

May 12, 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
Home health	1,783	Claims	Claims are denying for T1000 when billed for more than 16 hours in a single day for members over the age of 21.	03/01/23	57	05/31/23	Open	Configuration is in process to remove the daily limit.	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-023815-23 May 2023

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All specialties	All providers	Claims	Blue Cross and Blue Shield of North Carolina (Blue Cross NC) has identified instances where we did not request additional information on claims within 18 days of receipt.	03/15/23	50	05/31/23	Open	<p>Effective 5/2/23, the plan has started pending claims in our system when requesting information to process claims.</p> <p>These claims will remain pending for 90 days while we wait the requested information.</p> <p>If no information is received within 90 days, the claim will be denied.</p>	Does not apply to this issue.	
All specialties	All providers	Claims	Blue Cross NC has identified cases resulting in the payment delays for newborn claims between July 2022 and January 2023.	03/15/23	50	05/31/23	Open	<p>Blue Cross NC has corrected all historic claims and has modified the process to pay claims as submitted. Please refer to the Newborn Claims process posted March 14, 2023. This new process should alleviate issues going forward.</p>	Yes	

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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	50	05/31/23	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 configuration is finalized.	As applicable TBD	
Personal care services	326	Claims	Overpayments were caused by the incorrect rates being loaded into the system for personal care services received from 7/1/21 to 10/4/21.	02/08/23	78	05/31/23	Open	Configuration completed on 10/14/23. Claims recoupment project is in queue. Plan sent out letters to providers on 2/28/23. The recoupment project will begin 60 calendar days after provider notification.	Does not apply to this issue.	
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 service – home</i> , which require an	01/06/23	111	05/31/23	Open	The plans utilization management team is still finalizing a system fix for this issue. A Provider notification was reposted to the	Does not apply to this issue.	

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			authorization, causing several claims to be paid incorrectly.					Healthy Blue website on 05/01/23. Plan will not be retroactively reprocessing claims at this time for recoupment.		
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	190	05/31/23	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 receive notification of error occurring.	Availity	Hospitals are showing as <i>Out of Network</i> (OON) in Availity.	08/17/22	260	A resolution date has not been identified, continued review of the issue is still in motion. Please see resolution	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	N/A	

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							status for details.	is a note section in ICR, that the provider can use to indicate their provider NPI as a workaround.		
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	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 04/11/2023.	As applicable TBD	04/11/23
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 have been recouped when Other Health Insurance is identified.	03/14/23	38	04/28/23	Closed	Providers will need to seek reimbursement from primary OHI until otherwise. Blue Cross NC will move forward to seek recovery from Primary OHI, if not recouped from provider.	Does not apply to this issue	03/22/23

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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 for issue was completed on 2/28/23. All impacted claims that 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 applying copay 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
Mutiple Specialties	140	Claims	Claims billed for psychological and neuropsychological services were processing 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

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Multiple specialties	12	Claims	Claims billed with procedure code H2035 were denying in error for non-covered 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	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 were denying 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 denying 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	11/30/22	23	12/30/22	Closed	Manual process implemented on 11/28/22, to ensure claims will process correctly.	As applicable	12/21/22

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			behavioral health procedure codes within date of service from 10/3/22 to 11/8/22.					Claims rework completed on 12/21/22.		
Multiple specialties	109	Claims	Claims with durable medical equipment (DME) procedure codes that required manual pricing were denying 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. Configuration completed on 8/26/22, global claims rework completed on 10/20/22.	As applicable	12/03/22
All specialties	590	Claims	Blue Cross NC experienced 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 12/2/22.	As applicable	12/02/22

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All specialties	162	Claims	<p>Claims billed with subsequent hospital care procedure codes were denying 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 was initiated by Blue Cross NC to ensure that all claims process correctly.	As applicable	12/01/22
All specialties	144	Claims	Evaluation and Management codes billed with primary behavioral health diagnosis were 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 were 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 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 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
All specialties	1659	Claims	Numerous claims were rejecting 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 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
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

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All specialties	83	Claims	Claims billed with revenue codes 25x and an accompanying procedure code were denying 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	<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 validated affected claims.</p> <p>Claims rework 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) were receiving G-18-Procedure not reimbursable for specialty denials. This is due to system</p>	02/17/22	190	08/30/22	Closed	<p>Configuration 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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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
			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	<p>Claims 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 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	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 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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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 processes 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 3/24/23 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 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. 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 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 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 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 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 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

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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