COLORADO
Department of Health Care Policy & Financing

Dear Providers,

This email summarizes the past week's 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.

Hot Topics

Suspended Claims and Estimated Processing Timelines
What does suspended mean?
A suspended claim status means it is in process and will be reviewed by the fiscal agent to determine whether it should be paid or denied. The fiscal agent has specific instructions from the Department of Health Care Policy & Financing (the Department) to make this determination.

Why do some claims show suspended, and not paid or denied?
Some claims need manual review before they can be finalized.

Is something wrong with the claim if it automatically goes to a suspended status?
Not necessarily. The Department intentionally sets some edits in the Colorado interChange to a suspended status so claims can be held for review. An example of this is timely filing. Claims with attachments will not be automatically denied but suspended, so a clerk can review the supporting documentation.

How will providers be notified when the claim is finalized?
Suspended claims are only reported once on the Remittance Advice (RA). Once a claim is finalized and in paid or denied status, it will then be reported on the RA and the 835. Suspended claims are not reported on the 835, only on the RA.

How long will it take for a suspended claim to be processed?
Most claims are processed from 7-30 days from the time of receipt. Some claims may require additional review from the Department. An estimated processing timeline for the most common suspended reasons is available on the Known Issues & Updates web page under the General Updates section.

Featured Provider Resources

Update - Health First Colorado Physician Fee Schedule
An updated version of the January 2018 Fee Schedule Data File (6/18) and the July 2018 Fee Schedule Data File (6/18) have been posted to the Provider Rates & Fee Schedule web page under the Health First Colorado Fee Schedule drop-down section.

Recently Added Issues

Claim Denials for Clinic Procedure Code 88342 for EOB 1381
Clinic claims for procedure code 88342 billed with modifier 26 and Place of Service (POS) 21 are denying for EOB 1381 – "No billing rule for procedure."

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

Claim Denials for Eye Surgery Codes 66982 & 66984 for EOB 0101 or 1010
Claims for eye surgery procedure code 66984 are denying for EOB 0101 – "This is a duplicate service." or EOB 1010 – "This is a duplicate item that was previously processed and paid." when:

- 66984 is billed with modifier 54; AND
- A separate claim for eyeglasses is billed with modifier 55

Claims for 66982 billed with modifier 54 were also denying for EOB 0101 or EOB 1010; however, the issue was resolved for 66982 on 12/10/17.

The Department and DXC are working to completely resolve the issue. Claims for both 66982 and 66984 will be reprocessed by DXC.

Recently Resolved Issues

Resolved 5/31/18: Claim Denials for Procedure Code J2704 for EOB 1381
Claims with procedure code J2704 were denying for EOB 1381 – " No billing rule for procedure."

Claims will be reprocessed by DXC.

Issue resolved 5/31/18

Resolved 6/6/18: Behavioral Therapy Provider Claim Denials for EOB 0678 – "Billing Provider Type and Specialty Not Allowable for Rendering Provider"
Claims were denying for Behavioral Therapist providers for EOB 0678 – "Billing Provider Type and Specialty is not allowable for the Rendering Provider" when:

- the billing provider type on the claim is 25 with a rendering provider type of 84; ***OR***
- the billing provider type on the claim is 83 with a rendering provider type of 24

These provider type combinations should be allowable per program policy.

Claims will be reprocessed by DXC.

Issue resolved 6/6/18

Resolved 5/24/18: DME Claims Denied for EOB 1691 - This Service is not Payable for the Same Date of Service as Another Service
Procedures were being denied per NCCI guidelines when greater or lesser of procedures were billed on the same claim and date of service for EOB 1691 - "This service is not payable for the same date of service as another service included on the same claim, according to

the National Correct Coding Initiative."

Claims were reprocessed on 5/25/18.

Issue resolved 5/24/18

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