

Provider News & Resources

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Did You Know? Verifying Member Eligibility

Providers are reminded to verify member eligibility prior to rendering services. It is critical for providers to always check the eligibility response at each visit as eligibility may change. Obtaining prior authorization is not a guarantee of eligibility.

Refer to the <u>Verify Member Eligibility and</u> Co-Pay quick quide for more information.



Thanksgiving -Thursday, November 28, 2024

State Offices, Gainwell Technologies, DentaQuest, AssureCare and the ColoradoPAR Program will be closed.

Upcoming Webinar: Medicaid Coverage Housing and Nutrition Services Feasibility Study

Join the Department for an informational webinar about the House Bill 24-1322 Medicaid Coverage Housing and Nutrition Services Feasibility Study. This study explores the feasibility of expanding housing and nutrition services through Health First Colorado (Colorado's Medicaid program). Department staff will provide an overview of the study and answer questions from attendees.

Meeting date and time: December 3, 2:30 p.m. to 3:30 p.m. MT

Registration and location: This webinar will be virtual via Zoom. Register in advance.

Attendees will receive a confirmation email containing information about joining the webinar after registering.

The webinar will be presented in English and Spanish, with slides available in both languages.

Stay updated and review past webinars on the <u>Colorado Department of Health Care Policy</u> and Financing (HCPF) Health-Related Social Needs (HRSN) web page.

Vision Providers: Ordering, Prescribing and Referring (OPR) Claim Identifier Mandate

It is anticipated that effective April 1, 2025, Health First Colorado will begin editing vision services claims for compliance with federal Ordering, Prescribing and Referring (OPR) regulations (42 CFR § 455.440).

The following providers are eligible to order, prescribe or refer vision services when enrolled with Health First Colorado and licensed by the Colorado Department of Regulatory Agencies (DORA) or the licensing agency of the state in which they do business: Optometrists, Ophthalmologists and Physicians.

The following providers are eligible to render vision services when enrolled with Health First Colorado and licensed by the DORA or the licensing agency of the state in which they do business: Optometrists, Ophthalmologists and Opticians.

The OPR provider indicated on the claim must be actively enrolled with Health First Colorado (42 CFR § 455.410(b)). If the indicated provider is not actively enrolled the claim will be denied.

It is important for OPR providers to understand the implications of failing to enroll in Health First Colorado. The providers who render services to Health First Colorado members based on the order, prescription or referral from an OPR provider will not be reimbursed for such items or services unless the OPR provider is enrolled.

Vision providers are reminded to include the OPR providers on claims and to ensure the OPR provider is currently enrolled with Health First Colorado. The OPR field on the CMS 1500 professional claim form is 17b and in fields 76-79 on the UB-04 Institutional claim form. This field may be labeled as Referring Provider in the Provider Web Portal. Claims with services requiring OPR provider(s) will post Explanation of Benefits (EOB) 1997- "The referring, ordering, prescribing or attending provider is missing or not enrolled. Please resubmit with a valid individual National Provider Identifier (NPI) in the attending field" if the OPR provider is not enrolled with Health First Colorado. Claims are not currently set to "deny" for a missing OPR field.

UB-04 outpatient hospital claims would populate the required NPI in the attending provider field (#76) or the Other ID field (#78 or #79).

The OPR mandate is not currently denying claims for missing OPR NPIs, however, missing OPR NPIs will result in claims denials beginning April 1, 2025.

Providers are highly encouraged to sign up to receive Department communications.

Contact the Provider Services Call Center with questions about claim denials.

Policy questions should be directed to Christina Winship at Christina. Winship@state.co.us.

Refer to the <u>Vision Care and Eyewear Manual</u> for more information on billing vision claims.

Refer to the <u>Ordering, Prescribing, and Referring Claim Identifier Project web page</u> for more information about OPR requirements.

Recently Updated Billing Manuals and Fee Schedules

Billing Manuals

- Immunization Rate Schedule
- Vision Care & Eyewear Billing Manual

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

Fee Schedules

• Clinical Diagnostic Laboratory Test, Upper Payment Limit

Visit the Provider Rates and Fee Schedule web page to locate all published fee schedules.

Known Issues

Physician Services/Clinics:

Incorrect Rate on Fee Schedule for Procedure Code 20680

The Health First Colorado July 2024 Fee Schedule posted on the Provider Rates and Fee Schedules web page contains incorrect rate information related to procedure code 20680. The rate information is correct in interChange. The Fee Schedule will be updated as soon as it becomes available.

Speech Therapy:

Inaccurate Portal Display for Speech Therapy Units

The Provider Web Portal is displaying inaccurate units available for speech therapy services. Claims are being processed correctly but the totals displayed in the Provider Web Portal are inaccurate.

Providers may contact <u>Acentra</u> to begin the prior authorization process even if all units have not been utilized.

Resolved Known Issues

Ambulatory Care Services, Hospital-General and Physician Services/Clinics:

Resolved 11/20/24: Claims with Certain Procedure Codes Were Paying Incorrect Rates

Claims billed with procedure codes 51725, 51736, 51741, 51785, 51792, 54240, 54250, 59020, and 62252 have modifier-specific rates on the Fee Schedule for modifiers TC and 26. These claims were paying incorrect global rates even when these modifiers for the professional or technical component are present.

Affected claims were reprocessed on 11/21/24.

Issue resolved 11/20/24.

All Providers:

Resolved 11/22/24: Some Professional Claims and Professional Crossovers Were Paid at an Incorrect Rate

Some professional claims and professional crossovers with Date of Service (DOS) 7/1/23 through 7/23/23 were paid at an incorrect rate due to the annual rate update for fiscal year 2023/2024.

Affected claims were reprocessed 11/22/24.

Issue resolved 11/22/24.

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