



Dear Providers,

This email summarizes last week's additions to the [Known Issues & Updates web page](#).

We frequently update our Known Issues & Updates web page, so make sure to check it for updates on a regular basis. Click the button below to visit the Known Issues & Updates web page. Please note that the Known Issues page is not an all-inclusive list of known issues.



Known Issues Web Page

Provider Web Portal updates,
known issues, work-arounds,
resolved issues, & general updates

Take me there!

Hot Topics

Ordering, Prescribing or Referring (OPR) Providers Must Have a Full License to Enroll with Colorado Medicaid – Training Licenses Are Not Accepted

Colorado Medicaid will not pay for new prescriptions written on or after 01/1/18 if the prescriber is not enrolled with Colorado Medicaid. Please refer to the [January 2018 Provider Bulletin \(B1800409\)](#) (page 8) or visit the [Ordering, Prescribing or Referring Provider web page](#) for more information. OPR providers must have a full license in order to enroll; training licenses are not accepted.

Please note that Physician Assistants cannot currently enroll as an OPR provider, only as an Individual Within a Group (IWG).

3-Day Override on Claims for Emergency Medication Dispensing

In an emergency situation, the Department will place a 3-day override on a claim written by an unenrolled prescriber so that the member can obtain the medication(s) that they need. This will mirror the current override process. Please refer to [Appendix P](#) for more information on the override process.

Child Health Plan *Plus* (CHP+) Updates

For the latest information on the future of the CHP+ program in Colorado visit: CO.gov/HCPF/FutureCHP.

Claim Shows as Paid in Provider Web Portal but Not on the Remittance Advice

A claim may show as "Paid" (with a Paid date of "0") in the Provider Web Portal, but does not show as "Paid" on the Remittance Advice (RA). This is because the claim is caught in a pre-payment cycle that checks for errors that may cause problems with the financial cycle. The claim is reviewed before being released, but may take a few weeks to review.

Providers are advised to contact the [Provider Services Call Center](#) (1-844-235-2387) to escalate

these claims as needed.

Featured Provider Resources

Improving Disability Competent Care

The Department of Health Care Policy & Financing is launching a series of [Disability Competency training videos and materials](#) for Primary Care providers and staff. Hear from members about the value and practice of delivering Disability Competent Care (DCC), or take your practice to the next level and complete the [Colorado Disability Competent Care self-assessment tool](#).

Recently Added Issues

Claims are Currently Denying for Procedure Code J2407 for EOB 1178 - "Service is not Reimbursable for Date(s) of Service"

Claims are currently denying for procedure code J2407 for EOB 1178 - "Service is not reimbursable for Date(s) of Service."

DXC and the Department are working to resolve the issue.

Claims will be reprocessed by DXC.

Habilitative Therapy Claims Denying for SZ Modifier and/or CPT 97532 and Suspending for Procedure Code G0515

Habilitative therapy claims for CPT 97532 for dates of service after 12/31/17 are denying for either or both of the following EOBs:

- EOB 3261 - "The procedure code currently is not a benefit for date of service billed. Refer to the CPT or the HCPCS listing for valid procedure codes."
- EOB 3181 - "The procedure code is invalid for date of service. Correct the procedure code. Refer to the CPT or the HCPCS listing for valid procedure codes."

This is due to CPT 97532 being replaced by procedure code G0515, effective 1/1/18. However, this code is part of the HCPCS 2018 annual update, and HCPCS 2018 procedure codes and the billing rules have not yet been loaded into the Colorado interChange system. Therefore, claims billed for procedure code G0515 will suspend for EOB 0000 - "This claim/service is pending for program review." Providers are advised to continue submitting claims to keep them timely and to resubmit affected claims once the HCPCS 2018 procedure codes and billing rules have been loaded.

Habilitative therapy claims with the SZ modifier for dates of service after 12/31/17 are denying for any of the following EOBs, depending on the position the modifier is in:

- EOB 3170 - "The first modifier code is invalid for date of service. Read the procedure description. Refer to the Provider Manual, Help Screens, CPT or HCPCS for a listing of valid modifiers."
- EOB 3171 - "The second modifier code is invalid for date of service. Read the procedure description. Refer to the Provider Manual, Help Screens, CPT or HCPCS for a list of valid modifiers."
- EOB 1127 - "The third modifier code is invalid for date of service. Read the procedure description. Refer to the Provider Manual, Help Screens, CPT or HCPCS for a listing of valid modifiers."
- EOB 1514 - "The fourth modifier code is invalid for date of service. Read the procedure description. Refer to the Provider Manual, Help Screens, CPT or HCPCS for a list."

