

This document is intended to provide a concise list of known issues or problems identified/reported related to the MMIS. In some cases a resolution or “fix” is known or put in place.

This document is divided into the following sections:

Known Issues List – This section contains items that, where applicable, are categorized by provider or claim type. For previously known issues that have been resolved, the item and item number has been removed from the list.

Informational Section – This section contains items that are informational only. During the course of resolving an issue, if it is determined that a code fix is not necessary, the issue will appear in this section.

Archive Section – This section contains items that are archived issues. Once an issue has been resolved and removed from the Known Issues List, it will appear in this section as reference material for several weeks, before being removed permanently.

NOTE: Items updated or new items added this week will appear in blue text.

Item #	Provider Type/Claim Type	Description	Resolution	Date Reported	Date Resolved (or targeted for resolution, if known)
48	Hospital	Edit 6354 posting incorrectly and cutting back units.	This issue is being addressed in internal reporting ID 11197. The system fix has been completed and all reprocessing tasks completed 04/10/2009. NOTE: While it was previously thought that this issue was fixed, new occurrences have been reported. This is being tracked with internal reporting ID 3260, which is currently under construction with CO 13225. It has not yet been determined if affected claims can be automatically reprocessed. As soon as that determination is made additional information will be posted.	Week of 08/04/2008	Issue 11197 completed 2/13/2009. Reprocessing completed 04/10/2009.
98	Professional	Claims incorrectly denying as a duplicate while the DOS is actually different. Claim in August denying	Internal tracking ID 2610 and 2641. The research phase has been completed; the system fix has been identified with CO 10796. It has not yet been determined if affected claims can be automatically reprocessed. As soon as that	09/26/2008	

Known Issues and Informational Items

Item #	Provider Type/Claim Type	Description	Resolution	Date Reported	Date Resolved (or targeted for resolution, if known)
		against a claim in June as an exact duplicate Edit 5001 EOB 0482.	determination is made additional information will be posted.		
105	Professional	Chiropractic claim can deny in error for missing Medipass referral number when the number is included.	Internal tracking ID 2661. The research phase has been completed; the system fix completed on 05/01/2009, and reprocessing completed 05/08/2009. While this issue was previously thought to be fixed, new occurrences have been reported where the claims could deny when the recipient does not have Medipass. The system fix has been identified with CO 13582.	10/07/2008	System fix completed 05/01/2009. Reprocessing completed 05/08/2009. New occurrences completion date TBD.
122	Hospital, LTC	0362 denials can occur in error, stating MEDICARE DEDUCTIBLE GREATER THAN ALLOWED DEDUCTIBLE when the Medicare deductible submitted is less than the allowed deductible.	Internal tracking ID 2888, internal number 11772, regarding inpatient crossovers. The system fix has been completed, and affected claims have been repossessed. Outpatient claims issues will be addressed with internal tracking ID 3261/CO 13075. The fix will be completed in two different phases. The first phase has been completed with CO 15310. This CO will suspend claims that are currently denying, which will allow staff to manually work the claim. This is a temporary fix until CO 13075 can be completed.	09/30/2008	System fix for CO 11772 completed 02/26/2009. Reprocessing completed 03/05/2009. System fix for CO 15310 completed 8/28/2009.
137	LTC	In some instances, Level of Care (LOC) X claims (Part A Crossovers) may be overpaying.	Internal reporting ID 11616. This issue has completed the research phase. The system fix completed 05/29/2009. A reprocessing task has been identified; awaiting reprocessing date.		System fix completed 05/29/2009.
138	Professional	Anesthesia cross-over claims denying when decimal is used in the	Internal reporting ID 2947. The research phase has completed, and a system fix has been identified with CO 15147.	12/23/2008	

