



Provider News & Resources

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Did You Know?

Enrollment Processing Time

New applications, revalidations and enrollment updates are currently being processed by the Department of Health Care Policy & Financing's (the Department's) fiscal agent within five (5) business days on average.



Some Claims for HCPCS 2024 Physician-Administered Drug (PAD) Procedure Codes Suspending for Explanation of Benefits (EOB) 0000

Some claims billed with a HCPCS 2024 Physician-Administered Drug (PAD) procedure code are suspending for EOB 0000 - "This claim/service is pending for program review."

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.

Physician-Administered Drug (PAD) Codes Suspending				
J0184	J0688	J1596	J2799	J9286
J0217	J0873	J1939	J3401	J9321
J0391	J1105	J2404	J9052	J9333
J0402	J1304	J2508	J9172	J9334
J0576	J1412	J2679	J9255	Q5132

Inpatient Hospital Base Rates Fiscal Year (FY) 23-24 Update

The Centers for Medicare & Medicaid Services (CMS) approved State Plan Amendment 23-0003 on February 9, 2024. This amendment authorizes the Department to implement its revised inpatient hospital base rate methodology, effective July 1, 2023.

The related base rates were implemented into the Colorado interChange on February 23, 2024, and work has started on the retroactive claims adjustments for claims with Through Dates of Service on or after July 1, 2023.

Affected claims were reprocessed on 02/29/2024.

Supplemental Rate Increases

The Colorado General Assembly approved rate increases for Pediatric Behavioral Therapy (PBT) on February 27, 2024. These increases will be effective retroactively to dates of service on or after February 11, 2024. Codes and corresponding proposed rates are in the table below and will be reflected on the Health First Colorado fee schedule.

Note: If claims for dates of services on or after February 11, 2024, were billed using the rates for July 1, 2023, those claims will need to be manually adjusted by the provider to receive the correct reimbursement, as the lower of billed charges payment logic applies.

Providers billing usual and customary will see claims adjustments via claims reprocessing.

Procedure Code	Current Colorado Rate (July 2023)	New Rates Based on MPRRAC Recommendation Effective 02/11/2024
97151	\$330.94	\$868.88
97153	\$14.39	\$17.88
97154	\$7.21	\$11.34
97155	\$22.45	\$26.20
97158	\$11.22	\$17.55

Physician-Administered Drug (PAD) Administering and Dispensing Providers

Record Keeping and Retention

Providers who administer or dispense Physician-Administered Drugs (PADs) are required by the Provider Participation Agreement with Health First Colorado and Colorado State Rule 8.130.2 ([Program Rules and Regulations](#)) to maintain records that fully disclose the nature and extent of services provided to members.

Providers must furnish information about payments claimed for Health First Colorado services upon request. Records must substantiate submitted claim information. Such records include but are not limited to:

- Billing information
- Treatment plans
- Prior authorization requests
- Medical records and service reports, including orders prescribing treatment plans
- Records and original invoices for items, including drugs that are prescribed, ordered or furnished
- Claims, billings and records of Health First Colorado payments and amounts received from other payers

Provider records shall include employment records, including but not limited to shift schedules, payroll records and timecards of employees.

Providers who issue prescriptions shall keep, in the patient's record, the date of each prescription and the name, strength and quantity of the item prescribed.

Each provider shall retain any other records created in the regular operation of business that relate to the type and extent of goods and services provided (e.g., superbills). All records must be legible, verifiable and comply with generally accepted accounting principles, auditing standards and all applicable state and federal laws, rules and regulations.

Each medical record entry must be signed and dated by the person ordering and providing the service. Computerized signatures and dates may be applied if the electronic record keeping system meets Health First Colorado security requirements.

These records must fully substantiate or verify claims submitted for payment and must be furnished on request to the authorizing agency. Records must be retained for at least seven (7) years or longer if required by regulation or a specific contract between the provider and Health First Colorado.

At the request of the US Department of Health and Human Services (HHS), the Department, the Colorado Department of Human Services (CDHS) or the Medicaid Fraud Control Unit (MFCU), and at the request of any of their authorized designees, record verification may include, but not be limited to, interviews with providers, employees of providers, billing services that bill on behalf of providers and any member of a corporate structure that includes the provider as a member.

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

Recently Updated Billing Manuals and Fee Schedules

Billing Manuals

- [Appendix X - HCPCS/NDC Crosswalk for Billing Physician-Administered Drugs](#)
- [General Provider Information](#)
- [Physician-Administered Drugs \(PAD\)](#)

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

Fee Schedules

- [Behavioral Health Secure Transportation](#)

Visit the [Provider Rates and Fee Schedule web page](#) to locate all published fee schedules.
