



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

Service, Mailing and Billing Addresses

There are three different provider address fields in the Colorado interChange. Below is the definition of each and what the address is used for.

- **Service location address:** This is the location at which the provider renders services. This address populates the [Find a Doctor](#) directory used by members. If the provider shares a National Provider Identification (NPI) number, the zip code associated with this location is also used for claims. The email address associated with the service location is used to send provider communications such as newsletters and bulletins.
- **Mailing address:** This address is where paper Prior Authorization Request (PAR) letters are sent if the provider is not receiving PAR letters electronically.
- **Billing address:** This address is where paper checks and remittance advice statements are sent if the provider is not receiving them electronically. **Note:** The billing address must match the address on the provider's W-9.

All addresses can be updated through the [Provider Web Portal](#). Refer to the [Provider Maintenance Provider Web Portal Quick Guide](#) for detailed, step-by-step instructions on updating address information.

Enrollment Processing Timelines

New applications are currently being processed by DXC within 5 business days on average. Enrollment updates are currently processed within 2-3 business days.

Featured Provider Resources

How to Search for Accounts Receivable (AR) Balance in the Provider Web Portal

After logging in to the [Provider Web Portal](#), click the "[Search Accounts Receivable](#)" link on the left side of the page under the [Provider Services](#) section. The Provider Web Portal will

then display ARs by the AR number both [before payment](#) and [after payment](#).

New Billing Manual Now Available for Indian Health Services (IHS)

A new billing manual for IHS providers was recently published. The [Indian Health Services \(IHS\) Provider Billing Manual](#) is now available on the [Billing Manuals web page](#) under the UB-04 drop-down section.

New General Resources & Key Contacts Sheet Now Available

The [General Resources & Key Contacts](#) sheet has been posted to the [Provider Contacts web page](#). Providers are encouraged to bookmark the Provider Contacts web page for future reference to these helpful resources.

Recently Added Issues

Professional Claims for CPT Codes 70000 – 79999 with Modifier 76 or 77 Denying for EOB 0101 – “This Is a Duplicate Service”

Physician services/clinic providers and x-ray facility professional claims billed for CPT codes 70000 – 79999 with modifier 76 or modifier 77 are denying for EOB 0101 – “This is a duplicate service,” if the provider also submitted a separate claim for the same CPT code (regardless of the modifier).

The Department and DXC are working to resolve this issue. As a workaround until the issue has been resolved, providers may bill both services on the same claim.

Claims will be reprocessed by DXC.

Recently Updated Issues

HCBS Claim Denials for Manually Priced Procedure Codes for EOB 0653 – “Claim Requires Manual Pricing. Please Attach Invoice for Medical Services”

HCBS claims are suspending and then denying for the following procedure codes for EOB 0653 - “Claim requires manual pricing. Please attach invoice for medical services.” However, please note that HCBS providers are not required to submit an invoice. Once the correct rate source is identified, claims will no longer deny for manual pricing.

- A0100 - Issue resolved on 7/12/18. Claims were previously reported to be reprocessed by DXC on 7/20/18, however additional affected claims have been identified and will be reprocessed by DXC.
- A9900 - Issue resolved on 9/4/18. Claims were previously reported to be reprocessed by DXC on 10/12/18, however additional affected claims have been identified and will be reprocessed by DXC.
- D2999 - Issue not yet resolved. Claims will be reprocessed by DXC.
- H0002 - Issue resolved on 8/31/18. Claims will be reprocessed by DXC.
- H2024 - Issue resolved on 9/13/18. Providers are advised to resubmit affected claims.
- S5151 - Issue resolved on 9/13/18. Claims will be reprocessed by DXC.
- S5160 - Issue not yet resolved. Claims will be reprocessed by DXC.
- S5161 - Issue not yet resolved. Claims will be reprocessed by DXC.
- S5165 - Issue resolved on 10/23/18. Claims were previously reported to be reprocessed by DXC on 11/2/18, however additional affected claims have been identified and will be reprocessed by DXC.
- S5185 - Issue not yet resolved. Claims will be reprocessed by DXC.
- T2029 with UA or U1 modifier - Issue resolved on 6/13/18. Claims were previously reported to be reprocessed by DXC on 8/10/18, however additional affected claims have been identified and will be reprocessed by DXC.
- T2029 without UA or U1 modifier - Issue resolved on 8/3/18. Claims were previously reported to be reprocessed by DXC on 8/10/18, however additional affected claims have been identified and will be reprocessed by DXC.

- T2038 - Issue resolved on 9/4/18. Claims will be reprocessed by DXC.
- V2799 - Issue not yet resolved. Claims will be reprocessed by DXC.

No action is necessary for providers at this time. Updates will be provided when the issue has been completely resolved.

Claims will be reprocessed by DXC.

UPDATE 11/9/18: This entry has been updated to reflect current claims reprocessing status for procedure codes A9900 and S5165.

Ambulatory Surgical Center Provider Claim Denials for EOB 0182 – “Billing Provider Type and/or Specialty is Not Allowable for the Service Billed”

Ambulatory Surgical Center (provider type 44) claims for the following procedure codes are denying for EOB 0182 – “Billing Provider Type and/or Specialty is not allowable for the service billed.”

