

eMedNY Delay Reason Code Form



eMedNY
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.