

November 29, 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 the 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 |
|-----------------|------------------------------|----------|---|-----------------------|----------------------------|--------------------|--------|---|-------------------------|---------------|
| Dialysis | 32 | Claims | Q4108 and Q5105 are not allowing 1960 units per month. | 10/8/2024 | 41 | 12/13/2024 | Open | Benefit configuration will be updated to allow 1960 units per month | As applicable | |
| Behavior Health | 303 | Claims | Unmanaged units were resetting on 12/1 rather than 7/1 for Medicaid expansion members | 10/2/2024 | 47 | 12/30/2024 | Open | Update unmanaged visits to reset on 7/1/2024 | 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-070865-24-SRS48211 November 2024

Healthy Blue
Known Issues List

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| All specialties | 174 | Claims | Blue Cross and Blue Shield of North Carolina (Blue Cross NC) identified instances where we did not request additional information on claims within 18 days of receipt. | 03/15/23 | 625 | TBD | Open | <p>Blue Cross NC modified our process for requesting additional information to process claims.</p> <p>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 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> | Does not apply to this issue. | |
| O&P | TBD | Claims | Orthotics and Prosthetic claims are denying G18 (Disallowed: Not allowed under | 3/1/24 | 60 | 5/17/24 | Closed | Update in requirement caused claims to deny incorrectly. This requirement | TBD | 4/29/24 |

Healthy Blue
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| | | | contract) when the provider bills the appropriate rendering and billing NPIs/Taxonomy. | | | | | has been removed as of 3/15/2024. Global claims rework in progress | | |
| All specialties | 3 | Claims | CPT® E0202 is being denied i65 in error advising CPT code is only allowed once every 30 days | 12/15/23 | 126 | 04/30/24 | Closed | Configuration is being updated and all claims have been adjusted | TBD | 4/8/24 |
| PA, Nurse Practitioner, Nurse Midwife | 2410 | Claims | Claims billed with the Modifier 80 and 82 have denied stating that an AS modifier needs to be utilized. Blue Cross NC has determined that the AS modifier is a Medicare requirement and is payable per NC policy. | 6/1/23 | 288 | 2/29/24 | Closed | The plan is updating configuration to allow Modifier 80 and 82 per Healthy Blue requirements | | 3/4/24 |
| CAP providers | 16 | Claims | The Community Alternative program (CAP) Fee Schedule was applied to NON-CAP Claims in error | 12/14/23 | 56 | 02/08/24 | Closed | All impacted claims have been reprocessed per the correct fee schedule | TBD | 02/08/24 |

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| | | | causing recoupments. | | | | | | | |
| 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 | 325 | 01/31/24 | Closed | Initial configuration completion date was set for 3/31/23; however, there has been a delay due to technicalities and is under research. Configuration completed. Adjustments have been completed and a final sweep will be completed once configuration is finalized. | As applicable | 08/25/23 |
| 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. | 03/01/2023 | 339 | 01/31/24 | Closed | Plan updated the claims processing instructions. Final claims sweep is in process. Estimated completion date is 02/29/24. | As Applicable | 11/29/23 |
| All providers | 37 | Claims | Code 92523 was denying authorization | 06/06/23 | 242 | 08/07/23 | Closed | The system configuration has been updated to remove any | As Applicable | 10/17/23 |

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| | | | when it is not required. | | | | | requirement for authorization. Claims reprocessing in progress. Estimated fix date is 01/31/2024. | | |
| All specialties | 29 | Claims | Healthy Blue maternal depression screenings that are delivered as a part of well child visits during 1st, 2nd, 3rd, 4th, and 6-month visits and reimbursed on a Fee-for-Service basis for procedure code 91161 and DX code Z13.32, are denying male newborn claims due to a diagnosis inconsistent with member's gender. | 08/20/23 | 185 | 01/31/24 | Closed | 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. Estimated configuration completion date is 02/29/2024 | As applicable | 12/05/23 |
| All specialties | 1 | Authorizations | Due to the implementation of the Carelon auth process, we have identified an issue with | 06/08/23 | 249 | 10/31/23 | Closed | System configuration was updated on 9/15/2023. Analytics is in flight | As applicable | 12/18/23 |

