WELLCARE KNOWN ISSUE LIST

Please be advised: Claims that have either rejected or denied appropriately and associated to any of the items listed on the following pages are not considered inclusive of the resolution indicated.

You should contact your local Provider Relations representative at 1-877-378-2488 if you have any questions or concerns regarding any of the following.

OPEN PROJECTS										
Provider Type	**# of Impacted Providers**	**Category**	**Issue**	**Date Issue Found**	**# of Days Outstanding**	**Estimated Fix Date**	**Status**	**Resolution**	**Interest/ Penalties Owed**	**Date Resolved**
Vision Providers	Pending	Claims	A Benefits Configuration issue was identified impacting Medical Vision that are denying claims with instructions to have Providers submit the claims to contracted Vendor Envolve. Envolve in turn is denying claims with instructions to bill WellCare. Vendor Envolve only pays claims for Routine Vision Services, while WellCare only is responsible for Medical Vision Services.	2/16/24	6	3/4/24	Closed	The Benefits Configuration Team is implementing a fix with an ETA for completion of 03/04/2024. A claims impact report was reprocessed and adjusted to pay w/ a completion date of 04/03/2024.	No	4/3/2024
Hospice	2 Providers	Claims	A Pricing Configuration error impacting Hospice Providers causing NOFEE & CMD01 (No Fee Schedule Rate & Not Covered Service) was identified.	2/1/24	21	3/4/24	Closed	The WellCare Configuration team reviewed and updated the system error causing the denials on 02/05/2024. Claims are no longer experiencing the denials. The impacted claims were reprocessed and adjusted to pay w/ a completion date of 02/14/2024.	No	2/14/2024
Lab Testing	20 Providers	Claims	Genetic Testing CPT Codes 81420, 81220, & 81329 have been denying as IH007 (ICD Code on the claim not supported by CPT	1/10/24	43	3/4/24	Closed	WellCare is implementing a Code Edit Modification for the IH007 Edit to exclude pregnant beneficiaries and adjudicate claims per Clinical Policy 1S-4. Impacted claims were reprocessed and	Yes	2/12/2024

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			billed). Per Clinical Policy 1S-4 Genetic Testing (effective 4-15-23), this service is available to all pregnant beneficiaries regardless of maternal age or risk so there should not be any diagnosis editing that would prevent a claim from processing.					adjusted to pay w/ a completion date of 02/12/2024.		
Personal Care Service Providers	256 PCS Providers	Claims	Personal Care Service Providers billing Proc. Code 99509 in increments of 15 minutes (1 Unit) experiencing Underpayments based on claims erroneously capping at 1 Unit. The Fee Schedule Team identified the system configuration error and initiated the review, update, and reprocessing. Impacted Claims included Insert Dates after 01/25/2024 to 02/13/2024.	2/6/24	16	3/10/24	Closed	The Fee Schedule & Configuration Teams corrected the Procedure Pricing Table load issue on 02/13/2024. Current PCS claims billing 99509 are no longer capping at 1 unit. An impact report was submitted for reprocessing on 02/14/2024.	No	3/7/2024
Outpatient Inst.	All	Claims	State enforced CIS edit LHM34001, "HCPCS or NDC Code missing for Revenue Code 025x or	10/9/23	100	1/31/24	Closed	CIS edit LHM34001 was updated and implemented 5/1/22 and WellCare of NC requires the HCPCS & NDC for adjudication of Rev. Codes 025x &	No	1/25/2024

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			063x", was introduced on 5/1/22. This differs from the previous edit of "HCPCS Code Missing for Revenue Code", which didn't specifically call out Rev. Codes 025x or 063x, that was in place prior to 5/1/22. Paid claims prior to 5/1/22 are being reviewed for potential recoups based on the updated edit for specific Rev. Codes.					063x. The Encounters Team is reviewing previously accepted Encounter lines as reported that were missing Service Code or NDC prior to 5/2/22 and impacted claims have been submitted for Recoupment via Ticket # 327663. Impacted Providers will be receiving Recovery Letters, as applicable.		
Telehealth	85	Claims	CE524 Denials (Modifier is Not Typical for Procedure) being applied incorrectly to Claims billing Telehealth Services Proc. Code T1015 w/ Modifier GT.	12/7/23	41	1/31/24	Closed	The Pre-Pay Team implemented a Code Edit Modification to allow payment for T1015 w/ Modifier GT that will go into effect by 12/26/2023. Reprocessing and Adjustment of the impacted Claims w/ the CE524 Denials was completed on 1/10/2024.	No	1/10/2024
SNF	1	Claims	State Ticket # 48796 - SNF Provider experiencing COB Denials (DN018 - EOB from Primary Insurance Required). Per State Guidelines, SNF Claims billing Taxonomy 314000000X, where the Member does not	11/27/23	51	1/26/24	Closed	WellCare identified 24 claims that were erroneously denied for COB and did not bypass to pay as primary. WellCare sent the claims for reprocessing as of 11/28 and adjustments were completed on 12/06/2024. The Configuration Team reviewed and validated the COB logic as updated to bypass. Since 11/27/2023, weekly reports have been pulled to ensure no other claims deny for primary for this requirement going forward.	Yes	12/6/2023

