COLORADO
Department of Health Care Policy & Financing

Provider Bulletin

Reference: B2200487

Dec. 2022

Table of Contents

Page	Title
All Providers	
1	Did You Know? Electronic Claims Requirement
2	Authenticating When Contacting the Provider Services Call Center
3	Member Benefit Plan Codes Displaying on Remittance Advice (RA)
3	New Medicare-Only Provider Enrollment Type
3	Updating Previously Waived Provider Enrollment Requirements
Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Providers	
4	General Updates
5	Healthcare Common Procedure Coding System (HCPCS) Code L8614 for Cochlear Device
Home & Community-Based Services (HCBS) Providers	
5	American Rescue Plan Act (ARPA) Base Wage Attestations
6	Children's Habilitation Residential Program (CHRP) Update
7	Reminder: HCBS Enrollment Specialties
Hospice Providers	
7	Rate Update Effective October 1, 2022 (FFY 22-23)
Hospital Providers	
8	General Updates
Medical and Surgical Providers	
9	Healthcare Common Procedure Coding System (HCPCS) Code 31599 for Gender-Affirming Surgeries
Outpatient Therapy Providers	
10	Electronic Visit Verification (EVV) Implementation Update
Physician-Administered Drug (PAD) Providers	
11	Prior Authorization (PA) Notification
12	Prior Authorization Update
Primary Care Medical Providers (PCMPs)	
13	eConsult Platform Informational Update
13	Reminder - Well Care Visits
14	Updates on Dual Eligible Members Receiving an Alternative Payment Model 2 (APM 2) Per-Member Per-Month (PMPM) Payment
Pharmacies and All Medication Prescribers	
14	Pharmacy and Therapeutics (P&T) Committee Meeting
14	Preferred Drug List (PDL) Announcement of Preferred Products
Pharmacy Providers	
16	Using Dispense As Written (DAW)
Physician Services	
16	Behavioral Health Billing Guidance for Gender-Affirming Care
17	COVID-19 Monoclonal Antibodies and Other Therapeutics
19	Discontinuation of Current Procedural Terminology (CPT) Consultation Codes
19	Prescribers of Breast Pumps
20	Physician-Administered Drugs (PAD) Claims Selected for Potential Recovery Audit Contractor (RAC) Review
21	Screening, Brief Intervention and Referral to Treatment (SBIRT)
22	Synagis® Prior Authorization Form Updated
Provider Billing Training Sessions	
22	December 2022 and January 2023 Provider Billing Webinar-Only Training Sessions

Did You Know?

Providers are required to submit all claims electronically. Claims with attachments must be sent via the Provider Web Portal. A denied claim should be resubmitted electronically as a new claim once corrections have been made. Resubmissions should not be sent on paper, even if the claim has surpassed the 365-day timely filing period.

Improve health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

All Providers

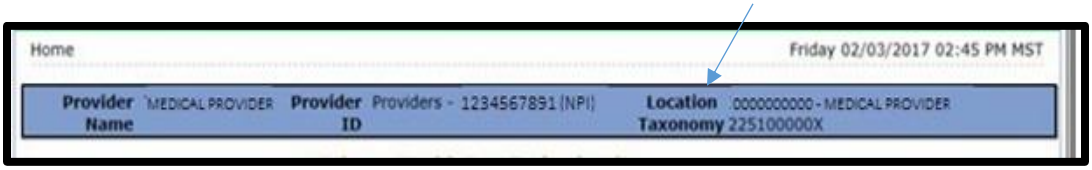
Authenticating When Contacting the Provider Services Call Center

An additional verification will soon be required when a provider contacts the Provider Services Call Center. The fiscal agent will require the caller to provide an 8- to 10-digit Health First Colorado (Colorado's Medicaid program) ID and the National Provider Identification (NPI) to release Health Insurance Portability and Accountability Act (HIPPA) protected information.

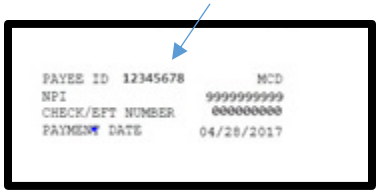
Providers whose enrollment types or specialties do not require an NPI may authenticate using their Health First Colorado ID only. If the caller is a submitter or trading partner calling for electronic data interchange (EDI) support, the term "EDI" can be used in order to be directed into the correct queue. Once connected to an agent, the Trading Partner ID (TPID) will be required for authentication.

The Health First Colorado ID is displayed in the following locations:

- The welcome letter received when the provider enrolled.
- The blue banner on the home page in the Provider Web Portal.



- The Remittance Advice (RA) in the Payee ID field.



Providers that use a third-party vendor or billing agency to check claim status or to verify eligibility or provider enrollment information must ensure the vendor is given both the NPI and the Health First Colorado ID.

Resources

Visit the Provider Web Portal Administrative Password Reset Process web page to make changes on the administrative account.

Refer to the Delegates - Provider Web Portal Quick Guide to remove a delegate.

Refer to the Provider Maintenance - Provider Web Portal Quick Guide to update contact information.

Refer to the article "Keep Information Current on Administrative Accounts in the Provider Web Portal" published in the October 10, 2022, Provider News & Resources newsletter.

Member Benefit Plan Codes Displaying on Remittance Advice (RA)

Effective November 17, 2022, the RAs and Electronic Data Interchange (EDI) X12 835 transactions began to report which member benefit plan was used to process and reimburse the claim. Both the PDF and delimited version of the RA were updated to reflect this change. The benefit plan code displays for paid services at the appropriate level (paid at header or paid at detail).

Visit the Electronic Data Interchange (EDI) Support web page to view the 835 Companion Guide, which has been updated to reflect these changes. Visit the Quick Guides web page to review the Reading the Remittance Advice (RA) Quick Guide for more information.

