



Automated Medical Payments

Medicaid Bulletin Colorado Title XIX

Fiscal Agent

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Medicaid Fiscal Agent Information on the Internet

WWW.CONSULTEC-GCRO.COM

Medicaid bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medicaid Provider Services.

Internet Version

Distribution: Providers billing on the
UB-92 claim form

May 2000

Reference: B0000064

Urgent Read Immediately

Enhanced Medicare Crossover processing for UB-92 claims

UB-92 Medicare crossover claims received on and after May 19, 2000 will be accepted and processed with additional Type of Bill (Form Locator 4) values. Some crossover claims with Medicare-accepted values have been denied by Medicaid with the message, "0305 - Claim type not assigned - type of bill is invalid." These denials occurred when the Medicare type of bill value did not correspond to a valid Medicaid type of bill. The system correction will allow these claims to be processed.

New type of bill ranges effective 05/19/2000

140 - 145	230 - 235	410 - 415	520 - 525
180 - 185	240 - 245	420 - 425	750 - 755
210 - 215	280 - 285	510 - 515	850 - 855

Refer to the UB-92 provider manual for digit descriptions.

Resubmitting denied claims. To correct previous denials for the 0305 edit described above, providers may resubmit denied claims using the following instructions.

Electronic claims: If the claim is less than one year old (Date of service), file electronically. If the Claim is out of timely filing, providers may use the Late Bill Override Date (Occurrence Code 53) of 5/19/00. The 5/19/00 Late Bill Override Date offers 60 days for rebilling. Be sure to show the Medicare payment in form locator 54 (Prior Payments). Retain a copy of this bulletin AND the remittance statement that shows the denial code, "0305 - Claim type not assigned - type of bill is invalid," in your files for proof of timely filing.

Remember that using the Late Bill Override Date (LBOD) without having documented proof of timely filing compliance is not allowed. Improper use of the LBOD could subject the provider to payment recovery, sanctions, and civil penalties.

Paper claims: If the claim is more than one year old (date of service), or if the claim must, for other reasons, be filed on paper, complete the entire paper claim form. Use occurrence code 53 (Late Bill Override Date) and the date of 5/19/00 to document timely filing. The 5/19/00 late bill override date offers 60 days for rebilling. Attach a copy of the Medicaid remittance statement showing that the claim denied with error code 0305- Claim type not assigned - type of bill is invalid. Retain a copy of this bulletin AND the remittance statement that shows the denial code, "0305 - Claim type not assigned - type of bill is invalid," in your files for proof of timely filing

Please direct questions about Medicaid billing or the information in this bulletin to: Medicaid Provider Services

303-534-0146 or 1-800-237-0757 (toll-free Colorado)