Dear Providers,

This email summarizes the last two 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

**When to Attach Explanation of Benefits (EOB) on Third Party Liability (TPL) and Medicare Claims**
It is not necessary to attach a copy of the EOB for all claims that have a TPL or Medicare primary. TPL and Medicare information should be reported directly on the claim. An EOB is only necessary when submitting a TPL or Medicare claim that is outside timely filing; then the EOB may serve as a timely filing waiver. As a reminder, all claims, including TPL and Medicare claims, should be filed electronically, even if there is a primary payer.

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**Resolved 3/7/18: Claims Suspending for HCPCS 2018 Procedure Codes**
Claims were suspending when billed for HCPCS 2018 procedure codes for EOB 0000 - "This claim/service is pending for program review."

Claims were reprocessed by DXC on 3/9/18.

Issue resolved 3/7/18

**UPDATE 3/12/18:** This entry has been updated to reflect issue resolution and completed claims reprocessing.

## Featured Provider Resources

**Updated Rates & Fee Schedules**
The following rates and fee schedules have recently been updated. All fee schedules are available on the Provider Rates & Fee Schedules web page:

- January 2018 Fee Schedule Data File and January 2018 Fee Schedule Instructions
- CCT
- E/M and Vaccine Administration Services

- Immunization Rates
- Physician Administered Drug Fee Schedule

**Note:** Not all codes are listed on the "Health First Colorado Fee Schedule", so providers are advised to check all fee schedules which apply to their billing practices. If a code is not listed on the "Health First Colorado Fee Schedule" it may be listed on a benefit-specific fee schedule.

**Radiology & Imaging Codes**
The technical and professional fees for radiology and imaging codes billed with the TC and 26 modifiers were incorrect on both the fee schedule and in Colorado interChange. Claims that paid at these incorrect rates will be reprocessed by DXC.
The HCPCS Rate Updates Information and Resources with the corrected rates is now posted.

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### Now Available: Provider Web Portal Quick Guide – Entering NDC Information on a Claim

The new Provider Web Portal Quick Guide – Entering NDC Information on a Claim is now available on the Provider Resources web page.

**Attention:** Please refer to the Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs document for the most current list of HCPCS codes and their corresponding NDC numbers for use when billing physician-administered drugs. A code must be present in the crosswalk before it can be used on a claim on the Provider Web Portal. If the NDC number is not found in the crosswalk, claims should be submitted via batch or paper.

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### Fingerprint Criminal Background Check Frequently Asked Questions (FAQs)

Notification of fingerprint requirements will begin for some providers in May 2018. An FAQ document on the Fingerprint Criminal Background Check process is now available on the Provider FAQ Central web page.

## Recently Added Issues

### Paper Claim Adjustment or Void Denials for EOB 0100 - "Denied as Duplicate Claim"

Claim adjustments (reason code 7) or voids (reason code 8) submitted on paper were previously denying for EOB 0100 - "Denied as duplicate claim" because the system was not processing them as an adjustment or void, but as an original claim. These claims are now being held for processing until the issue is resolved.

DXC and the Department are working to fix this issue. As a workaround, providers are advised to submit adjustment or voids electronically via the Provider Web Portal or by batch submission. Providers are advised to not submit any paper adjustments or voids.

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### Claim Denials for CPT Codes 92925 and 77085 for EOB 1030 with Place of Service (POS) 22

CPT 92925 was denying for EOB 1030 - "The place of service code is invalid for procedure code" when billed with POS 22 (Outpatient Hospital); however, the issue was resolved on 2/28/18. Claims for 92925 were reprocessed on 3/13/18.

Claims for CPT 77085 billed with POS 22 are still denying for EOB 1030. The Department and DXC are working to resolve this issue. Claims for 77085 will be reprocessed by DXC.

## Recently Updated Issues

### Resolved 12/23/17: 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."

Claims for procedure code Q2050 with dates of service (DOS) 1/1/17 – 1/10/18 were reprocessed by DXC in two stages, with the first occurring on 11/2/17, and the second occurring on 2/22/18.

Claims for procedure code Q5101 with DOS 10/1/16 – 12/22/17 were reprocessed by DXC in two stages, with the first occurring on 11/2/17, and the second occurring on 1/11/18.

