



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.



## Known Issues Web Page

Provider Web Portal updates,  
known issues, work-arounds,  
resolved issues, & general updates

**Take me there!**

## Hot Topics

### Emergency Services

Emergencies should be marked as such on the claim form and do not require prior authorization. Claims for members with emergency-only coverage must include the emergency indicator to be considered for payment if the service is an emergency:

- **Professional CMS 1500 Claim:** Include the emergency indicator "Y" (box 24C on the paper form)
- **Institutional UB-04 Claim:** Include the emergency indicator "01" (Emergency) or "05" (Trauma Center) as appropriate (box 14 on the paper form)

### How are services determined to be an emergency?

The rendering provider must determine whether the service is an emergency. Any services related to active labor and/or delivery are considered to be emergency services. Services rendered to members experiencing acute symptoms of severe pain in which the absence of immediate medical attention may seriously jeopardize the member's health, serious impairment to bodily functions, and/or dysfunction of any bodily organ or part, are also considered to be emergency services.

## Featured Provider Resources

### Upcoming Provider Training Session - CMS 1500 Professional Billing

You are invited to join the DXC Technology (DXC) for a training session on CMS 1500 professional billing. This training session is intended to help newly-enrolled providers and will provide a high-level overview of claim submissions, prior authorizations, using the website and more. If you are seeking more in-depth training materials on navigating the Provider Web Portal, refer to the Provider Web Portal Quick Guides available on the [Quick Guides and Webinars web page](#).

This training session will be held via live webinar and in person at the DXC office on

[Click here for more details and instructions on how to register for this upcoming training session.](#)

## 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 are in the process of developing content to be posted on the Known Issues page as soon as possible.

## Recently Updated Issues

### **Resolved 8/9/18: Claims Denials for 90791, 90832, 90834, 90837, 90846, 90847 and 90792 for EOB 0182**

Claims for procedure codes 90791, 90832, 90834, 90837, 90846, 90847 and 90792 were denying for EOB 0182 – “Billing Provider Type and/or Specialty is not allowable for the service billed.”

Claims were reprocessed 8/17/18 by DXC.

Issue resolved 8/9/18

**UPDATE 8/17/18:** This entry has been updated to reflect completed claims reprocessing.

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### **Resolved 2/7/18: Claim Denials for EOB 2580 for Hospice Providers**

Some hospice claims were incorrectly denying for Explanation of Benefits (EOB) 2580 - “The services must be billed to the HMO/PHP/BHO listed on the eligibility inquiry” when the member is enrolled with Denver Health. Hospice services are not covered under Denver Health and should be billed directly to Colorado Medicaid.

Claims were reprocessed 8/17/18 by DXC.

Issue resolved 2/7/18

**UPDATE 8/16/18:** This entry has been updated to reflect completed claims reprocessing.

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## Recently Resolved Issues

### **Resolved 8/8/18: Supply Provider Claim Denials for A9901 for EOB 1178 - "Service is Not Reimbursable for Date(s) of Service"**

Supply provider (type 14) claims for code A9901 were denying for EOB 1178 - "Service is not reimbursable for Date(s) of Service."

It was previously announced in the May 2018 Provider Bulletin (B18004115) that code A9901 should no longer be used for Invoice Manual Pricing, effective for date of service (DOS) 7/1/18. As of DOS 7/1/18, this is a valid denial. However, A9901 should still be payable through DOS 6/30/18, in accordance with Health First Colorado (Colorado’s Medicaid Program) policy.

This issue was previously resolved as of 6/26/18, and affected claims were reprocessed by DXC on 6/29/18. However, a secondary problem has caused this issue to resurface. DXC and the Department resolved this secondary issue on 8/8/18. Claims will be reprocessed by DXC.

Issue resolved 8/8/18

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### **Resolved 7/19/18: Physical and Occupational Therapy Claims Paying \$0.00**

Some physical and occupational therapy claims were paying \$0.00.

Claims will be reprocessed by DXC, which may result in payment or valid claim denials.

Issue resolved 7/19/18

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