



Wellpoint system configuration updates

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The table below provides information related to claims issues impacting several providers. This information will be updated weekly on Fridays. Continue to follow the existing process by contacting your provider relationship management representative for concerns.

Known system issue	Brief description	Date issue identified	Status	Provider types impacted	Number of providers impacted	Expected completion date	Expected claims reprocessing date
January 2025 Addendum B updates/part 2	Wellpoint has received the January 2025 quarterly updates made to the hospital outpatient fee schedules/Addendum B, received March 11. Final configuration is to be completed by March 18, 2025, with claims reprocessing to occur thereafter.	3/11/2025	In process	Hospitals	All	3/18/2025	4/18/2025
Rate Update March 7, 2025	Wellpoint has received the weekly file and has rates for: <ul style="list-style-type: none"> 15 rural health care (RHC) providers. 10 federally qualified health center (FQHC) providers. 6 home- and community-based services (HCBS) providers (four with multiple codes). 	3/7/2025	In process	RHC, FQHC, HCBS	31	4/7/2025	5/7/2025
Ground emergency medical transport (GEMT) file with 16 providers for July 1, 2025	Wellpoint has received the GEMT file with 16 providers for July 1, 2025.	3/7/2025	In process	GEMT	16	4/7/2025	5/7/2025
Code H0046	Wellpoint identified a defect in authorization waiver that is missing the Plan ID on claims and is not applying the override. The short-term fix is a manual override and is in place.	3/6/2025	In process	Maternal Health	5	4/6/2025	5/6/2025
Iowa 2025 Rate Update,	Wellpoint received rate updates specific for: <ul style="list-style-type: none"> 8 RHC providers 	2/28/2025	In process	RHC, EPSDT, ICF, HCBS	18	3/17/2025	4/17/2025

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February 28, 2025	<ul style="list-style-type: none"> • 5 early and periodic screening, diagnostic and treatment (EPSDT) providers with multiple services and multiple effective dates • 1 intermediate care facilities for individuals with Intellectual disability (ICF/ID) provider • 4 HCBS providers (two with multiple codes) 						
Rate update February 21, 2025	<p>Wellpoint has received from six RHC providers:</p> <ul style="list-style-type: none"> • 1 EPSDT provider with an exception to policy rate effective September 1, 2024, and the replacement rate after the exception to policy (ETP) expires • 3 ICF/ID providers • 3 HCBS providers (two with multiple codes) 	2/21/2025	In process	RHC, EPSDT, ICF, ID, HCBS	13	3/23/2025	4/23/2025
Rate Update February 14, 2025	<p>Wellpoint has received rate updates for:</p> <ul style="list-style-type: none"> • 1 RHC rate • 15 FQHC rates • 9 nursing facility (NF) rates change of ownership (CHOWs) • 4 ICF/ID providers (three cost report based and one CHOW) • 9 HCBS provider (7 with multiple codes). 	2/14/2025	In process	RHC, FQHC, NF, ICF, ID, HCBS	38	3/19/2025	4/19/2025
RHC/PPS rates Version 10.4 — effective January 1, 2023, and RHC/PPS rates — Version 12.3, effective January 1, 2025	<p>Wellpoint has received RHC/PPS rates — Version 10.4 effective January 1, 2023, and Version 12.3 effective January 1, 2025.</p>	2/14/2025	In process	RHC	1	3/19/2025	4/19/2025
FQHC/PPS rates — Version 12.3, effective January 1, 2025	<p>FQHC/PPS Rates — Version 12.3, effective January 1, 2025</p>	2/14/2025	In process	FQHC	26	3/19/2025	4/19/2025
New GEMT ambulance rates and new ambulance ground ambulance group (AGAG)	<p>Wellpoint has received new GEMT Ambulance Rates and new AGAG effective July 1, 2025.</p>	2/7/2025	In process	GEMT	8	3/12/2025	4/12/2025