New Medicare-Only Provider Enrollment Type

Effective December 1, 2022, there will be a new enrollment option available for providers that serve Medicare-Medicaid (dual-eligible) members.

The new enrollment option is a provider type called Medicare Only Providers and will have several specialties available. Visit the Find Your Provider Type web page and click the "Enrollment Information by Provider Type" button to review the enrollment requirements.

This enrollment option is for providers who cannot enroll with Health First Colorado using any other available provider type, and who wish to receive secondary payment on Medicare claims from Health First Colorado.

Medicare Only Providers will be limited to receiving only secondary reimbursement from Health First Colorado for claims that were primarily reimbursed by Medicare first. Review the General Provider Information Billing Manual for additional information.

Contact the Provider Services Call Center with any questions.

Updating Previously Waived Provider Enrollment Requirements

Providers are reminded that federal guidelines require that application fees and fingerprints are submitted and site visits performed in order to maintain status as an enrolled Health First Colorado provider.

The federal government declared a public health emergency (PHE) at the beginning of the COVID-19 pandemic, and application fees, fingerprinting and site visits were **temporarily** waived for providers enrolling in Health First Colorado.

Refer to the Paying a Previously Waived Enrollment Application Fee document under the Enrollment Resources section on the Provider Enrollment web page for instructions on how to pay an application fee that was previously waived.

Refer to the Fingerprinting section of the Provider FAQ Central web page for more information on the Fingerprint Criminal Background Check (FCBC).

These requirements must be fulfilled to maintain status as an active Health First Colorado provider.

Contact the Provider Services Call Center with questions or to check the enrollment status and requirements or to schedule a site visit.

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Providers

General Updates

Billing Manual Update

The DMEPOS Billing Manual has been updated to reflect the addition of certified nurse-midwives as a prescriber for breast pumps.

DMEPOS Procedure Codes

DMEPOS procedure codes and Prior Authorization Requests (PAR) requirements can be found in the billing manual Durable Medical Equipment (DME) Healthcare Common Procedure Coding System (HCPCS) Code Table. While fee schedules should be used for rates, the HCPCS Code Table included in the manual provides more detailed information specific to the DME benefit.

Rate and Modifier Change to E0445

A rate review has been completed due to the significant cost difference of tabletop pulse oximeters compared to fingertip models. A new methodology for these products will be implemented. Effective for dates of service on or after January 1, 2023, providers should use modifier U1 when billing for the fingertip devices and U2 for tabletop devices. This applies to claims for purchase, monthly rental and daily rental. The U2 rates will remain the same as the current procedure code E0445. Examples of both models with their rates can be found below.

Fingertip Pulse Oximeter	Tabletop Pulse Oximeter
E0445 U1 NU $26.03	E0445 U2 NU $788.64
E0445 U1 RR $2.60	E0445 U2 RR $592.05
E0445 U1 KR $0.09	E0445 U2 KR $397.22

Breast Pump Coverage Update

Effective December 1, 2022, breast pumps (both manual and electric) can be prescribed by certified nurse midwives. This is in addition to the current policy that DME must be prescribed by a physician, physician assistant or nurse practitioner.

Refer to the DMEPOS Billing Manual for more information on breast pumps.

This change is a result of Health First Colorado no longer requiring members to seek breast pumps from the Women, Infant, and Children (WIC) program. The services provided by WIC, including breast pumps, have remained the same. Members can continue to enroll in the program and may choose to obtain services from either entity. Visit coloradowic.gov for more information on the WIC program.

Contact Haylee Rodgers at Haylee.Rodgers@state.co.us with questions.

Healthcare Common Procedure Coding System (HCPCS) Code L8614 for Cochlear Device

Effective December 1, 2022, HCPCS code L8614 for a cochlear device will require prior authorization requests (PARs). Refer to the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Billing Manual for further information on codes requiring PARs.

Contact Kepro Customer Service or email coproviderissue@kepro.com for questions about submitting PARs for Durable Medical Equipment (DME) services.

Contact HCPF_benefitsupport@state.co.us with policy questions.

Home & Community-Based Services (HCBS) Providers

American Rescue Plan Act (ARPA) Base Wage Attestations

Effective January 1, 2022, all Home & Community-Based Services (HCBS) providers excluding Children's Habilitation Residential Program (CHRP), and effective July 1, 2022, all CHRP providers were both required to increase their direct care workers (employees and independent contractors) base wage to at least $15 per hour and/or increase the per diem base wage by the percentage rate increase. Refer to the Colorado Department of Health Care Policy & Financing (the Department rule 10 CCR 2505-10-8.511 for further requirements.

Compliance reviews are currently being conducted on the ARPA attestations submitted in 2022. Respond timely to any emails which may be received from the HCPF_WageCompliance_FCU@state.co.us email address.

If any of the following services are provided, attestation reporting is required:

- HCBS
  - Adult Day Services
  - Alternative Care Facility (ACF)
  - Community Connector
  - Group Residential Support Services (GRSS)
  - Homemaker
  - Homemaker Enhanced
  - In-Home Support Services (IHSS)
  - Individual Residential Support Services (IRSS)
  - Job Coaching
  - Job Development
  - Mentorship
  - Personal Care
  - Prevocational Services
  - Respite
  - Specialized Habilitation
  - Supported Community Connections
  - Supported Living Program
- CHRP
  - Foster Care Home
  - Host Home (participants aged 18-20)
  - Group Home

In preparation for the June 30, 2023, attestation reporting deadline, verify contact information on the Provider Web Portal. The service location contact information is utilized for communications regarding compliance with this attestation. Additional outreach regarding 2023 attestation requirements will be made as more information becomes available.

Contact the Office of Community Living's Financial Compliance Unit team at HCPF_WageCompliance_FCU@state.co.us for more information.

