

All Providers

- 1 Did You Know?
- 1 Fiscal Year (FY) 2017-2018 Provider Rate Increases and Adjustments
- 4 Child Health Plan Plus (CHP+) Update
- 5 Health First Colorado (Colorado's Medicaid Program) and CHP+ Member Feedback Wanted
- 5 How Organizations Can Utilize Colorado's Newly Approved Health IT Roadmap
- 6 Tax Year 2017 1099-MISC Forms
- 6 Transportation Benefits Collaborative Meeting

General Hospitals, Radiology, Independent Laboratories, Clinics, Pharmacies

- 7 Co-Pay Policy Update

Clinics and Practitioners

- 7 Physician-Administered Drugs Billed with Miscellaneous J Codes Require National Drug Code (NDC) Number, Healthcare Common Procedure Coding System (HCPCS) Code, and NDC Units
- 8 Physician-Administered Drug Rate Update

All Medication-Prescribing Providers and Pharmacies

- 8 Drug Utilization Review (DUR) Updates
- 8 Unenrolled Prescribers: NEW Prescriptions Written by Prescribers Not Enrolled with Health First Colorado Will Deny Beginning January 1, 2018

Pharmacy Providers

- 9 Pharmacy Provider Updates

Radiology Providers

- 11 HCPCS 0159T No Longer Covered

Transportation Providers

- 11 Non-Emergent Medical Transportation (NEMT) Bus Ticket Modifiers

Vision Providers

- 12 Guidance for Billing CPT 92015 for Determination of Refractive State

Did You Know?

The void claim option on the Provider Web Portal will only appear on eligible claims. Only paid claims can be voided and the most recent paid Internal Control Number (ICN) must be used to adjust or void. For more instructions on how to adjust or void a claim, refer to the [Copy, Adjust or Void a Claim Quick Guide](#) on the Web Portal. As a reminder, providers should be submitting all claims electronically. Please see the [November 2017 Provider Bulletin \(B1700406\)](#) for information on submitting claims with attachments.

Denied claims do not need to be adjusted or sent as a request for reconsideration. A denied claim can be resubmitted electronically as a new claim once corrections have been made.

All Providers

Fiscal Year (FY) 2017-2018 Provider Rate Increases and Adjustments

The Legislature approved Health First Colorado (Colorado's Medicaid Program) provider rate increases effective for dates of service beginning July 1, 2017. All rates required approval from Centers for Medicare & Medicaid Services (CMS). The Department of Health Care Policy & Financing (the Department) has received approval from CMS to implement the rates effective July 1, 2017. Approved rate increases have been implemented in the system and the Department has begun performing mass adjustment of claims.

Providers whose usual and customary charges are greater than or equal to the increased rate for FY 2017-18 do not need to take any action to receive the increased reimbursement. Providers whose usual and customary charges are less than or equal to the increased rate for FY 2017-18 must submit

an adjustment to the prior paid claims to receive the rate increase. For information on submitting adjustment to claims, please refer to the [Copy, Adjust or Void a Claim Quick Guide](#).

The fee schedule will be posted in early 2018 to reflect the approved 1.4% across the board rate increase and targeted rate increases. Please refer to the [Provider Rates & Fee Schedules web page](#).

Approved for the Legislative Across-the-Board Increases:

- Eligible physician and clinic services
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services
- Inpatient hospital services
- Outpatient hospital services
- Laboratory & x-ray services
- Durable Medical Equipment (DME), supplies and prosthetics
- Mental health fee-for-service
- Non-physician practitioner services
- Tobacco cessation counseling for pregnant women
- Ambulatory Surgery Center (ASC) services
- Dialysis center services
- Physical, occupational and speech therapy services
- Audiology services
- Screening, Brief Intervention and Referral to Treatment (SBIRT) services
- Dental services
- Freestanding Birth Centers
- Family planning services
- Fee-for-Service Outpatient Substance Use Disorder services
- Targeted case management for behavioral health
- Targeted case management for substance use disorders
- Vision services
- Mental health and substance abuse disorder rehabilitation services for children in psychiatric residential treatment facilities
- Prosthesis services
- Mental health and substance use disorder rehabilitation services for children in residential child care facilities
- Extended services for pregnant women