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effective July 1, 2025							
Rate update February 7, 2025	Wellpoint has received rate updates for: <ul style="list-style-type: none"> • 2 NF rates (CHOWs) • 1 special population rate • 4 ICF/ID providers • 6 HCBS provider (two with multiple codes). One of the providers has a \$0.00 rate. 	2/7/2025	In process	NF, ICF, ID, HCBS	13	3/12/2025 Complete	4/12/2025
Federal and RHC/PPS rates — Version 12.2	Wellpoint has received federal and RHC/PPS Rates — Version 12.2.	2/7/2025	In process	FHC, RHC	4	3/12/2025	4/12/2025
January 2025 Addendum B updates/part 1	Wellpoint has received the January 2025 quarterly updates made to the hospital outpatient fee schedules/Addendum B on February 10. Final configuration is to be completed by February 18, 2025, with claims reprocessing to occur thereafter.	2/10/2025	Complete	Hospitals	All	2/18/2025 Complete	3/3/2025 Complete
Emergency room	Wellpoint identified an issue in our system editing unique to emergency room claims. There was an edit misfiring, denying claims for missing revenue and procedure code combination. This error occurred with revenue code 0450 when there were valid procedure codes submitted on the claim (for example, 99283) for the date range January 3, 2024, to January 31, 2025. Wellpoint resolved the issue on February 6, 2025, and is working to reprocess all otherwise clean claim submissions.	2/6/2025	Complete	Hospitals	185	2/6/25 Complete	3/1/2025 Complete
Wellpoint in Iowa Claims and Billing Guidance Update	We invite you to review the changes in our Claims and Billing Manual designed to streamline essential guidelines. Key updates include reminders on billing information such as timely filing guidance, effective use of our prior authorization tool, and coordination of benefits. Additionally, there are updates to the line-by-line billing requirements for the <i>CMS-1450</i> and <i>CMS-1500</i> forms.	1/15/2025	Complete	All	All	n/a	n/a
Telehealth System Review	Wellpoint conducted a comprehensive review of the changes to the HHS-approved telehealth procedure code list. This evaluation ensured that the correct procedure codes are eligible for reimbursement as telehealth services (place of service 2 or 10) and verified the proper combinations of modifier 95 and 93. The review was completed, and our system was fully	January 2025	In process	Telehealth	All	2/19/2025 Complete	Part 1 Complete 2/24/2025 Part 2 Estimated Completion Date

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	aligned with HHS documentation as of February 19, 2025. All impacted claims are being evaluated for reprocessing in accordance with these changes. We invite providers to regularly review the HHS document to ensure proper service delivery and subsequent billing.						3/10/2025
Corrected Claims Handling	Wellpoint uses an editing program to help assist claims analysts in processing a subset of corrected claims, by scanning and then applying the necessary corrections to the previously adjudicated claim. It was discovered that this program was not consistently and accurately identifying corrected claims, which in turn meant some corrections were wrongfully denied or may have resulted in generating a negative balance (taking back dollars on prior paid claims). The error was discovered in early December and was corrected on December 7, 2024.	12/5/2024	Complete	All	225	12/7/2024 Complete	2/6/2025 Complete
Outpatient Code Edit Denials (OCE); #65 — revenue code not recognized by Medicare.	Wellpoint has developed a systemic solution that will allow claims to be reprocessed from received dates June 2023-December 2023 currently denied for OCE Edit 65, which translated to explanation code <i>H50 — Revenue code not recognized by Medicare</i> . All clean claims are in progress.	December 2024	Complete	Hospital Outpatient	8	1/7/2025 Complete	1/13/2025 Complete
October 2024 Hospice Rates updates	Wellpoint received the updated hospice wages from HHS on November 20, 2024. Wellpoint is working toward updating the configuration and will reprocess all otherwise clean claims billed in accordance with the new rates.	11/20/2024	Complete	Hospice	87	1/8/2025 Complete	1/18/2025 Complete
October 2024 Addendum B updates	Wellpoint is in receipt of the October 2024 quarterly updates made to the Hospital Outpatient fee schedules/Addendum B. The updates were posted to the HHS website on October 23, 2024, and were made available to Wellpoint on November 18, 2024. Final configuration to be completed by November 26, 2024, with claims reprocessing to occur thereafter.	11/18/2024	Complete	Hospitals	54	12/3/2024 Complete	12/24/2025 Complete
HHS Iowa Medicaid Provider Master File issue	Wellpoint was notified by HHS that they have identified an error with the Medicaid Provider Master File regarding providers terminating inappropriately. HHS has resolved the issue. If providers feel claims rejections are inaccurate for their NPI, claims should be able to be resubmitted for acceptance.	11/11/2024	Complete	All	Total Impact Unknown	11/25/2024 Complete	n/a

