED
80340	STERILIZATION CONSENT FORM ILLEGIBLE
80345	STERILIZATION CONSENT FORM - INVALID WAIT TIME
80350	STERILIZATION CONSENT FORM - EMERGENCY CIRCUMSTANCES MISSING
80355	STERILIZATION CONSENT FORM - CONTACT FISCAL AGENT CUSTOMER RELATIONS
80505	MCCP REFERRAL FORM MISSING
80510	INVALID MCCP REFERRAL FORM
80515	MCCP REFERRAL FORM - RECIPIENT ID MISSING / INCONSISTENT
80605	NO HYSTERECTOMY CONSENT FORM ATTACHED
80610	INVALID HYSTERECTOMY CONSENT FORMS ATTACHED
80615	HYSTERECTOMY CONSENT FORM - RECIPIENT ID NUMBER MISSING / INCONSISTENT
80620	HYSTERECTOMY CONSENT FORM - RECIPIENT SIGNATURE ALTERED / MISSING
80625	HYSTERECTOMY CONSENT FORM - PHYSICIAN SIGNATURE / DATE ALTERED OR MISSING
80630	HYSTERECTOMY CONSENT FORM - PART II INCOMPLETE
80635	INVALID HYSTERECTOMY CONSENT - CONTACT FISCAL AGENT CUSTOMER RELATIONS
90001	PROV NOT ON FILE; WILL RECYCLE
90002	RCPNT NOT ON FILE; WILL RECYCLE
90003	P/A NOT ON FILE; WILL RECYCLE
90004	MANUAL REVIEW

