

# PENDED CLAIM RECYCLE REQUEST FORM

eMedNY has the capability to give providers choices about how often pended claim information is reported on your weekly remittances. Complete details are found on the following page.

It is important to note that when a claim is first pended, it will **ALWAYS** appear on that week's remittance statement (paper or electronic). For electronic remittances, pended claims appear on the supplemental file delivered along with the HIPAA compliant 835 or 820.

To change the way pended claims are reported on your remittance statements (paper or electronic), please complete the appropriate information below and either mail or fax the completed form to:

Computer Sciences Corporation  
Attn: Provider Enrollment Support  
P.O. Box 4614  
Rensselaer, New York 12144  
FAX: (518) 257- 4632

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## FOR PAPER REMITTANCE OPTIONS COMPLETE SECTION A and C ONLY

### **Section A: PAPER REMITTANCE PENDED CLAIMS OPTIONS**

Provider Medicaid ID #: \_\_\_\_\_ (Required)

10-digit National Provider ID (NPI): \_\_\_\_\_ (Required, unless NPI exempt)

Provider Name: \_\_\_\_\_

#### **Check one box:**

FIRST REMITT ONLY       CUMULATIVE EVERY 4<sup>TH</sup> WEEK       EVERY WEEK

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## FOR ELECTRONIC REMITTANCE OPTIONS COMPLETE

## SECTION B and C ONLY

### **Section B: ELECTRONIC REMITTANCE PENDED CLAIMS OPTIONS (must provide ETIN)**

Provider Medicaid ID #: \_\_\_\_\_ (Required)

10-digit National Provider ID (NPI): \_\_\_\_\_ (Required, unless NPI exempt)

ETIN: \_\_\_\_\_

Provider Name: \_\_\_\_\_

#### **Check one box:**

FIRST REMITT ONLY       EVERY WEEK

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### **Section C: MUST BE COMPLETED**

\_\_\_\_\_  
Provider Signature and Title (Required)      Date (Required)

Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Full Address: \_\_\_\_\_

**Please note: This form will be returned if it contains incomplete or illegible information.**

## **PROVIDERS' CHOICE FOR RECEIVING PENDED CLAIMS ON REMITTANCES**

eMedNY has the capability to give providers some choices about how often pending claim information is reported on your weekly remittances.

It is important to note that when a claim is first pended, it will **ALWAYS** appear on that week's remittance statement (paper or electronic). For electronic remittances, pended claims appear on the supplemental file delivered along with the HIPAA compliant 835 or 820.

### **THREE OPTIONS FOR PAPER REMITTANCES**

A provider can choose from any of the 3 following pended claim delivery options:

1. **FIRST REMITT ONLY:** This option would report pending claims in **ONLY** the first "new pend" remittance and not appear again until the status changes to a paid or denied claim, or
2. **CUMULATIVE EVERY 4<sup>th</sup> WEEK:** This option would report pending claims in the first "new pend" remittance **and** again every 4<sup>th</sup> weekly cycle. The 4<sup>th</sup> cycle references weekly cycle numbers that are divisible by 4 (for example 1484, 1488, 1492 and so on). This means that every 4<sup>th</sup> cycle a provider would receive a cumulative list of all claims pending at that point in time, regardless of when a claim was first pended, or
3. **EVERY WEEK:** This option would report a cumulative list of all pending claims on every weekly remittance.

### **TWO OPTIONS FOR ELECTRONIC REMITTANCES**

A provider can choose from any of the 2 following pended claim delivery options:

1. **FIRST REMITT ONLY:** This option would report pending claims in **ONLY** the first "new pend" remittance and not appear again until the status changes to a paid or denied claim, or
2. **EVERY WEEK:** This option would report a cumulative list of all pending claims on every weekly remittance.

Note: Any request to change options for electronic remittances must include the ETIN.

### **HOW DO I REQUEST A DIFFERENT REMITTANCE DELIVERY OPTION FOR PENDED CLAIMS?**

To request a change in the delivery method for pended claims, providers need to complete the **PENDED CLAIM RECYCLE REQUEST FORM** located at <http://www.emedny.org/>. Click on Provider Enrollment Forms under the Featured Links section and scroll down to open and print the form. Providers with no internet access may request a copy of the form and instructions by calling CSC's fax-on-demand system and ordering document number 3017. Complete instructions are included with the request form, including the appropriate mailing address.

For information on which type of pended claim reporting an individual Provider number is currently receiving or for other questions, please contact the eMedNY Call Center at 1-800-343-9000.