In the Colorado Access Provider Manual, you will find information about:

Section 7. Coordination of Benefits

- Filing a Claim for a Patient with Third Party Liability
- Secondary Benefit Calculation "Lower of Logic"
- Authorization and Coordination of Benefits

Search Tip:
You can search quickly and easily by clicking on the binoculars icon on your toolbar, or by using the command Control+Shift+F. This will display a search box for you to enter what you want to find.

If you have any questions, call us at 800-511-5010 (toll free).

Coordination of Benefits

FILING A CLAIM FOR A PATIENT WITH THIRD PARTY LIABILITY

- Electronic claims must be submitted with the appropriate third party liability (TPL) data segments populated per the HIPAA Standard TR3 Implementation Guide.
- Paper claims (CMS 1500 or UB04/CMS 1450) must be submitted with the Explanation of Payment (EOP), denial notice (including all denial reason wording), benefits exhausted statement or a copy of the check/voucher used for claim payment from the other insurance/third party liability (TPL).
- If an EOP applies to more than one claim, the EOP information must be submitted with each claim submission.
- Complete the appropriate TPL data fields/form locators on the claim form submitted to Colorado Access. Claim TPR data fields/form locators are specific to third party insurance or Medicare; they cannot be used interchangeably.
- Submit the claim within 120 calendar days from the TPL's denial date or processing date.

SECONDARY BENEFIT CALCULATION "LOWER OF LOGIC"

We calculate secondary benefits in the following manner:

- The Colorado Access benefit allowance is compared to the primary payment.
- If the primary payment is equal to or greater than the Colorado Access benefit allowance, we will not make a payment.
- If the primary payment is less than the Colorado Access benefit allowance, we will pay the difference between the two amounts. However, payment will not exceed the other insurance's (including Medicare) coinsurance, deductible and/or copay.
- We do not automatically pay the other insurance's (including Medicare) copayments, coinsurance, and/or deductibles.

Note: you cannot bill clients for the difference between the primary carrier's health insurance payments and their billed charges when we do not make additional payments.

AUTHORIZATION AND COORDINATION OF BENEFITS

If Colorado Access is the secondary payer, no authorization is required to coordinate benefits with the primary payer. Colorado Access authorization rules apply when we are the primary payer or are anticipated to become the primary payer. You should request authorization for services anytime you believe Colorado Access will be responsible for primary payment of services that require prior authorization. This includes:

- When services are not a covered benefit of the primary payer.

- When benefits are exhausted by the primary payer.
- When the primary payer does not have an adequate network to provide the covered service.

If a claim is submitted under the above circumstances and an authorization has not been obtained, the claim may deny for no authorization. We will perform a retrospective review for medical necessity if the claim is resubmitted on appeal.