



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

Child Health Plan *Plus* (CHP+) Updates

Congress has renewed federal funding for the Children's Health Insurance Program (CHIP) for six years. The [CHP+ program](#) will continue in Colorado.

Read statements from [Governor John Hickenlooper](#) and [the Department](#).

Additional information will be made available in the coming week on the [Future of Child Health Plan Plus \(CHP+\) web page](#).

Featured Provider Resources

Updated July 2017 Fee Schedule and Instructions

An updated version of the [July 2017 Fee Schedule Data File \(1/18\)](#) and the [July 2017 Fee Schedule Instructions \(1/18\)](#) have been posted to the [Provider Rates & Fee Schedule web page](#), under the Health First Colorado Fee Schedule drop-down section.

Common Reasons for Claim Denials and Suspend

Refer to this list of common reasons for claim denials and suspends, located on the [Known Issues & Updates web page](#) under the General Updates drop-down section.

The list was recently updated with an additional common reason for suspends:

EOB 1786 - "The date of service date is out of timely filing. Refer to the new billing manual."

Explanation: The claim is outside of the initial timely filing period of 240 days. Claims with a timely filing attachment must be reviewed by DXC.

Estimated Time for Processing: 20 business days

Updated Training Materials for Beginning Billing Workshops (CMS 1500 and UB-04)

Updated training materials have been posted to the [Provider Training web page](#), under the Billing Training and Workshops drop-down section:

- [Beginning Billing Workshop CMS 1500](#)
 - [Beginning Billing Workshop UB-04](#)
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Paper Claim Form Signature Requirements

Providers are reminded that the [Institutional Certification](#) document must be completed and attached to all institutional claims submitted on the paper UB-04 claim form. This document is available on the [Provider Forms web page](#) under the Claim Forms and Attachments drop-down section.

Please note that a signature is required and typed names are not accepted. This applies to the [Institutional Certification](#) document as well as the signature field on the paper CMS 1500 form.

The Department highly encourages electronic claims submission when possible.

Recently Added Issues

Inpatient Claims Denying for EOB 3891 - "The Assigned DRG is not on File"

When submitted via Provider Web Portal, some inpatient hospital claims are denying incorrectly for EOB 3891 – "The assigned DRG is not on File".

The Department and DXC are working to expedite resolution for this issue.

Denied claims will be reprocessed by DXC.

Claim Adjustment Denials for EOB 1970 - "Unique Provider Service Location could not be found for Other 1 NPI"

UB-04 claim adjustments are denying for EOB 1970 - "Unique Provider Service Location could not be found for Other 1 NPI" even when the Other Provider Number 1 field was filled out correctly.

The Department and DXC are working to fix the issue.

Claims will be reprocessed by DXC.

Recently Resolved Issues

Resolved 1/26/18: Claims for Nursing Facility Providers Denying or Suspending for EOB 1930 - "The Covered/Non-Covered Days are Missing or Invalid"

Claims for nursing facility providers were denying or suspending for EOB 1930 - "The covered/non-covered days are missing or invalid. Enter/Correct the number of covered/non-covered days."

Claims were reprocessed by DXC on 1/26/18.

Issue resolved 1/26/18

Resolved 1/26/18: Claims Not Paying for DME Providers at Correct Rate for Procedure Code E0445 with KR Modifier for EOBs 9918, 0192 or 2368

Procedure code E0445 with KR modifier was not paying at the correct rate and therefore exceeded the maximum allowable amount, which caused claim denials for one of the following EOBs:

- EOB 9918 – "Pricing Adjustment - Maximum allowable fee pricing applied" for paid details where pricing was cut back

- EOB 0192 – “Prior Authorization (PA) is required for this service. An approved PA was not found matching the provider, member, and service information on the claim.”
- EOB 2368 – “DME Rent to Own – Purchase Price Limit” for denied details

Prior Authorization Request (PAR) is not required.

Note:

Requires Questionnaire # 6

Purchase is required after a two (2) month rental period. Total reimbursement, including rental, shall not exceed the purchase price. For members under 3 years of age only: Equipment may be rented by members for a period of up to 3 years or until age 3. However, for rental periods exceeding 2 months, purchase is required when the member reaches age 3.

Rental:

- RR 1 unit = 1 month
- KR 1 unit = 1 day – use only for overnight or 24-hour test period use.

Fee Schedule, effective 7/1/15:

E0445-KR: \$48.76

Claims will be reprocessed by DXC.

Issue resolved 1/26/18

Resolved 1/25/18: Professional Crossover Claims Denying for EOB 1178 - “Service is not reimbursable for Date(s) of Service”

Beginning Jan 11, 2018, professional crossover claims were denying for EOB 1178 - “Service is not reimbursable for Date(s) of Service.”

Claims were reprocessed by DXC on 1/26/18.

Issue resolved 1/25/18

Resolved 1/19/18: Claims are Currently Denying for Procedure Code J2407 for EOB 1178 - “Service is Not Reimbursable for Date(s) of Service”

Claims were denying for procedure code J2407 for EOB 1178 - “Service is not reimbursable for Date(s) of Service.”

Claims will be reprocessed by DXC.

Issue resolved 1/19/18

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