



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

National Provider Identifier (NPI) Requirement Reminder

Providers are reminded that all claims must include a billing NPI. The Health First Colorado (Colorado's Medicaid Program) Provider ID may not be used in place of the NPI.

Effective 3/4/19, an update was implemented in the Colorado interChange to enforce this rule. Claims denied for EOB 2220 – "Policy not currently enforced - Delta" on or after 3/4/19 should be resubmitted with the NPI.

Atypical providers (those who do not provide medical services) may use their Health First Colorado ID and do not require an NPI.

Provider Web Portal Invalid Login Attempt Change

Effective 3/11/19, the Provider Web Portal will allow users three login attempts. If the user fails to enter the correct log in and password after three attempts, the account will be locked for 15 minutes before login can be attempted again or credentials can be reset.

Featured Provider Resources

Verifying Member Eligibility

Before rendering services, the provider should verify the member's eligibility to ensure that the member is eligible for benefits. Providers should retain documentation of the verified eligibility for billing purposes.

It is critical for providers to always check the eligibility response at each visit as eligibility may change.

Obtaining prior authorization is not a guarantee of eligibility.

Dental providers are also reminded to check member eligibility via the Provider Web Portal before rendering services.

This guidance was previously published in the [February 2018 Provider Bulletin \(B1800410\)](#). For more information, refer to the following resources:

- [General Provider Information Manual](#), located on the [Billing Manuals web page](#) under the General Provider Information drop-down section
- [Verifying Member Eligibility and Co-Pay Provider Web Portal Quick Guide](#), located on the [Quick Guides and Webinars web page](#)

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](#).

Recently Added Issues

No new Known Issues have been posted to the website. DXC and the Department are aware of several newly-identified 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 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 were identified and these were reprocessed by DXC on 1/4/19.
- D2999 - Issue resolved on 9/13/19. Claims were reprocessed by DXC on 11/9/19.
- H0002 - Issue resolved on 8/31/18. No claims were found for reprocessing 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 were identified and these were reprocessed by DXC on 1/4/19.
- S5185 - Issue resolved on 3/7/19. 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 were reprocessed by DXC on 1/4/19.

- V2799 - Issue resolved on 2/11/19. Providers are advised to resubmit affected claims.

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 3/8/19: This entry has been updated to reflect issue resolution for procedure code S5185.

Resolved 2/22/19: 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 were 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).

A small sample of affected claims were reprocessed by DXC on 3/8/19. The remaining affected claims will be reprocessed by DXC in the coming weeks.

Issue resolved 2/22/19

UPDATE 3/8/19: This entry has been updated to the current status of claims reprocessing.

Resolved 3/1/19: Nursing Facility Claim Denials for Explanation of Benefits (EOB) 0101 – “This Is A Duplicate Service”

Some nursing facility claims were incorrectly denying for EOB 0101 – “This is a duplicate service.” The Department’s policy allows for the discharging facility to bill through the discharge date and the admitting facility to bill for the admit date, which can allow the same date to appear on both claims.

Claims were reprocessed by DXC 3/8/19.

Issue resolved 3/1/19

UPDATE 3/8/19: This entry has been updated to reflect completed claims reprocessing.

Recently Resolved Issues

Resolved 3/8/19: Across the Board Rate Increase for Manually Priced Codes for Dates of Service Beginning 7/1/18

Paid Durable Medical Equipment (DME) claims with UB or SC modifiers with dates of service on or after 7/1/18 through 10/9/18 were adjusted by DXC due to a rate increase. Most of the claims were adjusted on 1/18/19, and the remainder were reprocessed on 1/25/19.

However, the claims reprocessed were not adjusted at the correct percentage, resulting in some claims being overpaid and some being underpaid. These claims were reprocessed by DXC at the correct percentage on 3/8/19.

Issue resolved 3/8/19

Resolved 3/7/19: Physical and Occupational Therapy (PT/OT) Claim Denials for Explanation of Benefits (EOB) 0182 - Billing Provider Type and/or Specialty Not Allowable Service Billed and EOB 1599 - Rendering Provider Type and/or Specialty Not Allowable for Service Billed

PT/OT claims with an appropriate rendering provider type 17 (Physical Therapist) or 28 (Occupational Therapist) and a billing provider type 25 (Non-Physician Practitioner – Group)

were incorrectly denying for EOB 0182 – “Billing Provider Type and/or Specialty is not allowable for the service billed” and EOB 1599 – “Rendering Provider Type and/or Specialty is not allowable for the service billed.”

Claims were reprocessed by DXC on 3/8/19.

Issue resolved 3/7/19

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