



November 7, 2022

Web Announcement 2936

Attention Provider Type 74 (Nurse Midwife): Claims That Denied in Error Have Been Reprocessed

Claims for the procedure codes listed below submitted by provider type 74 (Nurse Midwife) that processed on or after September 1, 2022, through September 13, 2022, and denied in error with error codes 3958 (No reimbursement rule for procedure) or 4150 (Rendering provider/facility provider type/specialty restriction procedure billing rule) have been automatically reprocessed.

The impacted procedure codes are:

- 76815 (modifier 26) (Ultrasound, pregnant uterus, real time with image documentation, limited)
- 92558 (Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis)
- 96160 (Administration of patient-focused health risk assessment instrument with scoring and documentation, per standardized instrument)

Results of the reprocessed claims appear on remittance advices dated November 11, 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.