

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	199	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	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.	8/6/2024	87	8/30/2024	Closed	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	10/29/2024	State Ticket # 63571
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	86		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	79	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	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. I&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.	8/15/2024	78	10/27/2024	Open		Yes		RITM06834405

Professional	Pending	Claims	Claims for E/M codes that are billed with the EP modifier in the second position are paying as if no EP modifier was billed. There is a separate fee on the NC ACA and physicians fee schedule for E/M codes billed with the EP modifier.	9/26/2024	36			<p>1. IT test claims with modifiers EP and 25 in positions 1 and 2 and with EP modifier only to determine if the claim would pay the fee for EP modifier when billed in any position.</p> <p>2. IT confirmed that the Price Method should change to "multiple modifier pricing unordered", test claim confirmed that the claim will price correctly once the change is made.</p> <p>3. Additional testing was done and confirmed with the Fee Schedule Team that is is not necessary to add an additional modifier in the procedure price screen to obtain the correct payment.</p>	Yes		RMS00208918
--------------	---------	--------	---	-----------	----	--	--	---	-----	--	-------------

































