



**COLORADO**

Department of Health Care  
Policy & Financing

Dear Providers,

This email summarizes the past two weeks' additions to the [Known Issues & Updates web page](#). 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

#### **Void Button Will Only Appear in the Provider Web Portal if the Paid Claim Has Not Already Been Adjusted/Voided and Has 50 or Less Detail Lines**

The void button will only appear in the Provider Web Portal if:

1. The paid claim has not already been adjusted or voided. If you need assistance to determine the appropriate ICN, call the [Provider Services Call Center](#) at 1-844-235-2387.
2. The claim has 50 or less detail lines. Claims with over 50 detail lines must be voided via the Electronic Data Interchange (EDI) batch process, which allows for up to 999 detail lines per voided claim.

See the [Provider Web Portal Quick Guide - Copy, Adjust, or Void a Claim](#) for more information.

---

#### **Claim Submissions, Adjustments and Voids Limited to 50 or Less Detail Lines in the Provider Web Portal**

The Provider Web Portal does not allow for claim submissions, adjustment or voids with over 50 detail lines. Claims with over 50 detail lines must be submitted, adjusted or voided via the Electronic Data Interchange (EDI) batch process, which allows for up to 999 detail lines per claim.

When viewing a claim with more than 50 detail lines in the Web Portal, the "copy," "void," "adjust" and "reconsideration" buttons may be disabled, and the portal user will receive the following error message – "Not all service lines can be displayed due to the size of the claim." If these buttons are available, and the portal user attempts to copy or adjust a claim with more than 50 detail lines, the claim will be denied for EOB 1330 – "The total claim charge is invalid. Re-calculate and correct the total claim charge."

DXC and the Department are working to implement a fix within the Web Portal to ensure these buttons are consistently disabled when viewing a batch claim with over 50 detail lines.

## Featured Provider Resources

### Updated Anesthesia Policy

The [Anesthesia Provider Bulletin \(B1800416\)](#) was published on 5/15/18. This bulletin explains the new policy found in the updated [Medical and Surgical Services provider billing manual](#).

---

### Updated Billing Manuals - Appendix X, DMEPOS and SBIRT

The following documents have been updated on the [Billing Manuals web page](#) to reflect current policy and billing instructions. For a complete list of topics and pages updated, refer to the Revisions Log on the last page of each document.

- [Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs](#)
  - [Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\)](#)
  - [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\)](#)
- 

### Now Available - Beginning Billing Workshop Training Materials by Provider Specialty

New training materials for the following provider specialties are now available on the [Provider Training web page](#) under the Billing and Training Workshops drop-down section:

- [Beginning Billing Workshop: Audiology](#)
- [Beginning Billing Workshop: Dialysis](#)
- [Beginning Billing Workshop: DME Supply](#)
- [Beginning Billing Workshop: FQHC/RHC](#)
- [Beginning Billing Workshop: Home Health](#)
- [Beginning Billing Workshop: Hospice](#)
- [Beginning Billing Workshop: IP/OP Hospital](#)
- [Beginning Billing Workshop: Nursing Facility - PETI](#)
- [Beginning Billing Workshop: Pediatric Personal Care Benefit](#)
- [Beginning Billing Workshop: Practitioner](#)
- [Beginning Billing Workshop: Rehabilitative OT/PT/ST](#)
- [Beginning Billing Workshop: Transportation](#)
- [Beginning Billing Workshop: Women's Health](#)

## Recently Added Issues

No new Known Issues have been posted to the website. DXC and the Department are aware of newly-identified issues and will be adding this information to the Known Issues page.

## Recently Updated Issues

### Resolved 3/16/18: Overpayment for Anesthesia Claims

Anesthesia claims received on or after 3/1/17 were overpaying the full rate per minute instead of the converted unit. Each unit is 15 minutes. The Department and DXC have resolved the issue.

Claims were reprocessed by DXC on 4/20/18 and overpaid funds were recouped. Providers who are [signed up for email communications](#) were notified of the recoupment via email.