Children's Habilitation Residential Program (CHRP) Update

CHRP services providers were required to enroll in one specialty to serve CHRP members (specialty 619 - Children's Habilitation Residential Program).

Effective November 1, 2022, enrollment for CHRP services requires providers to be enrolled in newly created CHRP specialties that reflect the specific qualifications for the CHRP services they currently provide. Existing providers are directed to the "Find CHRP Providers" link on the CHRP web page when initiating maintenance applications through the Provider Web Portal to ensure all specialties for which the provider qualifies are included on one maintenance application. Existing CHRP providers must be re-enrolled in the newly created specialties by November 1, 2023, and services billed by providers with only specialty 619 will have their claims denied if not enrolled by this date.

Refer to CHRP Operational Memo 22-047 and the HCBS Enrollment web page for a complete list of specialties and associated requirements.

Contact the Provider Services Call Center with questions regarding provider enrollment.

Reminder: HCBS Enrollment Specialties

Providers are reminded to enroll in the particular specialty to render each type of service. If providers are not enrolled and approved for the correct specialty, claims could be denied.

Provider specialty enrollment dictates which services Home & Community-Based Services (HCBS) providers are approved to deliver. Specialty names have been added to the billing manuals so providers can view which services are able to be billed. Provider specialty names have been added to each waiver procedure code table in the HCBS Billing Manuals.

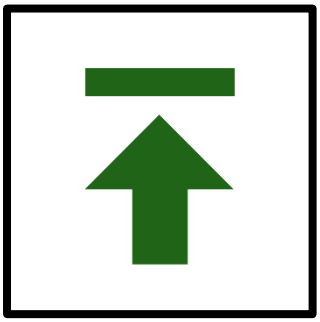
Refer to the Adding a Specialty section in the Provider Maintenance Quick Guide for more information.

Contact the Provider Services Call Center with enrollment questions.

Hospice Providers

Rate Update Effective October 1, 2022 (FFY 22-23)

Approval from the Centers for Medicare & Medicaid Services (CMS) has been received for the Hospice State Plan Agreement, and the fee schedule for Hospice rates effective October 1, 2022, through September 30, 2023, has been published. Claims with dates of service on or after October 1, 2022, will be reprocessed.



Claims billed at usual and customary charges whose charges exceed the Federal Fiscal Year (FFY) 22-23 rates will be reprocessed automatically. Note that if claims for dates of services on or after October 1, 2022, were billed using the FFY 21-22 rates, claims will need to be manually adjusted at the behest of the provider to receive the correct reimbursement.

The Hospice fee schedule, effective October 1, 2022, through September 30, 2023, is posted to the Provider Rates and Fee Schedule web page under the **Hospice** category.

Contact Amanda Villalobos at Amanda.Villalobos@state.co.us for additional support or with questions regarding rates.

Hospital Providers

General Updates

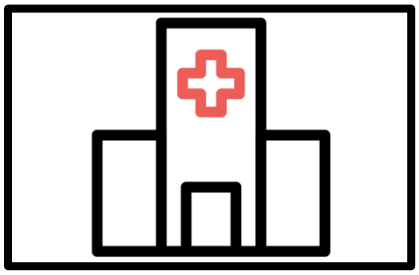
All Hospital Providers

Inpatient Hospital Base Rate Methodology Draft

Hospitals are strongly encouraged to check the Inpatient Hospital Payment web page in the event a new model is deposited based on resulting feedback prior to the potential December 2022 Hospital Engagement Meeting. The most recent November 2022 version has been uploaded. Hospital stakeholders will be notified through the newsletter of any new models that are deposited. Use the link under the Hospital Stakeholder Engagement Meetings section below to sign up if not already subscribed.

Contact Diana Lambe, Andrew Abalos and Kevin Martin with any input or questions on the model.

Hospital Stakeholder Engagement Meetings



Bi-monthly Hospital Engagement meetings will continue to be hosted to discuss current issues regarding payment reform and operational processing. Sign up to receive the Hospital Stakeholder Engagement Meeting newsletters. Visit the Hospital Stakeholder Engagement Meetings web page for more details, meeting schedules and past meeting materials. **Calendar Year 2023 meetings have been posted.**

Contact Tyler Samora at Tyler.Samora@state.co.us with any questions or topics to be discussed at future meetings. Advanced notice will provide the Rates team time to bring additional Department personnel to the meetings to address different concerns.

Billing Manual Updates

The current Inpatient/Outpatient Billing Manual had language added which describes processes for coding multiple drugs with the same Healthcare Common Procedure Coding System (HCPCS) and multiple National Drug Codes (NDCs). This includes clarification around payment policies for observation stays through the Enhanced Ambulatory Patient Grouping (EAPG) methodology. This was discussed in detail in the October Hospital Stakeholder Engagement Meeting, which is posted to the Hospital Stakeholder Engagement Meetings web page.

The Inpatient/Outpatient Billing Manual also had language added with billing guidance for observation stays. This topic was also discussed in detail in the October Hospital Stakeholder Engagement Meeting.

Review the updates to the billing manual and contact Tyler Samora and Andrew Abalos with any questions.

Outpatient Naloxone Carve-out

HB 22-1326 allows the Department the authority to reimburse the take home version of Naloxone outside of the EAPG payment methodology. This bill was signed into law on May 25, 2022. It affects any outpatient hospital claim with first date of service on or after July 8, 2022. Take home Naloxone can be identified by the HCPCS codes G1028 and G2215. Any line billed with one of these two codes will be reimbursed outside of the EAPG payment methodology in accordance with the fee schedule rate.

The Department worked with the fiscal agent to ensure that this carve-out is reflected in payment calculation and is working with 3M and their staff to update the Core Grouping Software (CGS) to reflect the correct payments for those providers who license this software. This edit will be a part of the future update to the CGS.

