



Medicaid regulations require that claims be initially submitted within **90 days of the date of service** to be valid and enforceable, unless the claim is delayed due to circumstances outside the control of the provider. All such claims submitted after 90 days must be submitted within 30 days from the time submission came within the control of the provider.

If a claim is returned to a provider due to data insufficiency or claiming errors (rejected or denied), it must be corrected and resubmitted within **60 days of the date of notification** to the provider. **In addition, paid claims requiring correction or resubmission must be submitted as adjustments to the paid claim within 60 days of the date of notification.** In most cases adjustments, rather than voids, must be billed to correct a paid claim. Listed below are the HIPAA delay reasons which must be used for all claims aged over 90 days.

<u>Code</u>	<u>Reason</u>
1	<b>Proof of eligibility unknown or unavailable</b> - must be submitted <b>within 30 days</b> from the date of notification of eligibility.
2	<b>Litigation</b> - must be submitted <b>within 30 days</b> from the time submission came within the control of the Provider.
3	<b>Authorization Delays</b> - Delays previously approved by the State - must be submitted <b>within 30 days</b> from the date of notification.
4	<b>Delay in Certifying Provider</b> - must be submitted <b>within 30 days</b> from the date of notification of the change in provider's enrollment status.
5	<b>Delay in Supplying Billing Forms</b> - must be submitted <b>within 30 days</b> from the time submission came within the control of the Provider - <i>reason 5 not accepted for electronic claims.</i>
6	<b>Delay in Supplying Custom-made Appliances</b> <b>** NYS Medicaid does not accept this reason for delay and will deny a code value of "6".</b>
7	<b>Third Party Processing Delay</b> - must be submitted <b>within 30 days</b> from the time submission came within the control of the Provider.
8	<b>Delay in Eligibility Determination</b> - must be submitted <b>within 30 days</b> from the date of notification of eligibility.
9	<b>Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules</b> - corrected claim must be submitted <b>within 60 days</b> of the date of notification.
10	<b>Administration Delay in the Prior Approval Process</b> - must be submitted <b>within 30 days</b> from the date of notification.
11	<b>Other</b> - This delay reason only applies to adjustments of paid claims and limited situations, which are listed below on the Delay Reason Code form and in your Provider Manual.
15	<b>Natural Disaster</b> - Must be submitted within 30 days from the time the submission came within the control of the provider.

**Note:** The 30 day, 60 day and 90 day submission periods referred to are calendar days. For more details about delayed claim submission including claims over two years old, please refer to your Provider Manual.

All claims must be **finally** submitted to Computer Sciences Corporation and be payable within two years from the date the care, services or supplies were furnished in order to be valid and enforceable against the Department or a social service district.

Electronic Claim Submission Instructions

- The appropriate **Delay Reason** codes should be entered in loop 2300, segment CLM, element 20 of the 837P (Professional), 837I (Institutional), or 837D (Dental) claim submission.
- For ePACES billing, the appropriate delay reason code should be entered on the Professional, Dental or Institutional Claim Information Tab in the Delay Reason field.
- For electronic Pharmacy claims submitted via NCPDP D.0 only, the appropriate Delay Reason code should be entered in field 357-NV in the Claims Segment.

Paper Claim Submission Instructions - Attach an **eMedNY Delay Reason Code form** to each claim form and indicate the appropriate acceptable Delay Reasons for late submission as shown above. This form should be exactly the same size and paper quality as that of the claim form. Where applicable, fill in the related Transaction Control Number (TCN) or prior approval number.

