



August 2, 2022

Web Announcement 2861

## **Attention Providers Who Bill Crossover Claims Electronically via 837I or 837P Transactions with Claims Adjustment Reason Code (CARC) 132: Claims Denied in Error Have Been Reprocessed**

Crossover claims submitted electronically via 837I or 837P transactions with Claims Adjustment Reason Code (CARC) 132 that denied in error with error codes 451 (No crossover coinsurance or deductible due) and 452 (Calculated detail Medicare allowed amount is zero) because no coinsurance or deductible are due have been reprocessed automatically. Claims that denied with error code 452 reflect a paid amount of zero instead of a denial with error code 452. Impacted claims had dates of service on or after February 22, 2020, through February 22, 2022.

Results of the reprocessed claims appear on remittance advices dated August 5, 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.