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			have Long-Term Care insurance, shall bypass Third-Party Liability.							
Outpatient Inst.	38 Providers	Claims	Provider pricing configuration was updated to apply the PADP fee schedule to drug codes on outpatient institutional claims instead of the appropriate RCC rate.	10/12/23	41	2/20/24	Closed	Configuration was updated to ensure that all outpatient institutional claims had the PADP fee schedule removed and would pay according to RCC rate. Impacted claims with drug codes were reprocessed & adjusted to pay on 1/30/2024. Underpayments have been submitted for recoupment by the Recovery Team and Recovery Letters will be generated and sent to the Providers, as applicable.	No	1/30/2024
Anesthesia	1	Claims	Provider Pricing Configuration was not loaded w/ the correct fee schedules causing INMOD/NOFEE (Invalid Missing Modifier/No Fee Schedule Rate) when billing anesthesia claims.	11/6/23	16	11/30/23	Closed	Provider pricing configuration was retro-loaded w/ the applicable anesthesia fee schedules. 2000 Claims were reprocessed and adjusted to pay.	No	11/30/23
Various	All	Claims	Claims denied VISIO – Denied: Must submit claim to the Vision Vendor.	6/1/23	96	9/5/23	Closed	Benefits update is complete to deny the claim if primary DX is on NC Medicaid Envolve documentation. Claims associated with State Help Desk Tickets are being reprocessed. Global impact will be addressed after updates are complete. Claim adjustments completed on 09/05/2023.	No	9/5/23
Various	All-Facility Providers	Claims	Claims are being rejected by the State encounter stating the	5/10/23	232	10/1/23	Closed	Per the State guideline provided 10/1/23, the configuration was updated and put into effect on 10/01/2023, and	No	11/18/23

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			following: Other ICD-10 Diagnosis Code Effective Dates Do Not Agree With DOS. the state has logic stating if the code is not valid at time of admission, the POA should not be marked as "Y".					any encounters representing paid claims which were errored out by the Encounters system for this reason can be resubmitted. The Encounters Team worked through the outstanding claim resubmissions and advised that the reject volume has decreased since 10/01/2023. The remaining claim resubmissions that rejected again were submitted as examples to the state and deemed valid rejections.		
Various	Pending Impact	Claims	Identified overpayment issue when Corrected Claims (Frequency 7) were billed that did not initiate a Recoupment to the Initial Paid Claim (Frequency 1), causing overpayments. Impacted claims began w/ Claim Insert Date 09/01.	10/25/23	64	10/31/23	Closed	Configuration logic update was completed 10/31/2023 to initiate recoupments to Initial Claim (Frequency 1) when paying corrected claims (Frequency 7). WellCare initiating Recovery Process on impacted duplicate payments.	No	12/28/23
Various	All	Claims	Select claims/codes were denied incorrectly for NDCTT, the encounters team is working on correcting the issue and updating their process.	9/15/23	104	12/15/23	Closed	WellCare of NC implemented a configuration update on 10/20/2023 to create a list of approved codes to be Excluded from the NDCTT denial, which matches the states HCPC bypass table. The configuration update went into effect on 11/17/2023. A global reprocessing project reprocess claims back to 10/01/2022 has been completed. As of 11/17/2023, claims are no longer	No	12/14/23

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								denying as NDCTT in error and claims reprocessing is complete.		
Various	Pending Impact	Claims	CE046 Denials (Max Units Exceeded) being applied incorrectly to Proc. Code S9442 (Birthing Classes, Non-Physician). A new NC Edit for MUE was created in September of 2023 which conflicts with the CCP's, causing claims to deny for max units exceeded in error.	11/13/23	45	12/15/23	Closed	The Pre-Pay Team worked w/ Cotiviti, Optum, & the Configuration Team to update/remove the new MUE edit. Cotiviti has already removed the edit to match the CCP of 4. Pending Optum/Configuration Updates and impact reprocessing back to September 2023. Post Production review was completed on 11/13/2023 & Claims have been reprocessed.	Yes	12/14/23

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Various	526	Claims	WellCare was using the 834 file in addition to vendor file for COB. Term information was captured off the 834. The only impacted were members who were not on the 834 at all but were on the vendor file with no term date. WellCare identified 532 members that contained OIC/TPL term dates as a result of this issue. Impacted claims were reprocessed to pay as primary. State then requested to have I&P applied to these claims	6/30/23	41	8/10/23	Closed	Claims were reprocessed to apply I&P as requested by the State	Yes	8/10/23

