



September 30, 2022

Web Announcement 2908

**Attention Provider Type 55 (Day and Residential Habilitation Services):**

**Claims that Paid or Denied in Error Have Been Reprocessed**

The following claims submitted by provider type (PT) 55 (Day and Residential Habilitation Services) have been reprocessed automatically to adjudicate correctly:

- Professional or professional crossover claims for procedure code T2017 (Residential Habilitation waiver) with modifier UJ (sleep) and PT 55 as the rendering provider that paid in error. The dates of service on the impacted claims were March 16, 2021, through January 11, 2022.
- Outpatient or outpatient crossover claims with PT 55 as the billing provider with dates of service prior to March 16, 2021, that processed on or after March 16, 2021, through January 12, 2022, and denied in error with the following error codes:
  - 4014 (No pricing segment on file)
  - 4201 (No coverage rule for procedure)
  - 4209 (No pricing segment for procedure/modifier combination)
  - 4227 (No coverage rule for revenue code)
  - 4801 (No billing rule for procedure)

Results of the reprocessed claims appear on remittance advices dated October 7, 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.