

June 16, 2023

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 | | Issue | Date issue identified | Number of days outstanding | Estimated fix date | Status | Resolution | Interest/ penalties owed | Date resolved |
|-------------------------------|------------------------------------|--------|---|-----------------------------|----------------------------|--------------------|--------|---|--------------------------------|------------------|
| Local health department | 68 | Claims | Claims are pulling rendering taxonomy versus the billing taxonomy for pricing when POS 71 and taxonomy 261QP0905X are billed. | 03/15/23 | 78 | 06/30/23 | Open | Initial configuration completion date was set for 3/31/23; however, there has been a delay due to technicalities and is under research. Adjustments have been completed and a final sweep will be completed once | As applicable | |

Note: Availity, LLC is an independent company providing administrative support services for Healthy Blue providers on behalf of Blue Cross and Blue Shield of North Carolina. 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

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NCHB-CD-026066-23 June 2023

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| | | | | | | | | configuration is finalized. | | |
| Multiple specialties | 2 | Claims | Blue Cross and Blue Shield of North Carolina (Blue Cross NC) identified a system error in the authorizations for sleep studies. Specifically for claims that are not billed with place of service – home, which require an authorization, causing several claims to be paid incorrectly. | 01/06/23 | 132 | 06/30/23 | Open | The plans utilization management team is still finalizing a system fix for this issue. A provider notification (Sleep Study Prior Authorization Requirements) was reposted to the Healthy Blue website on 5/1/23. Plan will not be retroactively reprocessing claims at this time for recoupment. | Does not apply to this issue. | |
| All specialties | 817 | Claims | Plan is initiating a project to recoup interest and penalties that applied in error for various reasons, such as instances where we received updated guidance | 10/27/22 | 211 | 06/30/23 | Open | There was a delay in provider notification due to additional information needed. Plan sent out recoupment letters on 2/27/23. | No | |

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| | | | from the state, changed processes where we made an exception on provider billing error, and a variety of other scenarios. | | | | | Recoupment project will begin 60 calendar days after provider notification. The estimated completion date for this recoupment project is 6/30/23. | | |
| Personal Care Services | 326 | Claims | Overpayments were caused by the incorrect rates being loaded into our system for personal care services received 07/01/22 to 10/04/22. | 10/27/23 | 107 | 06/30/23 | Closed | Configuration completed on 10/14/22. Claims recoupment project completed 5/23/23. | | |
| Home Health | 1,783 | Claims | Claims were denying for T1000 when billed for more than 16 hours in a single day for members over the age of 21. | 03/01/2023 | 84 | 06/30/23 | Closed | Configuration has been completed. Claim reprocessing was completed on 6/1/23. | As Applicable | |
| Hospitals | Total impact unknown as Blue Cross NC did receive notification of error occurring. | Availity | Hospitals were showing as <i>Out of</i> <i>Network</i> (OON) in Availity. | 08/17/22 | 274 | 06/01/23 | Closed | The ICR system is functioning as designed. The system required a rendering provider to be utilized when submitting an authorization. There is a note section in ICR, that | N/A | |

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| | | | | | | | | the provider can use to indicate their provider NPI as a workaround. | | |
| All Providers | | Claims | The plan experienced a claims impact due to the lack of guidance surrounding the diagnostic and treatment portion of EPSDT, a small gap has been identified relating to these claims. | 03/31/2023 | | 04/24/23 | Closed | Blue Cross NC configured the system to identify EPSDT claims with approved authorizations based on EPSDT criteria to pay and chase. In addition, we are respectively reviewing any potential impact. In the sampling of date we evaluated there were less than 4% that meet the criteria for further review. | TBD | 04/24/23 |
| All specialties | All providers | Claims | Blue Cross NC identified cases resulting in the payment delays for newborn claims between July 2022 and January 2023. | 03/15/23 | 50 | 05/31/23 | Closed | Blue Cross NC has corrected all historic claims and modified our process to pay claims as submitted. Please refer to the Newborn Claims process posted on March 14, 2023. This new process should alleviate issues going forward. | Yes | 05/11/23 |

