



Last Week in Review: Known Issues & Updates web page

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!

Featured Provider Resources

Full Explanation of Benefits (EOB) code descriptions are published in Appendix R - Remittance Advice (RA) Messages, available on the [Billing Manuals page](#). EOB descriptions may be abbreviated on your RA, so providers are reminded that Appendix R includes the full version of all EOB descriptions.

Appendix R has recently been updated with revisions to some existing EOB descriptions.

All claims with attachments should be sent via the Provider Web Portal. Providers submitting less than five (5) claims per month may submit a request form; otherwise, all providers should be billing electronically, even with attachments.

The Department recognizes that providers have encountered issues with the Provider Web Portal and is giving providers a grace period to submit paper claims, even if they do not submit less than five (5) per month.

Recently Added Issues

Claims Denying for Behavioral Therapy Providers with EOB 2580 when the Member is Enrolled in a Managed Care Organization

Claims for procedure codes H0046 and T1024 for members who may be enrolled in a managed care organization may incorrectly deny for Explanation of Benefits (EOB) 2580 – "The services must be billed to the HMO/PHP/BHO listed on the eligibility inquiry." The new behavioral therapy codes were not excluded from managed care lists. Claims for members who are not enrolled in a

managed care plan will not be affected.

The Department and DXC are working to resolve the issue. Upon issue resolution, providers are advised to resubmit affected claims.

Recently Updated Issues

Resolved 7/20/17: Clinic Claims Not Deducting Co-Pays

Co-pays on claims billed by clinic providers were not being deducted appropriately.

This issue was resolved in three parts, with the first fix occurring on 7/12/17, and the remaining two fixes occurring on 7/20/17.

DXC reprocessed affected claims and recouped funds in several stages, on dates 8/25, 9/1, 9/8, 9/15 and 9/22.

Issue resolved 7/12/17, 7/20/17

UPDATE 10/10/17: This entry has been updated to reflect completed claims reprocessing.

Recently Resolved Issues

Resolved 10/11/17: Medicare Crossover Claim Denials for DME Providers for Procedure Code E0443 for EOB 1178 – Service Not Reimbursable for DOS
Medicare crossover claims for DME providers were denying when billed for procedure code E0443. These claims are denying for EOB 1178 – “Service is not reimbursable for Date(s) of Service.”

Claims will be reprocessed by DXC.

Issue resolved 10/11/17

Resolved 10/7/17: Multi-Surgery Claims Suspending for Clinic Providers for EOB 0110 – No Additional Benefit for this Service

Multi-surgery claims for clinic providers were suspending for EOB code EOB 0110 - “There is no additional benefit for this service. Payment for this procedure was included in the payment for the primary procedure.”

This issue was affecting claims with multiple lines of surgical codes as well as multiple surgery modifiers: bilateral procedures (modifier 50), assistant surgeon (modifier 80) and co-surgeon (modifier 62).

The Department and DXC are working to fix the issue.

Providers were previously advised to continue to submit multiple surgery claims as usual. Some affected claims were processed on 10/7/17. Claims processing will continue to occur over the next several weeks until all affected claims have been processed.

Issue resolved 10/7/17

Resolved 10/6/17: Claims Denying for Birth Center Providers with Place of Service (POS) 25 (Birth Center) for EOB 0182

Claims with certain procedure codes for Birth Center Providers (Specialty 58 and 116) were denying when billed with POS 25 (Birth Center) for EOB 0182 – “Billing Provider Type and/or Specialty is not allowable for the service billed.”

Claims will be reprocessed by DXC.

Issue resolved 10/6/17

Resolved 9/27/2017: Claims Denials for Procedure Code 64615 for EOB 1381

Some claims for procedure code 64615 were denying incorrectly for EOB 1381 – “No billing rule for procedure.” The procedure code is covered by Health First Colorado for the Physician and /or Clinic Provider Type.

Affected claims were reprocessed 9/29/17.

Issue resolved 9/27/17

Resolved 9/21/17: Claim Denials for Hysterectomy and Sterilization Services for EOBs 6700 and 0675

Claims were previously denying for certain procedure codes for hysterectomy and sterilization services.

Sterilization claims billed for the following codes were denied for EOB 6700 – “Required sterilization form is missing or incomplete. Please resubmit electronic claim with correct attachment.”

- Procedure codes: 58554, 55250, 55450, 58600, 58605, 58611, 58661, 58670, 58700, 58720, 58940
- Diagnosis codes: V2622, Z3142

For the procedure codes listed above, a process has now been implemented for sterilization services where if the provider indicates only one side was removed by using the RT/LT modifier, the modifier can be used to indicate the member is not sterile. Providers are advised to resubmit affected claims using the appropriate modifier.

For the diagnosis codes listed above, the requirement to attach a form has now been removed. These fixes will now allow claims billed for any of the codes listed above to bypass the error for which it was previously denied. Claims affected by this issue were reprocessed by DXC on 9/29/17 for dates of service from 3/1/17 to present.

Hysterectomy claims billed for the following codes were denied for EOB 0675 - “Required hysterectomy form is missing or incomplete. Please resubmit electronic claim with correct attachment.”

- Procedure codes: 58545, 58546, 58940-58960, 59120, 59151

For the procedure codes listed above, the requirement to attach a form has now been removed. This fix will now allow claims billed for any of the codes listed above to bypass the error for which it was previously denied. Claims affected by this issue were reprocessed by DXC on 9/29/17 for dates of service from 3/1/17 to present.

Issue resolved 9/21/17

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