

August 5, 2022

Known Issues List

The table below provides information related to known issues impacting Healthy Blue providers. This information is updated **weekly on Fridays**. Continue to follow the existing process by contacting Healthy Blue Provider Services at **844-594-5072** or your Healthy Blue Network Relations consultant if you have questions or concerns related to the issues listed here.

Note: All impacted claims submitted within timely filing limits on date of issue identification will be included in claims reprocessing and issue resolution. Providers will not have to file a reconsideration/appeal for submitted claims. Claims that have been appropriately rejected or denied will not change when the issue is resolved.

Provider type	Number of impacted providers	Category	Issue	Date issue identified	Number of days outstanding	Estimated fix date	Status	Resolution	Interest/penalties owed	Date resolved
All specialties	110	Claims	<p>Claims that were billed with NDC listed in Medicaid Drug Rebate Program were denied in error due to system issue.</p> <p>** This issue does not validate all f90 denials are inaccurate. There are still expected to be valid f90 denials</p>	07/13/22	23	08/30/22	Open	Weekly process has been implemented to ensure claims are processed correctly. Claims rework is in progress	As Applicable	

Note: EnrollSafe is a tool developed by Zelis Payments, an independent organization offering electronic funds transfer services for Healthy Blue providers on behalf of Blue Cross and Blue Shield of North Carolina.

<https://provider.healthybluenc.com>

Healthy Blue is a Medicaid plan offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association. © Marks of the Blue Cross and Blue Shield Association. All other marks are the property of their respective owners.

NCBCBS-CD-004342-22 August 2022

Healthy Blue
Known Issues List

Provider type	Number of impacted providers	Category	Issue	Date issue identified	Number of days outstanding	Estimated fix date	Status	Resolution	Interest/penalties owed	Date resolved
All specialties	TBD	Claims	Outpatient facility claims that are billed with inpatient only procedure codes (excluding all Evaluation and Management codes) are denying in error for quantity over medically unlikely edit (MUE explanation code h63).	06/29/22	37	08/30/22	Open	Configuration and claims rework are in progress.	As Applicable	
All specialties	TBD	Claims	<p>A system defect was identified in the plans provider data regarding NOMAID agreements. This defect resulted in the denial reason code G72.</p> <p>Action has been taken to correct the issue and was implemented. The provider data team is working on post-validation.</p> <p>**This issue does not validate that all G72 denials are inaccurate. There are still</p>	05/23/22	74	08/30/22	Open	<p>Correction of this issue was implemented on 5/23/22. Plan is working on affected claims validation. Claims will be reprocessed once completed.</p>	As applicable	

Healthy Blue
Known Issues List

Provider type	Number of impacted providers	Category	Issue	Date issue identified	Number of days outstanding	Estimated fix date	Status	Resolution	Interest/penalties owed	Date resolved
			expected to be valid G72 denials.							
All	Varies — dependent on the number of registries	EnrollSafe	Delays in provider registration or updating EFT information for EnrollSafe by Zelis. Providers are experiencing longer than normal delays related to additional implemented security measures to prevent cyber fraud.	03/24/22	134	08/30/22	Open	EnrollSafe continues to work on their backlog and security measures. Majority of backlog expected to be cleared by 5/9/22. If a provider needs to be expedited, call EnrollSafe at 877-822-0384 or email support@payeehub.org.	N/A	
Multiple specialties	136	Authorization and Claims	Physical therapy/ occupational therapy and speech therapy services (visits vs units) are receiving G-18 procedure not reimbursable for specialty denials. This is due to system configuration for age. Ages 0-3 are	02/17/22	169	08/30/22	Open	Configuration completed 4/5/22. Estimated completion date for Phase 1 claims rework is 07/30/22. Phase 1 claims rework escalated.	As Applicable	

Healthy Blue
Known Issues List

Provider type	Number of impacted providers	Category	Issue	Date issue identified	Number of days outstanding	Estimated fix date	Status	Resolution	Interest/penalties owed	Date resolved
			mapping services to early childhood benefits that are unit-based and causing issues as they are tied to authorizations set up as visits (encounters). Age 21 > limited to combined 27 visits per year.					(Claims were counting units instead of encounters thus causing an incorrect denial subtracting more than what it should have been). This will correct/release the excess authorizations used on the original claims that paid. Phase 2 is still pending. This phase for claims that were denied due to authorization exceeded and will be reprocessed.		
All specialties	Not applicable	Claims	Claims not following pay and chase for third-party liability when members under medical support enforcement.	04/06/22	107	07/30/22	Closed	Guidance was received from the state on 4/8/22, which included members identified as part of the Medical Support Enforcement	No	07/14/22

