

November 4, 2022

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
All specialties	817	Claims	Plan is initiating a project to recoup interest and penalties that applied in error due to numerous reasons.	10/27/2022	8	TBD	Open	Plan is in process of sending recoupment letters to impacted providers.	No	
Hospital	121	Claims	Plan is in progress of completing a recoupment project for reduction fee schedule for outpatient claims.	08/24/22	72	11/30/22	Open	There was process error that delayed the delivery of recoupment letter to impacted providers	No	

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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								Estimated completion date for this recoupment project is 11/30/2022.		
Hospitals	TBD	Availity*	Hospitals are showing as <i>Out of Network</i> (OON) in Availity.	08/17/22	79	TBD	Open	The ICR system is functioning as designed. The system requires a rendering provider to be utilized when submitting an authorization. There is no long-term solution as of today that will not cause a negative downstream impact for other providers. The Healthy Blue Team has provided an alternative workflow for submission of prior authorizations.	N/A	

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Multiple specialties	140	Claims	Coding configuration is to remove the following CPT® codes from the i05 National Council on Compensation Insurance for North Carolina edit: 82306, 82652, and 0038U	08/17/22	79	11/05/22	Open	Global claims project still in progress. Estimated date of completion is 11//5/22.	As applicable	
Multiple specialties	TBD	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	85	11/17/22	Open	Process implemented to stop claims for manual review and confirmation on units utilized. This was completed and in production as of 10/7/22. A global review of claims impact and reprocessing is in progress.	As applicable	
All specialties	38	Claims	Claims billed with subsequent hospital care procedure codes are being denied in error with explanation code g50-(billed more than once/day with	07/29/22	98	TBD	Open	Claims rework will be done on a recurring basis while a permanent solution is determined.	As applicable	

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			history) by multiple providers with different specialties on the same date of service. *This issue does not indicate that all g50 denials are inaccurate.							
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	100	11/21/22	Open	Configuration completed on 8/29/22. Claims rework is in progress.	No	
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 and Blue Shield of North Carolina (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 10/22/22.	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 completed on 9/21/22.	As applicable	09/21/22
All specialties	33	Claims	Outpatient facility claims that are billed with inpatient only procedure codes (excluding all Evaluation and Management codes) are denying in error for quantity over medically unlikely edit (MUE	06/29/22	65	09/30/22	Closed	Configuration was completed on 08/12/2022. Claims rework completed on 9/7/22.	As applicable	09/07/22

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			explanation code h63).							
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 have been completed. Claims rework completed on 8/23/22.	As applicable	08/23/22
All specialties	381	Claims	A system defect was identified in the plans provider data regarding 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	05/23/22	95	08/30/22	Closed	Correction of this issue was implemented on 5/23/22. Plan is working on affected claims validation. Claims have been reprocessed.	As applicable	08/19/22

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			valid G72 denials.							
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 unit-based and causing issues as they are tied to authorizations set up as visits (encounters). Age 21 > limited to combined 27 visits per year.	02/17/22	190	08/30/22	Closed	Configuration completed 4/5/22. Claims rework completed on 8/17/22.	As applicable	08/17/22
All specialties	110	Claims	Claims that were billed with national drug codes (NDCs) listed in Medicaid Drug Rebate Program were denied in	07/13/22	37	08/30/22	Closed	Weekly process has been implemented to ensure claims are processed correctly.	As applicable	08/12/22

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			<p>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>					Claims rework completed on 8/12/22.		
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>Issue has been resolved.</p> <p>Providers should no longer experience this issue in the registration process.</p>	N/A	06/06/22
All specialties	Not applicable	Claims	Claims not following pay and chase 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	No	06/06/22

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								to be reprocessed by 5/7/22. Claims rework was completed on 6/6/22.		
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 has been completed.	As applicable	7/06/22
All specialties	102	Claims	Claims submitted with unlisted procedure codes were denying incorrectly.	03/22/22	94	06/30/22	Closed	Process updated to ensure claims process accurately. Claims rework completed.	As applicable	06/17/22
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. Claims rework completed.	Yes	06/10/22

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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 04/19/22, the omitted codes have been added to the LHD fee schedule retro'd back to 07/01/2021. Blue Cross NC has initiated a global rework project for all impacted claims to be reprocessed. Claims rework has been 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 completed on 2/16/22. Claims rework completed.	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 LHD billing taxonomy 261QP0905X is always used to drive pricing (per the fee schedule) when present on the claim.	Yes	05/16/22

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								Claims rework completed.		
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 for review. Claims rework 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 completed. Claims rework 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 aged 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.	11/30/21	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
All specialties	26	Claims	G2023 and place of service (POS) 71 were being denied as incorrect billing per CMS guidelines only PSO 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 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

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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 claims rework 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	3/11/2022	Closed	Configuration updates 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 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 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