

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.**

<b>Item #</b>	<b>Provider Type/Claim Type</b>	<b>Description</b>	<b>Resolution</b>	<b>Date Reported</b>	<b>Date Resolved (or targeted for resolution, if known)</b>
98	Professional	Claims incorrectly denying as a duplicate while the DOS is actually different. Claim in August denying against a claim in June as an exact duplicate Edit 5001 EOB 0482. (This issue was also previously reported as item 162 on this list.)	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 determination is made additional information will be posted.	09/26/2008	
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	10/07/2008	System fix completed 05/01/2009. Reprocessing completed 05/08/2009.  New occurrences completion date TBD.

### Known Issues and Informational Items

Item #	Provider Type/Claim Type	Description	Resolution	Date Reported	Date Resolved (or targeted for resolution, if known)
			where the claims could deny when the recipient does not have Medipass. The system fix has been identified with CO 13582.		
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. Reprocessing task 11592 completed 01/07/2010.		System fix completed 05/29/2009. Reprocessing completed 01/07/2010.
138	Professional	Anesthesia cross-over claims denying when decimal is used in the Unit field.	Internal reporting ID 2947. The research phase has completed, and a system fix has been identified with CO 15147.	12/23/2008	
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 (task 13131).	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 (task 12896).	2/12/2009	System fix completed 06/26/2009.
197	Hospital	Inpatient and outpatient claims denying incorrectly for 3601: Services not	Internal tracking ID 3070. This issue is currently in the research phase.	01/29/2009	

### Known Issues and Informational Items

Item #	Provider Type/Claim Type	Description	Resolution	Date Reported	Date Resolved (or targeted for resolution, if known)
		covered for FP, when recipient had full Medicaid coverage for all covered days.			
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 has been completed with CO 15160. Providers should resubmit any denied claims.	03/13/2009	System fix completed 02/05/2010.
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 (task 13227).	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)
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	
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. Additionally, CO 16001 has been identified to add the reimbursement rules.	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	
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	
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 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.	05/29/2009	

### Known Issues and Informational Items

Item #	Provider Type/Claim Type	Description	Resolution	Date Reported	Date Resolved (or targeted for resolution, if known)
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. Reprocessing task 14450 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.
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	
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 and outpatient claims are denying for EOB 0260/Edit 4975 when the recipient has MU as one of their benefit coverage plans.	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 task 12100 has been identified to resolve this issue.	06/23/2009	

### Known Issues and Informational Items

Item #	Provider Type/Claim Type	Description	Resolution	Date Reported	Date Resolved (or targeted for resolution, if known)
262	Hospital	Retro rate claims (region 55) may incorrectly pay at \$0. (This issue was also previously reported as item 156 on this list.)	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	
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 be posted.	04/03/2009	
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	
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	

### Known Issues and Informational Items

Item #	Provider Type/Claim Type	Description	Resolution	Date Reported	Date Resolved (or targeted for resolution, if known)
272	Institutional (Dialysis)	The system (interChange) is not prorating the Medicare coinsurance on medically needy dialysis x-over claims. (This issue was also previously reported as item 257 on this list.)	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 15376 and CSR 1220.	12/03/2008	
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. This issue has been completed with CO 12027. Providers should resubmit any denied claims.	02/03/2009	System fix completed 02/05/2010.
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	

### Known Issues and Informational Items

Item #	Provider Type/Claim Type	Description	Resolution	Date Reported	Date Resolved (or targeted for resolution, if known)
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	
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	
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	

Item #	Provider Type/Claim Type	Description	Resolution	Date Reported	Date Resolved (or targeted for resolution, if known)
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 has completed the research phase, and a system fix is under construction with task 17052.	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	
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	
<b>291</b>	<b>Multiple</b>	<b>Some claims that suspend for AHCA review are pricing incorrectly due to a system issue where it</b>	<b>System fix CO 15423 completed 02/26/2010. Providers should adjust any claims that paid incorrect per diem rates and report any new occurrences.</b>	<b>08/28/2009</b>	<b>02/26/2010</b>