Healthy Blue
Known Issues List

Provider type	Number of impacted providers	Category	Issue	Date issue identified	Number of days outstanding	Estimated fix date	Status	Resolution	Interest/penalties owed	Date resolved
								<p>Pay and Chase Processes for Third-Party Liability. Claims to be reprocessed by 5/7/22.</p> <p>Claims rework was completed on 6/6/22.</p>		
All specialties	Not applicable	Claims	Blue Cross and Blue Shield of North Carolina (Blue Cross NC) is denying all inpatient rehab claims if not billed directly with psych or rehab DRG (945/946) stating that DRG does not map to rehab facility.	06/23/22	22	07/30/22	Closed	<p>It has been determined that Blue Cross NC is not denying All inpatient rehab claims.</p> <p>The claims are not denying at all they are not rendering any payment because the provider did not bill the correct diagnosis codes to map back to the 945/946 DRG.</p> <p>The state is preparing some guidance on this, and we are awaiting that documentation.</p>	N/A	07/07/22

Healthy Blue
Known Issues List

Provider type	Number of impacted providers	Category	Issue	Date issue identified	Number of days outstanding	Estimated fix date	Status	Resolution	Interest/penalties owed	Date resolved
All specialties	490	Claims	Provider selection logic is causing claims to deny for participating providers that do not require authorization.	04/19/22	87	07/30/22	Closed	Claims rework has been completed.	As applicable	7/06/22
All specialties	102	Claims	Claims submitted with unlisted procedure codes were denying incorrectly.	03/22/22	94	06/30/22	Closed	Process updated to ensure claims process accurately. Claims rework completed.	As applicable	06/17/22
FQHC and RHC providers	1,003	Claims	Code T1015 denied caused by provider selection logic	02/15/22	120	06/30/22	Closed	Process implemented to stop correct claims prior to denying in error. Configuration review ongoing for individual providers to ensure proper payment long-term. Claims rework completed.	Yes	06/10/22

Healthy Blue
Known Issues List

Provider type	Number of impacted providers	Category	Issue	Date issue identified	Number of days outstanding	Estimated fix date	Status	Resolution	Interest/penalties owed	Date resolved
Local health department (LHD)	35	Claims	Dental codes D0145 and D1206 were not included on the LHD fee schedule and were causing denials.	04/19/22	59	06/27/22	Closed	As of 4/19/22, the omitted codes have been added to the LHD fee schedule retro'd back to 7/1/21. Blue Cross NC has initiated a global rework project to reprocess all impacted claims.	No	06/10/22
Multiple specialties	826	Claims	COVID admin codes had a rate change to \$65.00.	01/22/22	115	05/17/22	Closed	Configuration completed on 2/16/22. Claims rework completed.	Yes	05/19/22
LHD	74	Claims	Some LHD provider claims processed incorrectly due to the system selecting rendering taxonomy versus billing taxonomy.	01/06/22	96	05/30/22	Closed	Configuration updated on 3/24/22, to ensure LHD billing taxonomy 261QP0905X is always used to drive pricing (per the fee schedule) when present on the claim.	Yes	05/16/22

Healthy Blue
Known Issues List

Provider type	Number of impacted providers	Category	Issue	Date issue identified	Number of days outstanding	Estimated fix date	Status	Resolution	Interest/penalties owed	Date resolved
								Claims rework n complete.		
All specialties	55	Claims	Information released by DHHS on 4/8/22, requested all plans align their newborn processing guidelines. This update will change a manual process to Sick Baby DRG claims (789-794) submitted w/out an authorization.	04/11/22	29	05/20/22	Closed	Plan has identified 259 claims for review. Claims rework completed on 5/11/22.	Yes	05/11/22
Audiology	46	Claims	Hearing aid claims are being denied because they are processing against the rendering taxonomy and instead should process against the billing taxonomy.	02/16/22	55	05/26/22	Closed	Configuration completed. Claims rework completed as of 5/6/22.	Yes	05/06/22

