



Dear Providers,

This email summarizes additions to the [Known Issues & Updates web page](#) from the past week. The Known Issues & Updates web page is frequently updated. Please note that the Known Issues web page is not an all-inclusive list of known issues.



Known Issues Web Page

Provider Web Portal updates,
known issues, work-arounds,
resolved issues, & general updates

Take me there!

Hot Topics

Remittance Advice (RA) Update to Help Providers Reconcile Payments

Many providers have had questions about how to reconcile claim adjustments reflected on their RAs. Based on provider feedback, the Financial Transactions page of the RA has been updated to provide additional payment and recoupment information. These changes were implemented on 1/9/19, and will appear on RAs for the 1/11/19 financial cycle.

A detailed summary of the RA updates is available under the All Providers drop-down section of this page, titled [Remittance Advice \(RA\) Update to Help Providers Reconcile Payment Remittances](#).

The following resources have been updated to reflect the latest RA updates:

- [Reading the Remittance Advice \(RA\) Dated on or After 1/9/2019](#)
- [General Provider Information manual](#)

Providers May Receive Additional RAs

Effective 1/9/19, providers may see an increase in the number of RAs received each week dependent upon the financial activity occurring during that period. Any payment holds, Accounts Receivable (AR) recoveries and third-party garnishments may be reported on additional RA (separate from the standard RA posted each Monday). For example, if a provider sends in a check and it is applied to the AR or refunded, that activity may be reported on an additional RA. An RA will not be generated if there is no financial activity during that period.

Current claim payments will still be paid on a weekly cycle and RAs will still be posted each Monday. ERA X12 835s will also be posted each Monday. All trading partners/submitters were notified of these changes in the following communication: [ERA X12 835 Reports Schedule Change](#).

RAs will not be distributed on state holidays and instead will be distributed the following business day. Upcoming holidays are noted on the [Provider Contacts web page](#).

Paper Claim Form Signature Requirements

Providers are reminded that signatures are required when sending paper claims. Typed names are **not** accepted. A stamped signature is acceptable. Individual rendering providers do not need to sign; a representative from the group may sign the claim form.

This applies to the [Institutional Provider Certification](#), the Dental Certification, and the signature field on the paper CMS 1500 form. However, all providers should be submitting electronically unless they have approval due to submitting less than 5 claims per month.

Reconsiderations do not need to be sent on paper. If a claim denies, the provider should make the necessary corrections and resubmit the claim electronically as a new claim.

Featured Provider Resources

Upcoming Holiday - Martin Luther King, Jr. Day

On Monday, 1/21/19, state offices and the ColoradoPAR Program will be closed in observance of Martin Luther King, Jr. Day. DentaQuest and DXC will be open.

Upcoming holidays are posted to the [Provider Resources web page](#) and on the last page of every [monthly Provider Bulletin](#).

Updated Home & Community Based Services (HCBS) Rate Schedules

HCBS rate schedules with rates effective 1/1/19 for the following waiver programs are now available on the [Provider Rates & Fee Schedule web page](#):

- [Elderly, Blind, and Disabled \(EBD\), Community Mental Health Supports \(CMHS\), Brain Injury \(BI\), Community Mental Health, Spinal Cord Injury \(SCI\)](#)
- [Children's Home and Community Based Services \(CHCBS\), Children with Life Limiting Illness \(CLLI\)](#)
- [Children's Habilitation Residential Program \(CHRP\)](#)
- [Colorado Choice Transitions \(CCT\)](#)
- [Developmental Disabilities \(DD\), Supported Living Services \(SLS\), Children's Extensive Supports \(CES\)](#)

2019 Healthcare Common Procedure Coding System (HCPCS) Updates Special Bulletin

The Centers for Medicare & Medicaid Services (CMS) released the deletions, changes and additions to the annual 2019 Healthcare Common Procedure Coding System (HCPCS) effective for dates of service on or after 1/1/19.

The [Special Bulletin – HCPCS Updates 2019 \(B1900426\)](#) is now available on the [Bulletins web page](#).

2019 HCPCS Pediatric Behavioral Therapy Codes

The 2019 HCPCS update includes coding for Applied Behavioral Analysis services. The Department has implemented the new HCPCS Pediatric Behavioral Therapy codes. The existing codes will not be reimbursed for services provided on or after 1/1/19. In addition to the code changes, new codes have been added for group services.

The crosswalk for existing codes and the new codes were provided in an [email communication sent to all Pediatric Behavioral Therapy providers](#). A copy of the email communication is available on the [Provider News web page](#) under the Pediatric Behavioral Therapy drop-down section.

Recently Added Issues

Pediatric Behavioral Therapy Claims (Provider Types 83 and 84) Suspended or

Denied for Duplicate for Procedure Code H0046 with Modifier TJ

Pediatric Behavioral Therapy claims billed with both procedure codes H0046 (without modifier TJ) and H0046 (with modifier TJ) are incorrectly denying when both procedure codes were billed for the same day for EOB 0101 – "This is a duplicate service." This issue was previously resolved for provider types 24 and 25 and now is impacting provider types 83 and 84.

DXC and the Department are working to resolve this issue. Claims will be reprocessed by DXC.

Recently Resolved Issues

No new Resolved Issues have been posted to the website. DXC and the Department are aware of several new resolved issues and will be adding this information to the Known Issues page in the coming weeks.

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