Errors	Description
90005	NEW YORK STATE REVIEW
90006	MEDICAL REVIEW
90007	MANUAL PRICING
90008	NYS MANUAL PRICING
90009	NYS MANUAL REVIEW
90010	ANESTHESIA TIME NOT SUPPLIED; RESUBMIT ON PAPER CLAIM
90011	RESUBMIT CLAIM USING BLOCK BILLING
90012	ITEM CODE CONTRADICTS RENTAL INDICATOR: SUBMIT CORRECTED CLAIM
90013	LONG STAY OUTLIERS DO NOT QUALIFY FOR COST OUTLIER CONS RESUBMIT AS 2946 AND 2956
90014	SIZE OF REPAIR/LACERATION NOT INDICATED WITHIN REPORT
90015	REPEAT PROCEDURE/VISIT INDICATES SUBSEQUENT PROCEDURE CODE SHOULD BE USED
90073	MANUAL REVIEW; 90 DAY REG
90099	PENDEDED POS CLAIM RESULTED IN DENIAL
90101	MULTIPLE BILLINGS OF THIS PROCEDURE CODE REQUIRE PRIOR APPROVAL
90102	REBILL AS AN ADJUSTMENT TO A PREVIOUSLY PAID CLAIM
90133	NYS REVIEW/CS19 NOT ON FILE
90140	NYS REVIEW/RCPNT NOT ON FILE
90150	NYS REVIEW/RCPNT OTHER INS
90162	NYS REVIEW/RCPNT INELIG DT SVC
90172	PROC REQUIRES MANUAL PRICING
90197	UNTS GRTR 1 REQ MANUAL PRICING
90199	MODIFIER REQ MANUAL PRICING
90200	CLAIM SUBMITTED ON INCORRECT PAPER FORM.
90234	PEND: REVIEW CONSENT FORM
90244	P/A NOT ON FILE/WILL RECYCLE
90452	CLAIM DENIED - SUPPORTING DOCUMENT NOT RECEIVED WITHIN 180 DAYS
90500	PROC OR COST OR MATERIALS NOT REIMBURSABLE BY MEDICAID
90501	PROCEDURE REQUIRES WRITTEN REPORT/RPT NOT ATTACHED
90502	DENIED PER MEDICAL REVIEW BY NYS OHSM/PROCEDURE CODE INCORRECT
90503	COST OUTLIER CLAIM DENIED FOLLOWING PEER REVIEW
90504	DENIED PER MED REVIEW BY NYSDOH-UNLISTED LAB TEST MAY NOT BE PERFORMED IN A PROVIDER OFF
90505	DENIED PER MED REVIEW BY NYSDOH-THIS PROC IS INCLUDED WITHIN ANOTHER BILLED PROC
90506	DENIED PER MED REVIEW BY NYSDOH-THIS ITEM IS INCLUDED WITHIN THE VISIT FEE
90507	DENIED PER MEDICAL REVIEW BY NYSDOH PROCEDURE IS INCLUDED WITHIN THE FOLLOWUP CARE
90508	DENIED PER MED REVIEW BY NYSDOH-PROCEDURE CONSIDERED INVESTIGATIONAL/EXPERIMENTAL

Errors	Description
90509	DENIED PER MED REVIEW BY NYSDOH-ITEM NOT WITHIN PROVIDERS ENROLLMENT SPECIALTY
90510	MANUAL REVIEW ALSO INDICATES THAT THE RECIPIENT ID NUMBER AND NAME ON CLAIM DO NOT AGREE
90512	DENIED PER MED REVIEW BY NYSDOH-RECIPIENT INFORMATION ON CLAIM FORM IS NOT CORRECT
90513	INFORMATION ON CLAIM FORM AND/OR REPORT IS ILLEGIBLE OR MISSING
90514	SERVICE COVERED BY LISTED PROCEDURE CODE
90515	RPT SUBMITTED DOES NOT MATCH CLAIM DATE OF SERVICE
90516	MODIFIER REQUIRED TO BILL FOR THIS SERVICE/INCORRECT MODIFIER USED
90517	OTH INS/MEDICARE PYMT EXCEEDS MEDICAID REIMBURSEMENT
90518	NO FRTHR PYMT FOR THIS SESSION
90519	PROVIDER NOT APPROVED FOR THIS SERVICE
90520	IMPROPER COMPLETION OF ACCIDNT CODE FIELD
90521	NEED FOR 2 PAIRS OF EYEGLASSES HAS NOT BEEN DOCUMENTED
