



June 21, 2022

Web Announcement 2815

Attention Nursing, Hospice, Residential Treatment and Intermediate Care Facilities:

Inpatient Crossover and Outpatient Crossover Claims That Denied With Error Code 4239 Have Been Reprocessed

Inpatient crossover claims and outpatient crossover claims submitted by the provider types listed below that denied in error with error code 4239 (Recipient not enrolled with level of care (LOC)/Hospice) have been automatically reprocessed. The impacted claims had dates of service on or after February 28, 2022, through April 18, 2022, and were processed on or after February 28, 2022, through April 19, 2022.

The impacted provider types are:

Provider Type	Description
16	Intermediate Care Facilities for Individuals with Intellectual Disabilities / Public
19	Nursing Facility
63	Residential Treatment Centers
64	Hospice
65	Hospice, Long Term Care
68	Intermediate Care Facilities for Individuals with Intellectual Disabilities / Private

Results of the reprocessed claims appear on remittance advices dated June 24, 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.