Contact Andrew Abalos and Tyler Samora with any questions.

Rural Health Clinics

Bi-monthly Rural Health Clinic Engagement meetings will continue to be hosted to discuss current issues regarding payment reform and operational processing.

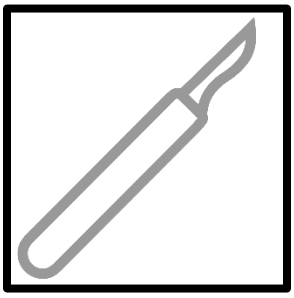
- The next Rural Health Clinic Engagement meeting is scheduled for **Thursday, January 12, 2023, from 12:30 p.m. - 1:00 p.m. MT** and will be hosted virtually. The meetings are now held on Zoom.

Visit the Rural Health Clinic Engagement Meeting web page for more details, meeting schedules and past meeting materials.

Contact Andrew Abalos at Andrew.Abalos@state.co.us with any questions or topics to be discussed at future meetings. Advanced notice will provide the Rates team time to bring additional Department personnel to the meetings to address different concerns.

Medical and Surgical Providers

Healthcare Common Procedure Coding System (HCPCS) Code 31599 for Gender-Affirming Surgeries



Effective December 1, 2022, HCPCS code 31599 for gender-affirming surgeries will require prior authorization requests (PARs). Refer to the Medical-Surgical Billing Manual for further information on codes requiring PAR.

Contact Kepro Customer Service or email coproviderissue@kepro.com with questions about submitting PARs for medical and surgical services.

Email HCPF_benefitsupport@state.co.us with policy questions.

Outpatient Therapy Providers

Electronic Visit Verification (EVV) Implementation Update

EVV is an electronic system that verifies Home & Community-Based Services (HCBS) visits by documenting six points of data, including the type, date and location of service; individuals receiving and providing the service; and the time service begins and ends. On August 3, 2020, EVV became mandated by Colorado Code of Regulation 2505-10 8.001, and on February 1, 2022, the EVV pre-payment claim edit was activated, further described in Operational Memo 21-075.

Outpatient Physical, Occupational, and Speech Therapies – Telehealth Requires EVV

Effective April 1, 2023, outpatient therapy services performed by telehealth/telemedicine in the following places of service will require EVV prior to claims processing. If EVV is incomplete or not present, the claim will not pay.

- 02 – Telehealth Provided Other than in Patient's Home
- 10 - Telehealth Provided in Patient's Home.

Note: Outpatient therapy providers are not eligible for the Live-In Caregiver EVV exemption, and the use of the place of service 99 requires EVV.

Newly enrolled outpatient therapy providers are not automatically enrolled in the EVV Program, and are responsible to submit the EVV Attestation form for EVV enrollment. In addition, a 30-day grace period is given from the EVV requirement after enrollment to complete EVV setup.

Additional Information

The EVV Program Manual is updated regularly. EVV stakeholder meetings are held monthly; more information on these meetings can be found on the EVV Stakeholder Workgroup web page. Visit the Electronic Visit Verification web page for information about EVV.

Contact the Provider Services Call Center with questions regarding billing. Contact the EVV Help Desk at 855-871-8780 or send an email to cocustomercare@sandata.com with questions regarding the State EVV Solution or connecting a Provider Choice EVV System. Contact the Department's EVV team at evv@state.co.us with all other EVV-related questions.

Contact Devinne Parsons at Devinne.Parsons@state.co.us with questions related to outpatient therapy.

Physician-Administered Drug (PAD) Providers

Prior Authorization (PA) Notification

A select number of physician-administered drugs (PADs) were subject to prior authorization (PA) requirements as of January 18, 2022, with an additional ten (10) codes requiring a PA as of October 1, 2022. PAD codes requiring PA, applicable criteria and procedures are listed on Appendix Y: Physician Administered Drug Medical Benefit Prior Authorization Procedures and Criteria, accessible on the Physician-Administered Drugs web page.

All pertinent information regarding PADs requiring a PA effective October 1, 2022, can be found in the September 2022 Provider Bulletin (B2200482) and the October 2022 Provider Bulletin (B2200483) found on the Bulletins web page, as well as on the ColoradoPAR: Health First Colorado Prior Authorization Request Program web page. The PA submission portal (Atrezzo) login and registration, training information and PA updates are all available to providers on the ColoradoPAR: Health First Colorado Prior Authorization Request Program web page.

A one-time exception is being allowed a retro-PA for members who:

1. Meet all clinical criteria for the applicable PADs requiring a PA effective October 1, 2022
    - See list on pages 17 and 18 for the applicable PADs in the September 2022 Provider Bulletin (B2200482) and the October 2022 Provider Bulletin (B2200483)
2. Received treatment between October 1, 2022, and October 31, 2022

Note that current policy does not allow for retro-PAs; therefore, this exception will not be allowed for any date of service after October 31, 2022, and will not be granted for any member who does not meet the PA criteria listed on Appendix Y for the PAD PA codes effective October 1, 2022.

The following action item(s) must be taken by providers as they apply:

1. Any and all claims billed and paid on a previously approved PA must be voided in the Provider Web Portal.
2. Log in to Atrezzo to submit or update the PA request, and add a note requesting that the approved authorization is retro effective to October 1, 2022.
3. Should the retro authorization be approved, claims for dates of service on and after October 1, 2022, may be rebilled.

Information pertaining specifically to the PAD benefit can be found on the Physician-Administered Drugs web page under the “Other Resources and Links” heading. It is strongly suggested that all providers sign up for the mailing list on the Provider News web page to receive PAD and general communications, updates and policy guidance as they are released.

Contact the Provider Services Call Center for any claim questions.

