Colorado All Payer Claims Database

Payer Submission Frequently Asked Questions

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Payer Submission Frequently Asked Questions

1. ***How should partially denied claims (paid claims containing denied lines) be submitted?***
   Partially denied claims should be submitted in their entirety.

2. ***Will gender codes be standardized across all three files?***
   Yes. M, F and U should be used as the code set for ME013, MC012 and PC012.

3. ***Does CIVHC expect that the data fields to be submitted in field number order, or, in the logical order given in the Submission Guide?***
   The order the columns appear in the DSG are the order the columns should appear in the files.

4. ***What is the threshold guidance for column MC107?***
   Column MC107 (Member Street Address) is a threshold column.

5. ***What value should appear in the Payer Code columns?***
   The codes for Payer Code columns (HD002, TR002, ME001, MC001, PC001, MP001) will be assigned by CIVHC.

6. ***How should Member Reimbursement claims be coded?***
   CIVHC to research

7. ***Does Version Numbers (MC005A) need to be consecutive?***
   No. However, the maximum Version Number needs to represent the last known state of the medical claim.

8. ***Should only paid and discharged claims be included?***
   This addresses interim bill submission. Interim bills are defined by the last digit of the bill type. Interim bills should be sent as they are paid. Treo Solutions will consolidate interim bills as subsequent bills are received.

9. ***What is the guidance for MC055 (Procedure Code) for institutional claims?***
   MC055 is required for outpatient claims. Inpatient procedure codes should be supplied in column MC058.

10. ***What is the guidance for columns MC065 (Co-pay Amount) and MC066 (Coinsurance Amount)?***
    Claims that do not have co-pay or coinsurance amounts, a value of 0 should be supplied.

11. ***What is the guidance for columns marked as O (Optional)?***
    Data for optional columns should be supplied when the source data contains a value.

12. Should all detail lined be supplied for a paid claim?

Yes. If a claim has been paid, all detail lines must be included.

13. What column names should be supplied in the first row?

Use the Data Element # as the first row after the header row.

14. What are the definitions for MP003 (Provider Entity)?

Institutional facilities should be coded as F. Individual Providers (Physicians, Physician Assistants, etc.) should be codes as I. Physician Groups should be coded as G.

15. What is the procedure for applying for a Waiver for columns that are not captured by our system?

The Waiver Application form is located on the CIVHC Submitter Portal (https://www.treoservices.net/sites/clientsites/civhcsp). Instructions for applying for a waiver are included in the Waiver Application Form.

16. How will thresholds for columns marked as TH be established?

CIVHC is establishing threshold values by conferring with other APCD implementations, Treo Solutions' experience and the column population percentages in the CO APCD submissions.

17. Values for column MC054 (Revenue Code), a required column, are not available for professional claims. Should we apply for a variance for this deficiency?

No. Revenue Codes are only required for institutional claims.

18. What is the guidance for column MC055 (Procedure Code) where payments are made based on Revenue Code?

Procedure Codes should be supplied where available.

19. What is the guidance for MC058 (ICD-9-CM Procedure Code)?

For surgical inpatient stays, supply as many procedure codes as available. Medical cases will not have procedure codes and are, therefore, not required.

20. How should Master Patient Indexes be created?

Master Patient Indexes will be created by the APCD. Plans are required submit member information.

21. Has a vendor been selected and has the final submission format been established?

Treo Solutions, LLC has been selected as the technology vendor. The final submission format is specified in Colorado All-Payer Claims Database Data Submission Guide (DSG) V3.

22. What is the column delimiter?

All columns should be delimited by a pipe character (|).

23. What is the process for submitting fields for possible exceptions and general questions related to the data elements and their definitions?

A waiver process has been established for submitting columns that are not available in source system.

Treo Solutions is establishing a general mailbox for these queries. Until that is established, please email smurphy@treosolutions.com and lgreen@civhc.org.

24. What is the monthly due date for submissions?

A due date has not been established.

25. What is the address for news and updates?

News and updates will be posted to https://www.treoservices.net/sites/clientsites/civhcsp.

26. Do Colorado license numbers need to be prefixed with the state code?

Yes. All license numbers should be prefixed with the issuing state code.

27. What is the proper coding for dependents over age 18?

Dependents over age 18 should be coded as 76 (Dependent).