



Dear Providers,

This email summarizes additions to the [Known Issues & Updates web page](#) from the past two weeks. 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.



Known Issues Web Page

Provider Web Portal updates,
known issues, work-arounds,
resolved issues, & general updates

Take me there!

Hot Topics

Requesting a Backdated Enrollment Effective Date

Providers can request an enrollment effective date up to 365 days prior to the current date on their enrollment application from the Request Information Panel by entering the specified date in the Requesting Enrollment Effective Date field. Refer to the example in the [Backdating a New Enrollment Application Provider Enrollment Portal Quick Guide](#).

This applies only to providers starting a new enrollment application and providers resuming an application that is still in process. For providers who are already enrolled and approved, a [Backdate Enrollment Form](#) must be completed and mailed to DXC.

The following documentation must be attached to the enrollment application (if applicable):

- License
- Certifications
- Malpractice/liability insurance
- Board certification
- Enrolled MD or DO for clinics

If any of the above documents are dated **after** the requested enrollment effective date, the earliest backdate allowable is the date of that document. For example, if a provider requests a backdated enrollment effective date of 3/1/18, but the license date is 4/1/18, then 4/1/18 is the earliest allowable enrollment effective date.

Featured Provider Resources

Upcoming Provider Billing Training Sessions

Providers are invited to participate in training sessions for an overview of Health First Colorado billing instructions and procedures. Upcoming workshops scheduled through March 2019 are now listed on the Provider Training Presentation Schedule and Signup area of the [Provider Training web page](#).

Materials used for the training sessions are available on the Provider Training web page under the Billing Training and Workshops drop-down list.

Recently Added Issues

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 are 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.

The Department and DXC are working to resolve this issue.

Claims will be reprocessed by DXC.

Authorization Status Not Matching Prior Authorization Request (PAR) Letter

Some providers are reporting that the Authorization Details in eQSuite® do not match the PAR letter on the Provider Web Portal.

The Department and DXC are investigating this issue and will provide more information as it is available.

Home & Community Based Services (HCBS) Claims Billed for Procedure Codes S5150 and S5151 Denying for EOB 2021 - National Correct Coding Initiative (NCCI) Procedure to Procedure Edit

HCBS claims billed for procedure codes S5150 and S5151 with the same date of service are currently denying for EOB 2021 – "A National Correct Coding Initiative (NCCI) procedure to procedure edit that is comprised of three scenarios: Comprehensive/Component (Column I/Column II) edits, Mutually Exclusive edits, and Action on History. These three scenarios are edits that compare procedure code pairs to identify coding logic conflicts."

The Department is submitting a request to the Centers for Medicare & Medicaid Services (CMS) to remove the restrictions on these procedure codes. If CMS approves, DXC will reprocess claims.

Pediatric Behavioral Therapy Claims Billed for Procedure Codes 97153 or 97155 Denying for EOB 2022 - National Correct Coding Initiative (NCCI) Medically Unlikely Edit (MUE)

Pediatric Behavioral Therapy claims billed for procedure codes 97153 or 97155 are currently denying for EOB 2022 – "A National Correct Coding Initiative (NCCI) Medically Unlikely Edit (MUE) that sets when the units of service are billed in excess of established standards for services that a member would receive on a single date of service for a given CPCS/CPT code."

The Department is submitting a request to the Centers for Medicare & Medicaid Services (CMS) to remove the restrictions on these procedure codes. If CMS approves, DXC will reprocess claims.

Recently Updated Issues

Resolved 12/7/18: DME Provider Funds Recouped in Accordance with House Bill (HB) 18-1329

In accordance with HB 18-1329, the Department must adjust claims that were paid between 1/1/18 and 4/27/18 at the old rates. On 9/7/18, DXC adjusted the claims, which resulted in recoupment of funds. This issue reoccurred on 9/28/18, resulting in a secondary claims adjustment and recoupment of funds.

