



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!

Hot Topics

Void Button Not Appearing in Provider Web Portal

Some Provider Web Portal users are not able to view the void button in the Web Portal. The void button is only visible for paid claims that have not already been adjusted or voided. If you need assistance to determine the appropriate ICN, call the Provider Services Call Center at 1-844-235-2387.

See the [Provider Web Portal Quick Guide - Copy, Adjust, or Void a Claim](#) for more information.

Reconsiderations Not Required for Denied Claims

Reconsiderations are not required for denied claims. The provider can make the necessary corrections and resubmit as a new claim. The resubmission does not need to be billed on paper. If corrections are not made to the originally denied claim, a re-bill will still deny. For more information about how to correct denied claims, please call the [Provider Services Call Center](#) at 1-844-235-2387.

Featured Provider Resources

Website Navigation: Where to Find Important Provider Information and Resources

The Department and DXC are continuing to make updates to the Department's website in an effort to improve user navigation and overall organization. These updates include relocating certain documents and informational resources to more appropriate webpages.

From the [Colorado Department of Health Care Policy & Financing home page](#), providers should

click the "For Our Providers" button in the black horizontal bar near the top of the page, which will direct you to the [For Our Providers web page](#). This page features links to information and resources on a variety of topics, such as the [link to the Provider Web Portal](#), [provider bulletins](#), [billing manuals](#), and much more.

In the top right corner of the [For Our Providers page](#), a button labeled "Resources" will direct you to the [Provider Resources web page](#), which features:

- recent communications such as email blasts sent to providers and provider association newsletters
- a link to the [Known Issues page](#)
- a link to the [Provider Enrollment & Revalidation page](#)
- a link to the [Fiscal Agent \(DXC\) & Colorado interChange Resources page](#), which features:
 - FAQs
 - Provider Web Portal Quick Guides
 - notable transition-related changes
- a link to the [Regional Provider Support Representatives page](#)
- a link to the [Contact Information & Provider Help page](#)

Provider Web Portal Quick Guides

Do you have questions about how to navigate the Provider Web Portal? Refer to the Quick Guides section on the [DXC and interChange Resources web page](#). DXC and the Department have published a number of step-by-step illustrated guides on topics such as Prior Authorizations, Remittance Advices (RAs), web portal registration, how to copy, adjust, or void a claim, and much more!

Outpatient Hospital Reimbursement Communication

Hospital providers are advised to review [this Outpatient Hospital Reimbursement communication](#), which was sent out on 10/25/17 to all Hospital - General (provider type 01) email addresses on file.

If you are a hospital provider and did not receive this email but would like to sign up to receive provider type-specific communications such as this one, please refer to the instructions in the Sign Up for Provider Email Communications section below.

Sign Up for Provider Email Communications

If you are receiving this email, you are already signed up to receive Provider Bulletins and general announcements. If you would also like to receive emails specific to your provider type, you can [sign up here](#).

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

Many of the emails sent out to providers are also posted on the [Provider Resources web page](#), under the Emails to Providers heading. Please note that this is not an all-inclusive list of emails sent to providers, as some contain sensitive information and therefore are not made available to the public.

Recently Added Issues

Providers Unable to see Prior Authorization (PA) Modifiers on the Provider Web Portal

Currently, the modifiers on the detail lines of the PA records are not displayed on the Provider Web Portal, requiring providers to either contact eQHealth Solutions (the Colorado PAR vendor) or work with their case managers for timely updates on PA information. The Department and DXC are working to update the Web Portal to display up to four modifiers on the detail line within the PA record.

An estimated resolution date has yet to be determined.

Recently Updated Issues

Resolved 9/22/17: Claims Denials for OB Services for EOB 0260

Claims were previously denying for EOB 0260 – “The OB services are billed incorrectly. Refer to the OB billing instructions in the Provider Manual.”

Claims were reprocessed on 10/19/17.

Issue resolved 9/22/17

UPDATE 10/25/17: This entry has been updated to reflect completed claims reprocessing.

Recently Resolved Issues

Resolved 10/21/17: Claims Denials on Some CLIA Waived Codes

Claims for some CLIA waived codes were incorrectly denying for EOB 3660 – “The service is not within the scope of the billing provider's CLIA certification. Please update the MMIS provider records with the correct CLIA number.” Claims will be reprocessed by DXC.

For more information on billing CLIA waived codes and the link to a complete list of codes on the CMS website, refer to the article titled “Clinical Laboratory Improvement Amendments (CLIA) Billing” in the [July 2017 Provider Bulletin](#).

Issue resolved 10/21/17

Resolved 10/18/17: 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 were incorrectly denying 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 were not affected.

Providers are advised to resubmit affected claims.

Issue resolved 10/18/17

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