



Dear Providers,

This email summarizes last week's additions to the [Known Issues & Updates web page](#).

We frequently update our Known Issues & Updates web page, so make sure to check it for updates on a regular basis. Click the button below to visit the Known Issues & Updates web page. Please note that the Known Issues 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

Outpatient Physical and Occupational Therapy (PT/OT) Frequently Asked Questions (FAQs)

PT/OT providers often ask whether the unit limit per 12-month period refers to calendar year. The 12-month period begins when therapy is initiated. The unit limit does not roll over to accumulate more than 48 available units in a 12-month period. Units are available until the limit of 48 has been reached in a 12-month period, then a Prior Authorization Request (PAR) is required.

For additional FAQs and information, refer to the [Outpatient Physical and Occupational Therapy FAQs](#).

Featured Provider Resources

Keep Your Provider Profile Information Up to Date

The information providers keep on file directly correlates to the information displayed for members in the [Provider Directory](#). In order to ensure Health First Colorado (Colorado's Medicaid Program) members have the most up-to-date information, providers are encouraged to update their profile via the [Provider Web Portal](#).

Specifically, providers must update the panel to accept new Health First Colorado members under "Provider Maintenance" and "Network Participation." Refer to the [Provider Maintenance Provider Web Portal Quick Guide](#) for more information.

May Provider Bulletin - Now Available

The [May Provider Bulletin \(B1800415\)](#) was published on 4/27/18 on the [Bulletins web page](#).

Federal Criminal Background Check Frequently Asked Questions (FAQs) Update

The [Federal Criminal Background Check \(FAQs\)](#) have been updated to include information on the following topics:

- An image of the FD-258 card and required fields
- Information for out-of-state provider/owners
- Use of private companies for fingerprint collection
- Selling or sold ownership

Recently Added Issues

Claim Denials for DME Providers for EOB 1064

Claims for DME providers are denying incorrectly for EOB 1064 - "The maximum number of units allowed for this procedure code is two units per state fiscal year. You may resubmit the claim for up to the maximum allowed or submit a prior authorization request with justification of medical necessity." for procedure codes E0961, E0971, E0974, E0995, E221-E226, E2381-E2392, E2394-E2396, K0019, K0040-K0047, K0052, K0070, A5500-A5501, E607, L3001-L3003, L3010, L3020, L3030-L3031, L3040 or L3050.

The two units per fiscal year limit should apply to each procedure code, not combinations of the codes. Currently, interChange is incorrectly limiting combinations of the codes listed above.

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

Recently Updated Issues

Resolved 3/15/18: Incorrect Radiology and Imaging Rates Listed on Fee Schedule

The technical and professional fees for radiology and imaging codes billed with the TC and 26 modifiers were incorrect on the HCPCS Rate Updates Information and Resources fee schedule and in Colorado interChange.

Claims were reprocessed on 4/6/18 and 4/13/18 by DXC.

Issue resolved 3/15/18

UPDATE 4/23/18: This entry has been updated to reflect completed claims reprocessing.

Resolved 4/27/18: Over-Recoupment for Duplicate Durable Medical Equipment (DME/Supply) Provider Claims

Some DME/supply providers (provider type 14) experienced a payment issue after submitting a duplicate claim for supply services. While the Colorado interChange should have denied the duplicate claim, a system error occurred resulting in the claim being paid.

This issue was resolved on 3/14/18. When the claim was adjusted by DXC on 4/6/18 in order to recoup the amount paid for the duplicate claim, an error occurred where the amount recouped was equal to the amounts paid for both the duplicate **and** the original claim.

Claims were reprocessed by DXC on 4/27/18 in order to return payment for the original claim.

Issue resolved 4/27/18

UPDATE 4/27/18: This entry has been updated to reflect completed claims reprocessing.

Recently Resolved Issues

Resolved 4/25/18: Claim Denials for Speech Therapy Procedure Code 92507 for EOB 1030 or 1599

Claims where the billing provider is either type 16 (Clinic - Practitioner) or 48 (Rehabilitation Agency) **and** the rendering provider is type 27 (Speech Therapist - Individual) were incorrectly denying for speech therapy procedure code 92507 for EOB 1030 - "The place of service code is invalid for procedure code" or EOB 1599 - "Rendering Provider Type and/or Specialty is not

allowable for the service billed."

Affected claims will be reprocessed by DXC.

Issue resolved 4/25/18

Resolved 4/27/18: Claim Denials for Speech Therapy Procedure Code 92508 for EOB 1030 or 1599

Claims where the billing provider was either type 16 (Clinic - Practitioner) or 48 (Rehabilitation Agency) and the rendering provider was type 27 (Speech Therapist - Individual) were incorrectly denying for speech therapy procedure code 92508 for EOB 1030 - "The place of service code is invalid for procedure code" or EOB 1599 - "Rendering Provider Type and/or Specialty is not allowable for the service billed."

Affected claims will be reprocessed by DXC.

Issue resolved 4/27/18

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