COLORADO
Department of Health Care Policy & Financing

Dear Providers,

Please be reminded that denied claims do not need to be adjusted or sent as a request for reconsideration. A denied claim should be resubmitted electronically as a new claim once corrections have been made. Resubmissions should not be sent on paper, even if the claim has surpassed the 365-day timely filing period.

If the claim is past the 365-day timely filing period, providers can contact the Provider Services Call Center (1-844-235-2387) to see if any timely filing waivers may apply, such as using the previous internal claim number (ICN), a backdated enrollment, or a load letter for member eligibility. If the claim is outside of the 365-day timely filing period, either a previous ICN within 60 days or valid attachment must accompany the claim.

If a claim was previously paid and then recouped, the provider can rebill the claim within 60 days of the recoupment to keep the claim within the timely filing guidelines. The claim must reference the previous ICN.

For more information about how to correct and resubmit a denied claim, or for questions about timely filing, please contact the Provider Services Call Center at 1-844-235-2387.

Thank you,

Department of Health Care Policy & Financing

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