



September 8, 2022

Web Announcement 2892

Outpatient, Professional and Medicare Crossover Claims for Procedure Codes A0160, T1015 and T1023 Reprocessed

The following outpatient, professional and Medicare crossover claims for procedure codes A0160 (Nonemergency transportation: per mile – caseworker or social worker), T1015 (Clinic visit/encounter, all inclusive) or T1023 (Screening to determine the appropriateness of consideration of an individual for participation in a program or treatment, per encounter) that denied in error with error code 2504 (Client covered by private insurance) have been reprocessed automatically:

- Claims for recipients who had Vision Coverage only for procedures A0160, T1015 or T1023 and processed on or after February 1, 2019, through March 8, 2021.
- Claims for recipients who had Hospital Coverage only for procedures A0160, T1015 or T1023 and processed on or after February 1, 2019, through December 15, 2020.

Claims that denied with timely filing error codes 676, 677, 678 or 680 were not included in this claim reprocessing effort.

Results of the reprocessed claims appear on remittance advices dated September 9, 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.