

Provider News & Resources

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In This Issue:

Did You Know? Third Party Liability (TPL)

Updated Billing Manuals

Verifying Medicaid Coverage - New Coverage Types: New Coverage Type Not Eligible for Medicaid or Child Health Plan *Plus* (CHP+)

Resolved Known Issue: Claims for Speech Therapy Denying for Non-Physician Practitioner Group Providers

Resolved Known Issue: Claims with DME Procedure Codes E2599, K0108 and T5999 Denying EOB 7577

Resolved Known Issue: Professional Claims with Procedure Code V5267 Denying EOB 7827

Resolved Known Issue: Professional

Did You Know? Third Party Liability (TPL)

Providers cannot bill members for co-pays or deductibles assessed by third-party resources or bill members for the difference between commercial health insurance payments and their billed charges when Health First Colorado (Colorado's Medicaid program) does not make additional payment.

A member's commercial health insurance must be billed first, and lower-of pricing is used to calculate reimbursement from Health First Colorado.

Visit the <u>Third-Party Liability and</u>
<u>Recoveries web page</u> and refer to the
<u>General Provider Information Manual</u> for more information.

Claims with Procedure Code S0190 with a G7 Modifier Denying EOB 7802

Featured Resources:

<u>December 2023 Provider Bulletin</u> (B2300502)

Upcoming Holidays:

Christmas Day Monday, December 25

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

Recently Updated Billing Manuals

- Appendix Z Outpatient Hospital
 Specialty Drugs
- 340B Policy and Procedures
- Speech Therapy

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

Verifying Medicaid Coverage - New Coverage Types

New Coverage Type Not Eligible for Medicaid or Child Health Plan *Plus* (CHP+)

Health First Colorado (Colorado's Medicaid program) and Child Health Plan *Plus* (CHP+) **providers must confirm that individuals have specific coverage types** before rendering any Medicaid or CHP+ services or submitting claims.

Eligibility coverage types:

- Medicaid: "Medicaid State Plan" and "TXIX" (Title XIX)
- Child Health Plan Plus: "CHP+B"
- "Behavioral Health Coverage through the Regional Accountable Entities (RAEs):

"Medicaid Behavioral Health Benefits" and "BHO+B"

Providers may now see a new "coverage" type.

- Behavioral Health Administration Benefits: "BHA Benefit Plan" and "BHAB"
- Note: This program is not part of Medicaid or CHP+.

Claims submitted to Gainwell Technologies for individuals who do not have current Medicaid or CHP+ coverage listed will be denied.

Resolved Known Issues

Speech Therapy

Resolved 11/22/23: Claims for Speech Therapy Denying for Non-Physician Practitioner Group Providers

Claims for Speech Therapy submitted after 11/15/23 for Non-Physician Practitioner Group providers were denying incorrectly for codes 92507, 92508, 92605, 92606, 92607, 92608, 92610, 92611 and 92614.

Affected claims were reprocessed on 11/30/23.

Issue resolved 11/22/23.

Durable Medical Equipment

Resolved 11/22/23: Some Professional Claims with DME Procedure Codes E2599, K0108 and T5999 are Denying for EOB 7577

Some professional claims with DME procedure codes E2599, K0108 and T5999 were denying for Explanation of Benefits (EOB 7577) - "CXT-S service is an unlisted procedure."

Affected claims will be reprocessed.

Issue resolved 11/22/23.

Audiology

Resolved 11/22/23: Some Professional Claims with Procedure Code V5267 are Denying for EOB 7827

Some professional claims with procedure code V5267 that were submitted after 07/01/23 were denying for Explanation of Benefits (EOB) 7827 - "Unlisted procedure code should not be used when a more descriptive procedure code representing the service provided is available."

Affected claims were reprocessed on 11/30/23.

Issue resolved 11/22/23.

Women's Health

Resolved 11/22/23: Some Professional Claims with Procedure Code S0190 with a G7 Modifier are Denying for EOB 7802

Some professional claims with procedure code S0190 with a G7 modifier that were submitted after 1/1/22 were denying for Explanation of Benefits (EOB) 7802 - "The non-payment modifier is not appropriate with the billed procedure code."

Affected claims will be reprocessed.

Issue resolved 11/22/23.