COLORADO
Department of Health Care Policy & Financing

Dear Providers,

This email summarizes the past three weeks' additions to the Known Issues & Updates web page. 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

How to Verify Member Eligibility and Benefit Plans with Denver Health and Rocky Mountain Organizations
Denver Health and Hospital Authority currently participate with Health First Colorado (Colorado's Medicaid Program) in two benefit plans:

1. Primary Care Medical Provider (PCMP): A fee-for-service provider within the open network of Health First Colorado; and
2. Denver Health Medicaid Choice (PIHP): A closed-network managed care organization.

Health First Colorado members can continue to see any Health First Colorado provider, including specialists, if Denver Health and Hospital Authority shows the benefit plan of "Primary Care Medical Provider."

Rocky Mountain also currently participates with Health First Colorado in two benefit plans:

1. Rocky Mountain Health Plans: An entity within the open network of Health First Colorado; and
2. Rocky Mountain Prime: A closed-network managed care organization.

Health First Colorado members can continue to see any Health First Colorado provider, including specialists, if Rocky Mountain shows the benefit plan of "Regional Accountable Entity."

In order to tell whether the member is enrolled with Denver Health or Rocky Mountain's Managed Care Organization, a provider/practice needs to look specifically at the "Benefit Plan" column on the Managed Care Assignment table of the Provider Web Portal. For step-by-step instructions, reference the recently updated Verifying Member Eligibility and Co-Pay Provider Web Portal Quick Guide.

Tax ID Cannot Be Changed on Existing Provider Enrollment Record
A tax ID cannot be changed on an existing provider enrollment record. If a provider

organization obtains a new tax ID, a new enrollment must be completed and approved. Providers will be assigned a new Health First Colorado (Colorado's Medicaid Program) number, and are strongly encouraged to obtain a new National Provider Identifier for the new tax ID. Please refer to the General Provider Information manual and the Change of Ownership (CHOW) FAQs.

Featured Provider Resources

Updated Provider Web Portal Quick Guides
The following Provider Web Portal Quick Guides have been updated with current examples and additional details:

- Verifying Member Eligibility (including Managed Care Assignment Details and Benefit Plan Information) and Co-Pay
- Adding and Updating Third-Party Liability (TPL) Information

The Provider Web Portal Quick Guides offer step-by-step, illustrated instructions to help providers navigate the web portal. Visit the Quick Guides and Webinars web page for a list of all available Quick Guides.

Emails to Providers Organized by Provider Type
In an effort to improve user navigation, the "Emails to Providers" section of the Provider News web page has been reorganized to categorize email communications sent to providers by specific provider type.

July Provider Bulletin - Now Available
The July Provider Bulletin (B1800418) was published on 6/29/18 on the Bulletins web page.

Update to Appendix R - Remittance Advice Messages
Appendix R - Remittance Advice Messages, which contains a list of Explanation of Benefits (EOB) codes and their descriptions, has been updated to reflect recent changes made with the launch of Accountable Care Collaborative (ACC) Phase II.

These updates include the addition of new EOB codes, as well as description changes for existing EOB codes. Reference the revision log at the end of Appendix R for further details.

Recently Added Issues

Claim Suspends for HCPCS Codes Q9991 – Q9995, Q5103 and Q5104 for EOB 0000 – "The Claim/Service is Pending for Program Review"
The following HCPCS codes are not being processed for payment:

- Q9991
- Q9992
- Q9993
- Q9994
- Q9995
- Q5103
- Q5104

This is causing claims to suspend for EOB 0000 – "The Claim/Service is Pending for Program Review."

Procedure codes Q9991, Q9992, Q9993, Q9994, Q9995 are HCPCS updates effective July 1, 2018. Procedure codes Q5103 and Q5104 are HCPCS updates effective April 1, 2018. The Department and DXC are currently working on getting the rates loaded into the Colorado interChange system for these HCPCS codes.

Claims will be reprocessed by DXC.

