

# SSHSP CNY - Remittance Report - Error Codes

## Remittance Report - Error Reason Codes w/eMedNY Edit #s

(Note - The eMedNY Edit #s will be included on future SSHSP reports.)

Error Reason Code	eMedNY Edit #	Error Messages	Description of Error Messages
<b>4</b>	02180	<b>Reason Code Not Defined</b> Therapy Modifier Missing	The procedure code is inconsistent with the modifier used or a required modifier is missing. <b>Most likely the student's eligibility on the DOS is being reviewed. If determined to be ineligible, the claim will be <u>denied</u>.</b>
14	00102	<b>DOB follows DOS</b> Service Date Prior to Birth Date	Submitted date of service (DOS) is <u>prior to</u> the student's birth date (DOB).
16	01137	<b>Claim lacks needed info</b> School Supportive Health Services Specialty Code Requires a SSHSP Rate Code	Claim lacks information which is needed for adjudication. <b>Note - This is a generic error message that does not reflect the fact that this claim will be <u>denied</u> because the student has not been found to be Medicaid eligible on the DOS claimed.</b>
<b>18</b>	00705	<b>Duplicate claim/service</b> Duplicate Claim in History and claim was already paid	This claim is an <u>exact duplicate</u> of a previously submitted and previously PAID claim.
<b>22</b>	00131	<b>Covered by another payer</b> Third Party Indicated/Other Insurance Amt Not Submitted <b>(Is an error that could only show up for claims submitted prior 11/1/2012)</b>	This student has Third Party Health Insurance (TPHI) indicated. <b>Note - Claims submitted from 1/1/2012 - 10/31/2012 that had TPHI indicated were <u>denied in error</u> because of a missing TPHI exemption at eMedNY for the SSHS program. (See the Medicaid Alert #12-10)</b>
<b>22</b>	00152	<b>Covered by another payer</b> Recipient Has Medicare Coverage <b>(Is showing up for claims submitted after 11/1/2012)</b>	This student has Medicare coverage indicated which would make him/her <u>ineligible</u> for SSHSP Medicaid reimbursement.
<b>24</b>	01172	<b>Service covered under CAP</b> Prepaid Capitation Recipient - Service Covered Within Plan (Deny)	<b>This claim is for a service and a student covered under some type of Managed Health Care Plan (HMO). Note - The SSHS program claiming is currently exempt from Managed Care Plan coverage so <u>there may be another reason for this denial</u>.</b>

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Error Reason Code	eMedNY Edit #	Error Messages	Description of Error Messages
<b>27</b>	00162	<b>Child ineligible on DOS</b> Recipient ineligible on the Date of Service (DOS)	According to state Medicaid (eMedNY/CSC), this student <u>was not Medicaid eligible on the Date of Service (DOS)</u> on the submitted claim.
<b>29</b>	00068 or 01292	<b>Time limit expired</b> Service Date Not Within 90 Days of Receipt Date	A <u>Valid 90 day indicator code</u> is required. CSC has instituted a change to their delay reason codes and CNY will need to add a different code to each claims beyond the 90 billing window. DOH has to decide on the new code to be used.
<b>31</b>	00140	<b>Client ID not on file</b> Recipient/Client ID number (CIN#) Not on File	Client ID number (CIN#) <u>not on file</u> at eMedNY/CSC.
<b>38</b>	01240	<b>Service not authorized</b> Restricted Recipient Inpatient Service Not Provided/Ordered/Referred by primary Provider	Service <u>not provided or authorized</u> by a designated provider.
<b>96</b>	01350 - 01354	<b>Recip inelig for service</b> Medicaid Coverage = __ - Recipient Ineligible for this Service	Recipient <u>ineligible</u> for this service type.
<b>133</b>	02000	<b>Pended--Review require</b> Claim Has Been Placed in Fiscal Pend Status by NYS DOH	This claim is <u>PENDED</u> at eMedNY/CSC for unspecified reasons - a formal review by NYS DOH is required.
<b>A1</b>	02067	<b>Claim denied charges</b> Attending Provider is Not Linked (Affiliated) to the Billing Provider (SD/County)	Service conflicts in combination with prior service/claim OR <b>the Attending provider (SLP, OT, PT, LCSW, RN, etc.) <u>has not</u> been affiliated to the Billing Provider (SD/County) as required.</b> (see Medicaid Alert #11-03 & #12-02)

