

05/14/2025

| 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 | ROW # |
|-----------------|------------------------------|----------|--|------------------|----------------------------|--------------------|--------|---|-------------------------|---------------|--|-------|
| Various | 285 | Claims | CLIA: AMHC ingests the CMS CLIA certification file, which is published quarterly. Due to overlap with provider CLIA renewals and ingestion of CMS file, any renewals prior to the next quarterly update aren't being reflected in our system and may cause claims to deny. | 5/16/2022 | | 5/26/2023 | Closed | *Fix date is for long term solution. AMHC has a work request in place with our internal information systems teams to extend a grace period that will overlap with quarterly updates. Temporary workarounds to review CLIA denials with updated certifications and reprocessing of claims have been implemented to reduce/prevent claim denials. Short term solution of manually reviewing CLIA denials and reprocessing claims as necessary is in place. Claims impact of 6,000 claims upon initial identification of issue, reprocessing efforts of initial inventory completed on 07/03/2022. Going forward, manual processing will be completed on weekly basis. 02/24/2023: Reopened issue to allow for auditing of the manual process and review of long term solution. 03/10/2023: Long term solution under discussion. ETA is TBD. 03/24/2023: System has been updated to accommodate 180 days for certification grace period. Claims meeting this grace period will be reprocessed. ETA is 04/24/2023 for reprocessing to be completed. 04/26/2023: Second claims review is in process, additional claims are under review for possible reprocessing. ETA for this review and any additional claims processing is 05/26/2023. | No | 7/6/2022 | SR 563576 | 19 |
| FQHC/RHC | 1412 | Claims | T1015 FQHC claims need to be reprocessed. | 5/10/2022 | | 1/30/2023 | Closed | All impacted claims will be reprocessed to pay the T1015 claims appropriately. Reprocessing will be completed by 10/15/2022. 11/04/2022 Reopening and reviewing this issue based on FQHC conversations on 11/03/2022. 11/17/2022 FQHC provider agreements under review and claims being reviewed for proper adjudication. 11/21/2022 Review of agreements completed. Claims review in process. ETA for completion of reviews 12/09/2022. 12/16/2022 Additional time needed for claims review and confirmation of completion. ETA 01/06/2023. 01/13/2023 Claims reprocessing to capture any claims that were denied for timely filing. ETA for completion is 01/30/2023. 02/10/2023 Project and review completed as of 01/30/2023. | Yes | 1/30/2023 | COM0017302 | 28 |
| Ambulance | 31 | Claims | Issue identified with denials for emergency transportation billed with modifier PH | 8/30/2024 | | 10/5/2024 | Closed | 09/04/2024: Emergency Ambulance Claims - Issue identified with denials for emergency transportation billed with modifier PH (physician office/urgent care to hospital). Systemic updates are in process, SLA is 10/05/2024. Impacted claims have been identified and submitted for reprocessing review. Additional project will be run when systemic updates are completed. 10/10/2024: Systemic updates are completed. Claims have been reprocessed. | Yes | 10/5/2024 | | 33 |
| Various | 63 | Claims | CARC B7 and CARC 299 denials in error | 11/14/2023 | | 3/1/2025 | Open | 01/17/2025: Reopened issue (related to issue reported on row 55) due to additional claims reprocessing identified. AmeriHealth is reprocessing CARC B7 and/or CARC 299 denials when the PEF segments indicate that the providers did not have a gap in their credentials. ETA of 3/1/2025 to have all impacted claims reprocessed. | Yes | | PRB0043458 COM0047754 COM0053220 | 70 |
| PCS | 1137 | Claims | Issue identified where all submitted diagnosis codes are not being picked up in AMHC claims processing system on claims submissions. | 10/18/2022 | | 2/15/2023 | Closed | Issue under review for resolution. 12/16/2022 Service request in process to pull all diagnosis codes, as submitted to HHA on claims. ETA for completion is 12/29/2022. 12/23/2022 ETA for projection completion updated to 01/10/2023. 01/27/2023 ETA for project completion moved to 02/15/2023. 02/24/2023: Issue has been resolved. All diagnosis codes are being received by AMHC. Fee schedule updates will be loaded in claims system and claims reprocessed appropriately. ETA for load and reprocessing is 11/01/2022. 10/21/2022 On track to meet SLA of 11/01/2022. 11/17/2022 SLA moved to 11/21/2022. 12/02/2022 Fee schedule updates and claims reprocessing validation in progress. 12/16/2022 Additional time required to confirm all claims have been reprocessed. ETA is 12/23/2022. 12/23/2022 Additional time required to complete the reprocessing project. ETA extended to 01/20/2023. 01/13/2023 Audit of updates is in process. Status to remain open until audit has been completed. | Yes | 2/24/2023 | 1 COM0023628/WR74137 INCO642323/PRB004365 | 38 |
