



COLORADO

Department of Health Care
Policy & Financing

Dear Providers,

This email summarizes additions to the [Known Issues & Updates web page](#) from the past several weeks. 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

Provider Enrollment Portal Change to Prevent Future Enrollment Effective Date
Effective 1/2/19, providers can no longer enter a future enrollment effective date on a new enrollment application. If a provider enters a future date in the Requesting Enrollment Effective Date field on the Request Information Panel, they will receive the following error message, "Requesting Enrollment Effective Date cannot be in the future." See the example below:

Provider Enrollment: Request Information	
Welcome	You are initiating a new Enrollment application. Below is the initial enrollment screen. Complete the fields on each screen and select the Continue button to move forward to the next page. All mandatory data is required to "Finish Later".
Request Information	The contact person listed on this page may be contacted to answer any questions regarding the information provided in this enrollment application. * Indicates a required field.
Change of Ownership	
Specialties	
Addresses	
Provider Identification	<p>Initial Enrollment Information</p> <p>*Enrollment Type <input type="text"/></p> <p>*Provider Type <input type="text"/></p> <p>*Requesting Enrollment Effective Date <input type="text" value="06/21/2018"/></p>
Network Participation	
Languages	
EFT Enrollment	
Other Information	<p>Provider Information</p> <p>The provider identification numbers listed below are additional identifiers for the enrolling providers. Not all fields are required.</p> <p>*NPI <input type="text"/> *NPI Zip + 4 <input type="text"/> *Taxonomy <input type="text"/></p> <p>*Tax ID Number <input type="text"/> *Tax ID Type <input type="radio"/> EIN <input type="radio"/> SSN</p> <p>Effective Date <input type="text"/></p> <p>*Do you have a current CO Medicaid ID? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>*Were you previously enrolled as a provider? <input type="radio"/> Yes <input checked="" type="radio"/> No</p>
Addendums	
Disclosures	
Attachments and Fees	
Agreement	
Summary	
	<p>Contact Information</p> <p>*Last Name <input type="text"/></p> <p>*First Name <input type="text"/></p> <p>Suffix <input type="text"/></p> <p>*Phone <input type="text"/> Ext <input type="text"/></p> <p>Fax Number <input type="text"/></p> <p>*Contact Email <input type="text"/></p> <p>*Confirm Email <input type="text"/></p> <p>*Email For Provider Publications <input type="text"/></p> <p>*Confirm Email <input type="text"/></p> <p>Preferred Method of Communication <input type="text" value="Email"/></p> <p><input type="button" value="Continue"/> <input type="button" value="Finish Later"/> <input type="button" value="Cancel"/></p>

This change applies to providers starting a new enrollment application and providers resuming an application that is still in process. A future enrollment effective date will continue to be allowed for revalidation, since the future date equates to the revalidation date.

Suspended Claims and Timely Filing

Providers do not need to resubmit claims that are in a suspended status to keep them within timely filing guidelines. Providers have an additional 60 days from the last pay or denial date to resubmit the claims.

If the [Known Issues & Updates web page](#) states that claims will be reprocessed, there is no need to continue resubmitting for purposes of timely filing. For information on suspended claims, refer to the drop-down section on the Known Issues web page under General Updates for Suspended Claims.

Featured Provider Resources

January Provider Bulletin - Now Available

The [January 2019 Provider Bulletin \(B1900425\)](#) was published on 12/31/18 on the [Bulletins web page](#).

2019 Healthcare Common Procedure Coding System (HCPCS) Updates - Fee Schedule Now Available

The Centers for Medicare & Medicaid Services (CMS) released the deletions, changes and additions to the annual 2019 Healthcare Common Procedure Coding System (HCPCS) effective for dates of service on or after 1/1/19.

The 2019 Fee Schedule Crosswalk and Code List is now available on the [Provider Rates & Fee Schedules web page](#), under the HCPCS Rate Updates Information and Resources drop-down section.

2019 Durable Medical Equipment Upper Payment Limit Fee Schedule - Now Available

An updated [Durable Medical Equipment Fee Schedule](#) for 2019 is now available on the [Provider Rates & Fee Schedule web page](#), under the Durable Medical Equipment Upper Payment Limit drop-down section.

Recently Added Issues

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

Once the rates are loaded, claims will be reprocessed by DXC.

Home & Community Based Services (HCBS) Claims Decrementing the Incorrect Line of the Prior Authorization (PA)

Some HCBS or Colorado Choice Transition (CCT) claims may not be decrementing the correct line of the prior authorization. This occurs when there are two different lines on the Prior Authorization with the same procedure code, but different modifiers with overlapping spans. The Colorado interChange currently does not compare every modifier on the claim line to PA, which may cause the claim to pay at the wrong rate and decrement the wrong line of the PA. It may also cause the claim to deny for 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.”

DXC and the Department are working to resolve this issue. Providers and case managers do not need take action at this time.

