

June 24, 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
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</p>	05/23/22	32	06/30/22	Open	<p>Correction of this issue was implemented on 5/23/22.</p> <p>Plan is working on affected claims validation. Claims will be reprocessed once completed.</p>	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>

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NCBCBS-CAID-001356-22 June 2022

Healthy Blue
Known Issues List

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			all G72 denials are inaccurate. There are still expected to be valid G72 denials.							
All specialties	490	Claims	Provider selection logic is causing claims to deny for participating providers that do not require authorization.	04/19/22	66	06/30/22	Open	Claims work in progress.	As applicable	
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	79	06/30/22	Open	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 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.	03/24/22	92	06/30/22	Open	EnrollSafe continues to work on their backlog an security measures. The	N/A	

Healthy Blue
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			Providers experiencing longer than normal delays related to additional implemented security measures to prevent cyberfraud.					expected majority of backlog is 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.		
All specialties	102	Claims	Claims submitted with unlisted procedure codes were denying incorrectly.	03/22/22	94	06/30/22	Open	Process has been updated to ensure claims process accurately. ETA for reprocessing has been moved to 06/30/2022 due to manual effort necessary.	As applicable	
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 mapping services to early childhood benefits that are	02/17/22	127	06/30/22	Open	Configuration was completed as of 4/5/22. Estimated completion date for Phase 1 claims rework is 6/30/22. Phase 1 claims rework has been escalated. (Claims were counting units instead of	As applicable	

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			unit-based and causing issues as they are tied to authorizations set up as visits (encounters). Age 21 > are limited to combined 27 visits per year.					<p>encounters thus causing an incorrect denial subtracting more than what it should have been).</p> <p>This will correct/ release the excess auths used on the original claims that paid.</p> <p>Phase 2 is still pending. This phase for claims that have been 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	Closed	<p>Process implemented to stop claims prior to denying in error.</p> <p>Configuration review ongoing for individual providers to ensure proper payment long-term.</p>	Yes	06/10/22

Healthy Blue
Known Issues List

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								Claims rework has been completed.		
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 and Blue Shield of North Carolina (Blue Cross NC) has initiated a global rework project for all impacted claims to be reprocessed.	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 has been completed.	Yes	05/19/22

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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 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 claims rework has been completed on 5/11/22.	Yes	05/11/22

Healthy Blue
Known Issues List

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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 reworks has been completed as of 5/06/22.	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
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

Healthy Blue
Known Issues List

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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 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
Orthotics and prosthetics	94	Claims	Codes are currently paying on one side	11/30/21	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

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All specialties	26	Claims	G2023 and place of service (POS) 71 were being denied as incorrect billing per CMS guidelines only POS 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 complete on 3/27/22 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

Healthy Blue
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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 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
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.	Yes	03/03/22

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								Global claims rework has been completed.		
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 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