

# **Implementation of Edit 02255 to Pend Clinic Claims (Medicare Managed Care amounts invalid)**

Effective **November 1<sup>st</sup> 2016**, clinic claims setting eMedNY **edit 02255** (Medicare Managed Care amounts invalid) **will pend to New York State Department of Health (NYSDOH) for review.**

The corresponding **HIPAA code** reported on the 835 remittance will be Adjustment Reason Code 23 with no Remittance Remark Code.

If the claim(s) is pended, the corresponding claim status **response** code will be Claim Status Code 286.

## What you should do when a claim pends for review

1. Confirm that the patient responsibility amounts were reported accurately, exactly as reported on the Medicare Managed Care's remittance advice or Explanation of Benefits (EOB). If there were errors, correct and re-submit the claim.
2. If the amount(s) entered on the claim is accurate, enter the corresponding 16 digit Medicaid Transaction Control Number (TCN) of the pended claim on the EOB. The TCN is found on the Medicaid remittance statement. Then, send the EOB (with the TCN) to:

**New York State Department of Health  
Attn: Medical Pended Review  
431B Broadway  
Menands, NY 12204-2836**

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.

Failure to submit the EOMB within 60 days from the date of the remittance statement will result in the claim being denied.

Questions should be directed to CSC Provider Relations at 1-800-343-9000.

## **FAQ's regarding claims pending edit 02255** **(Medicare Managed Care amounts Invalid)**

Q: Why did my claim pend?

A: The New York State Department of Health (DOH) is manually reviewing clinic claims that fail edit 02255 (Medicare Managed Care amounts invalid) effective November 1, 2016.

Q: Are all claim types affected by this change?

A: Only clinic claim types will be manually reviewed effective November 1, 2016.

Q: When did these claims start to pend for edit 02255?

A: Clinic claims that fail edit 02255 will pend for DOH manual review effective November 1, 2016. More information can be found in the October 2016 Medicaid Update.

Q: What do I need to do if my claim pends for manual review for edit 02255?

A: Identify the 16 digit Medicaid Transaction Control Number (TCN) of the claim that pended for manual review. The TCN is found on the Medicaid remittance statement. Write the TCN on the Medicare Managed Care Explanation of Benefits (EOB).

**Send the EOB with the TCN of the pended claim to the DOH Pended Claims Unit:**

**Fax: 518-473-6708 Attn: Pended Claims**

**Mail: New York State Department of Health  
Attn: Medical Pended Review  
431B Broadway  
Menands, NY 12204-2836**

Q: How long will my claim pend waiting for the EOB before it denies?

A: The claim will pend for 60 days from the date of the remittance statement that the claim initially appears on. If the EOB not received within 60 days the claim will deny for edit 02255.

Q: How long will it take for my claim to be reviewed?

A: Claims pended for manual review are worked in the order they are received.

Q: Will this affect claims with date of service prior to November 1, 2016 but billed after November 1, 2016?

A: All clinic claims submitted as of November 1, 2016 regardless of date of service will be affected.