COLORADO
Department of Health Care
Policy & Financing

Provider News & Resources

September 12, 2022 Issue 55

Did You Know?

Maintain Delegate Access to Provider Web Portal

Providers are reminded to terminate an employee's delegate access to the Provider Web Portal once that employee leaves the company.

A delegate's status and functions should be kept up to date in accordance with current job duties and employment status. Only delegates with a valid, current business reason should have Provider Web Portal access.

Refer to the Delegates - Provider Web Portal Quick Guide for more information on adding, linking, managing and removing delegates.

Upcoming Holidays:

Frances Xavier Cabrini Day - Monday, October 3, 2022

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

COVID-19 Vaccine Age Range Update

Effective August 19, 2022, the age range for the following Common Procedural Terminology (CPT) COVID-19 vaccine codes is 12 years and older: 91304, 0041A, and 0042A. Claims with a date of service of August 19, 2022, or later will be reprocessed.

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

COVID-19 Bivalent Booster Vaccines

Effective August 31, 2022, bivalent boosters of the COVID-19 vaccine are a covered benefit. The following Common Procedure Terminology (CPT) COVID-19 vaccine booster codes are now available: 91312, 91313, 0124A, and 0134A. Claims with a date of service of August 31, 2022, or later will be reprocessed.

Effective September 12, 2022, monovalent COVID-19 vaccine boosters are no longer a covered benefit. The following CPT codes will close and claims with dates of service of September 12, 2022, or later will deny: 0004A, 0034A, 0054A, 0064A, and 0094A.

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

Provider Services Call Center Change

A virtual agent named GABBY™, designed to listen to the caller and respond, will soon be implemented to assist providers contacting the Provider Services Call Center. A phased implementation will begin in the coming weeks. Callers will begin to interact with this Provider Services Call Center virtual agent, which will be available 24 hours a day, 7 days a

week.

Refer to the September 2022 Provider Bulletin (B2200482) for more information.

Reminder:

Reconsiderations & Appeals

Denied claims do not need to be sent as a request for reconsideration. A denied claim should be corrected and resubmitted electronically as a new claim.

Resubmissions should not be sent on paper, even if the claim has surpassed the 365-day timely filing period or if the claim has previously denied.

Contact the Provider Services Call Center with questions on how to correct denied claims, timely filing or other billing and policy concerns regarding a formal appeal.

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 Published Billing Manuals and Fee Schedules

- Obstetrical Care
- Pharmacy

- [Pharmacist Services](#)

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

- [Health First Colorado Fee Schedule](#) - **Note**: Fee schedule was updated to correct E0245.

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

Resolved Issues

Resolved 08/24/22:

Some Claims Denying for Explanation of Benefits (EOB) 4000 - "The Member Has Other Insurance"

Some provider claims were incorrectly denying for EOB 4000 - "The member has other insurance. Bill the charges to the other insurance before billing Medicaid. Complete the other insurance payment information fields on the claim and retain a copy of the explanation of benefits," **when the member had limited Third Party Liability (TPL) coverage unrelated to the services on the claim**. For example, inpatient or outpatient claims may have denied for a prescription-only policy.

Claims should adjudicate appropriately.

Note: Claims may still be denied if the member has other insurance that is related to the service that is not entered on the claim. Providers must first bill the TPL prior to submitting claims to Health First Colorado.

Please do not reply to this email; this address is not monitored.