Known Issues and Informational Items

Item #	Provider Type/Claim Type	Description	Resolution	Date Reported	Date Resolved (or targeted for resolution, if known)
		Unit field.			
143	Professional	PICC claims with Procedure 99510 denying inappropriately for Procedure Codes 4801, 4990, and 4257.	Internal reporting ID 2958. The research phase has completed, and a system fix has been identified with CO 12684. A reprocessing task has been identified; awaiting completion of the system fix to set the reprocessing date.	12/30/2008	
162	Professional	Claim in August denying against a claim in June as an exact duplicate Edit 5001 EOB 0482.	Internal reporting ID 2641. The research phase has completed, and it has been determined that this issue will be tracked and fixed with Known Issue item 98.	08/12/2008	Refer to item #98 in this document for resolution.
174	Professional	FQHC claims may pay fee for service rate in error instead of encounter rate.	Internal reporting 3113. The research phase has completed, and system fix CO 13039 has been identified to resolve this issue.	02/05/2009	
178	Hospital	Claims are denying for missing occurrence code 42 on baby claims. Mother does not participate in Medicaid; therefore occurrence code 42 should not be required.	Internal tracking ID 2766. This issue has completed the research phase, and a system fix has been moved in. Reprocessing of claims without attachments completed 05/11/2009. Reprocessing of claims with attachments awaiting reprocessing date.	10/30/2008	System fix completed 05/01/2009. Reprocessing of claims without attachments completed 05/11/2009. Reprocessing of claims with attachments awaiting reprocessing date.
191	Professional	Some crossover claims posting EOB 0660 incorrectly when Medicare paid amount is less than the Medicaid fee schedule.	Internal tracking ID's 3137, 3417, 3137, 3353, and 3059. The system fix, CO 12894, completed 06/26/2009. A reprocessing task has been identified; awaiting reprocessing date.	2/12/2009	System fix completed 06/26/2009.

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Item #	Provider Type/Claim Type	Description	Resolution	Date Reported	Date Resolved (or targeted for resolution, if known)
197	Hospital	Inpatient and outpatient claims denying incorrectly for 3601: Services not covered for FP, when recipient had full Medicaid coverage for all covered days.	Internal tracking ID 3070. This issue is currently in the research phase.	01/29/2009	
204	Ambulance	Claims may inappropriately deny against a different Date of Service (DOS) as a duplicate.	Internal tracking ID 3418. The research phase has completed, and a system fix has been identified with CO 15460.	02/27/2009	
208	Professional	Anesthesia for hysterectomy (00944) is denying for edit 3037.	Internal tracking ID 3262. This issue is currently in the research phase.	03/13/2009	
209	Professional	Claims may deny for procedure billed within surgery follow up day, when they are billing for a pre-surgery consultation.	Internal tracking ID 2677. The research phase and the system fix completed 05/04/2009. Reprocessing of claims without attachments completed 05/13/2009. Reprocessing of claims with attachments awaiting reprocessing date.	10/08/2008	System fix completed 05/04/2009. Reprocessing of claims without attachments completed 05/13/2009.
211	Professional	Immunization claims deny for error 4257 after reimbursement rules added. Codes affected include 90681, 90696, and 90698.	Internal tracking ID 3310. The system fix completed 04/10/2009, and reprocessing task 13562 (without attachments) completed 6/08/2009. Reprocessing task 13611 (with attachments) has been identified and is awaiting reprocessing date.	03/26/2009	System fix completed 04/10/2009. Reprocessing of claims without attachments completed 06/08/2009.
212	Hospital	Non-emergency claim with POS 23 may incorrectly deduct the maximum copay of \$15.00 when the Medicaid payment is less than \$300.00.	Internal tracking ID 3298. The research phase has completed, and a system fix has been identified with CSR 1087.	03/23/2009	

Known Issues and Informational Items

Item #	Provider Type/Claim Type	Description	Resolution	Date Reported	Date Resolved (or targeted for resolution, if known)
218	Hospital	Some hospital claims denied inappropriately for EOB 5000 - THIS IS A DUPLICATE OF ANOTHER CLAIM against a Nursing Home claim when the nursing home provider billed for a bed hold.	Internal tracking ID 3314. The system fix, CO 13521, completed 07/06/2009. It has not yet been determined if affected claims can be automatically reprocessed. As soon as that determination is made additional information will be posted. NOTE (08/14/2009): New occurrences of EOB 5000 have been reported and are currently being investigated.	03/30/2009	
222	Hospital	Mom/Baby claims that are billed with the hearing test fee (rev code 471) are paying per diem rate and not reimbursing the hearing fee test.	Internal tracking ID 3376. While it was thought that this issue was resolved, new occurrences have been reported. CO 15102 has been created to address this issue.	04/20/2009	
224	Hospital	Some inpatient claims are inappropriately overpaying when the recipient has exhausted their 45 day inpatient stay.	Internal tracking ID 3312. The research phase has been completed, and the system fix is under construction with CO 13225. It has not yet been determined if affected claims can be automatically reprocessed. As soon as that determination is made additional information will be posted.	03/26/2009	
230	Professional	Denial procedure codes 99304- 99340 may inappropriately occur when Place of Service 31, 32, and 33 are indicated.	Internal tracking IDs 3187, 2757, and 3101. The system fix (CO 12674) completed 10/09/2009, and reprocessing task 12676 has been identified and is awaiting reprocessing date.	10/27/2008	System fix complete 10/09/2009.
242	Professional	Crossover claims may have inappropriately over paid for physician claims with procedure code 99213.	Internal tracking ID 3469. The research phase has been completed; the system fix has been identified with CO 13651.	05/19/2009	

