



June 17, 2022

Web Announcement 2808

## **Claims That Should Have Denied for Medicare or Private Insurance Coverage Have Been Reprocessed**

Some claims that paid the Medicaid allowed amount, but should have paid only up to the patient responsibility or should have denied, have been reprocessed automatically. The impacted claims should have denied with error codes 2500 (Client covered by Medicare Part A), 2502 (Client covered by Medicare Part B) or 2504 (Client covered by private insurance). The impacted claims had dates of service on or after February 1, 2019, and were processed August 3, 2020, through February 22, 2022.

Results of the reprocessed claims appear on remittance advices dated June 17, 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.