

June 17, 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: Claims related to any of the issues listed here that have already 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
Local health department (LHD)	35	Claims	Dental codes D0145 and D1206 not included on the LHD fee schedule and were causing denials.	04/19/22	59	06/27/22	Open	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 and Blue Shield of North Carolina (Blue Cross NC) has initiated a global rework project for all impacted claims to be reprocessed.	No	

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>

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All specialties	490	Claims	Provider selection logic is causing claims to deny for participating providers who do not require authorization.	04/19/22	59	06/30/22	Open	Claims work in progress.	Yes	
All specialties	Not applicable	Claims	Claims not following pay and chase for third-party liability when members under medical support enforcement.	04/06/22	73	06/30/22	Open	Received guidance 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 to be reprocessed by 5/7/22. Claims reprocessing still outstanding.	No	
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	03/24/22	85	06/30/22	Open	EnrollSafe continues to work on their backlog and security measures. The expected majority of backlog expected to be cleared by 5/9/22. If a provider needs	N/A	

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			normal delays related to additional implemented security measures to prevent cyberfraud.					to be expedited, call EnrollSafe at 877-822-0384 or email support@payeehub.org.		
All specialties	102	Claims	Claims submitted with unlisted procedure codes were denying incorrectly.	03/22/22	87	06/30/22	Open	Process updated to ensure claims process accurately. ETA for reprocessing moved to 6/30/22, due to manual effort necessary.	Yes	
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 the system configuration for age. Ages 0-3 are mapping services to early childhood benefits that	02/17/22	118	06/30/22	Open	Configuration complete as of 4/5/22. Estimated completion date for Phase 1 claim rework is 6/30/22. Phase 1 claim rework escalated. (Claims were counting units instead of encounters, thus causing an incorrect denial subtracting more than what it should have been).	Yes	

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			are unit based and causing issues as they are tied to authorizations set up as visits (encounters). Age 21+ limited to a combined 27 visits per year.					<p>This will correct/release the excess auths used on the original claims that paid.</p> <p>Phase 2 is still pending. This phase is for claims denied due to auth exceeded and will be reprocessed.</p>		
FQHC and RHC providers	1,003	Claims	Code T1015 denied caused by provider selection logic.	02/15/22	120	06/30/22	Open	<p>Process implemented to stop correct claims prior to denying in error.</p> <p>Configuration review ongoing for individual providers to ensure proper payment long-term.</p> <p>Claims rework is in progress.</p>	Yes	

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Multiple specialties	826	Claims	Covid admin codes had a rate change to \$65.00.	01/22/22	115	05/17/22	Closed	Configuration completed 2/16/22. Claims rework complete.	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 that LHD billing taxonomy 261QP0905X is always used to drive pricing (per the fee schedule) when present on the claim. Claims rework complete.	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	04/11/22	29	05/20/22	Closed	Plan has identified 259 claims to be sent for review. The claims rework completed as of 5/11/22.	Yes	05/11/22

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			baby DRG claims (789-794) submitted w/out an authorization.							
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
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 5/5/22.	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 complete.	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 3/18/2022. All impacted adjusted as of 4/10/22.	Yes	04/10/22
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

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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