

April 19, 2024

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
CAP Providers	59	Claims	The Community Alternative program (CAP) Fee Schedule was applied to NON-CAP Claims in error causing recoupments.	12/14/2023	14	1/31/2024	Open	Plan is gathering data to determine provider impact.	TBD	
PA, Nurse Practitioner, Nurse Midwife	2410	Claims	Claims billed with the Modifier 80 and 82 have denied stating that an AS	6/01/23	202	1/28/24	Open	The plan is updating configuration to allow Modifier 80	TBD	

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-048211-23-SRS48211 April 2024

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			modifier needs to be utilized. Blue Cross and Blue Shield of North Carolina (Blue Cross NC) has determined that the AS modifier is a Medicare requirement are payable per NC policy.					and 82 per Healthy Blue requirements.		
All specialties	Plan is currently completing an analysis of impacted providers.	Claims	Claims with the Rev Code 0918 were denied with the explanation of (no authorization).	10/09/23	63	1/31/2024	Open	Claims have been submitted for reprocessing. Healthy Blue website is being updated to show authorization is required for Rev Code 0918 moving forward.	TBD	
All specialties	Plan is currently completing an analysis of impacted providers.	Claims	Blue Cross NC maternal depression screenings that are delivered as a part of well child visits during 1 st , 2 nd , 3 rd , 4 th , and 6-month visits and reimbursed on a Fee-for-Service basis for procedure code 91161 and	8/20/23	108	1/31/2024	Open	Configuration has been initiated to remove the E15 denial when provider bills for Maternal/Postpartum depression according to the health check program/Healthcare reform preventative services coding guide.	TBD	

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			DX code Z13.32, are denying male newborn claims due to a diagnosis inconsistent with member's gender.					Estimated configuration completion date is 12/31/2023		
All specialties	Plan is completing and analysis of impacted providers.	Authorization	With the implementation of the Carelon/AIM auth process, we identified an issue with authorizations data not being ingested accurately into claim systems causing incorrect auth denials.	06/08/23	235	1/31/2024	Open	System configuration update is in progress. Plan is in process of determining the impacted authorizations and claims.	As applicable	
All specialties	174	Claims	Blue Cross NC identified instances where we did not request additional information on claims within 18 days of receipt.	03/15/23	329	TBD	Open	Blue Cross NC modified our process for requesting additional information to process claims. Prior to the new process, Blue Cross NC had an automated process that notified providers via the <i>Explanation of Payment (EOP)</i> when additional information was	Does not apply to this issue.	

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								<p>needed to process claims.</p> <p>The Department requires that claims be pended, and notification mailed to providers requesting the additional information. We implemented a manual process to ensure compliance with this requirement.</p>		
All providers	10	Claims	Claims were being denied Y87/Y88 for billing error if the ICD-10-CM Procedure Code Date (did not match CPT®/HCPCS code) was not the same date after the date of the admit.	03/01/23	344	1/31/2024	Open	<p>Plan updated the claims processing instructions.</p> <p>Final claims sweep is in process.</p> <p>Estimated completion date is 12/31/2023.</p>	As applicable	
All providers	37	Claims	Code 92523 was denying authorization when it is not required.	06/06/23	240	01/31/2024	Open	<p>The system configuration has been updated to remove any requirement for authorization.</p> <p>Claims reprocessing in progress.</p>	As applicable	

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								Estimated fix date is 12/31/2023		
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	252	01/31/2024	Open	Initial configuration completion date was set for 3/31/23; however, there has been a delay due to technicalities and is under research. Configuration is expected to be completed by 12/31/2023 Adjustments have been completed and a final sweep will be completed once configuration is finalized.	As applicable	
Chiropractic	66	Claims	Chiropractic services are being denied for non-covered service in error.	8/16/2023	92	12/31/2023	Closed	System configuration has been updated. Claims reprocessing is in progress with an estimated completion date of 12/31/2023.	As Applicable	

