



# Provider News & Resources

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## *Featured Resources:*

[March 2022 Provider Bulletin \(B2200476\)](#)

[NEW DME Questionnaire #19 - Enclosed Safety Beds](#)

## *Upcoming Holidays:*

**Memorial Day - Monday, May 30**

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

## Did You Know?



### Insurance and Provider Enrollment Dates

Insurance information on a new provider enrollment application must include a date span that covers all dates of service.

If a provider wishes to be backdated, the insurance span entered must cover those dates as well.

### Mental Health Parity Request for Public Comment

The Department of Health Care Policy & Financing (the Department) has begun work on the annual Mental Health Parity and Addiction Equity Act (MHPAEA) report to assess the compliance of the Medicaid benefit with mental health parity laws.

The Department is gathering stakeholder thoughts and experiences related to mental health parity. These insights will be used to design the mental health parity analyses and inform an annual report.

Individuals interested in submitting written comments can do so using this [form](#). The form has been extended to be open until March 29, 2022. The purpose is to collect feedback from stakeholders; the Department will not be responding to submitted comments.

More information about [parity is on our website](#).

### Claims Paid with "0" Date



Occasionally, claims will appear as "Paid" (with a Paid date of "0") in the Provider Web Portal but not on the Remittance Advice (RA).

This is due to the claim being flagged by a prepayment cycle. The claim is being reviewed before it is released. This process may take a few weeks.

### Provider Revalidation Reminder

Providers are strongly encouraged to submit their revalidation application according to the scheduled due date. Revalidation applications are currently being processed within five (5) business days on

average.

Visit the [Revalidation web page](#) and download the Provider Revalidation Spreadsheet to verify the next revalidation due date. Providers will also be contacted via email approximately six (6) months prior to their revalidation deadline with further instructions on submitting a Revalidation application.

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## 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.

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### Featured Quick Guide:

#### Submitting a Claim with Medicare Replacement Plan Information



If a member has a Medicare Advantage plan, the primary billing information should be reported on a claim in the Medicare fields, not as Third-Party Liability (TPL) fields. A Medicare Advantage plan (such as a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO)) is another Medicare health plan choice a member may have as part of Medicare.

Refer to the [Submitting a Claim with Other Insurance or Medicare Crossover Information](#) Quick Guide for more information.

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

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### Recently Published Billing Manuals

- [Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered](#)
- [Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\)](#)
- [DME Healthcare Common Procedure Coding System \(HCPCS\)](#)
- [HCBS - IDD](#)
- [Inpatient/Outpatient \(IP/OP\)](#)
- [Outpatient Behavioral Health Fee-for-Service \(FSS\)](#)
- [Targeted Case Management - Transition Coordination](#)
- [Telemedicine](#)

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

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