

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 1-855-599-3811 if you have any questions or concerns regarding any of the following.

WellCare Known Issues List

OPEN PROJECTS

| EOP Denial Code or Rejection Reason Code | Issue Description | Impacted Provider Specialty | Estimated Claims Configuration Date | Estimated Claims Reprocessing Date | Actual Claims Completion Date | Project Number |
|--|-------------------|-----------------------------|-------------------------------------|------------------------------------|-------------------------------|----------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

WellCare Known Issues List

COMPLETED PROJECTS

| EOP Denial Code or Rejection Reason Code | Issue Description | Impacted Provider Specialty | Long Description | Estimated Claims Reprocessing Date | Actual Claims Completion Date | Project Number |
|--|---|----------------------------------|---|--|---|----------------|
| N/A | Indian Health Service T code claim issues | Indian Health Services Providers | Per State of NE Bulletin 19-04, secondary crossover claims for Indian Health Service are to be processed/paid up to encounter rate. Medicare will not accept T codes, T1015 is the code used and configured within the Wellcare system to process/pay at the encounter rate. Without the T code present on the claim when crossed over, Wellcare will not configure at the encounter rate, but at lessor of logic | Claims for DOS 08/01/2020-08/13/2020 to be completed by 08/27/2020 | Claims for DOS 07/01/2019-07/31/2020 were reprocessed by 08/12/2020 | N/A |
| | | | | | | |
| | | | | | | |

WellCare Known Issues List

COMPLETED PROJECTS

| EOP Denial Code or Rejection Reason Code | Issue Description | Impacted Provider Specialty | Long Description | Estimated Claims Reprocessing Date | Actual Claims Completion Date | Project Number |
|--|---|-----------------------------|---------------------------------------|------------------------------------|-------------------------------|----------------|
| Recoupment RV030 | Recovery project contains that rejected due to "NDC Service Line DOS doesn't fall within the NDC/HCPCs Crosswalk." Corrected claims should be submitted within 90 days. | N/A | Front end edits updated on 08/20/2019 | N/A | 03/20/2020 | 7727 |
| Recoupment RV030 | Recovery project contains claims where NDC codes were incorrectly billed and paid in error | N/A | Front end edits updated on 06/01/2019 | N/A | 03/20/2020 | 8030 |
| Recoupment RV030 | Recovery project contains claims where NDC code doesn't match HCPCs code billed | N/A | Front end edits updated on 08/20/2019 | N/A | 03/20/2020 | 7732 |
| | | | | | | |
| | | | | | | |

WellCare Known Issues List

COMPLETED PROJECTS

| EOP Denial Code or Rejection Reason Code | Issue Description | Impacted Provider Specialty | Long Description | Estimated Claims Reprocessing Date | Actual Claims Completion Date | Project Number |
|--|---|-----------------------------|--|------------------------------------|-------------------------------|----------------|
| DN001 | No authorization denials | ALL | Retro-Eligible member claims are denying incorrectly for no auth due to systematically the auth being past the Wellcare auth requirement timeframe | 02/28/2019 | 02/08/2019 | N/A |
| DNEOB | Medicare Crossover Claims denying for DNEOB | ALL | Medicare Crossover Claims denying for DNEOB | 03/01/2019 | 03/01/2019 | N/A |
| CE037 | Claims denying CE037 when providers bill with modifier 52 | B/H | Claims denying CE037 when providers bill with modifier 52 | 03/11/2019 | 03/11/2019 | N/A |
| IH143 | Well Child Visits that exceed frequency periodicity table that are needed for medical necessity or school exams will deny | ALL | Well Child Visits that exceed frequency periodicity table that are needed for medical necessity or school exams will deny | 04/04/2019 | 04/12/2019 | N/A |
| | | | | | | |
| | | | | | | |