Supply Provider Claim Denials for EOB 1178 - "Service is Not Reimbursable for Date(s) of Service"
Supply provider (type 14) claims for code E2377, E2313, E1002, E0973, E2311, K0861 and A9276 are denying for EOB 1178 - "Service is not reimbursable for Date(s) of Service."

DXC and the Department are working to fix this issue.

Claims will be reprocessed by DXC.

Behavioral Therapy (Provider Type 84) Claims with Place of Service (POS) 12 Denying for EOB 0182 and/or EOB 1030
Behavioral therapy (provider type 84) claims billed with POS 12 are denying for one or both of the following EOBs:

- EOB 0182 – "Billing Provider Type and/or Specialty is not allowable for the service billed."
- EOB 1030 – "The place of service code is invalid for procedure code. Correct the place of service code. Refer to the Provider Manual or Help Screens for valid place of service codes."

The Department and DXC are working to resolve the issue.

Claims will be reprocessed by DXC.

Previously Paid Physical and Occupational Therapy Claims Denying for EOB 2305 - "Occupational Therapy and Physical Therapy Services Limited to a Maximum of 48 Units"
The Department initiated a mass adjustment for claims for the Fiscal Year 2017-2018 rate updates. Claims were incorrectly denied for EOB 2305 – "Occupational therapy and physical therapy services limited to a maximum of 48 units." In the Colorado interChange, if an adjustment denies, it retracts the original paid claim.

The Department and DXC are working to resolve this issue.

Claims will be reprocessed by DXC.

Recently Updated Issues

HCBS Claim Denials for Manually Priced Procedure Codes for EOB 0653 – "Claim Requires Manual Pricing. Please Attach Invoice for Medical Services"
HCBS claims are suspending and then denying for the following procedure codes for EOB 0653 - "Claim requires manual pricing. Please attach invoice for medical services." However, please note that HCBS providers are not required to submit an invoice. Once the correct rate source is identified, claims will no longer deny for manual pricing.

- A0100 - Issue not yet resolved. Claims will be reprocessed by DXC.
- A9900 - Issue resolved on 7/13/18. Claims will be reprocessed by DXC.
- D2999 - Issue not yet resolved. Claims will be reprocessed by DXC.
- H0002 - Issue not yet resolved. Claims will be reprocessed by DXC.
- H2024 - Issue not yet resolved. Claims will be reprocessed by DXC.
- S5151 - Issue not yet resolved. Claims will be reprocessed by DXC.
- S5160 - Issue not yet resolved. Claims will be reprocessed by DXC.
- S5161 - Issue not yet resolved. Claims will be reprocessed by DXC.
- S5165 - Issue not yet resolved. Claims will be reprocessed by DXC.
- S5185 - Issue not yet resolved. Claims will be reprocessed by DXC.
- T2028 - Issue not yet resolved. Claims will be reprocessed by DXC.
- T2029 with UA or U1 modifier - Issue resolved on 6/13/18. Claims will be reprocessed by DXC.

- T2038 - Issue not yet resolved. Claims will be reprocessed by DXC.
- V2799 - Issue not yet resolved. Claims will be reprocessed by DXC.

No action is necessary for providers at this time. Updates will be provided when the issue has been completely resolved.

Claims will be reprocessed by DXC. Claims have not yet been reprocessed for any of the affected procedure codes.

UPDATE 7/13/18: This entry has been updated to reflect issue resolution status for procedure code A9900 **only**. Claims have not yet been reprocessed.

Recently Resolved Issues

Resolved 7/13/18: Medical PAR Revisions, Reconsiderations or PARs with Amended Status Not Showing Fully Approved
Some PAR revisions, reconsiderations or any PAR with Amended status were not showing fully approved in the Colorado interChange. The line items of the PAR must show approved or approved with revisions in order for the claims to pay.

Updates have been made in the Colorado interChange and eQ Health has resent PARs to the interChange. If providers encounter PARs that do not show fully approved, they are advised to contact eQ Health.

Claims were reprocessed by DXC in two stages on 7/6/18 and 7/13/18.

