

Medicaid 835 Errors

Adjustment Group Code	Adjustment Reason Code	Remark Code	Description	Action
CO	10		<p>Primary / Principal diagnosis is inconsistent with Gender.</p> <p>This could mean that:</p> <p>a) Diagnosis is incorrect b) Child's gender in KIDS / NYEIS is incorrect c) Child's gender in eMedNY is incorrect d) Child's CIN in KIDS/NYEIS is incorrect</p>	<p>a) Correct diagnosis in Medicaid Claims Needing Attention</p> <p>b, c, d) Please see article on Medicaid Data Conflicts for more information on how to proceed.</p>
CO	16	M49	<p>Rate Table Issue</p> <p>This means that something needs to be corrected in provider's Medicaid profile.</p>	<p>Contact the BEI or OHIP.</p> <p>You can reach the BEI by phone at (518) 473-7016 or by email at bei@health.state.ny.us.</p>
CO	16	MA130	<p>Medicaid Profile Setup Issue</p> <p>This means that something needs to be corrected in provider's Medicaid profile.</p>	<p>Contact the BEI or OHIP.</p> <p>You can reach the BEI by phone at (518) 473-7016 or by email at bei@health.state.ny.us.</p>
CO	16	MA39	<p>Child's Gender does not match what eMedNY has on file</p> <p>This could mean that:</p> <p>a) Child's gender in KIDS / NYEIS is incorrect b) Child's gender in eMedNY is incorrect c) Child's CIN in KIDS/NYEIS is incorrect</p>	<p>Please see article on Medicaid Data Conflicts for more information on how to proceed.</p>
CO	16	N216	<p>Likely a Code 35 issue</p>	<p>Contact the municipality for further assistance.</p>
CO	16	N291	<p>Rendering Provider = Billing Provider</p>	<p>Providers should no longer see this error.</p>
CO	16	N340	<p>Child's DOB does not match what eMedNY has on file</p> <p>This could mean that:</p> <p>a) Child's DOB in KIDS / NYEIS is incorrect b) Child's DOB in eMedNY is incorrect c) Child's CIN in KIDS/NYEIS is incorrect</p>	<p>Please see article on Medicaid Data Conflicts for more information on how to proceed.</p>
OA	18		<p>Duplicate Service</p>	<p>Providers should not need to resolve.</p>
CO	22		<p>eMedNY's records indicate child has commercial insurance that was not billed</p>	<p>Contact the municipality to have them work with the service coordinator to make sure that the child's insurance information is correct.</p>

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				<p>If the information is incorrect, please see the article on correcting insurance information.</p> <p>If the information is correct, the municipality should work with the local DSS to correct the information listed in eMedNY.</p>
CO	22	N479	eMedNY's records indicate Child has commercial insurance that was not billed	<p>Contact the municipality to have them work with the service coordinator to make sure that the child's insurance information is correct.</p> <p>If the information is incorrect, please see the article on correcting insurance information.</p> <p>If the information is correct, the municipality should work with the local DSS to correct the information listed in eMedNY.</p>
CO	24		Likely an Issue with CIN	Please see article on Medicaid Data Conflicts for more information on how to proceed.
CO	27		Child Ineligible on Date of Service	These claims should automatically move to be reimbursed out of the Escrow account.
CO	29		Time limit has expired. Resubmit with delay reason code	Use the Medicaid Claims Needing Attention page to add a denial reason code and resubmit claims.
CO	6	N129	<p>Not eligible due to patients age</p> <p>This could mean that:</p> <p>a) Child's DOB in KIDS / NYEIS is incorrect</p> <p>b) Child's DOB in eMedNY is incorrect</p> <p>c) Child's CIN in KIDS/NYEIS is incorrect</p>	Please see article on Medicaid Data Conflicts for more information on how to proceed.
CO	9		<p>Diagnosis is inconsistent with patients age</p> <p>This could mean that:</p> <p>a) Diagnosis code is incorrect</p> <p>b) Child's DOB in KIDS / NYEIS is incorrect</p> <p>c) Child's DOB in eMedNY is incorrect</p> <p>d) Child's CIN in KIDS/NYEIS is incorrect</p>	<p>a) Correct ICD-9 code on Medicaid Claims Needing Attention page.</p> <p>b, c, d) Please see article on Medicaid Data Conflicts for more information on how to proceed.</p>
CO	96	N30	Likely a Code 35 issue	Contact the municipality for further assistance.

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CO	97	M2	Not paid separately when patient is an inpatient	These claims should automatically move to be reimbursed out of the Escrow account.
CO	A1	N198	Rendering Provider Not affiliated with Billing Provider	Providers should no longer see this error.
CO	A1	N79	Provider Needs to Have Zip Code + 4 for that county added to their profile	Contact the BEI or OHIP. You can reach the BEI by phone at (518) 473-7016 or by email at bei@health.state.ny.us .
CO	B7		Provider Not Certified to be paid for this procedure / service on this date of service.	Contact the BEI or OHIP. You can reach the BEI by phone at (518) 473-7016 or by email at bei@health.state.ny.us .