

Provider News & Resources

November 20, 2024 Issue 105

In This Issue:

Did You Know? EOB 3110 - Claims Will Not Deny for Individual Not Being Linked to the Group

Upcoming Webinar: Perinatal Substance Use Disorder (SUD) Community Conversation

Upcoming Webinar: Medicaid Coverage Housing and Nutrition Services Feasibility Study

Potential American Rescue Plan Act (ARPA) Home and Community-Based Services (HCBS) Direct Provider Payment

Recently Updated Billing Manuals and Fee Schedules

Hospice:

Known Issue: Rate Update Effective October 11, 2024 (FFY 24-25)

Clinic Practitioners, Hospitals -General and Ambulatory Surgery Centers: Known Issue: Claims with Certain Procedure Codes Are Paying Incorrect Rates

Clinic Practitioners:

Resolved Known Issue: Claims with Procedure Code 59025 Were Paying Incorrect Rates When Billed with Modifier TC or 26

Did You Know?

EOB 3110 - Claims Will Not Deny for Individual Not Being Linked to the Group

Providers have questions about claims with Explanation of Benefits (EOB) code 3110 for "the rendering provider is not a group member." While it may be unclear on the remittance advice (RA), notations that affiliations are missing do not cause the claim to deny and are informational only. Currently, the Department of Health Care Policy & Financing (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.



Clinics and Pediatric Behavioral

Therapy:

Resolved Known Issue: Providers Billing for Pediatric Behavioral

Therapy

Featured Resources:

Billing Manuals

Upcoming Holidays:

Thanksgiving -Thursday, November 28, 2024

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

Upcoming Webinar: Perinatal Substance Use Disorder (SUD) Community Conversation

Health First Colorado providers, advocates and stakeholders who provide integrated care for pregnant and postpartum people with Substance Use Disorder (SUD) are invited to attend Health First Colorado's Perinatal SUD Community Conversation.

Staff from the Department, along with other guest speakers, will present an overview of the work completed by the Maternal Opioid Misuse (MOM) Model, followed by breakout sessions focused on peer support specialists, plans of safe care and more. Attendees are invited to learn, ask questions and provide feedback in addition to building connections with Department staff members, Regional Accountable Entities (RAEs) and other community members. An agenda will be sent out to all registrants one week prior to the conference.

Meeting date and time: November 22, 8:00 a.m. to 12:00 p.m. MT

Registration and location: This meeting will be virtual via Zoom. Register in advance.

Attendees will receive a confirmation email containing information about joining the webinar after registering.

A recording of the meeting may be requested by emailing Kyra Acuna at HCPF_stakeholders@state.co.us.

Refer to the <u>Maternal Opioid Misuse Model web page</u> for more information about the MOM Model.

Las ayudas y servicios auxiliares para individuos con discapacidades y servicios de idiomas para individuos cuyo idioma materno no sea inglés pueden estar disponibles por solicitud. Comuníquese con Kyra Acuna a HCPF stakeholders@state.co.us al menos una semana antes de la reunión para hacer los arreglos necesarios.

Contact Kyra Acuna at HCPF stakeholders@state.co.us with questions or for more information.

Upcoming Webinar: Medicaid Coverage Housing and Nutrition Services Feasibility Study

Join the Department for an informational webinar about the House Bill 24-1322 Medicaid Coverage Housing and Nutrition Services Feasibility Study. This study explores the feasibility of expanding housing and nutrition services through Health First Colorado (Colorado's Medicaid program). Department staff will provide an overview of the study and answer questions from attendees.

Meeting date and time: December 3, 2:30 p.m. to 3:30 p.m. MT

Registration and location: This webinar will be virtual via Zoom. Register in advance.

Attendees will receive a confirmation email containing information about joining the webinar after registering.

The webinar will be presented in English and Spanish, with slides available in both languages.

Stay updated and review past webinars on the <u>Colorado Department of Health Care Policy</u> and Financing (HCPF) Health-Related Social Needs (HRSN) web page.

Potential American Rescue Plan Act (ARPA) Home and Community-Based Services (HCBS) Direct Provider Payment

The Department anticipates implementing an American Rescue Plan Act (ARPA) Home and Community-Based Services (HCBS) direct provider payment, pending approval from the Joint Budget Committee (JBC).

Background

The Department intends to provide a final HCBS provider payment for select services utilizing ARPA HCBS funding pending JBC approval because providers have been, and continue to be, extremely valued partners in Colorado's efforts and mission to see people receive services needed to remain living in the community of their choice.

Provider Action Needed

All provider claims for the period of July 1, 2024, through December 31, 2024, must be submitted no later than February 28, 2025, to receive this retroactive HCBS rate increase and subsequent payment. This claims data will be used to determine the provider payment equivalent to the retroactive increase for eligible services. It is not anticipated that providers will need to resubmit claims to receive this payment, but the enhanced rate will only be available to those providers who have submitted claims by February 28, 2025. Providers will miss out on this one-time ARPA payment if claims are not submitted by February 28, 2025.

Providers are encouraged to start preparing now. Submit claims for this time period as soon as possible to ensure agencies are able to take advantage of this enhanced rate for all of the work and services provided.

More information will be forthcoming about this effort, including information on the JBC's decision, the eligible services and the date for payments. Ensure all HCBS provider claims are submitted for services rendered July 1, 2024, through December 31, 2024, as soon as billing rules allow.

Recently Updated Billing Manuals and Fee Schedules

Billing Manuals

- Appendix X HCPCS/NDC Crosswalk for Billing Physician-Administered Drugs
- <u>Federally Qualified Health Center and Rural Health Clinic Billing Manual</u>
- Inpatient/Outpatient (IP/OP) Billing Manual
- Lactation Support Services Billing Manual
- Medical-Surgical Billing Manual

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

Fee Schedules

- State General Fund Programs Direct Service Rates Fee Schedule
- Immunization Rate Schedule

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

Electronic Data Interchange (EDI) Companion Guides

• Benefit Enrollment and Maintenance (834) Transaction Standard Companion Guide

Visit the Electronic Data Interchange (EDI) web page to locate all companion guides.

Known Issues

Hospice:

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 <u>Provider Rates and Fee Schedule</u> web page for dates of service of October 1, 2024, through October 10, 2024.

The Department is waiting on guidance from the Centers for Medicare and Medicaid Services (CMS). If approved, it is anticipated that it will be retroactive for all claims billed for dates of service on or after October 11, 2024. Hospice rates will be updated once this communication is received, and reimbursement will reflect updated rates 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.

Clinic Practitioners, Hospitals - General and Ambulatory Surgery Centers:

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

Clinic Practitioners:

Resolved 9/18/24: Claims with Procedure Code 59025 Were Paying Incorrect Rates When Billed with Modifier TC or 26

Claims effective 7/1/24 with procedure code 59025 were paying incorrect rates when billed with modifier TC or 26. These claims were paying incorrect global rates even when these modifiers for the professional or technical component were present.

Claims were reprocessed on 11/12/24.

Issue resolved 9/18/24.

Clinics and Pediatric Behavioral Therapy:

Resolved 11/15/24: Providers Billing for Pediatric Behavioral Therapy

Pediatric behavioral therapy claims with procedure codes 97158 and 97153 that were submitted between 7/1/24 and 11/6/24 were reprocessed for rate changes. Claims reprocessing completed on 11/15/24.

Issue resolved 11/15/24.