| DME | 766 | Claims | DME Fee Schedule updates not loaded in claims system. | 9/12/2022 | | 3/24/2023 | Closed | 10/21/2022 On track to meet SLA of 11/01/2022. 11/17/2022 SLA moved to 11/21/2022. 12/02/2022 Fee schedule updates and claims reprocessing validation in progress. 12/16/2022 Additional time required to confirm all claims have been reprocessed. ETA is 12/23/2022. 12/23/2022 Additional time required to complete the reprocessing project. ETA extended to 01/20/2023. 01/13/2023 Audit of updates is in process. Status to remain open until audit has been completed. | Yes | 3/24/2023 | | 41 |
| Family Planning | 62 | Claims | Code S0280 was not included on the fee schedule in error | 12/15/2022 | | 1/6/2023 | Closed | Fee schedule correction was made and 99 claims were reprocessed for payment to include penalties and interest as appropriate. | Yes | 1/6/2023 | COM0024235 | 42 |
| Primary Care | 4 | Claims | COB Recoupment letter sent to provider--payment was made and other primary coverage was later identified. | 2/10/2023 | | 2/17/2023 | Closed | 02/17/2023: Upon review of the TPL/COB process where a payment had been made by AMHC but the member was found to have other coverage, we found that our system was coded to send recovery notification letters, in error, to the provider; however, no follow-up collection efforts or recoveries were made. We have updated the coding so that the letters will no longer be generated. We also have processes in place to file the claims with the correct primary carriers and seek payment from them, as detailed in our contract. | No | 2/17/2023 | COM0026934 | 43 |
| Other | 43 | Claims | Hospice claims denied in error | 7/17/2023 | | 8/11/2023 | Closed | 07/17/2023 Hospice claims submitted with the appropriate CBSA and Condition Code of 61 or 68 were denied inappropriately for p16. Systemic update is in process. Interim claims project is in process. 07/26/2023: SLA for update is 08/15/2023. 08/11/2023: System update has been completed. All claims have been reprocessed. Issue is closed. | Yes | 8/11/2023 | COM0034260 COM0036726 COM0036749 COM0036845 | 44 |
| Optical | 93 | Claims | Allowable units reduced to ONE unit when billing for 2 for spectacles fitting and dispensing, in error. | 7/10/2023 | | 8/11/2023 | Closed | 07/10/2023 Newly identified issue where allowable units reduced to 1 unit when billing for 2 for spectacles fitting and dispensing. System editing incorrectly. 07/24/2023: System fix is in testing for release to production. 07/26/2023 SLA is on track for 08/11/2023. 08/11/2023: System fix is in place and effective. Impacted claims were reprocessed. | Yes | 8/11/2023 | COM0039537 | 45 |

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| Pediatric | All | Claims | Potential issues with CMEP. Claims that are billed with 99499 may not be processing properly. | 6/6/2023 | | 11/10/2023 | Closed | 08/10/2023: Procedure code 99499 denials are under review for accuracy of the denials, to include presence of required checklist. 08/24/2023 : Review summary includes claims that were denied in error due to manual error, those claims are being reprocessed. Other denials are under investigation for timeliness of the denials, when consent forms are missing. 09/07/2023: Review of denials under investigation. ETA for completion is 09/15/2023. 10/06/2023: Denial review has been completed. ACNC will make outreach and perform provider education regarding use of the 275 electronic attachment file. Issue will be closed once outreach project is completed. Estimating 6 weeks for outreach and education to be completed. 11/16/2023: Issue closed. | Yes | 11/16/2023 | COM0036724 | 46 |
