



# Provider News & Resources

February 26, 2021 | Issue 17

## *In This Issue:*

Provider Services Call Center Hours of Operation

Did You Know? Medicare Replacement Plan Billing

Featured Quick Guide: Prior Authorizations (PAs)

2021 Updated Fee Schedule

COVID-19 Billing: Tests and Co-Pay

EMS Benefit Plan

New UM Vendor: Kepro

Known Issue: E&M Services Billed with Modifier 24

ClaimsXten™ Resolved Known Issues:

- NHVP Claims with HD & TD Modifiers
- Professional Claims with LT Modifier

Resolved Issues:

- DME RB Modifier
- HCBS Waiver Claims for T2031 with TU Modifier

## *Featured Resources:*

[March Provider Bulletin](#)

## Provider Services Call Center Hours of Operation

The schedule was changed on Friday, February 5, 2020.

The new hours are:

**Monday - Friday from 7:00 a.m. - 5:00 p.m. MT**



## Did You Know?

### Medicare Replacement Plan Billing

If a member has a Medicare Advantage plan, the primary billing information should be reported on a claim in the Medicare fields, **not** as Third-Party Liability (TPL) fields.

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.

Refer to the [Submitting a Claim with Other Insurance or Medicare Crossover Information](#) Quick Guide for more information.

### Featured Quick Guide Prior Authorizations (PAs)

Registered providers and their delegates can view Prior Authorizations (PAs) in the Provider Web Portal. Refer to the [Viewing Prior Authorizations in the Portal](#) Quick Guide for illustrated step-by-step instructions.

Visit the [Quick Guides web page](#) to locate all published Provider Web Portal Quick Guides.

## 2021 Fee Schedule Updates

The [Health First Colorado Fee Schedule](#) for 2021 has been updated on the [Provider Rates & Fee Schedule web page](#).

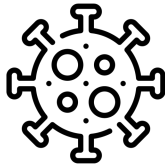
This update aligns the fee schedule with Colorado interChange by updating the age ranges to 0-999

for the following Durable Medical Equipment (DME) codes:

- A9276
- A9277
- A9278
- K0553
- K0554

---

## Incorrect Member Billing for COVID-19 Tests and Co-Pay Amounts



Providers are reminded that members cannot be billed for the covered COVID-19 tests, including rapid tests. Visit the [COVID-19 Information for Health First Colorado and CHP+ Providers and Case Managers web page](#) for the covered codes listed in the COVID-19 Coding Information section.

Providers are instructed to not collect co-pay amounts from any Health First Colorado (Colorado's Medicaid Program) member for the following types of visits related to COVID-19:

- Visits where any Advisory Committee on Immunization Practices (ACIP)-recommended vaccine is administered. This includes COVID-19 vaccine administration.
- Visits where a COVID-19 diagnostic test is performed.
- Visits where treatment is provided to a member diagnosed with COVID-19.

Claims for these visits will not have a co-pay deducted for members who are otherwise responsible for cost-sharing. Visit the [General Provider Information Manual](#) for more information on the co-pay policy.

---

## Emergency Medical Service (EMS) Benefit Plan

*The Emergency Medical Service (EMS) benefit plan has two types of coverage.*

For both types of coverage, the claim must be marked as an emergency by indicating Y in field 24 (EMG) on a professional claim or indicating admission type 1 (Emergency) or 5 (Trauma) on an institutional claim.

Providers are encouraged to review the plan to determine if the "EMS COVID-19 Only" is indicated.

### 1) EMS COVID-19 Only Emergency Benefits for Uninsured Coloradans for COVID-19 Laboratory Testing

This benefit is limited to COVID-19 laboratory testing for procedure codes. Only procedure codes [covered under this policy](#) should be submitted on a member's claims. Inpatient stays, and other services not listed on the COVID-19 webpage are not a payable benefit with this coverage.

In the Provider Web Portal, COVID-19 benefits display on the Benefit Details grid as an "EMS" Coverage type with the description "Emergency Medical Service-HD-EMS COVID-19 Only".

Click '+' to expand and view copay amounts. Click '-' to collapse.

