

Common Medicaid Billing Errors and Corrections

EDIT NUMBER	REMIT MESSAGE	EXPLANATION
00020	SERVICE/FILL DATE LATER THAN RECEIPT DATE	Cannot submit claims prior to service rendered date. Claim must be resubmitted.
00068 or 00073	SERVICE DATE NOT WITHIN 90 DAYS OF RECEIPT DATE SERVICE DATE OVER 90 DAYS	Must resubmit with the 90 day indicator box checked and valid reason code. See “Timely Billing” link below for more information.
00074 OR 00140	RECIPIENT ID NUMBER INVALID OR RECIPIENT ID NOT ON FILE	The CIN number submitted has no match in the Medicaid Database. Check remit to verify CIN was entered on the claim correctly. Contact Medicaid District to verify proper Medicaid Number.
00098	LOCATOR CODE INVALID	The locator code on the second screen does not match the locator code associated with the particular rate code. Correct locator code and resubmit.
00129	RATE CODE NOT ON RATE FILE	The rate code on the bill is not associated with the provider ID. Check that the locator code on the claim is correct. Also check that the correct rate code for your agency has been used and then rebill. If your agency was recently approved to provide a new service, contact Rate Setting to determine if the code was entered into eMedNY yet.
0142	RECIPIENT BIRTH DATE NOT EQUAL TO FILE	DOB on claim does not match DOB on file in the Medicaid System. Check remit to verify DOB entered on claim was correct. If correction is needed in the Medicaid System, fax Medicaid District with copy of birth certificate.

For further information or specific errors not found on this chart: https://www.emedny.org/hipaa/edit_error/knowledgebase.aspx

00144	RECIPIENT SEX NOT EQUAL FILE	Recipient sex on claim does not match Recipient sex on file in the Medicaid System. Check remit to verify if correct sex was put on claim. Contact Medicaid district if error on Medicaid System.
00162	RECIPIENT INELIGIBLE ON SERVICE DATE	Contact Medicaid office where Medicaid Coverage was issued to determine reason for ineligibility. Common problems are Medicaid Coverage has not been recertified or a spend down of excess income has not been met.
00692	DATE OF SERVICE MUST BE 1st OF MONTH	Some services are billed the 1 ST of the month following the service being provided, i.e. MSC and IRA. Claim must be resubmitted with the first of the month as the Service date. From/thru date should only show the 1 st of the month (the 1 st thru the 1 st). Exceptions to this rule – if a client had died, the date of death (should be day Medicaid case closed) is used or if coverage is lost the end date of coverage is used. This is a manual review process done by DOH.
00705	DUPLICATE CLAIM IN HISTORY	This service has been paid and it is an exact duplicate of a previously submitted claim. Check your records.
00725	HISTORY RECORD NOT FOUND FOR ADJUSTMENT OR VOID	An incorrect TCN/CRN Claim reference number was used. Check your records. Resubmit with correct TCN/CRN.
00727	NEAR DUPLICATE CLAIM IN HISTORY	This service or a similar one has already been paid. Check your records to see if it was a (close) duplicate. If not, contact CSC for information on the conflicting claim.
00970	RECIPIENT NOT AUTHORIZED ON PRINCIPAL PROVIDER SYSTEM	Person's CIN does not have your principal provider associated with it. Fax Medicaid district with CIN, date entered, PP #, needed proof (e.g. LOC) and request the CIN be updated.
00972	RECIPIENT NOT AUTHORIZED FOR LONG TERM CARE FOR SERVICE PERIOD	CIN has wrong coverage code. Fax district and request coverage be upgraded to “all covered care and services” for ICF or “community coverage with long term care” for HCBS waiver claims.