### Known Issues and Informational Items

Item #	Provider Type/Claim Type	Description	Resolution	Date Reported	Date Resolved (or targeted for resolution, if known)
		<b>changes the pricing indicator to manual and these claims are paying the incorrect total amount for the number of covered days.</b>			
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	
296	Hospital	Incorrect pricing on hospital inpatient claims where the admit date and from date of service for a claim are in different rate segments.	Internal tracking ID 3764. This issue has completed the research phase, and a system fix is under construction with CO 16704. Claims should pay based on the admit date rate.	10/19/2009	
297	Hospital	Sterilization for FP recipients may be denying in error with EOB 3601.	Internal tracking ID 3771. Previous updates have corrected this issue. Providers should resubmit denied claims and report any new occurrences.	10/22/2009	02/15/2010
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. Previous updates have corrected this issue. Providers should resubmit denied claims and report any new occurrences.	08/18/2009	02/15/2010
302	Hospital	Procedure code 80101 is overpaying on outpatient claims.	Internal tracking ID 3666. This issue is currently in the research phase.	08/18/2009	

### Known Issues and Informational Items

Item #	Provider Type/Claim Type	Description	Resolution	Date Reported	Date Resolved (or targeted for resolution, if known)
304	Hospital	Outpatient claims paying \$0.	<p>There are 2 issues identified as why these claims are paying at \$0:</p> <ol style="list-style-type: none"> <li>1. Outpatient claims are paying \$0 when there are E codes. A system fix has been identified with CO17082.</li> <li>2. Outpatient claims paying at \$0 when the cap limit has been reached for the year. These claims are posting a cut back error 6356, and instead of denying, the claim pays \$0. Internal tracking ID 3796.</li> </ol>	11/16/2009	
305	Multiple	Fee for service claims are auditing against encounter claims and may deny in error.	CO 15621 has been identified to correct this issue.	09/15/2009	
306	Professional	Procedure code 99213 denying for 4155, 4044, and 4801 when billed on a Professional claim form with a place of service of 22.	Internal tracking ID 3673. This issue currently in the research phase.	08/20/2009	
308	Professional	Some professional claims are not paying the increase specialty rate.	Internal tracking ID 3617. This issue currently in the research phase.	07/27/2009	
310	Hospital	Outpatient Crossovers may be incorrectly denying for EOB 2091: Recipient Services Covered by an HMO Plan.	Internal tracking ID 3454. This issue currently in the research phase.	05/15/2009	
311	Professional	<b>Claims submitted for SLMB-only recipients, may be incorrectly overpaying. Per policy, SLMB coverage is</b>	<b>Internal tracking ID 2789. This issue currently in the research phase.</b>	<b>11/06/2008</b>	

Item #	Provider Type/Claim Type	Description	Resolution	Date Reported	Date Resolved (or targeted for resolution, if known)
		limited to Part B premiums only.			

**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.

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
270	Nursing Home Providers	Information on billing bed hold days for nursing home providers.	For nursing home claims where providers bill for bed hold days, indicate the date of service on each claim line item.  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	07/16/2009	
301	Web Portal	In the Web Portal, Remittance Advices (RA) for only the past three months appear.	A system fix has been identified with CSR 1279.	08/29/2009	
307	Hospital	Billing non-concurrent newborn stays.	The inpatient stay of a newborn who stays in the hospital after his Medicaid eligible mother is discharged is referred to as a non-concurrent newborn stay. CO 14602 changed how these claims are processed. The 3049 denial will post unless the baby's first date of service is mom's discharge date in form locator 6. This claim is coded with a type of admission —4 Locator 14 on the UB-04, and occurrence code 42 followed by the mother's discharge date in Form Locator 31. The mother's discharge date becomes the newborn's first inpatient day and is exempt from	02/12/2010	