Issue resolved for Q2050 on 1/10/18
Issue resolved for Q5101 on 12/23/17

**UPDATE 3/12/18:** This entry has been updated to reflect completed claims reprocessing.

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**Resolved 1/18/18: Claim Denials for Vaccine Procedure Codes for EOB 1552 and EOB 1030**

Some claims for vaccine procedure codes were denying for Explanation of Benefits (EOB) 1552 -"This procedure is age restricted. Member's age does not fall within the approved range." and EOB 1030 - "The place of service code is invalid for procedure code." The Department and DXC reviewed and assigned the appropriate place of service and age ranges.

Claims were reprocessed by DXC on 3/2/18.

Issue resolved 1/18/18

**UPDATE 3/12/18:** This entry has been updated to reflect completed claims reprocessing.

## Recently Resolved Issues

**Resolved 2/23/18: Claims Denying for Vision Providers for Codes V2025, V2626 and 92015**

Vision provider claims were denying for codes V2025 and V2626 for EOB 1381 - "No billing rule for procedure." Code 92015 was denying for EOB 3280 - "The client's age is invalid for this procedure code. Verify the client's birth date/procedure code."

Claims will be reprocessed by DXC.

Issue resolved 2/23/18

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**Resolved 2/28/18: Claims Voided via the Provider Web Portal Denying for Atypical Providers for EOB 1960 – "No Provider Billing Indicator Found"**

Providers who do not use an NPI (Atypical Providers) were not able to successfully void a claim using the Provider Web Portal. While the portal may have displayed a message stating that the claim was successfully voided, the system was erroneously creating the claim without the billing provider ID, causing claim denials for EOB 1960 - "No Provider Billing Indicator Found. Please make sure the billing provider has been revalidated and that you are using the correct billing provider service location."

For questions, please contact Provider Services Call Center (1-844-235-2387).

Issue resolved 2/28/18

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**Resolved 3/7/18: Habilitative Therapy Claims Denying for SZ Modifier and/or CPT 97532 and Suspending for Procedure Code G0515**

Habilitative therapy claims for CPT 97532 for dates of service after 12/31/17 will deny for either or both of the following EOBs:

- EOB 3261 - "The procedure code currently is not a benefit for date of service billed. Refer to the CPT or the HCPCS listing for valid procedure codes."
- EOB 3181 - "The procedure code is invalid for date of service. Correct the procedure

code. Refer to the CPT or the HCPCS listing for valid procedure codes."

This is due to CPT 97532 being replaced by procedure code G0515, effective 1/1/18. This code was part of the HCPCS 2018 annual update, and HCPCS 2018 procedure codes and the billing rules were loaded into the Colorado interChange system on 3/7/18. Therefore, claims billed for procedure code G0515 will no longer suspend for EOB 0000 - "This claim/service is pending for program review."

Habilitative therapy claims with the SZ modifier for dates of service after 12/31/17 will deny for any of the following EOBs, depending on the position the modifier is in:

- EOB 3170 - "The first modifier code is invalid for date of service. Read the procedure description. Refer to the Provider Manual, Help Screens, CPT or HCPCS for a listing of valid modifiers."
- EOB 3171 - "The second modifier code is invalid for date of service. Read the procedure description. Refer to the Provider Manual, Help Screens, CPT or HCPCS for a list of valid modifiers."
- EOB 1127 - "The third modifier code is invalid for date of service. Read the procedure description. Refer to the Provider Manual, Help Screens, CPT or HCPCS for a listing of valid modifiers."
- EOB 1514 - "The fourth modifier code is invalid for date of service. Read the procedure description. Refer to the Provider Manual, Help Screens, CPT or HCPCS for a list."

This is due to the SZ modifier being replaced by the 96 modifier, effective 1/1/18. Claims billed with the 96 modifier were denying for EOB 0504 – "There is no PA on file for the procedure with the billed modifier. Check the approved PA and verify the procedure and modifier." These claims were reprocessed on 3/9/18.

The Department is working on a solution to address PARs that cross from 2017 to 2018 for the SZ modifier or CPT 97532. Providers are advised to call eQHealth Solutions for further direction on revising current authorizations to reflect the new codes for dates of service in 2018.

Issue resolved on 3/7/18

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