Known Issues and Informational Items

Item #	Provider Type/Claim Type	Description	Resolution	Date Reported	Date Resolved (or targeted for resolution, if known)
245	Professional	Procedure codes 67311, 67314, 67331, 66170, 67320, 67332, 65820, 65850, 67255, 67515 may deny for EOB's 4044, 4070 in error.	Internal tracking ID 3476. The research phase has completed, and a system fix has been identified with CO 14811. It has not yet been determined if affected claims can be automatically reprocessed. As soon as that determination is made additional information will be posted.	05/21/2009	
248	Institutional	Outpatient first trimester pregnancy ultrasounds may deny in error EOB 0260 SERVICE NOT COVERED FOR RECIPIENT PLAN.	Internal tracking ID 3471. The research phase has completed, and a system fix has been identified with CO 13588. It has not yet been determined if affected claims can be automatically reprocessed. As soon as that determination is made additional information will be posted.	05/20/2009	
249	Professional	Claims submitted with the family planning indicator, may be deducting a co-pay for recipients in error.	Internal tracking ID 3496. The research phase has completed, and a system fix has been identified with CO 14474. It has not yet been determined if affected claims can be automatically reprocessed. As soon as that determination is made additional information will be posted. Note: There was an update on 10/15/2009 to update pregnancy codes to bypass the co-pay requirement; however, CO 14474 remains open to address claims that have the Family Planning indicator that are not bypassing the co-pay logic.	06/02/2009	
252	Professional	Some claims may deny for 4802. Codes identified: V090 and V1279; however, this issue is not limited to V codes.	Internal tracking ID 3491. This issue has completed the research phase, and CO 13655 has been identified to resolve this issue. The 4802 represents a diagnosis code not currently recognized by the system as valid. With the implementation of CO13655, for all diagnosis codes, the 4802 will only post on primary	05/29/2009	

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			diagnosis codes (the diagnosis pointer #1 from the detail). These occurrences should be reported to the Provider Services Contact Center, 1-800-289-7799 Option 7.		
254	Hospital	Claims adjusted as a result of a retro rate adjustment the end of May, may have only paid the lab fees and not the per diem rate.	Internal tracking ID 3495. The system fix has completed with CO 14449. A reprocessing task has been identified; awaiting reprocessing date. Note: If the claim is resubmitted or adjusted, it pays at the correct rate.	06/02/2009	System fix completed 08/27/2009.
256	Multiple	Some retro rate adjustments may cause previous payments to be taken back and not re-issued.	This is a duplicate of item 262 on this list. Please refer to Known Issue 262 for resolution information.	06/12/2009	
257	Professional	Crossovers not paying when Medicare applied payment to deductible.	Internal tracking ID 3442. The research phase has completed, and it has been determined that this issue will be tracked and fixed with Known Issue item 276.	05/13/2009	
258	Multiple	When attempting to adjust a claim, it may appear as already adjusted; however, the adjusted claim is for a different date of service.	Internal tracking ID 3391. The research phase has been completed and a system fix has been identified with task 12741. It has not yet been determined if affected claims can be automatically reprocessed. As soon as that determination is made additional information will be posted.	04/23/2009	
259	Professional	Claims with procedure code 57474 are denying inappropriately when billed for Family Planning recipients.	Internal tracking ID 2823. The research phase has been completed and a system fix has been identified with CO 15685.	11/19/2008	

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Item #	Provider Type/Claim Type	Description	Resolution	Date Reported	Date Resolved (or targeted for resolution, if known)
260	Professional	Physician Assistants claims for code 58150 modifier 80 are paying at \$0.	Internal tracking ID 3619. This issue is currently in the research phase.	03/05/2009	
261	Hospital	Inpatient claims are denying for EOB 0260/Edit 4975 when the recipient has MU as one of their benefit coverage plans. This is similar to Known Issue 221 in which outpatient claims are denying for the same reason.	Internal tracking ID 3543. The claim in issue has been paid and task 14809 has been cancelled. A system fix is not required for this issue. Please resubmit any denied claims and report any new issues. Update: New examples have been reported, and this issue is still being reviewed.	06/23/2009	
262	Hospital	Retro rate claims (region 55) may incorrectly pay at \$0.	Internal tracking ID 3512. The research phase has been completed and a system fix has been identified with CO 13474. It has not yet been determined if affected claims can be automatically reprocessed. As soon as that determination is made additional information will be posted.	06/09/2009	
263	Hospital	Inpatient claims for Alien recipients with an Alien Benefit Plan, aid categories within that benefit plan of ML A, ML S, NL A, NL S, bypass edit 3049 and 3041.	Internal tracking ID CSR 1039/CO 14261. This issue is currently in the research phase.	05/13/2009	
264	Professional	Claims with codes 90681 and 90696 may deny for EOB 4035 PROC CODE - SEX CONFLICT	Internal tracking ID 3333. This issue has completed the research phase, and CO 13036 has been identified to resolve this issue. It has not yet been determined if affected claims can be automatically reprocessed. As soon as that determination is made, additional information will	04/03/2009	