| Various | All | Claims | The DHHS has identified a population of claims that are being denied for lack of information. As per the prompt pay standards below, these claims should be pending to allow for the receipt of additional information needed for processing. However, AmeriHealth is automatically denying these claims if all information is not present at the time of processing. V.H.1.d Prompt Payment Standards, the PHP shall, within eighteen (18) calendar days of receiving a Medical Claim, notify the provider whether the claim is Clean, or Pending the claim and request from the provider all additional information needed to timely process the claim. | 8/15/2023 | | 12/8/2023 | Closed | 09/05: The Optum process for pending claims for medical record review was turned on 8/21/2023, we are denying for missing information, details are below. In each of these instances, we have done readiness reviews with the state to describe our processes. missing PML, claims will deny Z21 - Supporting documentation missing/invalid missing Sterilization Forms deny with Z2A- "Submit Consent Form" missing/incomplete CME checklist, claims will deny I02 "Illegible Records Sub" 09/22/2023: Update to be provided after internal meeting is held. 10/06/2023: Internal review continues within AMHC. 11/03/2023: AMHC will pend the above scenarios for receipt of additional information. System will be updated for those scenarios to route to a work queue. 11/16/2023 ETA for extended pending for PML, SNF/PML and CME is 12/08/2023. 12/08/2023 Pending process has been updated to allow claims to pend. Issue closed. | No | 12/8/2023 | COM0042542 | 47 |
| Various | All | Claims | Rate File Loading Error for 07/01/2023 CDM Updates | 6/30/2023 | | | Closed | 06/30/2023: Review revealed there was a rate file loading error for 07/01/2023 CDM Updates. 07/05/2023: File load in process with ETA of 07/27/2023. 08/08/2023: Confirmed that updates completed in system. Impacted claims identified and scheduled to reprocess. 08/16/2023: Claims fell out of first project, second batch sent for reprocessing. | Yes | 8/24/2023 | COM0039874 | 48 |
| Various | 125 | Claims | Incorrect claims processing: To adhere to federally required rebate guidelines, NC Medicaid requires the submission of a HCPCS code with an NDC on all drug claim lines with Revenue codes 0250-0259 and 0631-0637 submitted on outpatient hospital institutional claims (which are billed on a UB-04 / 837-I). | 10/11/2023 | | | Closed | 10/11/2023: Standard Plans are required to reprocess claims previously paid incorrectly for dates of services prior to 5/1/2022. Per federally required rebate guidelines. The Department expects Standard Plans to come into compliance with these requirements within 45 days of the 10/11/2023 Department memo notification and to notify affected providers of the recoupment consistent with Section V.H.1.d.iv.f. of the Contract. Claims must be recovered and resubmission of these claims to correct this error will not be subject to timely filing denials. Additionally, Standard Plans are required to communicate to their plan to reprocess any impacted claims with revenue code 025x or 063x which do not include an NDC code and HCPCS code to providers and request providers to resubmit claims with the missing data. Guidance was published to providers related to this issue in the following Department bulletin: <i>Pharmacy Billing Reminder for Revenue Codes 025x and 063x</i> . The Department is working to publish a bulletin to providers to notify them of this claims reprocessing effort for Medicaid Direct and with the Standard Plans. 11/03/2023 AMHC working to make notification to providers via November newsletter, along with individual provider outreach. 12/01/2023: Notification was sent to providers via newsletter, also newsletter is posted on ACNC provider website. The posting mentions to see the KIT for additional details. 02/09/2024 Project has progressed. Review for completion is in process. ETA is 02/28/2024. 03.21.2024: Project is complete. Issue is closed. | Yes | 3/21/2024 | 10/11/2023 FCE Meeting | 49 |
| DME | All | Claims | Modifier NU denials for DME and O&P services | 10/31/2023 | | | Closed | 10/31/2023: System update in process to allow modifier NU as payable for codes on the DME and O&P fee schedules. 11/6/2023: System updates have been completed as of 11/06/2023. Impacted claims will be reprocessed. ETA 12/06/2023. 12/11/2023: Claims have been reprocessed. Issue is closed. | Yes | 12/11/2023 | Tech Ops No. INC0782949 | 50 |
| DME | All | Claims | EviCore/prior authorization vendor was not processing authorizations for limit exceptions for DME codes that did not require authorization. | 10/18/2023 | | | Closed | 11/06/2023: When providers require an authorization for limit exceptions, the requests should come to our distribution list for UM review: DL-ACFC:ACNC PH UM Leadership ACNC_PH_UM_Leadership@amerihealthcaritas.com. This email address has been shared with NCDHHS and goes directly to the AmeriHealth UM management team to ensure timely processing. | Yes | 11/6/2023 | COM0045875 | 51 |
