



Edit 02332 will Pend for Manual Review for Inpatient Claims

Effective June 1, 2026, eMedNY edit 02332 – Reimbursement Amount Exceeded will pend to the Department of Health (DOH) for manual review. This edit is for Medicare HMO claims where the Medicaid reimbursement exceeds a threshold amount set by The Department. The corresponding HIPAA code that will be reported on the 835 remittance is **Claim Adjustment Reason Code 273**. While the claim(s) is pending, the corresponding claim status response codes will be 178.

We encourage providers to confirm that the claim was completed correctly. Most claims setting this edit are being submitted incorrectly and should be corrected and resubmitted to avoid setting this edit.

For pending claims, send the primary EOB, indicating the corresponding 16-digit Medicaid Transaction Control Number (TCN) found on your Medicaid remittance within 60 days from the date of claims submission, by fax 518-473-6708, email pend@health.ny.gov or to the following address:

**New York State Department of Health
Office of Health Insurance Programs
Division of Medical and Dental Directors
Attn: Medical Pending Claims
One Commerce Plaza, Room 1206
Albany, NY 12260**

DOH staff will review the documentation and adjudicate the claim(s) accordingly through the pending claims processing. Final status of adjudicated claims will appear on the provider remittance statement. Failure to submit the EOB within 60 days will result in the claim being automatically denied.

Questions and Additional Information:

- General questions regarding claims submission should be directed to the eMedNY Call Center at (800) 343-9000.
- Questions regarding specific medical pending claims should be directed to the Bureau of Medical Review, Pending Claims Unit at (800) 342-3005 (option 3) or at pend@health.ny.gov