COLORADO
Department of Health Care Policy & Financing

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.

Hot Topics

Service, Mailing and Billing Addresses
There are three different provider address fields in the Colorado interChange. Below is the definition and usage for each type of address.

- **Service location address:** This is the location at which the provider renders services. This address populates the Find a Doctor directory used by members. It is also the address used for maintenance updates, enrollment approvals or enrollment applications being returned to the provider. If the provider shares a National Provider Identification (NPI) number, the zip code associated with this location is also used for claims. The email address associated with the service location is used to send provider communications such as newsletters and bulletins.
- **Mailing address:** This address is where paper Prior Authorization Request (PAR) letters are sent if the provider is not receiving PAR letters electronically.
- **Billing address:** This address is where paper checks and remittance advice statements are sent if the provider is not receiving them electronically. **Note:** The billing address must match the address on the provider's W-9.

All addresses can be updated through the Provider Web Portal. Refer to the Provider Maintenance Provider Web Portal Quick Guide, available on the Quick Guides and Webinars web page, for detailed, step-by-step instructions on updating address information.

Featured Provider Resources

General Provider Information Manual
The General Provider Information Manual, available on the Billing Manuals web page, is a valuable resource for Health First Colorado (Colorado's Medicaid Program) enrolled providers.

Providers are encouraged to familiarize themselves with the manual and reference it for program and billing guidelines.

The General Provider Information Manual contains the following information:

- Billing
- Change of Ownership
- Co-pay
- Eligibility and Benefits
- Federal Income Reporting
- Locum Tenens
- Member Billing
- Medicare Crossover Billing
- Non-physician Practitioners
- Provider Responsibilities
- Requests for Reconsideration
- Third-Party Liability
- Timely Filing

Recently Added Issues

Medicare Crossover Claims Not Paying Correctly
Some Medicare crossover claims are not paying correctly when Medicare denied the charges, or the benefits were exhausted.

DXC and the Department are working to resolve the issue.

Claims will be reprocessed by DXC.

Recently Updated Issues

Resolved 10/7/17: Multi-Surgery Claims Suspending for Clinic Providers for Explanation of Benefits (EOB) 0110 – No Additional Benefit for this Service
Multi-surgery claims for clinic providers were suspending for EOB 0110 - "There is no additional benefit for this service. Payment for this procedure was included in the payment for the primary procedure."

This issue was affecting claims with multiple lines of surgical codes as well as multiple surgery modifiers: bilateral procedures (modifier 50), co-surgeon (modifier 62) and assistant surgeon (modifier 80).

Providers were previously advised to continue to submit multiple surgery claims as usual.

An interim solution was implemented on 10/7/17 to manually process these claims rather than allowing them to suspend. The long-term solution was implemented on 2/20/19 to stop these claims from suspending and automate claims processing. Since manual processing is no longer needed for multi-surgery claims with modifiers 50, 62 or 80, providers may experience shorter claims processing turnaround times.

Some affected claims were processed on 10/7/17. The remaining affected claims will be reprocessed by DXC.

Issue resolved 10/7/17

UPDATE 2/21/19: This entry has been updated to reflect long-term issue resolution.

Resolved 2/14/19: Co-Pay Deductions Applied to Pediatric Behavioral Therapy Claims for CPT Codes 97151, 97153, 97154, 97155 and 97158
Co-pay deductions were being applied to Pediatric Behavioral Therapy claims for CPT Codes 97151, 97153, 97154, 97155 and 97158. Per program policy, Pediatric Behavioral Therapy claims should not be subject to co-pays.

Claims were reprocessed by DXC on 2/22/19.

Issue resolved 2/14/19

UPDATE 2/22/19: This entry has been updated to reflect completed claims reprocessing.

Recently Resolved Issues

Resolved 2/22/19: Professional Claims for CPT Codes 70000 – 79999 with Modifier 76 or 77 Denying for EOB 0101 – "This Is a Duplicate Service"
Physician services/clinic providers and x-ray facility professional claims billed for CPT codes 70000 – 79999 with modifier 76 or modifier 77 were denying for EOB 0101 – "This is a duplicate service," if the provider also submitted a separate claim for the same CPT code (regardless of the modifier).

Claims will be reprocessed by DXC.

Issue resolved 2/22/19

Resolved 2/22/19: Pediatric Behavioral Therapy Claims Denying for Explanation of Benefits (EOB) 2030 – "The Services Must be Billed to Denver Health Medicaid Choice Plan"
Pediatric Behavioral Therapy claims were denying for EOB 2030 - "The services must be billed to Denver Health Medicaid Choice plan." Denver Health does not cover pediatric behavioral therapy claims.

Claims will be reprocessed by DXC.

Issue resolved 2/22/19

Resolved 2/22/19: Pediatric Behavioral Therapy Claims Denying for Explanation of Benefits (EOB) 2029 - "The Services Must Be Billed to the Member's RAE"
Pediatric Behavioral Therapy Claims were denying for EOB 2029 - "The services must be billed to the member's RAE." Regional Accountable Entities (RAEs) do not cover Pediatric Behavioral Therapy and claims should be billed directly to DXC.

Claims will be reprocessed by DXC.

Issue resolved 2/22/19

Resolved 2/16/19: Authorization Status Not Matching Prior Authorization Request (PAR) Letter
As of 2/7/19, Authorization Details in eQSuite® did not match the PAR letter on the Provider Web Portal.

Until the solution was implemented on 2/16/19, new prior authorizations that were approved by eQHealth from 2/14/19 to 2/16/19 were not being posted to the Provider Web Portal. Now that the issue has been resolved, new prior authorizations approved within that timeframe are available on the Web Portal.

Issue resolved 2/16/19