90522	SVC REQ APPROPRIATE REF PROV
90523	PROCEDURE NOT APPLICABLE FOR REPORTED DIAGNOSIS/DIAGNOSIS NOT SPECIFIC
90524	INSUFFICIENT DIOP CHANGE/NEW AND OLD RX MISSING
90525	NEED FOR REPLACEMENT OF FRAMES AND/OR LENSES NOT ADEQUATELY DOCUMENTED
90526	INSTRUMENTATION UTILIZED IS COV WITHIN A LISTED PROC CODE
90540	CLAIM OVER 730 DAYS OLD
90541	CLAIM OVER 730 DAYS OLD
90542	CLAIM OVER 730 DAYS OLD
90550	THIRD PARTY INSURANCE REVIEW
90561	MANUAL REVIEW
90572	NYS MANUAL PRICING
90573	RECIPIENT RECERTIFIED, ELIGIBLE; REBILL USING REGULAR ORTHO CODE
90574	DATE OF SERVICE INCORRECT; REBILL USING LAST DATE OF RECIPIENT ELEGIBILITY
90575	DESCRIBE DRUG PURCHASED AND TOTAL DOSAGE ADMINISTERED
90576	PROCEDURE/ITEM CODE DESCRIPTION INADEQUATE
90600	DENIED PER REVIEW BY NYSDOH/ INVOICE OF ACTUAL AQUISITION COST NOT SUPPLIED
90601	DENIED PER REVIEW BY NYSDOH/ PROCEDURE REQUIRES WRITTEN REPORT
90602	DENIED PER REVIEW BY NYSDOH/ PROCEDURE CODE INCORRECT
90603	DENIED PER REVIEW BY NYSDOH/ UNLISTED LAB TEST MAY NOT BE PERFORMED IN PROVIDER'S OFFICE
90604	DENIED PER REVIEW BY NYSDOH/ THIS PROCEDURE IS INCLUDED WITHIN ANOTHER BILLED PROCEDURE
90605	DENIED PER REVIEW BY NYSDOH/ THIS ITEM IS INCLUDED IN THE

Errors	Description
	VISIT FEE
90606	DENIED PER REVIEW BY NYSDOH/ FOLLOW-UP CARE COVERED BY INITIAL SURGICAL FEE
90607	DENIED PER REVIEW BY NYSDOH/ PROCEDURE CONSIDERED INVESTIGATIONAL/EXPERIMENTAL
90608	DENIED PER REVIEW BY NYSDOH/ ITEM NOT WITHIN PROVIDERS ENROLLMENT SPECIALTY
90609	DENIED PER REVIEW BY NYSDOH/ RECIPIENT INFORMATION ON CLAIM FORM IS NOT CORRECT
90610	DENIED PER REVIEW BY NYSDOH/ INFORMATION ON CLAIM FORM ILLEGIBLE OR MISSING
90611	DENIED PER REVIEW BY NYSDOH/ REQUESTED DOCUMENTATION NOT SUBMITTED IN REQUIRED TIME FRAME
90612	DENIED PER REVIEW BY NYSDOH/ REQUIRED CARD SWIPE WAS NOT PERFORMED
90613	PRESCRIPTION DOES NOT MEET PHARMACY BOARD GUIDELINES/ SCRIPT HAS FACIAL INADEQUACIES
90614	PROCEDURE BILLED FOR SERVICES NOT PROVIDED
90615	DENIED BECAUSE CLAIMS SUBMITTED OR SERVICE PROVIDED IS CONTRARY TO NYS LAW
90616	DENIED BECAUSE CLAIMS SUBMITTED OR SERVICE PROVIDED IS CONTRARY TO DEPARTMENT REGULATION
90617	DENIED BECAUSE CLAIMS SUBMITTED OR SERVICE PROVIDED IS CONTRARY TO MEDICAID POLICY
90657	MANUAL REVIEW/STAY DENIED EFFECTIVE PRIOR TO STATEMENT THRU DATE
90661	INSUFFICIENT INFORMATION/REBILL ON PAPER CLM WITH DOCUMENTATION TO SUPPORT BILLING THIS PROCEDURE
90662	PRIOR APPROVAL NUMBER NOT ON FILE/EXPIRED/DELETED
90663	PRIOR APPROVAL REQUIRED
90664	PHYSICIAN REIMBURSEMENT NOT APPROPRIATE FOR PLACE OF SERVICE
