COLORADO
Department of Health Care Policy & Financing

Dear Providers,

This email summarizes the past week's 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

Member Contact Center Phone Number
The Provider Services Call Center phone number, 1-844-235-2387, is for **providers only** and should not be given out to Health First Colorado (Colorado's Medicaid Program) members. The Member Contact Center phone number is 1-800-221-3943. Call Tracking Numbers (CTNs) are also only for providers and should not be given out to members.

Featured Provider Resources

August Provider Bulletin - Now Available
The August Provider Bulletin (B1800419) was published on 7/31/18 on the Bulletins web page.

Updated Fee Schedule Now Available
An updated Health First Colorado Fee Schedule has been posted to the Provider Rates & Fee Schedule web page.

Provider Resources for Answering Member Questions about Primary Care Providers
Some providers have reported that they have been receiving member questions regarding the assignment of Health First Colorado (Colorado's Medicaid Program) members to Primary Care Medical Providers (PCMPs) following the implementation of the Accountable Care Collaborative (ACC) Phase II on 7/1/18.

Here are some important things you need to know:

- All Health First Colorado members are enrolled in the ACC.
- A Health First Colorado member's assignment to a PCMP does not limit what provider can render services.
- Health First Colorado members have choice of provider, including specialists, and can

change their PCMP at any time (changes are effective the first day of the next month).
- Physical health services continue to be reimbursed fee-for-service, regardless of a member's enrollment in the ACC.

Providers are also encouraged to review the following documents for instructions on verifying member eligibility and PCMP benefit plans:

- How to Verify Member Eligibility and Benefit Plans with Denver Health and Rocky Mountain Organizations
- Provider Web Portal Quick Guide - Verifying Member Eligibility (including Managed Care Assignment Details and Benefit Plan Information) and Co-Pay

For more information on ACC Phase II, visit the ACC Phase II web page.

Recently Added Issues

Physical and Occupational Therapy Claims Paying $0.00
Some physical and occupational therapy claims are currently paying $0.00.

The Department and DXC are working to resolve this issue.

Claims will be reprocessed by DXC, which may result in payment or valid claim denials.

Ambulatory Surgical Center Provider Claim Denials for EOB 0182 – "Billing Provider Type and/or Specialty is Not Allowable for the Service Billed"
Ambulatory Surgical Center (provider type 44) claims for the following procedure codes are currently denying for EOB 0182 – "Billing Provider Type and/or Specialty is not allowable for the service billed."

- 15136
- 19328
- 20912
- 21338
- 21480
- 25116
- 25210
- 26236
- 26525
- 28050
- 28415
- 38505
- 42145
- 43269
- 43870
- 45383
- 46060
- 52300
- 54112
- 62273
- 65210
- 67031
- 67121
- 67141
- 67560
- 67935
- 67950

The Department and DXC are working to resolve this issue.

Claims will be reprocessed by DXC.

Recently Updated Issues

Supply Provider Claim Denials for EOB 1178 - "Service is Not Reimbursable for Date(s) of Service"
Supply provider (type 14) claims for code A9277, A9278, A9280, A4210, A4211, E0274, E0637, E2313, E2331 and L8692 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.

Procedure code A9276 was previously affected by this issue, and the issue was resolved for **this code only** on 7/27/18. Claims have not yet been reprocessed for this procedure code.

Procedure codes E2377, E2313, E1002, E0973, E2311 and K0861 were previously affected by this issue, and the issue was resolved for **these codes only** on 8/1/18. Claims were reprocessed for these procedure codes only on 8/3/18.

UPDATE 8/6/18: This entry has been updated to reflect the current status of issue resolution and reprocessing.

Previously Paid Physical and Occupational Therapy Claims Adjustments Denying for EOB 2305 - "Occupational Therapy and Physical Therapy Services Limited to a Maximum of 48 Units"
DXC and 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.

This issue has been resolved for adjusted claims billed prior to 8/3/18, and these adjustments were reprocessed by DXC on 8/3/18.