Recently Updated Issues

HCBS Claim Denials for Manually Priced Procedure Codes for EOB 0653 – “Claim Requires Manual Pricing. Please Attach Invoice for Medical Services”

HCBS claims are suspending and then denying for the following procedure codes for EOB 0653 - “Claim requires manual pricing. Please attach invoice for medical services.” However, please note that HCBS providers are not required to submit an invoice. Once the correct rate source is identified, claims will no longer deny for manual pricing.

- A0100 - Issue resolved on 7/12/18. Claims were previously reported to be reprocessed by DXC on 7/20/18, however additional affected claims were identified and these were reprocessed by DXC on 11/23/18.
- A9900 - Issue resolved on 9/4/18. Claims were previously reported to be reprocessed by DXC on 10/12/18, however additional affected claims were identified and these were reprocessed by DXC on 1/4/19.
- D2999 - Issue not yet resolved. Claims will be reprocessed by DXC.
- H0002 - Issue resolved on 8/31/18. Claims will be reprocessed by DXC.
- H2024 - Issue resolved on 9/13/18. Providers are advised to resubmit affected claims.
- S5151 - Issue resolved on 9/13/18. Claims were reprocessed by DXC on 12/7/18.

- S5160 - Issue not yet resolved. Claims will be reprocessed by DXC.
- S5161 - Issue resolved on 11/14/18. Claims were reprocessed by DXC on 11/23/18.
- S5165 - Issue resolved on 10/23/18. Claims were previously reported to be reprocessed by DXC on 11/2/18, however additional affected claims were identified and these were reprocessed by DXC on 1/4/19.
- S5185 - Issue not yet resolved. Claims will be reprocessed by DXC.
- T2029 with UA or U1 modifier - Issue resolved on 6/13/18. Claims were previously reported to be reprocessed by DXC on 8/10/18, however additional affected claims were identified and these were reprocessed by DXC on 11/30/18.
- T2029 without UA or U1 modifier - Issue resolved on 8/3/18. Claims were previously reported to be reprocessed by DXC on 8/10/18, however additional affected claims were identified and these were reprocessed by DXC on 11/30/18.
- T2038 - Issue resolved on 9/4/18. Claims were reprocessed by DXC on 1/4/19.
- V2799 - Issue not yet resolved. Claims will be reprocessed by DXC.

No action is necessary for providers at this time. Updates will be provided when the issue has been completely resolved.

Claims will be reprocessed by DXC.

UPDATE 1/4/19: This entry has been updated to reflect completed claims reprocessing for procedure codes A9900, S5165 and T2038.

Resolved 8/8/18: Supply Provider Claim Denials for A9901 for EOB 1178 - "Service is Not Reimbursable for Date(s) of Service"

Supply provider (type 14) claims for code A9901 were denying for EOB 1178 - "Service is not reimbursable for Date(s) of Service."

It was previously announced in the [May 2018 Provider Bulletin \(B18004115\)](#) that code A9901 should no longer be used for Invoice Manual Pricing, effective for date of service (DOS) 7/1/18. As of DOS 7/1/18, this is a valid denial. However, A9901 should still be payable through DOS 6/30/18, in accordance with Health First Colorado (Colorado's Medicaid Program) policy.

Claims were previously reported to be reprocessed by DXC on 9/14/18. While most claims were reprocessed on that date, it was later identified that crossover claims were not included. Crossover claims affected by this issue were reprocessed by DXC on 12/21/18.

Issue resolved 8/8/18

UPDATE 12/21/18: This entry has been updated to reflect completed claims reprocessing.

Resolved 12/14/18: Ambulatory Surgical Claims Denying when Billed with POS Code 24 (Ambulatory Surgical Center) for EOB 1030

Ambulatory Surgical Center claims for the following procedure codes were denying when billed with place of service code 24 (Ambulatory Surgical Center) for EOB 1030 - "The place of service code is invalid for procedure code."

- 01991 - Issue resolved for this procedure code on 12/14/18. Claims were reprocessed by DXC on 12/21/18.
- 01935 - Issue resolved for this procedure code on 12/14/18. Claims were reprocessed by DXC on 12/21/18.
- 60220 - Issue resolved for this procedure code on 11/28/18. Claims were reprocessed by DXC on 11/30/18.
- 21365 - Issue resolved for this procedure code on 11/28/18. Claims were reprocessed by DXC on 11/30/18.

Issue resolved for procedure codes 60220 and 21365 on 11/28/18

Issue resolved for procedure codes on 01991 and 01935 on 12/14/18

UPDATE 12/21/18: This entry has been updated to reflect issue resolution and completed claims reprocessing for codes 01991 and 01935.

Recently Resolved Issues

Resolved 12/12/18: Provider Enrollment Portal Clinical Laboratory Improvement Amendments (CLIA) Panel Not Displaying for New Enrollments

When creating a new enrollment in the Provider Web Portal, the CLIA panel was not displaying for Community Clinics (CC) and Community Clinic and Emergency Centers (CCEC) provider type 86.

Until the issue was resolved, providers were advised to complete and save all other sections of the enrollment application. Now that the issue has been resolved, providers should return to the saved application and complete the CLIA panel and submit the enrollment application.

Issue resolved 12/12/18

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