



June 5, 2018

Web Announcement 1608

Urgent Notice Regarding Facility Claims Denied in Error

Facility claims denied in error with edit codes 0205 (All the revenue lines on a Uniform Bill (UB) claim are priced at zero) or 0210 (No fees found on file) are being automatically reprocessed to adjudicate correctly. Results of the reprocessed claims will appear on remittance advices dated June 15, 2018.

Please note: 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.

The following provider types are impacted by these claim denials:

Provider Type	Description
10	Outpatient Surgery, Hospital Based
11	Hospital, Inpatient
12	Hospital, Outpatient
13	Psychiatric Hospital, Inpatient
19	Nursing Facility
29	Home Health Agency
34	Therapy
44	Swing-bed, Acute Hospital
45	End Stage Renal Disease (ESRD) Facility
56	Inpatient Rehabilitation and Long Term Acute Care (LTAC) Specialty Hospitals
63	Residential Treatment Centers (RTC)
64	Hospice
65	Hospice, Long Term Care
75	Critical Access Hospital (CAH), Inpatient
81	Hospital Based ESRD Provider