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Item #	Provider Type/Claim Type	Description	Resolution	Date Reported	Date Resolved (or targeted for resolution, if known)
			be posted.		
265	Multiple	Claims were paid to the same provider, recipient, DOS, and procedure code when it should have denied as an exact duplicate.	Internal tracking ID 3388. This issue is currently in the research phase.	04/22/2009	
267	Hospital	EOB 3049 MED I/P PA NOF OR DOS INCORRECT and 3035 SERVICE DATE 120 DAYS AFTER PA ISSUE is incorrectly posting on a small number of claims.	The system fix has been completed with CO 13846. Please resubmit affected claims.	06/12/2009	System fix completed 11/06/2009.
268	Hospital	Newborn inpatient claims are denying for 3049 when only the baby is eligible, mother is not.	Internal tracking ID 3595. CSR 1181 and CO 15162 are complete. Providers need to resubmit denied claims. 9/24 Update: While this issue was thought to be fixed and closed on 09/04/2009, new occurrences have been reported and are being investigated under internal tracking ID 3715. CO16337 has been written to correct the issue for a newborn with non-eligible Medicaid mother. If you have a claim that denies for this issue, contact the Provider Services Contact Center, 1-800-289-7799 Option 7.	07/16/2009	
272		The system (interChange) is not prorating the Medicare coinsurance on medically needy dialysis	Internal tracking ID 2891. The research phase has been completed, and it has been determined that there will be a change to the system's current functionality. This issue will be tracked with CO	12/03/2008	

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		x-over claims.	15376 and CSR 1220.		
273	Professional	Claims may deny for EOB 0111 BOTH VISIT AND SURGERY NOT COVERED ON SAME DATE OF SERVICE when services that paid on the claim are surgery codes.	Internal tracking ID 3097. The research phase has been completed and CO 12027 has been written to correct this issue.	02/03/2009	
274	Professional	Medicare Crossover claims are denying with the same EOB code 0660: CALCULATED PAYMENT EQUALS ZERO. OTHER INS PAID MORE THAN MEDICAID ALLOWABLE when the recipient has QMB or SLMB benefit plans.	Internal tracking ID 3616. The research phase has been completed, and it has been determined that there will be a change to the system's current functionality. This issue will be tracked with CSR 1244.	07/27/2009	
276	Professional	Claims are incorrectly posting EOB 0660 when Medicare either paid less than our fee schedule allowed OR applied everything to the deductible.	Internal tracking ID 3649. This issue has completed the research phase, and CO 15221 has been identified to resolve this issue. NOTE: The claims identified in the CO have modifier 25 on the claim, which may be causing an issue with reimbursement.	08/11/2009	
277	Professional	EOB 5077 may be posting on some claims incorrectly where 2 different providers performed the same procedure code on the	Internal tracking ID 3083. This issue has completed the research phase, and a system fix has been identified with CO 12025.	1/30/09	

Item #	Provider Type/Claim Type	Description	Resolution	Date Reported	Date Resolved (or targeted for resolution, if known)
		same day. One claim was paid and the other claim was denied. The providers had different specialties, different provider groups, and different diagnoses.			
279	Professional	Crossover Claims may be overpaying by Medicaid. The claims are paying at the full fee schedule, even though Medicare has made a payment.	Internal tracking ID 3618. This issue has completed the research phase, and a system fix has been identified with CO 15412.	07/27/2009	
280	LTC	Provider's Remittance Advice (RA) is showing incorrect Patient Responsibility (PR).	Internal tracking ID 3532. This issue has completed the research phase, and the system fix has been completed with CO 14448.	06/15/2009	System fix completed 11/06/2009.
281	Multiple	Medicare Paid Amount may not be transmitting in the system (FMMIS) correctly on some claims. This is impacting paper Medicare Crossovers, causing incorrect payments.	Internal tracking ID 3654. This issue is currently in the research phase.	08/13/2009	
282	RPICC	Claims may be cutting back days paid in error when the recipient's eligibility changes from one benefit plan to another but maintains eligibility.	The research phase has been completed, and a system fix has been identified with CO 15104.	08/08/2009	

