

Claims for Physician-administered Drugs Billed with Non-covered Charges that Denied Will Be Reprocessed

Claims with dates of service May 29, 2015, through September 25, 2015, for physician-administered drugs billed with non-covered charges that denied inappropriately with edit code 0760 (Initial evaluation previously paid) will be automatically reprocessed to pay appropriately. Results of the reprocessed claims will appear on remittance advices dated April 14, 2017.