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01038	TOTAL DAYS ON CLAIM GREATER THAN BILLING PERIOD	More days have been billed than the from/thru dates would indicate. Check the patient status code on claim, if discharged the discharge date is not billable. Example - The from/thru dates are 1/5-1/10 with a status code of 30 (still a patient) the total number of days is six but if status code is 03(discharged to SNF) the 10 th is not billed and would reduce the total days to five.
01292	DATE OF SERVICE TWO YEARS PRIOR TO DATE RECEIVED	Claims are only allowed to be submitted with two years of service unless there is an acceptable reason for delay. See “Timely Billing” link below for more information.
01206 or 01229	RECIPIENT NOT IN RESTRICTED PROGRAM RATE CODE INVALID FOR RECIPIENT EXCEPTION CODE	Service not allowed based on Recipient Exception Codes on file. Fax local RSFO to request codes be updated on Medicaid record.
01319	RECIPIENT EXCEPTION INVALID FOR HOME AND COMMUNITY BASED SERVICES WAIVER PROGRAM	Use Notice of Decision (NOD) to verify client is eligible for home and community based waiver. If client is eligible, fax local RSFO office with a copy of the NOD and request the waiver code be associated with the correct CIN.
01338	RECIPIENT NOT ON RESTRICTED RECIPIENT FILE	Required code for service is not on client’s Medicaid record. Check enrollment status on date of service; if consumer is enrolled in the program for service month billed, fax local RSFO to request codes be updated on Medicaid record.
01339	RECIP NOT AUTHORIZED FOR RESTRICTED PROGRAM ON SERVICE DATE	Required code for service not on client’s Medicaid record. Check enrollment status on date of service, if consumer is enrolled in the program for service month billed, fax local RSFO to have codes updated on the Medicaid System.
01340	CLAIM PROVIDER NOT EQUAL RESTRICTION RECIPIENT FILE PROVIDER	Your agency is not associated with the Restriction Exception (R/E) code on file. Check enrollment status on date of service and check CHOICES to confirm date of enrollment. Fax your local RSFO to have R/E codes updated on the Medicaid System.
01724	LI DOS OUTSIDE FROM/THRU DATES	One of the individually listed dates of service is not in the range of the from/thru dates entered on claim.

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02157	DELAY REASON CODE 1 (PROOF OF ELIGIBILITY UNKNOWN) INVALID	Inappropriate delay code submitted on claim. Consult manual on eMedNY website for appropriate delay code – see link below.
02158	DELAY REASON CODE 2 (LITIGATION) INVALID	Inappropriate delay code submitted on claim. Consult manual on eMedNY website for appropriate delay code – see link below.
02159	DELAY REASON CODE 3 (AUTHORIZED DELAYS) INVALID	Inappropriate delay code submitted on claim. Consult manual on eMedNY website for appropriate delay code – see link below.
02160	DELAY REASON CODE 4 (DELAY IN CERTIFYING PROVIDER) INVALID	Inappropriate delay code submitted on claim. Consult manual on eMedNY website for appropriate delay code – see link below.
02161	DELAY REASON CODE 5 (DELAY IN SUPPLYING BILLING FORMS) INVALID	Inappropriate delay code submitted on claim. Consult manual on eMedNY website for appropriate delay code – see link below.
02162	DELAY REASON CODE 7 (THIRD PARTY PROCESSING DELAY) INVALID	Inappropriate delay code submitted on claim. Consult manual on eMedNY website for appropriate delay code – see link below.
02163	DELAY REASON CODE 8 (DELAY IN ELIGIBILITY DETERMINATION) INVALID	Inappropriate delay code submitted on claim. Consult manual on eMedNY website for appropriate delay code – see link below.
02164	DELAY REASON CODE 9 (ORIGINAL CLAIM DENIED UNRELATED TO TIMELINESS EDITS) INVALID	Inappropriate delay code submitted on claim. Consult manual on eMedNY website for appropriate delay code – see link below.
02165	DELAY REASON CODE 10 (ADMINISTRATIVE DELAY IN THE PRIOR APPROVAL PROCESS) INVALID	Inappropriate delay code submitted on claim. Consult manual on eMedNY website for appropriate delay code – see link below.
02166	DELAY REASON CODE 11 (OTHER DELAY) INVALID	Inappropriate delay code submitted on claim. Consult manual on eMedNY website for appropriate delay code – see link below.

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Contact Information

Computer Sciences Corporation: 800-343-9000 www.emedny.org
Billing Information <https://www.emedny.org/ProviderManuals/AllProviders/index.aspx>
Timely Billing https://www.emedny.org/info/TimelyBillingInformation_index.aspx

Rate Setting: Michael Ogborn
NYS Department of Health
Office of Health Insurance Programs
Division of Finance and Rate Setting
Bureau of Mental Hygiene Services Rate Setting
One Commerce Plaza, 12th Floor, Suite 1209
Albany, NY 12260

Local RSFOs: Broome	607-771-1098 (f)
Capital	518-370-2297 (f)
Central/Sunmount	315-336-0407 (f)
Finger Lakes	315-331-0182 (f)
Hudson Valley	845-947-6161 (f)
Long Island	631-434-6511 (f)
New York City	212-229-3095 (f)
Taconic	845-473-8210 (f)
Western	716-675-8919 (f)

NYC HRA: 888-692-6116 (p)

Local DSS Contacts: http://www.health.ny.gov/health_care/medicaid/ldss.htm

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