



February 7, 2022

Web Announcement 2703

## **Professional and Institutional Claims Denied in Error with Error Code 7201 Have Been Reprocessed**

Professional and institutional claims that processed on or after February 1, 2019, through November 15, 2021, and denied in error with error code 7201 (Denied by ClaimsXten based on program policies) have been reprocessed automatically. Results of the reprocessed claims appear on remittance advices dated February 11, 2022.

When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.

The provider types impacted by the claim denials are:

- PT 17 specialty 181 (Special Clinics: Federally Qualified Health Centers (FQHC))
- 20 (Physician, M.D., Osteopath, D.O.)
- 29 (Home Health Agency and Private Duty Nursing Services)
- 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies)
- 43 (Laboratory, Pathology Clinical)