COLORADO
Department of Health Care Policy & Financing

Provider News & Resources

June 20, 2022 Issue 51

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Holiday Reminder:

Juneteenth
Sunday, June 19, 2022
Observed Monday, June 20, 2022

All Colorado state offices and the ColoradoPAR Program are **closed** for this holiday.

Gainwell Technologies and DentaQuest will be **open**.

Note: The Provider Services Call Center will be **open**.

Capitation cycles for managed care entities may potentially be delayed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks.

Visit the Provider Contacts web page or the Provider Resources web page for more information.

Provider Enrollment Reminder

Providers are encouraged to ensure the name on the application also matches the National Provider Identifier (NPI) website.

Applications may be returned if the name and address in the NPI registry does not match the name and location.

Incorrect Member Billing

Health First Colorado members cannot be billed for services covered by Health First Colorado.

Providers cannot bill members in the following circumstances:

- **Third-Party Liability (TPL) co-pays and deductibles** - Providers cannot bill members for the difference between commercial health insurance payments and the billed charges when Health First Colorado does not make additional payment. The provider also cannot bill members for co-pay or deductibles assessed by Third-Party Liability (TPL) (commercial insurance). Refer to the General Provider Information Manual for more information.

- **Delayed Notification of Eligibility from the member** - Providers must verify eligibility within a timely manner.

- **Claim denials** - Timely filing, place of service invalid, contract invalid, or other denials for the line item or the entire claim are not valid reasons to bill the member.

- **Provider is not enrolled with Health First Colorado**- Once the services have been rendered to the member, the provider must enroll with Health First Colorado in order to receive payment. The provider may not bill the member if they choose to not enroll.

Providers shall not send overdue Health First Colorado member accounts to collection agencies unless the billing is for a non-covered service and the member has reneged on a written payment agreement.

Visit the Policy Statement: Billing Health First Colorado Members for Services web pagefor more information.

Home and Community Based Provider (HCBS) Providers:

Specialty Update

Many HCBS providers who were missing specialties on their enrollment profiles have been updated.

Some claims that were denied for EOB 4758– "Billing Provider Type/Specialty Restriction on Procedure Coverage Rule" were reprocessed and will appear on the Remittance Advice (RA) dated June 20, 2022.

Durable Medical Equipment (DME) Rate Updates

Effective July 1, 2022, there is a DME rate increase for manually priced codes. These will pay at:

- The Manufacturer's Suggested Retail Price (MSRP) less 15.95% (Modifier SC)**or** Invoice acquisition cost plus 22.90% (Modifier UB).

The Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)billing manual will be updated to reflect this change.

Breast Pump Coverage Expansion Update

→ Access to alternative methods of nutrition for infants and children is being expanded to better support new parents who wish to breastfeed, potentially reducing demand for limited formula supplies.

Effective for dates of service June 8, 2022 or later, Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) providers may bill Health First Colorado as the primary payer for manual and or electric breastfeeding pumps.

The Women, Infant, and Children (WIC) program was previously the primary payer of breast pumps for Health First Colorado members. Health First Colorado only covered pumps under specific circumstances related to infant hospitalization of at least 54 days.

This limited coverage policy ended on June 7, 2022.

Benefit Criteria:

- The rate for procedure code E0603 for electric breast pumps is $133.30.
- The rate for procedure code E0602 for manual breast pumps is $20.47.
- Prior authorization requests (PARs) are not required.
- Pregnant members may receive a pump as early as the 28th week of pregnancy.
- Postpartum members may receive a pump at any time.
- As is required for all DMEPOS, a prescription from a physician, physician assistant, or nurse practitioner is needed.
- Claims will not be denied based on the diagnosis code used. However, diagnosis code Z39.1 is appropriate.

- The Colorado interChange has been updated to allow for these changes.

Contact Haylee Rodgers at Haylee.Rodgers@state.co.us for questions on this policy.

Depression Screen Billing Changes:

Adding Modifiers and Allowing Other Caregivers under Child's ID POSTPONED until January 1, 2023

The requirement of a U modifier on all depression screens delivered to members using CPTs G8431 and G8510 is being postponed until January 1, 2023 due to providers needing additional time to change to Electronic Health Records (EHRs). Depression screening claims without the U modifiers will not deny due to the lack of modifier.

The Centers for Medicare & Medicaid Services (CMS) has developed a Quality Measure for Medicaid Metric directed at Screening for Depression and follow-up (NQF 0418) which is a requirement for reporting. Senate Bill 21-137 requires coverage of depression screen delivered to any caregiver of a child enrolled in Health First Colorado. Since August 2014, providers have been allowed to bill depression screens for a birthing parent under the child's Health First Colorado ID. This new change will allow caregivers other than a birthing parent to receive depression screens under the child's Health First Colorado ID.

The addition of a caregiver screen requires providers to include modifiers to track when a screen is done for the individual whose Health First Colorado ID the screen is being billed under, for the parent who gave birth to the member or for a caregiver to the member. The below table illustrates how depression screens will need to be billed starting January 1, 2023.

Relationship to Member ID on Claim	Positive	Negative	Unique Modifier
Self	G8431	G8510	U1
Parent who gave birth to member			U2
Other primary caregiver to member			U3

The use of appropriate screening codes (G8431 and G8510), exclusion codes (G8433), and reasons for not documenting a follow-up plan (G8432 and G8511) is encouraged to improve the ability to understand performance for this metric. Beginning January 1, 2023, billed depression screens using either CPT G8431 or G8510 without modifiers will be denied since this information is needed to ensure members are receiving appropriate care.

Contact Morgan Anderson at Morgan.Anderson@state.co.us and Susanna Snyder at Susanna.Snyder@state.co.us with questions.

Recently Published Billing Manuals

- Immunizations Benefits
- Speech Therapy

Visit the Billing Manuals web page to locate all published manuals.

Known Issues

Hospital Claims with Split Eligibility Interim Solution

Some inpatient hospital claims are still denying for the following Explanation of Benefits (EOB) codes when subject to All Patient Refined Diagnosis Related Groups (APR/DRG) payment where the member was not Medicaid-eligible for the entire inpatient hospital stay.

- 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.

As an interim solution, impacted, denied claims are being manually reprocessed according to the appropriate DRG pricing. Current claims should adjudicate and pay appropriately.

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