Dear Provider,

A known issue has been identified where habilitative therapy claims for CPT 97532 for dates of service after December 31, 2017, are denying for either or both of the following EOBs:

- EOB 3261 - "The procedure code currently is not a benefit for date of service billed. Refer to the CPT or the HCPCS listing for valid procedure codes."
- EOB 3181 - "The procedure code is invalid for date of service. Correct the procedure code. Refer to the CPT or the HCPCS listing for valid procedure codes."

This is due to CPT 97532 being replaced by procedure code G0515, effective January 1, 2018. However, this code is part of the HCPCS 2018 annual update, and HCPCS 2018 procedure codes and the billing rules have not yet been loaded into the Colorado interChange system. Therefore, claims billed for procedure code G0515 will suspend for EOB 0000 - "This claim/service is pending for program review." Providers are advised to continue submitting claims to keep them timely and to resubmit affected claims once the HCPCS 2018 procedure codes and billing rules have been loaded.

Habilitative therapy claims with the SZ modifier for dates of service after December 31, 2017, are denying for any of the following EOBs, depending on the position the modifier is in:

- EOB 3170 - "The first modifier code is invalid for date of service. Read the procedure description. Refer to the Provider Manual, Help Screens, CPT or HCPCS for a listing of valid modifiers."
- EOB 3171 - "The second modifier code is invalid for date of service. Read the procedure description. Refer to the Provider Manual, Help Screens, CPT or HCPCS for a list of valid modifiers."
- EOB 1127 - "The third modifier code is invalid for date of service. Read the procedure description. Refer to the Provider Manual, Help Screens, CPT or HCPCS for a listing of valid modifiers."
- EOB 1514 - "The fourth modifier code is invalid for date of service. Read the procedure description. Refer to the Provider Manual, Help Screens, CPT or HCPCS for a list."

This is due to the SZ modifier being replaced by the 96 modifier, effective January 1, 2018. The Department is working on a solution to address PARs that cross from 2017 to 2018 for the SZ modifier or CPT 97532. Claims billed with modifier 96 are denying for EOB 0504 – "There is no PA on file for the procedure with the billed modifier. Check the approved PA and verify the procedure and modifier." Providers are advised to continue submitting claims to keep them timely and to resubmit affected claims once the issue has been resolved.

The Department and DXC are working to fix these issues and will provide an update once they have been resolved.

Thank you,

Health First Colorado (Colorado's Medicaid Program)

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