



Provider News & Resources

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Did You Know?

2024 HCPCS Updates

The [Special Provider Bulletin - Healthcare Common Procedure Coding System \(HCPCS\) Updates for 2024 \(B2400504\)](#) has been published.

The Colorado interChange is being updated with the 2024 HCPCS billing codes based on the Centers for Medicare & Medicaid Services (CMS) annual release of deletions, changes and additions.

Claims billed with a HCPCS 2024 procedure code are suspending for EOB 0000 - "This claim/service is pending for program review."

Featured Resources:

[February 2024 Provider Bulletin \(B2400505\)](#)

Holiday:

**Presidents Day
Monday, February 19, 2024**

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



Note: The Provider Services Call Center will be closed on President's Day, Monday, February 19, 2024.

Revalidation Requirements for Billing Providers

Groups and facilities are encouraged to confirm that all individuals on a claim have been revalidated with Health First Colorado (Colorado's Medicaid program). Even if the billing provider has revalidated, claims may suspend if an individual has not revalidated.

Billing providers are encouraged to review the Provider Revalidation Dates Spreadsheet located on the [Revalidation web page](#) under the [Revalidation Resources section](#) to confirm revalidation dates for all rendering or attending providers.

Groups are also encouraged to coordinate with all Ordering, Prescribing or Referring (OPR) providers to ensure that those provider IDs have also been revalidated. **All OPR providers indicated on a claim must be actively enrolled as an individual with Health First Colorado (42 CFR § 455.410(b)).**

Refer to the January 11, 2024, email [Revalidation Requirements for Billing Providers](#) for more information.

Ordering, Prescribing or Referring (OPR) Providers

Enrollment Requirement

Providers are reminded to include Ordering, Prescribing or Referring (OPR) providers on claims and to ensure the OPR provider is currently enrolled with Health First Colorado.

The OPR field on the CMS 1500 professional claim form is 17b.

Claims with services requiring OPR providers will post Explanation of Benefits (EOB) 1997 - "The referring, ordering, prescribing or attending provider is missing or not enrolled. Please resubmit with a valid individual NPI in the attending field" if the OPR provider is not enrolled with Health First Colorado.

Professional claim services or items that require an OPR National Provider Identifier (NPI):

- Audiology Services
- Durable Medical Equipment (DME)/Supplies
- Laboratory Services
- Radiology Services
- Pediatric Personal Care Services
- Physical, Speech and Occupational Therapies

Refer to the program billing manuals on the [Billing Manuals web page](#) or visit the [Ordering, Prescribing and Referring Claim Identifier Project web page](#) for more information.

Non-Emergent Medical Transportation (NEMT) Providers

Claim Attachment Requirements

Any NEMT claim billed for procedure codes A0425 or S0209 will be suspended for Explanation of Benefits (EOB) 5527 - "Non-Emergency Medical Transportation (NEMT) Service Limit Exceeded if the billed units exceed 52."

Suspended claims will be denied if they do not have an attachment that meets certain requirements.

Refer to the [January 2024 Provider Bulletin \(B2400503\)](#) for more information.

Non-Emergent Medical Transportation (NEMT) Providers

IntelliRide Reminder

Non-Emergent Medical Transportation (NEMT) providers are reminded that if working in any of the nine (9) counties administered by IntelliRide, the provider must enroll with both the Department of Health Care Policy & Financing (the Department) **and** Intelliride.

The trips must be scheduled **prior** to rendering services.

Nine (9) Counties

- Adams
- Arapahoe
- Boulder
- Broomfield
- Denver
- Douglas
- Jefferson
- Larimer
- Weld

Behavioral Health Providers

Behavioral Health Stakeholder Webinar

Providers and other stakeholders are invited to attend a webinar to hear updates to the coverage policy mandated by [Senate Bill \(SB\) 23-174](#) based on input received from stakeholders. This will be the final community presentation before moving toward implementation of this coverage policy, anticipated to take effect July 1, 2024.

When: March 1, 2024, 2:30 p.m. Mountain Time - [register in advance for this meeting](#).

A confirmation email containing information about joining the meeting will be received after registering.

Recently Updated Billing Manuals

- [Appendix R - Remittance Advice \(RA\) Messages](#)
 - [Audiology](#)
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- [Dialysis](#)
- [Emergency Medicaid Services](#)
- [Telemedicine](#)

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

Known Issue

Some Professional Claims for Durable Medical Equipment (DME) Services for Procedure Code E0955 with Modifier NU Suspending for Explanation of Benefits (EOB) 2861 - "No Rate on File for the Date(s) of Service."

Some professional claims for DME services for procedure code E0955 with modifier NU are suspending for EOB 2861 - "No Rate on File for the Date(s) of Service."

A resolution to this issue is in process.

Affected claims will be reprocessed.

Resolved Known Issue

Resolved 01/25/24

Some Professional Claims for Durable Medical Equipment (DME) Services for Procedure Code E0310 with Modifier NU Denying for Explanation of Benefits (EOB) 1512 - "The Procedure Code/Modifier combination is not payable for the Date of Service."

Some professional claims for DME services for procedure code E0310 with modifier NU were denying for EOB 1512 - "The Procedure Code/Modifier combination is not payable for the Date of Service." The Colorado interChange was updated to allow NU as the appropriate modifier for purchase.

Affected claims were reprocessed on 01/30/24.

Issue resolved 01/25/24.

Resolved 01/25/24

Some Physical Therapy and Occupational Therapy Claims for Procedure Codes 97129 and 97130 with Modifiers GO or GP Denying for Explanation of Benefits (EOB) 4211 - "Modifier is invalid for procedure code. Refer to the Provider Manual, Help Screens, CPT or HCPCS listing for valid modifiers."

Some Physical Therapy and Occupational Therapy claims for procedure codes 97129 and 97130 with modifiers GO or GP were denying for Explanation of Benefits (EOB) 4211 - "Modifier is invalid for procedure code. Refer to the Provider Manual, Help Screens, CPT or HCPCS listing for valid modifiers."

Affected claims were reprocessed on 01/30/24.

Issue resolved 01/25/24.
