# Provider News & Resources

November 4, 2024 Issue 104

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## Did You Know? Claim Detail Line Limitations

### Claim Submissions, Adjustments and Voids Limited to 50 or Less Detail Lines in the Provider Web Portal

The Provider Web Portal does not allow for claim submissions, adjustment or voids with over 50 detail lines. Claims with over 50 detail lines must be submitted, adjusted or voided via the Electronic Data Interchange (EDI) batch process, which allows for up to 999 detail lines per claim.

The Copy, Void, Adjust and Reconsideration buttons may be disabled when a user is viewing a claim with more than 50 detail lines in the Provider Web Portal, and the user will receive the following error message:

Not all service lines can be displayed due to the size of the claim. If these buttons are available, and the portal user

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***Featured Resources:***

[November 2024 Provider Bulletin (B2400516)]

[Special Provider Bulletin - Non-Emergent Medical Transportation (NEMT) (B2400515)]

attempts to copy or adjust a claim with more than 50 detail lines, the claim will be denied for EOB 1330 - “The total claim charge is invalid. Re-calculate and correct the total claim charge.”

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***Upcoming Holidays:***

**Veterans Day -**
**Monday, November 11, 2024**

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

Gainwell Technologies and DentaQuest will be open.

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**Featured Non-Emergent Medical Transportation (NEMT) Resources**

Refer to the Special Provider Bulletin - Non-Emergent Medical Transportation (NEMT) (B2400515) for information on the provider enrollment moratorium, credentialing requirements, revalidation deadlines, claim suspensions, billing instructions and resources.

Refer to the Non-Emergent Medical Transportation (NEMT) Specialty Billing Training for general policy information on provider enrollment and revalidation, member eligibility, covered services, prior authorizations, billing and payment.

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**Clinic Practitioners and Substance Use Disorder (SUD) Clinics:**
**Non-Emergent Medical Transportation (NEMT) Information**

Non-Emergent Medical Transportation (NEMT) is a Health First Colorado (Colorado's Medicaid program) benefit for members who don't have transportation to Medicaid-covered medical appointments. Health First Colorado covers rides for eligible individuals to and from the nearest doctor's office, hospital or other medical office for approved care.
NEMT drivers can give members or their eligible family members a ride only to a medical office and back home. An NEMT driver should:

- Only take members to the appointment and then home
- Always take the most direct route to the appointment and back home

- Never offer members money or other incentives

Health First Colorado providers can help protect members by watching out for suspicious activity involving NEMT drivers. These types of incidents need to be reported:

- Rides of over 25 miles
- Multiple members being transported in the same vehicle
- Members being offered money or other incentives
- NEMT provider, driver or company contacting healthcare providers for member names, IDs or patient referrals to use their transportation services

Contact either Health First Colorado or the Attorney General's Office if a driver does something they should not.

- To contact Health First Colorado, choose one of these options:
  - Send an online Health First Colorado Provider Fraud Form
  - Call 855-375-2500 (for State Relay, call 711)
  - Email hcpf_reportproviderfraud@state.co.us
- To contact the Attorney General's Office, email mfcu.investigations@coag.gov or call 720-508-6696.

Names and personal information will be kept confidential when reporting suspected provider fraud.

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**Doing Business As (DBA) Name Field in the Provider Web Portal**

The Provider Web Portal will display the Doing Business As (DBA) name field for Atypical, Billing Individual (BI), Facility, and Group enrollment types.

During revalidation and maintenance requests, providers will be able to view and update the DBA name for a service location.

If a provider wants to update the DBA name, the DBA Name Change Form should be attached. DBA names are not required.

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**Hospice Providers:**

**Rate Update Effective October 11, 2024 (FFY 24-25)**

Federal Fiscal Year (FFY) 24-25 Hospice rates will be effective October 11, 2024. Reimbursement will reflect the FFY 23-24 Hospice Fee Schedule on the Provider Rates and Fee Schedule web page for dates of service of October 1, 2024, through October 10, 2024.

