

Provider Type	Number of Impacted Providers	Category	Issue	Date Issue Found	Number of Days Outstanding	Estimated Fix Date	Status	Resolution	Interest/Penalties Owed	Date Resolved	Tech Ops Incident/Problem Number
Institutional	44 Providers	Claims	Institutional claims are denying as non-covered services, but codes are listed on the covered code list.	4/16/2024	142	N/A	Open	VP of Operations sent question to state regarding 0202U specifically, however, configuration is researching additional codes denied that are appearing on fee schedule that denied as non-covered.	Yes		RMS00186110 / RMS00187521
Professional DME/HH	Pending	Claims	Beginning in April of 2024, incorrect CMS guidelines were applied to Proc. Code A4452 limiting the allowed units billed causing underpayments for NC Market DME and Home Health providers.	8/6/2024	30	8/30/2024	Open	Benefit limits for CPT A4452 have been updated per NC Medicaid guidelines to be payable at 80 units per month. Impacted claims going back to April of 2024 are under review for reprocessing and adjustment.	Yes		State Ticket # 63571
Anesthesia/CRNA Providers	In Review	Claims	Configuration edit was set up to deny add on code 01968 when not billed at a 1:1 ratio with primary code 01967.	6/28/2023	435	6/24/2024	Closed	Coding Team implemented an edit modification on 07/08/2024, per state guidance received on 05/09/2024, to allow add-on codes when not billed at a 1:1 ratio w/ the primary code. Received state guidance on 5/9/2024 that 1:1 match is not required. GUIDANCE: The MD billed 01967 with AA and by using that modifier it meant there was NO additional assistance for him. The CRNA should not bill for 01967 because the AA modifier was used. 01968 is an add-on code... from the WEB: " An Add-on Code (AOC) is a Healthcare Common Procedure Coding System (HPCS) / Current Procedural Terminology (CPT)	No	7/9/2024	RITM06580086
Institutional / Professional Providers	897 Providers	Claims	NC Fluoride Varnish limit rule was inadvertently activated in the production environment without ensuring that all configurations were accurately loaded. As a result claims denied incorrectly for LIMIT.	5/23/2024	105	6/21/2021	Closed	The production deployment occurred on 5/22 3PM & was terminated on 5/23 3PM. The misconfiguration was identified before the Post Production Review phase, allowing for swift correction within a 24-hour timeframe. Notification was promptly sent to the claims team, enabling them to re-tab and readjust unposted claims. Additionally, all posted claims affected by the error are being reprocessed to ensure accuracy. Moving forward, stringent validation procedures will be enforced to prevent similar errors, ensuring the integrity and efficiency of our claims processing system.	No	6/21/2024	RMS00192199
TBD	TBD	Claims	In April 2024 there was an update made to the LT014 edit that changed how it triggered benefit limits for CPT code A4452. A4452 should be payable at 80 units per month per NCD but it was incorrectly being limited to CMS rules. Any affected claims that were missed in the reprocessing are now being addressed and should post payment by month's end. This is in reference to state ticket 63571 which originated as state ticket 63571. Coding Analytics has also been emailed to advise if this was the only CPT code that was impacted with the update of this denial edit.	8/1/2024	35	TBD	Open		TBD		
Outpatient Institutional	115	Claims	Hospital outpatient services denied for DN085/PINVP instead of pricing at RCC or fee schedule for outpatient hospital laboratory.	8/7/2024	29		Open	The WellCare Configuration Team has made the necessary updates to correct the reimbursement logic. An impact report has been pulled to capture all incorrectly processed claims. Claims are being reprocessed to pay at the correct RCC or fee schedule.	No		RMS00200019
Institutional	3	Claims	A reimbursement configuration issue is causing inpatient institutional claims to pay incorrectly w/ a SYSREHAB or SYSPSY1 system generated payment line instead of DRG pricing, causing underpayments. Review of impacted claims has identified 3 facilities experiencing this issue.	8/14/2024	22	8/31/2024	Open	The WellCare Configuration Team has initiated updates to the 3 impacted facilities to correct the reimbursement logic and mitigate the SYSREHAB & SYSPSY1 system generated lines from paying incorrectly. Claims testing is underway to ensure DRG reimbursement is applied correctly to new claim submissions. The Configuration Team to provide a determination on the time span involved and provide a complete claims impact for reprocessing and adjustment.	Yes		RMS00198110

Obstetrical Services	0 Providers	Claims	<p>Claims for CPT code 99078 with modifier TH were being denied in error against the NC Medicaid bulletin that was posted on 4/1/2024. <a href="https://medicaid.ncdhhs.gov/blog/2024/04/16/changes-1e-5-obstetrical-services-policy-effective-april-1-2024">https://medicaid.ncdhhs.gov/blog/2024/04/16/changes-1e-5-obstetrical-services-policy-effective-april-1-2024</a>. In this bulletin it stated that group prenatal care had been added as an optional service that may be provided to pregnant beneficiaries, effective July 1, 2023. Medicaid shall pay an incentive for group prenatal care when five or more visits are attended and documented in the health record. Records of this attendance must be available to NC Medicaid Direct or the NC Medicaid Managed Care health plans upon request. For the incentive, providers will bill CPT code 99078 with modifier TH. The configuration update has been initiated and upon completion an impact report, dating back to July 1, 2023, will be pulled and claims will be reprocessed.</p> <p>I&amp;P will be paid for any claims submitted after 5/16/2024 provided that five or more visits have been attended and documented in the health records of this attendance are available upon the request of the Health Plan.</p>	8/15/2024	21	10/27/2024	Open		Yes		
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