



Provider News & Resources

June 1, 2021 | Issue 25

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Upcoming Holidays:

**Independence Day, -
Monday, July 5** - State
Offices, the ColoradoPAR
Program, DentaQuest and
Gainwell Technologies will be
closed.



Provider Revalidation Update

The Department understands provider focus has been on member care throughout the Public Health Emergency.

Providers are encouraged to submit revalidation applications according to their scheduled due date if they are able. However, until further notice, claims will not be denied or suspended if revalidation has not been completed by the posted revalidation due date.

Applications for new enrollments and changes to existing applications have been given priority, so revalidation application processing times may be delayed for the next several months.

Only one update can be processed at a time. If providers need to make an additional update while a revalidation application is in process, contact the [Provider Services Call Center](#).

Note: This information was previously published in the [March 16, 2021 newsletter](#).

Electronic Submission of Claims with Attachments

Providers are advised to submit all claims electronically (including claims with attachments) through the [Provider Web Portal](#).

The only exception to this is for providers submitting less than five (5) claims per month (in this instance, the provider must submit a [request form](#)).

For information about using the Provider Web Portal, visit the [Quick Guides web page](#).

Claims Adjustment Reason Code (CARC) and Remittance Advice Remark Codes (RARC) Change for ERA X12 835

An upcoming change will cause Explanation of Benefit (EOB) codes 0101 and 1010 to post Claims Adjustment Reason Code (CARC) OA 18 "Exact duplicate claim/service." and the following Remittance Advice Remark Codes (RARC) on the ERA X12 835:

- EOB 0101 – RARC N20 – "Service not payable with other service rendered on the same date."

- EOB 1010 – RARC M86 – “Service denied because payment already made for same/similar procedure within set time frame.”

Previously, EOB code 1010 posted CARC PI 16, and neither EOB code posted an RARC code. This proposed change only affects the ERA X12 835 report, not the remittance advice. Providers who do not utilize the 835 or submit electronic data interchange (EDI) transactions will not be affected.

Featured Quick Guide: Updating Disclosure Names

Effective May 26, 2021, the name field on the Disclosure A and Disclosure D panels of the Provider Web Portal was updated to allow an Organization Name and an individual name to be entered separately.

Existing providers must review and update the Disclosures panel during their next Provider Maintenance request or as part of the Revalidation application.

Important Note: Providers performing a Provider Maintenance update will see an error on the Attachments and Submit panel upon clicking Submit if the Disclosure panels have not been updated.

Refer to the [Updating Disclosure Names](#) in the Portal Quick Guide for illustrated step-by-step instructions.

Visit the [Quick Guides web page](#) to locate all published Provider Web Portal Quick Guides.

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 also 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? Weekly newsletters and many of the emails sent out to providers are also posted on the [Provider News web page](#).

Known Issues

Partially Resolved 5/26/21

Claims Denying for Explanation of Benefits (EOB) 4000 - "The Member Has Other Insurance"

Some provider claims were incorrectly denying for EOB 4000 - "The member has other insurance. Bill the charges to the other insurance before billing Medicaid. Complete the other insurance payment information fields on the claim and retain a copy of the explanation of benefits," when the member had limited Third Party Liability coverage, not related to the services on the claim. For example, inpatient or outpatient claims may have denied for a prescription-only policy. An interim solution will be ongoing until a permanent solution is in place.

Impacted claims will need to be resubmitted by providers.

Issue partially resolved 5/26/21.

Resolved Issues

Resolved 5/21/21

Mid-Month Appendix X Update Not Completed Due to Transmission Issue

The Appendix X - HCPCS and NDC Crosswalk for Billing Physicians-Administered Drugs update scheduled for May 15, 2021, had not been completed due to a transmission issue.

The updated version has been posted to the [Billing Manuals web page](#).

Issue resolved 5/21/21.

Resolved 5/14/21

Hospital Claims Not Included in Managed Care Organization (MCO) Interim Solution Denying for Explanation of Benefits (EOBs) 2029, 2030, 2031 and 2580

Some hospital provider claims where the member is not actively enrolled in an MCO on the from date of service (FDOS) were not included in the interim solution and denied for one of the following:

- EOB 2029 - The Services Must Be Billed to The Members RAE.
- EOB 2030 - The Services Must Be Billed to Denver Health Medicaid Choice Plan.
- EOB 2031 - The Services Must Be Billed to Rocky Mountain Health Plan Prime.
- EOB 2580 - The services must be billed to the HMO/PHP/BHO listed on the eligibility inquiry.

Claims were reprocessed on 5/14/21.

Issue resolved 5/14/21.

Resolved 5/6/21

Overpayment of Acute Home Health, Long-Term Home Health and Private Duty Nursing (PDN) Claims

Some Acute Home Health, Long-Term Home Health and Private Duty Nursing (PDN) claims with dates of service on or after 7/1/20 were overpaid due to a rate decrease in the maximum daily allowed amount for these claim types. Refer to the Home Health and PDN Rate Schedules available on the [Provider Rates & Fee Schedule web page](#) for more information on current rates and revenue codes.

Claims were reprocessed and overpaid monies recouped on 5/19/21. This will appear on remittance advices beginning Monday, 5/24/21.

Issue resolved 5/6/21.

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