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Did You Know?

Application fees, fingerprinting and site visits are required for some enrollments. Any of these requirements that were waived for the Public Health Emergency (PHE) will now be required to continue enrollment. Providers must ensure all enrollment requirements are met to avoid disenrollment and claim denials.

Refer to the [Paying a Previously Waived New Enrollment Application Fee Quick Guide](#) or the Fingerprinting section of the [Provider FAQ Central web page](#) for instructions on paying an application fee or completing the fingerprint requirement.

Contact the [Provider Services Call Center](#) to schedule a required site visit or to check the status of enrollment. Say “enrollment” after the verification of the provider ID or the National Provider Identifier (NPI) with the virtual agent to be transferred to a live agent.

All Providers

Correct Member ID Required on Submitted Claims

Providers are reminded to ensure the member ID on a claim is the correct ID for the member. **Do not** use a ‘made up’ or ‘dummy’ member ID as it could be the ID of another member. Submitting the member’s correct ID will ensure that claims are processed quickly and accurately. Verify the member in the [Provider Web Portal](#) using the date of birth to confirm the ID or contact the [Provider Services Call Center](#) for further assistance.

Fiscal Year 2023-2024 Provider Rate Adjustments

Health First Colorado (Colorado’s Medicaid program) across-the-board (ATB) provider rate increases were approved during the 2022 legislative session and are effective for dates of service beginning July 1, 2023. All rate adjustments are subject to Centers for Medicare & Medicaid Services (CMS) approval prior to implementation. The fee schedules located on the [Provider Rates and Fee Schedule web page](#) will be updated to reflect the approved 3.0% ATB rate increases. Rates will be updated in the Colorado interChange for dates of service beginning July 1, 2023.

Targeted rate rebalances will also be effective as of July 1, 2023. Services approved for a targeted rate adjustment include the following:

- Cardiology Services
- Cognitive Capabilities Services
- Ear, Nose and Throat Services
- Gastroenterology Services
- Health Education Services
- Ophthalmology Services
- Primary Care and Evaluation and Management Services
- Radiology Services
- Respiratory Services
- Vaccine and Immunization Services
- Vascular Services
- Women’s Health and Family Planning Services
- Other Physician Services
- Laboratory and Pathology Services
- Vision Services
- Injections and Miscellaneous J Codes
- Dialysis Non-Facility Services

The 3.0% ATB increase for Home and Community Based Services (HCBS) waivers services does not require CMS approval. Claims with dates of service on or after July 1, 2023, will be reimbursed at an increased rate for providers for the following waivers:

- HCBS - Brain Injury (BI)
- HCBS - Children's Extensive Supports (CES)
- HCBS - Children's Home and Community Based Service (CHCBS)
- HCBS - Children with Life Limiting Illness (CLLI)
- HCBS - Children's Habilitation Residential Program (CHRP)
- HCBS - Community Mental Health Supports (CMHS)
- HCBS - Developmental Disability (DD)
- HCBS - Elderly, Blind and Disabled (EBD)
- HCBS - Spinal Cord Injury (SCI)
- HCBS - Supported Living Services (SLS)

Targeted rate increases will apply to the following HCBS services effective July 1, 2023:

- Adult Day Services, Basic and Specialized - Denver and Non-Denver county
- Alternative Care Facility - Denver and Non-Denver county
- Consumer Directed Attendant Support Services, Health Maintenance, Homemaker and Personal Care (IDD and non-IDD) - Denver and Non-Denver county
- Specialized Habilitation - Denver and Non-Denver county
- Supported Community Connections - Denver and Non-Denver county
- Homemaker Services - Denver and Non-Denver county
- In-Home Support Services, Health Maintenance, Homemaker and Personal Care - Denver and Non-Denver county
- Peer Mentorship - Non-Denver county
- Community Connector - Denver
- Non-Medical Transportation (DD and SLS Waivers) - Denver and Non-Denver county
- Non-Medical Transportation, Mobility and Wheelchair Van - Denver and Non-Denver county
- Personal Care Services - Denver and Non-Denver county
- Prevocational Services - Denver and Non-Denver county
- Residential Habilitation, All Categories Level 1-6 - Denver and Non-Denver county
- Respite Services, All Categories - Denver and Non-Denver county
- Job Coaching Services - Denver and Non-Denver county
- Brain Injury Supported Living Program - Denver and Non-Denver county
- Brain Injury Transitional Living Program - Denver and Non-Denver county

Updates will be published as they become effective.

Free Screening, Brief Intervention and Referral to Treatment (SBIRT) Training for Health First Colorado Providers

Free Screening, Brief Intervention and Referral to Treatment (SBIRT) training for Health First Colorado providers is delivered through a partnership with Peer Assistance Services, Inc. (PAS). PAS has provided SBIRT training and support since 2006. The SBIRT program promotes prevention and early intervention efforts through in-person, online and virtual training; technical assistance; and hands-on SBIRT implementation.

Visit the [SBIRT Training Calendar web page](#) to register for an upcoming training. The shared goal is to promote SBIRT as a standard of care throughout Colorado. Refer to the [Screening, Brief Intervention and Referral to Treatment \(SBIRT\) Program Billing Manual](#) to learn more about SBIRT in Colorado.

