



Dear Providers,

This email summarizes additions to the [Known Issues & Updates web page](#) from the past two weeks. 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

### Upcoming Improvements to Remittance Advice (RA) Financial Transactions Page

Many providers have inquired about how to reconcile claim adjustments reflected on RAs. The Financial Transactions page of the RA will be updated to provide additional payment and recoupment information.

These changes will be implemented in the coming weeks, and updates will be provided in future [Provider Bulletins](#) and [email communications](#).

## Featured Provider Resources

### Sign Up for Provider Email Communications

Recipients of this email are already signed up to receive Provider Bulletins and general announcements. To receive emails specific to provider type, [sign up by selecting the email list\(s\) that best apply](#).

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

Looking for a recent newsletter or email? Weekly newsletters and many of the emails sent out to providers are also posted on the [Provider News web page](#).

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### Provider Billing Manual Updates

The following billing manuals were recently updated:

- [Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs](#)
- [Home Health Billing Manual](#)
- [Immunization Benefits Billing Manual](#)
- [Indian Health Services \(IHS\) Billing Manual](#)
- [Non-Emergent Medical Transportation \(NEMT\) Billing Manual](#)

## Recently Added Issues

No new Known Issues have been posted to the website. DXC and the Department are aware of several new issues and will be adding this information to the Known Issues page in the coming weeks.

## 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 were identified and reprocessed by DXC on 11/23/18.
- 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 resolved on 11/14/18. Claims were reprocessed by DXC on 11/23/18.
- 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 11/23/18:** This entry has been updated to reflect issue resolution and completed claims reprocessing for procedure code S5161, as well as completed claims reprocessing for procedure code A0100.

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### **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. Providers can now submit claims for this procedure code.

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 July 1, 2018. Procedure codes Q5103, Q5104 and C9466 are HCPCS updates effective April 1, 2018.

Issue resolved on 11/6/18

**UPDATE 11/20/18:** This entry has been updated to reflect issue resolution for procedure code C9466.

**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 were reprocessed by DXC on 11/23/18.

Issue resolved on 11/8/18

**UPDATE 11/23/18:** This entry has been updated to reflect completed claims reprocessing.

## Recently Resolved Issues

**Resolved 11/14/18: 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 procedure codes noted below were denying for EOB 0182 – “Billing Provider Type and/or Specialty is not allowable for the service billed.”

This issue was resolved for the following procedure codes on 11/14/18: 15136, 19328, 20912, 21338, 21480, 25116, 25210, 26236, 26525 28050, 28415, 38505, 42145, 43870, 46060, 52300, 54112, 62273, 65210, 67031, 67121, 67141, 67560, 67935, 67950. Claims will be reprocessed by DXC.

Procedure codes 43269 and 45383 are not covered under Health First Colorado (Colorado’s Medicaid Program).

Issue resolved 11/14/18

