

NYS Department of Health
Revised eMedNY edits - Reason Codes and Remark Codes

eMedNY System Edit	Edit Definition	Old Reason Code	New Reason Code	Old Remark Code	New Remark Code
00016	BILLING DATE INVALID	16	110	MA52	MA31
00047	EMERGENCY CODE INVALID MUST INDICATE Y OR N			M58	MA130
00062	SERVICE PROVIDER ID NUMBER INVALID	16	38	M68	N291
00078	REFERRING PROVIDER ID NUMBER INVALID	16	183	M68	N287
00162	RECIPIENT INELIGIBLE ON SERVICE DATE	30	27		
00166	PROVIDER INELIGIBLE SERVICE ON DATE PERFORMED	52	B7		
00175	SERVICE PROVIDER ID NUMBER NOT ON NYS MASTER FILE	B7	38	M68	N191
00180	UNITS GREATER THAN MAXIMUM	57	151		
00223	PROCEDURE CODE INCONSISTENT WITH FAMILY PLANNING CODE	57	96		
00227	PRIMARY DIAGNOSIS INDICATES ABORTION/ABORT CODE INVALID	47	D21		
00228	SECONDARY DIAGNOSIS INDICATES ABORTION/ABORTION CODE INVALID	47	D21		
00526	PRESCRIPTION / ORDER NUMBER IS MISSING	B17	16		
00528	MISSING OR INVALID QUANTITY DISPENSED	57	16		
00530	NEW / REFILL NUMBER INVALID	57	16		
00531	AUTHORIZED REFILLS NUMBER INVALID	57	16		

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00532	DISPENSE AS WRITTEN CODE INVALID	B17	16		
00538	ORDERING/REFERRING PROVIDER PROFESSION CODE INVALID	52	184		
00539	REFILL EXCEEDS MAXIMUM NUMBER AUTHORIZED	57	151		
00550	PLAN LIMITATIONS EXCEEDED	57	16		
00556	REFILL NUMBER EXCEEDS MAXIMUM	57	16		
00568	PRESCRIBING PROVIDER PROFESSION CODE INVALID FOR ISSUING PRESCRIPTION	52	16		
00598	CATEGORY OF SERVICE INVALID FOR NDC CODE	57	16		
00663	ADMIT NUMBER MISSING			M58	N221
00672	FAMILY PLANNING INDICATOR INVALID FOR BILLING PROVIDER	B6	170		
00703	INAPPROPRIATE SECOND SERVICE - SAME DAY	57	151	M63	M86
00710	PROCEDURE/FORMULARY CODE EXCEEDS SERVICE LIMITS	57	150		
00712	PROC EXCEEDS SERVICE LIMITS	57	150		
00736	DIAGNOSIS CODE BLANK A FULL ICD-9 CM CODE REQUIRED	47	16		MA63
00737	ICD-9-CM DIAGNOSIS CODE ON PHYSICIAN CLAIM NOT ON FILE	47	D21		
00738	ICD-9-CM DIAGNOSIS CODE ON PHYSICIAN CLAIM NOT ON FILE	47	D21		
00743	DOS FOR WEEKLY RATE NOT ON A SUNDAY			MA06	M52

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00753	ONLY UPSTATE CONTRACTOR ALLOWED TO BILL FOR SERVICE	52	38		
00803	PATIENT BORN IN HOSPITAL/YEAR OF BIRTH DIFFERS FROM ADMIT YEAR			MA38	N340
00858	ORDERING/REFERRING PROVIDER TYPE INVALID FOR SERVICE	52	183		
00897	PRESCRIBING PROVIDER ID NOT ON MMIS PROVIDER FILE/PRESCRIBER TYPE BLANK	52	38		
00898	PRESCRIBING PROVIDER CATEGORY OF SERVICE INVALID FOR PHARMACY	52	183		
00899	ORDERING/REFERRING PROVIDER CATEGORY OF SVC INVALID FOR DME	52	183		
00903	ORDERING OR REFERRING PROVIDER ID OR LICENSE NUMBER NOT ON CLAIM			M68	N287
00936	CLINIC SPECIALTY CODE NOT ON NEW YORK STATE MASTER FILE	B6	170		
00939	ORDERING/REFERRING PROVIDER EXCLUDED PRIOR TO SERVICE/ORDER DATE	52	183		
00941	SERVICE PROVIDER EXCLUDED PRIOR TO SERV/ORDER DATE	52	B7		
00942	ORDERING/REFERRING PROVIDER DECEASED ON SERVICE/ORDER DATE	52	183		
00944	SERVICE PROVIDER DECEASED ON SERVICE/ORDER DATE	52	B7		
01008	REFERRING PROVIDER PROFESSION CODE INVALID	52	183		

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01009	REFERRAL DATA INCONSISTENT			M68	N287
01034	SPECIALTY CODE INVALID FOR LONG TERM HHC	B6	170		
01077	CATEGORY OF SERVICE DOES NOT ALLOW EMERGENCY	B6	170		
01098	RECIPIENT LESS THAN 21/PRESCRIBER NOT PHC	52	B7		
01127	NURSE PRACTITIONER/MIDWIFE NOT QUALIFIED TO PRESCRIBE LEGEND DRUGS	52	38		
01129	PART A DEDUCTIBLE PREVIOUSLY PAID FOR THIS SPELL OF ILLNESS			N17	N182
01158	ENHANCED FEE PROCEDURE CODE USED FOR NON-QUALIFIED RECIPIENT OR PROVIDER				
01165	CHIROPRACTIC ORDER/REFERRAL INVALID FOR SERVICE	52	183		
01166	CHIROPRACTIC ORDER/REFERRAL INVALID - RECIPIENT NOT QUALIFIED MEDICARE BENEFICIARY	52	177		
01167	CHIROPRACTIC ORDER/REFERRAL INVALID - MEDICARE APPROVED AMOUNT NOT GREATER THAN ZERO	52	22		
01183	REFERRAL INVALID FOR SERVICE	52	183		
01209	DESIGNATED MENTAL ILLNESS DIAGNOSIS REQUIRED	47	12		
01220	DAY TREATMENT RATE INVALID FOR PRINCIPLE PROVIDER CODE	B6	8		
01221	REFERRING ID BLANK - OMH REHABILITATION			M33	N287

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01238	SERVICE LICENSE NOT ON NYS LICENSE FILE			M68	N291
01300	MANAGE CARE COORDINATION PROGRAM INPATIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PROVIDER	52	38		
01304	PROVIDER NOT ALLOWED TO BILL FOR PORTABLE XRAY SERVICES	52	170		
01340	CLAIM PROVIDER NOT EQUAL RESTRICTION RECIPIENT FILE PROVIDER	52	38		
01342	P.T.CLINIC RATE BILLED/PROVIDER P.T. CLINIC NUMBER MISSING			M68	N259
01357	PROVIDER ID AND SERVICE ID IDENTICAL			M57	N291
01496	NO COVERAGE: PENDING FAMILY HEALTH PLUS	16	24	MA85	N30
01498	OPTOMETRIST INDICATED NOT QUALIFIED TO PRESCRIBE	52	184		
01499	RECIPIENT INELIGIBLE, EXCESS INCOME/SPENDDOWN	30	178		
01612	MISSING OR INVALID ELIGIBILITY OVERRIDE CODE	30	16		N35
01629	INVALID PIN	30	16		N257
01640	DRUG-PREGNANCY INFERRED PRECAUTION	30	153		
01700	MAJOR PROGRAM - SERVICE CONFLICT	30	177		N130