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2024-2025 season Influenza vaccine fee schedule updates	Wellpoint is processing the new vaccination codes (including 90653, 90656, 90657, 90658, 90660, 90661, 90662, and 90673) as they were updated to the HHS open fee schedule on November 5, 2024, and we are in the process of updating these codes and rates to our fee schedule processing, back to their effective dates in August 2024.	11/5/2024	Complete	MD (2), DO (3), NP (50), PA (68), Clinic (14), Pharmacists (82), Public Health (72)	1347	11/5/2024 Complete	12/2/2024 Complete
Code 66984 denials in error	Wellpoint became aware that procedure code 66984 is being denied as a noncovered benefit on members' Medicaid plans which is in error since it is payable for ASC and physician services.	11/1/2024	Complete	Physician	5	11/21/2024 Complete	12/21/2024 Complete
Revenue Codes 1001 and 1002 reimbursement changes	Wellpoint implemented guidelines outlined in <i>Informational Letters 1639 and 2156</i> , which emphasize proper billing practices. As a result, please be aware that claims submitted with revenue codes 1001 and 1002 will no longer be eligible for reimbursement. We understand this change may require adjustments to your current billing processes, and we want to ensure you have ample time to prepare. This message serves as a notice of these changes went into effect January 31, 2025.	November 2024	Complete	PMICs, PRCT, B3 providers, crisis response* (present experience of provider types billing these revenue codes out of accordance with program-specific requirements)	12	1/17/2025 Complete	n/a
Place of service updates to J Codes reimbursement	Effective January 1, 2025, Wellpoint aligned with HHS regarding the acceptance and payment of medical injectables/J codes respective to their allowed place of service based on clinical appropriateness. This change may require adjustments to your current billing processes, and we want to ensure you have ample time to prepare. This message serves as a notice of these upcoming changes that went into effect on January 1, 2025.	November 2024	Complete	Medical pharmacy and professional claims	No underpayments	1/29/2025	n/a
Temporary Over Applied CLIA Edits, r92 — Missing or	There was deployment of an enhanced CLIA edit released on September 13, 2024. It was discovered that there was a temporary defect in editing the claims received from September 13, 2024, through September 25, 2024. This defect	10/29/2024	Complete	Lab	13	10/8/2024 Complete	10/31/2024 Complete

