



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
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	10/1/22		10/10/22	Open	Fix completed on 10/10; pending claim adjustments	No	
FQHC/RHC	All	Claims	Claims are denying T1015 as NOFEE and INMOD due to provider configuration setup.	10/4/22		11/15/22	Open	Reconfiguration of provider setup in process to pay the FQHC encounter rates.	Yes	
Various	All	Claims	Claims being denied CE329 and IH147 due to incorrect ICD10 provider billing error	9/2/22		11/15/22	Open	WellCare is creating provider training and education material and possible edit modification to assist provider with billing according to ICD10 Excludes1 guidelines.	No	

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
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		10/28/22	Open	EDI edits are being updated to allow claims payment	Yes	
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	8/8/22		09/25/22	Open	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	Yes	

			conjunction with a surgical dressing							
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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
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
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	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

			procedure is not billed with an appropriate anesthesia modifier.							
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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	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.	No	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	

			LTUNS denial as institutional outpatient claims get paid							
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	Xcelys issue causing claims/HCPSC 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
Various	All	Claims	Claims denied CPT codes 36591 and 36592, IH018 for NCCI denial for comprehensive/c omponent 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

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	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

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	<p>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:</p> <ul style="list-style-type: none"> •(Outpatient claims) EOB 10143 CLAIMS REPROCESSED due to Hospital submitted CHARGE MASTER 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

			•(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

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
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

			taxonomies/degr ees the fee schedules were loaded to remove provider abrasion and allow these Providers to administer the necessary DME/O&P services							
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
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 processing of all Medicaid pharmacy claims starting April 29, 2002	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

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	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
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

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
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

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

			Per state guidance, No other third-party payer is responsible for covering PCS.							
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	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
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

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	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

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	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

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 for CR, GT and blank modifiers	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

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

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
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

			providers during TOC period (Part 1)					for Home Health providers. Claim adjustments complete.		
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