



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

"Lower of" Pricing Logic for Rate Increases

If the Colorado Department of Health Care Policy & Financing (the Department) implements rate increases, claims that were already billed with and paid at a rate lower than the new rate cannot be adjusted for the higher rate. The Department will always use the "lower of" pricing logic. Providers are advised to bill their usual and customary charges. Additionally, the Department will not waive timely filing rules to allow providers to adjust and rebill at the new rates. Please refer to the [October 2017 Provider Bulletin \(B1700404\)](#) for more details on timely filing.

Featured Provider Resources

Updating Your EFT - Provider Web Portal Quick Guide

For detailed, step-by-step instructions on updating your Electronic Funds Transfer (EFT) information, refer to the [Updating Your EFT- Provider Web Portal Quick Guide](#).

Sign Up for Provider Email Communications

If you are receiving this email, you are already signed up to receive Provider Bulletins and general announcements. If you would also like to receive emails specific to your provider type, you can [sign up here](#).

[Keeping your contact information up to date in the Provider Web Portal](#) will also help us to ensure that you receive emails specific to your 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

Incorrect Dollar Amount for Co-Pay Deduction on Outpatient Claims for General Hospital and Dialysis Providers

General Hospital providers submitting an outpatient claim with date of service on or after 1/1/18 are experiencing a system issue where an incorrect dollar amount (\$40.00) has been applied as a co-pay deduction when the co-pay deduction should be \$4.00.

Dialysis Center providers submitting an outpatient claim for revenue code 429 with date of service on or after 1/1/18 are also experiencing this system issue where an incorrect dollar amount (\$40.00) has been applied as a co-pay deduction when the co-pay deduction should be \$4.00.

Providers are advised to charge members the correct co-pay amount (\$4.00).

The Department and DXC are working on a resolution. Claims will be reprocessed by DXC.

National Correct Coding Initiative (NCCI) Update and Claim Reprocessing

Claims are denying due to the bypass modifiers not being set up correctly in Colorado interChange. The Department and DXC have made adjustments to the system that reflect the current [NCCI Policy and billing documentation](#).

Claims will be reprocessed by DXC.

Recently Updated 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 Colorado interChange. The line items of the PAR must show "approved" or "approved with revisions" in order for the claims to pay. PAR approval does not serve as a timely filing waiver.

Updates have been made in the Colorado interChange and eQ Health is in the process of resending PARs to the Colorado interChange. Claims will be reprocessed by DXC.

UPDATE 3/22/18: This entry has been updated to reflect the current status of the known issue.

Recently Resolved Issues

Resolved 3/16/18: Claim Denials for Ambulatory Surgical Center Providers for Procedure Code 67808 for EOB 0182 – Billing Provider Type and/or Specialty Not Allowable for Service Billed

Claims for Ambulatory Surgical Center providers were denying for procedure code 67808 for EOB 0182 – "Billing Provider Type and/or Specialty is not allowable for the service billed."

Claims will be reprocessed by DXC.

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