Contact Janelle Gonzalez at Janelle.Gonzalez@state.co.us with questions.

Important Billing Information for Child Health Plan *Plus* (CHP+) Providers

Effective July 1, 2021, if a Child Health Plan *Plus* (CHP+) member’s eligibility start date occurs prior to the member’s enrollment with a CHP+ Managed Care Organization (MCO), claims must be billed directly to the fiscal agent. Once the member is assigned a managed care organization, the claims must be billed to that MCO.

Web Portal Example:

“Benefit Details” Effective Date is prior to the CHP+ “Managed Care Assignment Details” Effective Date. Dates of service from May 1, 2021, to July 14, 2021, would be billed to the fiscal agent for this example.

Coverage Details
[Back to Eligibility Verification](#)

Coverage Details for Member ID G123456 - Jane Doe
 Eligibility Verification Response Guarantee Number 0000000000

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

Demographic and Copay Details

Mailing Address 123 Any Street
 City DENVER State Colorado Zip Code 80209

Copay Status Exempt

Due to the timing of when claims are submitted and paid, it is possible that the member's Copay Status may change. This eligibility verification is NOT a guarantee of the copay status or copay due.

Click '+' to expand and view copay amounts. Click '-' to collapse.

Benefit Details

	Coverage	Description	Effective Date	End Date
-	CHP+B	Child Health Plan Plus - K2	05/01/2021	12/31/2299
	Coverage	Coverage Code Description	Copay Amount	
	CHP+B	Health Benefit Plan Coverage		
	CHP+B	Medical Care	\$0.00	
	CHP+B	Hospital	\$0.00	
	CHP+B	Hospital - Inpatient	\$0.00	
	CHP+B	Hospital - Outpatient	\$0.00	
	CHP+B	Emergency Services	\$0.00	
	CHP+B	Pharmacy	Covered	
	CHP+B	Brand Name Prescription Drug	\$0.00	
	CHP+B	Generic Prescription Drug	\$0.00	
	CHP+B	Professional (Physician) Visit - Office	\$0.00	
	CHP+B	Vision (Optometry)	\$0.00	
	CHP+B	Mental Health	\$0.00	
	CHP+B	Urgent Care	\$0.00	
	CHP+B	Dental Care	Non-Covered	
	CHP+B	Chiropractic	Non-Covered	

Managed Care Assignment Details

NPI/MCD	Managed Care Plan	Provider Name	Effective Date	End Date
None/ 1234567	Child Health Plan Plus	Colorado Access	07/15/2021	12/31/2299

Visit the [State Managed Care Network Transition web page](#) for more information and updates. Refer to the [Verifying Member Eligibility and Co-Pay Quick Guide](#) for more information on reviewing the member's eligibility on the [Provider Web Portal](#).

Pharmacy claims are submitted to Magellan. Contact Magellan Rx Management Pharmacy Call Center at 800-424-5725 with any pharmacy related questions.

National Correct Coding Initiative (NCCI) Notification of Quarterly Updates

Providers are encouraged to monitor Centers for Medicare & Medicaid Services (CMS) for updates to National Correct Coding Initiative (NCCI) rules and guidelines. Updates to the procedure-to-procedure (PTP) and medically unlikely edit (MUE) files are completed quarterly with the next file update available in July 2023.

Visit the [CMS Medicare National Correct Coding Initiative \(NCCI\) Edits web page](#) for more information.

Public Health Emergency (PHE) Unwind Resources

Scammer Alert

Scammers are targeting Health First Colorado and Child Health Plan *Plus* (CHP+) members through text messages and phone calls. Members are being told that they must pay to keep or renew their health coverage.

Members or applicants are **never** asked for money, bank account or credit card information, social security numbers or any other financial information through text or over the phone. Help spread the word and report any suspected scam activity to the [Attorney General Consumer Protection Unit](#).

The COVID-19 Public Health Emergency (PHE)

The COVID-19 PHE ended on May 11, 2023. To learn more about flexibilities that have been made permanent and those that are changing, refer to the [Overview of COVID-19 Emergency Federal Flexibilities - Colorado Medicaid](#) section on the [End of the Public Health Emergency web page](#). The web page features a chart of what flexibilities were requested, what was used, what policy changes were made permanent and what will be changing at the conclusion of the PHE.

These provisions will be communicated to impacted providers, stakeholders and members through member newsletters, provider bulletins, the Department of Health Care Policy & Financing (the Department) and Health First Colorado websites and other stakeholder communications as timelines are finalized. Some provisions could still change as additional federal guidance is received.

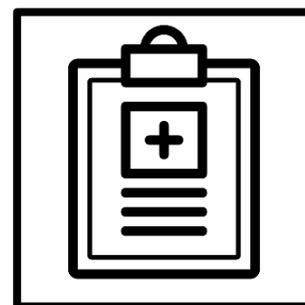
Colorado returned to regular eligibility renewal processes for Health First Colorado and Child Health Plan *Plus* (CHP+), with renewals due in May 2023. Not all members will be renewed at the same time. The renewal redetermination process will continue month by month through April 2024, for all 1.75 million members. Each member's renewal month will align with their already established annual renewal month.

How can providers help with the renewal process?