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invalid CLIA number denials	resulted in 19 <i>CLIA</i> lab claims being denied erroneously with explanation code <i>r92</i> — <i>Missing or invalid CLIA number</i> . Wellpoint is reprocessing these impacted claims.						
Invalid benefit denials, procedure G0121 for ambulatory surgical centers (ASC)	System updates will be required to allow the reimbursement of procedure code G0121 when billed in POS 24 by ASC.	10/22/2024	Complete	ASC	All	12/6/2024 Complete	12/5/2024 Complete
Invalid Benefit Denials, procedure code 99204 when billed as Telehealth (POS 2, 10)	Necessary benefit edits are required to allow code 99204 to be reimbursed as a telehealth service. This code was inadvertently left off the accepted list when it was configured for Iowa Medicaid.	10/21/2024	Complete	Professional claims billed via telehealth	All	11/6/2024 Complete	11/21/2024 Complete
E/M Code Rate Changes	As noted in <i>Informational Letter 2636</i> , HHS identified an error on certain fee schedules that resulted in rates being noted on E/M procedure codes for amounts higher than intended. Iowa HHS updated the impacted fee schedules on October 9, 2024, and MCOs intend to have the impacted configuration completed by October 18, 2024. Claims will be adjusted through projects. See <i>Information Letter 2636</i> for more details.	10/9/2024	In process	Hospitals and clinics	All	10/18/2024 Complete	2/5/2025 Complete
i33 denials	Wellpoint is in the process of updating a clinical edit to allow reimbursement of the CPT 97550 when billed with <i>always therapy</i> modifiers. Presently the edit is denying at the claim line level, <i>i33-invalid modifier for procedure</i> . This is not correct, and this issue will be fixed as soon as possible. Claims are being processed again to correct this mistake.	9/18/2024	Complete	Caregiver	5	10/27/2024 Complete	11/6/2024 Complete
Emergency room copays	Wellpoint recently became aware that a component of our emergency room editing is going to need a system fix. Some ICD-10 codes that are now otherwise deemed emergent per Iowa Medicaid are producing an invalid withholding of member copay for non-emergent use of the ER. The claims are not being reduced by 25% or 50%, but rather just the copay of \$3, \$8, or \$25.	9/13/2024	Complete	Hospitals	46	10/15/2024 Complete	10/22/2024 Complete

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July 2024 open fee schedule update September 9, 2024	Wellpoint received rate updates effective July 1, 2024, including NP=nurse practitioner, PA=physician assistant, DME=durable medical equipment, PT=physical therapy, and CMHC=community mental health center.	9/9/2024	Complete	NP, PA, DME, PT, CMHC	All	9/16/2024 Complete	11/27/2024 Complete
Home Health CBSA Updates — Logic Update and select provider corrections	Wellpoint, at the guidance of HHS, modified our CBSA logic to reimburse home health LUPA reimbursements per their guidance, which will utilize the provider's address versus the member's location going forward. During this routine update, Wellpoint was able to correct a time limited pricing error for five home health providers, which were generating G18 denials. Additional outreach is being made to these five providers with their claims' impact and timelines.	8/30/2024	Complete	Home health	5	9/7/2024 Complete	10/7/2024 Complete
July 2024 off-cycle updates to 96380 and 96381	HHS informed Wellpoint on August 26, 2024, that the updated July 2024 <i>Addendum B</i> , which includes the reimbursement rate for codes 96380 and 96381, is now available on their website. Our business partners, who manage system configurations, have already been notified of these updates. Wellpoint plans to update its claims processing systems accordingly and will subsequently undertake claims reprocessing.	8/26/2024	Complete	Hospitals	All	9/26/2024 Complete	10/11/2024 Complete
Mammogram procedure code 77067	Wellpoint became aware of two issues around mammogram procedure code 77067: one was not allowing professional and facility claims to be paid for the service, and two was limiting based on calendar year when it should have been based on rolling year. Reprocessing of any incorrect claims is being worked and corrected.	8/16/2024	Complete	Hospitals	All	9/23/2024 Complete	10/29/2024 Complete
K85 PhD denials	Wellpoint has editing to ensure that behavioral health claims payments match the providers' actual licensing and credentialing level. However, issues have been identified when providers hold multiple credentials, such as an LMFT and a PhD. Currently, our system is only reviewing the LMFT and LMHC components and needs to also evaluate the PhD recognition. This edit leads to invalid <i>k85-invalid modifier</i> denials when the HP modifier is billed for practitioners who have this combination of designations. Wellpoint has completed the configuration to expand the editing to allow providers who have PhD licensure types to be reimbursed when billing with the HP modifier.	7/29/2024	Complete	LMFT and LMHC who also have PhD	19	10/18/2024 Complete	11/18/2024 Complete

