

December 2, 2022

Known Issues List

The table below provides information related to known issues impacting Healthy Blue providers. This information will be 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 | 590 | Claims | Blue Cross and Blue Shield of North Carolina (Blue Cross NC) is currently experiencing an increase in the volume of denials <i>NDC termed or obsolete</i> as result of certain NDC's not being present within the source NDC data for First Data Bank. | 11/15/22 | 17 | 12/15/22 | Open | Configuration completed on 11/18/22. Claims rework is in progress. | As Applicable | |

<https://provider.healthybluenc.com>

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NCHB-CD-014204-22 December 2022

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| All specialties | Due to recent issue identification, the number of impacted providers is still in the process of being determined. | Claims | Blue Cross NC has initiated a recoupment project for overpayment on coordination of benefits or other health insurance claims due to configuration issue. | 11/07/22 | 25 | Due to recent issue identification, the estimated fix date has not been confirmed. | Open | Configuration has been updated. Plan is in process to determine the impacted claims. The recoupment project will begin sixty calendar days after provider notification. | Does not apply to this issue. | |
| All Specialties | 817 | Claims | Plan is initiating a project to recoup interest and penalties that applied in error due to numerous reasons. | 10/27/22 | 36 | 01/31/23 | Open | Plan is in process of sending recoupment letters to impacted providers within the next two weeks. Recoupment project will begin sixty calendar days after provider notification. The estimated completion date for this recoupment project is 01/31/2023. | No | |

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| Hospitals | Total impact unknown as Blue Cross NC does receive notification of error occurring. | Availity | Hospitals are showing as "Out of Network" (OON) in Availity. | 08/17/22 | 107 | A resolution date has not been identified, continued review of the issue is still in motion. Please see resolution status for details. | Open | The ICR system is functioning as designed. The system requires a rendering provider to be utilized when submitting an authorization. There is no identified fix at this time due to negative impacts being caused. There is a note section in ICR, that the provider can use to indicate their provider NPI as a workaround. | N/A | |
| Multiple Specialties | 109 | Claims | Claims with durable medical equipment (DME) procedure codes that require manual pricing are being denied in error for benefit limitation | 08/11/22 | 107 | 12/10/22 | Open | Process implemented to stop claims for manual review and confirmation on units utilized. This was completed and in production as of 10/7/22. | As Applicable | |

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| | | | (explanation code TR4/TR5). | | | | | Claims rework is in progress. The estimated completion date for claims rework is 12/10/22. | | |
| All Specialties | 162 | Claims | <p>Claims billed with subsequent hospital care procedure codes are being denied in error with explanation code g50- (billed more than once/day with history) by multiple providers with different specialties on the same date of service.</p> <p>This issue does not indicate that all g50 denials are inaccurate.</p> | 07/29/22 | 120 | 12/10/22 | Open | <p>Continuous claims re-work being performed to fix any claims denied in error.</p> <p>Long term fix to be deployed 12/10 to ensure that claims do not go out with incorrect denials.</p> | As Applicable | |

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| All Specialties | 144 | Claims | Evaluation and management codes billed with primary behavioral health diagnosis are applying copays in error. | 10/31/22 | 32 | 11/30/22 | Closed | Both configuration and claims rework were completed on 11/23/22. | As Applicable | 11/23/22 |
| All Specialties | 23 | Claims | Claims that contain typically non-covered CPT codes are not paying when an approved auth is on file for EPSDT services. | 07/27/22 | 122 | 11/30/22 | Closed | Configuration completed on 08/22/22. Claims rework completed on 11/23/22. | No | 11/23/22 |
| Hospital | 121 | Claims | Plan is in progress of completing a recoupment project for Reduction Fee Schedule for outpatient claims. | 08/24/22 | 101 | 11/30/22 | Closed | There was process error that delayed the delivery of recoupment letter. Recoupment project will begin 60 calendar days after provider notification. Recoupment project completed on 11/23/22. | No | 11/23/22 |

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| Multiple Specialties | 140 | Claims | Coding configuration is to remove the following CPT codes from the i05 NC NCCI Edit, the codes are 82306/82652/0038U | 08/17/22 | 107 | 11/30/22 | Closed | Configuration completed on 10/23/22. Claims rework completed on 11/16/22. | As Applicable | 11/16/22 |
| All Specialties | 1659 | Claims | Numerous claims are being rejected in error due to the system only using the most recent active taxonomy date span | 08/31/22 | 44 | 10/30/22 | Closed | Configuration completed on 10/18/22. All impacted claims have been recycled as of 10/24/22. | As Applicable | 10/24/22 |
| All specialties | 60 | Claims | Blue Cross and Blue Shield of North Carolina (Blue Cross NC) received an update for fee schedule include procedure code 0074A. | 08/30/22 | 44 | 10/30/22 | Closed | Configuration completed on 8/30/22. Claims rework completed on 10/20/22. | No | 10/20/22 |

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| All specialties | 13 | Claims | Blue Cross NC received a guidance from the state on 07/07/22 regarding inpatient rehab claims. | 07/07/22 | 99 | 10/30/22 | Closed | Configuration completed on 8/26/22. Global claims rework completed on 10/20/22. | No | 10/20/22 |
| Home Health | 40 | Claims | Configuration for Code T1002- (RN Services up to 15 Minutes) to remove no authorization denial. Code T1002 does not require authorization when billed with place of service 11 or 71 and STD diagnosis. | 08/17/22 | 29 | 09/30/22 | Closed | Configuration completed on 07/06/22. Claim reworks has been completed on 09/21/22. | As Applicable | 09/21/22 |