Providers can build awareness about the renewal process by posting flyers in their public areas. Flyers, social media, website content and other outreach tools can be found on the [Public Health Emergency Planning web page](#). The materials in the toolkits raise awareness on key actions for members to take:

- Updating contact information
- Taking action when a renewal is due
- Seeking help with renewals at community or county resources when needed

Providers can also educate themselves and their staff on the basics of the renewal process to assist patients who may have questions. Refer to the Renewal Toolkit located on the [Understanding the Renewal Process web page](#).



Will providers be able to see member renewal due dates in the Provider Web Portal?

The [Provider Web Portal](#) does not provide the eligibility renewal due dates. The Web Portal will show coverage start and end dates.

Members are encouraged to log into their PEAK accounts to see their renewal due dates.

Members with questions about the renewal process can learn more by visiting the [Health First Colorado Renewals web page](#), available in [English](#) and [Spanish](#).

Provider Revalidations

The flexibility that paused disenrollment for providers past their revalidation date during the COVID-19 PHE is ending effective November 12, 2023. Providers with revalidation due dates of October 1, 2020, through November 11, 2023, will be given a post-PHE grace period to complete the revalidation process. Health First Colorado will notify providers in the coming weeks of their new revalidation date. Providers will receive another notification six (6) months prior to their revalidation date.

Providers with revalidation due dates between October 1, 2020, through November 11, 2023, who had **no claims activity in the last 3 years** must revalidate by November 11, 2023.

Providers that do not complete the revalidation process by their revalidation due date will be subject to claims denial or disenrollment.

Providers with revalidation applications that are 'in process' must complete the process by November 11, 2023, or by their revalidation date, whichever comes first.

Visit the [Revalidation web page](#) to learn more about the provider revalidation process and how to prepare.

Resources and How to Stay Informed

The [Public Health Emergency Planning web page](#) will be updated as new information about the end of the COVID-19 PHE and other COVID-19 policy evolves. [Sign up](#) for the monthly COVID-19 PHE updates newsletter to stay informed about the latest updates.

Extensive partner toolkits regarding the end of the continuous coverage requirement have been developed. The [Update Your Address Campaign](#), [Understanding the Renewal Process](#) and [Take Action on Your Renewal](#) toolkits all include resources to help members take action to keep coverage. A new web page, [Keep Coloradans Covered](#), includes partner resources and information for those who may need to transition to other coverage.

All Providers Who Utilize the ColoradoPAR Program

New Prior Authorization Request (PAR) Process for Members Currently Enrolled in a Clinical Trial

The ColoradoPAR Program added the option for members currently enrolled in a clinical trial or study to have their Prior Authorization Requests (PARs) reviewed according to rapid review guidelines and completing the review within a two-day Turn Around Time (TAT).

Providers submitting a PAR for routine care during a qualified clinical study or trial must include the clinical appropriateness attestation form to ensure a determination within a two-day TAT. Failure to submit the form will result in a normal PAR TAT.

Providers are encouraged to download the required [Medicaid Attestation Form on the Appropriateness of the Qualified Clinical Trial](#) from the [Medicaid.gov website](#).

Contact the ColoradoPAR Program Utilization Management (UM) Team at hcpf_um@state.co.us or Kepro® Provider Relations at COproviderissue@kepro.com with questions or for assistance.

Senate Bill (SB) 21-137 Implementation

[Senate Bill \(SB\) 21-137](#), Behavioral Health Recovery Act of 2021, Section 9, will be implemented July 1, 2023. The full bill was signed into law in Colorado in 2021.

Section 9 of SB 21-137 requires that the Department get a second medical necessity review for residential or inpatient Substance Use Disorder (SUD) requests. Kepro®, the Department's utilization management vendor, will perform the second SUD reviews. There must be a second review if requested by a provider enrolled in Health First Colorado when a Regional Accountable Entity (RAE) denies or reduces SUD services and the member's appeal to reverse that decision is denied by a Colorado Administrative Law Judge. SB 21-137 requires a provider to sponsor the request for second medical necessity review. Providers can submit an SB 137 Section 9 request form, which will soon be available on the [ColoradoPAR: Health First Colorado Prior Authorization Request Program web page](#).



A process has been developed so members may initiate a second review. Members must provide contact information for a Health First Colorado provider who will sponsor the request. Members should email their name and contact information to HCPF_SUDreviewrequest@state.co.us. The member will be contacted to obtain more information about the original SUD denial and the name of their provider. The identified provider will be contacted with instructions on how to formally request the second SUD review.

Visit the [ColoradoPAR: Health First Colorado Prior Authorization Request Program web page](#) and refer to the Provider FAQ section for more information about SB 21-137 Section 9 and the review process.

All Providers Who Utilize the Provider Web Portal

Multi-Payer Portal Values

It is anticipated that providers submitting claims in the [Provider Web Portal](#) will see a new Payer drop-down list effective June 15, 2023. Only one value currently appears in the drop-down list: Title XIX Payer. Claims previously submitted will display Payer of Title XIX. This change will apply to all claim types and will be the default for payers in the Web Portal.

Contact the [Provider Services Call Center](#) with any questions.