The Department of Health Care Policy & Financing (Department) is awaiting the Centers of Medicare and Medicaid Services (CMS) guidance and approval regarding the Hospice rates update effective October 11, 2024, through September 30, 2025. The Department will update the Hospice rates once this communication is received, and reimbursement will reflect updated rates for all claims billed for dates of service on or after October 11, 2024. The FFY 24-25 Hospice Fee Schedule effective October 11, 2024 through September 30, 2025, will be posted to the Provider Rates and Fee Schedule web page under the Hospice category upon implementation of the rates.

Claims billed at usual and customary charges that exceed the FFY 24-25 rates will be reprocessed automatically. Claims billed using the FFY 23-24 rates for dates of services on or after October 11, 2024, will need to be manually adjusted by providers to receive the correct reimbursement.

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**Recently Updated Billing Manuals and Fee Schedules**

**Billing Manuals**

- Appendix R - Remittance Advice (RA) Messages
- Pharmacist Services

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

**Fee Schedules**

- Health First Colorado July 2024
- Immunization

Visit the Provider Rates and Fee Schedule web page to locate all published fee schedules.

## Known Issues

**Clinic Practitioners (Provider Type 16):**

**Claims with Certain Procedure Codes Are Paying Incorrect Rates**

Claims billed with procedure codes 51725, 51736, 51741, 51785, 51792, 54240, 54250, 59020, and 62252 have modifier-specific rates on the Fee Schedule for modifiers TC and 26. These claims are paying incorrect global rates even when these modifiers for the professional or technical component are present.

Affected claims will be reprocessed.

## Resolved Known Issues

**Hospital - General (Provider Type 01):**

**Resolved 10/25/24: Some Inpatient and Inpatient-Crossover Hospital Claims with Date of Service on or after 9/27/24 Were Denying or Priced Incorrectly**

Some Inpatient Hospital claims and Inpatient-Crossover Hospital claims for date of service on or after 9/27/24 were denying or paying incorrectly due to an issue with incorrect Severity of Illness (SOI) and All Patient Refined-Diagnosis Related Groups (APR-DRG) information.

Affected claims were reprocessed on 10/25/24.

Issue resolved 10/25/24.

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**Clinic Practitioners (Provider Type 16):**

**Resolved 10/23/24: Claims for Procedure Code J3301 Denying Explanation of Benefits (EOB) 7827**

Claims for procedure code J3301 were denying for 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 10/28/24.

Issue resolved 10/23/24.

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**Physician Services and Ambulatory Surgery Centers (Provider Type 44):**

**Resolved 10/28/24: Knee Arthroscopy/Surgery Procedure Code 29877 Paying Incorrect Amount**

Claims billed with procedure code 29877 (Knee Arthroscopy/Surgery) were paying at an incorrect rate. The rate of $511.57 listed in the fee schedule is correct. The Colorado interChange has been updated to reflect this rate.

Affected claims were reprocessed on 10/31/24.

Issue resolved 10/28/24.

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**Behavioral Health Providers and Speech Therapy Providers:**

**Resolved 10/31/24: Short-Term Behavioral Health Service Information and Speech Therapy Units Were Unavailable in the Provider Web Portal**

Some providers using the Provider Web Portal could not see information in the Limit Details section when checking remaining service units for Short-Term Behavioral Health services and Speech Therapy units.

Issue resolved 10/31/24.

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**Behavioral Health Providers:**

**Resolved 10/17/24: Some Claims for Behavioral Health Services with Procedure Codes 90791 and 90792 Denying Explanation of Benefits (EOB) 3981**

Some claims for behavioral health services with procedure codes 90791 and 90792 were denying for EOB 3981 - "RAE Member Restriction for Procedure Billing Rule."

Affected claims were reprocessed on 10/31/24.

Issue resolved 10/17/24.