



Provider News & Resources

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Did You Know?

License Update Requirement

Federal screening regulations found at [42 CFR § 455.412](#) require providers to maintain current licenses, without limitations, throughout the term of their agreement. A license update is required when the license on file is expiring soon.

To remain actively enrolled, update the license information in the [Provider Web Portal](#) by clicking Provider Maintenance and following the steps under Provider Identification Changes. A copy of the license showing the effective and end dates must be attached.

Refer to the [Provider Maintenance - Update License & CLIA License Update Quick Guide](#) located on the [Quick Guides web page](#) for more information.

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Featured Resources:

[January 2024 Provider Bulletin \(B2400503\)](#)

Upcoming Holidays:

**Martin Luther King, Jr. Day
Monday, January 15, 2024**

State Offices, DentaQuest, AssureCare and the ColoradoPAR Program will be closed.

Gainwell Technologies will be open.

2024 Provider Enrollment Application Fee

The Affordable Care Act (ACA) requires certain providers to remit an application fee. The Centers for Medicare & Medicaid Services (CMS) sets the fee annually.

This fee is assessed at initial enrollment, revalidation and change of ownership, as required, and is assessed in full for each service location enrolled in Health First Colorado (Colorado's Medicaid program).

The Provider Enrollment Application Fee has been set at \$709 for the 2024 calendar year, effective January 1, 2024.

Claims for HCPCS 2024 Procedure Codes Suspending for Explanation of Benefits (EOB) 0000

Claims billed with a HCPCS 2024 procedure code may begin suspending for EOB 0000 - "This claim/service is pending for program review" beginning January 1, 2024. The Colorado interChange is being updated with the 2024 HCPCS billing codes based on the

Centers for Medicare & Medicaid Services (CMS) annual release of deletions, changes and additions.

Claims will be released from suspense once the update is complete.

Providers are reminded to check the [Provider Rates and Fee Schedule web page](#) before billing to ensure the codes are a covered benefit. All codes must be reviewed for medical necessity, prior authorization coverage standards and rates before the codes are reimbursable.

Refer to the [Special Provider Bulletin - HCPCS Updates for 2024 \(B2400504\)](#) for more information.

New System Error for Attachments in the Provider Web Portal

An update to the Provider Web Portal now displays an error message if missing certain attachment types on the Attachments and Fees panel.

Refer to the [January 2024 Provider Bulletin \(B2400503\)](#) for more information.

New Language Proficiency Field Available for Providers

A new Language Proficiency field is available in the [Provider Web Portal](#) beginning December 14, 2023. The new field is available during enrollment, provider maintenance and revalidation. Providers have the option to select a Language Proficiency other than the default value.

This field will be available to members on the Health First Colorado's [Find a Doctor web page](#) beginning in the summer of 2024.

Home and Community-Based Services (HCBS) Providers:

Money Follows the Person (MFP) Capacity Building Grant

Applications are being accepted by the Department of Health Care Policy & Financing (the Department) for the Money Follows the Person (MFP) Capacity Building Grant through Friday, February 9, 2024. Applicants will have the opportunity to submit ideas for the competitive grant.

Refer to the December 29, 2023 email, [The Money Follows the Person \(MFP\) Capacity Building Grant Now Accepting Applications](#) for more information.

Speech Therapy Providers:

Incorrect Speech Therapy (ST) Sessions in Provider Web Portal and Incorrect ST Denials

Some claims were being denied incorrectly with Explanation of Benefits (EOB) 5550 - "Speech Rehab Service Limit of 12 sessions has been met." System changes were implemented on December 27, 2023.

Claims were reprocessed on January 3, 2024.

Refer to the January 3, 2024 email, [Resolved 12/27/23: Incorrect Speech Therapy \(ST\) Sessions in Provider Web Portal and Incorrect ST Denials](#) for more information.

Immunization Providers: Immunization Rate Update

Effective as of July 1, 2023, the following Current Procedural Terminology (CPT) codes have new rates:

CPT Code	New Rate Effective 07/01/23
90384	\$130.77
90385	\$59.52
90460	\$20.75
90471	\$20.75
90472	\$12.05
90473	\$20.75
90474	\$12.05
90649	\$180.83
90650	\$180.83
90654	\$21.21
90656	\$18.50
90658	\$17.01
90733	\$130.73
90736	\$223.41

New rates are available on the [Immunization Rate Schedule](#).