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| All specialties | All providers | Claims | Blue Cross NC identified instances where we did not request additional information on claims within 18 days of reciept. | 03/15/23 | 50 | 05/31/23 | Closed | Effective 5/2/23, the plan started pending claims in our system when requesting additional information to process claims. These claims will remain pended for 90 days while we await the requested information. Once information is received, the claim will be adjudicated as appropriate. If no information is received within 90 days, the claim will be denied. | Does not apply to this issue. | 05/02/23 |
| Behavioral health | 2 | Claims | ADHD procedure codes (96110/96127/9616 0/96161) should only require the EP modifier for (POS 71) and not limit other modifiers billed on the same claim line. | 02/22/23 | 64 | 04/28/23 | Closed | Plan updated configuration to remove all other POS from the non-covered configuration and only add the POS 71. Configuration has been fixed as of 3/24/23. Claims rework completed 4/11/23. | As applicable TBD | 04/11/23 |

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|------------------------|---|--------|---|-----------------------------|----------------------------|--------------------|--------|---|------------------------------------|---------------|
| All providers | 14 | Claims | Medical Claims denied Z57 in error. | 03/01/23 | 58 | 04/28/23 | Closed | Blue Cross NC reviewed the denials. Impacted claims were reprocessed. | Yes | 04/07/23 |
| All specialties | Due to recent identification of issues. Provider impact has still has yet to be identified. | Claims | Claims were recouped when Other Health Insurance is identified. | 03/14/23 | 38 | 04/28/23 | Closed | Providers will need to seek reimbursement from primary OHI prior to March 2023. Blue Cross NC will move forward with seeking recovery from the Primary OHI, if not recouped from provider. | Does not apply to this issue | 03/22/23 |
| Mutiple specialties | 149 | Claims | Blue Cross NC identified a systematic issue for personal care/home health services were causing claims to deny with disallow code ZEF – (EVV- Visit Key location. | 01/06/23 | 85 | 03/31/23 | Closed | Configuration was completed on 2/28/23. All impacted claims that were were not true denials have been reprocessed to pay. Project completed on 3/13/23. | | 03/24/23 |
| Mutiple Specialties | 299 | Claims | Claims billed with procedure codes related to family planning were applied copays in error. | 12/07/22 | 115 | 03/31/23 | Closed | Configuration was completed on 2/13/23. Claims rework was completed as of 3/13/23. | As applicable | 03/23/23 |

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| Mutiple Specialties | 140 | Claims | Claims billed for psychological and neuropsychological services were processed incorrectly in increments of units rather than hours. | 02/15/23 | 23 | 03/31/23 | Closed | Benefit configuration was completed on 1/14/23. Impacted claims reprocessed on 2/14/23. | | 02/14/23 |
| Mutiple Specialties | 3 | Claims | Blue Cross NC initiated a recoupment project for overpayment on coordination of benefits or other health insurance claims due to configuration issues. | 11/07/22 | 123 | 03/31/23 | Closed | Configuration has been completed 10/30/22. All impacted claims have been identified and reprocessed for payment. | | 0/23/23 |
| Multiple specialties | 12 | Claims | Claims billed with procedure code H2035 were denied in error for noncovered code due to configuration issue. | 02/15/23 | 9 | 02/28/23 | Closed | Claims have been reprocessed globally to pay. Configuration completed on 2/1/23. Claims rework completed on 2/22/23. | No | 02/22/23 |
| Behavioral health | 140 | Authorizati ons and Claims | Psychological testing limit codes were denied in error for no authorization. | 01/06/22 | 50 | 02/28/23 | Closed | Configuration has been updated. Claims global rework completed on 2/14/23. | As applicable | 02/14/23 |