**The eMedNY Delay Reason Code form follows.**

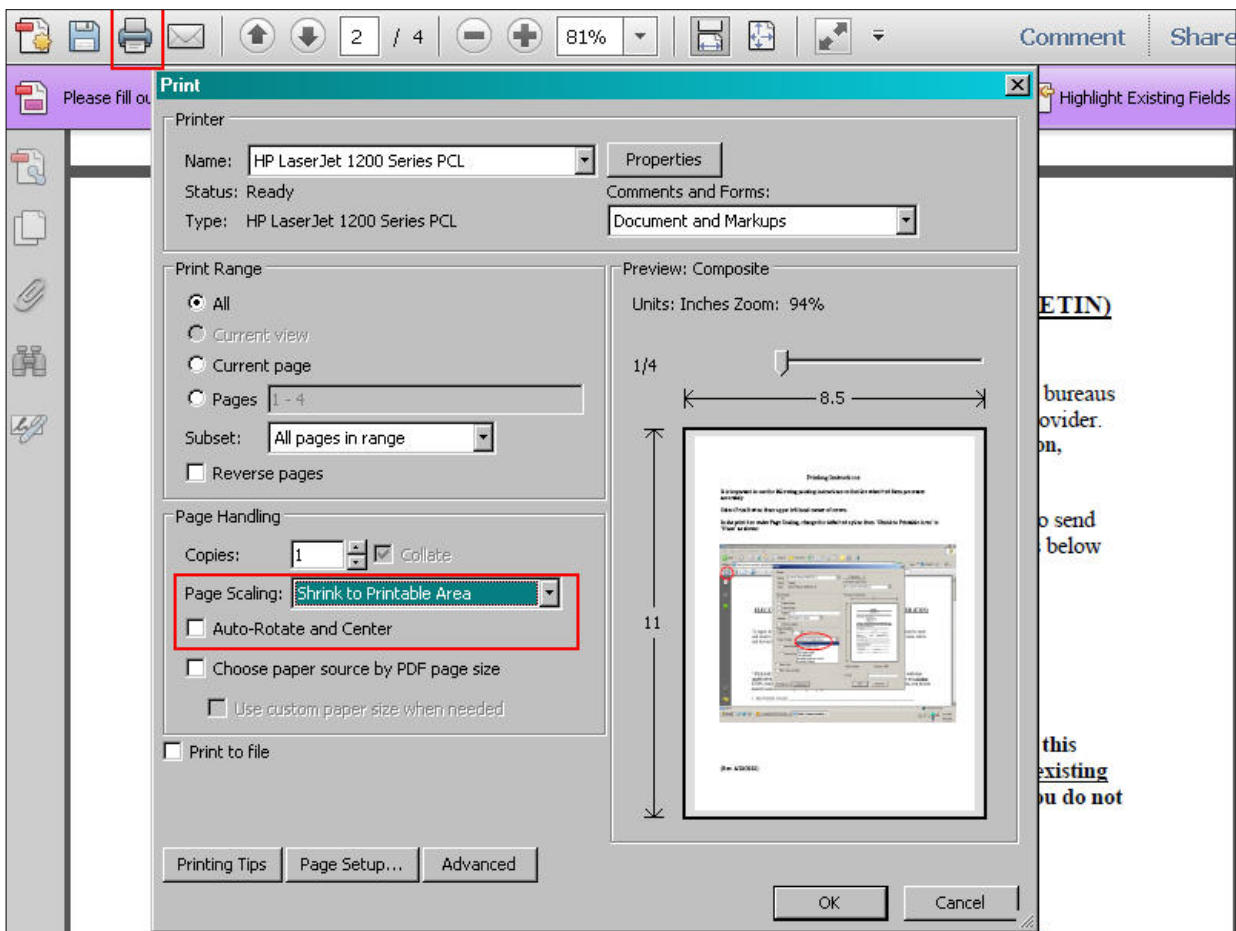
## Printing Instructions

It is important to use the following printing instructions so that the submitted form processes accurately.

Select Print Button from upper left hand corner of screen.

In the print box under Page Scaling, change the defaulted option from 'Shrink to Printable Area' to 'None' as shown below.

Ensure 'Auto Rotate and Center' is unchecked.





eMedNY Delay Reason Code Form



Computer Sciences Corporation  
PO Box 4601  
Rensselaer, NY 12144-4601

Client Identification Number: \_\_\_\_\_  
Date(s) of Service: \_\_\_\_\_

The attached claim is for services for which the timely filing limit has expired. The reason for late submission is (Enter 'X' in box where appropriate):

- 1 Proof of eligibility unknown or unavailable
- 2 Litigation (include supporting documentation)
- 3 Authorization Delays (include supporting documentation)
- 4 Delay in Certifying Provider
- 5 Delay in Supplying Billing Forms (applies to paper claims only)
- 6 Delay in Supplying Custom-made Appliances \*\* NYS Medicaid does not accept this reason for delay and will deny a code value of "6". \*\*
- 7 Third Party Processing Delay (include EOMB)
- 8 Delay in Eligibility Determination
- 9 Original Claim Rejected or Denied due to a reason unrelated to the billing limitation rules - fill in Transaction Control Number (TCN) of original claim: \_\_\_\_\_
- 10 Administrative Delay in the Prior Approval Process - fill in prior approval number: \_\_\_\_\_
- 11 Other (select one)
  - (A) Adjustment of Paid Claim - fill in original TCN: \_\_\_\_\_
  - (B) Audit Directed Replacement of Voided Claim - fill in voided claim TCN: \_\_\_\_\_
  - (C) Provider Initiated Replacement of Voided Claim - fill in voided claim TCN: \_\_\_\_\_
  - (D) Interrupted Maternity Care - delayed prenatal care claims because delivery performed by a different practitioner
  - (E) IPRO Denial/Reversal - Island Peer Review Organization previously denied claim but denial was reversed on appeal - fill in original TCN: \_\_\_\_\_
- 15 Natural Disaster (include supporting documentation)

Sincerely,

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Refer to your Provider Manual, General Billing section for more information on the timely submission of claims.