



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

### Upcoming Webinar - Understanding the Passive Enrollment Process

The Department is hosting a live webinar to explain its passive enrollment process:

*Understanding the Passive Enrollment Process*

Wednesday, January 17, 2018, 1:00 p.m.

[Registration is available here.](#)

This webinar will be recorded and distributed shortly after. Please note that registration is limited to the first 200 participants.

## Featured Provider Resources

### Upcoming Holiday - Martin Luther King Jr. Day

On Monday, January 15, 2018, State Offices, DentaQuest and ColoradoPAR Program will be closed in observance of Martin Luther King Jr. Day. DXC will be open.

Note: All upcoming holidays are posted to the [Provider Resources web page](#) as well as on the last page of every monthly [Provider Bulletin](#).

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### Instructions for Reporting National Drug Codes (NDCs) on Claims

The following billing manuals have been updated with instructions for reporting NDCs on claims:

*CMS 1500*

- [EQHC and RHC Billing Manual](#) (pages 12, 13)
- [Medical and Surgical Services Billing Manual](#) (pages 25, 26)
- [Obstetrical Care Billing Manual](#) (pages 20, 21)

- [Dialysis Billing Manual](#) (page 15)
- [EQHC and RHC Billing Manual](#) (pages 12, 13)

## Recently Added Issues

### **Claim Denials for Ambulatory Surgical Center Providers for Procedure Code 67808 for EOB 0182 – Billing Provider Type and/or Specialty Not Allowable for Service Billed**

Claims for Ambulatory Surgical Center providers are denying for procedure code 67808 for EOB 0182 – “Billing Provider Type and/or Specialty is not allowable for the service billed.”

The Department and DXC are working to fix the issue and conducting research to see if there are any other procedure codes within the groupers denying for the same issue. Claims will be reprocessed by DXC.

## Recently Updated Issues

### **Claims for Revenue Code 434 Paying at the Incorrect Rate**

Home health provider claims for revenue code 434 are not paying the current rate. The Department and DXC are working to fix this issue.

Claims with dates of service on or after 7/1/17 will be reprocessed by DXC.

For a complete list of current rates, please refer to the [Home Health Rate Schedule](#).

**UPDATE 1/5/17:** This entry has been updated to clarify that claims with dates of service on or after 7/1/17 will be reprocessed.

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### **Claim Denials for Vaccine Procedure Codes for EOB 1552 and EOB 1030**

Some claims for vaccine procedure codes are 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 are currently reviewing to ensure the appropriate place of service and age ranges are assigned.

Claims will be reprocessed by DXC.

**UPDATE 1/5/17:** This entry has been updated to note reprocessing plans.

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### **Resolved 12/23/17: Claim Denials for Injection Procedure Codes Q2050 and Q5101 for EOB 0182**

Claims were denying for clinic providers when billed for procedure codes Q2050 and Q5101 for EOB 0182 – “Billing Provider Type and/or Specialty is not allowable for the service billed.”

Claims on or after date of service 7/1/17 were reprocessed on 11/2/17. The codes have now been updated to encompass dates of service from 1/1/17 to 7/1/17. DXC will reprocess these additional claims. Claims for dates of service 10/1/16 - 1/1/17 for procedure code Q5101 will also be reprocessed by DXC.

Issue resolved for Q2050 12/23/17

**UPDATE 1/5/17:** This entry has been updated to note reprocessing plans for procedure code Q5101 for dates of service 10/1/16 - 1/1/17 and to clarify that the issue resolved on 12/23/17 pertains to procedure code Q2050 only.

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### **Resolved 12/19/17: Claim Denials for Procedure Code S5161 for EOB 1544 – Procedure is Not Billable with Client’s Benefit Plan**

HCBS provider claims for procedure code S5161 were denying for Explanation of Benefits (EOB)

Code 1544 – "Procedure is not billable with client's benefit plan."

Claims were reprocessed by DXC on 12/29/17. As a reminder, please verify member eligibility as claims could still appropriately deny if the member is not eligible on the waiver plan.

Issue resolved 12/19/17

**UPDATE 1/5/17:** This entry has been updated to reflect completed claims reprocessing.

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#### **Resolved 12/13/17: Incorrect Claim Payments for Nursing Facility Providers on Crossover Claims**

Part A crossovers were paying the full coinsurance and deductible instead of using the "lower of" pricing logic. Part B crossovers were paying at zero when they should have paid the coinsurance and deductible.

Claims were reprocessed by DXC in three stages. The first stage of claims reprocessing occurred on 12/15/17. The second stage of claims reprocessing occurred on 12/22/17. The third and final stage of claims reprocessing occurred on 12/29/17. All affected claims have now been reprocessed.

Issue resolved 12/13/17

**UPDATE 1/5/17:** This entry has been updated to reflect completed claims reprocessing.

## **Recently Resolved Issues**

#### **Resolved 12/7/17: Claim Denials for Revenue Code 434 for EOB 2222 – Policy Not Currently Enforced**

Home health provider claims for revenue code 434 were denying for EOB 2222 – "Policy not currently enforced."

Claims with dates of service on or before 6/30/17 will be reprocessed by DXC.

Issue resolved 12/7/17

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#### **Resolved 11/22/17: Specialty Code Update – Community Transition Services (CCT)**

Specialty codes for Supported Living Services (SLS) populations, Elderly, Blind and Disabled (EBD), and Community Mental Health Services (CMHS) were unavailable as enrollment choices for CCT services. Previously they were only available to Brain Injury (BI). Now that this issue has been resolved, the following two specialties are available:

- 738 – Independent Living Skills Training CCT – EBD - CMHS
- 739 – Independent Living Skills Training CCT – SLS

The H2014 procedure code still requires prior authorization. The UC modifier will still be used to indicate CCT-specific populations. Providers rendering CCT services to BI, EBD and CMHS members will need to add this specialty to their existing enrollment profile, but will not need to re-enroll. This change can be done via the Provider Web Portal in the modification tab.

Providers are advised to resubmit affected claims.

Issue resolved 11/22/17

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