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| All Specialties | 33 | Claims | Outpatient facility claims that are billed with a range of Inpatient only procedure codes (excluding all Evaluation and Management codes) have been denying in error for quantity over Medically Unlikely Edit (MUE explanation code h63). | 06/29/22 | 65 | 09/30/22 | Closed | Configuration was completed on 08/12/22. Claims rework has been completed on 09/07/22. | As Applicable | 09/07/22 |
| All Specialties | 83 | Claims | Claims billed with revenue codes 25x and an accompanying procedure code are being denied in error with explanation code G41. | 08/01/22 | 32 | 09/30/22 | Closed | Configuration updates to fix the error has been completed. Claims rework has been completed on 08/23/22. | As Applicable | 08/23/22 |

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| All Specialties | 381 | Claims | <p>A system defect was identified in the plans provider data in regards to 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 expected to be valid G72 denials.</p> | 05/23/22 | 95 | 08/30/22 | Closed | <p>Correction of this issue was implemented on May 23rd. Plan is working on affected claims validation.</p> <p>Claims reworks has been completed on 08/19/22.</p> | As Applicable | 08/19/22 |

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| 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. Age's 0-3 are mapping services to early childhood benefits that are unit based and are causing issues as they are tied to authorizations set up as visits (encounters). Age 21> are limited to combined 27 visits per year. | 02/17/22 | 190 | 08/30/22 | Closed | Configuration was completed as of 4/5/22. Claims rework has been completed on 08/17/22. | As Applicable | 08/17/22 |

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| 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 | 37 | 08/30/22 | Closed | <p>Weekly process has been implemented to ensure claims are processed correctly.</p> <p>Claims rework has been completed on 08/12/22.</p> | As Applicable | 08/12/22 |

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| All | Varies-dependent on the number of registries | Enroll Safe | 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 cyberfraud. | 03/24/22 | 148 | 08/30/22 | Closed | <p>Enrollsafe has completed their configuration of additional security measures for their enrollment process.</p> <p>Providers should no longer experience in the registration process.</p> | N/A | 08/05/22 |

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| All Specialties | Not applicable | Claims | Claims not following Pay and Chase on 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 4/8/2022 which included members identified as part of the Medical Support Enforcement Pay and Chase Processes for Third Party Liability. Claims rework was completed on 06/06/22. | No | 07/14/22 |
| 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 | 07/06/22 |

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| All Specialties | 102 | Claims | Claims submitted with unlisted procedure codes were denying incorrectly | 03/22/22 | 94 | 06/30/22 | Closed | Process has been updated to ensure claims process accurately. Claims rework has been 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 has been updated to ensure code T1015 will process correctly. Claim rework has been completed. | Yes | 06/10/22 |

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| Local Health Department | 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 04/19/2022, the omitted codes have been added to the LHD fee schedule retro'd back to 07/01/2020. Healthy Blue has initiated a global rework project for all impacted claims to be reprocessed. Claims rework has been completed. | No | 06/10/2022 |
| Multiple Specialties | 826 | Claims | Covid admin codes had a rate change to \$65.00 | 01/22/22 | 115 | 05/17/22 | Closed | Configuration was completed on 02/16/22. Claims rework has been completed. | Yes | 05/19/2022 |

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| Local Health Department (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 to ensure that LHD Billing taxonomy 261QP0905X is always used to drive pricing (per the fee schedule) when present on the claim. Claims rework has been completed. | Yes | 05/16/22 |
| 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 SickBaby DRG claims (789-794) submitted w/out an authorization. | 04/11/22 | 29 | 05/20/22 | Closed | Plan has identified 259 claims to be sent for review. The claim rework has been completed on 05/11/22. | Yes | 05/11/22 |

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| 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 has been completed. Claim rework has been completed as of 05/06/22. | Yes | 05/06/22 |
| All Specialties | 94 | Claims | Healthy Blue 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 has been completed. | No | 04/25/22 |

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| All Specialties | 750 | Claims | Pharmacy team has confirmed that CPT code 90744 is denying due to internal systems edits for members aged 2 and under | 02/16/22 | 55 | 05/01/22 | Closed | Configuration updated to ensure minimum age is set to 0. Claims rework has been 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 |

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| 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 1/26/2022. 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 71 were being denied as incorrect billing per CMS guidelines only Place of Service 15 or 81 can be billed | 02/10/22 | 47 | 03/27/22 | Closed | Both configuration and global claims rework were completed on 3/27/22. | No | 03/27/22 |

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| | | | with this CPT for payment | | | | | | | |
| 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 completed on 3/27 to prevent claim lines from splitting. Global rework also completed on 3/27/22. | Yes | 03/27/22 |
| 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 claim rework has been completed. | Yes | 03/23/22 |

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| 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 have been completed to adhere to clinical policy. All affected claims have been adjudicated. | No | 03/11/22 |
| Multiple Specialties | 89 | Claims | Claims submitted on 02/04/22 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 |

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| 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 has been completed. | 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 |
| Behavior Health | 25 | Claims | Behavioral health claims billed with Place of Service 03 (school) were denying with explanation to submit claims to fee for service. | 02/03/22 | 47 | 03/05/22 | Closed | Configuration was corrected on 1/31/22. Adjustment project completed on 2/23/22. | No | 02/23/22 |