



COLORADO

Department of Health Care
Policy & Financing

Dear Providers,

This email summarizes additions to the [Known Issues & Updates web page](#) from the past week. The Known Issues & Updates web page is frequently updated. Please note that the Known Issues web 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

Reminder: Prior Authorization Request (PAR) Requirements for Prosthetics & Orthotics and Speech Therapy

Effective November 1, 2018, the Department implemented PAR requirements for select prosthetic and orthotic codes. Refer to the [September 2018 Provider Bulletin \(B1800420\)](#) for further details.

Effective April 1, 2019, the Outpatient Speech Therapy benefit will require a PAR. Refer to the [January 2019 Provider Bulletin \(B1900425\)](#) for further details.

Featured Provider Resources

Updated Home & Community Based Services (HCBS) Rate Schedule for Developmental Disabilities (DD), Supported Living Services (SLS) and Children's Extensive Supports (CES)

The [HCBS rate schedule for DD/SLS/CES with rates effective 1/1/19](#) has been updated on the [Provider Rates & Fee Schedule web page](#).

Sign Up for Provider Email Communications

Recipients of this email are already signed up to receive Provider Bulletins and general announcements. To receive emails specific to provider type, [sign up by selecting the email list\(s\) that best apply](#).

[Keeping provider contact information up to date in the Provider Web Portal](#) will also help to ensure that providers receive emails specific to their organization's claims.

Looking for a recent newsletter or email? Weekly newsletters and many of the emails sent out to providers are also posted on the [Provider News web page](#).

Recently Added Issues

Claim Resubmissions Denying for Timely Filing

Some claims resubmitted after a previous adjustment are incorrectly denying for Explanation of Benefits (EOB) 1786 – “The date of service date is out of timely filing” in the following scenario:

- The claim is submitted by the provider within timely filing guidelines and paid.
- DXC Technology (DXC) adjusts the claim that is past 365 days from the original date of service, which can possibly result in a recoupment of funds.
- The provider resubmits the claim within 60 days from the date of the remittance advice (RA), using the Internal Control Number (ICN) of the adjustment.

The Department and DXC are working to resolve the issue.

Claims will be reprocessed by DXC; however, if the claim is urgent, providers should contact the [Provider Services Call Center](#) at 1-844-235-2387.

Note: Claims that are still within 365 days and have been adjusted can be resubmitted without the adjustment ICN.

Provider Web Portal Error When Eligibility is Split Within a Calendar Month

When searching for member eligibility over the span of a calendar month and there are two or more coverages that start or end in that month, the Provider Web Portal displays a [system error](#) when a provider attempts to view Coverage Details for either plan.

The Department and DXC are working to resolve this issue. As a workaround until the issue is resolved, providers are advised to search for a single date of service and not a date span. This will produce a single result which providers can click to view Coverage Details.

Recently Resolved Issues

Resolved 1/23/19: Claims Suspending for HCPCS 2019 Procedure Codes for EOB 0000 – “This Claim/Service Is Pending for Program Review”

Claims billed with a HCPCS 2019 procedure code were suspending for EOB 0000 - “This claim/service is pending for program review.” The Colorado interChange has been updated with the 2019 HCPCS billing codes based on the Centers for Medicare & Medicaid Services (CMS) annual release of deletions, changes and additions.

Claims will be reprocessed by DXC.

Issue resolved 1/23/19

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