| DME | 12 | Claims | AMHC underpaid DME code E0202 from 10/01/2022 - 09/01/2023 | 11/9/2023 | | | Closed | 11/09/2023: AMHC underpaid DME Code E0202 from 10/01/2022 - 09/01/2023. Payment was set to \$69.62 but should have been \$76.61, effective 10/1/2022.. System has been updated to reflect \$76.61 and impacted claims (97 claims) will be reprocessed with ETA of 11/27/2023. 11/17/2023: The system was updated to reflect \$76.61 and all impacted claims have been reprocessed to include penalties and interest as appropriate. Issue closed. | Yes | 11/17/2023 | Tech Ops No. INC0782947 | 52 |
| DME | 42 | Claims | DME codes for sleep items had auth requirements active for items billed under \$750.00 inappropriately. | 10/1/2023 | | | Closed | 11/30/2023: DME codes for sleep items had auth requirements active for items billed under \$750.00 inappropriately. System configuration was updated on 10/19/2023. Claims project in process to adjust impacted claims. SLA is 12/22/2023. 12/22/2023: Claims have been reprocessed. Issue closed. | Yes | 12/22/2023 | COM0048545 | 53 |
| Various | 598 | Claims | Recoupments being done in error for VFC vaccines provided to Health Choice beneficiaries | 12/11/2023 | | | Closed | 12/22/2023: A VFC recovery project was initiated in early December and claims for Health Choice members were included in error. The Vaccines for Children Program rules do not apply to Health Choice members. There are 1,277 unique claims impacted by the error. The project has been cancelled for the 1,277 claims and AMHC is in the process of correcting the impacted claims. 01/11/2024: The corrected project is being monitored and has been lettered for recovery and will be recovered according to the recovery guidelines. With the correction of removing the HealthChoice members from the | Yes | 1/11/2024 | COM0039958 | 54 |

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| Various | 856 | Claims | August 2023 claims were denied inaccurately for CARC B7 and CARC 299 | 11/14/2023 | | | Closed | 01/11/2024: Claims were mapped to inactive provider records in our system causing inappropriate denials. The inactive records are the result of provider data that was loaded prior to PEF automation. Records review is in process and updates are being completed to stop claims from mapping inappropriately, going forward. 01/18/2024: Review in process. ETA for completion is 02/01/2024 02/09/2024: Completion of project sent for final review and approval to close issue. ETA for completion is 02/23/2024. 03/21/2024: Provider data review completed, impacted claims identified for reprocessing. ETA for completion is 4/21/2024. 04/26/2024: Claim reprocessing is in progress. ETA is 05/02/2024. 05/01/2024: Claims reprocessing has been completed. This issue is closed. | Yes | 5/1/2024 | COM0047754 | 55 |
| Various | TBD | Claims | AMHC denied codes codes 92526 and 92523 performed via telehealth service location in error. | 12/14/2023 | | 5/25/2024 | Closed | 12/14/2023: AMHC denied codes codes 92526 and 92523 performed via telehealth service location in error. The service location for these services were made into permanent policy for telehealth under COVID flexibilities. 02/09/2024: The system has been updated to reflect appropriate locations and claims will be resubmitted for consideration. ETA is 02/28/2024. 03/21/2024: Additional systemic updates are in process, ETA is 4/19/2024. 04/26/2024: ETA has been extended to 05/25/2024. (edited) | Yes | 5/25/2024 | COM0028498 | 56 |
| Various | 288 | Claims | AMHC denied code 99070 in error. | 10/17/2023 | | 12/4/2023 | Closed | 10/17/2023--AMHC denied code 99070 in error. 11/17/2023: System edit was removed on 11/17/2023. 12/04/2023: Claims were reprocessed for adjudication on 12/04/2023. 02/09/2024: Issue is closed. | Yes | 2/9/2024 | COM0030350 | 57 |
| Various | All | Claims | Cholesterol screening -- providers billing errors | 5/26/2023 | | 3/1/2024 | Closed | 05/26/2023: Review of complaint that AMHC denied cholesterol screening codes. 07/23/2023: Edit was suspended under review status 01/02/2024: Completed review and determined we denied appropriately based on CMS NCD guidelines. If the diagnosis is not one of the supported diagnosis codes according to the NCD 190.23 https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=102 the claims for ACNC will deny. As the state is silent on their coverage for Lipid Testing we follow the National Coverage guidelines published in both the above listed NCD and the Medicare Claims Processing Manual as a guide. LIPID Testing is used for patients with a supporting diagnosis that supports medical necessity. | No | 2/22/2024 | COM0027161/41518 | 58 |