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Item #	Provider Type/Claim Type	Description	Resolution	Date Reported	Date Resolved (or targeted for resolution, if known)
283	Professional	Ambulance claim detail denying for edit 2014: XOVER DATA MISSING AT DETAIL LEVEL when all of the correct Medicare fields were populated.	Internal tracking ID 3657. This issue is currently in the research phase.	8/17/2009	
285	Professional	Claims billed with a 59 modifier for surgery claims may be denying against other surgical procedures in error.	Internal tracking ID 2882. This issue is currently in the research phase.	12/01/2008	
286	Professional	Claims that have multiple lines with the same procedure code and modifier are denying for EOB 5001. This is occurring with modifiers 76, 77, 51 and 59.	Internal tracking ID 3433. This issue is currently in the research phase.	05/10/2009	
287	Professional	99213 denying for 4155, 4044, and 4801 when billed with a place of service of 22.	Internal tracking ID 3673. This issue is currently in the research phase.	08/20/2009	
288	Hospital	Some inpatient claims are not paying correct rate for the claim.	Internal tracking ID 3600. This issue is currently in the research phase.	07/17/2009	
289	Dental	Oral surgeons billing on the Professional claim form for oral surgery codes may be getting a 2091 (RECIPIENT SERVICES COVERED BY HMO PLAN) in error when the recipient is enrolled in a pre-paid dental program.	Internal tracking ID 2989. This issue is currently in the research phase.	01/08/2009	

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Item #	Provider Type/Claim Type	Description	Resolution	Date Reported	Date Resolved (or targeted for resolution, if known)
290	Hospital	Claim denied with 3049 (MEDICAL I/P PA NOT ON FILE) when child with CMS had an emergency admit, which no PA is required.	Internal tracking ID 3724. This issue is currently in the research phase.	09/28/2009	
291	Multiple	Some claims that suspend for AHCA review are pricing incorrectly due to a system issue where it changes the pricing indicator to manual and these claims are paying the incorrect total amount for the number of covered days.	CO 15423 has been identified to correct the issue.	08/28/2009	
293	Professional	Physician anesthesia claim is DUPLICATING against the CRNA anesthesia claim incorrectly.	Internal tracking ID 2985. This issue is currently in the research phase.	01/08/2009	
294	Hospital	Alien claims are only paying the 1st month of the recipient's benefit plan.	Internal tracking ID 3728. This issue is currently in the research phase.	10/05/2009	
295	Multiple	Error 1050 denials posting incorrectly to services that do not require MediPass authorization per policy.	Internal tracking ID 3759. The system has been completed with CO 12079 on 10/21/2009. Denied claims should be resubmitted.	10/19/2009	System fix completed 10/21/2009.
296	Hospital	Incorrect pricing on hospital inpatient claims where the admit date and from date of service for a claim are in different rate	Internal tracking ID 3764. This issue is currently in the research phase.	10/19/2009	

Item #	Provider Type/Claim Type	Description	Resolution	Date Reported	Date Resolved (or targeted for resolution, if known)
		segments.			
297	Hospital	Sterilization for FP recipients may be denying in error with EOB 3601.	Internal tracking ID 3771. This issue is currently in the research phase.	10/22/2009	
298	Professional	Description codes 90702, 90700, 90707, and 90716 may deny in error with EOB 4045 (No reimbursement rule for associated benefit plan).	Internal tracking ID 3665. This issue is currently in the research phase.	08/18/2009	
299	Professional	6512, 92135, 92285, 92225, and 92235 are denying for 4257, 4150, and 4801; provider type 25 (physician) with specialty type 30 (ophthalmology).	Internal tracking ID 3656. This issue is currently in the research phase.	08/14/2009	
300	Hospital	ER visits exempt from the outpatient cap limit when billed with rev code 450 were denying with 6356 (exhausted outpatient benefits).	A system fix has been completed with CO 15759. Please resubmit affected claims.	09/23/2009	System fix completed 10/14/2009.
301	LTC	EOB- 0564 INVALID LOC FOR SNU PROVIDER edit may post incorrectly when the recipient was closed from LOC H or not enrolled for DOS.	A system fix has been completed with CO 15912. Providers are asked to resubmit affected claims.	10/01/2009	System fix completed 11/06/2009.

Informational Section

The following items are informational only.

During the course of resolving an issue, if it is determined that a code fix is not necessary, the issue will appear in this section.

