



Dear Provider,

This email is to clarify that the Alternative Benefit Plan (ABP) is an extended plan which must be accompanied by Medicaid State Plan (TXIX) coverage. If the member does not have TXIX coverage, they are not eligible for services and claims will be denied for EOB 3261 - "The procedure code currently is not a benefit for date of service billed. Refer to the CPT or the HCPCS listing for valid procedure codes."

Providers should verify coverage under Benefit Details on the [Provider Web Portal](#) before rendering services. Refer to the following example:

[Expand All](#) | [Collapse All](#)

Benefit Details			
Coverage	Description	Effective Date	End Date
TXIX	Medicaid State Plan - HD	03/01/2017	03/01/2017
BHO+B	Behavioral Health Benefits - HD	03/01/2017	03/01/2017
ABP	Alternative Benefit Plan - HD	03/01/2017	03/01/2017
Coverage	Copayments		Amount

For detailed, step-by-step instructions on verifying member eligibility, refer to the [Verifying Member Eligibility - Provider Web Portal Quick Guide](#), available under the Quick Guides section on the [interChange Resources web page](#).

Thank you,

Health First Colorado (Colorado's Medicaid Program)

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