



Dear Pediatric Behavioral Therapy Providers,

This email summarizes the current status of recent known issues affecting Pediatric Behavioral Therapy providers. The issues listed below have been added or updated on the [Known Issues & Updates web page](#) within the past six 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!

Known Issues

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 this issue.

Claims will be reprocessed by DXC.

Co-Pay Deductions Applied to Pediatric Behavioral Therapy Claims for CPT Codes 97151, 97153, 97154, 97155 and 97158

Co-pay deductions are currently 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.

The Department and DXC are working to resolve this issue.

Claims will be reprocessed by DXC.

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.

Resolved Issues

Resolved 2/8/19: Pediatric Behavioral Therapy Claims Denying for Explanation of Benefits (EOB) 2030 – “The Services Must be Billed to Denver Health Medicaid Choice Plan”

Pediatric Behavioral Therapy claims were denying for EOB 2030 - "The services must be billed to Denver Health Medicaid Choice plan." Denver Health does not cover pediatric behavioral therapy claims.

Claims will be reprocessed by DXC.

Issue resolved 2/8/19

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 Perspective Authorization 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

Resolved 1/31/19: Pediatric Behavioral Therapy Claims (Provider Types 83 and 84) Suspended or Denied for Duplicate for Procedure Code H0046 with Modifier TJ

Pediatric Behavioral Therapy claims billed with both procedure codes H0046 (without modifier TJ) and H0046 (with modifier TJ) were incorrectly denying when both procedure codes were billed for the same day for EOB 0101 – "This is a duplicate service." This issue was previously resolved for provider types 24 and 25 and is now resolved for provider types 83 and 84.

Claims were reprocessed by DXC on 2/1/19.

Issue resolved 1/31/19

Resolved 1/23/19: Claims Suspending for HCPCS 2019 Procedure Codes for EOB 0000 – “This Claim/Service Is Pending for Program Review”

Claims billed with a HCPCS 2019 procedure code were suspending for EOB 0000 - “This claim/service is pending for program review.” The Colorado interChange has been updated with the 2019 HCPCS billing codes based on the Centers for Medicare & Medicaid Services (CMS) annual release of deletions, changes and additions.

Claims were reprocessed by DXC on 2/1/19.

Issue resolved 1/23/19

Featured Provider Communication

The following information is an excerpt from an [email communication sent to Pediatric Behavioral Therapy providers on 1/4/19](#). A copy of the email communication is available on the [Provider News web page](#) under the Pediatric Behavioral Therapy Providers drop-down section. To receive emails specific to Pediatric Behavioral Therapy, [sign up by selecting the provider type email list\(s\) that best apply](#).

HCPCS 2019 Codes on Prior Authorization Requests (PARs)

Pediatric Behavioral Therapy services require prior authorization. The new HCPCS 2019 codes must be added to the PAR for dates of service on or after 1/1/19. The Department and eQHealth Solutions, Inc have developed a process to revise approved PARs that overlap with the code changes. This process is used for all providers with HCPCS coding changes to minimize delay and burden for the provider and ensure accuracy of the PAR modification.

Existing PARs

Providers that have approved PARs that extend beyond 12/31/18 must enter a request for a modification with via a HelpLine ticket through eQSuite®, or by calling eQHealth. The modification request should include the new codes requested as of 1/1/19 and the number of units remaining on the approved PAR as of 12/31/18 at midnight. Once approved, eQHealth will transmit the modified PAR to the Colorado interChange.

New PARs

eQSuite® currently does not have the new codes available to enter a PAR for new services starting on or after 1/1/19. Once the codes are available, a follow-up communication will be sent to notify providers. PARs will be retroactively authorized for the period that providers were not able to request a PAR. Contact eQHealth’s ColoradoPAR Provider Helpline at 1-888-801-9355 with any questions or visit the [ColoradoPAR Program website](#) for more information.

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