COMPLETED PROJECTS

| EOP Denial Code or Rejection Reason Code | Issue Description | Impacted Provider Specialty | Long Description | Estimated Claims Reprocessing Date | Actual Claims Completion Date | Project Number |
|--|--------------------------|-----------------------------|--|------------------------------------|-------------------------------|----------------|
| DN001 | No authorization denials | All | <ul style="list-style-type: none"> •We have identified a few scenarios where our authorization platform does not update our claim payment system resulting in inappropriate denials •We have a correction going into 6/27 •Previously impacted authorizations will be updated with a second deployment on 8/2 <ul style="list-style-type: none"> • Backfill of the authorizations is in process and will run for the next two weeks. •A report of impacted authorizations found: <ul style="list-style-type: none"> • 67 authorizations impacted • 111 providers (can have multiple providers within an authorization) •Claim impact in process now - all impacted claims will be adjusted without any additional intervention from the provider by 8/31 Impacted claims were completed 8/16 | 8/31/2018 | 8/16/2018 | TBA |

WellCare Known Issues List

COMPLETED PROJECTS

| EOP Denial Code or Rejection Reason Code | Issue Description | Impacted Provider Specialty | Estimated Claims Configuration Date | Estimated Claims Reprocessing Date | Actual Claims Completion Date | Project Number |
|--|---|------------------------------|--|---|-------------------------------|----------------|
| 464 | Rejected Behavioral Health Claims - Rendering Provider Not Required | BH | 03/01/2018 | 03/05/2018 (with twice-weekly checkpoints for prioritization) | 3/02/2018 | 1664830 |
| EOP Denial Code | Issue Description | Impacted Provider Specialty | Long Description | Estimated Claims Reprocessing Date | Effective Date | |
| | eviCore's Peer-to-Peer (P2P) Process Enhancement | All Managed Program Services | <ul style="list-style-type: none"> Providers now have the ability to schedule a peer-to-peer (P2P) using eviCore's website May select a 2-hour time block eviCore will contact the provider within a 15-minute window prior to the 2-hour scheduled P2P | <ul style="list-style-type: none"> Simply go to http://www.evicore.com Click on "Providers" at the top of the page. On the next page, click on, "Select Time & Date" in the banner, "Request a consultation with a Medical Director/Therapist" and follow the prompts | 8/1/2017 | |

WellCare Known Issues List

COMPLETED PROJECTS

| EOP Denial Code or Rejection Reason Code | Issue Description | Impacted Provider Specialty | Estimated Claims Configuration Date | Estimated Claims Reprocessing Date | Actual Claims Completion Date | Project Number |
|--|---|-----------------------------|-------------------------------------|------------------------------------|-------------------------------|----------------|
| N/A | Enhanced Provider Fee Schedule - Retro Rate Update | All Eligible Providers | 4/4/2017 | 8/10/2017 | 9/28/2017 | 311542 |
| NOFEE | HCPCS H2033 "NOFEE" Denials and Underpayments | Behavioral Health | 4/10/2017 | 7/31/2017 | 7/31/2017 | Multiple |
| IH126 | A4927 Gloves Limit | DME | 6/15/2017 | 9/29/2017 | 9/14/2017 | 10850 |
| N/A | Enhanced Provider Fee Schedule - Place of Service Logic Removal | All Eligible Providers | 6/21/2017 | 8/10/2017 | 9/28/2017 | 311542 |
| N/A | H0036 Units- Behavior Health | BH | 6/27/2017 | 9/7/2017 | 9/13/2017 | 11061/WR3987 |
| IH038 | CPT A6446 denied for modifier | Anesth | 7/1/2017 | 7/5/2017 | 7/10/2017 | 10926 |

WellCare Known Issues List

COMPLETED PROJECTS

| EOP Denial Code or Rejection Reason Code | Issue Description | Impacted Provider Specialty | Estimated Claims Configuration Date | Estimated Claims Reprocessing Date | Actual Claims Completion Date | Project Number |
|--|--|-----------------------------|-------------------------------------|------------------------------------|-------------------------------|----------------|
| IH041 | NED Telemedicine Place of Service 2 | Multiple | 7/7/2017 | 7/10/2017 | 7/10/2017 | 10926 |
| IH041/CE037 | GT Modifier | Multiple | 7/13/2017 | 7/13/2017 | 7/13/2017 | PSR11007 |
| N/A | 599 CHIP Claim Rejections - Member Not Found | All | 7/14/2017 | 7/24/2017 | 7/24/2017 | N/A |
| IH135 | Antepartum denials | OBGYN | 7/14/2017 | 11/10/2017 | 11/9/2017 | 10870 |
| NOFEE | Skilled Nursing Facility Pricing (HCPCS G0299 & G0300) | SNFs | 7/21/2017 | 8/5/2017 | 8/5/2017 | 315152 |
| NOFEE | DME procedures require invoice pricing | DME | 7/31/2017 | 11/15/2017 | 11/17/2017 | 321176 |

