



June 18, 2020

Web Announcement 2229

Outpatient and Outpatient Crossover Claims Denied with Error Codes 3381, 3383 and 3385 Reprocessed

Some outpatient and outpatient crossover claims related to hysterectomy/abortion/sterilization services were being denied incorrectly because the system was using the first detail date of service (DOS) to try to match the claim to a claim in history that has the approved hysterectomy/abortion/sterilization form instead of using the header DOS. The Medicaid Management Information System (MMIS) has been updated to process these claims correctly. The impacted claims were processed on or after February 1, 2019, through May 28, 2020. The impacted claims that denied incorrectly with error codes 3381 (Abortion Certificate Required – header), 3383 (Sterilization Form Required – header) and 3385 (Hysterectomy Form Required – header) have been automatically reprocessed to reimburse correctly. Results of the reprocessed claims appear on remittance advices dated June 5, 2020.

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. 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.