Issue resolved 3/16/18

**UPDATE 5/17/18:** This entry has been updated to reflect completed claims reprocessing.

---

### Resolved 5/3/18: Claim Denials for DME Providers for EOB 1064

Claims for DME providers were denying incorrectly for EOB 1064 - "The maximum number of units allowed for this procedure code is two units per state fiscal year. You may resubmit

the claim for up to the maximum allowed or submit a prior authorization request with justification of medical necessity" for procedure codes E0961, E0971, E0974, E0995, E221-E226, E2381-E2392, E2394-E2396, K0019, K0040-K0047, K0052, K0070, A5500-A5501, E607, L3001-L3003, L3010, L3020, L3030-L3031, L3040 or L3050.

The two units per fiscal year limit apply to each procedure code, not combinations of the codes. The Colorado interChange was incorrectly limiting combinations of the codes listed above.

Claims were reprocessed 5/11/18 by DXC.

Issue resolved 5/3/18

**UPDATE 5/14/18:** This entry has been updated to reflect completed claims reprocessing.

---

**Resolved 4/27/18: Claim Denials for Speech Therapy Procedure Code 92508 for EOB 1030 or 1599**

Claims where the billing provider was either type 16 (Clinic - Practitioner) or 48 (Rehabilitation Agency) and the rendering provider was type 27 (Speech Therapist - Individual) were incorrectly denying for speech therapy procedure code 92508 for EOB 1030 - "The place of service code is invalid for procedure code" or EOB 1599 - "Rendering Provider Type and/or Specialty is not allowable for the service billed."

Some claims were reprocessed by DXC on 5/4/18. The remainder of the affected claims were reprocessed by DXC on 5/11/18.

Issue resolved 4/27/18

**UPDATE 5/11/18:** This entry has been updated to reflect completed claims reprocessing. While claims reprocessing was initially reported to be complete as of 5/4/18, a second round of reprocessing was completed on 5/11/18. All affected claims have now been reprocessed.

---

**Resolved 4/25/18: Claim Denials for Speech Therapy Procedure Code 92507 for EOB 1030 or 1599**

Claims where the billing provider is either type 16 (Clinic - Practitioner) or 48 (Rehabilitation Agency) and the rendering provider is type 27 (Speech Therapist - Individual) were incorrectly denying for speech therapy procedure code 92507 for EOB 1030 - "The place of service code is invalid for procedure code" or EOB 1599 - "Rendering Provider Type and/or Specialty is not allowable for the service billed."

Some claims were reprocessed by DXC on 5/4/18. The remainder of the affected claims were reprocessed by DXC on 5/11/18.

Issue resolved 4/25/18

**UPDATE 5/11/18:** This entry has been updated to reflect completed claims reprocessing. While claims reprocessing was initially reported to be complete as of 5/4/18, a second round of reprocessing was completed on 5/11/18. All affected claims have now been reprocessed.

---

**Claim Denials for Injections Procedure Codes Q9985, Q9986, Q9989, C9485 and C9489 for EOB 3180 – Procedure Code is Invalid**

Procedure codes Q9985 and Q9989 are not being processed for payment. This is causing claim denials for EOB 3180 – "The procedure code is invalid. Correct the procedure code. Refer to the CPT or the HCPCS listing for valid procedure codes." These procedure codes are part of the quarterly HCPCS update. The Department and DXC are currently working on getting the quarterly HCPCS update codes loaded into the Colorado interChange system. Claims will be reprocessed by DXC.

Claims for procedure codes C9485, C9489 and Q9986 were previously denied for EOB 3180 – "The procedure code is invalid. Correct the procedure code. Refer to the CPT or the HCPCS listing for valid procedure codes." Please see below for the resolution and

reprocessing status of each procedure code affected by this issue:

- C9485 - Issue resolved on 12/22/17. Claims were reprocessed by DXC on 2/9/18.
- C9489 - Issue resolved on 12/22/17. Claims were reprocessed by DXC on 2/9/18.
- Q9986 - Issue resolved on 4/6/18. Claims were reprocessed by DXC on 4/27/18.
- Q9985 - Issue not yet resolved. Claims will be reprocessed by DXC.
- Q9989 - Issue not yet resolved. Claims will be reprocessed by DXC.

**UPDATE 5/11/18:** This entry has been updated to add procedure code Q9989 to the list of codes affected by this known issue.

## Recently Resolved Issues

No new Resolved Issues have been posted to the website. DXC and the Department are aware of newly-resolved issues and will be adding this information to the Known Issues page.

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