



February 13, 2023

Web Announcement 3005

Medicare Crossover Claims That Paid Greater Than Zero in Error Have Been Reprocessed

Medicare crossover claims submitted electronically via 837I or 837P transactions with Claims Adjustment Reason Code (CARC) 132 and no Medicare deductible, coinsurance or co-pay that paid an amount greater than zero in error have been reprocessed automatically to adjudicate correctly. The impacted claims had dates of service on or after February 22, 2020, through December 19, 2022, and processed on or after February 22, 2020, through December 20, 2022. Results of the reprocessed claims appear on remittance advices dated February 10, 2023.

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.