



Dear Providers,

Re: Medicare Coverage - Denials for EOB 4510

Why You're Getting this Error:

Medicaid is the "Payer of Last Resort", which means providers are required to bill primary insurance before billing Medicaid. The member you submitted a claim for was eligible for Medicare Part A for the claim dates of service (DOS).

How to Fix It:

Certain provider types are allowed to bill Medicaid immediately for non-homebound members (ONLY for services that have been identified as non-covered by Medicare).

For all other services, providers must follow proper procedure and submit the claim to Medicare before billing Medicaid.

The system rules have been changed to reflect this policy for the following provider types:

- 07 - Optometrist
- 08 - Optician
- 10 - Home Health
- 13 - Emergency Medical Transportation and Air Ambulance
- 19 - Audiologist
- 20 - Nursing Facility
- 21 - NF - ICF/IID
- 36 - HCBS
- 50 - Hospice
- 51 - School Health Services
- 52 - Residential Child Care Facility
- 73 - Non-Emergent Medical Transportation

Denied claims for EOB 4510, will need to be resubmitted by the provider.

Remember - EOB 4510 will still deny if the service has not been identified as non-covered by Medicare (and if you didn't bill Medicare first).

Thank you,

Health First Colorado and Child Health Plan *Plus* (CHP+)

Please do not reply to this email; this address is not monitored.