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Various	All	Claims	Claims denied for LT126 for Exceeds Maximum Number of units. Another claim was billed for same code for a different provider/different specialty.	4/17/23	84	7/10/23	Closed	Edit modification in process to allow same services to be billed for different provider/different specialty. Claims for provider submitted via State ticket were adjusted; a global impact will be addressed once edit modification is complete. **Edit modification implemented on 6/25; pending claim adjustments **Claim adjustments complete	No	8/11/2023
Various	All	Claims	CME services denied CE003, CE022, CE045 and CE360. Under NC Medicaid CCP 1A-5 and clarification from the state, providers are allowed to bill a certain set of codes and diagnosis.	1/23/23	123	5/1/23	Closed	Edits are being updated to allow providers that bill codes 99499, 99367, 99368, 90791 and 99170 to be reimbursed for those services without bundling when billed with at least one of the appropriate diagnosis codes as listed in the CCP. Claims adjustments complete; pending edit update; ETA: 5/10 **Edit modifications were completed on 5/1; impact report being ran to determine if additional adjustments are needed **Additional edit modification required for this issue to address IH147 denials. Edit modification to be completed by 6/25 **Confirming edit was implemented on 6/25; reviewing claims to determine if additional adjustments are needed **Edit modification implemented on 6/25; pending claim adjustments *Claim adjustments complete	No	8/3/23

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Various	31	Claims	Code 0171A denied for NOFEE or INMOD. Code was not listed on the physician's fee schedule in Xcelys. It was only listed on the LHD and Physician's assistant fee schedule in the Wellcare system	6/28/23	16	7/14/23	Closed	Fee Schedule team received procedure code 0171A in the new physician files that were published on 6/28/2023. Physician's fee schedule updated on 7/14/2023. **Claim adjustments complete	No	7/20/23
Various	60	Claims	Claims denying HEAVD to submit claims to hearing vendor for codes that are exempt from the contract	2/17/23	31	3/20/23	Closed	Fix implemented to add codes to Xcelys production that should not deny to resubmit to HearUSA. Claim adjustments in process	No	7/6/23
Various	20	Claims	Claims billed with 99509 on two separate service lines for the same DOS on the same claim, the second service line was denied CE035 – duplicate service in error. Coding edit was configured and recognizing second service lien as a duplicate	2/20/23	65	4/26/23	Closed	Coding vendor cannot acknowledge the visit key and HP has made a decision to turn off edit. Bypass put in place on 4/26/23; claim adjustment in process *Claim adjustments complete	Yes	5/23/23

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			service. Separate service lines represent split shifts and a different visit key is attached to the split shift.							
Various	83	Claims	Claims denied NOFEE, TFLDN, DN001 and/or placed in No Check Status. Claims were not previously paid for various reason: State had not assigned member PML, claims were submitted past the timely filing period or provider's configuration did not support code being billed at the time.	4/26/23	5	5/1/23	Closed	Provider configuration updates have occurred. Also, PML is no longer a requirement if member is not updated with PML in Xcelys. Claim adjustments in process *Claim adjustments complete	No	6/2/23

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Various	62	Claims	Claims billed with CPT code 93325 denied CE043 for Maximum frequency has been exceeded. 93325 was being counted towards the limit in error when other echo codes were being performed. 93325 should be recognized as an add on code and not a primary procedure.	3/1/23	75	5/15/23	Closed	NC state confirmed 93325 is an add-on code. Coding edits are in process to allow reimbursement of CPT code 93325 as an add-on when billed with primary codes 76825-76828. Claim adjustments are in process. Claims adjustments complete; pending edit update, ETA: 5/15	No	5/15/23
Various	206	Claims	Claims billed with 99509 denied LT126 for exceeding max units. Prepay edit is following the RISSNET file indication of 1 unit per date of service MUE. The state blog indicates providers are to be billing in 15 minute increments through 3-31-23	2/22/2023	51	4/28/2023	Closed	HealthPlan validating with the State which guidelines to follow to process payment for these services, the RISSNET or fee schedule. There is a bypass in place from 2/28-4/1 to allow these claims to pay as billed until clarification is received. Claim adjustments are in process, ETA: 4/28 **Claim adjustments complete	No	5/10/2023

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Various	200	Claims	Anesthesia claims denied as CE030 – Primary procedure must be billed. Procedures 01968 or 01969 were not billed on the same claim or not billed on the same day as the primary procedure 01967. NC state confirmed the related procedure code (01967) may be on the same claim or must have been paid in history within two days (48 hours) of the subject procedure by same or different provider.	3/15/23	33	4/17/23	Closed	NC state confirmed the related procedure code (01967) may be on the same claim or must have been paid in history within two days (48 hours) of the subject procedure by same or different provider. Edit modification is in process to allow 01968 or 01969 with 48 hours of primary procedure. **Claims adjustments are complete, pending edit update, ETA: 4/17	No	4/17/23

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Various	All	Claims	Claims are underpaying due to providers were configured with the Nurse Practitioner E/M facility rate instead of the Nurse Practitioner E/M non facility rate fee schedule.	2/15/23		2/17/23	Closed	Providers have been updated to the correct non facility rate fee schedule. Claim adjustments are in process.	No	3/9/23
Various	All	Claims	Flu vaccines denying NDCTT for needing rebate; missing one of the NDC codes	11/8/22		11/28/22	Closed	Rebate tables were updated. Claim adjustments are in process **Claim adjustments complete	No	2/20/23
FQHC/RHC	All	Claims	Claims are denying T1015 as NOFEE and INMOD due to provider configuration setup.	10/4/22		12/23/22	Closed	Reconfiguration of provider setup in process to pay the FQHC encounter rates.	Yes	2/8/22

