



Provider News & Resources

February 3, 2023 Issue 62

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Authenticating When Contacting the Provider Services Call Center

An additional verification is now
required when a provider contacts the
[Provider Services Call Center](#).

The fiscal agent is asking for the caller to
provide an 8- to 10-digit Health First
Colorado (Colorado's Medicaid program)
ID and the National Provider Identification
(NPI) (if applicable) to release Health
Insurance Portability and Accountability
Act (HIPAA) protected information.

Refer to the [February 2023 Provider
Bulletin \(B2300490\)](#) for more information.

Did You Know? Known Issues and Provider Resources

The most updated status for current
known issues, important updates, system

EOB 7817

Resolved Known

Issue: NEMT Claims with Procedure Code A0427 and Modifier 76 Denying EOB 7817

Featured Resources:

[February 2023 Provider Bulletin \(B2300490\)](#)

Upcoming Holidays:

**Presidents Day -
Monday, February 20, 2023**

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

changes and other hot topics are posted on the [Known Issues and Updates web page](#).

A summary of these items can be found in the newsletters posted on the [Provider News web page](#). These pages can be accessed easily by visiting the [Department of Health Care Policy & Financing \(the Department\) website](#), clicking the [For Our Providers](#) link at the top and clicking the green [Provider Resources](#) button.

New Provider Participation Agreement (PPA) Effective March 1, 2023

The Provider Participation Agreement (PPA) exists to define the Department of Health Care Policy & Financing's (the Department) expectations and outlines some of the state and federal requirements applicable to providers who perform services and submit billing, transactions, and/or data to the Colorado Medical Assistance Program.

The Department has updated the PPA to comply with changing state and federal requirements, and to clarify the Department's expectations of how providers should comply with those requirements. These revisions will go into effect for all currently enrolled and future providers on March 1, 2023.

No action on the provider's part is required for the revised PPA to go into effect. It is the

provider's responsibility to review and assess the implications of any modifications to the PPA. Submission of a claim for reimbursement, continuing to provide covered services to members, or continued enrollment as a provider in the program constitutes acceptance of any modifications of the PPA.

The March 1, 2023, PPA is located on the [Provider Forms web page](#) under the Provider Enrollment & Update Forms drop-down.

Home and Community-Based Services (HCBS) Providers:

Stakeholder Opportunities Feedback Sessions and Surveys

In partnership with the Center for Inclusive Design & Engineering (CIDE), a part of the University of Colorado Denver (UC Denver), the Department invites providers to sign up for a 90-minute feedback session or to complete a survey to better understand potential gaps in the digital literacy of Medicaid long-term services and supports (LTSS) members and how these gaps may impact access to health care information and services.

Information gathered from these sessions and from the survey will be used to inform the development of a new digital literacy curriculum for Medicaid members with the goal of enhancing digital equity.

Provider Feedback Sessions

Two feedback sessions will be hosted to learn from Medicaid providers from across the state.

Medicaid service providers' understanding of the digital capabilities of the Medicaid members they serve is invaluable. The proposed feedback session will explore the provider experience of working with adult members attempting to use health care services and information.

- Each session will be virtual and should last about 90 minutes.
 - Providers only need to attend one of the two sessions offered.
 - Robust participation and interaction will be expected of all those attending.
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- Attendance will be capped at the first 12 individuals to register for the event to ensure an appropriate group size for the session.

The Provider Feedback Sessions will be held:

Tuesday, February 7, 2023

11:30 a.m. - 1:00 p.m. MT

[Webinar Registration Link](#)

Tuesday, February 7, 2023

2:00 p.m. - 3:30 p.m. MT

[Webinar Registration Link](#)

Meeting information will be sent directly to participants following successful registration.

Reminder: Registration will be closed after the first 12 registrations for each meeting.

For Questions and Accommodation Requests

Contact Jim Sandstrum at jim.sandstrum@ucdenver.edu for any questions or need accommodations to participate.

