



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

Service, Mailing and Billing Addresses

There are three different provider address fields in the Colorado interChange. Below is the definition and usage for each type of address.

- **Service location address:** This is the location at which the provider renders services. This address populates the [Find a Doctor](#) directory used by members. If the provider shares a National Provider Identification (NPI) number, the zip code associated with this location is also used for claims. The email address associated with the service location is used to send provider communications such as newsletters and bulletins.
- **Mailing address:** This address is where paper Prior Authorization Request (PAR) letters are sent if the provider is not receiving PAR letters electronically.
- **Billing address:** This address is where paper checks and remittance advice statements are sent if the provider is not receiving them electronically.
- **Contact Information** - Maintenance updates, enrollment approvals, and enrollment applications being returned to the provider are sent to the contact email address on file.

All addresses can be updated through the [Provider Web Portal](#). Refer to the [Provider Maintenance Provider Web Portal Quick Guide](#), available on the [Quick Guides and Webinars web page](#), for detailed, step-by-step instructions on updating address information.

Reminder: All Providers Rendering Medical Services Must Use a National Provider Identifier (NPI) on Claims

Using a Health First Colorado (Colorado's Medicaid Program) ID either in place of or in addition to an NPI is not acceptable. All Professional, Institutional, Dental and Pharmacy claims must use an NPI. Non-Medical providers (Atypical) may use the Health First Colorado ID.

All Professional Claims Must Include Both Billing and Rendering National Provider

Identifier (NPI)

Providers are reminded that all professional claims must include both a billing and a rendering NPI. The individual who renders or supervises the services must be identified on the claim by NPI number as the rendering provider. All individuals, including locum tenens, must be enrolled and affiliated to the group practice.

Currently, the Department is giving providers an extended grace period to make all necessary updates to their affiliations to avoid future claims denials. If Explanation of Benefit (EOB) code 3110 appears on a claim, providers should update their affiliations in the Provider Web Portal.

Contact the [Provider Services Call Center](#) at 1-844-235-2387 for more information.

Featured Provider Resources

Recommended Internal Revenue Service (IRS) Documentation for Provider Enrollment Application

Providers are encouraged to attach IRS documentation for groups and facilities or Atypical providers that includes the legal name and tax identification number with their Health First Colorado (Colorado's Medicaid Program) enrollment application. If additional verification is needed during the screening process, the application documents can be used to expedite the enrollment application.

Regional Provider Support Web Page

Providers are encouraged to visit the [Regional Provider Support web page](#) to identify the field representative assigned to each region and request an appointment if needed.

Field representatives are available to assist providers with:

- Billing and claims
- Electronic Data Interchange
- Provider enrollment
- Technical assistance for the Provider Web Portal
- Understanding and reconciling remittance advices

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 were reprocessed by DXC on 3/15/19.
- 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 3/15/19: This entry has been updated to reflect completed claims reprocessing for procedure code S5185.

Recently Resolved Issues

Resolved 3/21/19: Home & Community Based Services (HCBS) Claims Billed for Procedure Code T2003 With Modifiers U8 and SC Paid Incorrectly
 HCBS claims billed for procedure code T2003 with modifiers U8 and SC were paid incorrectly.

Affected claims will be reprocessed by DXC.

Issue resolved 3/21/19

Resolved 3/21/19: Durable Medical Equipment (DME) Claim Denials for E2374 for Explanation of Benefits (EOB) 2341 - "Limit 1 Every 3 State Fiscal Years"
 Claims for procedure code E2374 were incorrectly denying for EOB 2341 - "Limit 1 every 3 State Fiscal Years" even when there is an approved prior authorization on file.

Claims will be reprocessed by DXC.

Issue resolved 3/21/19

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