COLORADO
Department of Health Care Policy & Financing

Provider News & Resources

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In This Issue:

Featured Resources:

Upcoming Holidays:

Frances Xavier Cabrini Day - Monday, October 4 State Offices will be closed. Gainwell Technologies, the ColoradoPAR Program and DentaQuest will be open.

Recently Published Electronic Data Interchange (EDI) Companion Guides

- v5010X12 837I Companion Guide
- v5010X12 837P Companion Guide
- v5010 X12 837D Companion Guide

Visit the EDI Support web page to locate all published guides and EDI Support information.

Recently Published Billing Manuals

- Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs

Visit the Billing Manuals web page to locate all published manuals.

Durable Medical Equipment (DME) Providers:

Procedure Code S1040
Cranial Remolding Orthosis

Effective July 1, 2021, the rate for procedure code S1040 was reduced. The rebalancing of this procedure code was identified through the Prosthetics, Orthotics and Supplies recommendation in the 2020 Medicaid Provider Rate Review Recommendation Report.

Refer to the email titled, Procedure Code S1040 Cranial Remolding Orthosis 9-3-2021, for additional information.

Submitting a Claim with Medicare Replacement Plan Information

A Medicare Advantage plan, such as a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO), is another Medicare health plan choice a member may have as part of Medicare. If a member has a Medicare Advantage plan, the primary billing information should be reported on a claim in the Medicare fields, not in the Third-Party Liability (TPL) fields.

Refer to the Submitting a Claim with Other Insurance or Medicare Crossover Information on the Quick Guides web page for step-by-step instructions.

EOB Not Required with Claim Submission

Providers do not need to attach a copy of the EOB to claims that have TPL or Medicare primary. TPL and Medicare information should be reported directly on the claim. Providers must keep the EOB and supporting documentation on file.

If a claim with Medicare as primary payer is processed after the 365-day window, providers have an additional 120 days from the Medicare payment or denial and must include the Medicare EOB date on the claim. Providers are reminded that all claims, including TPL and Medicare claims, should be filed electronically.

Recoupments of Third-Party Liability (TPL) Claims by the Recovery Audit Contractor (RAC)

Some provider claim payments identified by Health Management Systems, Inc. (HMS), the Recovery Audit Contractor (RAC), have been recouped for Third-Party Liability (TPL) with Explanation of Benefits (EOB) 8901 - "Other Commercial Insurance Response not received within 60 days for provider based bill." The payment recoupments are a result of the cost avoidance system enhancement implemented in the Colorado interChange (November 2020 Provider Bulletin) to increase the amount of TPL (commercial) policies attached to member records.

Providers are reminded that the RAC audits claims from as far back as seven (7) years from the date the claim was originally paid, identifies overpayments, and assists in recovering any overpayments made to providers for Health First Colorado claims. This review period extends to all claim and provider types. The Department of Health Care Policy & Financing (the Department) recovers the overpayments.

Reference the October 2018 and June 2021 Provider Bulletins or visit the Colorado RAC website for more information on RAC and the HMS RAC Provider Portal. Providers may contact HMS RAC Provider Services (available Monday - Friday, 8:00 a.m. - 5:00 p.m. MT) at 1-877-640-3419.

Hospital Providers

Upcoming Enhanced Ambulatory Patient Groups (EAPG) Update to Drug Pricing and Reimbursement

September 15, 2021, the Colorado interChange will be updated according to the Enhanced Ambulatory Patient Groups (EAPG) drug re-weight policy effective on June 1, 2020. After the update, outpatient hospital EAPG drug claims will be reimbursed based on the effective, assigned weight schedule on the from date of service.

The Outpatient Hospital Payment web page will be updated accordingly with a listing of the rates. Previously adjudicated claims impacted by the EAPG drug re-weight policy will be adjusted in the coming months. More information will be provided in future communications.

Home & Community-Based Services (HCBS) Waiver Providers

Program Approved Service Agency (PASA)

A Program Approved Service Agency (PASA) is an agency that has been authorized to provide direct community-based services to individuals with intellectual or developmental disabilities approved for Health First Colorado (Colorado's Medicaid program) waiver services. The PASA application involves three primary state departments but is overseen by the Colorado Department of Public Health and Environment (CDPHE):

- Colorado Secretary of State - Register the business with the Colorado Secretary of State before

completing the PASA application paperwork.

- Colorado Department of Public Health and Environment (CDPHE) - Request a PASA application packet by submitting an Electronic Letter of Intent available on CDPHE's Health Facilities and Emergency Medical Services Division website. Upon submission of this form, the PASA application packet will be emailed to you. Complete and review the PASA application packet and submit to the CDPHE for program approval.

- Department of Health Care Policy and Financing (the Department) - After submitting the PASA application to CDPHE, complete and submit a Health First Colorado (Colorado's Medicaid program) Provider Enrollment application to obtain a Health First Colorado billing number.

Upon successful completion of the steps listed above, the CDPHE will schedule the initial on-site inspection and complete the application process.

Visit the CDPHE Program Approved Service Agency web page for more information on the PASA Program. Select "How do I become a Program Approved Service Agency (PASA)" for detailed instructions on submitting a PASA application.

Reminder: Sign Up for Provider Email Communications

Recipients of this email are already signed up to receive Provider Bulletins and general announcements. To receive emails specific to provider type, sign up by selecting the email list(s) that best apply.

Keeping provider contact information up to date in the Provider Web Portal will also help to ensure that providers receive emails specific to their organization's claims. The email address associated with the mailing address in the Web Portal will be used for provider communications. Visit the Provider Maintenance Provider Web Portal Quick Guide web page for instructions on how to access and update the email address on file.

Looking for a recent newsletter or email? Weekly newsletters and many of the emails sent out to providers are also posted on the Provider News web page.

Resolved Issues

Resolved 9/1/21

Durable Medical Equipment (DME) Backup Wheelchair Claims Billed with TW Modifier Denying for Explanation of Benefits (EOB) 7814

Some Durable Medical Equipment (DME) claims for the wheelchair procedure codes listed below with dates of service on or after 9/26/20 billed with the TW modifier (back-up equipment) were denying for EOB 7814 - "This service is not payable for the same date of service as another service included on the current or history claim per National Correct Coding Initiative."

E1050	E1060	E1070	E1083-E1090
E1092	E1093	E1100	E1110
E1130	E1140	E1150	E1160
E1170-E1172	E1180	E1190	E1195
E1200	E1221-E1224	E1230	E1240
E1250	E1260	E1270	E1280
E1285	E1290	E1295	K0001-K0007
K0010-K0012	K0014	K0800-K0802	K0806-K0808
K0812-K0816	K0820-K0831	K0856	K0861
K0899			

Affected claims were reprocessed 9/8/21.

Issue resolved 9/1/21.