



Dear Provider,

Inpatient hospital claims with dates of service on or after July 1, 2018, were denying for the following Explanation of Benefits (EOB) codes when subject to All Patient Refined Diagnosis Related Groups (APR/DRG) payment where the member was not Medicaid-eligible for the entire inpatient hospital stay.

- EOB 2029 - The Services Must Be Billed to The Members RAE.
- EOB 2030 - The Services Must Be Billed to Denver Health Medicaid Choice Plan.
- EOB 2031 - The Services Must Be Billed to Rocky Mountain Health Plan Prime.

As an interim solution, impacted, denied claims were manually reprocessed according to the appropriate DRG pricing. Current claims should adjudicate and pay appropriately.

Thank you,

Department of Health Care Policy & Financing

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