Provider Survey

If you are a provider who would like to share your experiences but cannot attend or do not want to attend a live feedback session, complete this survey to share your thoughts. The survey will remain open past the dates of the feedback sessions to ensure a robust response. Feel free to share this survey with other providers in your network who work with Medicaid members.

[Provider Survey Link](#)

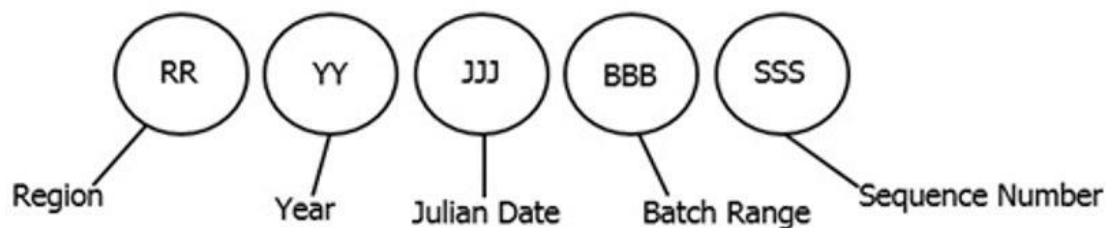
Featured Quick Guides and Resources: Interpreting Claim Numbers

Each claim and adjustment is assigned a unique claim number known as the Internal Control Number (ICN).

The first **two** digits of the ICN specify the region code which indicates claim type, such as a claim submitted via the web portal, batch or an adjustment. The region code

indicates how Health First Colorado received the claim or adjustment request.

The next **five** digits are the year and Julian date the claim was received.



Refer to the following resources for more information:

- [Provider Web Portal Quick Guide - Reading the Remittance Advice \(RA\)](#)
- [Internal Control Number \(ICN\) Information Sheet](#)
- [Region Code Information Sheet](#)
- [Julian Calendar](#)

Visit the [Quick Guides web page](#) to locate all published Provider Web Portal Quick Guides.

Pharmacy Providers Reminder: Update Fax Numbers

Pharmacy providers are encouraged to ensure their fax numbers are accurate and current to receive important pharmacy fax blasts. Many pharmacies either do not have a fax number on file or have a corporate fax number on record.

Visit the [Provider Maintenance - Provider Web Portal Quick Guide web page](#) for more information on updating the fax number.

Recently Updated Billing Manuals

- [Appendix G - Outpatient Hospital Unbundled Durable Medical Equipment Codes](#)
 - [Appendix O - EAPG Inpatient Only List](#)
 - [Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs](#)
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- [Durable Medical Equipment HCPCS Codes](#)
- [Early Intervention Program](#)
- [Family Planning Benefit Expansion for Special Populations](#)

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

Resolved Issues

Resolved 02/01/23

Non-Emergent Medical Transportation (NEMT) Claims With Procedure Code A0427 and Modifier 76 were Denying for Explanation of Benefits (EOB) 7817

Some claims for NEMT with procedure code A0427 and using modifier 76 were denying for Explanation of Benefits (EOB) 7817 - "The payment modifier is not appropriate with the procedure code billed".

Claims were reprocessed on 2/3/23.

Issue resolved 2/1/23.

Resolved 02/01/23

Non-Emergent Medical Transportation (NEMT) Claims With Procedure Codes and Modifier 76 were Denying for Explanation of Benefits (EOB) 7817

Some claims for NEMT with procedure codes A0425, A0120, A0100, A0130, A0434, A0090, A0110, A0200, A0428, S0209, A0180, A0433, A0426, A0080, A0190, A0210, A0021, A0430, T2001, A0422, A0140, T2005, T2049, with modifier 76, for multiple trips, were denying for EOB 7817 "payment modifier is not appropriate with the procedure code billed."

Claims were reprocessed on 2/3/23.

Issue resolved 2/1/23.