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Various	All	Claims	Anesthesia claims denied INMOD incorrectly. Anesthesia claims were billed with more than 1 modifier and second modifier billed caused an issue resulting in INMOD denials.	10/31/22		11/30/22	Closed	System update to correct issue was completed November 2022. Claim adjustments in process	No	2/1/23
Various	All	Claims	Claims denied for INMOD or NOFEE denial. Claims processed to incorrect provider ID.	10/27/22		11/29/22	Closed	This issued occurred for Ambulance Providers that share same TIN as County Health Departments. Ambulance provider name updated in Configuration to select Ambulance group correctly. **Claim adjustments complete	Yes	1/12/23
Various	All	Claims	Claims being denied CE329 and IH147 due to incorrect ICD10 provider billing error	9/2/22		12/31/22	Closed	WellCare is creating provider training and education material and possible edit modification to assist provider with billing according to ICD10 Excludes1 guidelines.	No	1/1/23
Various	All	Claims	Vaccine codes 90619 & 90697 were paid in error	10/3/22		11/14/22	Closed	Recovery project in process to recoup payments made on codes 90619 & 90697 that were paid in error. Letters will be sent to impacted providers.	No	12/30/22

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Various	All	Claims	Copay incorrectly applied to maternity related claims	10/31/22		11/3/22	Closed	Fix implemented to capture claims with pregnancy related diagnosis to waive copayment. Claim adjustments in process. **11/26- Adjustments complete	No	11/26/22
Other	Medical Home Program	Claims	Claims are rejecting or denying in error requiring primary EOB for maternal services. Impacted CPT codes are S0280 & S0281	8/2/22		10/13/22	Closed	EDI edits are being updated to allow claims payment; confirmed changed was deployed on 10/13; claims are now being addressed for payment **11/4- Rejected claims were reran and processed for payment	Yes	11/4/22
Various	All	Claims	Claims incorrectly denied NDCTT due to rebate table being blank; NDCUU denials misfired as the institutional outpatient claims were being validated against the NC NDC crosswalk in error	10/1/2022		10/10/2022	Closed	Fix completed on 10/10; pending claim adjustments **11/8-Claim adjustments complete	No	11/8/22

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DME	All	Claims	Claims denied HCPCS codes A4452 & A4450, DME medical supplies IH038 for modifier used or required modifier is missing. This edit fired based on a CMS guideline which states when codes for tape are reported by a durable medical equipment supplier, a modifier is required to indicate whether the tape was furnished with a urologic, ostomy or tracheostomy supply, a prosthetic or orthotic device or furnished in conjunction with a surgical dressing	8/8/22		9/25/22	Closed	Coding edits will be turned off to allow -NU, RR or -UE modifiers should be used when billing DME and supplies. Claims will be adjusted once complete **Edit shut off on 9/25/2022; pending claim adjustments **10/28- Claim adjustments complete	Yes	10/28/22

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LHD	All	Claims	Claims denied for INMOD or NOFEE for CPT code 0074A. Code is not reflected on the LHD Fee Schedule. State is in the process of updating fee schedule. Once update occurs WellCare will reprocess all impacted claims	8/25/22		10/14/22	Closed	Manual adjustments in process to pay code up to $65; not to exceed bill charges **Claim adjustments complete	No	10/7/22
Various	All	Claims	Claims were denied for IH003, IH026, IH049. OPPS Cotiviti coding edits were configured. Since NCD facility claims aren't paid based on OPPS, all DPs related to OPPS coding edits were turned off and claims will be adjusted for payment.	8/3/22		9/30/22	Closed	OPPS Cotiviti coding edits were configured. Claim adjustments in process. Project was broken into two phases. One phase is complete with the second phase currently in process. Claims reprocessing complete.	Yes	9/30/2022

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Other	All	Claims	Claims billed with 99140 with no modifier denied in error as CE015 – appropriate modifier required. System was configured to deny 99140 when procedure is not billed with an appropriate anesthesia modifier.	8/30/22		9/20/22	Closed	After review, CE015 edit has been relaxed, and 99140 is payable when primary procedure is payable. Claim adjustments are in process. Manual process to pay claims in place to mitigate incorrect denials.	No	9/20/22