The Department and DXC are continuing to work on a long-term resolution for this issue to address adjusted claims billed on or after 8/3/18. While the initial issue affected only DXC-initiated adjustments, after 8/3/18, this issue affects only **some** provider-submitted adjustments. Not all provider-submitted adjustments are affected by this issue.

UPDATE 8/3/18: This entry has been updated to reflect the current status of issue resolution and claims adjustment reprocessing.

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

- Q9991
- Q9992
- Q9995
- Q5103
- Q5104
- Q5105
- Q5106
- C9466

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

Procedure codes Q9991, Q9992, Q9995, Q5105 and Q5106 are HCPCS updates effective July 1, 2018. Procedure codes Q5103, Q5104 and C9466 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.

UPDATE 8/2/18: This entry has been updated to remove procedure codes Q9993 and Q9994 from the list of affected codes. These codes are not covered and will deny in accordance with program policy.

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 resolved on 7/12/18. Claims were reprocessed by DXC on 7/20/18.
- A9900 - Issue not yet resolved. 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.
- T2029 without UA or U1 modifier - Issue resolved on 8/3/18. 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.

UPDATE 8/6/18: This entry has been updated to reflect the current status of issue resolution and reprocessing for procedure codes A0100, A9900 and T2029.

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 were reprocessed by DXC on 7/13/18.
- Q9989 - Issue resolved on 7/6/18. Claims were reprocessed by DXC on 7/13/18.

UPDATE 8/3/18: This entry has been updated to reflect completion claims reprocessing for procedure codes Q9985 and Q9989. All procedure codes affected by this issue have now been resolved and reprocessed.

Resolved 5/31/18: Claim Denials for Procedure Code J2704 for EOB 1381
Claims with procedure code J2704 were denying for EOB 1381 – "No billing rule for procedure."

Claims were reprocessed on 7/6/18 by DXC.

Issue resolved 5/31/18

UPDATE 8/2/18: This entry has been updated to reflect completed reprocessing.

Resolved 11/22/17: Modification to the Source of Nursing Facility Patient Liability Data
For nursing facility and hospice claims received on or after 3/1/2017, Patient Liability was calculated using data from the Colorado Benefits Management System (CBMS). It has been determined the claim data from Value Code 31 (Patient Liability Amount) is generally more accurate; therefore, the Colorado interChange system has been updated to calculate Patient Liability using the Value Code 31 data submitted on the claim.

Nursing facility claims have been reprocessed. Affected hospice claims were also reprocessed by DXC on 03/30/2018; however, many claims that were reprocessed were unable to be paid due to enrollment changes with the nursing facility National Provider Identifier (NPI). Providers are advised to resubmit any outstanding claims that may result in a higher reimbursement due to a change in patient liability.

Issue resolved 11/22/17

UPDATE 8/2/18: This entry has been updated to reflect completed reprocessing, however providers must resubmit any outstanding claims that may result in a higher reimbursement for a change in patient liability.

Recently Resolved Issues

Resolved 7/31/18: Claims for Circumcision Procedure Code Denying for EOB 3280 – "Client's Age is Invalid for this Procedure Code"
Claim detail lines billed for CPT code 54161 were denying for EOB 3280 – "The client's age is invalid for this procedure code. Verify the client's birth date/procedure code." Per program policy, there is no age restriction for this circumcision procedure code. A Prior Authorization **is required**.

Claims were reprocessed by DXC on 8/3/18.

Issue resolved 7/31/18

Resolved 7/18/18: Claim Denials for Clinic Procedure Code 88341 for EOB 1381
Clinic claims for procedure code 88341 billed with modifier 26 and Place of Service (POS) 21 were denying for EOB 1381 – "No billing rule for procedure."

Claims were reprocessed 7/27/18 by DXC.

Issue resolved 7/18/18

Resolved 7/10/18: Clinic Claim Denials for Procedure Code 46220 for EOB 1381 - "No Billing Rule for Procedure"
Clinic claims with procedure code 46220 were denying for EOB 1381 – "No billing rule for procedure."

Claims were reprocessed by DXC on 7/20/18.

Issue resolved 7/10/18

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