90665	MULTIPLE WOUND REPAIRS MUST BE REPORTED AS A SINGLE PROCEDURE CODE
90666	DENY PER REVIEW BY NYSDOH/ -FISCAL ORDER NOT SUBMITTED MISSING
90667	DENY PER REVIEW BY NYSDOH/ -FISCAL ORDER NOT SIGNED BY ORDERING PROVIDER
90668	DENY PER REVIEW BY NYSDOH/ -FISCAL ORDER INVALID- QUANTITIES NOT SPECIFIED
90669	DENY PER REVIEW BY NYSDOH/ -REFILL DISPENSED WITHOUT REFILL ORDER
90670	DENY PER REVIEW BY NYSDOH/ FISCAL ORDER SIGNED BY ORDERER 30+ DAYS AFTER PHONE ORDER
90671	DENY PER REVIEW BY NYSDOH/ -INAPPROPRIATE ITEM BILLED
90672	DENY PER REVIEW BY NYSDOH/ -CLAIM SUBMITTED FOR ITEM NOT ORDERED

Errors	Description
90673	DENY PER REVIEW BY NYSDOH/ -MEDICARE PAID AMOUNT INCORRECT ON CLAIM
90674	DENY PER REVIEW BY NYSDOH/ -FISCAL ORDER NOT DATED
90675	DENY PER REVIEW BY NYSDOH/ -FISCAL ORDER CONTAINS UNDOCUMENTED ALTERATIONS
90676	DENY PER REVIEW BY NYSDOH/ -DOCUMENTATION SUBMITTED DOES NOT SUPPORT CLAIM
90677	DENY PER REVIEW BY NYSDOH/ -DOC SUBMITTED REFLECTS SERV PERF BY ANOTHER PROVIDER
90678	DENY PER REVIEW BY NYSDOH/ -QUANTITY BILLED GREATER THAN QUANTITY DISPENSED
90679	DENY PER REVIEW BY NYSDOH/ -SET UP AND DELIVERY CHARGES INCLUDED IN COST OF EQUIPMENT
90680	DENY PER REVIEW BY NYSDOH/ -CLAIM RESUBMITTED MORE THAN 60 DAYS AFTER INITIAL DENIAL
90711	P/A NOT ON FILE/WILL RECYCLE
90727	MANUAL REVIEW/NR DUP IN HISTRY
90834	NYS REVIEW/RECIPIENT INELIGIBLE FOR PART OF STAY
90855	DENY-PHC ORTHODONTIC REPORTS INCOMPLETE/MISSING
90857	DENY-EXTENDED ORTHODONTIC PERIOD EXPIRED
90858	DENY-CHARGES DO NOT MEET THRESHOLD
90859	DENY-UB92 MISSING INFORMATION OR ILLEGIBLE
90860	DENY-BIRTH WEIGHT MISSING OR UNIDENTIFIED
90861	APPROPRIATE ATTACHMENT REQUIRED
90862	REPORT SUBMITTED DOES NOT MATCH RECIPIENT OR PROVIDER LISTED ON CLAIM
90863	UNITS BILLED INAPPROPRIATE; SEE PROC DESCRIP
90864	PROC CONFLICTS WITH POLICY CRITERIA-REFER TO PROV MANUAL
90865	DENTAL SITE INCORRECT OR CONFLICTS WITH POLICY
90866	AMT CHGD FOR MULT UNITS MUST CONFORM TO MULT SURG REIMBURS RULE
90867	PROC CODES BILLED ON THIS SVC DT ARE INCONSISTENT/INAPPROP
90868	MUST BILL FOR ONLY THE ADMIN AND TECH COMP USING APPROPRIATE MODIFIER FOR SERV
90869	REPORT SUBMITTED DOES NOT ADEQUATELY DESCRIBE THE PROCEDURE/SERVICE PROVIDED
90870	MUST BILL ONLY THE PROF COMP USING APPROPRIATE MODIFIER FOR THIS SERVICE
90871	COST OF MATERIALS OR SERVCE IS INCLUDED W/I FACILITY'S RATE
90872	FEE EXCEEDS DOLLAR MAX FOR RESTORATIVE SVC - SEE POLICY SECTION
90873	REBILL AS ADJ TO PAID CLAIM REPORT TOTAL UNITS + AMOUNT CHGD BASED ON MULT SURG RULE
90874	MULTIPLE UNITS ARE NOT WARRANTED; REBILL WITH BILATERAL MODIFIER 50/WB
90875	RESUBMIT COST INVOICE INDENTIFYING ITEM PURCHASED/CALCULATING COST PER UNIT