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Various	All	Claims	Rehab/Psych claims weren't paid correct at Per diem rates. Hospitals aren't set up by Optum to pay at per diem rates or claims are grouping to a medical DRG instead of rehab/psych. Optum to configure hospitals correctly and holding claims that group to rehab/psych DRGs to be priced manually.	5/9/22		9/16/22	Closed	Configuration updates in process to load facilities based on guidance received from the State. Configuration updates completed on 8/19. Claims reprocessing complete.	Yes	9/16/22
Various	All	Claims	Claims billed CPT 41899 were denied for no authorization and LTUNS – medical records requested. CPT 41899 was configured with an authorization requirement. UM has lifted the auth requirement. HP is working on removing the	7/21/22		9/30/22	Closed	UM has lifted the auth requirement. HP is working on removing the LTUNS denial as institutional outpatient claims get paid at a % billed. Claim adjustments in process. **Claim adjustments complete; pending updates for the LTUNS denials; will pull global impact once hold is removed	Yes	

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			LTUNS denial as institutional outpatient claims get paid							

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Various	All	Claims	Xcelys issue causing claims/HCPCS code J1050 not to hold for NDC; going out as paid status without a net amount.	6/21/22		8/25/22	Closed	Claims are being held for NDC and manually adjusted for payment as a temporary fix. Currently updating the criteria to ensure claims process correctly.	No	8/25/22
Various	All	Claims	Claim denials on E/M codes when billed with procedure codes 96372	5/25/22		8/26/22	Closed	Claims edit will be updated to allow payment of these codes when billed together. Based on additional review, claims are denying appropriately. No action needed on these claims.	Yes	8/16/22

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Various	All	Claims	Claims denied CPT codes 36591 and 36592, IH018 for NCCI denial for comprehensive/component procedures	5/13/22		7/24/22	Closed	Edit under review to determine validity, impacted claims will be reprocessed if claims denied in error. **Claim adjustments complete	Yes	7/27/22

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Various	All	Claims	J1750 denied IH014 for Srv/Proc/Mod Exceeds Standard Frequency Allowed. MUE is being applied incorrectly.	7/7/22		8/12/22	Closed	Edit under review to determine validity, impacted claims will be reprocessed if claims denied in error. ***Review confirmed edit is firing appropriately. No additional action required.	Yes	7/13/22
Ambulance	All	Claims	NC DHHS is modifying the Ambulance Clinical Coverage Guidance to exclude the CMS Medical Condition list and the requirement of a secondary diagnosis.	7/1/22		8/1/22	Closed	Removal of CE040 edit for ambulance claims. Adjustment project to be completed once update is complete ***Claim adjustments complete	No	7/20/22
Ambulance	31	Claims	EMS PAP claims denying TFLDN for timely filing, paying at 90% nonpar reduction or lesser of logic. Updated with PAP rate schedule per county and removed 90% reduction or lesser of logic where applicable	6/9/22		6/15/22	Closed	Updated with PAP rate schedule per county and removed 90% reduction or lesser of logic where applicable. Claims adjustments in process **6/27-claim adjustments complete	Yes	6/27/22

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Various	All	Claims	North Carolina Medicaid released rate changes for Inpatient, Rehab, Pysch and Outpatient services. PHPs have 45 days to implement the fee schedule and reprocess any impacted claims. Updates will result in a mass reprocessing claims project. The deadline to reprocess claims is 6/3/2022. The NCHA has requested a consistent EOB remark code for claim adjustments: •(Outpatient claims) EOB 10143 CLAIMS REPROCESSED due to Hospital submitted CHARGEMASTER percentage changes to the OP RCC rates.	4/19/22		6/12/22	Closed	Remark codes created consistent with NCHA for claim adjustments. Recoveries completed for overpayments; no adjustments needed.	No	6/12/22

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			•(Inpatient CLAIMS) EOB 10144 CLAIMS REPROCESSED DUE TO RATE CORRECTIONS APPLICABLE TO DRG, PSYCH OR REHAB RATES.							

CLOSED PROJECTS										
Provider Type	**# of Impacted Providers**	**Category**	**Issue**	**Date Issue Found**	**# of Days Outstanding**	**Estimated Fix Date**	**Status**	**Resolution**	**Interest/ Penalties Owed**	**Date Resolved**
Various	All	Claims	Received fee schedule update to reimburse the following codes $65 rate for vaccine administration: 0001AEP, 0001A, 0002AEP, 0002A 0003AEP, 0003A 0004AEP, 0004A 0011AEP, 0011A 0012AEP, 0012A 0013AEP, 0013A 0031AEP, 0031A 0034AEP, 0034A 0064AEP, 0064A 0071AEP, 0071A 0072AEP, 0072A 0073AEP, 0073A.	1/21/22		3/7/22	Closed	WellCare has implemented the fee schedule change as required. There are 534 claims remaining to be adjusted to pay the rate of $65. ***6/7- Claim adjustments complete	Yes (after 3/7/22)	6/7/22