| DME | All | Claims | Unit limit issue for bilateral HCPCS codes | 11/29/2023 | | | Closed | 11/29/2023: Unit issue with system not adjudicating both units, where there is LT and RT. Issue being reviewed. 12/14/2023: Systemic updates in process to address component denials, tentative SLA is 1/25/24. 02/07/2024: Claims reprocessed for claims denied under this issue. 02/22/2024: AMHC identified additional systemic update required to fully correct this issue. Will be deployed to production on 02/25/2024. All impacted claims will be reprocessed. 03/21/2024: Claims have been reprocessed. This issue is closed. | Yes | 3/21/2024 | COM0035097 | 59 |
| Various | All | Claims | Change Healthcare System/Clearinghouse Interruption | 2/21/2024 | | 3/5/2024 | Closed | 02/21/2024: Change Healthcare, our electronic data interchange (EDI) clearinghouse for claims and payment cycle management, experienced network interruption related to a security incident. 03/05/2024: We have resumed payments for claims submitted prior to the incident. Since Change Healthcare is still unable to accept claims submissions, providers who submitted claims during the outage may be able to resubmit them through additional solutions. Providers should contact their assigned Account Executive, refer to the newsletters that AmeriHealth is providing to keep providers informed or see our Provider website for | Yes | 3/28/2024 | N/A | 60 |
| Various | 645 | Claims | Timely filing edit was deployed in error. | 3/26/2024 | | 3/27/2024 | Closed | 3/27/2024: AMHC identified an error created by manual manipulation of a field in the claims processing system that caused the timely filing denial to deploy inaccurately, not allowing the 365 day timely filing limit. 1300 claims for 645 providers were incorrectly denied. 03/29/2024: Claims impacted by this error were reprocessed on 03/29/2024, to include interest and penalties. This issue is closed. | Yes | 3/27/2024 | N/A | 61 |
| Various | 4,027 | Claims | EPSDT vision and hearing screening reimbursed inappropriately | 10/12/2023 | | 3/12/2024 | Closed | 10/12/2023: EPSDT vision(CPT 99173) and hearing screening (reimbursed inappropriately, per the Health Check Program Guide and direction from NCDHHS, separate reimbursement is not allowed. 02/13/2024: Final review of file in process, includes impacted claims of 50,518 for 4,027 providers and 340 unique TINs. 03/12/2024: Lettering process for recoveries for all providers has been completed. Providers have 60 day period to appeal. 04/16/2024: ETA for completion of process is 05/12/2024. 05/15/2024 Process has been completed. Issue is closed. | No | 2/13/2024 | COM0039958 | 62 |
| Pediatric | 32 | Claims | Newborn claims for members 0-90 days old and non participating providers paying incorrectly at 90% of fee schedule | 4/30/2024 | | 6/19/2024 | Closed | 04/30/2024: All non participating providers were not being paid 100% Medicaid fee schedule for newborn claims for ACNC members 0-90 days old, as is directed by NCDHHS. A claim sweep was performed and 344 claims for 32 providers were identified. Root cause is manual error. Fix: ACNC is upgrading the process to include an automated process that is scheduled for completion by June 19, 2024. All incorrectly paid claims will be reprocessed with appropriate penalty and interest applied. 05/16/2024: ETA for completion is 06/19/2024. 06/20/2024: System updates have been completed for automated processing. ETA for claims reprocessing is 07/11/2024. 07/18/2024: Claims have been reprocessed. Issue is closed. | Yes | 7/18/2024 | INC0859232 | 63 |
| Various | 19 | Claims | Unit limits for A7003 and A7015 were not being applied appropriately. | 4/18/2024 | | 6/16/2024 | Closed | 04/18/2024: Unit limits for A7003 and A7015 are incorrect in AMHC claims adjudication system. Limits are being updated and claims will be reprocessed. 05/16/2024: Updates to unit limit completed. 54 impacted claims reprocessed with appropriate penalty and interest applied. ETA 06/16/2024. 06/20/2024: This project was completed and issue is now closed. | Yes | 6/20/2024 | COM0055198 | 64 |
