



Department of Health

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Medicaid Fee-For-Service (FFS) Reimbursement of Medicare Part B Pharmacy Claims

Notification of Automatic Adjustments of Previously Paid Claims

As a result of a change in reimbursement methodology for pharmacy claims for Medicare/Medicaid dually eligible individuals, previously paid claims for the dates of service July 1, 2015 through April 20, 2016 that were not billed in accordance with the mandated changes are being adjusted automatically to reflect the new cost sharing limits. Please see page 21 of the [April 2016 Medicaid Update](#) for specific details.

The affected claims have been reprocessed in cycle 2030, check date 07/18/16, release date 08/03/16.

The 835 Remittance Advice for the adjustments will return Claim Adjustment Reason Code "A1"- (Claim/ Service Denied), Remittance Remark Code "N421"-(Claim Payment was the result of a Payer's Retroactive Adjustment Due to a Review Organization Decision), Claim Adjustment Group Code- "OA"- (Other Adjustments), Healthcare Claim Status Code- "46"-(Internal Audit Review).

Please contact the eMedNY Call Center at (800) 343-9000 for questions regarding this billing requirement.