This is due to the SZ modifier being replaced by the 96 modifier, effective 1/1/18. The Department is working on a solution to address PARs that cross from 2017 to 2018 for the SZ modifier or CPT 97532. Claims billed with modifier 96 are denying for EOB 0504 - "There is no PA on file for the procedure with the billed modifier. Check the approved PA and verify the procedure and modifier." Providers are advised to continue submitting claims to keep them

timely and to resubmit affected claims once the issue has been resolved.

Recently Updated Issues

Resolved 11/30/17: Claims with Valid CLIA Licenses Denying – EOB 3660

Some claims submitted with valid CLIA licenses were incorrectly denying for EOB 3660 – “The service is not within the scope of the billing provider's CLIA certification. Please update the MMIS provider records with the correct CLIA number.”

DXC has made progress on this issue, and some affected claims were reprocessed by DXC 11/3/17. This issue was previously reported as resolved on 6/7/17; however, it was determined that further research was required for complete resolution of the issue. The Department and DXC completed work on the issue and DXC reprocessed the remaining affected claims on 11/30/17.

Providers that submit lab claims without having a CLIA license on file or with an expired CLIA license will continue to deny. Providers should ensure all current CLIA information is added in Provider Maintenance and a copy of the CLIA license is attached on the last page. The update request must be approved before denied claims can be resubmitted.

Issue resolved 11/30/17

UPDATE 1/19/18: This entry has been updated to reflect completed claims reprocessing.

Resolved 11/30/17: Claim Denials for Some CLIA Waived Codes

Claims for some CLIA waived codes were incorrectly denying for EOB 3660 – “The service is not within the scope of the billing provider's CLIA certification. Please update the MMIS provider records with the correct CLIA number.”

DXC has made progress on this issue, and some affected claims were reprocessed by DXC 11/3/17. This issue was previously reported as resolved on 10/21/17; however, it was determined that further research was required for complete resolution of the issue. The Department and DXC completed work on the issue and DXC reprocessed the remaining affected claims on 11/30/17.

For more information on billing CLIA waived codes and the link to a complete list of codes on the CMS website, refer to the article titled “Clinical Laboratory Improvement Amendments (CLIA) System Issues Resolved” in the [July 2017 Provider Bulletin](#).

Issue resolved 11/30/17

UPDATE 1/19/18: This entry has been updated to reflect completed claims reprocessing.

Resolved 11/22/17: Modification to the Source of Nursing Facility Patient Liability Data

For nursing facility and hospice claims received on or after 3/1/17, Patient Liability was calculated using data from the Colorado Benefits Management System (CBMS). It has been determined the claim data from Value Code 31 (Patient Liability Amount) is generally more accurate; therefore, the Colorado interChange system has been updated to calculate Patient Liability using the Value Code 31 data submitted on the claim.

While nursing facility claims have been reprocessed, affected hospice claims are still pending and will be reprocessed by DXC.

Issue resolved 11/22/17

UPDATE 1/19/18: This entry has been updated to note that hospice claims were also affected by this issue, and to provide an update on claims reprocessing status.

Resolved 1/11/18: Vision Claims Denying for EOB 3280 – “The client’s age is

invalid for this procedure code”

Vision claims billed with the 55 modifier were incorrectly denying for EOB 3280 - “The clients age is invalid for this procedure code. Verify the clients birth date.”

Claims were reprocessed on 1/19/18.

Issue resolved on 1/11/18

UPDATE 1/19/18: This entry has been updated to reflect completed claims reprocessing.

Recently Resolved Issues

Resolved 1/18/18: Claim Denials for Vaccine Procedure Codes for EOB 1552 and EOB 1030

Some claims for vaccine procedure codes were denying for Explanation of Benefits (EOB) 1552 - “This procedure is age restricted. Member's age does not fall within the approved range” and EOB 1030 - “The place of service code is invalid for procedure code.” The Department and DXC reviewed and assigned the appropriate place of service and age ranges.

Claims will be reprocessed by DXC.

Issue resolved 1/18/18

Resolved 1/12/18: Claims Denying for CPT 81025 for EOB 1030 with Place of Service (POS) Code 71 (State/Local Health Clinic)

CPT 81025 was denying for EOB 1030 - “The place of service code is invalid for procedure code” when billed with POS 71 (State/Local Health Clinic). This procedure code is separate from vaccine procedure codes denying for EOB 1030 (see separate Known Issue “Claim Denials for Vaccine Procedure Codes for EOB 1552 and EOB 1030”).

Claims were reprocessed by DXC on 1/19/18.

Issue resolved 1/12/18

Please do not reply to this email; this address is not monitored.