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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
All providers	26	Claims	Claims were denied as non-covered for code 0202U for all revenue codes. Effective 1/1/2022, code 0202U was updated to a covered service per the covered codes listing from the state.	02/28/23	254	10/07/23	Closed	Configuration has been updated for code 0202U for all rev codes denying PSO-noncovered. Configuration was completed on 7/27/23. Global Claims rework was completed on 9/27/23.	As applicable	09/27/23
Hospitals	23	Claims	Inpatient Psychiatric claims were denying for non-covered when billed with an obstetrics or substance abuse diagnosis.	06/26/23	81	09/30/23	Closed	Configuration to allow both obstetrics and substance abuse diagnosis billed in combination with Psychiatric codes was completed on 7/13/23. Claims reprocessing completed 9/8/23.	As applicable	09/08/23
All specialties	817	Claims	Plan initiated a project to recoup interest and penalties that applied in error for various reasons, such as instances where we received updated guidance from the state, updated processes to make exceptions on provider billing errors, and a	10/27/22	310	08/31/23	Closed	There was a delay in provider notification due to additional information being needed. Plan sent out recoupment letters on 2/27/23. Recoupment project began 60 calendar days after provider	Does not apply to this issue.	08/07/23

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			variety of other scenarios.					notification. The recoupment project was delayed due to technical issues. Recoupment project completed on 8/7/23.		
Inpatient Psych	23	Claims	Previous configuration required inpatient psych claims with REV 0114/120/124/0134 /0144 to require a primary psych DX to allow payment. Providers were submitting SUD and obstetric DX codes, resulting in a "PSO not covered" Denial.	07/01/23	48	08/31/23	Closed	System configuration was completed on 7/13/23. Claims reprocessing completed on 7/25/23.	As applicable	07/25/23
Multiple specialties	2	Claims	Blue Cross NC identified a system error related to sleep studies authorizations. Specifically for claims that were not billed with <i>place of service – home</i> , which require an authorization, causing several	01/06/23	146	06/30/23	Closed	A provider notification (Sleep Study Prior Authorization Requirements) was reposted to the health plan website on 5/1/23. Configuration was completed on 5/12/23.	Does not apply to this issue.	06/01/23

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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
			claims to be paid incorrectly.					Plan did not retroactively reprocess claims for recoupment.		
Personal care services	326	Claims	Overpayments were caused by the incorrect rates being loaded into our system for personal care services received 7/1/22 to 10/4/22.	10/27/23	107	06/30/23	Closed	Configuration completed on 10/14/22. Claims recoupment project completed on 5/23/23.	Does not apply to this issue	05/23/23
Home health	1,783	Claims	Claims were denying for T1000 when billed for more than 16 hours in a single day for members over the age of 21.	03/01/23	84	06/30/23	Closed	Configuration has been completed. Claim reprocessing was completed on 6/1/23.	As Applicable	06/01/23
Hospitals	Total impact unknown as Blue Cross NC does receive notification of error occurring.	Availity	Hospitals were showing as <i>Out of Network</i> (OON) in Availity.	08/17/22	274	06/01/23	Closed	The ICR system is functioning as designed. The system requires a rendering provider to be utilized when submitting an authorization. There is a note section in ICR, that the provider can use to indicate their provider NPI as a workaround.	N/A	06/01/23

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All providers	23	Claims	The plan experienced a claims impact due to the lack of guidance surrounding the diagnostic and treatment portion of EPSDT, a small gap has been identified relating to these claims.	03/31/23	24	04/24/23	Closed	Blue Cross NC configured the system to identify EPSDT claims with approved authorizations based on EPSDT criteria to pay and chase. In addition, we reviewed any potential impact. In the sampling of data, we determined there were less than 4% that met the criteria for further review.	TBD	04/24/23
All specialties	All providers	Claims	Blue Cross NC identified cases resulting in payment delays for newborn claims between July 2022 and January 2023.	03/15/23	50	05/31/23	Closed	Blue Cross NC corrected all historic claims and modified our process to pay claims as submitted. Please refer to the Newborn Claims process posted on 3/14/23. The new process should alleviate issues going forward.	As Applicable	05/11/23
All specialties	All providers	Claims	Blue Cross NC identified instances where we did not request additional information on claims within 18 days of receipt.	03/15/23	50	05/31/23	Closed	Effective 5/2/23, the plan began pending claims in our system when requesting additional information to process claims.	Does not apply to this issue.	05/02/23

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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
								<p>These claims will remain pending for 90 days while we await the requested information. Once information is received, claims will be adjudicated as appropriate.</p> <p>If no information is received within 90 days, the claim will be denied.</p>		
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	<p>Plan updated configuration to remove all other POS from the non-covered configuration and only add the POS 71.</p> <p>Configuration fixed as of 3/24/23.</p> <p>Claims rework completed 4/11/23.</p>	As applicable	04/11/23
All providers	14	Claims	Medical claims denied Z57 in error.	03/01/23	58	04/28/23	Closed	<p>Blue Cross NC reviewed the denials.</p> <p>Impacted claims were reprocessed.</p>	Yes	04/07/23