Errors	Description
90876	REPORT SHOWS 2 OR MORE SURGEON / RADIOLOGISTS - SPECIFY PRIMARY / ASSIST PROVIDERS
90877	RESUBMIT W/RPT IDENTIFY REFER PROVIDER, MEDICAL NECESSITY, TEST RESULTS - TREATMENT PLAN
90878	REBILL INDICATING DENTAL ARCH IN FIELD #46
90879	PROC IS PART OF TX PLAN REQUIRING PA
90880	X-RAY SUBMITTED WERE NON-DIAGNOSTIC
90881	PA NOT REQUIRED-REFER TO "BY-REPORT" RULES
90882	CLAIM DENIED, CONFLICTING PROC , CONTACT DOH
90883	PROCEDURES OR TREATMENT IS NOT CONSISTANT WITH PRESENT STANDARDS OF PRACTICE
90884	MODIFIER 62, SKILL OF TWO SURGEONS IS REQUIRED TO BILL FOR THIS OPERATIVE SESSION
90885	PROCEDURE CONFLICTS WITH POLICY CRITERIA/REBILL WITH APPROPRIATE CODE
90887	SERVICE NOT COVERED AS A SCREENING TEST
90888	SPECIALTY IS NOT WITHIN THE PROVIDER'S ENROLLMENT
90889	PRODUCT/ITEM DESCRIBED DOES NOT MATCH COST INVOICE/PA FILE
90890	MODIFIER NOT REQUIRED FOR THIS BILLING
90891	FAILURE TO RESPOND TO REQUESTED DOCUMENTATION BY DOH
90892	DUPLICATE CLAIM PENDING OR IN SYSTEM
90893	REBILL FOR PERSONAL TIME IN ATTENDANCE ONLY
90999	CLAIM DATA IS NOT CONSISTENT WITH SUPPLIED EOMB DATA
91000	DENIED OMIG-PROVIDER NOT CERTIFIED TO PERFORM BILLED SERVICES
91001	DENIED OMIG-INCORRECT PROCEDURE CODE
91002	DENIED OMIG-ITEM NOT REIMBURSABLE BY MEDICAID
91003	DENIED OMIG-CANNOT USE FACILITY ID AS PRESCRIBER
91004	DENIED OMIG-INCORRECT RATE CODE
91005	DENIED OMIG-DRUG CANNOT BE BILLED AS OTC
91006	DENIED OMIG-PROVIDER UNABLE TO PROVIDE SERVICE IN COUNTY
91007	DENIED OMIG-PRESCRIBER ID ON CLAIM DOES NOT MATCH PRESCRIBER ID ON PRESCRIPTION
91008	DENIED OMIG-INCORRECT RX SERIAL BYPASS CODE
91009	DENIED OMIG-SERVICE NOT COVERED BY MEDICAID
91010	DENIED OMIG-INCORRECT RATE CODE/REBILL APPROPRIATE RATE CODE
91011	DENIED OMIG-REPEAT PROCEDURE/NO ADEQUATE EXPLANATION PROVIDED
91012	DENIED OMIG-PROCEDURE INCLUDED WITHIN ANOTHER BILLED PROCEDURE
91013	DENIED OMIG-PROCEDURE INCLUDED IN THE FOLLOW-UP CARE
91014	DENIED OMIG-RECIPIENT INFORMATION PROVIDED ON CLAIM FORM IS INCORRECT

Errors	Description
91015	DENIED OMIG-DATE OF SERVICE INCORRECT/REBILL USING DATE OF INSERTION/COMPLETION
91016	DENIED OMIG-PROCEDURE REQUIRES WRITTEN REPORT
91017	DENIED OMIG-INFORMATION PROVIDED ON CLAIM FORM IS ILLEGIBLE OR MISSING
91018	DENIED OMIG-REQUESTED DOCUMENTATION NOT SUBMITTED IN REQUIRED TIME FRAME
91019	DENIED OMIG-CLAIM SUBMITTED OR SERVICE PROVIDED CONTRARY TO MEDICAID POLICY
91020	DENIED OMIG-INSUFFICIENT INFORMATION/REBILL ON PAPER CLAIM WITH SUPPORTING DOCUMENTATION
91021	DENIED OMIG-DOCUMENTATION SUBMITTED DOES NOT SUPPORT CLAIM
