



COLORADO

Department of Health Care
Policy & Financing

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

Provider Enrollment Type Changes

Providers with any of the following individual types may only have one application associated to a Social Security Number (SSN), even if they provide services in multiple locations: Billing Individual (BI); Individual within a Group (IWG); Ordering, Prescribing and Referring (OPR) providers. An additional application for any of these individual types with the same SSN and same National Provider Identifier (NPI) as a previous application (regardless of whether the individual type is the same as on the previous application) may result in the application being denied as a duplicate or denied claims. Individuals may affiliate with multiple groups in different locations.

If a provider wants to change enrollment type, a request should be submitted by calling the [Provider Services Call Center](#) (1-844-235-2387).

If the license on the original application is expired, the provider should submit a current license through the Provider Web Portal. Refer to the [Provider Maintenance – License Update Provider Web Portal Quick Guide](#) for more information.

Enrollment Type Changes

Ordering, Prescribing, and Referring (OPR) to Individual within a Group (IWG)

Before the enrollment type can be updated from OPR to IWG, providers must update their license. If only a training license is on file, then the provider must submit a current, full license through the Provider Web Portal. Providers may affiliate via the group profile of the portal or they can wait until after the enrollment type change is made. Providers can not affiliate with an OPR enrollment type.

Individual with a Group (IWG) to a Billing Individual (BI)

Before the enrollment type can be updated from IWG to BI, providers must [submit an EFT update](#) including a W9 with the SSN listed and a [lawful presence document](#).

Provider Type Changes

The provider type (e.g. Physical Therapist, Podiatrist, Psychologist) cannot be changed. If an enrolled individual with an SSN wants to change provider types, the existing enrollment needs to be disenrolled and the affiliations need to be ended, and a new application needs to be completed. Providers may not be enrolled as two different provider types under the same SSN.

Featured Provider Resources

Upcoming Holiday - Veterans Day

On Monday, 11/12/18, State Offices, DentaQuest, and the ColoradoPAR Program will be closed in observance of Veterans Day. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks. DXC will be open.

Upcoming holiday closures are published at the end of every monthly provider bulletin. Visit the [Bulletins web page](#) and select the most recent bulletin for details.

November Provider Bulletin - Now Available

The [November 2018 Provider Bulletin \(B1800423\)](#) was published on 11/1/18 on the [Bulletins web page](#).

New Provider Web Portal Quick Guide - Submitting a Nursing Facility Post Eligibility Treatment of Income (PETI) Prior Authorization Request (PAR)

The new [Submitting a Nursing Facility PETI PAR Provider Web Portal Quick Guide](#) has been published to the [Provider Resources web page](#) and includes detailed, step-by-step instructions on how to submit a Nursing Facility PETI PAR.

Recently Added Issues

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 are currently denying for EOB 1223 – “Billing Provider Type/Specialty not allowable for billed diagnosis.”

DXC and the Department are working to resolve this issue.

Affected 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 reprocessed by DXC on 10/12/18.
- 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 reprocessed by DXC on 11/2/18.
- 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 11/2/18: This entry has been updated to reflect completed claims reprocessing for procedure code S5161 only.

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 were reprocessed on 10/26/18.

Issue resolved 10/17/18

UPDATE 10/26/18: This entry has been updated to reflect completed claims reprocessing.

Recently Resolved Issues

Resolved 10/31/18: Supply Claim Denials for EOB 1178 - “Service is Not Reimbursable for Date(s) of Service”

Professional claims billed by a Pharmacy provider (type 09) were denying for EOB 1040 - “A billing provider contract could not be assigned to this claim.” This issue affected all claims for durable medical equipment or supply.

Claims were reprocessed by DXC on 11/2/18.

Issue resolved 10/31/18

Resolved 10/19/18: Across the Board Rate Increase for Manually Priced Codes for Dates of Service 7/1/17 - 6/30/18

DXC has completed reprocessing for all claims with manually priced durable medical equipment (DME) procedure codes for dates of service 7/1/17 – 06/30/18. Adjusted claims that would result in denial and recoupment of the original payment were not processed. If providers have claims that still need to be reprocessed, providers should resubmit claims with the invoice or quote from the manufacturer.

For any claims that are over 365 days old, providers must rebill and then report the claims to hcpf_dme@hcpf.state.co.us for further resolution on timely filing denials. Include the

National Provider Identifier (NPI) and total volume of claims in the email.

Issue resolved 10/19/18

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