



Dear Provider,

If you do not provide behavioral therapy services, you may disregard this message.

On January 28, 2019, [providers were notified](#) that claims billed with a HCPCS 2019 procedure code were no longer suspending for Explanation of Benefits (EOB) 0000 - "This claim/service is pending for program review" as of January 23, 2019, when the HCPCS 2019 codes were loaded to the Colorado interChange.

This message is to notify providers that the new HCPCS 2019 procedure codes are now available in eQSuite®. Providers can now submit a Prior Authorization Request (PAR) in eQSuite® for new services starting on or after January 1, 2019. PARs will be retroactively authorized for the period that providers were not able to request a PAR.

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.

Providers that have approved PARs that extend beyond December 31, 2018, must enter a request for a modification via a HelpLine ticket through eQSuite®, or by calling eQHealth. The modification request should include the new codes requested as of January 1, 2019, and the number of units remaining on the approved PAR as of December 31, 2018, at midnight. Once approved, eQHealth will transmit the modified PAR to the Colorado interChange.

Contact eQHealth's ColoradoPAR Provider Helpline at 1-888-801-9355 with any questions or visit the [ColoradoPAR website](#) for more information.

Thank you,

Department of Health Care Policy & Financing

Dear Provider,

If you do not provide behavioral therapy services, you may disregard this message. Procedure codes for health care services are updated annually in January to add new codes, remove obsolete codes, update existing codes and replace codes that have changed. Current Procedure Terminology (CPT) is determined and published by the American Medical Association (AMA), and Healthcare Common Procedure Coding System (HCPCS) is determined and published by Centers for Medicare & Medicaid Services (CMS).

Claims billed with a HCPCS 2019 procedure code will suspend for Explanation of Benefits (EOB) 0000 - "This claim/service is pending for program review" until the updates are completed in the Colorado interChange. Once the rates are loaded, the claims will be released. Providers do not need to rebill.

New Codes for Pediatric Behavioral Therapy

The 2019 HCPCS update includes coding for Applied Behavioral Analysis services. The

Department of Health Care Policy & Financing (the Department) has implemented the new HCPCS Pediatric Behavioral Therapy codes. The existing codes will not be reimbursed for services provided on or after January 1, 2019. In addition to the code changes, new codes have been added for group services. The crosswalk for existing codes and the new codes are provided in the table below.

2018 Proc Code	2018 Proc Mods	NEW CODE	2019 Rate	2019 Unit
H0046		97153	\$13.37	Per 15 Minutes
NEW 2019		97154	\$6.69	Per 15 Minutes
H0046	TJ	97155	\$20.85	Per 15 Minutes
NEW 2019		97158	\$10.43	Per 15 Minutes
T1024		97151	307.35	Per Assessment
T1024	TJ	97151 TJ	\$36.06	Per 30 minutes

Prior Authorization Requests (PARs)

Pediatric Behavioral Therapy services require prior authorization. The new codes must be added to the PAR for dates of service on or after January 1, 2019.

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 December 31, 2018, must enter a request for a modification via a HelpLine ticket through eQSuite®, or by calling eQHealth. The modification request should include the new codes requested as of January 1, 2019, and the number of units remaining on the approved PAR as of December 31, 2018, 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 January 1, 2019. 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 website](#) for more information.

Thank you,

Department of Health Care Policy & Financing

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

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