91022	DENIED OMIG-DOCUMENTATION SUBMITTED REFLECTS SERVICE PERFORMED BY ANOTHER PROVIDER
91023	DENIED OMIG-X-RAY/DIAGNOSTIC PHOTO/DIGITAL X-RAY SUBMITTED NON-DIAGNOSTIC FOR SERVICE PROVIDED
91024	DENIED OMIG-APPROPRIATE ATTACHMENT REQUIRED
91025	DENIED OMIG-REPORT SUBMITTED DOES NOT MATCH RECIPIENT OR PROVIDER LISTED ON CLAIM
91026	DENIED OMIG-PROCEDURE CONFLICTS WITH POLICY CRITERIA/REFER TO PROVIDER MANUAL
91027	DENIED OMIG-PROCEDURE CONFLICTS WITH POLICY CRITERIA/REBILL WITH APPROPRIATE PROCEDURE CODE
91028	DENIED OMIG-DENTAL SITE INCORRECT OR CONFLICTS WITH POLICY
91029	DENIED OMIG-REPORT SUBMITTED DOES NOT ADEQUATELY DESCRIBE THE PROCEDURE/SERVICE PROVIDED
91030	DENIED OMIG-FEE EXCEEDS DOLLAR MAX FOR RESTORATIVE SERVICE/REFER TO PROVIDER MANUAL POLICY
91031	DENIED OMIG-PROCEDURE IS PART OF TREATMENT PLAN REQUIRING PRIOR APPROVAL
91032	DENIED OMIG-CONFLICTING PROCEDURE IN HISTORY
91033	DENIED OMIG-PROCEDURES OR TREATMENT IS NOT CONSISTENT WITH PRESENT STANDARDS OF PRACTICE
91034	DENIED OMIG-DUPLICATE CLAIM PENDING IN SYSTEM
91035	DENIED OMIG-CLAIM FOR SAME SERVICE PREVIOUSLY REVIEWED AND DENIED
91036	DENIED OMIG-INVALID COMBINATION OF TOOTH SURFACE CODES
91037	DENIED OMIG-REQUIRED TOOTH FOR PROCEDURE CODE INVALID/INCORRECT
91038	DENIED OMIG-REQUIRED QUADRANT FOR PROCEDURE CODE INVALID/INCORRECT
91039	DENIED OMIG-IMPROPER NUMBER OF SURFACES INDICATED
91040	DENIED OMIG-DUPLICATE CLAIM IN HISTORY
91041	DENIED OMIG-PROCEDURE EXCEEDS SERVICE LIMITS
91042	DENIED OMIG-PROCEDURE CONFLICTS WITH PRIOR SERVICE

Errors	Description
91043	DENIED OMIG-NEAR DUPLICATE CLAIM IN HISTORY
91044	DENIED OMIG-LOCATION OF SERVICE INVALID FOR PROVIDER
91045	DENIED OMIG-SERVICE PREVIOUSLY PAID TO PROVIDER OR TO ANOTHER PROVIDER
91046	DENIED OMIG-ANESTHESIA TIME NOT SUPPLIED/CALCULATED INCORRECTLY
91047	DENIED OMIG-UNITS BILLED INAPPROPRIATE/REFER TO PROVIDER MANUAL POLICY
91048	DENIED OMIG-SPECIALTY IS NOT WITHIN THE PROVIDER'S ENROLLMENT
91049	DENIED OMIG- IMPROPER COMPLETION OF CLAIM FORM.
91050	DENIED OMIG- ORTHODONTIC REPORTS INCOMPLETE OR MISSING.
91051	DENIED OMIG- PROCEDURE CODE CONFLICTS WITH PROPOSED TREATMENT PLAN OR PRIOR APPROVAL REQUEST.
91052	DENIED OMIG- CURRENT RADIOGRAPHS NOT SUBMITTED.
91053	DENIED OMIG- FEE EXCEEDS DOLLAR MAXIMUM FOR RADIOGRAPHIC SERVICE. REFER TO PROVIDER MANUAL.
91054	DENIED OMIG- INCORRECT LOCATION (SURFACE, TOOTH, QUAD) INDICATED ON CLAIM.
91055	DENIED OMIG- SERVICE DATE BILLED INCORRECT, REBILL WITH CORRECT SERVICE DATE.
91056	DENIED OMIG- CLAIM FOR SAME SERVICE PREVIOUSLY REVIEWED AND PAID.
91057	DENIED OMIG- INFORMATION ON DOCUMENTATION SUBMITTED IS MISSING OR ILLEGIBLE.