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Error Reason Code	eMedNY Edit #	Error Messages	Description of Error Messages
<b>B7</b>	00137	<b>Provider not active</b> Attending Provider inactive or terminated	Attending Provider is inactive or terminated. The Attending Provider listed on the claim <u>was not</u> currently registered with NYS on the date of service (DOS) claimed.
<b>B7</b>	01244	<b>Provider not active</b> Attending Provider not in an active status on the Date of Service	Attending Provider is inactive or terminated. The Attending Provider listed on the claim <u>was not</u> in an active status (registered) with NYS on the date of service (DOS) claimed.
208	02042	<b>Referring Provider not active</b> The Referring Provider's ID Cannot be Derived	The information on the claim (the Referring Provider's NPI#) <u>does not clearly identify</u> (match to) the Referring Provider.
208	02043	<b>Attending (Affiliated) Provider not active</b> The Attending (Affiliated) Provider's ID Cannot be Derived	The information on the claim (Attending Provider's NPI#) <u>does not clearly identify</u> (match to) the Attending Provider that is Affiliated to the Billing provider (SD/County).
208	02071	<b>Ordering Provider not active</b> The Ordering Providers ID Cannot be Derived	The information on the claim (the Ordering Provider's NPI#) <u>does not clearly identify</u> (match to) the Ordering Provider.

# SSHSP CNY - Report - eMedNY Edit #s

## Pended Provider Report (PENDREPTPRV)

eMedNY Edit #	Error Messages	Description of Error Messages
00162	<b>Recipient ineligible on Date of Service</b>	According to state Medicaid (eMedNY/CSC), this student <u>was not</u> Medicaid eligible on the Date of Service (DOS) on the submitted claim.
01137	<b>School Supp Hlth Svc Spec Cd Requires a SSHSP Rate Cd</b> (School Supportive Health Services Specialty Code Requires a SSHSP Rate Code)	This is a generic error message that does not reflect the fact that this claim <u>will be denied</u> because the student <u>has not been found</u> to be Medicaid eligible on the DOS claimed.
02042	<b>The Referring Provider's ID Cannot be Derived</b>	The information on the claim (the Referring Provider's NPI#) <u>does not clearly identify</u> (match to) the Referring Provider. The claim is currently pended.
02043	<b>The Attending (Affiliated) Provider's ID Cannot be Derived</b>	The information on the claim (Attending Provider's NPI#) <u>does not clearly identify</u> (match to) the Attending Provider that is Affiliated to the Billing provider (SD/County).
02071	<b>The Ordering Providers ID Cannot be Derived</b>	The information on the claim (the Ordering Provider's NPI#) <u>does not clearly identify</u> (match to) the Ordering Provider.
2166	<b>Delay Reason Code 11 (Other Delay) Invalid</b>	The delay reason code 11 that is submitted by CNY with each claim is no longer considered a valid code by CSC. DOH will need to approve a new delay reason code for CNY to include on any claim beyond the 90 day billing window. A Medicaid Alert will be released on this issue to address rebilling questions.
02180	<b>Therapy Modifier Missing</b>	The procedure code is inconsistent with the modifier used or a required modifier is missing. <b>Most likely the student's eligibility on the DOS is being reviewed thus this claim is pended and if determined to be ineligible, the claim will be denied.</b>

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### Pended Provider Report (PENDREPTPRV) (Con't)

eMedNY Edit #	Error Messages	Description of Error Messages
02216	<b>Referring/Ordering MMIS Provider ID Can Not Be Derived</b>	The Referring/Ordering provider's NPI# can not be confirmed. The claims is currently pended.
02217	<b>Attending MMIS Provider ID Can Not Be Derived</b>	The attending provider's NPI# can not be confirmed. The claims is currently pended.

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## Pre Adjudication Report (PREADJUD)

eMedNY Edit #	Error Messages	Description of Error Messages
254	<b>Invalid Primary Diagnosis</b> Invalid ICD-9 Code	<u>Invalid or non-specific</u> primary diagnosis (ICD-9) code on the claim.
255	<b>Invalid Additional Diagnosis</b> Invalid additional ICD-9 code(s)	<u>Invalid or non-specific</u> additional diagnosis (ICD-9) code(s) on the claim.
56271	<b>Invalid NPI Number for Attending (Provider)</b>	The NPI# for the Attending Provider <u>does not match</u> any valid NPI#.
562DN	<b>Invalid NPI Number for Referring (/Ordering) Provider</b>	The NPI# for the Referring (/Ordering) Provider <u>does not match</u> any valid NPI#.