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All specialties	1,783	Claims	Claims were recouped when Other Health Insurance is identified.	03/14/23	38	04/28/23	Closed	Providers must seek reimbursement from primary OHI before March 2023. Blue Cross NC will seek recovery from the Primary OHI, if not recouped from provider.	Does not apply to this issue	03/22/23
Multiple 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 was completed on 2/28/23. All impacted claims that were not true denials were reprocessed to pay. Project completed on 3/13/23.	As Applicable	03/24/23
Multiple specialties	299	Claims	Claims billed with procedure codes related to family planning were applied copays 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
Multiple specialties	140	Claims	Claims billed for psychological and neuropsychological services were processed 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.	As Applicable	02/14/23

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Multiple 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 completed on 10/30/22. All impacted claims were identified and reprocessed for payment.	Does not apply to this issue	0/23/23
Multiple specialties	12	Claims	Claims billed with procedure code H2035 were denied in error for non-covered code due to configuration issue.	02/15/23	9	02/28/23	Closed	Claims were 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 denied in error for no authorization.	01/06/22	50	02/28/23	Closed	Configuration was updated. Claims global rework completed on 2/14/23.	As applicable	02/14/23
All specialties	44	Claims	Labor and delivery claims were 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

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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 10/3/22 to 11/8/22.	11/30/22	23	12/30/22	Closed	Manual process implemented on 11/28/22, to ensure claims process correctly. Claims rework completed on 12/21/22.	As applicable	12/21/22
Multiple specialties	109	Claims	Claims with durable medical equipment (DME) procedure codes that required manual pricing were denied 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</i>	11/15/22	24	12/15/22	Closed	Configuration completed on 11/18/22.	As applicable	12/02/22

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			<i>obsolete</i> as a result of certain NDC's not being present within the source NDC data for First Data Bank.					Claims rework completed on 12/2/22.		
All specialties	162	Claims	<p>Claims billed with subsequent hospital care procedure codes were 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 was implemented 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 applied 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

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All specialties	23	Claims	Claims that contain typically non-covered CPT® codes were not paying when an approved auth was on file for EPSDT services.	07/27/22	122	11/30/22	Closed	Claims sent for reprocessing were completed. The majority of impacted claims were denied for invoice submitted. All claim lines were reevaluated therefore causing additional claims payments.	No	11/23/22
Hospital	121	Claims	Plan completed a recoupment project for Reduction Fee Schedule for outpatient claims.	08/24/22	101	11/30/22	Closed	A process error delayed the delivery of the 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

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All specialties	1659	Claims	Numerous claims were 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
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

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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
All specialties	83	Claims	Claims billed with revenue codes 25x and an accompanying procedure code were denied 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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			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 process correctly.</p> <p>Claims rework was completed on 8/12/22.</p>	As applicable	08/12/22

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All providers	Varies-dependent on the number of registries	EnrollSafe	Delays in provider registration or updating EFT information for EnrollSafe by Zelis. Providers experienced 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 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 caused claims to deny for participating providers who 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 denied incorrectly.	03/22/22	94	06/30/22	Closed	Process was 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 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 were added to the LHD fee schedule retro'd back to 7/1/21. Blue Cross NC 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.	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 3/24/22 to ensure that LHD Billing taxonomy 261QP0905X is always used to drive pricing (per the fee schedule) when present on the claim. Claims rework 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 changed 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 were denied because they were 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 were 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 confirmed that CPT code 90744 was 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 denied as noncovered.	02/09/22	62	04/20/22	Closed	Configuration for codes 99217-99220 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 were 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 denying 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 were 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

Healthy Blue
Known Issues List

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
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 were completed to adhere to clinical policy. All affected were adjudicated.	No	03/11/22
Multiple specialties	89	Claims	Claims submitted on 2/4/22, were rejected due to provider data issues.	03/07/22	15	03/07/22	Closed	Plan loaded the correct provider data file into the system, which has fixed the data issue. There were 4,500 claims recycled for payment. All impacted claims were recycled on 3/9/22.	No	03/09/22

Healthy Blue
Known Issues List

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	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 applied 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 denied 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