



COLORADO

Department of Health Care
Policy & Financing

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

Recent Email Communication to Rendering Providers (Individuals Within a Group) – Upcoming Inactivation of Duplicate Records and IDs

If you are an “individual within a group” (rendering provider only) with two or more Provider IDs that share an NPI in the Colorado interChange, you should have received an email communication from DXC and the Department on 11/30/17 with the subject line “Colorado Medicaid Provider Enrollment Application.”

As a rendering provider, you should only have one Medicaid Provider ID in the interChange, even if you provide services in multiple locations. Duplicate IDs can cause claim denials. DXC will be inactivating any duplicate provider records and IDs so you only have one ID in the system.

Clarification: Please note that once DXC has inactivated any duplicate records and IDs in the system, you will receive a second email, which will include the Provider ID you should use moving forward. This applies only to Individuals Within a Group that have duplicate IDs.

Your NPI should still be used for claims submission. The Medicaid Provider ID is not needed on the claim.

Featured Provider Resources

Co-Payment Policy Updates

The Department is implementing two policies related to co-payments. You can find details about each of the policies in the [December Provider Bulletin \(B1700407\)](#) (pages 4 and 5).

The Department has also recorded [an informational webinar](#). This webinar explains each policy and provides guidance and resources for providers and pharmacies.

Providers must verify eligibility and co-payment information at each visit. For instructions on

Recently Added Issues

Medical PAR Revisions, Reconsiderations or PARs with Amended Status Not Showing Fully Approved

Some PAR revisions, reconsiderations or any PAR with Amended status are not showing fully approved in the interChange. The line items of the PAR must show approved or approved with revisions in order for the claims to pay. DXC, the Department and eQHealth (Colorado PAR) are working to resolve the issue.

PAR approval does not serve as a timely filing waiver. Providers are advised to resubmit affected claims to maintain timely filing continuity.

Claim Denials for EOB 2580 for Hospice Providers

Some hospice claims are incorrectly denying for Explanation of Benefits (EOB) 2580 - "The services must be billed to the HMO/PHP/BHO listed on the eligibility inquiry" when the member is enrolled with Denver Health. Hospice services are not covered under Denver Health and should be billed directly to Colorado Medicaid.

Claims will be reprocessed by DXC.

Claim for Revenue Code 434 Paying at the Incorrect Rate

Home health provider claims for revenue code 434 are not paying the current rate. The Department and DXC are working to fix this issue. Claims will be reprocessed by DXC.

For a complete list of current rates, please refer to the [Home Health Rate Schedule](#).

Claims Denying for EOB 1030 with Place of Service (POS) Code 71 (State/Local Health Clinic)

It has been determined that some procedure codes are denying for EOB 1030 - "The place of service code is invalid for procedure code" when billed with POS 71 (State/Local Health Clinic) and further research is required.

Please note that this issue is separate from the issue where vaccine procedure codes are denying for EOB 1030 as well as EOB 1552 - "This procedure is age restricted. Member's age does not fall within the approved range."

The Department and DXC are working to fix the issue. Claims will be reprocessed by DXC.

Claim Denials for Vaccine Procedure Codes for EOB 1552 and EOB 1030

Some claims for vaccine procedure codes are denying for Explanation of Benefits (EOB) 1552 - "This procedure is age restricted. Member's age does not fall within the approved range." and EOB 1030 - "The place of service code is invalid for procedure code." The Department and DXC are currently reviewing to ensure the appropriate place of service and age ranges are assigned.

Recently Resolved Issues

No new Resolved Issues posted to the website this week. DXC and the Department are aware of several newly resolved issues and are in the process of developing content to be posted on the Known Issues page as soon as possible.

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