### Known Issues and Informational Items

			<p>authorization from the PRO. However, authorization is required from Day 2 if the newborn stays longer than one day. Note: The coverage and limitations handbook says to enter the entire hospitalization span (date of mother's admit through date of newborn's discharge) in Form Locator 6 of the UB-92. This information is currently being researched by AHCA and updates will be made as necessary.</p> <p>Billing a non-concurrent newborn stay that denies for 3049:</p> <p>DOS on baby's claim is 08/10/2009 - 08/13/2009. Claim has occurrence code 42 with mom's discharge date as 8/12/2009.</p> <p>CO 14602 now requires that claim should show DOS 08/12/2009 - 08/13/2009 and indicate the occurrence code 42 with 08/12/0/2009 on it.</p>		
309	DME	DME providers who are billing oxygen codes need to have a specialty of 069 on their provider file.	DME providers who want to bill for oxygen codes must have a provider specialty of 069 on file. If no 069 specialty, oxygen claims will deny correctly with a 4150. If a DME does not have this specialty on file, but has a Medical Oxygen Retailer Permit, the DME can send in documentation to Provider Enrollment (1-800-289-7799, Option 4) to add.	02/11/2010	
312	ALL	<b>There are currently several procedure codes and diagnosis codes that may deny for reimbursement rules or for being invalid (edits such as 0911 and 4444).</b>	<p><b>We are currently working with AHCA to verify that these codes are valid and should be uploaded into the MMIS. If there is a procedure code or diagnosis code that is in question, please forward to your local EDS Field Representative for research.</b></p> <p><b>The following codes have been reported and are being considered for file maintenance:</b></p>	03/04/2010	

**Known Issues and Informational Items**

			<b>Procedure codes: 99468, 99469, 44144, 70491.</b> <b>Diagnosis codes: V69, 4881, 8550, V391, V1270, V090, E9289, V5902, V782.</b>		
--	--	--	--	--	--

**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.

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 under internal tracking ID 3260. CO 13325 has been cancelled, and providers experiencing this issue should contact the Provider Services Contact Center, 1-800-289-7799, Option 7 for a resolution.	Week of 08/04/2008	Issue 11197 completed 2/13/2009. Reprocessing completed 04/10/2009.  CO 13325 cancelled 11/25/2009.
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.	The system fix completed 12/10/2009. With the implementation of COs 16949 and 16933, changes have been made to not post 0362 when the deductible is equal to or less than the annual deductible amounts.	09/30/2008	System fix completed 12/10/2009.
224	Hospital	Some inpatient claims are inappropriately overpaying when the recipient has exhausted their 45 day inpatient stay.	Internal tracking ID 3312. CO 13225 has been cancelled, and providers experiencing this issue should contact the Provider Services Contact Center, 1-800-289-7799, Option 7 for a resolution.	03/26/2009	CO 13225 cancelled 11/25/2009.
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 implemented with CO 14811. Providers should resubmit denied claims.	05/21/2009	12/03/2009

### Known Issues and Informational Items

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.	This issue is closed per the hospital relief package information sent to providers. All Alien claims require a PA instead of medical records. Please refer to the Hospital relief letter for information on claims with Alien eligibility. Please obtain a valid PA from KePro and submit (no attachments/medical records or suspension of the claim required). In cases where the claim is no longer timely, submit through the AO per standard timely over-ride request protocol.	05/13/2009	12/11/2009
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. Provider contracts have been updated and providers should resubmit.	08/14/2009	12/04/2009
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. Task 13189 has been cancelled. In accordance with the provider alert sent on 9/28/2009, providers are asked to bill correctly with the date span for the bed hold days at the line item level. Please work with the recipients HOSPICE, PRIVATE ICF/DD FACILITY, SKILLED NURSING FACILITY, or STATE ICF/DD FACILITY in these denials or contact your local rep or area office for assistance. Once the HOSPICE, PRIVATE ICF/DD FACILITY, SKILLED NURSING FACILITY, or STATE ICF/DD FACILITY claim has been corrected please resubmit your claims.	03/30/2009	12/16/2009