WellCare Known Issues List

COMPLETED PROJECTS

| EOP Denial Code or Rejection Reason Code | Issue Description | Impacted Provider Specialty | Estimated Claims Configuration Date | Estimated Claims Reprocessing Date | Actual Claims Completion Date | Project Number |
|--|---|-----------------------------|-------------------------------------|------------------------------------|-------------------------------|----------------|
| NOFEE | DME procedures require invoice pricing | DME | 7/31/2017 | 11/15/2017 | 11/17/2017 | 321176 |
| DN001 | HCPCS T1015 No Authorization Denials | FQHC | 8/1/2017 | 8/25/2017 | 8/20/2017 | 317177 |
| W34d | NDC Rejections for Vaccines | Multiple | 8/1/2017 | 8/15/2017 | 8/13/2017 | 316305 |
| NEPLP | ER Emergent Reduction | Hosp | 8/2/2017 | 10/27/2017 | 10/27/2017 | 318632 |
| CE037 | Denials for NU and RR Modifiers - Modifier is not typical for procedure | DME | 8/3/2017 | 8/25/2017 | 8/29/2017 | PSR10905 |
| N/A | SNF Coordination of Benefits with Medicare -Overpayment | SNF | 8/4/2017 | 8/4/2017 | *contact PR rep for details | Multiple |

WellCare Known Issues List

COMPLETED PROJECTS

| EOP Denial Code or Rejection Reason Code | Issue Description | Impacted Provider Specialty | Estimated Claims Configuration Date | Estimated Claims Reprocessing Date | Actual Claims Completion Date | Project Number |
|--|---|-----------------------------|-------------------------------------|---|-------------------------------|----------------|
| N/A | SNF Coordination of Benefits with Medicare - Underpayment | SNF | 8/4/2017 | 8/4/2017 | 8/8/2017 | Multiple |
| DNNPR CL062 CL068 CL069 | SNF Coordination of Benefits with Medicare | SNF | 8/4/2017 | 8/4/2017 | 8/4/2017 | Multiple |
| N/A | Phase 1 - Behavior Health Co-Pays Applied | Behavioral Health | 8/7/2017 | 8/21/2017 | 8/25/2017 | 317783 |
| DNNPR/CL062/C L068/CL069 | COB claims prior to 7/1 where lesser of logic was applied incorrectly | Multiple | 8/18/2017 | 9/28/2017 | 9/28/2017 | 318635 |
| No Fee | ASC Fee Schedule Update | ASC | 8/24/2017 | 9/5/2017 | 9/1/2017 | 318891 |
| DNNPR CL062 CL068 CL069 | Coordination of Benefits - Medicare Overpayments | Multiple | 8/24/2017 | Providers should identify specific claims associated and send refund to: Recovery Department PO BOX 31584 Tampa FL, 33631-3584 | N/A | Multiple |

WellCare Known Issues List

COMPLETED PROJECTS

| EOP Denial Code or Rejection Reason Code | Issue Description | Impacted Provider Specialty | Estimated Claims Configuration Date | Estimated Claims Reprocessing Date | Actual Claims Completion Date | Project Number |
|--|--|-----------------------------|-------------------------------------|------------------------------------|-------------------------------|---|
| DN001 | Inpatient OB deliveries regular stay - Authorizations Requirements | Hosp | 8/25/2017 | 9/8/2017 | 9/14/2017 | 319068 318002 315607 |
| IH126 | IH126 Denials applied to Mental Health codes | BH | 8/29/2017 | 9/8/2017 | 9/20/2017 | 10861 |
| W34d/NDCXX | NDC Rejections or Denials | All | 8/30/2017 | 9/29/2017 | 9/7/2017 | 320238 & 320240 |
| IH013 | Echo Claims | Hosp | 9/2/2017 | 9/28/2017 | 9/27/2017 | 10895 |
| CE254&CE255 | Not payable in this place of service | DME | 9/6/2017 | 9/18/2017 | 9/21/2017 | 11133/#HH00 198/PSR11133 |
| Multiple | Hearing Aid/Exams - Denials and Underpayments | Audiologists | 9/8/2017 | 10/20/2017 | 10/23/2017 | MMPR #12 _ HH00304 321374 321715 |

