



## Free Standing or Hospital Based Ordered Ambulatory

### Attention Professional and Dental Providers: Claims Submitted With Delay Reason 2 - "Litigation" or Delay Reason 3 – "Authorization Delay" to Pend/Deny

#### In this Newsletter:

Attention Professional and Dental Providers: Claims Submitted With Delay Reason 2 - "Litigation" or Delay Reason 3 – "Authorization Delay" to Pend/Deny

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### Attention Professional and Dental Providers: Claims Submitted With Delay Reason 2 - "Litigation" or Delay Reason 3 – "Authorization Delay" to Pend/Deny

Beginning in December, claims delayed due to **litigation** or **State administrative delay** will pend for review when submitted on paper claim forms. Professional and Dental claims submitted electronically will be denied.

NY Medicaid allows limited use of **Delay reason 3 "Authorization Delay"** when there is a State administrative delay. This delay reason applies if the delay in claim submission was caused by a State administrative delay or problems with the State's Medicaid information system, and authorization for late submission was requested from the applicable rate setting or program policy office. Claims must be submitted within 30 days from the date of notification of the authorization.

Effective **12/12/2013**, Professional and Dental claims with dates of service over 90 days old, submitted with Delay Reason 3 "Authorization Delay" cannot be electronically submitted and must be on paper claim forms along with the **eMedNY Delay Reason Code Form** and supporting documentation from the applicable state rate setting or policy office. These claims will pend for **edit 02159 – Delay Reason Code 3 (Authorization Delay) Invalid** and will be subject to prepayment review. Electronically submitted claims will deny for edit 02159 and the associated HIPAA reason code will be **29-THE TIME LIMIT FOR FILING HAS EXPIRED**.

**Delay reason 2 "Litigation"** is allowed when litigation was involved and there was possibility that payment for a claim may come from another source, such as a lawsuit, which caused the delay in claim submission. Claims must be submitted within 30 days from the time submission came within the control of the provider. Delay reason 2 should not be used for delays due to fair hearings related to provider enrollment, beneficiary eligibility or prior authorization since the more specific delay reasons 4, 8 or 10 are more appropriate in those cases.

Also effective **12/12/2013**, Professional and Dental claims with dates of service over 90 days old, submitted with Delay Reason 2 "Litigation", cannot be electronically submitted and must be on paper claim forms along with the

**eMedNY Delay Reason Code Form** and a copy of the court order or other documentation related to a legal decision that allows late submission by a provider. These claims will pend for **edit 02158 – Delay Reason Code 2 (Litigation) Invalid** and will be subject to prepayment review. Electronically submitted claims will deny for edit 02158 and the associated HIPAA reason code will be **29-THE TIME LIMIT FOR FILING HAS EXPIRED**.

Documentation to support use of these delay reasons must be maintained on file by the provider when submitted with Institutional and Pharmacy claims.

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

The **eMedNY Delay Reason Code Form** is available online in page 3 of FOD - 7001:

[https://www.emedny.org/HIPAA/QuickRefDocs/FOD-7001\\_Sub\\_Claims\\_Over\\_90\\_days\\_Old.pdf](https://www.emedny.org/HIPAA/QuickRefDocs/FOD-7001_Sub_Claims_Over_90_days_Old.pdf)

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