



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

High-Risk Providers: Fingerprinting Federal Criminal Background Check Frequently Asked Questions (FAQs) Updated

In response to incoming questions about the requirements for compliance with the Fingerprinting Criminal Background Checks for high-risk providers, the [Federal Criminal Background Check FAQs](#) have been updated.

What if I have already completed the fingerprint criminal background check process for Medicare or another state's Medicaid program? Do I need to do fingerprinting again for Health First Colorado?

If you are required to complete the fingerprint criminal background check process and have already done so with Medicare or another state Medicaid agency, please complete the [Fingerprint Criminal Background Check Other State/Medicare Information Form](#).

The Department will verify fingerprint criminal background check completion for Medicare via the Provider Enrollment, Chain, and Ownership System (PECOS). The Medicare enrollment must be in an approved status and must indicate a "completed pass" result within the last five years to be valid.

The Department will similarly verify fingerprint criminal background check completion with other state Medicaid agencies. If verification cannot be confirmed in PECOS or through another state Medicaid agency within 10 business days, then fingerprints will be required.

What if we don't have an owner with five percent interest? Are we still required to do fingerprinting?

If you do not have individuals meeting this requirement (e.g. you do not have owners as a nonprofit or county board, or all owners are corporations without individuals that meet the indirect ownership threshold, etc.), no action needs to be taken at this time. If your ownership status changes to include individuals with five percent interest, fingerprinting requirements will

apply.

You can review your declared ownership on the [Provider Web Portal](#) under Provider Maintenance in the Disclosure Changes section.

What fields are required for the FD-258 fingerprint cards?

Refer to the [Federal Criminal Background Check FAQs](#) for a complete list of all required fields. If all required fields are not completed, the FD-258 card will be returned and will not be processed. Please note the "ORI, "Employer and Address" and "Reason Fingerprinted" fields should be left blank.

Featured Provider Resources

Sign Up for Provider Email Communications

If you are receiving this email, you are already signed up to receive Provider Bulletins and general announcements. If you would also like to receive emails specific to your provider type, you can [sign up here](#).

[Keeping your contact information up to date in the Provider Web Portal](#) will also help us to ensure that you receive emails specific to your organization's claims.

Looking for a recent newsletter or email? Weekly newsletters and many of the emails sent out to providers are also posted on the [Provider News web page](#).

Colorado interChange Common Questions Special Provider Bulletin

The Department recognizes that this past year has brought significant changes for providers. Based on the provider questions most frequently submitted to the Department and DXC, the Department recently published the [Colorado interChange Common Questions Special Provider Bulletin \(B1800413\)](#) as a helpful resource. In addition to answering the most frequently-asked provider questions, this bulletin also serves as a collection of previously published important information, with links to the original sources.

Recently Added Issues

Physician Services/Clinics - Claim Denials for Procedure Code J2704 for EOB 1381
Claims with procedure code J2704 are denying for EOB 1381 – "No billing rule for procedure."

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

Recently Updated Issues

Claim Denials for Injections Procedure Codes Q9985, Q9986, C9485 and C9489 for EOB 3180 – Procedure Code is Invalid

Procedure code Q9985 is not being processed for payment. This is causing claim denials for EOB 3180 – "The procedure code is invalid. Correct the procedure code. Refer to the CPT or the HCPCS listing for valid procedure codes." This procedure code is part of the quarterly HCPCS update. The Department and DXC are currently working on getting the quarterly HCPCS update codes loaded into the Colorado interChange system. Claims will be reprocessed by DXC.

Claims for procedure codes C9485, C9489 and Q9986 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 not yet resolved. Claims will be reprocessed by DXC.

UPDATE 5/3/18: This entry has been updated to reflect issue resolution and completed claims reprocessing for procedure code Q9986.

Resolved 3/27/18: Claims Denials for Psychotherapy Claims for EOB 2580

Some claims for psychotherapy procedure codes 90887, 96101, 96102, 96103, 96116, 96118, 96119 and 96120 were denying for EOB 2580 – "The services must be billed to the HMO/PHP/BHO listed on the eligibility inquiry."

Claims were reprocessed by DXC on 5/4/18.

Issue resolved 3/27/18

UPDATE 5/4/18: This entry has been updated to reflect completed claims reprocessing.

Resolved 4/16/18: Incorrect Dollar Amount for Co-Pay Deduction on Outpatient Claims for General Hospital and Dialysis Providers

General Hospital providers submitting an outpatient claim with date of service on or after 1/1/18 were experiencing a system issue where an incorrect dollar amount (\$40.00) was applied as a co-pay deduction when the co-pay deduction should have been \$4.00.

Dialysis Center providers submitting an outpatient claim for revenue code 429 with date of service on or after 1/1/18 were also experiencing this system issue where an incorrect dollar amount (\$40.00) was applied as a co-pay deduction when the co-pay deduction should have been \$4.00.

Claims were reprocessed by DXC on 5/4/18.

Issue resolved 4/16/18

UPDATE 5/4/18: This entry has been updated to reflect completed claims reprocessing.

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 were reprocessed by DXC on 5/4/18.

Issue resolved 4/27/18

UPDATE 5/4/18: This entry has been updated to reflect completed claims reprocessing.

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 were reprocessed by DXC on 5/4/18.

Issue resolved 4/25/18

UPDATE 5/4/18: This entry has been updated to reflect completed claims reprocessing.

No new Resolved Issues posted to the website this week. DXC and the Department are aware of several newly-resolved issues and are in the process of developing content to be posted on the Known Issues page as soon as possible.

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