National Provider Identifier (NPI) Updates in the Provider Web Portal

Providers will soon be required to use a National Provider Identifier (NPI) that is not already active on a pending new enrollment application or on a pending NPI change maintenance request. The NPI is entered on a provider application in the Request Information panel in the [Provider Web Portal](#). The NPI is entered on the Specialty and Contact Information Changes panel for maintenance requests.

This update will prevent an already-enrolled provider from changing their NPI to an NPI that is on an Application Tracking Number (ATN) under review (enrollment application or maintenance request) or from changing it to an NPI that is already active and enrolled.

An error message will appear if a provider enters an NPI that is already included on an active enrollment or maintenance ATN. Providers will be unable to continue with their applications or maintenance requests until the error is resolved.

The new error messages will state the following:

- **For enrollment applications:** “The NPI entered is either pending in another application or already enrolled and active. Please enter a unique NPI that is not in use.”
- **For maintenance requests:** “The NPI entered is either pending in another application or previously used. Please enter a unique NPI that is not in use.”

Refer to the [Provider Maintenance - Adding a National Provider Identifier \(NPI\) Quick Guide](#) and the [Provider Maintenance - Hospital Provider - Adding a National Provider Identifier \(NPI\) Quick Guide](#) for more information.

Contact the [Provider Services Call Center](#) with questions.

Behavioral Health Providers

Name Change for Uniform Service Coding Standard (USCS) Manual

The name of the [Uniform Service Coding Standards \(USCS\) Manual](#) will change to State Behavioral Health Services Billing Manual effective July 1, 2023.

Contact hcpf_bhcoding@state.co.us with any questions regarding this change or about this manual.

Health First Colorado Directed Payment Fee Schedule

A directed payment fee schedule will be published in the State Behavioral Health Services Billing Manual (formerly the Uniform Services Coding Standards [USCS] Manual), effective July 1, 2023.

Managed Care Entities (MCEs), under the Capitated Behavioral Health Benefit, have sole responsibility and discretion to contract with service providers and to set provider rates. There are unique situations where targeted action is necessary to support network access and growth for specific services. A directed payment will be established as a minimum reimbursement rate in these circumstances for specific services that MCEs must pay.

The MCEs will be adequately funded to reimburse providers at these rates when a directed payment is created. These will be time-limited investments that will be reviewed on a regular basis.

Some factors that will inform when a directed payment would be considered include:

- When a service is new or is being underutilized across the state
- When there are identified access issues related to a specific service
- When not exclusively for the purpose of a rate review/increase

This fee schedule has been established for directed payments for the following codes. MCEs are required to update provider contracts and claims systems to reflect a rate no less than the rate outlined below.

Code	Code Description	Rate
H0036	Functional Family Therapy (FFT) - 15 mins	\$36.62
H0037	Functional Family Therapy (FFT) - Per Diem	\$878.80
H2015	Comprehensive Community Support Services - 15 mins	\$9.21
H2016	Comprehensive Community Support Services - Per Diem	\$221.15
H2021	Community-Based Wrap-Around Services - 15 mins	\$9.87
H2022	Community-Based Wrap-Around Services - Per Diem	\$236.83
H2033	Multi-Systemic Therapy (MST) - 15 mins	\$38.22

Contact John Laukkanen at John.Laukkanen@state.co.us with questions.

New Behavioral Health Crisis Services Provider Enrollment Type

The Behavioral Health Crisis Services, with specialty Mobile Crisis Response (MCR), will soon be a new enrollment option available to providers. Providers endorsed by the Behavioral Health Administration (BHA) to provide MCR services and contracted with their Administrative Service Organization (ASO) who intend to receive payment from Regional Accountable Entities (RAEs) for mobile crisis response services rendered to Health First Colorado members may enroll as this new provider type.

Providers may begin the Health First Colorado enrollment process June 1, 2023, but MCR claims may not be submitted by Behavioral Health Crisis Services, MCR specialty providers until this provider type is available. MCR services rendered prior to the date this provider enrollment type is available are not eligible for Health First Colorado reimbursement.

Visit the [Find Your Provider Type web page](#) and click the “Enrollment Information by Provider Type” button to review the enrollment requirements. Contact the [Provider Services Call Center](#) with any questions.

Behavioral Health Providers, Transportation Providers

New Behavioral Health Crisis Services Provider Enrollment Type

The Behavioral Health Crisis Services, with specialty Secure Transportation, will soon be a new enrollment option available to providers. Providers that intend to receive direct reimbursement for [Behavioral Health Secure Transportation](#) may enroll as this new provider type.

Providers may begin the Health First Colorado enrollment process June 1, 2023, but claims may not be submitted by Behavioral Health Crisis Services, Secure Transportation specialty providers until this provider type is available. Secure Transportation services rendered prior to the date this provider enrollment type is available are not eligible for Health First Colorado reimbursement.

Refer to the [Behavioral Health Secure Transportation \(BHST\) Billing Manual](#) for additional information. Visit the [Find Your Provider Type web page](#) and click the “Enrollment Information by Provider Type” button to review the enrollment requirements. Contact the [Provider Services Call Center](#) with any questions.

Family Planning Providers, Pharmacy Providers

Family Planning Updates

Members within the Emergency Medical Services (EMS) and Reproductive Health Care Program category are eligible to receive family planning-related services at a \$0 co-pay effective July 1, 2023. This will expand the services this population is eligible to receive, which currently includes emergency medical and family planning services.

