



October 24, 2022

Web Announcement 2928

Claim Reprocessing Efforts for Inpatient Institutional Claims with Medicare Part A and/or Part B

Some inpatient institutional claims that were not being reviewed for Medicare Part B payment information when Part A had exhausted had previously been reprocessed. The first reprocessing efforts reported in [Web Announcement 2527](#) and [Web Announcement 2306](#) did not include all impacted claims. A subsequent reprocessing effort has been completed to include the remaining impacted inpatient institutional claims that were originally processed on or after February 19, 2019, through May 31, 2020, with the following criteria:

- Medicare Part A exhaust claims that paid in error.
- Claims that denied or paid incorrectly for recipients that did not have Part A coverage or that were submitted within the 365-day limit and denied incorrectly with error code 676 (Date of service exceeds timely filing).
- Medicare Part A exhaust claims that were also submitted with Medicare Part B as Other Insurance.
- Claims with only Medicare Part B submitted as third party liability over 180 days but less than 365 days that denied due to timeliness with error codes 676 (Date of service exceeds timely filing) and 677 (Timely filing limit exceeded).

Results of the reprocessed claims appear on remittance advices dated October 28, 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.