



Provider News & Resources

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COVID-19 Vaccine Rate Update

The COVID-19 vaccination reimbursement rate has been increased to reflect extra costs providers might incur in efforts to vaccinate Health First Colorado (Colorado's Medicaid program) or Child Health Plan *Plus* (CHP+) members.

Refer to the [COVID-19 Vaccine Rate Update 2-2-2021](#) email for the information.



Provider Services Call Center Updated Schedule

Effective Friday, February 5, 2020, the hours were changed to **Monday - Friday** from 7:00 a.m. - 5:00 p.m. MT.

Colorado Exchange Re-opening Enrollment

President Joe Biden issued an Executive Order that re-opens enrollment of the Affordable Care Act marketplaces.

While the order pertains to states that use the federal exchange (healthcare.gov), Colorado's exchange ([Connect for Health Colorado](#)) will mirror the order by re-opening enrollment.

Refer to the [From the Executive Director: Federal Government Announces New Open Enrollment Period 2-2-2021](#) email for the information.

Did You Know? Timely Filing

Providers are required to submit claims within 365 days to keep claims within timely filing. If the claim is past 365 days, a resubmission is required within 60 days and must contain the previous internal control number (ICN).

Correspondence with the fiscal agent is not proof of timely filing. The claim must be submitted, even if the result is a denial.

Recently Published Billing Manuals

- [Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs](#)
- [Medical and Surgical Services](#)

Presidents' Day - Monday, February 15 - State Offices, the ColoradoPAR Program, DentaQuest and Gainwell Technologies 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](#).

- [Outpatient Imaging and Radiology](#)
- [Physical and Occupational Therapy \(PT/OT\)](#)

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



Hospital Services Rendered Via Telemedicine



Hospital providers are reminded that the only telemedicine services outpatient hospitals are allowed to bill for are Physical Therapy (PT), Occupational Therapy (OT), and Speech Language Pathology (SLP).

Effective January 7, 2021, all telemedicine services billed with modifier GT on an outpatient claim may deny except PT, OT and SLP.

Services which may be rendered via telemedicine are outlined in the [Telemedicine Billing Manual](#) and [Telemedicine – Provider Information web page](#).

Contact Janna Leo at Janna.Leo@state.co.us with policy questions.

COVID-19 Home & Community-Based Services (HCBS) Rate Increase for Alternative Care Facilities (ACFs), Supportive Living Program (SLP) and Group Residential Services and Supports (GRSS)

In response to the COVID-19 public health emergency, the Colorado interChange has been updated with an 8% rate increase for HCBS Prior Authorization Requests (PARs) with codes for ACF, SLP and GRSS for dates of service from January 1, 2021 – March 31, 2021.

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](#).

Vision Providers

Claims for Vision Code 92310 with Modifier 55 Denying for Explanation of Benefits (EOB) 7817

Some claims for procedure code 92310 billed with the 55 modifier are denying for EOB 7817 – “The payment modifier is not appropriate with the procedure code billed.”

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

Resolved 2/3/21

Nurse Home Visitor Program (NHVP) Claims Billed with HD & TD Modifiers Denying for Explanation of Benefits (EOB) 7802

Nurse Home Visitor Program (NHVP) claims for the following procedure codes billed with the HD & TD modifiers are denying for EOB 7802 – “The non-payment modifier is not appropriate with the billed procedure code.”

The codes are:

99401		99402		99403
99404		99406		99407
G8431		G8510		G9006
T1017				

Affected claims will be reprocessed.

Issue resolved 2/3/21.

Resolved 2/3/21

Professional Claims with LT Modifier Denying for Explanation of Benefits (EOB) 7813

Some professional claims billed with the LT modifier are denying for Explanation of Benefits (EOB) 7813 - “A National Correct Coding Initiative (NCCI) Medically Unlikely Edit (MUE) sets when the units of service are billed in excess of established standards for services that a member receives on a single date of service.”

Affected claims will be reprocessed.

Issue resolved 2/3/21.

Resolved 2/3/21

Durable Medical Equipment (DME) Providers

DME Claims Billed with RR Modifier Denying for Explanation of Benefits (EOB) 7802

Some DME supply claims billed with modifiers RR are denying for EOB 7802 – “The non-payment modifier is not appropriate with the billed procedure code.”

Affected claims will be reprocessed.

Issue resolved 2/3/21.

Resolved Issues

Resolved 2/6/21

New Medicare Part A and Part B 2021 Deductible Amounts

The [Medicare deductibles amounts](#) have increased for 2021 from \$1,408 to \$1,484 for Part A and \$198.00 to \$203.00 for Medicare Part B. Effective February 6, the Colorado interChange has been updated with these new deductible amounts for claims with dates of service on or after January 1, 2021.

Some claims may have denied for Explanation of Benefits (EOB) 3620 – “The Medicare deductible on the claim is greater than the annual amount. The deductible amount must match the amount on the Medicare explanation of benefits. Correct the deductible amount.”

Affected claims will be reprocessed.

Issue resolved 2/6/21.

Please do not reply to this email; this address is not monitored.