Claims with a date of service of July 1, 2023, or later will be reprocessed. Claims submitted at the previous lower rate must be adjusted to receive the higher rate.

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

Pharmacist-Administered Vaccines

Effective January 1, 2024, all Health First Colorado members will be eligible to receive rabies vaccinations by an enrolled pharmacist at a Health First Colorado-enrolled pharmacy. Claims must be billed using CPT code 90675.

New rates are available on the [Immunization Rate Schedule](#).

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

Immunization Providers: NOVAVAX COVID-19 Vaccines

Effective October 3, 2023, the rate for CPT code 91304 is \$148.20 for members 19 years of age and older.

New rates are available on the [Immunization Rate Schedule](#).

Claims with a date of service of October 3, 2023, or later will be reprocessed. Claims submitted at the previous lower rate must be adjusted to receive the higher rate.

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

Immunization Updates and Reminders

Nirsevimab is a covered benefit for members under two (2) years of age effective August 3, 2023, without cost-sharing. This monoclonal antibody is for the prevention of Respiratory Syncytial Virus (RSV) lower respiratory tract disease in:

- Neonates and infants born during or entering their first RSV season
- Children up to 24 months of age who remain vulnerable to severe RSV disease through their second RSV season

The following CPT codes should be used in nirsevimab claims: 90380 and 90381, as well as **either** 96380 **or** 96381 administration code. Do not report immunization administration codes 90461 - 90462 **or** 90471 - 90472 for the injection of nirsevimab. CPT codes 96380 and 96381 were effective October 6, 2023. Providers may edit and resubmit claims with a date of service of October 6, 2023, or later.

Providers should not bill for the vaccine counseling code and the vaccine administration code on the same date of service when vaccine administration codes are inclusive of counseling.

New rates are available on the [Immunization Rate Schedule](#).

Providers must enroll in the Vaccines for Children (VFC) program to receive this product and receive reimbursement for administering the vaccine to Health First Colorado members. Members may not receive palivizumab after receiving nirsevimab in the same season.

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

Recently Updated Billing Manuals

- [Appendix R - Remittance Advice \(RA\) Messages](#)
- [Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs](#)
- [Appendix Z - Hospital Specialty Drugs](#)
- [Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\)](#)
- [Hospice](#)
- [Indian Health Services](#)
- [Immunizations](#)
- [Pharmacist Services](#)
- [Physician-Administered Drugs](#)
- [Psychiatric Residential Treatment Facility](#)
- [Qualified Residential Treatment Facility](#)

Home and Community-Based Services (HCBS)

- [HCBS - Children's Habilitation Residential Program \(CHRP\) Waiver Program](#)
- [HCBS - IDD for Persons with IDD Waiver Programs & Targeted Case Management for HCBS Waiver Programs](#)

Visit the [Billing Manuals web page](#) to locate all published manuals.

Resolved Known Issues

Resolved 12/27/23

Some Claims for Speech Therapy were Denying for Explanation of Benefits (EOB) 5550, 5551 and 5552

Some claims for Speech Therapy requiring a Prior Authorization (PA) submitted on or after July 1, 2023, were denying incorrectly with various procedure codes and modifiers, which are listed below.

Procedure Codes

92507	92508	92520	92521	92522	92523	92524	92526	92597
92605	92607	92608	92609	92610	92611	92612	92614	92626
92627	96105	96111	96112	96113	97129	97130		

Modifiers

- GN modifier billed along with 96 modifier
- GN modifier billed along with 97 modifier
- GN modifier billed along with TL modifier

Explanation of Benefits (EOB) Codes and Descriptions

- 5550 - Speech Rehabilitative Service Limit of 12 sessions has been met.
- 5551 - Speech Therapy Service Limit of 12 sessions has been met.
- 5552 - Speech Habilitative Service Limit of 12 sessions has been met.

Affected claims were reprocessed on 01/03/24.

Issue resolved 12/27/23.
