

Provider News & Resources

March 8, 2021 | Issue 18

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Featured Resources:

EDI Support

EDI Companion Guide: v5010 X12 820

New Codes Related to COVID-19:

Diagnosis Codes				CPT Codes			HCPCS Codes	
U07.1	U07.0	XW033E5	XW043E5	87635	87636	87637	U0001	U0003
XW033G5	XW043G5	XW033H5	XW043H5	86328	87811	86413	U0002	U0004
XW13325	XW14325	XW013F5	XW033F5	86769	87426	86408	G2023	G2024
XW043F5	XW0DXF5			86409	87428	91303		
				0031A				

Training Information

New Utilization Management (UM) Vendor for Prior Authorizations

Keystone Peer Review Organization (Kepro) will be offering provider training on the Atrezzo Provider Portal for providers who submit Prior Authorization Requests (PARs) for all Fee-For-Service Health First Colorado (Colorado's Medicaid Program) benefits that eQHealth Solutions, Inc. currently authorizes.

Refer to the March 1, 2021, email <u>Training Information:</u> <u>New Utilization Management (UM) Vendor for Prior</u> <u>Authorizations</u> for information on training and registration.

Refer to the February 22, 2021, email <u>New Utilization</u> <u>Management (UM) Vendor for Prior Authorizations</u> for more information regarding the UM vendor change.

Recently Published Billing Manuals

 <u>Appendix X - HCPCS and NDC Crosswalk for Billing</u> <u>Physician-Administered Drugs</u>

Visit the <u>Billing Manuals web page</u> to locate all published manuals.

COVID-19 Vaccine Codes and Updated Fee Schedules

The Immunization and Health First Colorado <u>fee schedules</u> have been updated to include two new COVID-19 vaccine codes: 91303 and 0031A.

Providers are encouraged to check periodically for updates to vaccine codes. Refer to the <u>COVID-19</u> <u>CPT</u>, <u>Diagnosis and HCPCS Coding Information</u> on the <u>COVID-19 Information web page</u>.

Note: Providers are reminded that members may not be billed for vaccines or tests.

Featured Quick Guide Verifying Member Eligibility and Co-Pay

In the web portal, providers can locate member information. Some examples are: verifying member eligibility and co-pay amounts, benefit plan information with billing instructions and co-pay notes. Refer to the <u>Verifying Member Eligibility and Co-Pay</u> in the Portal Quick Guide for illustrated step-by-step instructions.

Visit the <u>Quick Guides web page</u> to locate all published Provider Web Portal Quick Guides.

Resolved Issues

Resolved 2/25/21

Durable Medical Equipment (DME) Supply Claims Billed with RB Modifier Denying for Explanation of Benefits (EOB) 4211

Some Durable Medical Equipment (DME) supply claims for the following procedure codes with dates of service from 12/1/2020 through 2/24/2021 billed with the RB modifier were denying for EOB 4211 – "Modifier is invalid for procedure code. Refer to the Provider Manual, Help Screens, CPT or HCPCS listing for valid modifiers."

- E2211 E2222
- E2224 E2228
- E2366, E2367
- E2371, E2372
- E2381 E2392
- E2394 E2397
- K0069 K0072
- K0077
- K0733

Claims were reprocessed on 3/3/21.

Issue resolved 2/25/21.

Resolved Date 3/1/21

Home & Community Based Services (HCBS) Waiver Claims for T2031 with TU Modifier Denying for EOB 1010 and 0101

Some HCBS waiver claims for procedure code T2031 billed with the TU modifier (enhanced rate for COVID-19) with dates of service on or after 1/1/21 were denying for EOB 1010 - "This is a duplicate item that was previously processed and paid" or EOB 0101 - "This is a duplicate service." The Colorado interChange was allowing one line item to process for payment but denying the other line item as a duplicate.

Affected claims with dates of service from 1/1/21 - 3/1/21 were reprocessed on 3/2/21.

Providers should refer to <u>Operational Memo Number OM 21-009</u> for more information on how to bill the impacted services, including the total percentage increase for each service.

Issue resolved 3/1/21.

Resolved 3/1/21

Home & Community-Based Services (HCBS) Providers

Claims for Procedure Code H0038 with the U1 or UC Modifier and

the Denver Minimum Wage Reimbursement

Claims for procedure code H0038 billed with only the U1 or UC modifier with dates of service on or after January 1, 2021, were not paying the enhanced rate according to the Denver Minimum Wage increased reimbursement.

Claims were reprocessed with the correct rate on 3/2/21.

Refer to the <u>Home & Community-Based Services (HCBS) Providers emailsent</u> December 24, 2020, for more information regarding the wage increase.

Resolved 3/2/21

Evaluation & Management (E&M) Services Claims Billed with 24 Modifier Denying for Explanation of Benefits (EOB) 1460

Some professional Evaluation & Management (E&M) service claims billed with modifier 24 (indicating an unrelated E&M service provided by same physician during a postoperative period) were denying when billed with other E&M services for EOB 1460 - "There is no additional benefit for this service. Payment for this procedure was included in the payment for the surgery."

Providers may resubmit affected claims.

Issue resolved 3/2/21.

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