



# Provider News & Resources

December 14, 2020 | Issue 10

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## *Featured Resources:*

**NEW** [Provider Manual for Residential and Inpatient Substance Use Disorder \(SUD\) Services](#)

## [For Our Providers](#)

## *Upcoming Holidays:*

**Christmas Eve**  
**Thursday, December 24** -  
State Offices, DentaQuest,  
Gainwell Technologies and  
the ColoradoPAR Program  
will be open.

**Christmas Day**  
**Friday, December 25** -  
State Offices, DentaQuest,  
Gainwell Technologies and  
the ColoradoPAR Program



## Laboratory Providers

### Health First Colorado Recovery Audit Contractor (RAC)

Health Management Systems, Inc. (HMS) is the Recovery Audit Contractor (RAC) to conduct post-payment reviews of claims submitted for fee-for-service, Child Health Plan *Plus* (CHP+) and managed care services. This is in compliance with Section 6411(a) of the Affordable Care Act and is a federally-mandated contract program.

HMS began reviews in 2017 to identify and recover any overpayments made to providers for Health First Colorado (Colorado's Medicaid Program) claims. Providers are invited to attend one of two offered training sessions to learn about the RAC process and the HMS RAC Provider Portal.

Refer to the [flyer](#) for dates and times the training will be offered. If unable to attend either session, visit the [Recovery Audit Contractor \(RAC\) Program web page](#) for training materials, resources and information available for providers.

HMS has published provider resources which includes a webinar and Frequently Asked Questions (FAQs). Visit the [HMS Colorado RAC web page](#) for additional information.

## Recently Published Billing Manuals

- [Appendix O - EAPG Impatient Only List](#)
- [Appendix R - Remittance Advice \(RA\) Messages](#)

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

will be closed.

The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks.

Upcoming holidays are posted to the [Provider Resources web page](#) and on the last page of every monthly [Provider Bulletin](#).



Happy Holidays!

## Known Issues & Updates

### Professional Claims Denying for Explanation of Benefits (EOB) 7802 or 7817

Professional claims billed with the following procedure codes and modifiers are denying for EOB 7802 - The non-payment modifier is not appropriate with the billed procedure code.

<u>Modifier</u>	<u>Procedure Codes</u>
TG	S8121, S8120, 98969
EP	90791, 90792, 90785, 90832, 90833, 90834, 90836, 90837, 90839, 90840, 90846, 90847, 90853, 90863, 96101, 96102, 96110
HD	59899
AB	59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, 59866

and

Professional claims billed with the following procedure codes and modifiers are denying for EOB 7817 - The payment modifier is not appropriate with the procedure code billed.

<u>Modifier</u>	<u>Procedure Codes</u>
52	S8121, S8120, 98969
AA, AD	59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, 59866

A resolution to this issue is in process. Affected claims will be reprocessed.

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### Behavioral Health Claims for Codes 97151, H0031, H0036, H2015 & TJ Modifier Denying for Explanation of Benefits (EOB) 7802

Behavioral health claims for procedure code 97151, H0031, H0036, H2015 billed with the TJ modifier are denying for EOB 7802 – “The non-payment modifier is not appropriate with the billed procedure code.”

## Resolved Issues

Resolved 12/9/20

### Professional Claims Denying for "Unbundling" Explanation of Benefits (EOB) 7804

Some professional claims were denying for EOB 7804 – "Separately billed services must be bundled as they are considered components of the same procedure. Separate payment is not allowed."

- Where the services are included in the unbundling rule; AND
- Where the billing provider is the same but the rendering provider is different

**Example:** Certified nurse midwives may serve as assistant surgeon during a cesarean section. Both the certified nurse midwife claim and surgeon claim are allowable as long as the detailed rendering providers are different on each claim.

Affected claims will be reprocessed.

Issue resolved 12/9/20

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Resolved 12/10/20

### Claims for COVID-19 Procedure Codes 87636, 87637 & 87811 Suspending for Explanation of Benefits (EOB) 0000

Claims billed with COVID-19 procedure codes 87636, 87637 and 87811 were suspending for EOB 0000 - "This claim/service is pending for program review."

Claims were released 12/10/20.

Issue resolved 12/10/20

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Resolved 12/12/20

### Behavioral Health Claims Billed by Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs) or Indian Health Services (IHS)

#### FQHC Denying for Explanation of Benefits (EOB) 2029

Some outpatient behavioral health claims billed by FQHC, RHC or IHS-FQHC providers are denying for EOB 2029 - "The Services Must Be Billed to The Members RAE."

Affected claims will be reprocessed.

Issue resolved 12/12/20

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