



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

Colorado Office of the State Auditor (OSA) Annual Claims Processing Review

The Colorado Office of the State Auditor (OSA) is conducting its annual review of Health First Colorado (Colorado's Medicaid Program) claims processing using the new Colorado interChange system. As part of this review, OSA is reaching out to providers directly about services rendered. A sample of the letter providers received from OSA can be viewed at the following link: [Sample Letter from the Office of the State Auditor](#).

The Department of Health Care Policy & Financing (the Department) and DXC Technology (DXC) [sent a letter to all providers](#), however not all providers will be included in the OSA audit process. Providers may receive further communication and/or specific requests from OSA if their claims are identified as part of the sample to be audited. If this is the case, providers will be contacted by OSA to provide their input in order to help OSA evaluate the new Colorado interChange system.

The Department, DentaQuest and DXC staff cannot be involved in this process, and are unable to offer any guidance to providers on this subject. Providers should not contact any Department or DXC staff members, including the DXC Provider Services Call Center, regarding the letters from OSA. Providers should respond to OSA only using the contact information provided in the letter.

Dental Provider Claim Denials for Enrollment or Affiliation

Dental providers may receive claim denials related to enrollment or affiliations if the enrollment or affiliation was recently completed. Since it can take approximately two weeks for the updated data to transfer to the DentaQuest system, providers are advised to wait two weeks from the date of the enrollment or affiliation update and then resubmit the denied claims.

Featured Provider Resources

Accessing Remittance Advice (RA) and ERA X12 835 Reports

RAs are automatically posted to the [Provider Web Portal](#) each week. Refer to the [Pulling Your Remittance Advice \(RA\) Provider Web Portal Quick Guide](#) for illustrated step-by-step instructions on accessing the RA.

ERA X12 835 reports are not automatically posted to the Provider Web Portal; providers must sign up to receive ERA X12 835 reports. Refer to the [Updating Your ERA X12 835 Information Provider Web Portal Quick Guide](#) and the [Linking Your TPID and Pulling Your 835 Provider Web Portal Quick Guide](#) for illustrated step-by-step instructions on the applicable steps for accessing the ERA X12 835 report.

Recently Added Issues

Inpatient Hospital Claims Paying Incorrectly for Non-Covered Days

Inpatient hospital provider claims where the covered days are less than the total days on the claim and outlier days were paid are paying non-covered days incorrectly due to a miscalculation of outlier days.

The Department and DXC are working to resolve this issue.

Claims will be reprocessed by DXC and funds may be recouped.

Outpatient Hospital Claims Billed with JW Modifier Overpaying

Outpatient hospital provider claims billed with the JW modifier for discarded drugs are currently overpaying. Per program policy, Health First Colorado (Colorado's Medicaid Program) does not reimburse for any drug which is discarded or not administered to a Health First Colorado member other than for a Medicare Crossover claim.

The Department and DXC are working to resolve this issue.

Claims will be reprocessed and funds will be recouped. Providers will be notified by email before recoupment occurs.

Recently Resolved Issues

Resolved 10/17/18: Claims for Occupational Therapy Denying for EOB 1599 – "Rendering Provider Type and/or Specialty is Not Allowable for the Service Billed"

Claims for procedure code 92526 were denying for EOB 1599 - "Rendering Provider Type and/or Specialty is not allowable for the service billed" when billed with either the following provider type combinations:

- Rendering provider type 28 (Occupational Therapist) billed with Billing provider type 48 (Rehabilitation Agency)
- Rendering provider type 28 (Occupational Therapist) billed with Billing provider type 25 (Non-Physician Practitioner- Group)

Claims will be reprocessed by DXC.

Issue resolved 10/17/18

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