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| All specialties | 44 | Claims | Labor and delivery claims were denied in error for authorization when services were rendered within the federal guideline. | 12/15/22 | 29 | 01/18/23 | Closed | Configuration completed on 12/18/22. Global claims rework completed on 1/10/23. | As applicable | 01/10/23 |
| Orthotics and prosthetics | 20 | Claims | Several procedure codes related to orthotics and prosthetics were denied in error for no authorization. | 12/06/22 | 24 | 01/15/23 | Closed | Configuration completed on 12/14/22. Claims rework completed on 12/28/22. | As applicable | 12/28/22 |
| Behavioral health | 78 | Claims | A system update caused claims to deny in error with explanation code of procedure exceeds times allowed that applies to several behavioral health procedure codes within date of service from 10/3/22 to 11/8/22. | 11/30/22 | 23 | 12/30/22 | Closed | Manual process implemented on 11/28/22, to ensure claims process correctly. Claims rework completed on 12/21/22. | As applicable | 12/21/22 |
| Multiple specialties | 109 | Claims | Claims with durable medical equipment (DME) procedure codes that required manual pricing were denied in error for benefit limitation (explanation code TR4/TR5). | 08/11/22 | 121 | 12/10/22 | Closed | Blue Cross NC received guidance from the state on 7/7/22, regarding inpatient rehab claims. Configuraton completed on 8/26/22, global claims rework completed on 10/20/22. | As applicable | 12/03/22 |

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| All specialties | 590 | Claims | Blue Cross NC experienced an increase in the volume of denials NDC termed or obsolete as a result of certain NDC's not being present within the source NDC data for First Data Bank. | 11/15/22 | 24 | 12/15/22 | Closed | Configuration completed on 11/18/22. Claims rework completed on 12/2/22. | As applicable | 12/02/22 |
| All specialties | 162 | Claims | Claims billed with subsequent hospital care procedure codes were 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. This issue does not indicate that | 07/29/22 | 127 | 12/10/22 | Closed | A claim pend process was initiated by Blue Cross NC to ensure that all claims process correctly. | As applicable | 12/01/22 |
| | | | all g50 denials are inaccurate. | | | | | | | |
| All specialties | 144 | Claims | Evaluation and Management codes billed with primary behavioral health diagnosis were applied 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 |

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| All specialties | 23 | Claims | Claims that contain typically non-covered CPT® codes were not paying when an approved auth was on file for EPSDT services. | 07/27/22 | 122 | 11/30/22 | Closed | Claims sent for reprocessing have been completed. The majority of impacted claims were denied for invoice submitted. All claim lines were revaluated therefore causing additional claims payments. | No | 11/23/22 |
| Hospital | 121 | Claims | Plan completed a recoupment project for Reduction Fee Schedule for outpatient claims. | 08/24/22 | 101 | 11/30/22 | Closed | There was a process error that delayed the delivery of the recoupment letter. Recoupment project began 60 calendar days after provider notification. Recoupment project completed on 11/23/22. | No | 11/23/22 |
| Multiple specialties | 140 | Claims | Coding configured 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 |

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| All specialties | 1659 | Claims | Numerous claims were 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 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 |
| All specialties | 13 | Claims | Blue Cross NC received guidance from the state on 7/7/22, 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 7/6/22. Claims rework was completed on 9/21/22. | As applicable | 09/21/22 |

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| All specialties | 33 | Claims | Outpatient facility claims that were billed with a range of Inpatient only procedure codes (excluding all Evaluation and Management codes) were 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 8/12/22. Claims rework was completed on 9/7/22. | As applicable | 09/07/22 |
| All specialties | 83 | Claims | Claims billed with revenue codes 25x and an accompanying procedure code were denied in error with explanation code G41. | 08/01/22 | 32 | 09/30/22 | Closed | Configuration to fix the error has been completed. Claims rework was completed on 8/23/22. | As applicable | 08/23/22 |

