

SSHSP CNY-Remittance Report-Error Codes

Remittance Report-Error Reason Codes w/eMedNY Edit

(Note – The Edit # will be included on future SSHSP reports.)

Reason Codes w/eMedNY Edit #	Error messages	Description of error messages
4 02180	Reason Code Not Defined Therapy Modifier Missing	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING. Most likely the student's eligibility on the DOS is being reviewed. If determined to be ineligible the claim will be denied.
14 00102	DOB follows DOS Service Date Prior to Birth Date	Submitted date of service (DOS) is prior to the recipient's birth date (DOB).
16 01137	Claim lacks needed info School Supportive Health Service Specialty Code Requires SSHS Rate Code	Claim lacks information, which is needed for adjudication. Note - This is a generic error message that does not reflect the fact that this claim will be denied because the student has not been found to be Medicaid eligible on the DOS claimed.
18 00705	Duplicate claim/service Duplicate Claim in History/Paid	This claim is an exact duplicate of a previously submitted and previously paid claim.
22 00131 00152	Covered by another payer Third Party Indicated/Other Insurance Amt Not Submitted (for claims submitted prior to 12/2012) Recipient Has Medicare (Is showing up for claimed submitted after 11/2012)	This claim <u>may be</u> covered by another payer. This denial was in error due to a lack of an exemption for this TPHI reporting requirement for the SSHS program. (See Medicaid Alert #12-10). This student is over age 18 and has applied for Medicare which would make him/her ineligible for SSHSP Medicaid coverage.

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<p>24</p> <p>01172</p>	<p>Service covered under CAP</p> <p>Prepaid Capitation Recipient – Service Covered Within Plan (Deny)</p>	<p>Claim is for a service and student covered under some type of managed health care plan (HMO). Note – The SSHS program claiming is exempt from Managed Care Plan coverage. There may be another reason for this denial.</p>
<p>27</p> <p>00162</p>	<p>Child ineligible on DOS</p> <p>Recipient Ineligible on Service Date</p>	<p>According to MMIS, student was not eligible on date of service of submitted claim.</p>
<p>29</p> <p>00068</p>	<p>Time limit expired</p> <p>Service Date Not Within 90 Days of Receipt Date</p>	<p>Valid 90 day indicator required.</p>
<p>31</p> <p>00140</p>	<p>Client ID not on file</p> <p>Recipient ID Number Not On File</p>	<p>Client ID number not on file at CSC.</p>
<p>38</p> <p>01240</p>	<p>Service not authorized</p> <p>Restricted Recipient Inpatient Service Not Provided/Ordered/Referred by Primary Provider</p>	<p>Service not provided or authorized by designated provider.</p>
<p>96</p> <p>01350-54</p>	<p>Recip inelig for service</p> <p>Medicaid Coverage = __- Recipient Ineligible for this Service</p>	<p>Recipient ineligible for this service.</p>
<p>133</p> <p>02000</p>	<p>Pended--Review require</p> <p>Claim Has Been Placed in Fiscal Pend Status by NYS DOH</p>	<p>Pended at CSC for unspecified reasons-Review required.</p>
<p>A1</p> <p>02067</p>	<p>Claim denied charges</p> <p>Attending (Affiliated) Provider Not Linked to Billing Provider (SD/Co)</p>	<p>Service conflicts in combination with prior service/claim. Or The Affiliated Provider has not been linked to the SD/Co as required. (see Medicaid Alert #11-03 & 12-02)</p>

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B7	Provider not active	Attending Provider inactive or terminated.
00137	Provider Inactive or Terminated	
01244	Provider not in active status on Date of service (DOS)	The Attending Provider was not currently registered with NYS on the DOS claimed.
208	Referring Provider not active	The information in the claim does not clearly identify the Referring providers ID.
02042	Referring MMIS Provider ID Cannot be Derived	
208	Attending (Affiliated) Provider not active	The information in the claim does not clearly identify the attending (affiliated) provider ID.
02043	Attending (Affiliated) MMIS Providers ID Cannot be Derived	
208	Ordering Provider not active	The information in the claim does not clearly identify the Ordering providers ID.
02071	Ordering MMIS Provider ID Cannot be Derived	

Pended provider Report (PENDREPTRV)

eMedNY Edit #	Error messages	Description of error messages
00162	Recipient Ineligible on Service Date	According to MMIS, student was not eligible on date of service of submitted claim. This claim will be denied in the future.
01137	School Supportive Health Service Specialty Code Requires SSHS Rate Code	Note - This is a generic error message that does not reflect the fact that this claim will be denied because the student was found to be Medicaid eligible on the DOS claimed.

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02042	Referring MMIS Provider ID Cannot be Derived	The information in the claim does not clearly identify the Referring providers ID. The claim is currently pending.
02043	Attending (Affiliated) MMIS Providers ID Cannot be Derived	The information in the claim does not clearly identify the attending (affiliated) provider ID. The claim is currently pending.
02071	Ordering MMIS Provider ID Cannot be Derived	The information in the claim does not clearly identify the Ordering providers ID. The claim is pending.
02180	Therapy Modifier Missing	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING. eMedNY is currently using this code to show that a student's eligibility on the DOS is being reviewed. The claim is currently being pending and if determined to be ineligible, the claim will be denied.

Pre Adjudication Report (PREADJUD)

eMedNY Edit #	Error messages	Description of error messages
254	Invalid ICD – 9 code	Invalid or non-specific ICD – 9 code on claim.
56271	Invalid NPI Number for Attending Provider	Invalid NPI Number for Attending Provider.
562DN	Invalid NPI Number for Referring Provider	Invalid NPI for Referring Provider.