Benefit Details				
	Coverage	Description	Effective Date	End Date
-	EMS	Emergency Medical Service - HD - EMS COVID-19 Only	04/07/2020	04/07/2020
	Coverage	Coverage Code Description	Coplay Amount	

### 2) EMS

This benefit is for individuals who meet all eligibility criteria for Medicaid but who are not citizens, and

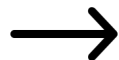
are not eligible non-citizens. Coverage is limited to care and services that are necessary to treat the immediate emergency medical condition through which they became eligible for EMS.

Refer to the [Verifying Member Eligibility and Co-Pay Quick Guide](#) for more information on verifying member eligibility through the Provider Web Portal.

#### Eligibility Verification Information for TWOHUNDRETTWO C DEPT from 02/26/2021 to 02/28/2021

Member ID	Birth Date	Gender	
	Coverage	Effective Date	End Date
	<a href="#">Emergency Medical Services Only Plan</a>	09/01/2019	12/31/2299
<a href="#">Other Insurance Detail Information</a>			

### New Utilization Management (UM) Vendor for Prior Authorizations



Keystone Peer Review Organization (Kepro) will be the new utilization management (UM) partner for Health First Colorado (Colorado's Medicaid Program) as previously announced in the [February 2021 Provider Bulletin \(B2100459\)](#).

Kepro is replacing eQHealth Solutions, Inc. and will begin to receive Prior Authorization Requests (PARs) no earlier than May 1, 2021. Kepro will also be responsible for the prior authorization of select Physician Administered Drugs (PAD).

Refer to the February 22, 2021, email [New Utilization Management \(UM\) Vendor for Prior Authorizations](#) for more information regarding the UM vendor change.

Kepro will be offering provider training on their Atrezzo Provider Portal for providers who submit PARs for all fee-for-service Health First Colorado Benefits (Colorado Medicaid Program) that eQHealth Solutions, Inc. currently authorizes.

Visit the [Vendor Transition Information web page](#) to review the **Kepro's Training Curriculum** section for the training session topics. Registration links are listed on this web page.

## Known Issues

### Evaluation & Management (E&M) Services Claims Billed with 24 Modifier Denying for Explanation of Benefits (EOB) 1460

Some professional, evaluation & management (E&M) service claims billed with modifier 24 (indicating an unrelated E&M service provided by same physician during a postoperative period) are denying when billed with other E&M services for EOB 1460 - "There is no additional benefit for this service. Payment for this procedure was included in the payment for the surgery."

A resolution to this issue is in process. Upon resolution, providers must resubmit affected claims.

## ClaimsXten™ Resolved Issues

### 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 were 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				

Claims were reprocessed 2/5/21.

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 were 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 were reprocessed 2/25/21.

Issue resolved 2/3/21.

## Resolved Issues

### Resolved 2/25/21

#### Durable Medical Equipment (DME) Supply Claims Billed with RB Modifier Denying for Explanation of Benefits (EOB) 4211

Some Durable Medical Equipment (DME) supply claims for the following procedure codes with dates of service from 12/1/2020 through 2/24/2021 billed with the RB modifier were denying for EOB 4211 – "Modifier is invalid for procedure code. Refer to the Provider Manual, Help Screens, CPT or HCPCS listing for valid modifiers."

- E2211 - E2222
- E2224 - E2228
- E2366, E2367
- E2371, E2372
- E2381 - E2392
- E2394 - E2397
- K0069 - K0072
- K0077
- K0733

Affected claims will be reprocessed.

Issue resolved 2/25/21.

### Anticipated Resolution Date 3/1/21

#### Home & Community Based Services (HCBS) Waiver Claims for T2031 with TU Modifier Denying for EOB 1010 and 0101

Some HCBS waiver claims for procedure code T2031 billed with the TU modifier (enhanced rate for COVID-19) with dates of service on or after 1/1/21 are denying for EOB 1010 – "This is a duplicate

item that was previously processed and paid” or EOB 0101 – “This is a duplicate service.” The Colorado interChange is allowing one line item to process for payment but denying the other line item as a duplicate.

Providers are encouraged not to reprocess or resubmit claims. Affected claims with dates of service from 1/1/21 – 3/31/21 will be reprocessed by the fiscal agent.

Providers should refer to [Operational Memo Number OM 21-009](#) for more information on how to bill the impacted services, including the total percentage increase for each service.

Issue anticipated resolution date 3/1/21.

---

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

---