PAD, PA and Atrezzo questions may be sent to Kepro, the utilization management vendor, at 720-689-6340 or COproviderissue@kepro.com. All other PAD questions can be directed to HCPF_PAD@state.co.us.

Prior Authorization Update

Effective January 1, 2023, a select number of additional physician-administered drugs (PADs), listed below, will be subject to prior authorization (PA) requirements. These codes are in addition to the PADs that have required PA since January 18, 2022, and October 1, 2022.

Providers should ensure that any Health First Colorado member due to receive any of the following PADs have an approved PA on file prior to administration.

All PAD PA procedures, clinical criteria and PADs subject to Prior Authorization Requests (PARs) can be found on Appendix Y: Physician Administered Drug Medical Benefit Prior Authorization Procedures and Criteria, accessible on the Physician-Administered Drugs web page.

Additional information regarding PAD PA requirements can be found via ColoradoPAR: Health First Colorado Prior Authorization Request Program and the Physician Administered Drug web page.

All other PAD questions can be directed to HCPF_PAD@state.co.us.

Drug Class	HCPCS	Drug Name
	J1602	Simponi (golimumab)
	J3357/J3358	Stelara (ustekinumab)
	J0129	Orencia (abatacept)
	J2356	Tezspire (Tezepelumab-ekko)
	J0224	Oxlumo (lumasiran)
Duchenne Muscular Dystrophy	J1427	Viltepso (viltolarsen)
	J1428	Exondys 51 (eteplirsen)
	J1429	Vyondys 53 (golodirsen)

Primary Care Medical Providers (PCMPs)

eConsult Platform Informational Update

A statewide Medicaid electronic consultation platform called the eConsult Platform is being implemented by the Department. This platform will promote the Department's mission to improve healthcare equity, access and outcomes for the people served.

The eConsult platform will enable asynchronous (store and forward) clinical communications between a Primary Care Medical Provider (PCMP) and a specialist provider. The PCMP will be able to transmit an electronic clinical question to a specialist, and medical information will be reviewed by the specialist provider. The specialist provider will be able to review the case without the member being present. The specialist provider then provides electronic medical consultative guidance that assists the PCMP in the diagnosis or management of the member's healthcare needs or facilitates the appropriate referral for a face-to-face visit with a specialist provider when clinically appropriate.

The procurement is currently in the evaluation and negotiation phase and is expected to have an eConsult vendor selected by the end of 2022.

Anticipated Timeline

- Mid-Spring/Summer 2022 - Invitation to Negotiate (ITN) Posted and Vendor Selection
- Fall/Winter 2022 - Contract Negotiations
- Winter 2023 – Centers for Medicare and Medicaid Services (CMS) Review of Contract
- Spring/Summer 2023 - Implementation Activities
- Late Summer/Early Fall 2023 - eConsult Platform Go Live

Note that the timeline is subject to change without prior notice and is only provided as a reference.

Visit the eConsult Platform web page or email HCPF_econsult@state.co.us for more information.

Reminder – Well Care Visits

Health First Colorado does not have a rule limiting the number of visits per calendar year, or per 365 days, for members aged 20 and under.

Following the Bright Futures Periodicity Schedule, if a child is late for one well care visit and early for another in the same calendar year, or within the same 365 days, both visits are allowable.

Contact Gina Robinson at Gina.Robinson@state.co.us or 303-866-6167 for more information.

Updates on Dual Eligible Members Receiving an Alternative Payment Model 2 (APM 2) Per-Member Per-Month (PMPM) Payment

This update pertains to participating Primary Care Medical Providers (PCMPs) who receive PMPM payments through the Alternative Payment Model (APM) 2 program. Providers are reminded that dual-eligible Medicare members are excluded from APM 2 payment rate calculations. The system was not set up to differentiate between the non-dual and dual-eligible members, which resulted in PMPM payments for any attributed dual-eligible members. This means that PCMPs receiving any level of APM 2 PMPM have received overpayment for those dual-eligible members, which will continue until the system is corrected. The overpayment will eventually be recouped once the system is fixed. The Department apologizes for the inconvenience and disruption to revenue flows.

As the system setup is in the process of being corrected, a preliminary data analysis to provide timely information on the amount of the recoupment for each provider is being performed to ensure the upcoming recoupment process is smooth. This information will be updated regularly until the system fix is implemented.

Contact Araceli Santistevan at Araceli.Santistevan@state.co.us and Michael Whitman at Michael.Whitman@state.co.us for more information about the system fix or to receive copies of the preliminary analysis if not yet received.

Pharmacies and All Medication Prescribers

Pharmacy and Therapeutics (P&T) Committee Meeting

Tuesday, January 10, 2023

1:00 p.m. -5:00 p.m. MT (to be held virtually, not in person)

Agenda and meeting information can be found on the Pharmacy & Therapeutics web page.

Preferred Drug List (PDL) Announcement of Preferred Products

Changes will be made for the following PDL classes, effective January 1, 2023:

PDL Class	Moved to Preferred	Moved to non-preferred
Antiherpetics- Topical	• Acyclovir Cream (generic Zovirax – *Teva only*) effective 11/17/2022	• Zovirax Cream
Fluoroquinolones – Oral	• Moxifloxacin Tablet	

PDL Class	Moved to Preferred	Moved to non-preferred
Intranasal Rhinitis Agents	• Olopatadine Nasal Spray	
Targeted Immune Modulators (TIMs) – Asthma*	• Fasenra Syringe & Pen • Xolair Syringe	• Nucala Syringe & Autoinjector • Dupixent Syringe & Pen
Targeted Immune Modulators (TIMs) - Atopic Dermatitis*		• Adbry Syringe • Cibinqo Tablet • Dupixent Pen & Syringe
**New PDL class*		