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| | | | authorizations data not being ingested accurately into claim systems causing incorrect auth denials. | | | | | to identify inaccurately ingested auth dates. Once authorizations have been corrected, a sweep for impacted claims will be completed. | | |
| All specialties | 9 | Claims | Claims with the Rev Code 0918 were denied with the explanation of (No Authorization). | 10/09/23 | 70 | 11/14/23 | Closed | Claims reprocessing has been completed. Healthy Blue website is being updated to show authorization is required for Rev Code 0918 going forward. | No Interest and penalties applied | 11/14/23 |
| Chiropractic | 66 | Claims | Chiropractic services are being denied for non-covered service in error. | 08/16/23 | 92 | 12/05/23 | Closed | System configuration has been updated. Claims reprocessing is in progress with an estimated completion date of 12/31/2023. | As Applicable | 11/14/23 |
| 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 | 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. | As applicable | 09/27/23 |

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| | | | covered service per the covered codes listing from the state. | | | | | Global Claims rework was completed on 9/27/23. | | |
| 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 variety of other scenarios. | 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 notification. The recoupment project was delayed due to technical issues. Recoupment project completed on 8/7/23. | Does not apply to this issue. | 08/07/23 |

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| 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 claims to be paid incorrectly. | 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. Plan did not retroactively reprocess claims for recoupment. | Does not apply to this issue. | 06/01/23 |

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| 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 | 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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| | | | claims within 18 days of receipt. | | | | | <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 | 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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| | | | units rather than hours. | | | | | | | |
| 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 |

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| 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 |
| 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 | 08/11/22 | 121 | 12/10/22 | Closed | Blue Cross NC received guidance from the state on 7/7/22, regarding inpatient rehab claims. | As applicable | 12/03/22 |

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| | | | error for benefit limitation (explanation code TR4/TR5). | | | | | Configuration completed on 8/26/22, global claims rework completed on 10/20/22. | | |
| 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 |
| All specialties | 162 | Claims | 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. This issue does not indicate that | 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 |

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| | | | all g50 denials are inaccurate. | | | | | | | |
| 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 |
| 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 |

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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 | 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 |
| 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 |

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| 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 |

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| Multiple specialties | 136 | Authorization and Claims | 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 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. | 02/17/22 | 190 | 08/30/22 | Closed | Configuration completed as of 4/5/22. Claims rework was completed on 8/17/22. | As applicable | 08/17/22 |

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| 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 | <p>Enrollsafe 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 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 |

Healthy Blue
Known Issues List

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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 |

Healthy Blue
Known Issues List

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|-----------------|------------------------------|----------|---|-----------------------|----------------------------|--------------------|--------|--|-------------------------|---------------|
| 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 |
| 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 |

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 |
|---------------------------|------------------------------|----------|---|-----------------------|----------------------------|--------------------|--------|--|-------------------------|---------------|
| 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 |
| 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 | 02/10/22 | 47 | 03/27/22 | Closed | Both configuration and global claims rework were completed on 3/27/22. | No | 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 |
|-------------------------------------|------------------------------|----------|---|-----------------------|----------------------------|--------------------|--------|--|-------------------------|---------------|
| | | | billed with this CPT for payment. | | | | | | | |
| 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 |
| 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 | 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 |

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 |
|----------------------|------------------------------|----------|--|-----------------------|----------------------------|--------------------|--------|--|-------------------------|---------------|
| | | | newborn up to 60 days. | | | | | | | |
| 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 |
| 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 | 02/03/22 | 47 | 03/05/22 | Closed | Configuration was corrected on 1/31/22. | No | 02/23/22 |

Healthy Blue
Known Issues List

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|---------------|------------------------------|----------|-----------------------------------|-----------------------|----------------------------|--------------------|--------|--|-------------------------|---------------|
| | | | submit claims to fee for service. | | | | | Adjustment project completed on 2/23/22. | | |