

March 17, 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	Category	Issue	Date issue identified	Number of days outstanding	Estimated fix date	Status	Resolution	Interest/penalties owed	Date resolved
Behavioral health	2	Claims	ADHD procedure codes (96110/96127/96160/96161) should only require the EP modifier for (POS 71) and not limit other modifiers billed on the same claim line.	02/22/23	14	04/21/23	Open	Plan is updating configuration to remove all other POS from the non-covered configuration and only add the POS 71.		
Personal care services	326	Claims	Overpayments are being caused by the incorrect rates being loaded into the system for	02/08/23	28	04/28/23	Open	Configuration completed on 10/14/23.	Does not apply to this issue.	

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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			personal care services received from 7/1/21 to 10/4/21.					<p>Claims recoupment project is in que.</p> <p>Plan sent out letters to providers on 2/28/23.</p> <p>The recoupment project will begin 60 calendar days after provider notification.</p>		
Multiple specialties	149	Claims	Blue Cross and Blue Shield of North Carolina (Blue Cross NC) identified a systematic issue for personal care/home health services causing claims to deny with disallow code ZEF – (EVV-Visit Key location).	01/25/23	42	03/31/2023	Open	<p>Configuration for issue was completed on 2/28/23.</p> <p>An additional claims report was ran to identify any additional impacted claims since identification of issue.</p> <p>All impacted claims that are not true denials have been escalated and sent for reprocessing. No further action in need from the provider.</p>	TBD	
Multiple specialties	2	Claims	Blue Cross NC identified a system error in the authorizations for sleep studies. Specifically, for claims that are not billed with <i>place of</i>	01/06/23	61	03/31/23	Open	The plans utilization management team still continues work on a system fix for this issue.	Does not apply to this issue.	

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			<i>service – home, which require an authorization, causing several claims to be paid incorrectly.</i>							
Multiple specialties	299	Claims	Claims billed with procedure codes related to family planning are applying copay in error.	12/07/22	91	03/31/2023	Open	Configuration and claims reworks are still in progress. This issue has been escalated with estimated completion date of 3/31/23.	As applicable	
All specialties	817	Claims	Plan is initiating a project to recoup interest and penalties that applied in error due to numerous reasons, such as scenarios where we received updated guidance from the state, changed processes where we made an exception on provider billing error, and a variety of other scenarios.	10/27/22	132	04/28/2023	Open	There was a delay in provider notification due to additional information needed. Plan sent out recoupment letter on 2/27/23. Recoupment project will begin 60 calendar days after provider notification. The estimated completion date for this recoupment project is 4/27/23.	No	
Hospitals	Total impact unknown as Blue Cross NC does	Availity	Hospitals are showing as <i>Out of Network</i> (OON) in Availity.	08/17/22	203	A resolution date has not been identified, continued	Open	The ICR system is functioning as designed. The system requires a rendering provider to	N/A	

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	receive notification of error occurring.					review of the issue is still in motion. Please see resolution status for details.		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.		
Multiple Specialties	140	Claims	Claims billed for psychological and neuropsychological services are processing incorrectly in increments of units rather than hours.	02/15/23	23	03/31/23	Closed	Benefit configuration was completed on 01/14/23. Impacted claims reprocessed on 2/14/23.		02/14/23
Multiple Specialties	3	Claims	Blue Cross NC has 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 are denying in error for non-covered code due	02/15/23	9	02/28/23	Closed	Claims have been reprocessed globally to pay. Configuration completed on 2/1/23.	No	02/22/23

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			to configuration issue.					Claims rework completed on 2/22/23.		
Behavioral health	140	Authorizations and Claims	Psychological testing limit codes were denying 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
All specialties	44	Claims	Labor and delivery claims are being 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	11/30/22	23	12/30/22	Closed	Manual process implemented on 11/28/22 to ensure claims will process correctly. Claims rework completed on 12/21/22.	As applicable	12/21/22

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			10/03/22 to 11/08/22.							
Multiple specialties	109	Claims	Claims with durable medical equipment (DME) procedure codes that require manual pricing are being denied in error for benefit limitation (explanation code TR4/TR5).	08/11/22	121	12/10/22	Closed	Claims project was completed on 11/29/22 and rendered an additional global payment.	As applicable	12/03/22
All specialties	590	Claims	Blue Cross NC is currently experiencing an increase in the volume of denials <i>NDC termed or obsolete</i> 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 12/02/22.	As applicable	12/02/22

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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	127	12/10/22	Closed	A claim pend process has been initiated by Blue Cross NC to ensure that all claims will process correctly.	As applicable	12/01/22
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	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

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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 a 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
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 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 7/6/22. Claim reworks was completed on 9/21/22.	As applicable	09/21/22
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 8/12/22. Claims rework was completed on 9/7/22.	As applicable	09/07/22

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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 was completed on 8/23/22.	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 regard 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 5/23/22.</p> <p>Plan is working on affected claims validation.</p> <p>Claims reworks was completed on 8/19/22.</p>	As applicable	08/19/22
Multiple specialties	136	Authorization and Claims	<p>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</p>	02/17/22	190	08/30/22	Closed	<p>Configuration was completed as of 4/5/22.</p> <p>Claims rework was completed on 8/17/22.</p>	As applicable	08/17/22

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			<p>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.</p>							
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 was completed on 8/12/22.</p>	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 are experiencing longer than normal delays related to additional implemented security measures to prevent cyber fraud.	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 4/8/22, 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 is causing claims to deny for participating providers that 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 denying 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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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
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 completed.	Yes	06/10/22
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 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 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 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 has identified 259 claims to be sent for review. The claim rework was 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 has been completed. Claim 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 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 completed.	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 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 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 1/26/22. 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 71 were being denied 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 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 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
Behavioral 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