



## ALL PROVIDERS

### NEW EDIT 02292 - MULTIPLE CLAIMS SUBMISSION FOR THE SAME SERVICE

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New Edit 02292 (Claim Submission Limit Exceeded) has been created to limit claim submissions for the same service. Regulation 18 NYCRR 540.6 states that any returned claim not correctly resubmitted within 60 days or on the **second resubmission** is neither valid nor enforceable against the Department or a social services district. Currently the editing has been set to pay while the Department evaluates the data on the number of resubmissions currently being submitted. If a claim pends for another reason, the Bureau of Medical Review manually determines how many times the claim has been submitted and if it exceeds the regulatory limit, the claims have denied.

Effective **June 1, 2026**, claims setting Edit 02292 will be denied after the fourth claim resubmission. Claim Adjustment Reason Code 273 will be reported on your remittance statement. All claim errors must be corrected by the fifth submission (the original and four subsequent resubmissions) to be paid. Currently we are denying claims after five submissions which is above the regulatory limit of three. We will set Edit 02292 to five to match the manual review process with the goal of working towards lowering it to the regulatory limit of three submissions.

For questions regarding policy please contact the Bureau of Medical Review Claims Unit at (800) 342-3005 option 3 or [pend@health.ny.gov](mailto:pend@health.ny.gov)

For general claim questions please contact eMedNY Call Center at (800) 343-9000.

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