No changes will be made for the following PDL classes:

Drug Class	Drug Class
Antibiotics- Inhaled	Antiherpetic Agents- Oral
Hepatitis C Virus Treatments: • Direct-Acting Antivirals (DAAs) • Ribavirin products	Human Immunodeficiency Virus (HIV) Treatments, Oral
Immune Globulins	Newer Generation Antihistamines
Leukotriene Modifiers	Antihistamine/Decongestant Combinations
Methotrexate Agents	Targeted Immune Modulators (TIMs), all other subclasses
Epinephrine Products	Newer Hereditary Angioedema Agents
Respiratory Agents: • Short-Acting Beta-Agonists • Long-Acting Beta-Agonists • Inhaled Anticholinergics & Combinations • Inhaled Corticosteroids & Combinations • Phosphodiesterase Inhibitors	

Due to the recent announcement from Eli Lilly that it will discontinue manufacturing its Glucagon Emergency Kit on December 31, 2022, the Glucagon 1 MG Emergency Kit from Fresenius will be added as a preferred agent and will be in effect on January 1, 2023. The Eli Lilly product will continue to be a preferred agent on the Preferred Drug List (PDL), and pharmacies will still be able to process claims after December 31, 2022.

Additional information or prior authorization criteria for all preferred and non-preferred medications can be found on the Preferred Drug List (PDL) on the Pharmacy Resources web page. Call the Magellan Rx Management Pharmacy Call Center at 1-800-424-5725 with questions regarding rejected claims or prior authorization.

Pharmacy Providers

Using Dispense As Written (DAW)

Use DAW 8 for multisource brand product when marketplace shortage of generic exists

When there is a marketplace shortage for a generic drug, the pharmacy is allowed to enter DAW 8 on the claim at point of sale. Based on recent guidance from the National Council for Prescription Drug Programs (NCPDP), this will allow the pharmacy to better indicate why they are billing for a brand product (when it is subject to the generic mandate) and generic substitution is permitted by the prescriber. The claim will bypass the DAW edit denial of 8K – DAW Code Value Not Supported. The claim is subject to other system edits.

- DAW8 is allowable for Brand Cipro (ciprofloxacin) suspension.

Use DAW 9 for brand product when plan prefers brand over equivalent generic

Certain brand name products are managed by favoring them over the generic equivalent. Brand name required (BNR) medications are listed on the Preferred Drug List (PDL) and on the **Brand Favored Product List,** accessible from the Pharmacy Resources web page.

Pharmacies may contact Magellan Rx Management Pharmacy Call Center at 1-800-424-5725 for assistance on claim processing, if needed, available 24 hours a day, 7 days a week.

Refer to the Pharmacy Billing Manual for more information on the use of DAW codes.

Physician Services

Behavioral Health Billing Guidance for Gender-Affirming Care

Effective July 1, 2022, behavioral health services for a primary diagnosis of F64.0-F64.9 were moved under the capitated behavioral health benefit administered by the Regional

Accountable Entities. This update clarifies how this change affects billing requirements for various provider types. Additional information can be found in relevant billing manuals.

Providers billing professional claims (CMS-1500):

- Refer to the most recent Uniform Services Coding Standards Manual for a list of procedure codes that should be billed to the RAEs when the primary diagnosis is F64.0-F64.9, as well as additional billing information.
- Other gender-affirming services not included in the Uniform Services Coding Standards Manual should continue to be billed fee-for-service.

Hospital and Community Clinic (Provider types 01 and 86):

- All claims with primary diagnosis F64.0-F64.9 should be submitted fee-for-service

Psychiatric Hospital (Provider type 02)

- All claims with primary diagnosis F64.0-F64.9 should be submitted to the RAEs

Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) billing institutional claims (UB-04):

- Refer to the most recent Uniform Services Coding Standards for a list of procedure codes that should be billed to the RAEs when the primary diagnosis is F64.0-F64.9, as well as additional billing information.
- FQHC claims with primary diagnosis F64.0-F64.9 related to physical health should be submitted using Revenue Code 529.
- RHC claims with primary diagnosis F64.0-F64.9 related to physical health should be submitted using Revenue Code 521.
- Refer to the Federally Qualified Health Center and Rural Health Clinic Billing Manual for billing guidance.

Refer to the Gender-affirming Care Billing Manual for more information. Contact Chris Lane at Christopher.Lane@state.co.us with questions regarding gender-affirming care policy.

Contact Sandy Grossman at Sandra.Grossman@state.co.us with questions regarding behavioral health policy.

COVID-19 Monoclonal Antibodies and Other Therapeutics

On February 11, 2022, the U.S. Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) for an investigational monoclonal antibody COVID-19 therapy, bebtelovimab. The EUA for bebtelovimab was approved for treatment of COVID-19 in certain adult and pediatric individuals.

On August 11, 2022, the U.S. Department of Health and Human Services (HHS) issued an update regarding the commercial transition of bebtelovimab. In the HHS Update: Bebtelovimab Commercial Transition, and as of August 15, 2022, bebtelovimab was made available on the commercial marketplace for purchase and is eligible

for reimbursement when not supplied by the federal government. As of November 30, 2022, the EUA has been revoked.

When doses of any COVID-19 therapy are provided without charge from the federal government, providers should bill Health First Colorado for the administration procedure codes and should not bill for the monoclonal antibody or other therapy specific procedure codes on the claim. If the product was supplied by the federal government and internal systems require a product code to bill for the administration, enter $0.01 for the billed amount. This information is subject to change dependent on the COVID-19 public health emergency (PHE) declaration.

For bebtelovimab products purchased commercially, providers should continue to use the coding listed on the table below and must comply with all Health First Colorado and Physician-Administered Drug (PAD) billing policies.

