



February 28, 2022

Web Announcement 2724

Attention Provider Type 12 (Hospital, Outpatient):

Claims with National Drug Codes Processed Incorrectly and Denied in Error Have Been Reprocessed

Some claims submitted by provider type (PT) 12 (Hospital, Outpatient) with National Drug Codes (NDCs) processed incorrectly as some physician-administered drug (PAD) claim details may have been denied in error when the claims were processed by OptumRx. The impacted claims denied in error with error code 908 (PAD details denied by PBM (Pharmacy Benefits Manager)) and were processed on or after July 28, 2021, through December 15, 2021. The claim processing issue has been corrected and impacted claims have been reprocessed automatically.

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.