79	All	Individual claims in excess of \$1,000,000 can be submitted through EDI and paper claims, but cannot be submitted through the Web Portal.	This is a known issue; a request to change the system has been reviewed by AHCA, and it has been determined that the Web Portal is working correctly. Claims over \$1,000,000 should be billed electronically or split billed.	08/20/2008	03/03/09
77	Multiple - Medipass Providers	Capitation payment differs between capitation payment received and monthly capitation listing.	Internal reporting ID 2416. Providers get paid in advance for monthly capitation payments. If there are changes in your recipients for the month, the payment will be adjusted the following month. There is no systems issue related to this item; therefore, this item is closed.	08/07/2008	04/15/2009
84	Multiple	RAs in excess of 900 pages cannot currently be downloaded from the Web Portal.	This issue has been resolved with the caveat that any RAs over 1500 pages can be pulled down in a text only format (not PDF).	07/31/2008	04/29/2009
129	Hard copy attachments for claims submitted through the Web Portal	Some claims are denying inappropriately for Attachments Not Received.	This issue has completed the research phase. There have been a few identified reasons to date: 1. Be advised that the Attachment Control Number (ACN) should ONLY include upper case letters or numeric digits, and should NOT include special characters or spaces. If these characters are included, the documentation will not match to the claims, and the claims will deny for attachments not received. If you have submitted an ACN with the above-referenced characters, and the claim has denied, you will need to re-submit these claims with an ACN using only upper case alpha characters and numbers	11/24/2008	12/16/2008

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			<p>2. Ensure that attachments for each claim are submitting separately.</p> <p>3. For claims that have denied for attachments incorrectly, the provider should resubmit.</p> <p>4. If new issues occur, this should be reported.</p>		
134	All	Claims showing in a Resubmit status.	When claims are displaying "Resubmit," this is a status that EDS is working these claims and will automatically reprocess them when all related system issues have been resolved.		
165	Professional	Procedure codes 87491 and 87591 duping against a claim with billing procedures 88175 & 88141.	Internal reporting ID 2640. The research phase has completed and determined that the provider should void the duplicate claim then resubmit.	10/03/2008	02/28/2009
189	Hospital	Some First Health authorized claims are inappropriately denying for 3049 due to the counting of the discharge date.	Internal tracking ID CSR750. The research phase has completed. If the last day on the statement coverage period is not within the PA authorized time span, C3 condition code and M0(zero) occurrence combination should be use when billing. Please refer to the UB 04 Reimbursement Handbook for full instructions.	02/05/2009	03/27/2009
194	All	Ad Hoc Reports	Paid Claims Listing (PCL), Recipient Match and Data Match ad hoc reports have a backlog that is currently being addressed.		Generation of PCL reports has begun.
196	Hospital	Surgical procedures may occur prior to an inpatient admission due to Medical Necessity.	<p>Internal tracking ID 3120. A system modification was implemented on 07/17/2009 with task 13963 to allow the Web Portal to display the ICD-9 date when its prior to the date of service on the claim; however, when this occurs, the claim must be sent to the local Medicaid area office for exceptional processing, please refer to the handbook.</p> <p>When a recipient has surgery in the outpatient setting before being transferred to the inpatient setting on the day following the outpatient</p>	02/06/2009	07/17/2009 Claims will be able to be submitted electronically 9/25/09.

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			<p>surgery, the inpatient admit date is the date he is admitted as an inpatient. However, because outpatient charges have to be transferred on to the inpatient bill, the outpatient surgery ICD-9 procedure code also has to be entered on the inpatient bill. Although this is a correct entry, the surgery date will be outside the covered period on the inpatient claim. For proper handling, such claims must be sent to the local Medicaid area office for exceptional processing.</p> <p>NOTE: These claims can be filed electronically starting 9/25/09. Florida Medicaid will be revising the Hospital Services C&L handbook to reflect this change in policy.</p>		
210	Institutional	Calculated number of days is not equal to the number of days billed.	Internal tracking ID 3172. The research phase has been completed, and it has been determined that this is not a systems issue. If a provider experiences this issue, work with EDI Services, 1-866-586-0961, if submitting through a clearing house/vendor, if billing through the Web Portal/PES contact your local field rep or the Provider Services Contact Center, 1-800-289-7799 Option 7.	02/19/2009	04/30/2009
213	All	Service Limitation on Eligibility Verification	Currently, eligibility verification generates service limitation information for all recipients; however, limitations on services are not applied to recipients under the age of 21. Disregard any cap limit information for any recipient under 21 years of age. A system modification will correct this in the future. We apologize for any confusion this may have caused.		

