COLORADO
Department of Health Care Policy & Financing

Dear HCBS Provider,

The Department and DXC Technology would like to provide some clarification on concerns from HCBS providers regarding claims and prior authorizations. We understand there is a tremendous amount of coordination needed in order to correctly process these claims but we want to clarify the technical aspects of the process.

We'd like to provide some information that may help you understand why your claim may be denying for authorization when it appears there is an approved PAR.

How does the Bridge work with the Colorado interChange and how does it affect my claims processing?
The Bridge is a system used by case managers to submit Prior Authorization Requests (PARs) to the Colorado interChange, which is our claims processing system. Only after a PAR is approved in the Bridge is it transmitted to the Colorado interChange. It will take at least one day after the PAR is approved in the Bridge to appear in the Colorado interChange and be available for claims processing. Once the PAR is on file in the Colorado interChange, there is no further interaction between the Bridge and the claim.

When a claim requires a PAR, the Colorado interChange will use a series of criteria to find the matching authorization. Providers do not need to indicate the PAR number on the claim. The system will automatically populate the PAR number on the claim if it finds a match. If a claim denies for a PAR despite an approved PAR being on file, it means the PAR on file does not match all the criteria that is on the claim.

Why are my claims denying for authorization when I have an approved PAR?
If you have received E0B 192 - *"Prior Authorization (PA) is required for this service. An approved PA was not found matching the provider, member, and service information on the claim*," or 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."*

One of the following issues may apply:

1. The prior authorization was never fully approved in the Bridge. Check the Provider Web Portal for prior authorization. If there is no approved PAR for the dates of service on the claim, contact the case manager to confirm status in the Bridge.

2. The benefit plan for the member's eligibility has terminated. Please verify member eligibility for the waiver benefit plan prior to submitting claims. If the member does not show an active waiver benefit plan, contact the case manager. A PAR is not a guarantee of member eligibility as the PAR is valid for a span of time (typically one year) and eligibility could change at some point during that span.

3. The PAR units are exhausted. If all units have been billed, the claim will deny. If you believe you need additional units, contact your case manager.

4. The modifiers do not match. Check the billing manuals to make sure you are using the correct modifiers. The Department and DXC are working to update the Web Portal to display up to four modifiers on the detail line within the PA record.

Thank you,

Health First Colorado (Colorado's Medicaid Program)

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

See what's happening on our social sites