Professional Claims Billing

- Family planning-related services are those that are provided pursuant to a family planning visit. Refer to the [Family Planning Benefit Expansion for Special Populations Billing Manual](#) for more information on what are considered family planning-related services. The expansion in coverage of family planning and related services is in addition to the existing coverage of emergency services which has separate billing guidance in the [Inpatient/Outpatient \(IP/OP\) Billing Manual](#).
- Family Planning Services Billing:



- Family planning services should continue to have an FP modifier at the detail level of the claim.
- Family Planning-Related Services Billing:
 - Family planning-related services that are provided during or in follow up to a family planning visit will be billed with the FP+32 modifier at the detail level of the claim.
- Claims will continue to have manual review, and providers will be contacted should any questions arise on claims for EMS members that have the FP or FP+32 modifiers. A comprehensive code list for family planning and related services is in the process of being developed.

Contact hcpf_maternalchildhealth@state.co.us with general questions for the expanded family planning benefits.

Pharmacy Billing

- Family Planning:
 - Family planning (e.g., contraceptives) services are already configured for a \$0 co-pay.
- Family Planning-Related:
 - Pharmacy providers should utilize field 461-EU on the pharmacy claim to indicate “6- Family Plan” to receive a \$0 co-pay on family planning-related medications. This will allow the pharmacist to determine if the medication was prescribed in relation to a family planning visit (e.g., tobacco cessation, sexually transmitted infections and disease [STI/STD] medications and drugs for the treatment of lower genital tract and genital skin infections/disorders).

The prescriber will need to submit a Prior Authorization Request (PAR) to confirm that the drug was prescribed in relation to a family planning visit if the medication is not on the family planning-related drug list. Visit the [Pharmacy Resources web page](#) for more information on submitting PARs.

- Additional Information
 - Members within this eligibility category are eligible to receive **only** family planning and family planning-related medications. It should be documented in the prescription record if it has been determined that the medication was prescribed pursuant to a family planning or family planning-related visit. It is not a covered service for this population if a medication is denied and is not a family planning or family planning-related medication.

Refer to the [Pharmacy Billing Manual](#) for more information on pharmacy billing. Contact Korri Conilogue at Korri.Conilogue@state.co.us with questions.

Home and Community-Based Services (HCBS) Providers

Updates to Home and Community-Based Services (HCBS) Children's Habilitation Residential Program (CHRP) Specialties and Services

HCBS providers can continue to bill for services with existing Specialty 619 - Children's Habilitation Residential Program on their enrollment file, effective June 28, 2023. A transitional period will be provided in the future where this specialty will be end-dated and replaced with new specialties for providers:

- **Specialty 741** - CHRP - Hippotherapy
- **Specialty 743** - CHRP - Movement Therapy
- **Specialty 742** - CHRP - Massage Therapy
- **Specialty 882** - CHRP - Child and Youth Mentorship
- **Specialty 883** - CHRP - Community Connector
- **Specialty 884** - CHRP - Habilitation
- **Specialty 885** - CHRP - Respite
- **Specialty 886** - CHRP - Wraparound

New limit audits and Explanation of Benefits (EOBs) will be introduced which will impact HCBS providers. The new EOBs providers will see are:

- **EOB Code 5767** - This procedure is limited to 28 units per calendar year
- **EOB Code 5768** - This procedure is limited to 1120 units per calendar year
- **EOB Code 5769** - This procedure is limited to 366 units per calendar year

Refer to Appendix R - Remittance Advice (RA) Messages, located on the [Billing Manuals web page](#) under the Appendices drop-down, to view the EOB updates.

Contact the [Provider Services Call Center](#) with any questions.

Hospital Providers

General Updates

All Hospital Providers

Fiscal Year (FY) 23-24 Inpatient (IP) Base Rates

FY 23-24 IP Base Rates are currently being created using the new methodology developed over the past two (2) years. Visit the [Inpatient Hospital Payment web page](#) for any new developments. The FY 23-24 IP Base Rates are planned to post in mid to late May 2023 for the 30-day hospital review, and a reminder email will be sent to individuals signed up to receive Hospital Stakeholder Engagement Meeting newsletters. An extra Hospital Engagement Meeting

(see below for date and time) has been created to introduce the model and answer any questions hospitals may have.

Contact [Diana Lambe, Andrew Abalos and Kevin Martin](#) with any input or questions on the model.

Use the Hospital Stakeholder Engagement Meeting link below to sign up for newsletters.

Hospital Stakeholder Engagement Meetings

Bi-monthly Hospital Engagement meetings will continue to be hosted to discuss current issues regarding payment reform and operational processing. [Sign up](#) to receive the Hospital Stakeholder Engagement Meeting newsletters.

- The next All-Hospital Engagement Meeting is scheduled for Friday, June 2, 2023, from 9:00 a.m. to 11:00 a.m. MT and will be hosted virtually. This is an extra meeting where the agenda will primarily be focused on the FY 23-24 IP Base Rates Model posted for 30-day hospital review.