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FQHC/RHC	All	Claims	T1015 reprocessing due to rate changes and some LHDS not processing at the correct rate	3/1/22		6/14/22	Closed	Impacted claims will be adjusted to pay the correct T1015 per the state fee schedule. ***6/7- Claim adjustments complete	Yes	6/7/2022
Various	1	Claims	Claims incorrectly denying IH123 for Revenue Code requires HCPCS code when Rev Code is billed without HCPCS or CPT code	2/14/22		3/23/22	Closed	Edit updated to allow reimbursement when Revenue Codes are billed without HCPCS/CPT codes. Claim adjustments in process, ETA: TBD ***6/7- Claim adjustments complete	No	6/7/2022
Various	737	Claims	Health Plan decision to load DME, orthotics and prosthetics fee schedules to the following provider Licenses: MD, DO, NP & PA. Current configuration is based on taxonomies; and O&P was loaded based on degrees of providers. These services are being billed by various providers outside of the	11/11/21		4/1/21	Closed	Loaded DME, orthotics and prosthetics fee schedules to the following provider Licenses: MD, DO, NP & PA. Additional updates to load licenses APRN, ARNP, DPM, APN, CNP, MSNNP, PAC & PO. Claim adjustments in process, ETA: TBD ***5/16- Claim adjustments complete	Yes	5/16/22

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			taxonomies/degrees the fee schedules were loaded to remove provider abrasion and allow these Providers to administer the necessary DME/O&P services							

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Pharmacy	All	Pharmacy	Our PBM, CVS/CareMark removed the transmission fees for entire WellCare North Carolina Medicaid pharmacy network as of April 29, 2022. WellCare of NC will also inform contracted pharmacy providers that no transaction fees will be charged by WellCare of NC for the	4/26/22		4/29/22	Closed	Our PBM, CVS/CareMark removed the transmission fees for entire WellCare North Carolina Medicaid pharmacy network as of April 29, 2022	No	4/29/22

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			processing of all Medicaid pharmacy claims starting April 29, 2002							

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Various	All	Claims	Claims denied for EOB for Medical Support Enforcement members.	3/10/22		5/27/22	Closed	Received list of identified Medical Support Enforcement members. We will denote these members using a rider code to allow claims to pay as primary. Claims impact and reprocessing to be determined after all impacted members are updated. ***Claim adjustments completed on 5/5/22	No	5/5/22
Hospital	All	Claims	Newborn Claims denied for authorization. We received updated state guidance for Newborn Claims and notifications.	7/1/21		5/2/22	Closed	Reprocessing of normal newborn claims denied for no authorization completed on 4/26/22. Claim adjustments completed for claims with DRG 794 and 795. All other DRG's, will be reprocessed by 5/20/22. There are a total of 13 claims that require medical records for retro auth. Provider Relations have reached out for those specific claims. ***Claim adjustments complete	No	5/7/22

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Provider Type	**# of Impacted Providers**	**Category**	**Issue**	**Date Issue Found**	**# of Days Outstanding**	**Estimated Fix Date**	**Status**	**Resolution**	**Interest/ Penalties Owed**	**Date Resolved**
Hospital	74	Claims	Claims denied CECCD for critical care codes in ER setting same day discharge. Edit was setup for critical care ER visits where member was not admitted. Edit was updated to only apply on the ER line vs entire claim denial	1/20/22		4/6/22	Closed	Edit updated to only apply denial to ER line when appropriate and not the entire claim. Claim adjustments in process, ETA: 4/30 **5/2- Claim adjustments complete	Yes	5/2/22

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Provider Type	**# of Impacted Providers**	**Category**	**Issue**	**Date Issue Found**	**# of Days Outstanding**	**Estimated Fix Date**	**Status**	**Resolution**	**Interest/ Penalties Owed**	**Date Resolved**
Behavioral Health	151	Claims	Claims denied NOFEE for code not covered on fee schedule and INMOD for procedure code not payable on fee schedule. BH provider types billing for CPT code Q3014 not on the custom BH Fee Schedules	2/14/22		3/31/22	Closed	Fee schedule updated to add HCPCS code Q3014. Previous issue addressed claims for a single provider. Now addressing remaining claims for global impact, ETA: 4/30 **5/2- Claim adjustments complete	No	5/2/22
Various	194	Claims	Institutional claims were incorrectly denied for NDCUU/NDCTT.	2/25/22	47	4/15/22	Closed	EDI/front end business rules will be updated to relax validation on institutional claims based on clarification received from the State. Claim adjustments in process, ETA: 4/22. ***4/12- UPDATE: Claim adjustments complete. Issue still pending update to relax validation on institutional claims. Once updated, a second claim adjustment project will be completed.	No	
Various	21	Claims	Aged NCD SNIP Edit. Issue identified with our Standard SNIP edits that was part of the EDI Gateway upgrade that occurred mid-February. The standard edit, Service Facility Location Name should not be	3/25/22		3/30/22	Closed	The standard edit, Service Facility Location Name should not be used, was deployed into production incorrectly and the issue was identified as part of our on-going EDI gateway validation efforts. Issues are being resolved per provider. Depending on how the claim was submitted some providers will have to resubmit while most HHAX will resend us a corrected file. Claims began reprocessing 3/30/22. Claim count: 7,888	Yes	3/30/22

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			used, was deployed into production incorrectly and the issue was identified as part of our on-going EDI gateway validation efforts.							

