



Last Week in Review: Known Issues & Updates web page

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, & non-issues

Take me there!

Hot Topics

Provider Web Portal Enhancement for Prior Authorization Inquiry

Providers are now able to enter the member identification number and Prior Authorization Request (PAR) number into the Provider Web Portal to search for the PAR status. Choose the "Care Management" option from the home page and click on "View Authorization Services."

HCBS Providers should still be receiving PAR letters and/or PAR numbers from the case managers.

General Updates

The Provider Web Portal is down for regularly scheduled maintenance every Wednesday night beginning at 7 p.m. MT. Anticipated downtime is usually less than 2 hours, but could be up to 5 hours.

Featured Provider Resources

Our [Known Issues & Updates web page](#) is frequently updated with known system issues and work arounds. We have made some changes to this page. Issues are now categorized by service type so providers can more easily find issues affecting their business. Please note that this web page is not an all-inclusive list of all system issues.

The Department and DXC have been working to make the [Provider Resources web page](#) more user friendly. The Provider Resources page has an archive of all Colorado interChange related email

blasts sent to providers, which contain helpful resources and information.

The [Fiscal agent and Colorado interChange web page](#) houses resources for getting better acquainted with the new Provider Web Portal, including Quick Guides, trainings, FAQs and some big changes in the new Colorado interchange system.

With a change implemented in the Provider Web Portal on 7/5/2017, users can now submit Other Insurance Information (sometimes referred to as Third Party Liability or TPL information) and Medicare Crossover Information for all claim types. Prior to 7/5/2017, the portal did not allow Other Insurance or Medicare Crossover Information to be entered on each service line. Reference the new [Provider Web Portal Quick Guide - Entering Other Insurance or Medicare Crossover Information on a Claim](#) for more information.

Recently Added Issues

Modification to the Source of Nursing Facility Patient Liability Data

For nursing facility claims received on or after 3/1/2017, Patient Liability was calculated using data from the Colorado Benefits Management System (CBMS). It has been determined the claim data from Value Code 31 (Patient Liability Amount) is generally more accurate; therefore, the Colorado interChange system is being updated to calculate Patient Liability using the Value Code 31 data submitted on the claim.

DXC and the Department are scheduled to update the system and reprocess all impacted claims before December 22, 2017.

Claims Denials for Women's Health Injections Procedure Codes Q9985, Q9986, and Q9489 for EOB 3180

Procedure codes Q9985, Q9986, Q9489 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 a 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.

Women's Health/Family Planning Claims Denying for Q9984 (Kyleena) for EOB 3180

Procedure code Q9984 (Kyleena) is 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."

This procedure code is 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.

Multi-Surgery Claims Suspending for Clinic Providers for EOB 0110 – No Additional Benefit for this Service

Multi-surgery claims for clinic providers are suspending for EOB code EOB 0110 - "There is no additional benefit for this service. Payment for this procedure was included in the payment for the primary procedure."

This issue is affecting claims with multiple lines of surgical codes as well as multiple surgery modifiers: bilateral procedures (modifier 50), assistant surgeon (modifier 80) and co-surgeon (modifier 62).

The Department and DXC are working to fix the issue.

Please continue to submit multiple surgery claims as usual. DXC will work through the backlog as the issue resolution is put into place.

Recently Updated Issues

Claim Denials for EOB 2580 - Services Must be Billed to HMO/PHP Listed on Eligibility Inquiry

Claim denials for Explanation of Benefits (EOB) 2580 – “The services must be billed to the HMO/PHP listed on the eligibility inquiry” may appear for a medical or mental health service. The definition of Health Maintenance Organization (HMO) or Managed Care Organization (MCO) now includes Behavioral Health Organization (BHO). In the previous MMIS, there was an EOB code for HMO and a separate EOB code for the BHO. The new Colorado interChange combines these two EOB codes into one. Providers may see this EOB code when there is an HMO, Prepaid Health Plan (PHP), or BHO listed on the eligibility inquiry. DXC and the Department are working to update the description of this EOB code to more clearly define the EOB.

If the client has a BHO listed on the eligibility inquiry, providers should refer to the [2017 Uniform Service Coding Standards Manual](#) to verify that the services are covered under the BHO. If the services are listed as covered by the BHO, providers should bill to them.

This issue is affecting all claim types with the exception of Home and Community Based Services (HCBS).

ATTENTION HOSPITAL PROVIDERS - UPDATE 9/15/17: The Department and DXC are aware that some claims are continuing to deny incorrectly for hospital providers. DXC is working to resolve this issue.

The Department and DXC are also aware that some claims are denying incorrectly for members with Kaiser Access plan. Kaiser does not reimburse for hospital claims and these should be billed directly to DXC.

All affected claims will be reprocessed.

Resolved 8/18/17: Claim Denials for Physician Services for PAR Requirement

Claims for physician services were denying for a Prior Authorization Request (PAR) requirement when billed for any of the following codes: 19370, 19371, 19350, 19380, 19357. PARs are not required for these services.

Claims were reprocessed by DXC on 9/7/17.

Issue resolved 8/18/17

UPDATE 9/11/17: This entry has been updated to reflect completed claims reprocessing.

Recently Resolved Issues

Resolved 8/21/17: Provider Web Portal Password Reset Email with Invalid Link

Provider Web Portal users can call the Provider Services Call Center to request a password reset; an email with a temporary password and a link to the web portal will be sent. Some callers may have received an email with an invalid link to the web portal. This issue has now been resolved and the email link was corrected for emails sent after the issue was identified. Users can enter their User ID and temporary password at the correct link [here](#).

Password Reset Process: Providers will need their username and/or be able to answer the security questions. The DXC agent will be able to reset the password over the phone. If the provider **does not** have this information, the case will need to be escalated to the web portal team. Turnaround time for the reset process will be up to 48 hours.

Issue resolved 8/21/17

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