The following table may be used as a procedure code reference for the duration of the declaration and only includes the most appropriate codes for bebtelovimab and administration of bebtelovimab covered by the Department.

Procedure Code	Long Description	Short Description	EUA Effective Dates
Q0222	Injection, bebtelovimab, 175 mg	Injection, bebtelovimab, 175 mg	02/11/2022 - 11/30/2022
M0222	Intravenous injection, bebtelovimab, includes injection and post administration monitoring	bebtelovimab injection	02/11/2022 - 11/30/2022
M0223	Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 PHE	bebtelovimab injection home	02/11/2022 - 11/30/2022

Links to the PAD Fee Schedule and PAD Billing Manual can be found on the Physician-Administered Drugs web page.

Additional EUA information can be found on the Centers for Medicare and Medicaid Services (CMS) COVID-19 Vaccines and Monoclonal Antibodies web page.

Claims billed for products purchased commercially and with dates of service on or after August 15, 2022, will be reprocessed.

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

Discontinuation of Current Procedural Terminology (CPT) Consultation Codes

CPT consultation codes (ranges 99241-99245 for office or outpatient consultations and 99251-99255 for inpatient consultation) are not recognized for payment by Health First Colorado, which is consistent with Medicare guidelines. These codes have not been payable after April 1, 2010.

Providers may submit claims for consultation services using another Evaluation and Management (E/M) code that most appropriately represents the visit. The discontinued coverage of consultation codes is part of the efforts by the Centers for Medicare and Medicaid Services (CMS) to ensure reliable and consistent use and reimbursement of E/M CPT codes.

Contact Morgan Anderson at Morgan.Anderson@state.co.us with any questions.

Prescribers of Breast Pumps

Effective December 1, 2022, prescribers of breast pumps may be certified nurse midwives, physicians, physician assistants and nurse practitioners. See below for the most current list of companies providing breast pumps to Health First Colorado members. Provide members with the following options to assist with navigating this recently expanded benefit.

Members should contact a supplier using the information provided below to receive information specific to that company for sending in a prescription and receiving equipment. Prescribers may also send the prescription to the company on behalf of the member, if preferred.

There may be other available suppliers not listed, including both pharmacies and durable medical equipment (DME) companies. Members may obtain a breast pump from other enrolled suppliers, as this list is only meant to be a resource.

Contact Haylee Rodgers at Haylee.Rodgers@state.co.us to be included on this list, if a supplier of breast pumps for Health First Colorado.

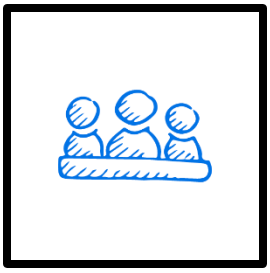
Breast Pump Supplier	Service Area	Contact Information
2nd Home Medical Supplies	Denver Metro and Aurora only	Phone: (303) 325 6994 Fax: (720) 365 5443
Aeroflow Healthcare	All of Colorado	Phone: (844) 867 9890
Bili Blanket Baby	All of Colorado	Phone: (877) 593 2454 orders@biliblanketbaby.com
Carolina Medical Solutions	All of Colorado	Phone: (877) 348 0206 Fax: (877) 339 9221

Breast Pump Supplier	Service Area	Contact Information
Denise V. Lyons	All of Colorado	James_Lyons77@hotmail.com Denise_Lyons6459@hotmail.com
Grace Health Clinic	All of Colorado	Phone: (303) 755 4600
Medequip, Inc	All of Colorado	Phone: (800) 944 3422 info@medequiportho.com
MedSource, LLC	All of Colorado	Phone: (719) 375 3299 customerservice@medsourcellc.com
Physician's Choice Medical	At the following locations: 7000 Broadway #200 Denver, CO 80221 1710 W 29th St Pueblo, Co 81008 402 N 3 St Sterling, CO 80751	Denver: (303) 429 7300 Pueblo: (719) 544 7300 Sterling: (970) 522 7188
Prism Medical Products	All of Colorado	Phone: (800) 845 5038 Fax: (855) 250 5813 Referrals@prism-medical.com
Sentido Health	All of Colorado	Phone: (719) 368 2293 Fax: (303) 997 2160 Hello@sentidohealth.com
SunMed Medical Systems	All of Colorado	Phone: (855) 477 4520 breastpumps@sunmedmedical.com

Physician-Administered Drugs (PAD) Claims Selected for Potential Recovery Audit Contractor (RAC) Review

Health Management Systems, Inc. (HMS) has been contracted to serve as the Recovery Audit Contractor (RAC) vendor to conduct post-payment reviews of claims submitted for fee-for-service and managed care services in compliance with Section 6411(a) of the Affordable Care Act (ACA). This is a federally mandated contract program.

Provider outreach and training will be conducted to give an overview of the RAC audit review process and to outline provider rights and statute timelines associated with these reviews. Physician-administered drugs (PAD) claims have recently been selected for a potential RAC review and these providers are encouraged to participate in the outreach.



HMS has recorded a previous training to allow providers to participate at their convenience if unable to attend live webinars. The previously recorded webinar, slide deck and provider portal training are located on the HMS Colorado RAC web page, as are other resources and information for providers. Click below to access the recorded webinars:

- Colorado RAC Reviews: Provider Education & Overview (Previously Recorded Webinar)
- HMS Provider Portal Training (Pre-Recorded Training)

HMS will also be offering two webinars where the recording will be played but will also have time for questions and answers following the training. The dates, links and times of these webinars are below:

- Monday, December 5, 2022, from 1:00 p.m. – 2:00 p.m. MT
  Meeting link Register for December 5
- Wednesday, December 7, 2022, from 9:00 a.m. – 10:00 a.m. MT
  Meeting link Register for December 7

For locations where PADs are provided, all Chief Financial Officers (CFOs), Medicaid billing managers, and accounts receivable specialists are encouraged to attend the live webinar or to review the prerecorded training and education. Visit the HMS Colorado RAC web page or the Recovery Audit Contractor Program web page for more information.

