



February 14, 2022 (Updated February 28, 2022)

Web Announcement 2710

**Attention Provider Types 22 (Dentist) and 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies):**

**Claims with Error Code 5578 Reprocessed**

Dental services claims submitted by provider types 22 (Dentist) and 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies) with dates of service on or after February 1, 2019, through October 11, 2021, that denied in error with error code 5578 (Two units allowed per 6 rolling months without prior authorization) have been reprocessed automatically to adjudicate correctly. Results of the reprocessed claims appear on remittance advices dated **March 4, 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.