The Department distributed supplemental payments to qualified providers on 12/7/18, following the 30-day period allowed for provider feedback on payment calculations (as

described in this communication to DME providers: [DME Provider Examination of Supplemental Payment Calculation in Accordance with HB 18-1329 9-13-2018](#)). The supplemental payment appeared on Remittance Advice (RA) reports as of 12/10/18. The Department has begun weekly recoupments at 10% of the total outstanding accounts receivable balance unless 100% recoupment was requested. The first of these recoupments occurred on 2/8/19 and will appear on RAs beginning 2/11/19.

Issue resolved 12/7/18

UPDATE 2/8/19: This entry has been updated to reflect the current status of fund recoupments.

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 previously reported to be reprocessed by DXC on 7/20/18, however additional affected claims were identified and these were reprocessed by DXC on 11/23/18.
- A9900 - Issue resolved on 9/4/18. Claims were previously reported to be reprocessed by DXC on 10/12/18, however additional affected claims were identified and these were reprocessed by DXC on 1/4/19.
- D2999 - Issue resolved on 9/13/18. Claims were reprocessed by DXC on 11/9/19.
- H0002 - Issue resolved on 8/31/18. No claims were found for reprocessing by DXC.
- H2024 - Issue resolved on 9/13/18. Providers are advised to resubmit affected claims.
- S5151 - Issue resolved on 9/13/18. Claims were reprocessed by DXC on 12/7/18.
- S5160 - Issue not yet resolved. Claims will be reprocessed by DXC.
- S5161 - Issue resolved on 11/14/18. Claims were reprocessed by DXC on 11/23/18.
- S5165 - Issue resolved on 10/23/18. Claims were previously reported to be reprocessed by DXC on 11/2/18, however additional affected claims were identified and these were reprocessed by DXC on 1/4/19.
- S5185 - Issue not yet resolved. Claims will be reprocessed by DXC.
- T2029 with UA or U1 modifier - Issue resolved on 6/13/18. Claims were previously reported to be reprocessed by DXC on 8/10/18, however additional affected claims were identified and these were reprocessed by DXC on 11/30/18.
- T2029 without UA or U1 modifier - Issue resolved on 8/3/18. Claims were previously reported to be reprocessed by DXC on 8/10/18, however additional affected claims were identified and these were reprocessed by DXC on 11/30/18.
- T2038 - Issue resolved on 9/4/18. Claims were reprocessed by DXC on 1/4/19.
- V2799 - Issue resolved on 2/11/19. Providers are advised to resubmit affected claims.

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.

UPDATE 2/12/19: This entry has been updated to reflect issue resolution and reprocessing status for procedure codes D2999, H0002 and V2799.

Recently Resolved Issues

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 will be reprocessed by DXC.

Issue resolved 2/14/19

Resolved 2/1/19: Prior Authorization (PA) Letters Unavailable in the Provider Web Portal

PA letters from 1/8/19 to 1/31/19 were unavailable in the Provider Web Portal. The missing PA letters are now available in the Web Portal. Letters from 1/8/19 to 1/24/19 were posted in the Web Portal on 2/2/19. Letters from 1/25/19 to 1/31/19 were posted in the Web Portal on 2/6/19.

As a workaround until this issue was resolved, providers were advised to contact the [Provider Services Call Center](#) at 1-844-235-2387 and request that the call center representative look up the PA number. Providers could then search that PA number in the Provider Web Portal in order to view and save PA information. After logging into the Provider Web Portal, select the "Care Management" option from the menu, then select the "View Status of Authorizations" option on the Care Management page. Providers can view all of their PAs on the Prospective Authorizations tab or search for specific PAs on the Medical/Dental tab.

If the provider is listed as the billing or rendering provider on the PA, they do not need to know the PA number to search for it. Only the following search criteria is required:

- At least one field in the "Authorization Information" section; or
- At least one field in the "Provider Information" section; or
- Member ID or Last Name, First Name and Birth Date in the "Member Information" section

Issue resolved 2/1/19

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