Visit the [Hospital Stakeholder Engagement Meetings web page](#) for more details, meeting schedules and past meeting materials. Calendar Year 2023 meetings have been posted. Contact Tyler Samora at Tyler.Samora@state.co.us with any questions or topics to be discussed at future meetings. Advanced notice will provide the Rates Team time to bring additional Department personnel to the meetings to address different concerns.

Outpatient Hospitals

Enhanced Ambulatory Patient Grouping (EAPG) Base Rate Reform

Discussions began on the new methodology for the hospital-specific EAPG Base Rates in the May 5, 2023, Hospital Stakeholder Engagement Meeting. This methodology is being developed with an intended effective date of July 1, 2024. Updates and solicitation of provider feedback will continue to be provided within upcoming provider bulletins and Hospital Stakeholder Engagement meetings.

Contact Tyler Samora at Tyler.Samora@state.co.us with any questions, input or suggestions.

Enhanced Ambulatory Patient Grouping (EAPG) System Specialty Drug Carveout

Payments for certain specialty drugs are carved out of the Enhanced Ambulatory Patient Grouping (EAPG) methodology for outpatient hospital claims with the first date of service on or after August 11, 2018. An approved member-specific prior authorization must be obtained, and the outpatient claim containing these drugs must be billed with the invoice for these drugs to be reimbursed.



The names, associated Healthcare Common Procedure Coding System (HCPCS) codes and the effective dates of the current outpatient hospital specialty drugs which are carved out from the EAPG payment are listed in [Appendix Z](#), located on the [Billing Manuals web page](#) under the Appendices drop-down. The most accurate HCPCS code and National Drug Code (NDC) number of the drug administered to the member must be billed on the claim line.

Refer to [Appendix X: HCPCS / NDC Crosswalk for Billing Physician-Administered Drugs](#) for reimbursable HCPCS codes and NDC numbers. Visit the [Physician Administered Drugs web page](#) to review the coverage criteria and prior authorization request forms.

Contact HCPF_PAD@state.co.us with questions.

Laboratory Service Providers

Coverage of Certain Laboratory Codes Will Remain After the End of the Public Health Emergency (PHE)

The following Common Procedural Terminology (CPT) codes were previously set to end coverage on May 11, 2023. They will instead remain covered services pursuant to recent federal guidance.

- 0202U
- 0223U
- 0224U
- 0225U
- 0226U
- 0240U
- 0241U

Contact Sarah Kaslow at Sarah.Kaslow@state.co.us with questions.

Pharmacy Providers

Now Accepting Pharmacy & Therapeutics (P&T) Committee Applications

Qualified candidates are currently being sought to join the Pharmacy & Therapeutics (P&T) Committee. There are three (3) open positions available for P&T Committee members.

The following positions are now open for applicants:

- Physician who specializes in the practice of psychiatry (1 position)
- Physician of any specialty (2 positions)

Duties, membership and other term details are in the [Colorado Pharmacy and Therapeutics \(P&T\) Committee Policies and Procedures](#).

Submit a CV along with a completed [Conflict of Interest Form](#) to Mohamed Duklef at Mohamed.Duklef@state.co.us if interested in serving or referring a qualified individual.

Uninsured Individuals with Emergency Coverage for COVID-19

Pharmacies may have attempted to bill claims to Health First Colorado for uninsured individuals that have Emergency Coverage for COVID-19 after May 11, 2023, resulting in claim denials. The pharmacy system is being reconfigured to allow for payment of COVID-19 treatment services for uninsured individuals in this benefit population through May 31, 2023, when an appropriate diagnosis is entered on the claim. This benefit will end after May 31, 2023, pursuant to 25.5-5-201(8)(a).

Pharmacies will need to reprocess denied claims submitted for services after May 11, 2023, for this member population.

Contact Magellan Rx Management Pharmacy Call Center at 1-800-424-5725 with questions regarding rejected claims.

Pharmacy Providers, All Medication Providers

Preferred Drug List (PDL) Announcement of Preferred Products

Changes will be made for the following Preferred Drug List (PDL) classes, effective July 1, 2023:

PDL Drug Class	Moved to Preferred	Moved to Non-Preferred
Beta-Blockers - Single Agent, Anti-Arrhythmics & Combinations	<ul style="list-style-type: none"> • Nebivolol tablet • Coreg CR (carvedilol) capsule 	<ul style="list-style-type: none"> • Carvedilol ER capsule • Pindolol tablet
Pulmonary Arterial Hypertension (PAH)	<ul style="list-style-type: none"> • Sildenafil oral suspension <i>(Effective 04/27/2023)</i> 	
Rosacea Agents	<ul style="list-style-type: none"> • Finacea foam 	
Anti-Emetics - Oral & Non-Oral		<ul style="list-style-type: none"> • Compro suppository
Hemorrhoidal, Anorectal, and Related Topical Anesthetic Agents	<ul style="list-style-type: none"> • Hydrocortisone-Pramoxine cream (rectal) 	

PDL Drug Class	Moved to Preferred	Moved to Non-Preferred
Proton Pump Inhibitors	<ul style="list-style-type: none"> Dexilant DR capsule Protonix suspension 	
Erythropoiesis Stimulating Agents	<ul style="list-style-type: none"> Epogen vial 	<ul style="list-style-type: none"> Procrit vial