WellCare Known Issues List

COMPLETED PROJECTS

| EOP Denial Code or Rejection Reason Code | Issue Description | Impacted Provider Specialty | Estimated Claims Configuration Date | Estimated Claims Reprocessing Date | Actual Claims Completion Date | Project Number |
|--|---|-----------------------------|-------------------------------------|------------------------------------|-------------------------------|----------------------|
| IH126 | IH126 Denials applied to Mental Health codes (H0015, 90832, 90834, 90837, 90847, 90853) | BH | 9/15/2017 | 9/29/2017 | 9/13/2017 | 10861 |
| NA | 90832, 90834, 90837, 90846, 90847, 90849 and 90853 Max Unit removal | BH | 9/20/2017 | 9/26/2017 | 9/26/2017 | 321783 |
| DMN17/DNM22 | 599 CHIP Project - Incorrect Denials | Multiple | 9/25/2017 | 10/20/2017 | 10/24/2017 | TBD |
| NOFEE | Incorrect Fee Schedule | BH | 9/30/2017 | 11/13/2017 | 11/13/2017 | 6723/323738 |
| CE038 | PRFT Place of Service 56 E&M codes - Phase 2 | PRTF | 10/3/2017 | 10/16/2017 | 8/25/2017 | 11096/WR641 /WHP6542 |
| DN001 | Auth requirement for DME charges > \$750 effective 9/1/2017 | DME | 10/3/2017 | 11/13/2017 | 11/13/2017 | 326576 |

WellCare Known Issues List

COMPLETED PROJECTS

| EOP Denial Code or Rejection Reason Code | Issue Description | Impacted Provider Specialty | Estimated Claims Configuration Date | Estimated Claims Reprocessing Date | Actual Claims Completion Date | Project Number |
|--|---|-----------------------------|-------------------------------------|------------------------------------|-------------------------------|------------------------|
| CE037 | DME Modifiers | DME/SNF | 10/6/2017 | 10/31/2017 | 11/6/2017 | 10905/11069/ WR1033 |
| BMCD | Bill Medicaid Directly - Incorrect Denial | Home Health | 10/11/2017 | 11/1/2017 | 11/6/2017 | 323879 |
| CE113 | Global Post Op 14 days | Multiple | 10/12/2017 | 10/20/2017 | 10/24/2017 | 10896/FMT 324471 |
| DN177 | Dialysis Reconfiguration Project | Dialysis | 10/13/2017 | 11/13/2017 | 11/17/2017 | 326020 |
| IH126 | H2018 TG denials | BH | 10/20/2017 | 11/3/2017 | 8/29/2017 | 10908 |
| CE025 | V5264-22 CE025 Denials Hearing Aid | DME | 10/21/2017 | 9/8/2017 | 9/5/2017 | 11034 |
| CMD01 | Incorrect Denial | RHC & CHH | 10/27/2017 | 11/3/2017 | 11/9/2017 | 325981 |

COMPLETED PROJECTS

| EOP Denial Code or Rejection Reason Code | Issue Description | Impacted Provider Specialty | Estimated Claims Configuration Date | Estimated Claims Reprocessing Date | Actual Claims Completion Date | Project Number |
|--|---|-----------------------------|-------------------------------------|------------------------------------|-------------------------------|---------------------------------|
| INMOD | H0046 deny with certain modifiers | BH | 10/28/2017 | 11/15/2017 | 11/17/2017 | 326589 |
| IH126 | Hearing Aid Max Unit | DME | 11/1/2017 | 11/15/2017 | N/A | 11058 |
| IH041 | Tribal Providers: Incorrect Taxonomy Submission | Tribal | 11/3/2017 | 11/17/2017 | 11/6/2017 | 326324/PSR11268 |
| N/A | Prior authorizations for physical therapy and occupational therapy | PT/OT | 11/6/2017 | 11/21/2017 | 11/25/2017 | 326973 |
| CE006 | Bundling Edit for IOP | BH | 11/7/2017 | 11/13/2017 | 11/17/2017 | 4071, PSR ticket #11037 & 11066 |
| 463 | Rendering Provider's group number does not match billing provider's group number. | All | 6/19/2017 | 6/26/2017 | 6/26/2017 | N/A |
| NOFEE | HCPCS H0046 Dates of Service 5/1/2017 through 6/28/2017 | Behavioral Health | 6/28/2017 | 8/10/2017 | 8/10/2017 | 314480 |

