



**COLORADO**  
Department of Health Care  
Policy & Financing

# Provider News & Resources

October 10, 2022 Issue 56

## *In This Issue:*

Seasonal Influenza Vaccines

Did You Know? Provider Type  
Manual Spreadsheet

Keep Information Current on  
Administrative Accounts in the  
Provider Web Portal

Suspended Claims and Common  
Suspense Reasons

Updates to the Addresses Panel  
during Revalidation

Updated Billing Manuals

## *Featured Resources:*

[October 2022  
Provider Bulletin \(B2200483\)](#)

## Seasonal Influenza Vaccines

Providers are reminded that seasonal influenza vaccines are a covered benefit for all members. Members cannot be charged a copay for any visit where covered vaccines are administered. Pharmacy administration of flu vaccines is only available for members 19 years of age and older. Members 18 years of age and younger must receive their flu vaccine from a Vaccines for Children (VFC) provider. See the [Provider Rates and Fee Schedule](#) page for the Immunizations Fee Schedule for code-specific information. See the [Immunizations Billing Manual](#) for billing guidance.

Contact Christina Winship at [Christina.Winship@state.co.us](mailto:Christina.Winship@state.co.us) with any questions.

---

[Submitting a Claim with Other Insurance or Medicare Crossover Information](#)

*Upcoming Holidays:*

**Veterans Day -  
Friday, November 11, 2022**

State Offices and the ColoradoPAR Program will be closed. Gainwell Technologies and DentaQuest will be open.

**Did You Know?**

**Provider Type Manual Spreadsheet**

A spreadsheet of provider types with associated manuals can be found on the [Billing Manuals web page](#).

This can be found at the top of the page as a link titled "Which billing manual should I use based on my provider type?"

---

**Submitting a Claim with Other Insurance or Medicare Crossover Information**

The "[Submitting a Claim with Other Insurance or Medicare Crossover Information](#)" quick guide has been updated to clarify that when the Third-Party Liability (TPL) has applied the entire amount to patient responsibility, and a prior authorization is required for the service, the Explanation of Benefits (EOB) from the TPL must be attached to the claim for verification.

---

**Keep Information Current on Administrative Accounts in the Provider Web Portal**

The Federal Bureau of Investigation (FBI) has sent out an alert regarding cyber criminals targeting healthcare payment processors.

---

Safeguard provider information by:

- Keeping passwords in a safe place.
- Making sure answers to portal challenge questions are strong and specific to the administrative account.
- Keeping the administrative account current and up to date.
- Removing delegates who leave the account.
- Assuring that contact information on the account is current and accurate.

## **Resources**

Visit the [Provider Web Portal Administrative Password Reset Process web page](#) to make changes on the administrative account.

Visit the [Delegates - Provider Web Portal Quick Guide web page](#) to remove a delegate.

Visit the [Provider Maintenance - Provider Web Portal Quick Guide web page](#) to update contact information.

Refer to the [FBI Private Industry Notification](#) for information about the FBI Alert regarding cyber-criminal activity.

---

## **Suspended Claims and Common Suspense Reasons**

Claims may suspend when there is an error on the claim or additional manual review by the fiscal agent is required according to state guidelines. Currently, the average processing time for most suspended claims is seven (7) business days. If suspended claims are over 14 business days from the date of receipt, providers may contact the Provider Services Call Center so that those claims may be escalated for processing. Refer to the list below for two common Explanation of Benefits (EOB) reasons claims may suspend:

- EOB 0653 - "Claim requires manual pricing. Please attach invoice for medical services."
  - EOB 5110 - "The prior authorization does not match the services billed on your claim. Please correct services or submit a new prior authorization for the services billed."
-

Providers are reminded that suspended claims only appear once on the Remittance Advice (RA). The claim will reappear on the RA once it denies or pays. Suspended claims are not reported on the 835, only on the RA. Once the claim is finalized, it will be reported on the RA and the 835.

Visit the Suspended Claims drop-down under the General Updates section on the [Known Issues and Updates web page](#) for more information.

---

## Updates to the Addresses Panel during Revalidation

Providers currently cannot update service location information in the Addresses panel on a revalidation application in the [Provider Web Portal](#).

Providers will soon be able to edit all information in the Addresses panel for the service location address during revalidation in the Web Portal. When a revalidation application is approved, providers will be able to view the updated service address information in the provider's record.

Visit the [Revalidation - Provider Web Portal Quick Guide](#) for more information.

Contact the [Provider Services Call Center](#) with questions on these changes.

---

## Recently Published Billing Manuals

- [Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs](#)
- [Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\)](#)
- [Durable Medical Equipment HCPCS Codes](#)
- [Home and Community Based Services \(HCBS\) Complementary and Integrative Health \(CIH\)](#)
- [Hospice](#)
- [Medical and Surgical Services](#)
- [Physical and Occupational Therapy \(PT/OT\)](#)
- [Physician Administered Drugs \(PAD\)](#)

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

---

