



February 22, 2022

Web Announcement 2719

Inpatient, Inpatient Crossover and Long Term Care Claim Reprocessing Update

Inpatient, Inpatient Crossover and Long Term Care claims that denied in error with error codes 4253 (Medical review for revenue code coverage rule) or 4733 (Any header diagnosis restriction for revenue code coverage rule) and were not included in a previous claims reprocessing effort have been reprocessed automatically. The impacted claims processed on or after January 1, 2020, through August 3, 2020. Results of the reprocessed claims appear on remittance advices dated February 25, 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.