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214	All	Eligibility Verification	<p>When performing eligibility verification on the secure Web Portal, the response may include references that state "limited to family planning benefit." That statement is referring to the Family Planning benefit. As a reminder, in cases where a recipient has eligibility in multiple benefit plans, with one of the plans having a higher level of benefits (for example, Full Medicaid), the Full Medicaid plan takes precedence and more fully represents the recipient's eligibility.</p>		
215	All	Attachment Control Number Notice	<p>Be advised that the Attachment Control Number (ACN) should only include upper case letters, and should not include special characters or spaces. If these characters are included, the documentation will not match to the claims, and the claims will deny for attachments not received. If you have submitted an ACN with the above-referenced characters, and the claim has denied, you will need to re-submit these claims with an ACN using only upper case alpha characters and numbers.</p>		
216	All	NPI Notice	<p>As your organization works through any issues related to NPI (for example, claims that fail for EOB 1000) - you continue to have the option to submit "Medicaid Provider ID" identifiers. This is an interim measure to avoid negatively impacting your organizations claim processing as you transition to use of the NPI. Once NPI issues are resolved, it is advised that you transition fully to use of the NPI for claim processing.</p>		
238	All	Fax Cover Sheet for Hardcopy Attachments	<p>Occasionally a fax cover sheet may not print for hardcopy attachments. If you experience this issue, you may create a fax cover sheet. Ensure the following items are on the cover sheet:</p> <p>Provider ID on the claim Recipient ID on the claim Attachment Control Number</p>		

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			<p>For additional details on sending claim fax attachments, see Provider Services > Provider Alerts in the public Web Portal, and search for the provider alert titled "One Document Per Fax Transmission."</p> <p>Fax the attachments to 866-267-3775. NOTE: Only claim attachments are accepted at this number, and the above three index items must be included for the claim to process correctly.</p>		
240	Medical Foster Care and PPEC	Providers may receive 0312 (REFERRING PRACT NAME (NUMBER) IS MISSING/INVALID) denials in error when billing for services.	Internal tracking ID 3444. Workaround: Enter the SA nurses number in the referring physician and referral number field for DOS 12/31/08 and before. For DOS 1/1/09 and after, enter your PA number in the PA field and the SA nurses number in the referring physician and referral number field.	05/13/2009	
243	Hospital	Outpatient claims for recipients with Alien eligibility that historically suspend for medical review may now pay or deny based on data present on the claim.	Internal tracking ID 3322 and 3460. The research phase has completed. The system will assess the claim initially for certain criteria, the claim may pay or deny (regardless of whether attachments are present). Specifically, the claim must be: billed by hospital providers on the UB-04 claim, type of bill is 131, Admission type is "1" (Emergency) or "5" (Trauma), and one of the revenue codes is 450. There are criteria related to dialysis and delivery services that are also considered.	04/01/2009	08/24/2009
266	LTC	Claims with LOC H will deny when two authorized providers deliver LOC H services to the recipient at the same time.	<p>FMMIS only allows open LTC provider at a time to bill for a recipient for LOC H services. This requires that the first Provider has a closed segment for treatment of the recipient prior to the second Provider being able to begin authorized treatment of the recipient.</p> <p>If the second Provider is submitting claims when the first provider segment is not closed, then the second provider claims will deny for EOB code 0564 and Error code 1081. This is</p>	07/10/2009	

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			<p>true even if second provider had already been receiving payment in the old system.</p> <p>Providers should work with the Area Offices to initiate any necessary changes/updates.</p>		
269	Hospital	Information on Error 6 and Error 10 for Prior Authorizations (PAs).	<p>Error 6 will post when the recipient is not eligible (on the first requested day of the date span) and Error 10 will post when there is a duplicate PA (for all or a portion of the date span requested). These are valid error codes.</p> <p>However, there are cases when Error 10 did post when there was an overlapping PA for the same date of service for two providers. CO 15070 has completed, and future PA submissions will <u>not</u> incur an error 10 when there is an overlap between the discharge and admit date for transfers from one facility to another. Affected PAs have been automatically retransmitted 09/26/2009.</p>	07/16/2009	<p>System fix completed 09/18/2009.</p> <p>Affected PAs will be retransmitted 09/25/2009.</p>
270	Nursing Home Providers	Information on billing bed hold days for nursing home providers.	<p>For nursing home claims where providers bill for bed hold days, indicate the date of service on each claim line item.</p> <p>For example: Line One: 03/01/2009 to 03/12/2009 (from and to DOS) Revenue Code: 0101 Bed Hold Units: 12 Line Two: 03/13/2009 to 03/14/2009 Code: 0185 Units: 2 Line Three: 03/15/2009 to 03/31/2009 Code: 0101 Units: 17</p>	07/16/2009	
271	Remittance Advice (RA)	Changes have been made to the RA to include both outpatient and inpatient crossover claims in the same area.	<p>A change was put in place with CO 13797 that displays inpatient and outpatient crossover claims under Part A crossovers of the RA.</p> <p>Since now both Type A (Inpatient) and Type C (Outpatient) claims will be shown on the RA, they will be differentiated by the FORM field which contains 'Inpatient' when the claim is type A and</p>	12/03/2008	