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| All specialties | 381 | Claims | A system defect was identified in the plans provider data in regard to NOMAID agreements. This defect resulted in the denial reason code G72. Action has been taken to correct the issue and was implemented. The provider data team is working on post-validation. **This issue does not validate that all G72 denials are inaccurate. There are still expected to be valid G72 denials. | 05/23/22 | 95 | 08/30/22 | Closed | Correction of this issue was implemented on 5/23/22. Plan validated affected claims. Claims rework was completed on 8/19/22. | As applicable | 08/19/22 |
| Multiple specialties | 136 | Authorizati on and Claims | Physical Therapy/Occupatio nal Therapy and Speech Therapy services (Visits vs Units) were receiving G-18- Procedure not reimbursable for specialty denials. This is due to system | 02/17/22 | 190 | 08/30/22 | Closed | Configuration completed as of 4/5/22. Claims rework was completed on 8/17/22. | As applicable | 08/17/22 |

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| | | | configuration for age. Ages 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. | | | | | | | |
| All specialties | 110 | Claims | Claims billed with NDC listed in Medicaid Drug Rebate Program were denied in error due to system issue. ** This issue does not validate all f90 denials are inaccurate. There are still expected to be valid f90 denials. | 07/13/22 | 37 | 08/30/22 | Closed | Weekly process implemented to ensure claims process correctly. Claims rework was completed on 8/12/22. | As applicable | 08/12/22 |

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| All | Varies- dependent on the number of registries | EnrollSafe | Delays in provider registration or updating EFT information for EnrollSafe by Zelis. Providers experienced longer than normal delays related to additional implemented security measures to prevent cyber fraud. | 03/24/22 | 148 | 08/30/22 | Closed | Enrollsafe completed their configuration of additional security measures for their enrollment process. Providers should no longer experience in the registration process. | 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 4/8/22, which included members identified as part of the Medical Support Enforcement Pay and Chase Processes for Third-Party Liability. Claims rework was completed on 6/6/22. | No | 07/14/22 |
| All specialties | 490 | Claims | Provider selection logic caused claims to deny for participating providers who do not require authorization. | 04/19/22 | 87 | 07/30/22 | Closed | Claims rework completed. | As applicable | 07/06/22 |
| All specialties | 102 | Claims | Claims submitted with unlisted procedure codes were denied incorrectly. | 03/22/22 | 94 | 06/30/22 | Closed | Process has been updated to ensure claims process accurately. Claims rework completed. | As applicable | 06/17/22 |

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| 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 processeses correctly. Claim rework completed. | Yes | 06/10/22 |
| Local Health Departmen t | 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 for all impacted claims to be reprocessed. Claims rework completed. | 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 was completed on 2/16/22. Claims rework completed. | Yes | 05/19/22 |

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| Local Health Departmen t (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 that LHD Billing taxonomy 261QP0905X is always used to drive pricing (per the fee schedule) when present on the claim. Claims rework 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 Sick Baby DRG claims (789-794) submitted w/out an authorization. | 04/11/22 | 29 | 05/20/22 | Closed | Plan identified 259 claims to be sent for review. The claims rework was completed on 5/11/22. | Yes | 05/11/22 |
| Audiology | 46 | Claims | Hearing aid claims were denied because they were 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. Claims rework was completed as of 5/6/22. | Yes | 05/06/22 |

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| All specialties | 94 | Claims | Blue Cross NC received state clarification to ensure claims billed with Revenue code 0250 and procedure code J3490 were 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 completed. | No | 04/25/22 |
| All specialties | 750 | Claims | Pharmacy Team confirmed that CPT code 90744 was denying due to internal systems edits for members ages 2 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 denied 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 were 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 were 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 denyng as incorrect billing per CMS guidelines only Place of Service 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 were 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 completed on 3/27/22, to prevent claim lines from splitting. Global rework also completed on 3/27/22. | Yes | 03/27/22 |

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| Ambulance providers | 92 | Claims | Claims for ambulance services were 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 |
| 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 | 03/11/22 | Closed | Configuration updates were 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, were rejected due to provider data issues. | 03/07/22 | 15 | 03/07/22 | Closed | Plan loaded the correct provider data file into the system, which has fixed the data issue. There were 4,500 claims 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 applied 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 Place of Service 03 (school) were denied 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 |