



# Provider News & Resources

April 14, 2023 Issue 67

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## **Internal Control Number (ICN) and Region Codes Guide**

Each claim and adjustment in Colorado interChange is assigned a unique claim number, known as the Internal Control Number (ICN).

The Region Code, the first two digits of the ICN, indicates how Health First Colorado received the claim or adjustment request.

Refer to the resources below for more information on the ICN and Region Code:

- [Internal Control Number \(ICN\) Guide](#)
- [Region Codes Information Sheet](#)

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## **Recently Updated Billing Manuals**

Speech, Physical, and Occupational  
Therapy Claims Denying for EOB  
3054

Resolved Known Issue: Dental Rate  
Updates for New HCPCS Effective  
January 1, 2023

- [Medical and Surgical Services](#)

Visit the [Billing Manuals web page](#) to  
locate all published manuals.

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## **Reminder: Integrated Behavioral Health Care Grant Application Due April 26, 2023**

The Integrated Care Grant Program's Request for Applications (RFA) was released on **March 22, 2023**. [House Bill \(HB\) 22-1302](#) passed in May 2022 with the goal of supporting, improving and expanding integrated behavioral health services in Colorado. The legislation appropriated \$31 million toward this task with most of these funds going directly to providers to expand access to integrated behavioral health services.

Through this grant program, funding is being offered for physical and behavioral health care providers. These providers will expand access to care and treatment for mental health and substance use disorders using an evidence-based integrated care model.

Visit the [Integrated Care Grant web page](#) for more grant information. Visit the [ARPA Grant Opportunities web page](#) to review the RFA.

Contact [hcpf\\_integratedcare@state.co.us](mailto:hcpf_integratedcare@state.co.us) with any questions.

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## **Nursing Facilities and Assisted Living Residences**

### **Frequently Asked Questions Document Now Available**

A frequently asked questions (FAQ) document titled "Accessing Regional Accountable Entity (RAE) - Covered Behavioral Health Services in Long-term Care Settings" has been published.

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This FAQ presents the authority, parameters, and processes related to accessing Regional Accountable Entity (RAE)-covered behavioral health services for Health First Colorado members living in long-term care settings. The FAQ is intended to be a resource for facilities and clinical staff to secure appropriate care for residents needing behavioral health services.

Visit the [Accountable Care Collaborative Phase II - Provider and Stakeholder Resource Center web page](#) under the Provider Resources section to review the FAQ document.

Contact [Kara Gehring at Kara.Gehring@state.co.us](mailto:Kara.Gehring@state.co.us) with any questions.

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## Featured Quick Guide:

### **Verifying Member Eligibility (Including Managed Care Assignment Details and Benefit Plan Information) and Co-Pay**

The Quick Guide was updated to display the **difference** between coverage under the Family Planning (FAMPL) benefit and the Emergency Medical and Reproductive Health Program (EMS).

Refer to the [Verifying Member Eligibility Quick Guide](#) to review the updated information in Step 6:

#### **FAMPL**

- The updated screenshot displays benefit details for a member covered by the FAMPL benefit. A member with FAMPL is eligible for family planning services or family planning-related services when the intent of the service is to delay, prevent or plan for a pregnancy.

#### **EMS**

- The updated screenshot displays benefit details for a member covered by EMS. EMS is a limited benefit that covers both emergency and family planning services.

Visit the [Quick Guides web page](#) to locate all published Provider Web Portal Quick Guides.

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## Known Issues

### **Some Adult Long Term Home Health Claims Denying for Prior Authorization**

Some Home Health Claims may deny due to no Prior Authorization (PA) being found as some PAs have not yet been loaded into the Colorado interChange.

A resolution to this issue is in process.

Affected claims will be reprocessed.

## Resolved Issues

### **Resolved 04/10/23**

#### **Home Health Claims Denying for Explanation of Benefits (EOB) 4761**

Claims for Home Health using Private Duty Nurse (PDN) revenue codes 552, 559, 580, 581, and 582 billed were denying for EOB 4761 "Contract Restriction on Revenue Code Coverage Rule" only.

Providers are encouraged to resubmit these denied claims, separating each detail so that the claim detail must end on 4/2, or start on 4/3.

For example, if a claim has one detail with the span of 4/1/23-4/6/23, this must be separated into 2 details putting the relevant units, etc. into each one:

Detail 1: 4/1/23 - 4/2/23

Detail 2: 4/3/23 - 4/6/23

Issue resolved 4/10/23

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## **Resolved 04/07/23**

### **Home Health Claims Denying for Explanation of Benefits (EOB) 1331**

Claims for Home Health using Private Duty Nurse (PDN) revenue codes 552, 559, 580, 581, and 582 were denying for EOB 1331 - "No billing rule for revenue code".

Affected claims were reprocessed on 4/7/23.

Issue resolved 4/7/23

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## **Resolved 04/12/23**

### **Claims Denying for Outpatient Speech Therapy, Physical Therapy and Occupational Therapy Provided via Telehealth for Explanation of Benefits (EOB) 3054 – “EVV Record Required and Not Found”**

Claims submitted after April 1, 2023, for Electronic Visit Verification (EVV) Implementation for Outpatient Speech Therapy, Physical Therapy and Occupational Therapy providers were denying incorrectly for Explanation of Benefits (EOB) 3054 – “EVV Record Required and Not Found”.

Affected claims were reprocessed on 4/14/23.

Issue resolved 4/12/23

In the [December 2022 Provider Bulletin \(B2200487\)](#) located on the Bulletins web page, the Department stated that EVV would be required for outpatient therapies provided via telehealth beginning April 1, 2023. This change in policy has not occurred. The policy will continue with an exemption for EVV. Contact [hcpf\\_evv@state.co.us](mailto:hcpf_evv@state.co.us) with any EVV questions.

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## **Resolved 04/05/23**

### **Dental Rate Updates for New HCPCS Effective January 1, 2023**

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On January 1, 2023, the annual 2023 Healthcare Common Procedure Coding System (HCPCS) was implemented with deletions, changes and additions effective for dates of service on or after January 1, 2023. New dental codes effective January 1, 2023, have been retroactively implemented to coincide with these updates.

Claims billed with a dental HCPCS 2023 procedure code were suspending for EOB 0000 - "This claim/service is pending for program review". The Colorado interChange was updated on 04/04/23. No affected claims were found for release.

Code descriptions are not contained in this bulletin. The descriptions are copyrighted by the American Medical Association (AMA). Providers should reference the 2023 HCPCS and Current Procedural Terminology (CPT) coding manuals for procedure code descriptions. These coding manuals may be purchased through the AMA and publishers such as OptumInsight.

#### **New Procedure Codes**

D0372	D0373	D0374	D0387	D0388
D0389	D0801	D0802	D0803	D0804
D1781	D1782	D1783	D4286	D6105
D6106	D6107	D6197	D7509	D7956
D7957				

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