COLORADO
Department of Health Care Policy & Financing

Provider News & Resources

February 14, 2022 Issue 43

In This Issue:

Featured Resources:

February 2022 Provider Bulletin (B2200475)

Updated HCPCS Special Bulletin

Upcoming Holidays:

President's Day - Monday, February 21

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

Verifying Health First Colorado Enrollment for Ordering, Prescribing, and Referring (OPR) Providers

Providers are reminded that the Affordable Care Act (ACA) requires physicians and other eligible practitioners to enroll in Health First Colorado (Colorado's Medicaid program).

This applies to all rendering, attending, and ordering, prescribing and referring (OPR) providers.

All National Provider Identifiers (NPIs) listed on a claim must be enrolled with Health First Colorado.

Did You Know? Timely Filing

Timely filing for Health First Colorado (Colorado's Medicaid program) claim submission is **365 days from the date of service (DOS)**.

Providers are responsible for ensuring that each claim filed with the fiscal agent appears on the Remittance Advice (RA) as paid, denied, or "in process."

If claim information does not appear on the RA within 30 days of an electronic transmission or paper claim mailing, the provider is responsible for contacting the fiscal agent to determine the status of the claim and **resubmitting the claim if necessary**.

Regional Accountable Entities (RAEs)

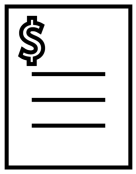
Services Billed for Network Providers Unable to Enroll

While working with the Centers for Medicaid and Medicare Services (CMS), Health First Colorado has established that Regional Accountable Entities (RAEs) are required to reimburse for medically necessary services covered under the scope of their contract for providers in their network who are unable to enroll in Medicare.

RAEs are being asked to manually process these claims while an automated process is developed.

Billing Changes for Behavioral Health Services

for Gender Identity Disorders



Effective July 1, 2022, the following gender identity disorders will only be reimbursed under the Capitated Behavioral Health Program, administered by Regional Accountable Entities (RAEs), for members enrolled in the Accountable Care Collaborative (ACC):

- F64.0 Transsexualism
- F64.1 Dual role transvestism
- F64.2 Gender identity disorder of childhood
- F64.8 Other gender identity disorders
- F64.9 Gender identity disorder, unspecified

Health First Colorado providers will no longer be able to bill the Outpatient Behavioral Health fee-for-services benefit for services provided for one of the diagnoses listed above, when a member is enrolled in the ACC and is assigned to a RAE. In order to bill for behavioral health service provided for gender identity disorders, behavioral health providers must contract directly with the RAE(s). Refer to the Contracting Guidance for Behavioral Health Providers Fact Sheet for more information.

Contact Sandy Grossman at Sandra.Grossman@state.co.us with any questions.

Home & Community-Based Service (HCBS), Home Health, Private Duty Nursing (PDN) and Outpatient Therapy Providers

Electronic Visit Verification (EVV) Denials

Electronic Visit Verification (EVV) is a technology solution which verifies that home or community-based service visits occur.

Refer to the EVV Types of Service - Service Code Inclusion Section located in the EVV Program Manual to determine if an agency requires EVV. Effective **February 1, 2022**, all claims requiring the use of EVV will encounter a pre-payment review.

Claims without necessary EVV records may deny with Explanation of Benefits (EOB) 3054 "EVV Record Required and Not Found".

Refer to the article in the February 2022 Provider Bulletin (B2200475) for more information.

Recently Published Billing Manuals

- Appendix O - EAPG Inpatient Only List
- Appendix G - Outpatient Hospital Unbundled Durable Medical Equipment Codes
- Appendix R - Remittance Advice (RA) Messages
- Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs

- Audiology
- Immunization Benefits
- Inpatient/Outpatient Hospital
- Pharmacy Services
- Physician-Administered Drugs (PAD)
- Telemedicine

- HCBS - Adult - BI, CMHS, and EBD
- HCBS - Adult - Spinal Cord Injury (SCI)
- HCBS - IDD

Visit the Billing Manuals web page to locate all published manuals.

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 2/10/22

Claims for Healthcare Common Procedure Coding System (HCPCS) 2022 Procedure Codes Suspending for Explanation of Benefits (EOB) 0000

Effective 1/1/22, claims billed with a HCPCS 2022 procedure code were suspending for EOB 0000 - "This claim/service is pending for program review." The Colorado interChange has been updated with the 2022 HCPCS billing codes based on the Centers for Medicare & Medicaid Services (CMS) annual release of deletions, changes and additions.

Claims were released from suspense 2/11/22.

Reference the Healthcare Common Procedures Coding System (HCPCS) Updates for 2022 Special Provider Bulletin (B2200474) for more information.

Providers are reminded to check the Provider Rates & Fee Schedule web pagebefore 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 2/10/22.

Resolved 1/25/22

Home & Community Based Services (HCBS) Alternative Care Facility/Supported Living Program (ACF/SLP) Claims for T2031 with TU Modifier Denying for Explanation of Benefits (EOB) 1010

Some HCBS ACF/SLP waiver claims for procedure code T2031 billed with the TU modifier (enhanced rate for COVID-19) with dates of service on or after 1/1/22 were denying for EOB 1010 - "This is a duplicate item that was previously processed and paid."

The Colorado interChange was allowing one line item to process for payment but denying the other line item as a duplicate.

Affected claims were reprocessed 1/28/22.

Issue resolved 1/25/22.

Resolved 11/18/21

Physician-Administered Drug (PAD) Claims Denying for Explanation of Benefits (EOB) 1381

Some Physician-Administered Drug (PAD) claims for the listed procedure codes with dates of service on or after 10/1/21 were denying for EOB 1381 - "No billing rule for procedure."

Impacted procedure codes: J0517, J0585, J0586, J0587, J0588, J0897, J1300, J1459, J1556, J1557, J1561, J1566, J1568, J1569, J1572, J1599, J1745, J2182, J2323, J2350, J2357, J2786, and J3380.

Affected claims were reprocessed 12/3/21. Additional affected claims were identified on 1/19/22 and were reprocessed 1/28/22.

Issue resolved 11/18/21.