Issue resolved 7/13/18

Resolved 7/13/18: Claims Billed for the Professional Component for Radiology and Imaging Services Denying for EOB 1010 – "This Is a Duplicate Item that was Previously Processed and Paid"
Professional claims billed with modifier 26 may have denied for EOB 1010 – "This is a duplicate item that was previously processed and paid" if the separate hospital claim (modifier TC) was paid first.

It was previously announced in the June 2018 Provider Bulletin (B1800417) that the TC modifier will no longer be required on outpatient institutional claims (UB-04) for procedure codes that allow a technical and professional component split. The technical component, not the global service, will be assumed for these codes when billed on the UB-04 claim.

Affected claims will be reprocessed by DXC.

Issue resolved 7/13/18

Resolved 7/13/18: Outpatient Hospital Claims for Radiology and Imaging Services Billed Without TC Modifier Denying for EOB 1010 – "This Is a Duplicate Item that was Previously Processed and Paid"
Outpatient hospital claims billed without the previously required technical component (TC) modifier were denying for EOB 1010 – "This is a duplicate item that was previously processed and paid" if the separate professional component claim (modifier 26) was paid first.

It was previously announced in the June 2018 Provider Bulletin (B1800417) that the TC modifier will no longer be required on outpatient institutional claims (UB-04) for procedure codes that allow a technical and professional component split. The technical component, not the global service, will be assumed for these codes when billed on the UB-04 claim.

Affected claims will be reprocessed by DXC.

Issue resolved 7/13/18

Resolved 7/6/18: Claim Denials for Injections Procedure Codes Q9985, Q9986, Q9989, C9485 and C9489 for EOB 3180 – Procedure Code is Invalid
Claims for procedure codes C9485, C9489, Q9985, Q9986 and Q9989 were previously denied for EOB 3180 – "The procedure code is invalid. Correct the procedure code. Refer to the CPT or the HCPCS listing for valid procedure codes." Please see below for the resolution and reprocessing status of each procedure code affected by this issue:

- C9485 - Issue resolved on 12/22/17. Claims were reprocessed by DXC on 2/9/18.
- C9489 - Issue resolved on 12/22/17. Claims were reprocessed by DXC on 2/9/18.
- Q9986 - Issue resolved on 4/6/18. Claims were reprocessed by DXC on 4/27/18.
- Q9985 - Issue resolved on 7/6/18. Claims will be reprocessed by DXC.
- Q9989 - Issue resolved on 7/6/18. Claims will be reprocessed by DXC.

Issue resolved 12/22/17, 4/6/18 and 7/6/18

Resolved 7/5/18: Provider Web Portal Error When Attempting to View Crossover and Secondary Claims
Provider Web Portal users may have experienced an error when attempting to view crossover and secondary claims for some members. The error message stated: "There has been a problem with your transaction, please try again later. If you were submitting a claim please check to see if your claim has been processed prior to resubmitting."

Issue resolved 7/5/18

Resolved 6/29/18: DME Claims with HCPCS Codes S8120 and S8121 Denying for EOB 1178
Claims for oxygen contents HCPCS S8120 and S8121 with TG modifier for members using ventilators or oxygen in nursing facilities were denying for EOB 1178 - "Service is not reimbursable for Date(s) of Service."

DXC and the Department have resolved the issue.

Claims were reprocessed by DXC 6/29/18.

Issue resolved 6/29/18

Resolved 6/26/18: Supply Provider Claim Denials for A9901 for EOB 1178 - "Service is Not Reimbursable for Date(s) of Service"
Supply provider (type 14) claims for code A9901 were denying for EOB 1178 - "Service is not reimbursable for Date(s) of Service."

It was previously announced in the May 2018 Provider Bulletin (B18004115) that code A9901 should no longer be used for Invoice Manual Pricing, effective for date of service (DOS) 7/1/18. As of DOS 7/1/18, this is a valid denial. However, A9901 should still be payable through DOS 6/30/18, in accordance with Health First Colorado (Colorado's Medicaid Program) policy.

Affected claims were reprocessed by DXC on 6/29/18.

Issue resolved 6/26/18