



COLORADO

Department of Health Care
Policy & Financing

Dear Providers,

This email summarizes additions to the [Known Issues & Updates web page](#) from the past three weeks. 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

Claims Will Not Deny for Explanation of Benefits (EOB) 3110 - "The Rendering Provider Is Not A Group Member"

While it may be unclear on the remittance advice, EOBs indicating that affiliations are missing **do not** cause the claim to deny and are informational only. If EOB 3110 appears on a claim, providers should check their affiliations and make sure they are up to date, and check other EOB codes to see why the claim denied.

The Department is currently allowing providers an extended grace period to make all necessary updates to their affiliations to avoid future claims denials.

Updated affiliations are currently taking up to three weeks for final approval. Providers should not submit duplicate update requests.

Billing Reminders for Third Party Liability (TPL) and Medicare Claims

It is not necessary to attach a copy of the Explanation of Benefits (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.

All claims delayed by third party insurers that are submitted over 365 days from the date of service must be denied per state and federal regulations. (42 C.F.R. § 447.45(d), 10 CCR 2505-10 8.043.01 and .02 A.) Additional extensions are not permitted.

All claims, including TPL and Medicare claims, should be filed electronically, even if there is a primary payer.

Featured Provider Resources

Billing Manual Updates

The following billing manuals have been recently updated:

- [Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs](#)
- [Physical and Occupational Therapy \(PT/OT\)](#)
- [Speech Therapy](#)

Billing manuals are available on the [Billing Manuals web page](#).

Please also note that Appendix M - Procedures Requiring Prior Authorization is no longer active. Visit the [Provider Rates & Fee Schedule web page](#) for information on prior authorization requirements.

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 will be adding this information to the Known Issues page in the coming weeks.

Recently Updated Issues

Resolved 2/27/19: Claim Resubmissions Denying for Timely Filing

Some claims resubmitted after a previous adjustment were incorrectly denying for Explanation of Benefits (EOB) 1786 – “The date of service date is out of timely filing” in the following scenario:

- The claim is submitted by the provider within timely filing guidelines and paid.
- DXC Technology (DXC) adjusts the claim that is past 365 days from the original date of service, which can possibly result in a recoupment of funds.
- The provider resubmits the claim within 60 days from the date of the remittance advice (RA), using the Internal Control Number (ICN) of the adjustment.

Claims were reprocessed by DXC 4/5/19.

Note: Claims that are still within 365 days and have been adjusted can be resubmitted without the adjustment ICN.

Issue resolved 2/27/19

UPDATE 4/5/19: This entry has been updated to reflect completed claims reprocessing.

Recently Resolved Issues

Resolved 4/18/19: Home & Community Based Services (HCBS) Colorado Choice Transitions (CCT) Claims for Procedure Codes A9900, H2014, H2015, S5170 and T2038 with Modifier UC Denying for Explanation of Benefits (EOB) 1512 or 4758

HCBS CCT claims for the procedure codes listed below were denying for EOB 1512 – “The Procedure Code/Modifier combination is not payable for the Date of Service” or EOB 4758 – “Billing Provider Type/Specialty Restriction on Procedure Coverage Rule.”

- A9900 with modifier UC
- H2014 with modifier UC
- H2015 with modifier UC
- S5170 with modifier UC
- T2038 with modifier UC

Claims will be reprocessed by DXC.

Issue resolved 4/18/19

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