



COLORADO

Department of Health Care
Policy & Financing

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, & general updates

Take me there!

Hot Topics

Duplicate Rendering Provider Enrollment

Rendering providers (Individuals Within a Group) enrolling with an SSN can only have one Medicaid Program Provider ID, even if they provide service in multiple locations. Multiple rendering provider enrollment profiles can cause claim denials. Providers are encouraged to call the DXC [Provider Services Call Center](#) (1-844-235-2387) to check enrollment status before starting an application for an individual within a group and give the SSN or NPI and the full name of the individual. If the individual is already enrolled, the DXC call center agent can give the caller the provider ID. The group can then affiliate the existing provider through their Provider Web Portal account. Only one Web Portal account can be used for each individual, however the group can log on through their profile to make updates such as affiliations.

A system enhancement has been implemented to populate the rendering provider that is affiliated with the billing provider, so the claim can be processed if there is more than one rendering Medicaid provider ID on file sharing the same NPI. DXC is working to inactivate provider records so there is only one Program Provider ID for each rendering individual. Once this is complete, providers are advised to resubmit these claims that denied for denial for EOB 0966 - "The rendering provider is not eligible at this location on date(s) of service."

Featured Provider Resources

Full Explanation of Benefits (EOB) code descriptions are published in Appendix R – Remittance Advice (RA) Messages, available on the [Billing Manuals page](#). EOB descriptions may be abbreviated on your RA, so providers are reminded that Appendix R includes the full version of

all EOB descriptions.

Appendix R has recently been updated with revisions to some existing EOB descriptions.

Recently Added Issues

Claim Denials for Procedure Code S5161 for EOB 1544 – Procedure is Not Billable with Client’s Benefit Plan

HCBS provider claims for procedure code S5161 are denying for Explanation of Benefits (EOB) Code 1544 – “Procedure is not billable with client’s benefit plan.” DXC and the Department are working to resolve the issue.

Claims will be reprocessed by DXC. As a reminder, please verify member eligibility as claims could still appropriately deny if the member is not eligible on the waiver plan.

Incorrect Claim Payments for Nursing Facility Providers on Crossover Claims

Part A crossovers are paying the full coinsurance and deductible instead of using the “lower of” pricing logic. Part B crossovers are paying at zero when they should be paying the coinsurance and deductible.

The Department and DXC are looking into the issue and will update this entry with more information as it is available. Claims will be reprocessed by DXC.

Home and Community Based Services (HCBS) Post Eligibility Treatment of Income (PETI) Gross Income Modification

Currently, the gross income information in interChange and the Bridge does not always match the information contained in the Colorado Benefits Management System (CBMS). The Department and DXC are working to display all income information from CBMS on interChange with manual edit capability and to calculate the PETI Rate based on the actual income as reported by CBMS.

An estimated resolution date has yet to be determined.

Recently Updated Issues

Resolved 9/13/17: Claims Overpaid, Were Not Denied Appropriately, or Denied

Claims processed between 9/6/17 and 9/13/17 were either paid when they should have denied, paid in full when they should have had a portion of the payment reduced, or incorrectly denied. This issue affected all provider types.

Please note that this entry previously indicated that claims were either overpaid or were not denied appropriately. As of 11/17/17, this entry has been updated to note that claims processed between 9/6/17 and 9/13/17 may also have been incorrectly denied.

Affected claims were reprocessed and funds were recouped in phases on the following dates: 10/20/17, 10/27/17, 11/3/17, 11/10/17, 11/17/17. Providers were also notified of the recoupment via email.

Issue resolved 9/13/17

UPDATE 11/17/17: This entry has been updated to reflect completed claims reprocessing and to note that claims processed between 9/6/17 and 9/13/17 may also have been incorrectly denied as a result of this issue.

Claim Denials for Injection Procedure Codes Q2050 and Q5101 for EOB 0182

Claims were denying for clinic providers when billed for procedure codes Q2050 and Q5101 for EOB 0182 – “Billing Provider Type and/or Specialty is not allowable for the service billed.”

DXC has made progress on this issue, and some affected claims were processed on 11/2/17. This

issue was previously reported as resolved on 10/25/17, however it has been determined that further research is required for complete resolution of the issue. The Department and DXC continue to work on the issue and will continue claims processing over the next several weeks until all affected claims have been processed.

UPDATE 11/17/17: This entry has been updated to reflect the current status of issue resolution and partial claims reprocessing.

Claims Denials on Some CLIA Waived Codes

Claims for some CLIA waived codes were incorrectly denying for EOB 3660 – “The service is not within the scope of the billing provider’s CLIA certification. Please update the MMIS provider records with the correct CLIA number.”

DXC has made progress on this issue, and some affected claims were reprocessed by DXC 11/3/17. This issue was previously reported as resolved on 10/21/17, however it has been determined that further research is required for complete resolution of the issue. The Department and DXC continue to work on the issue and will continue claims processing over the next several weeks until all affected claims have been processed.

For more information on billing CLIA waived codes and the link to a complete list of codes on the CMS website, refer to the article titled “Clinical Laboratory Improvement Amendments (CLIA) System Issues Resolved” in the [July 2017 Provider Bulletin](#).

UPDATE 11/17/17: This entry has been updated to reflect the current status of issue resolution and partial claims reprocessing.

Claim Denials for Revenue Code 434 for EOB 2222 – Policy Not Currently Enforced

Home health provider claims for revenue code 434 are denying for EOB 2222 – “Policy not currently enforced.”

The Department and DXC are working to fix this issue. Claims will be reprocessed by DXC.

UPDATE 11/13/17: This entry has been updated to note that claims will be reprocessed by DXC.

Recently Resolved Issues

Resolved 11/8/17: National Drug Codes Not Appearing in Provider Web Portal Search

Certain National Drug Codes (NDCs) were not appearing when using the search option in the Provider Web Portal. Due to this, providers were unable to submit their claims via the web portal.

Providers were previously advised of the following workaround:

- First, providers should have entered the entire 10-digit NDC to be sure the code is truly unavailable.
- If the code did not appear after searching with the entire 11-digit NDC, providers should have submitted the claim via paper or batch claim.
- Codes are updated on a monthly basis, so providers were advised that they could attempt the search again after the 15th of each month.

Issue resolved 11/8/17

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