Screening, Brief Intervention and Referral to Treatment (SBIRT)

The Department is working with Peer Assistance Services, Inc. to provide free training with the goal of educating practitioners about the importance of Screening, Brief Intervention, and Referral to Treatment, commonly referred to as SBIRT.

SBIRT is an evidence-based prevention and early intervention practice that helps identify, prevent and reduce unhealthy alcohol and other substance use in adults and adolescents. SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.

Many types of providers can be reimbursed for SBIRT. Refer to the SBIRT Billing Manual for complete policy details. Additional SBIRT resources and information can be found on the Peer Assistance Services, Inc. website.

Visit the SBIRT Training Calendar to register for scheduled community-based trainings, or schedule virtual or in-person trainings for organizations by emailing SBIRTinfo@peerassistanceservices.org.

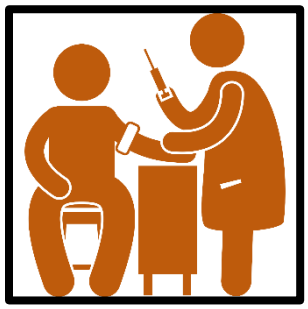
Contact Janelle Gonzalez at Janelle.Gonzalez@state.co.us for more information.

Synagis® Prior Authorization Form Updated

Due to the atypical Respiratory Syncytial Virus (RSV) activity currently seen across Colorado, the Synagis season began earlier than in years prior. The 2022-2023 Synagis® season will run from October 4, 2022, through April 28, 2023.

Pharmacy Benefit Prior Authorization Requests (PARs)

Synagis® administered in the home or long-term care facility is to be billed via the pharmacy benefit and requires that a PAR is submitted to Magellan Rx Management.



If home health services are not available to a patient, Synagis® may be administered in a doctor's office or clinic and billed via the pharmacy benefit. **The Synagis® PAR form has been updated so providers can indicate when a patient cannot access home health services for administration in the patient's home.**

Submit PARs to Magellan via the Synagis® Pharmacy Benefit Prior Authorization Request Form (Fax: 800-434-5881) available on the Provider Forms web page under the Synagis® Prior Authorization Form drop-down.

Medical Benefit PARs

Synagis® administered and billed by a doctor's office, hospital or clinician's office as a medical benefit requires that a PAR is submitted to the Department's Utilization Management (UM) Vendor, Keystone Peer Review Organization (KEPRO), through their online PAR portal, Atrezzo.

Refer to the updated Special Provider Bulletin- Synagis® Vaccine Benefit (B2200486) available via the Bulletins web page for additional information related to the 2022-2023 Synagis® season.

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

Provider Billing Training Sessions

December 2022 and January 2023 Provider Billing Webinar-Only Training Sessions

Providers are invited to participate in training sessions for an overview of Health First Colorado billing instructions and procedures. The current and following months' workshop calendars are shown below.

Who Should Attend?

Staff who submit claims, are new to billing Health First Colorado services, or need a billing refresher course should consider attending one or more of the following provider training sessions.

The institutional claims (UB-04) and professional claims (CMS 1500) training sessions provide high-level overviews of claim submission, prior authorizations, navigating the Department's website, using the Provider Web Portal and more. For a preview of the training materials used in these sessions, refer to the Beginning Billing Training: Professional Claims (CMS 1500) and Beginning Billing Training: Institutional Claims (UB-04) available on the Provider Training web page under the Billing Training – Resources drop-down section.

For more training materials on navigating the Web Portal, refer to the Provider Web Portal Quick Guides available on the Quick Guides web page.

Note: Trainings may end prior to 11:30 a.m. MT. Time has been allotted for questions at the end of each session.

December 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6	7	8 Beginner Billing Training: Professional Claims (CMS 1500) 9:00 a.m. - 11:30 a.m. MT	9	10
11	12	13	14	15 Beginner Billing Training: Institutional Claims (UB-04) 9:00 a.m. - 11:30 a.m. MT	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

January 2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12 **Beginner Billing Training: Professional Claims (CMS 1500) 9:00 a.m. - 11:30 a.m. MT**	13	14
15	16	17	18	19	20	21
22	23	24	25	26 **Beginner Billing Training: Institutional Claims (UB-04) 9:00 a.m. - 11:30 a.m. MT**	27	28
29	30	31				

Live Webinar Registration

Register for a live webinar by clicking the title of the desired training session in the calendar above and completing the webinar registration form. An automated response will confirm the reservation. For questions or issues regarding webinar registration, email co.training@gainwelltechnologies.com with the subject line "Webinar Help". Include a description of the issue being experienced, name and contact information (email address and phone number), and the name and date of the webinar(s) to be attended. Allow up to 2-3 business days to receive a response.

Upcoming Holidays

Holiday	Closed Offices/Offices Open for Business
Christmas Day (observed), Monday December 26	State Offices, Gainwell Technologies, DentaQuest and the ColoradoPAR Program will be closed. Capitation cycles may potentially be delayed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks.
New Year's Day (observed), Monday, January 2	State Offices, Gainwell Technologies, DentaQuest and the ColoradoPAR Program will be closed. Capitation cycles may potentially be delayed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks.
Martin Luther King Jr. Day, Monday, January 16	State Offices and the ColoradoPAR Program will be closed. Capitation cycles may potentially be delayed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks. Gainwell Technologies and DentaQuest will be open.

Gainwell Technologies Contacts

Provider Services Call Center

1-844-235-2387

Gainwell Technologies Mailing Address

P.O. Box 30
Denver, CO 80201