No changes will be made for the following PDL classes:

PDL Drug Class	PDL Drug Class
Tetracyclines	Alpha-Blockers
Calcium Channel Blockers - DHPs & Non-DHPs	ACE Inhibitors - Single Agents & Combinations
Angiotensin Receptor Blockers (ARBs) & Combinations	Renin Inhibitors & Combinations
Lipotropics - Bile Acid Sequestrants, Fibrates & Other Agents	Statins & Combinations
Acne Agents, Topical	Acne Agents, Oral Isotretinoins
Anti-Psoriatics, Oral & Topical	Topical Steroids, Low, Medium, High, and Very High Potency
Bile Salts	GI Motility, Chronic
H. Pylori Treatments	Pancreatic Enzymes
Non-Biologic Ulcerative Colitis - Oral & Rectal	Anticoagulants, Oral & Parenteral
Anti-Platelets	Colony Stimulating Factors

Physician-Administered Drug (PAD) Providers

Opioid Treatment Providers: Take-Home Buprenorphine

Opioid treatment providers (OTPs) may dispense up to a seven-day supply of take-home oral buprenorphine and buprenorphine combination products to a Health First Colorado member as outlined within this policy, effective May 1, 2023.

Policy will allow for up to a seven-day, take-home supply of oral buprenorphine and buprenorphine combination physician-administered drugs (PADs) to be billed through the medical benefit via standard buy-and-bill processes when an OTP:

- Obtains the appropriate Drug Enforcement Administration (DEA) registration
- Has authority based on the rules and regulations set forth by the State of Colorado
- Follows all guidelines set forth by the Substance Abuse and Mental Health Services Administration (SAMHSA)

OTPs must be enrolled with Health First Colorado as Provider Type (PT) Substance Use Disorder - Clinic (PT 64) and bill for the national drug code (NDC) of the take-home oral buprenorphine and buprenorphine combination product dispensed to the member on the claim, with the most appropriate Healthcare Common Procedure Coding System (HCPCS) code. The applicable HCPCS for take-home oral buprenorphine and buprenorphine combination PADs are as follows:

Take-Home Buprenorphine HCPCS				
J0571	J0572	J0573	J0574	J0575

Some oral buprenorphine products may be preferred or subject to prior authorization requirements when billed and dispensed through the pharmacy benefit. Refer to the Preferred Drug List (PDL) and Appendix P, located on the [Pharmacy Resources web page](#), for all pharmacy benefit policies and procedures on continuation of care and allowing for transition from take-home supply to outpatient prescription.

Billing

OTPs must bill for office administered oral buprenorphine or buprenorphine combination PADs, along with any additional procedure codes as applicable, for the date of service when the PAD was administered and observed in office. See the **In-Office Administration** example below.

The OTP may then bill an additional line on the claim for the amount dispensed as a take-home supply. The From Date of Service (FDOS) and To Date of Service (TDOS) should start the day after the clinic visit and represent the total number of days appropriate for the amount dispensed. See the **Take-Home Supply** example below, with the date span being no more than seven (7) days in total and place of service home (12).

Examples

In-Office Administration

Claim line	1
Procedure Code	J0572
NDC	NDC of PAD administered to the member and reimbursable for the date of service per Appendix X
Units Billed	1
Place of Service	11 (Office)
FDOS	05/01/2023
TDOS	05/01/2023

Take-Home Supply

Claim Line	2
Procedure Code	J0572
NDC	NDC of PAD administered to the member and reimbursable for the dates of service per Appendix X
Units Billed	7
Place of Service	12 (Home)
FDOS	05/02/2023
TDOS	05/08/2023

All PAD policies and procedures apply to the take-home supply of oral buprenorphine and buprenorphine combination products, including but not limited to billing of accurate HCPCS units, HCPCS/NDC billing per the HCPCS/NDC Crosswalk ([Appendix X](#)), and all requirements set forth in the [Physician-Administered Drugs \(PAD\) Billing Manual](#) and the [Physician-Administered Drugs web page](#).

Contact HCPF_PAD@state.co.us with additional questions.

Prescribers

Prescriber Tool Alternative Payment Model (APM) Timeline Change

The Prescriber Tool Alternative Payment Model (APM), designed to incentivize consistent use of the Real-Time Benefits Inquiry (RTBI) module of the Prescriber Tool, was scheduled to launch July 2023. This program is now expected to be implemented later in the year to allow time to address feedback received from a pilot program conducted from March to mid-April 2023.

Provider practices are encouraged to visit the [Provider Web Portal](#) to ensure the provider enrollment is up to date as this can influence performance in the program.

Visit the [Prescriber Tool Alternative Payment Model web page](#) for information about the APM. Visit the [Prescriber Tool Project web page](#) for more information about the prescriber tool.

Contact hcpf_pharmacyapm@state.co.us with any questions.



Telemedicine Providers

Changes to Telemedicine Post-Public Health Emergency (PHE)

The Public Health Emergency (PHE) ended on May 11, 2023. The following is a list of notable changes to telemedicine.