- 15136 – The Department and DXC are working to resolve this issue. Claims will be reprocessed by DXC.
- 19328 – The Department and DXC are working to resolve this issue. Claims will be reprocessed by DXC.
- 20912 – The Department and DXC are working to resolve this issue. Claims will be reprocessed by DXC.
- 21338 – The Department and DXC are working to resolve this issue. Claims will be reprocessed by DXC.
- 21480 – The Department and DXC are working to resolve this issue. Claims will be reprocessed by DXC.
- 25116 – The Department and DXC are working to resolve this issue. Claims will be reprocessed by DXC.
- 25210 – The Department and DXC are working to resolve this issue. Claims will be reprocessed by DXC.
- 26236 – The Department and DXC are working to resolve this issue. Claims will be reprocessed by DXC.
- 26525 – The Department and DXC are working to resolve this issue. Claims will be reprocessed by DXC.
- 28050 – The Department and DXC are working to resolve this issue. Claims will be reprocessed by DXC.
- 28415 – The Department and DXC are working to resolve this issue. Claims will be reprocessed by DXC.
- 38505 – The Department and DXC are working to resolve this issue. Claims will be reprocessed by DXC.
- 42145 – The Department and DXC are working to resolve this issue. Claims will be reprocessed by DXC.
- 43269 – The Department and DXC are working to resolve this issue. Claims will be reprocessed by DXC.
- 43870 – The Department and DXC are working to resolve this issue. Claims will be reprocessed by DXC.
- 45383 – The Department and DXC are working to resolve this issue. Claims will be reprocessed by DXC.
- 46060 – The Department and DXC are working to resolve this issue. Claims will be reprocessed by DXC.
- 52300 – The Department and DXC are working to resolve this issue. Claims will be reprocessed by DXC.
- 54112 – The Department and DXC are working to resolve this issue. Claims will be reprocessed by DXC.
- 62273 – The Department and DXC are working to resolve this issue. Claims will be reprocessed by DXC.
- 65210 – The Department and DXC are working to resolve this issue. Claims will be reprocessed by DXC.
- 67031 – The Department and DXC are working to resolve this issue. Claims will be reprocessed by DXC.

- reprocessed by DXC.
- 67121 – The Department and DXC are working to resolve this issue. Claims will be reprocessed by DXC.
- 67141 – The Department and DXC are working to resolve this issue. Claims will be reprocessed by DXC.
- 67560 – The Department and DXC are working to resolve this issue. Claims will be reprocessed by DXC.
- 67935 – The Department and DXC are working to resolve this issue. Claims will be reprocessed by DXC.
- 67950 – Issue resolved for this procedure code only on 11/8/18. Claims will be reprocessed by DXC.

The Department and DXC are working to resolve this issue.

Claims will be reprocessed by DXC.

UPDATE 11/9/18: This entry has been updated to reflect issue resolution for procedure code 67950 only.

Recently Resolved Issues

Resolved 11/6/18: Claim Suspends for HCPCS Codes for EOB 0000 – “The Claim/Service is Pending for Program Review”

The following HCPCS codes were not being processed for payment:

- Q9991 – issue resolved 11/1/18. Claims for this procedure code were reprocessed by DXC on 11/2/18.
- Q9992 – issue resolved 11/1/18. Claims for this procedure code were reprocessed by DXC on 11/2/18.
- Q9995 – issue resolved 11/1/18. Claims for this procedure code were reprocessed by DXC on 11/2/18.
- Q5103 – issue resolved 11/1/18. Claims for this procedure code were reprocessed by DXC on 11/2/18.
- Q5104 – issue resolved 11/1/18. Claims for this procedure code were reprocessed by DXC on 11/2/18.
- Q5105 – issue resolved 11/1/18. Claims for this procedure code were reprocessed by DXC on 11/2/18.
- Q5106 – issue resolved 11/1/18. Claims for this procedure code were reprocessed by DXC on 11/2/18.
- C9466 – issue resolved 11/6/18. Claims for this procedure code will be reprocessed by DXC.

This issue caused claims to suspend for EOB 0000 – “The Claim/Service is Pending for Program Review.”

Procedure codes Q9991, Q9992, Q9993, Q9994, Q9995, Q5105 and Q5106 are HCPCS updates effective 7/1/18. Procedure codes Q5103, Q5104 and C9466 are HCPCS updates effective 4/1/18.

Issue resolved 11/6/18

Resolved 11/6/18: Federally Qualified Health Center (FQHC) Professional Claims Denied for EOB 1223 – “Billing Provider Type/Specialty Not Allowable for Billed Diagnosis”

FQHC provider Fee-for-Service (FFS) professional claims were denying for EOB 1223 – “Billing Provider Type/Specialty not allowable for billed diagnosis.”

Affected claims were reprocessed by DXC on 11/9/18.

Issue resolved 11/6/18

Resolved 11/8/18: Inpatient Hospital Claims Paying Incorrectly for Non-Covered Days

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

Claims were reprocessed by DXC on 11/9/18 and funds may have been recouped.

Issue resolved 11/8/18

Resolved 11/8/18: Supply Provider Claim Denials for Procedure Code A9900 for EOB 1178 - "Service is Not Reimbursable for Date(s) of Service"

Supply provider (type 14) claims for code A9900 were denying for EOB 1178 - "Service is not reimbursable for Date(s) of Service."

Claims will be reprocessed by DXC.

Issue resolved 11/8/18

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