

## **Provider News & Resources**

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#### Did You Know?

#### **Claim Submission Methods**

Providers are able to use different methods simultaneously for claim submission.

Using more than one clearinghouse or using a combination of the Provider Web Portal and a clearinghouse is acceptable.

Some Claims for HCPCS 2024 PAD Procedure Codes Suspending EOB 0000

## **Optum Change Healthcare (CHC) Cyber Security Issue**

Gainwell Technologies and Health First Colorado (Colorado's Medicaid program) are aware of a cyber security issue involving Optum Change Healthcare (CHC).

The issue did not impact Gainwell Technologies' network or systems, however some providers may experience difficulty submitting claims through CHC.

Those providers may visit the <u>Provider Web Portal</u> to submit claims or may choose another Electronic Data Interchange (EDI) vendor for claims submissions.

## Attention: Compliancy Notification for Audiology, Therapy, Laboratory, Radiology, Supply and Pediatric Personal Care Providers

# Ordering, Prescribing and Referring (OPR) Providers Required on Claims

If claims currently do not have a referring provider field completed, a change may be needed to billing practices to be compliant with to 42 CFR § 455.410(b).

Providers who utilize the services of Ordering, Prescribing and Referring (OPR) providers are reminded that all OPR National Provider Identifiers (NPIs) must be indicated on a claim in the referring provider field and *must be actively enrolled as an individual with Health First Colorado.* 

Claims with services requiring OPR providers will start denying for Explanation of Benefits (EOB) 1997 - "The referring, ordering, prescribing or attending provider is missing or not

enrolled. Please resubmit with a valid individual NPI in the attending field" if the OPR provider is not listed in the referring provider field or if the OPR provider is not enrolled with Health First Colorado.

Note that claims may currently be paid, but they must include the OPR provider to continue to pay. This may require a change in billing practices.

The OPR field on the CMS 1500 professional claim form is 17b.

Professional claim services or items that require an OPR National Provider Identifier (NPI):

- Audiology Services
- Durable Medical Equipment (DME)/Supplies
- Laboratory Services
- Radiology Services
- Pediatric Personal Care Services
- Physical, Speech and Occupational Therapies

Refer to the program billing manuals on the <u>Billing Manuals web page</u> or visit the <u>Ordering</u>, <u>Prescribing and Referring Claim Identifier Project web page</u> for more information.

## Featured Resource: Revalidation Frequently Asked Questions (FAQ)

#### Are there specific instructions by specialty?

Yes. Visit the <u>Provider Type Information for Revalidation web page</u> to find specific instructions by provider type and specialties.

#### What information can be changed when revalidating?

Refer to the table <u>What information can be updated through revalidation?</u> on the <u>Revalidation web page</u> to review what information can be updated when revalidating. The most common information changes are licenses, disclosures, addresses and contacts.

#### Resources

Revalidation web page

## **Recently Updated Billing Manuals**

- General Provider Information Manual
- Appendix X HCPCS/NDC Crosswalk for Billing Physician-Administered Drugs

Visit the <u>Billing Manuals web page</u> to locate all published manuals.

### **Ambulatory Surgical Center Payment Methodology - Virtual Meetings**

Providers are invited to attend one of two public meetings that will present information about possible changes to the Ambulatory Surgical Center (ASC) payment methodology. Staff from the Department of Health Care Policy & Financing (the Department) will review the current methodology and present a small number of alternative payment methodologies. All attendees will be invited to ask questions. The meetings are informational only.

All stakeholders are invited to attend either or both virtual meetings to learn and ask questions. Both meetings will present the same information. The meetings will be recorded, shared with attendees, and posted to the Department's website.

Feedback will not be gathered at the meetings, but via a Google Form after the meetings.

The feedback will help to determine which, **if any**, change should be pursued. Each option has different associated timelines and constraints that will be considered. Requesting additional resources is a long-term process and getting them cannot be guaranteed.

#### **Meeting Dates and Times**

- Friday, April 5, from 9:00 a.m. MT to 11:00 a.m. MT
- Friday, April 12, from 9:00 a.m. MT to 11:00 a.m. MT

**Registration and Location:** Both will be virtual meetings via Zoom. Register in advance for the meetings.

**Meeting Accommodation and Language Access Notice:** Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Please email Patrick Potyondy at <a href="mailto:Patrick.Potyondy@state.co.us">Patrick.Potyondy@state.co.us</a> at least one week prior to the meeting to make arrangements.

Contact Patrick Potyondy at <a href="mailto:Patrick.Potyondy@state.co.us">Patrick.Potyondy@state.co.us</a> or Chris Lane at Chris.Lane@state.co.us for more information.

## **Known Issues**

## Some Claims for Behavioral Health Services with SC Modifier Are Denying Incorrectly for Explanation of Benefits (EOB) 2029

Some claims for behavioral health services with the SC modifier are denying incorrectly for (EOB) 2029 – "The Services Must Be Billed to the Members RAE."

A resolution is in process.

Affected claims will be reprocessed.

## **Resolved Issues**

Resolved 3/8/24 - Some Claims for HCPCS 2024

Physician-Administered Drug (PAD) Procedure Codes Were Suspending
for Explanation of Benefits (EOB) 0000

Some claims billed with a HCPCS 2024 Physician-Administered Drug (PAD) procedure code were suspending for EOB 0000 - "This claim/service is pending for program review."

The Colorado interChange was updated with the 2024 HCPCS billing codes based on the Centers for Medicare & Medicaid Services (CMS) annual release of deletions, changes and additions.

Claims were recycled on 3/8/2024.

Physician-Administered Drug (PAD) Codes Suspending				
J0184	J0688	J1596	J2799	J9286
J0217	J0873	J1939	J3401	J9321
J0391	J1105	J2404	J9052	J9333
J0402	J1304	J2508	J9172	J9334
J0576	J1412	J2679	J9255	Q5132

Issue resolved on 3/8/2024.