WellCare Known Issues List

COMPLETED PROJECTS

| EOP Denial Code or Rejection Reason Code | Issue Description | Impacted Provider Specialty | Estimated Claims Configuration Date | Estimated Claims Reprocessing Date | Actual Claims Completion Date | Project Number |
|--|---|-----------------------------|-------------------------------------|------------------------------------|-------------------------------|-------------------------|
| INELG | Some services incorrectly denied for member eligibility due to system error | Multiple | 06/20/17, updated 08/02/17 | 7/31/2017 | 7/31/2017 | 314755/319340 |
| IH038 | Wheelchair KX/NU modifier dispute | ANES/PHAR/DME/SPEECH | N/A | 8/29/2017 | 9/14/2017 | 10896 |
| DNNPR/CL062/C L068/CL069 | Coordination of Benefits - Medicare Underpayments | All | N/A | 7/31/2017 | 7/31/2017 | Multiple |
| CE006 | Adjustments for Bundling Edit for IOP - First Round of Reprocessing | BH | N/A | 8/22/2017 | 8/28/2017 | 4071, PSR ticket #11037 |
| DN017 | Medicare EOB Denials | BH | N/A | 10/15/2017 | 9/26/2017 | 6815, 321095 |
| CE034 | 99213 99214 in Place of Service 52 | BH | N/A | N/A | N/A | 11110 |
| N/A | Check run 835 error | Multiple | N/A | 11/13/2017 | 11/10/2017 | N/A |

WellCare Known Issues List

COMPLETED PROJECTS

| EOP Denial Code or Rejection Reason Code | Issue Description | Impacted Provider Specialty | Estimated Claims Configuration Date | Estimated Claims Reprocessing Date | Actual Claims Completion Date | Project Number |
|--|--|-----------------------------|-------------------------------------|------------------------------------|-------------------------------|-----------------|
| N/A | Coordination of benefits misapplied on part b claims | SNF | N/A | 11/30/2017 | 11/22/2017 | 324587 |
| N/A | Incorrect podiatry copays applied | Podiatry | 11/21/2017 | 12/8/2017 | 12/4/2017 | 329359 |
| DN039 | Radiation Substitution Logic | Radiation Therapy | 11/20/2017 | 12/4/2017 | 12/12/2017 | 329181 |
| IH056 | E0202-KR daily units | DME | 11/29/2017 | 12/26/2017 | 12/26/2017 | HH00227 |
| CE006 | OB Assistant Surgeon Denial | OBGYN | 12/4/2017 | 12/20/2017 | 12/26/2017 | PSR 11348 |
| NDCXX/NDCZZ | Claims denied incorrectly for NDC denials. | Multiple | 11/20/2017 | 12/22/2017 | 12/27/2017 | 328723 & 328726 |

WellCare Known Issues List

COMPLETED PROJECTS

| EOP Denial Code or Rejection Reason Code | Issue Description | Impacted Provider Specialty | Estimated Claims Configuration Date | Estimated Claims Reprocessing Date | Actual Claims Completion Date | Project Number |
|--|--|-----------------------------|-------------------------------------|------------------------------------|-------------------------------|----------------|
| Multiple | Payment for Dual Eligible Members | Multiple | 12/15/2017 | 1/17/2018 | 1/18/2018 | 332752 |
| NOFEE/INCLU | Code Q3014 was denying NOFEE or INCLU | Multiple | 12/19/2017 | 1/18/2018 | 1/16/2018 | 330141 |
| DN001 | Claims denied for no authorization incorrectly | Multiple | 12/15/2017 | 1/31/2018 | 02/01/2018 | 332119 |
| N/A | \$0 Copay for podiatry services effective 01/01/18 | Multiple | 1/25/2018 | 2/6/2018 | 2/6/2018 | 335559 |
| | | | | | | |
| | | | | | | |
| | | | | | | |