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Provider Type	**# of Impacted Providers**	**Category**	**Issue**	**Date Issue Found**	**# of Days Outstanding**	**Estimated Fix Date**	**Status**	**Resolution**	**Interest/ Penalties Owed**	**Date Resolved**
LHD	55	Claims	Claims for LHD groups denying HCPCS code T1002 NOFEE for code is not a covered service on your fee schedule. Configuration updated to add LHD fee schedules to individual providers to allow reimbursement for HCPCS code T1002.	4/7/22		4/11/22	Closed	Configuration updated to add LHD fee schedules to individual providers to allow reimbursement for HCPCS code T1002. Claim adjustments in process, ETA: 4/22. ***4/26- Adjustments complete	No	4/26/22

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Provider Type	**# of Impacted Providers**	**Category**	**Issue**	**Date Issue Found**	**# of Days Outstanding**	**Estimated Fix Date**	**Status**	**Resolution**	**Interest/ Penalties Owed**	**Date Resolved**
Various	22	Claims	Claim denied CPT code 99509 DN018 for primary EOB. Member has other coverage as primary, and script is denying claims for DN018. Per state guidance, No other third-party payer is responsible for covering PCS.	3/28/22		4/13/22	Closed	Claims script was updated to process 99509 as primary when member has commercial insurance as primary carrier. Members who have Medicare as primary was already set up to pay as primary for PCS services. Claim adjustments in process, ETA: 4/26 ***4/26- Claim adjustments complete	No	4/26/22

CLOSED PROJECTS										
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Various	1123	Claims	Claims denied for EOB for Preventative Care services. Preventative Care Service are to be paid as primary and not deny when patient has other insurance	3/1/22		3/11/22	Closed	System has been updated to pay preventative care services as primary when billed with EP or TJ modifiers.	Yes	3/11/22

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Provider Type	**# of Impacted Providers**	**Category**	**Issue**	**Date Issue Found**	**# of Days Outstanding**	**Estimated Fix Date**	**Status**	**Resolution**	**Interest/ Penalties Owed**	**Date Resolved**
Various	1	Claims	Taxonomy Issues. Issue identified with the BEGIN and END dates of a claim where the provider was active on different roster spans	2/24/22		3/24/22	Closed	Updates made to rules that check the BEGIN and END dates. Claims were reran and are currently pending. Reran claim count: 54,071	Yes	3/24/22

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Provider Type	**# of Impacted Providers**	**Category**	**Issue**	**Date Issue Found**	**# of Days Outstanding**	**Estimated Fix Date**	**Status**	**Resolution**	**Interest/ Penalties Owed**	**Date Resolved**
Various	864	Claims	Copays were being applied to services that were part of an EPSDT visit.	11/19/21		1/7/22	Closed	System is now updated to no longer apply copays for services rendered as part of an EPSDT visit. Claim adjustments complete	No	4/11/22
Various	1620	Claims	Vaccine codes 0001A, 0004A, 0054A and 0071A paid $45. State retro updated rate back to April 1, 2021 to pay $65. Adjustment project captures claims for ALL NC Medicaid providers.	3/10/22		2/8/2022	Closed	Rates were previously updated; adjustments complete	No	4/5/22
Various	1353	Claims	EPSDT claims denying DN018 for primary EOB for services that should be paid as primary by the Health Plan	2/28/22	24	3/28/22	Closed	Script to be updated to exclude EPSDT services. Claim adjustments in process, ETA: 3/18	No	3/28/2022
Behavioral Health	1	Claims	Claims denied NOFEE for code not covered on fee schedule due to provider pick issues or Q3014 missing from BH fee schedule.	2/14/22	38	03/31/22	Closed	Individual providers were retro loaded PAR and Q3014 in process of being added to BH schedule. Claim adjustments in process, ETA: 3/30	Yes	3/28/22

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Provider Type	**# of Impacted Providers**	**Category**	**Issue**	**Date Issue Found**	**# of Days Outstanding**	**Estimated Fix Date**	**Status**	**Resolution**	**Interest/ Penalties Owed**	**Date Resolved**
Various	289	Claims	Maternity services denied for DN018 (requesting EOB from primary insurance) in error as Maternity services pay claims as primary.	2/28/22		03/31/22	Closed	Script to be updated to exclude Maternity services and pay claims as primary. Adjustments complete.	No	3/16/22
Various	7	Claims	Child First Services- update for CPT code 99499; DN001/INMOD denials	1/21/22		2/24/22	Closed	System updates completed to pay claims at appropriate rate if provider submitted appropriate certification form. Adjustments complete	Yes	3/15/22
Various	118	Claims	Radiology services denied DN001 for prior no authorization when valid authorizations exist (NIA vendor	3/3/22		3/22/22	Closed	Processing details updated to include NIA vendor authorization logic. Claim adjustments complete	No	3/22/22
Optical	57	Claims	Claims denied NOFEE for code is not a covered service on your fee schedule. Ophthalmologist are loaded with the Optometry fee schedule and provider states they should be reimbursed at the Physician Fee Schedule	9/30/21		11/2/21	Closed	Providers updated to add Physician Services Fee Schedule to allow reimbursement for optometry related services. Claim adjustments complete.	No	11/2/21

