



## All Providers

### Edit 02332 will Pend for Manual Review for Inpatient Claims



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**Effective May 26, 2022**, a new edit will be implemented for Medicare HMO claims where the Medicaid reimbursement exceeds a threshold amount set by The Department. eMedNY **edit 02332 – Reimbursement Amount Exceeded** will pend to the Department of Health (DOH) for manual review. The corresponding HIPAA codes 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 should be corrected and resubmitted to avoid setting this edit.

For pended 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, either by fax 518-473-6708 or to the following address:

**Contact Details:**  
**1-800-343-9000**  
[emednyalert@gdit.com](mailto:emednyalert@gdit.com)

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

DOH staff will review the documentation and adjudicate the claim(s) accordingly through the pended 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 pended claims should be directed to the Bureau of Medical Review, Pended Claims Unit at (800) 342-3005 (option 3).

If you are having problems viewing content within this newsletter, please email [emednyalert@gdit.com](mailto:emednyalert@gdit.com) for further assistance

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