| Pediatric | 102 | Claims | VFC recovery project included Health Choice members in error. | 2/26/2024 | | 9/16/2024 | Closed | 8/16/2024: Claims for health choice member recovered in error. Claims have been identified and submitted for reprocessing review. 08/21/2024: ETA for claims reprocessing 09/16/2024. 09/20/2024: Claims reprocessing has been completed. Final validation of the project in process. 09/27/2024: Final validation has been completed. Issue is closed. | Yes | 9/27/2024 | | 65 |

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| DME | 25 | Claims | Unit Limit Updates to CCP5A-1 Codes | 4/9/2024 | | 9/16/2024 | Closed | 8/16/2024: Review of unit limits for codes covered in CCP 5A-1 completed. Underpaid claims have been identified and submitted for reprocessing review. 08/21/2024: ETA for claims reprocessing is 09/16/2024. 09/20/2024: Claims processing has been completed. Final validation of the project in process. 09/27/2024: Final validation has been completed. Issue is closed. | Yes | 9/27/2024 | | 66 |
| Pediatric | 110 | Claims | EPSDT vision and hearing screening recoveries denied inappropriately | 5/3/2024 | | 9/16/2024 | Closed | 8/16/2024: Claims reprocessed and denied for provider not enrolled in error. Claims have been identified and submitted for reprocessing review. 08/21/2024: ETA for claims reprocessing 09/16/2024. 09/20/2024: Claims processing has been completed. Final validation of the project in process. 09/27/2024: Final validation has been completed. Issue is closed. | Yes | 9/27/2024 | | 67 |
| DME | 20 | Claims | Underpayments on A4453 and A4459 | 7/1/2024 | | 9/16/2024 | Closed | 8/16/2024: Claims impacted by manual processing errors causing underpayments. Impacted claims have been submitted for reprocessing review and knowledge sharing on processing guidelines has been completed with support teams. 08/21/2024: ETA for claims reprocessing 09/16/2024. 09/20/2024: Claims reprocessing has been completed. Final validation of the project in process. 09/27/2024: Final validation has been completed. Issue is closed. | Yes | 9/27/2024 | | 68 |
| DME | 40 | Claims | Underpayments on E0601 | 1/8/2025 | | 1/10/2025 | Closed | 2/6/2025: Claims impacted by system configuration which caused underpayments. System update completed on 1/10/2025. Impacted claims have been submitted for reprocessing review. ETA for claims reprocessing is 2/21/2025. 3/12/2025: Claims reprocessing has been completed. Final validation has been completed. Issue is closed. | Yes | 3/12/2025 | COM0077761 | |
| DME | 118 | Claims | Claim paid by AmeriHealth on the EP Modifier 90480 and not on the L91370 vaccine which was denied which was a state VFC | 7/11/2024 | | 12/30/2024 | Closed | 2/12/2025: Support team review found that the guidance in the 10/2/2023 blog contradicts the Health Check Billing Guidance. Link to blog is below and Health Check Guide is attached. Provider billed without modifier and AMHC denied the line. AMHC system edit was setup based on the blog and is effective for date of service 7/1/2021. Per the 10/2/2023 blog: For Medicaid Billing section: EP modifier should be appended for all NC Medicaid beneficiaries younger than age 21. ETA for claims reprocessing 02/21/2024. 3/12/2025: Claims reprocessing has been completed. Final validation has been completed. Issue is closed. | Yes | 3/12/2025 | COM0064021 | |
| Various | 317 | Claims | Labeler Denial Error | 2/21/2025 | | 4/21/2025 | Closed | 4/8/2025: Claim reprocessing completed. 3/12/2025: Procedure codes from the 90000, A and Q series are impacted by invalid denials for QLB - NDC Not in Labeler file. AMHC is working to correct underpayments. Interim file of impacted claims has been identified for reprocessing review. | Yes | 4/8/2025 | COM0064021 | |
| Various | 80 | Claims | Invalid NDC Denial Error J1756 | 3/7/2025 | | 4/21/2025 | Closed | 4/8/2025: Claim reprocessing completed. 3/12/2025: Procedure code J1756 with valid NDC combinations is being denied in error for QTN - Invalid NDC. AMHC is working to correct underpayments. Interim file of impacted claims has been identified for reprocessing review. | Yes | 4/8/2025 | | |
| DME | 2 | Claims | Underpayments on Manually Priced Codes A4453 and A4459 | 3/10/2025 | 60 | 4/15/2025 | Open | 4/8/2025: AMHC was alerted to underpayments on manually priced DME codes A4453 and A4459. Review of all claims submitted to AMHC was completed and 89 claim lines were submitted for manual reprocessing review. Review of underpaid claims completed with claims support team to help reduce manual pricing errors going forward. | Yes | 4/8/2025 | COM0081810 | |