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July 2024 Rate Updates for ABA (Applied Behavior Analysis) Rate Updates, Crisis Response, Subacute, and ACT (Assertive Community Treatment) services and subsequent claims reprocessing	Iowa <i>Informational Letter: 2613-MC-</i> FFS rate increases are presently in flight to be configured and updated in our claims processing system. All clean claims submitted with billed charges in accordance with rate updates will be reprocessed upon completion of configuration.	7/29/2024	Complete	ABA, Crisis, Subacute, ACT	All	8/22/2024 Complete	9/18/2024 Complete
July 2024 Home Health LUPA Fee Schedule Updates and claims reprocessing	Iowa HHA (home health aide) LUPA rates are effective July 1, 2024. CBSA rate updates: Configuration of rate updates is currently in process with claims reprocessing of clean claims to follow.	7/28/2024	Complete	Home health	All	8/28/2024 Complete	9/5/2024 Complete
Copays/cost sharing edits	Wellpoint ensures that copays and cost-sharing edits that were recently changed are correct and not applying edits incorrectly or out of scope. Reprocessing of any incorrect claims is being researched and corrected.	7/25/2024	Complete	Copays/ cost sharing	11	8/23/2024 Complete	9/12/2024 Complete
July 2024 Rate Update HCBS Waiver and claims reprocessing	Wellpoint received updated HCBS waiver hard coded rates (contractual and state supplied). Effective July 1, 2024, H2015 and H2015 HI should be increased by 9%. All other HCBS services should increase by 4.1% for agreements. This is currently in review of any fallout from the completed project.	7/9/2024	Complete	HCBS	All	8/22/2024 Complete	9/27/2024 Complete
Enabling Technology; Info Letter 2588	Wellpoint is continuing configuration efforts on <i>Information Letter 2588</i> which was effective June 4, 2024. We anticipate configuration to be completed by July 31, 2024, and will post updates here as they are available. Claims are being reviewed that were denied in error.	7/9/2024	Complete	Enabling technology	0	7/31/2024 Complete	8/13/2024 Complete
Duplicate Emergency Room pre-payments	At times, Wellpoint conducts pre-payment audits to prevent paying claims that shouldn't be reimbursed. However, there was a mistake in the audit logic related to billing emergency room and triage codes with revenue code 0450. Whenever more than one line of the revenue code was billed, one line was mistakenly denied as a duplicate, which is out of alignment with the	7/9/2024	Complete	Duplicate emergency	37	7/9/2024 Complete	7/15/2024 Complete

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	unique Iowa Medicaid logic. This issue was identified and corrective actions were taken on July 9, 2024, to cease these reviews.						
Outpatient Hospital Base Rates update and claims reprocessing	Outpatient hospital base rates effective January 1, 2024, received from HHS on June 21, 2024, system complete, with claims in reprocessing. Overpayments will be recovered by cost containment and follow standard process, or providers can submit known overpayments directly.	6/21/2024	Complete	Hospitals	All	9/4/2024 Complete	10/4/2024 Complete
Non-Emergent Reductions with referring physician (Field 76 on CMS-1450) 25% vs 50% reduction	Currently, payments for some non-emergency claims are being reduced by 50% (rather than 25%) when there is a doctor's referral indicated on the claim in field 76. According to <i>Information Letter 1025</i> , this 50% decrease should occur for non-emergency visits that do not have a doctor's referral on the claim form. With the updated edit that is in process, these claims will impose a 25% reduction rather than 50%. After the rule change, Wellpoint will reprocess previously submitted claims that were reduced by 50% where there was a referring physician in field 76, reimbursing an additional 25% that should have been paid. The health plan is exploring a temporary solution while a long-term resolution is developed.	6/15/2024	Complete	Physicians	86	9/19/2024 Complete	10/10/2024 Complete

Date posted: March 21, 2025