



# Provider News & Resources

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## *Featured Resources:*

[COVID-19 Vaccine Special Issue Provider News & Resources - Issue III 04-23-2021](#)

## *Upcoming Holidays:*

**Memorial Day - Monday, May 31** - State Offices, the ColoradoPAR Program, DentaQuest and Gainwell Technologies will be closed.

## Provider Services Call Center Menu Update



### Enter the MCD ID or National Provider Identifier (NPI)

Beginning April 29, 2021, providers contacting the [Provider Services Call Center](#) may be prompted to enter their 8-digit MCD ID or 10-digit National Provider Identifier (NPI) after pressing option 2 to speak to an agent and selecting a subsequent menu option.

Providers may reference the [Provider Services Call Center Information Sheet](#) for a list of menu options and services.

## Reconsiderations and Appeals

Denied claims do not need to be sent as a request for reconsideration. A denied claim should be corrected and resubmitted electronically as a new claim.

Resubmissions should not be sent on paper, even if the claim has surpassed the 365-day timely filing period or if the claim has previously denied.

Contact the [Provider Services Call Center](#) with questions on how to correct denied claims, timely filing or other billing and policy concerns regarding a formal appeal.

## Reminder:

**New Utilization Management (UM)  
Vendor Starts  
May 1, 2021**



Effective May 1, 2021, Keystone Peer Review Organization (Kepro) will be the new Utilization Management (UM) partner for Health First Colorado (Colorado's Medicaid Program).

## Resources:

[ColoradoPAR: Health First Colorado Prior Authorization Request Program web page](#)

[April 2021 Special Provider Bulletin \(B2100461\)](#)

## Claim Information:

### Explanation of Benefits (EOB) 3110 - Claims Will Not Deny for Individual Not Being Linked to the Group

Providers may have questions about claims with EOB code 3110 for "the rendering provider is not a group member." While it may be unclear on the remittance advice, notations that affiliations are missing do not cause the claim to deny and are informational only.

Currently, the Department is giving providers an extended grace period to make all necessary updates to their affiliations to avoid future claims denials. If EOB code 3110 appears on a claim, providers should check their affiliations and make sure they are up to date, and check other EOB codes to see why the claim denied.

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## Featured Quick Guide:

### Verifying Member Eligibility and Co-Pay

The Benefit Plans and Billing Instructions section in the [Verifying Member Eligibility and Co-Pay](#) quick guide was updated to reflect a program name change. The Denver Health Medical Plan was removed and replaced with 'Colorado Access Behavioral Health for Denver Health Medicaid Choice (DHMC)'.

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

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## Provider Revalidation Update



Applications for new enrollments and changes to existing applications have been given priority, so revalidation application processing times may be delayed for the next several months.

Only one update can be processed at a time. If providers need to make an additional update while a revalidation application is in process, contact the [Provider Services Call Center](#).

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## Extension: Public Health Emergency (PHE)

Health and Human Services Secretary Xavier Becerra has formally extended the [Public Health Emergency \(PHE\)](#). The PHE can be extended for up to 90 days at a time. This extension started April 21, 2021 and would end, unless extended again, on July 20, 2021.

The Biden administration has indicated PHE extensions will continue throughout 2021. Future communications will be sent when updates are available. Visit the [Public Health Emergency Planning web page](#) for updates and additional information.

The PHE designation is important as it allows the Colorado Department of Health Care Policy & Financing (the Department) to extend continuous coverage, maintenance of effort (MOE), and other helpful policies and waivers approved by the federal government. It also provides additional enhanced federal funding, which is critical during this economic downturn.

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## Recently Published Billing Manuals

- [Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs](#)
- [Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\)](#)
- [Home Health](#)



- [Managed Care](#)
- [Medical and Surgical Services](#)
- [Obstetrical Care](#)
- [Program of All-Inclusive Care for the Elderly \(PACE\)](#)
- [Telemedicine](#)

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

## Known Issues

### Hospital Claims Not Included in Managed Care Organization (MCO) Interim Solution Denying for Explanation of Benefits (EOBs) 2029, 2030, 2031 and 2580

Some hospital provider claims where the member is not actively enrolled in an MCO on the from date of service (FDOS) were not included in the interim solution and denied for one of the following:

- EOB 2029 - The Services Must Be Billed to The Members RAE.
- EOB 2030 - The Services Must Be Billed to Denver Health Medicaid Choice Plan.
- EOB 2031 - The Services Must Be Billed to Rocky Mountain Health Plan Prime.
- EOB 2580 - The services must be billed to the HMO/PHP/BHO listed on the eligibility inquiry.

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

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### Supply Claims for E2361 Billed with KR, RR or RB Modifiers Denying for Explanation of Benefits (EOB) 1381 or 4211

Some supply claims for procedure code E2361 with dates of service on or after 10/1/20 billed with the KR, RR or RB modifiers are denying for:

- EOB 1381 – “No billing rule for procedure.” or
- EOB 4211 – “Modifier is invalid for procedure code. Refer to the Provider Manual, Help Screens, CPT or HCPCS listing for valid modifiers.”

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

## Resolved Issues

Resolved 4/21/21

### Supply Claims for B4149 Billed with Modifier BO Denying for Explanation of Benefits (EOB) 7802

Some supply claims for procedure code B4149 billed with the BO Modifier were denying for EOB 7802 – “The non-payment modifier is not appropriate with the billed procedure code.”

Affected claims were reprocessed 4/26/21

Issue resolved 4/21/21.

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