



Last Week in Review: Known Issues & Updatesweb 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

The 2016 and 2017 Healthcare Common Procedure Coding System (HCPCS) codes have been updated in the Colorado interChange.

- The 2016 HCPCS codes were updated on July 12, 2017. All associated denied and suspended claims were reprocessed by DXC Technology (DXC) on July 14, 2017.
- The 2017 HCPCS codes were updated on August 10, 2017. All associated denied and suspended claims were reprocessed by DXC on August 11, 2017.

For additional details about these codes, please refer to the [2016 Practitioner HCPCS Special Bulletin](#) and [2017 Practitioner HCPCS Special Bulletin](#).

Note: Claims may still deny for other reasons.

Featured Provider Resources

An important change in the new Colorado interChange system is the way Remittance Advice (RA) is reported. It is imperative that providers take the time to learn about this change in order to understand the claims system and facilitate resolution for any issues that may arise.

To help providers learn about the new RA, the Department has published an easy-to-use, line-by-line [Quick Guide to Reading Your Remittance Advice \(RA\)](#).

Recently Added Issues

Physician and Osteopath Billing Providers Unable to Enter CLIA Information

There is no field currently available for Physician and Osteopath providers to input CLIA information. This applies to both the initial enrollment as well as enrollment updates on the provider web portal. As a result, claims may be 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”. Providers will not be able to update the CLIA information until the issue is resolved. Individuals within a group do not need to enter a CLIA.

DXC is working to fix the issue.

Providers will need to resubmit affected claims once this issue has been resolved. Providers should submit claims as necessary in order to meet the requirements for timely filing.

Recently Updated Issues

Women’s Health Family Planning Claims J7297 and J7302 Denying – EOB 1178

Procedure codes J7297 (Liletta) and J7302 (Mirena) were not being processed for payment. This was affecting obstetrics claims returning EOB 1178 – “Service not reimbursable for DOS (dates of service). Both procedure codes are part of the 2016 HCPCS update which was complete on 7/14/17.

Procedure code J7302 (Mirena) is not a valid procedure code after 12/31/2015. Procedure code J7298 should be used in its place.

Claims were reprocessed by DXC on 7/14/17.

Issue resolved 7/12/17

UPDATE 8/8/17: This entry has been moved from Resolved Issues to Known Issues. Although the 2016 HCPCS were loaded procedure code J7297 (Liletta) is denying for EOB 1178. DXC is working to fix the issue. Providers will need to resubmit these claims once this issue has been resolved. Providers should submit claims as necessary in order to meet the requirements for timely filing.

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

Claims for which a Managed Care Organization (MCO) is listed for the client are denying for Explanation of Benefits (EOB) 2580 – “The services must be billed to the HMO/PHP listed on the eligibility inquiry.” However, this may be misleading because some clients do not have a Health Maintenance Organization (HMO) or Prepaid Health Plan (PHP) listed on the eligibility inquiry, and instead have a Behavioral Health Organization (BHO) listed.

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 so, providers should bill to the BHO.

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

DXC is working to update this EOB description in order to clarify that the services should be billed to the HMO/PHP or the BHO listed on the eligibility inquiry, as appropriate.

UPDATE 8/8/17: This entry has been updated to refer providers to the [2017 Uniform Service Coding Standards Manual](#).

Recently Resolved Issues

Resolved 8/11/17: Claims Suspended for EOB 0000

All claims processed from 12:00 a.m. to 9:00 a.m. MDT on 8/11/17 suspended for EOB 0000 - "This claim/service is pending for program review." The issue is now resolved and the affected claims will be reprocessed by DXC. Providers can expect to see those claims in the correct status after the 8/11/17 financial cycle is complete.

Issue resolved 8/11/17

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