



# Provider News & Resources

March 13, 2023 Issue 64

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## **Did You Know? Timely Filing Guidelines**

Providers are required to submit an initial claim within 365 days, even if the result is a denial. Providers must also resubmit claims every 60 days after the initial timely filing period (365 days from the date of service [DOS]) to keep the claim within the timely filing period.

The previous Internal Control Number (ICN) must be referenced on the claim, even if the claim is over 365 days. Waiting for prior authorization or correspondence from the Department of Health Care Policy & Financing (the Department) or the fiscal agent is not an acceptable reason for late filing. Phone calls and other correspondence are not proof of timely filing. The claim must be submitted, even if the result is a denial.

Visit the [Timely Filing Frequently Asked Questions web page](#) for more information.

## Communications

Resolved Known Issue: Claims Denying for Invalid Prior Authorization (PA)

Resolved Known Issue: Claims for HCPCS 2023 Procedure Codes Suspending for EOB 0000

### *Featured Resources:*

[March 2023 Provider Bulletin \(B2300491\)](#)

### *Upcoming Holidays:*

**Memorial Day -  
Monday, May 29, 2023**

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

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## **Physician-Administered Drug (PAD) and Immunization Providers:**

### **2022-2023 Respiratory Syncytial Virus (RSV) Season and Synagis® Vaccine Benefit**

Health First Colorado (Colorado's Medicaid program) has continued to monitor the Colorado Respiratory Syncytial Virus (RSV) season and has reassessed member needs based on Centers for Disease Control and Prevention (CDC) virology reporting and American Academy of Pediatrics (AAP) guidance. Visit the [CDC website](#) for area virology trend reporting.

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An approval maximum of five (5) doses of Synagis® will be maintained, with a season end date of April 28, 2023. Any exceptions based on medical necessity may be reevaluated on a case-by-case basis.

Refer to the [November 2022 Provider Bulletin \(B2200486\)](#) for additional information.

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## **Kepro® - ColoradoPAR Annual Provider Satisfaction Survey**

The [Kepro - ColoradoPAR Annual Provider Satisfaction Survey](#) opened March 6, 2023, and will remain available until April 17, 2023. The survey is an opportunity for providers who work with Kepro or use the Atrezzo® provider portal to provide feedback regarding Kepro services in processing prior authorization requests (PARs), customer service and timeliness.

A link will also be within the email signature of [HCPF\\_UM@state.co.us](mailto:HCPF_UM@state.co.us) and [coproviderissue@kepro.com](mailto:coproviderissue@kepro.com) and on the [ColoradoPAR web page](#).

Contact [Kepro Customer Service](#) or send an email to [coproviderissue@kepro.com](mailto:coproviderissue@kepro.com) with any questions regarding PARs or the Atrezzo system.

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## **New Provider Web Portal URL**

The [Provider Web Portal](#) and the [Provider Services Call Center](#) will be impacted by infrastructure changes beginning Friday, March 24, 2023.

Providers who utilize the Provider Web Portal may submit claims before 5:00 p.m. MT on Thursday, March 23, 2023. Claims submitted after this time will be on the following week's remittance cycle.

Providers who utilize a billing agent or a clearinghouse may submit claims for the week one day early. Batch claims that are not processed before 5:00 p.m. MT on Thursday, March 23, 2023, will be on the following week's remittance cycle.

## **How to Prepare**

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- Submit any claims before 5:00 p.m. MT on Thursday, March 23, 2023.
- Complete any eligibility verifications before 5:00 p.m. MT on Friday, March 24, 2023.
- Bookmark the [New Provider Web Portal URL](#) now for use beginning Monday, March 27, 2023.

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

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## **Enrollments Requiring Affiliated Practitioners**

Billing provider enrollments that require an affiliated practitioner must submit a current copy of the practitioner's license with the group's revalidation application. Applications without the practitioner's license will be returned for corrections.

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## **Reminder: Known Issues and Provider Resources Web Pages**

Providers are reminded that the most updated status for current known issues, important updates, system 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.

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## **Featured Resource: Virtual Agent Routing Tips**

A virtual agent named GABBY™, designed to listen to the caller and respond, will assist the caller when contacting the [Provider Services Call Center](#). All callers will interact with the virtual agent, which is available 24 hours a day, 7 days a week.

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## Virtual Agent Keywords

- Callers can use terms or phrases such as "EDI", "Prior Authorization", "I'm not enrolled", "application" or "password" to be transferred to the appropriate queue.
- When checking a claim status by member ID and date span, speak the date by saying the name of the month, the date and the year. For example, 1/20/2023 would be spoken, "January 20 2023".
- Provider IDs and ICNs may be keyed in. This is often faster and more accurate than speaking the numbers.

Visit the [Provider Services Call Center Virtual Agent Fact Sheet web page](#) for more information.

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## Recently Updated Billing Manuals and Fee Schedules

### Billing Manuals

- [Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs](#)
- [Hospice](#)
- [Indian Health Services \(IHS\)](#)
- [Inpatient/Outpatient \(IP/OP\)](#)
- [Pharmacist Services](#)
- [Pharmacy](#)
- [Physician-Administered Drugs \(PAD\)](#)

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

### Fee Schedules

- [Durable Medical Equipment \(DME\), Upper Payment Limit](#)
- [Health First Colorado](#)
- [Home Health and PDN](#)
- [Immunizations](#)

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

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## Reminder: Sign Up for Provider Email Communications

Recipients of this email are already signed up to receive Provider Bulletins and general announcements. To receive emails specific to provider type, [sign up by selecting the email list\(s\) that best apply](#).

Keeping provider contact information up to date in the Provider Web Portal will help to ensure that providers receive emails specific to their organization's claims. The email address associated with the mailing address in the Web Portal will be used for provider communications. Visit the [Provider Maintenance Provider Web Portal Quick Guide web page](#) for instructions on how to access and update the email address on file.

Looking for a recent newsletter or email? Newsletters and many of the emails sent to providers are posted on the [Provider News web page](#).

## Resolved Issues

### Resolved 3/10/23:

#### Claims Denying for Invalid Prior Authorization (PA)

Some claims submitted from 3/8/23 through 3/10/23 may have denied in error. Any providers who used the ColoradoPAR program, excluding Home and Community-Based Services (HCBS) providers, are encouraged to resubmit claims if the provider received PA-related denials and believes the claims have a valid PA.

Affected claims will be reprocessed.

Issue resolved 3/10/23

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### Resolved 3/10/23:

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## **Claims for HCPCS 2023 Procedure Codes Suspending for Explanation of Benefits (EOB) 0000**

Effective 1/1/23, claims billed with a HCPCS 2023 procedure code were suspending for EOB 0000 - "This claim/service is pending for program review." The Colorado interChange has been updated with the 2023 HCPCS billing codes based on the Centers for Medicare & Medicaid Services (CMS) annual release of deletions, changes and additions.

Claims were released from suspense 3/10/23.

Refer to the [Special Provider Bulletin - Healthcare Common Procedure Coding System \(HCPCS\) Updates for 2023 \(B2300489 - 01/23\)](#) for more information.

Providers are reminded to check the [Provider Rates & 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.

Issue resolved 3/10/23

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