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CLOSED PROJECTS										
Provider Type	**# of Impacted Providers**	**Category**	**Issue**	**Date Issue Found**	**# of Days Outstanding**	**Estimated Fix Date**	**Status**	**Resolution**	**Interest/ Penalties Owed**	**Date Resolved**
Various	75	Claims	Claims for newborns denied DN001 for no prior authorization in error	10/25/21		11/23/21	Closed	Authorizations were waived for newborn claims. Claim adjustments complete.	No	11/23/21
Various	1631	Claims	Non PAR treat as PAR; non par claims denied for no prior authorization during 9/30/21 - 11/30/21 period when non par providers were to follow PAR auth rules	11/12/21		11/30/21	Closed	Authorization requirements waived for 9/30/21 - 11/30/21 for Non PAR providers. Claim adjustments complete.	No	11/30/21
Various	9	Claims	Fee Schedule issue causing H2022 code to deny NOFEE for code not covered on fee schedule & INMOD for procedure code not payable on fee schedule- 2 Part Project: Part 1 for TJ & HE modifiers, Part 2	1/31/22		2/18/22	Closed	Fee schedule updated to add modifiers TJ, HE, CR, GT and blank to allow appropriate reimbursement for HCPCS code H2022. Claim adjustments complete for both Part 1 and 2 projects.	No	2/18/22

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			for CR, GT and blank modifiers							

CLOSED PROJECTS										
Provider Type	**# of Impacted Providers**	**Category**	**Issue**	**Date Issue Found**	**# of Days Outstanding**	**Estimated Fix Date**	**Status**	**Resolution**	**Interest/ Penalties Owed**	**Date Resolved**
DME	55	Claims	DME & O&P claims denied IH033 for exceeding clinical guidelines and IH038 for inconsistent modifier used or required modifier is missing when billing with KX & KS modifiers	1/26/22		2/11/22	Closed	Coding edits turned off to allow the use of modifiers KX and KS. Claim adjustments complete.	No	2/11/22
DME	23	Claims	DME & O&P claims denied INMOD for procedure code not payable on fee schedule and NOFEE for code is not a covered service on your fee schedule due to providers not configured with correct fee schedule per NC price grid	11/11/21		2/24/22	Closed	Appropriate providers updated with DME & O&P fee schedules to allow payment for these services. Claim adjustments complete.	No	2/24/22
Various	1793	Claims	NDCTT: Drug manufacturer labeler is not allowed for rebate. Physician administered drugs not pricing according to the fee schedule	10/7/21		10/21/21	Closed	Configuration update to allow reimbursement for drug codes when billed with the appropriate NDC code based on guidance received from the State. Claim adjustments complete.	Yes	10/21/21

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FQHC/RHC	452	Claims	FQHC T1015 Denial	9/28/21		10/6/21	Closed	FQHC/RHC pricing updated. Claim adjustments complete.	No	10/6/21
Various	116	Claims	IH118 denials for service is incidental service, not separately payable due to incorrect bundling of lab services	11/3/21		12/3/21	Closed	Coding edit turned off to allow lab services to pay based on CCR and lab fee schedule. Claim adjustments complete.	No	12/3/21
Dental	4	Claims	Dental ASC claims denied IH041 for invalid place of service in error	10/24/201		11/17/21	Closed	Coding edit modification to allow reimbursement for dental services in an ASC setting. Claim adjustments complete.	No	11/17/21
Dental	12	Claims	Dental surgery services incorrectly denied BMCD to bill Medicaid directly for ASC facilities	11/8/21		12/3/21	Closed	Benefits configuration updated to reimburse dental services for all facilities. Claim adjustments complete.	No	1/19/22
Ambulance	12	Claims	Ambulance ONE CALL claims denying for multiple reasons; configuration update to reflect appropriate denial reason code; claims adjusted to reflect ONECA denial reason	1/4/22		3/1/22	Closed	Benefits configuration updated for claims to deny ONECA. Claim adjustments complete to reflect appropriate denial reason code.	No	3/1/22
Various	1	Claims	Authorizations not required for Home Health	9/29/21		3/15/22	Closed	Authorization requirements waived during TOC period, 7/1/21 - 9/28/21	No	3/15/22

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			providers during TOC period (Part 1)					for Home Health providers. Claim adjustments complete.		
Various	All	Claims	Select claims/codes were denied incorrectly for NDCTT, the encounters team is working on correcting the issue and updating their process.	9/15/2023	4	10/31/2023	In Process	Encounters Team is working on correcting the issue and updating their process. Possible bypass implementation.	No	
Various	All	Claims	Claims denied VISIO – Denied: Must submit claim to the Vision Vendor.	6/1/23	96	7/14/2023	Closed	Benefits update is complete to deny the claim if primary DX is on NC Medicaid Envolve documentation. Claims associated with State Help Desk Tickets are being reprocessed. Global impact will be addressed after updates are complete. Claim adjustments completed on 09/05/2023.	No	9/5/23