



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

Provider Enrollment Portal Change Regarding a Backdated Enrollment Effective Date

Providers can now request an enrollment effective date up to 365 days prior to the current date on their enrollment application from the Request Information Panel by entering the specified date in the Requesting Enrollment Effective Date field. Refer to the example in the [Backdating a New Enrollment Application Provider Enrollment Portal Quick Guide](#).

This change applies only to providers starting a new enrollment application and providers resuming an application that is still in process. For providers who are already enrolled and approved, a [Backdate Enrollment Form](#) must be completed and mailed to DXC.

Remittance Advice (RA) Reports Must Be Obtained Through the Provider Web Portal

Providers must obtain their RAs through the Provider Web Portal. Refer to the [Pulling Your Remittance Advice \(RA\) Provider Portal Quick Guide](#) for detailed, step-by-step instructions on accessing RAs through the portal. As a reminder, RAs are available electronically and will not be mailed out on paper.

Featured Provider Resources

Provider News Web Page What's New Section

The What's New section, located at the top of the [Provider News web page](#), is updated on a regular basis with featured news and updates relevant to providers. Providers are encouraged to bookmark and visit this page regularly in order to stay up to date with important announcements.

Current Processing Times for Provider Enrollment

Provider enrollment updates or changes require additional review by DXC Technology (DXC), and are currently being processed within 2 - 3 business days. The average

processing time for new applications is 5 business days.

Visit the [Provider Revalidation & Enrollment web page](#) for enrollment news, updates and general information.

Upcoming Holidays - Christmas Day and New Year's Day

On Tuesday, 12/25/18, state offices, DentaQuest, DXC and the ColoradoPAR Program will be closed in observance of Christmas Day.

On Tuesday, 1/1/19, state offices, DentaQuest, DXC and the ColoradoPAR Program will be closed in observance of New Year's Day.

Upcoming holidays are posted to the [Provider Resources web page](#) and on the last page of every monthly [Provider Bulletin](#).

Recently Added Issues

Provider Enrollment Portal Clinical Laboratory Improvement Amendments (CLIA) Panel Not Displaying for New Enrollments

When creating a new enrollment in the Provider Web Portal, the CLIA panel is not displaying for Community Clinics (CC) and Community Clinic and Emergency Centers (CCEC) provider type 86.

DXC and the Department are working to resolve this issue and anticipate it will be fixed on 12/13/18.

Until the issue is resolved, providers are advised to complete and save all other sections of the enrollment application. Once the issue has been resolved, providers should return to the saved application and complete the CLIA panel and submit the enrollment application.

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 these were 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 were reprocessed by DXC on 12/7/18.
- 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 were identified and these were reprocessed by DXC on 11/30/18.

- 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 were identified and these were reprocessed by DXC on 11/30/18.
- 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 12/7/18: This entry has been updated to reflect completed claims reprocessing for procedure codes S5151 and T2029.

Resolved 8/25/18: Resubmitted Claims for Home and Community Based Services (HCBS) Providers for Timely Filing Denying for EOB 1786 - "Date of Service Date is Out of Timely Filing"

Claims that were outside 365 days, but referenced a valid previous Internal Control Number (ICN), were still being denied for EOB 1786 - "The date of service date is out of timely filing." The Colorado interChange was previously not adjudicating the previous ICN information.

Claims were reprocessed by DXC on 12/7/18. After reprocessing, many of these claims denied appropriately for duplicate claims or for a prior authorization (PA). Check previous Remittance Advices (RAs) for payment.

Issue resolved 8/25/18

UPDATE 12/7/18: This entry has been updated to reflect completed claims reprocessing.

Recently Resolved Issues

Resolved 12/7/18: DME Provider Funds Recouped in Accordance with House Bill (HB) 18-1329

In accordance with HB 18-1329, the Department must adjust claims that were paid between 1/1/18 and 4/27/18 at the old rates. On 9/7/18, DXC adjusted the claims, which resulted in recoupment of funds. This issue reoccurred on 9/28/18, resulting in a secondary claims adjustment and recoupment of funds.

The Department distributed supplemental payments to qualified providers on 12/7/18, following the 30-day period allowed for provider feedback on payment calculations (as described in this communication to DME providers: [DME Provider Examination of Supplemental Payment Calculation in Accordance with HB 18-1329 9-13-2018](#)). The supplemental payment will appear on Remittance Advice (RA) reports as of 12/10/18.

Now that the supplemental payments have been released, recoupments will be applied in the coming weeks and the AR balance will then be calculated again on future RAs.

Issue resolved 12/7/18

Resolved 11/28/18: Diagnostic Radiology Claims for Procedure Code A9552 Denied for EOB 0653 - Claim Requires Manual Pricing

Claims for procedure code A9552 were denying for EOB 0653 – "Claim requires manual pricing. Please attach invoice for medical services."

Claims were reprocessed by DXC on 11/30/18. After reprocessing, many of these claims denied appropriately for duplicate claims. Check previous Remittance Advices (RAs) for payment.

Issue resolved 11/28/18

Resolved 11/4/18: Medicare Crossover Claims Not Processing with Health First Colorado (Colorado's Medicaid Program)

Medicare crossover claims submitted by the Centers for Medicare & Medicaid Services (CMS) via batch were receiving a compliance error when identical information was used for the service facility location and the geographic location of the billing provider. This compliance error resulted in claims not being able to be adjudicated for payment to Health First Colorado via the Colorado interChange.

The compliance edit was relaxed to allow claims to continue processing; however, providers should only use the service facility address if it is different than the billing provider address.

This only impacts providers who billed Medicare crossover claims between 5/16/18 and 11/6/18. If a crossover claim was submitted in that timeframe which did not appear on the Remittance Advice (RA) within 30 days of the Medicare processing date, it should be resubmitted.

Issue resolved 11/4/18

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