Services that have been made permanent:

- **Telemedicine for Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Indian Health Services (IHS):** Health First Colorado authorized temporary changes to facilitate the safe delivery of healthcare services to members at the start of the COVID-19 PHE, including temporary changes to the existing telemedicine policy, to allow telemedicine for FQHC, RHC and IHS clinics. Health First Colorado received approval from the Centers for Medicare & Medicaid Services (CMS) in July of 2020, to make those changes permanent.
- **Physical Therapy, Occupational Therapy, Home Health, Hospice and Pediatric Behavioral Health Providers:** Health First Colorado has expanded the list of providers eligible to deliver telemedicine services to include physical therapists, occupational therapists, home health providers, hospice and pediatric behavioral health providers.
 - Home health agency services and therapies, hospice, and pediatric behavioral treatment may be provided via telephone-only.
 - Outpatient physical, occupational and speech therapy services must have an interactive audio/visual connection with the member to be provided via telemedicine.

Services ending with the PHE:

- **Well-child Check-ups Via Telemedicine:** Temporary coverage of well-child check-ups provided via telemedicine was added during the federal PHE for COVID-19. The telemedicine coverage of well-child check-up codes was discontinued effective May 12, 2023. This end date aligns with the expiration of the federal PHE for COVID-19 on May 11, 2023. Procedure codes affected by this update include 99382, 99383, 99384, 99392, 99393 and 99394. Providers will still be reimbursed for in-person well-child check-ups.

Other changes:

- All consent for telemedicine services could be verbal during the PHE. Providers must obtain written consent prior to the first visit post-PHE, as described in the [Waiving the Face-to-Face Requirement & Required Disclosure Statements section](#) of the [Telemedicine Billing Manual](#).

Refer to the [Telemedicine Billing Manual](#) for the updated list of telemedicine codes.

Contact Naomi Mendoza at Naomi.Mendoza@state.co.us with any questions.

Vision Providers

Optometrist Codes

The following Current Procedural Terminology (CPT) codes are available to optometrists effective January 14, 2023:

10060	10120	11102	11103	11200
11201	11310	11900	65430	65435
65436	65778	66762	68841	11200
11440	11900	65855	66761	66821
67515	67800	67801	67805	67820
67825	67840	67921	67930	68020
68200	68760	68761		

Contact Christina Winship at Christina.Winship@state.co.us with questions.

Provider Billing Training Sessions

June and July 2023 Provider Billing Training Sessions

Providers are invited to participate in training sessions for an overview of Health First Colorado billing instructions and procedures. These sessions are virtual-only webinars. The current and following months' workshop calendars are shown below.

Who Should Attend?

Staff who submit claims, are new to billing Health First Colorado services or who need a billing refresher course should consider attending one or more of the following provider training sessions.

The institutional claims (UB-04) and professional claims (CMS 1500) training sessions provide high-level overviews of claim submission, prior authorizations, navigating [the Department's website](#), using the [Provider Web Portal](#) and more. Refer to the Beginning Billing Training: Professional Claims (CMS 1500) and the Beginning Billing Training: Institutional Claims (UB-04), available on the [Provider Training web page](#) under the Billing Training - Resources drop-down section, for a preview of the training materials used in these sessions.

Refer to the Provider Web Portal Quick Guides, available on the [Quick Guides web page](#), for more training materials on navigating the Web Portal.

Note: Trainings may end prior to 11:30 a.m. MT. Time has been allotted for questions at the end of each session.

June 2023

Monday	Tuesday	Wednesday	Thursday	Friday
			1	2

Monday	Tuesday	Wednesday	Thursday	Friday
5	6	7	8 Beginner Billing Training: Professional Claims (CMS 1500) 9:00 a.m. - 11:30 a.m. MT	9
12	13	14	15	16
19	20	21	22 Beginner Billing Training: Institutional Claims (UB-04) 9:00 a.m. - 11:30 a.m. MT	23

July 2023

Monday	Tuesday	Wednesday	Thursday	Friday
3	4	5	6	7
10	11	12	13 Beginner Billing Training: Professional Claims (CMS 1500) 9:00 a.m. - 11:30 a.m. MT	14
17	18	19	20	21
24	25	26	27 Beginner Billing Training: Institutional Claims (UB-04) 9:00 a.m. - 11:30 a.m. MT	28
31				

Live Webinar Registration

Click the title of the desired training session in the calendar above to register for a webinar. An automated response will confirm the reservation. Send an email to co.training@gainwelltechnologies.com with the subject line "Webinar Help" with questions or issues regarding webinar registration. Include a description of the issue being experienced, your name and contact information (email address and phone number), and the name and date of the webinar(s) to be attended. Allow up to two (2) to three (3) business days to receive a response.

Upcoming Holidays

Holiday	Closures
<p style="text-align: center;">Juneteenth Monday, June 19</p>	<p>State Offices, the ColoradoPAR Program and DentaQuest will be closed. Capitation cycles may potentially be delayed. The receipt of warrants and Electronic Fund Transfers (EFTs) may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks. Gainwell Technologies will be open.</p>
<p style="text-align: center;">Independence Day Tuesday, July 4</p>	<p>State Offices, the ColoradoPAR Program, DentaQuest and Gainwell Technologies will be closed. Capitation cycles may potentially be delayed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks.</p>

Gainwell Technologies Contacts

Provider Services Call Center

1-844-235-2387

Gainwell Technologies Mailing Address

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