Healthy Blue
Known Issues List

Provider type	Number of impacted providers	Category	Issue	Date issue identified	Number of days outstanding	Estimated fix date	Status	Resolution	Interest/penalties owed	Date resolved
All specialties	94	Claims	Blue Cross NC received state clarification to ensure claims billed with Revenue code 0250 and procedure code J3490 are not denied for a billing error.	02/14/22	57	05/05/22	Closed	Process updated to ensure proper adjudication of claims going forward. Claims rework in progress with estimated completion date of 5/5/2022.	No	04/25/22
All specialties	750	Claims	Pharmacy Team has confirmed that CPT® code 90744 is denying due to internal systems edits for members aged two and under.	02/16/22	55	05/01/22	Closed	Configuration updated to ensure minimum age is set to 0. Claims rework completed.	Yes	04/18/22
Multiple specialties	92	Claims	Configuration completed to allow codes 99217-99220 to pay as they were originally denying as noncovered.	02/09/22	62	04/20/22	Closed	Configuration for codes 99217-99220 have been updated to reflect as covered as of 3/18/22. All impacted claims adjusted as of 4/10/22.	Yes	04/10/22

Healthy Blue
Known Issues List

Provider type	Number of impacted providers	Category	Issue	Date issue identified	Number of days outstanding	Estimated fix date	Status	Resolution	Interest/penalties owed	Date resolved
Personal care	94	Claims	Claims with CPT 99509 are denying. Ex denial code: G-18 not paid per contract. There was a delay in updates for the PCS fee schedule effective 1/1/22.	01/28/22	61	03/31/22	Closed	Fee schedule updated on 1/26/22. Claims rework completed for all impacted claims on 4/5/22.	No	04/05/22
Orthotics and prosthetics	94	Claims	Codes are currently paying on one side	11/30/2021	119	03/31/22	Closed	Configuration completed on 3/3/22, to ensure proper benefit limits for both LT/RT. Claims rework completed on 3/31/22.	Yes	03/31/22
All specialties	26	Claims	G2023 and place of service (POS) 71 were being denied as incorrect billing per CMS guidelines only PSO 15 or 81 can be billed with this CPT for payment.	02/10/22	47	03/27/22	Closed	Both configuration and global claims rework completed on 3/27/22.	No	03/27/22
Ambulatory surgical center – dental	22	Claims	Professional dental claims splitting on one line causing underpayment due to reduced units.	01/14/22	75	03/27/22	Closed	Configuration complete on 3/27/22, to prevent claim lines from splitting. Global rework also completed on 3/27/22.	Yes	03/27/22

Healthy Blue
Known Issues List

Provider type	Number of impacted providers	Category	Issue	Date issue identified	Number of days outstanding	Estimated fix date	Status	Resolution	Interest/penalties owed	Date resolved
Ambulance providers	92	Claims	Claims for ambulance services not paying per the public ambulance providers due to provider selection logic.	02/28/22	29	04/07/22	Closed	Both configuration and global claims rework complete.	Yes	03/23/22
Home health	15	Claims	System configuration was previously allowing code 99502 to incorrectly bill only up to 30 days for newborns. According to clinical policy 1M, a child is considered a newborn up to 60 days.	01/31/22	50		Closed	Configuration updates completed to adhere to clinical policy. All affected claims have been adjudicated.	No	03/11/22
Multiple specialties	89	Claims	Claims submitted on 2/4/22, have rejected due to provider data issues.	03/07/22	15	03/07/22	Closed	Plan has loaded the correct provider data file into the system, which has fixed the data issue. There are currently 4,500 claims being recycled for payment. All impacted claims were recycled on 3/9/22.	No	03/09/22

Healthy Blue
Known Issues List

Provider type	Number of impacted providers	Category	Issue	Date issue identified	Number of days outstanding	Estimated fix date	Status	Resolution	Interest/penalties owed	Date resolved
All specialties	806	Claims	Configuration update needed to fix issues causing E/M codes to deny when not billed with the left or right laterality diagnosis codes.	02/12/22	45	02/18/22	Closed	Configuration completed on 1/28/22, to prevent the inaccurate application of ea4. Global claims rework complete.	Yes	03/03/22
Home health	21	Claims	Provider copays applying to home health facility claims in error.	12/22/21	97	02/28/22	Closed	Configuration to remove copays completed on 2/28/22. Claims rework completed on 3/3/22.	Yes	03/03/22
Behavioral health	25	Claims	Behavioral health claims billed with POS 03 (school) were denying with explanation to submit claims to fee for service.	02/03/22	47	03/05/22	Closed	Configuration corrected on 1/31/22. Adjustment project completed on 2/23/22.	No	02/23/22