



All Provider Types

**ALL Claim Types Pending Review for Edits
00127 & 01283**



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Effective **April 1st 2015**, claims setting eMedNY **edits 00127** (Medicare Paid Amount Reported Less Than Reasonable) and **01283** (Upper Dollar Limit Exceeded) **will pend to New York State Department of Health (NYSDOH) for review.**

The corresponding **HIPAA codes** that will be reported on the 835 remittance are:

- **00127:** Adjustment Reason Code 23 with no Remittance Remark Code
- **01283:** Adjustment Reason Code 16 and Remittance Remark Code M54

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

If the claim(s) is pended, the corresponding claim status response codes will be:

- **00127:** Claim status code 182
- **01283:** Claim status code 585

For claims submitted on paper with the Explanation of Medicare Benefits (EOMB) attached, once it pends for one of these edits NYSDOH will compare the EOMB to the information on the paper claim. If the information matches, the claim will be approved. If it doesn't match, the claim will be denied for the edit.

For claims submitted on paper without an EOMB or submitted electronically, send the Medicare EOMB, indicating the corresponding 16 digit Medicaid Transaction Control Number (TCN) found on your Medicaid remittance to:

**New York State Department of Health
Attn: Medical Pended Claims
150 Broadway
Albany, NY 12204-2736**

Failure to submit the EOMB within 60 days will result in the claim being denied for the edit.

NYSDOH staff will review the documentation and adjudicate the claim(s) accordingly through the regular claim processing system. The adjudicated claims will appear on the provider remittance statement.

Reminder:

When billing Medicaid for a service reimbursed by Medicare, the provider NPI, procedure code, all modifiers and dates of service should appear exactly the same on the claim to Medicaid as on the Medicare claim. The NPI submitted on your claim to Medicare must be enrolled with New York State Medicaid.

In addition, providers must reduce the Medicare Allowed Amount by any sequestration payment reduction (CO 253) amount to obtain the correct coinsurance payment.

Questions should be directed to Medical Pended Claims staff at 1-800-342-3005, option 3.

If you are having problems viewing content within this newsletter, please email emednyalert@csc.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.