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			'Outpatient' when claim is type C. NOTE: In FMMIS, outpatient and inpatient crossovers will appear as they always have.		
275	Multiple	Per the handbook, adjustments can be made 12 months from the paid date; however, the system appears to be using the date of service (DOS). The Web Portal is allowing adjustments based on paid date and they are denying in the system.	Internal tracking ID 2820. This issue has been resolved with CO 14062. Claims can be adjusted 12 months from the paid date.	11/18/2008	7/31/2009
278	Hospital	An issue that may have affected some inpatient Prior Authorizations (PAs) issued July 29, 2009 through August 6, 2009. In some cases, a fully approved PA may have been sent to EDS without the discharge date. This will cause claims to deny inappropriately.	The impacted PAs are being updated to include the discharge date. Those updates are being made the week of August 10th, and will be complete no later than Friday, August 14. Once the PA updates are complete, providers can resubmit claims that have denied inappropriately. We apologize for any inconvenience this caused.	08/13/2009	

Archive Section

The following items are archived issues. Once an issue has been resolved and removed from the Known Issues List, it will appear in this section as reference material for several weeks, before being removed permanently.

130	Hospice and Early Intervention	Hospice and Early Intervention providers billing for recipients in PSN's can receive 1085 denials in error.	Internal reporting ID 2742. This issue has completed the research phase, and a system fix completed 03/09/2009; affected claims have been reprocessed with task 12298. Reprocessing completed 09/22/2009.	10/23/2008	System fix completed 03/09/2009. Reprocessing completed 09/22/2009.
199	Dental	Claims inappropriately deduct 5 percent coinsurance when the claim is billed with Place of Service "32."	Internal tracking ID 3178. CO 13803 is complete. Providers need to resubmit any denied claims.	02/20/2009	System fix completed 09/04/09.
221	Hospital	Some outpatient revenue codes may be incorrectly denying with EOB 0260 SERVICE NOT COVERED FOR RECIPIENT PLAN. Rev codes 360, 750, 450, 451 and 460 have been identified causing denials. There are also issues with revenue codes when the recipient has benefit plan MU.	Internal tracking ID 3309. Updates occurred under tasks 13160 (completed 5/15/2009) and 13372 (completed 5/22/2009). Claims in issue have since been paid or denied appropriately for other reasons. Issue closed 8/24/09.	03/26/2009	08/24/2009
247	Hospital	Lab codes billed with the correct HCPCS from Appendix C in the handbooks may deny in error when the recipient has MU coverage. NOTE: This edit can post correctly. Refer to the Hospital Coverage and Limitations	Internal tracking ID 3488. The claims in this issue have been paid. Providers should resubmit any outstanding denied claims and report any new denials. Issue closed 9/28/2009.	05/28/2009	09/28/2009

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		Handbook for the correct HCPCS codes to use.			
255	Hospital	Critical fields are "missing" on adjustment outpatient claims both in the FMMIS and on the Remittance Advice. Missing information includes recipient id, last name of patient, first name of patient, revenue codes, etc.	Internal tracking ID 3513. The research phase has completed, and it has been determined that the ICN's reported in this issue have been resolved and appear on the 9/2/09 remittance advice.	06/09/2009	09/03/2009
251	Hospital	Electronic claim denied for missing surgical procedure. When viewing the claim in the Web Portal, the code is blank. Codes identified: 0049, 0058, 0059, 0067, 0068, 0069, 1711, 1712, 1713, 1721, 1722, 1723, 1724, 1731, 1732, 1733, 1734, 1735, 1736, 1739, 1741, 1742, 1743, 1744, 1745, 1749, 3372, 3736, 3755, 3760, 3823, 4581, 4582, 4583, 4840, 4842, 4843, 4850, 4851, 4852, 4859, 5342, 5343, 5362, 5363, 5371, 5372, 5375, 5383, 5384, 8053, 8054, 8570, 8571, 8572, 8573, 8574, 8575, 8576, 8579.	Internal tracking ID 3441. The research phase has completed, and the system fix with CO 13382, 13379, and 13357 has been completed. Providers should resubmit affected claims.	05/13/2009	System fix completed 10/02/2009.

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292	Professional	Procedure code 43644 is suspending in error.	System fix CO 15633 has completed 10/09/2009. Affected claims should be resubmitted.	09/15/2009	System fix completed 10/09/2009.
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