



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

HCBS provider frequently asked questions - "Why is my claim denying for authorization, when I have an approved PAR? Is there a problem with the bridge?"

The bridge system is a vehicle used to submit Prior Authorization Requests (PARs) to the Colorado interChange system. The Colorado interChange system is used for claims adjudication. Once a PAR has been approved in the bridge, it is transmitted to the Colorado interChange system. Once the PAR is on file in the Colorado interChange system, there is no interaction between the bridge and the claim.

When a claim comes in that requires a PAR, the Colorado interChange will use a series of criteria to find the matching authorization. Providers do not need to indicate the PAR number on the claim. The system will automatically populate the PAR number on the claim if it finds a match. If a claim denies for a PAR, despite an approved PAR being on file, the PAR on file does not match all the criteria that is on the claim.

If you have received these EOB codes on your claim,

E0192 - "Prior Authorization (PA) is required for this service. An approved PA was not found matching the provider, member, and service information on the claim."

Or

EOB 5110 - "The prior authorization does not match the services billed on your claim. Please correct services or submit a new prior authorization for the services billed."

it could be due to one of the following issues:

1. The prior authorization was never fully approved in the bridge. Check the web portal for prior authorization. If there is no approved PAR for the dates of service on the claim, contact the case manager to confirm status in the bridge.
2. The benefit plan for the members eligibility has terminated. Please verify member eligibility for the waiver benefit plan prior to submitting claims. If the member does not show an active waiver benefit plan, contact the case manager. A PAR is not a guarantee of member eligibility as the PAR is valid for a span of time (typically one year) and eligibility could change at some point during that span.
3. The PAR units are exhausted. If all units have been billed for, the claim will deny. If you believe you need additional units, contact your case manager.
4. The modifiers do not match. Check the billing manuals to make sure you are using the correct modifiers. The Department and DXC are working to update Web Portal to display up to four modifiers on the detail line within the PA record.

Featured Provider Resources

If you are a new provider or have not yet revalidated, you can find [a recording of last week's Revalidation and Enrollment Webinar](#) on the [DXC and interChange Resources web page](#).

Recently Added Issues

Claim Denials for Revenue Code 434 for EOB 2222 – Policy Not Currently Enforced

Home health provider claims for revenue code 434 are denying for EOB 2222 – “Policy not currently enforced.”

The Department and DXC are working to fix this issue.

Recently Updated 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 were reprocessed by DXC 11/3/17.

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

UPDATE 11/7/17: This entry has been updated to reflect completed claims reprocessing.

Resolved 10/26/17: Pediatric Behavioral Therapy Claims Suspended or Denied for Duplicate, for Procedure Code H0046, Modifier TJ

Pediatric Behavioral Therapy claims billed with both procedure codes H0046 (without modifier TJ) and H0046 (with modifier TJ) were incorrectly denying when both procedure codes were billed for the same day for EOB 0101 – “This is a duplicate service.”

Claims were reprocessed on 11/3.

Issue resolved 10/26/17

UPDATE 11/8/17: This entry has been updated to reflect completed claims reprocessing.

Resolved 11/1/17: Nursing Facility and ICF/IID Provider Claim Denials When Room and Board Billed on Same Dates as Therapy for EOB 0101 – Duplicate

Service

Claims for nursing facility provider types 20 and 21 were denying for EOB 0101 – “This is a duplicate service” when room and board (inpatient – revenue code 100 series) were billed on the same dates as therapy (outpatient – revenue code 400 series).

Affected claims were reprocessed by DXC on 11/3/17.

Issue resolved 11/1/17

UPDATE 11/8/17: This entry has been updated to reflect completed claims reprocessing.

Recently Resolved Issues

Resolved 10/26/17: Claims Denying for Clinic Providers with Place of Service Code 24 (Ambulatory Surgical Center) for EOB 1030 - Place of Service Code is Invalid for Procedure Code

Claims for clinic providers 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.”

Claims were reprocessed by DXC on 10/27/17.

Issue resolved 10/26/17

Resolved 11/8/17: Crossover Claim Denials for Services Covered by Medicare but Not Medicaid

The system was denying crossover claims for services that are covered by Medicare but not Medicaid. The interChange should have reimbursed these claims based on the Medicare assigned coinsurance and deductible.

Providers were previously advised to continue to submit these claims, and resubmit them now that the issue is resolved.

Issue resolved 11/8/17

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