



# Provider News & Resources

July 20, 2023 Issue 73

## *In This Issue:*

Did You Know? Electronic Claims Requirement

Reminder: Signatures on Paper Claims

Updated Billing Manuals

Sign Up for Provider Email Communications

Resolved Known Issue: EBD Claims for Procedure Code S5170 Denying for EOB 1544 and EOB 4758

Resolved Known Issue: Prevention of Duplicate Injectables within Seven Days of Billing

Resolved Known Issue: PDN Claims Denying Incorrectly for EOB 5548

## **Did You Know?**

### **Electronic Claims Requirement**

Providers are required to submit all claims electronically. Claims with attachments must be sent via the [Provider Web Portal](#). Attachments cannot be processed with batch transactions.

A denied claim should be resubmitted electronically as a new claim once corrections have been made.

Resubmissions should not be sent on paper, even if the claim has surpassed the 365-day timely filing period.

## Reminder: Signatures on Paper Claims

Claims must be signed by the enrolled billing provider or by an authorized agent or representative designated by the enrolled billing provider. Each claim must bear the signature of the enrolled provider or the signature of a registered authorized agent. Stamped signatures are acceptable, typed in names are not.

The red-ink forms must be used for paper claims and cannot be photocopied. Use black ink to complete the forms.

- For CMS-1500 claim form, ensure box 31 is signed.
- For UB-04 claim forms, complete the Institutional Provider Certification located on the [Provider Forms web page](#), to ensure the form is signed and mail with the paper claim.

Paper claims mailed without the proper signatures will deny.

Refer to the [General Provider Information Billing Manual](#) under the [Authorized Signatures](#) and the [General Claim Completion Instruction](#) sections for additional information.

---

## Recently Updated Billing Manuals

- [Appendix R - Remittance Advice \(RA\) Messages](#)
- [Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs](#)
- [Telemedicine](#)

Visit the [Billing Manuals web page](#) to locate all published manuals.

---

## Reminder: Sign Up for Provider Email Communications

Recipients of this email are already signed up to receive Provider Bulletins and general announcements. To receive emails specific to provider type, [sign up by selecting the email list\(s\) that best apply](#).

---

Keeping provider contact information up to date in the Provider Web Portal will help to ensure that providers receive emails specific to their organization's claims. The email address associated with the mailing address in the Web Portal will be used for provider communications. Visit the [Provider Maintenance Provider Web Portal Quick Guide web page](#) for instructions on how to access and update the email address on file.

Looking for a recent newsletter or email? Newsletters and many of the emails sent to providers are posted on the [Provider News web page](#).

## Resolved Issues

### Home & Community-Based Services (HCBS) Providers

**Resolved 07/19/23**

**Elderly, Blind, and Disabled Waiver (EBD) Claims for Procedure Code S5170 Denying for Explanation of Benefits (EOB) 1544 - "Procedure is not billable with member's benefit plan" and EOB 4758 - "Billing provider type/specialty restriction on procedure coverage rule."**

Some Elderly, Blind, and Disabled Waiver (EBD) claims for procedure code S5170 "Home Delivered Meals" billed with modifiers TG and U1 were denying for Explanation of Benefits (EOB) 1544 - "Procedure is not billable with member's benefit plan" and EOB 4758 - "Billing provider type/specialty restriction on procedure coverage rule."

Affected claims were reprocessed on 07/19/23.

Issue resolved 07/19/23.

---

### Pharmacy Providers

**Resolved 07/12/23**

---

## **Prevention of Duplicate Injectables within Seven Days of Billing**

Effective for dates of service beginning January 14, 2022, the Colorado interChange compares fee-for-service pharmacy and professional/professional crossover claim types to prevent duplicate reimbursement payments for Physician-Administered Drugs (PADs). A provider's office (clinic) will not be reimbursed for a PAD when another pharmacy or professional/professional crossover claim line has already been paid for the same drug's specified National Drug Code (NDC) range within seven (7) days of the date of service. If a duplicate is detected, the line will be denied and providers will receive Explanation of Benefits (EOB) 1817 - "Duplicate claim. NDC previously paid."

Changes implemented on July 12, 2023.

Claims will be reprocessed.

---

## **Resolved 07/07/23**

### **Private Duty Nursing (PDN) Claims Denying Incorrectly for EOB 5548**

Private Duty Nursing (PDN) claims for clients under 21 years old were posting (Explanation of Benefits) EOB 5548 "benefit is limited to 23 units per day" incorrectly.

Affected claims were reprocessed 07/07/23.

Issue resolved 07/07/23.

---

---