- Private Duty Nursing services
- Home Health
- Hospice Fee-for-Service
- Home and Community Based Services (HCBS) waivers:
 - HCBS - Developmental Disabilities (DD)
 - HCBS - Supported Living Services (SLS)
 - HCBS - Children Extensive Support (CES)
 - HCBS - Children Residential Habilitation Program (CRHP)



Approved for Targeted Rate Increases:

- Home Health Registered Nurse (RN) will receive a 6.02% increase
- Home Health Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy) ST will receive a 6.01%, 6.02% and 6.01% increase
- Private Duty Nursing Licensed Practical Nurse (LPN) will receive a 7.24%
- Emergent and Non-Emergent Medical Transportation will receive a 7.0%
- Physician-Administered Drugs at Average Selling Price (ASP)+2.5%
- Vaccinations and Immunizations will be priced at the Center for Disease Control (CDC) fee schedule

Exclusions for the Legislative Across-the-Board Increases:

Although these rate increases will affect most Health First Colorado providers, some providers are excluded from the across-the-board increases. Additional detail regarding these exclusions can be found in the Department's R-12: "Community and Targeted Provider Rate Increase" submitted to the Legislature on November 1, 2014, found here: [Departments R-12 "Community Provider Rate Increase"](#).

Exclusions Include:

- Services listed above which are affected by a targeted rate increase
- Skilled Nursing Facility Services
- Public Health Agencies
- Federally Qualified Health Centers
- HCBS Children with Autism (CWA) waiver
- Private Duty Nursing Registered Nurse Hourly Rate
- Physician services previously impacted by House Bill 16-1408
- Contract based administrative payments including Dental Administrative Services Only (ASO), Non-Emergent Medical Transportation (NEMT) ASO, Consumer Directed Attendant Support Services (CDASS), Financial Management Services (FMS), and Training vendors
- Pharmacy reimbursement

- Rural Health Centers
- The Program of All-Inclusive Care for the Elderly (PACE)
- Risk-based physical health managed care programs (Denver Health and Rocky Mountain Health Plans)
- Risk-based mental health managed care programs (Behavioral Health Organizations)

Rate Adjustments

Mass adjustments initiated by the Department can only be performed if the original submitted charge on a claim is greater than the newly revised rate. Any claim on or after the date new rates are effective, with a submitted charge lower than the revised rate, must be adjusted by the provider. It is recommended that providers submit charges based on Usual & Customary rates, when applicable.

Child Health Plan *Plus* (CHP+) Update

On December 21, 2017, the [Joint Budget Committee approved](#) Governor John Hickenlooper's [request](#) for one-time, short-term funding to extend funding of CHP+ through February 28, 2018, if Congress does not act to renew federal funding.

The Department is currently working to update CHP+ policy, operations and communications guidance, and is continuing to monitor federal activity on the CHP+ program.

Stay Informed

- Visit CO.gov/HCPF/FutureCHP
- [Sign up for the future of CHP+ newsletter](#)



If Congress does not act to renew federal funding, what will be the end of CHP+ in Colorado?

If Congress does not act, the CHP+ program will end February 28, 2018.

Can individuals still apply for CHP+ in February 2018?

Yes, new applications for CHP+ will be accepted through February 28, 2018. Although the CHP+ program will end after February 28, 2018, if Congress does not renew federal funding, counties and eligibility sites will continue to process all new applications. Individuals who apply by February 28, 2018, may be eligible for CHP+ for the month of February 2018.

Will there be any changes to CHP+ benefits or eligibility in February?

No, there will be no changes to CHP+ benefits or eligibility in February 2018. CHP+ members should continue going to the doctor, and CHP+ children should continue going to the dentist.

Will CHP+ redetermination packets stop going out?

No, redetermination letters will continue to be mailed and processed in January and February 2018. This information is needed to accurately determine the members' eligibility.

Do CHP+ members still need to pay the enrollment fee?

Yes, CHP+ members who owe an enrollment fee need to continue to pay the fee by the deadline listed in their letter.

Health First Colorado (Colorado's Medicaid Program) and CHP+ Member Feedback Wanted

The Member Experience Advisory Councils (MEAC) for Health First Colorado and CHP+ were created to help the Department develop and maintain a person-centered culture by engaging the voices of members, family and caretakers who are not normally at the table.

The [In-Person Advisory Council](#) meets no more than once a month in Denver. Travel reimbursement and gift card incentives for participation are available.

The [Virtual Advisory Council](#) provides feedback to the Department via email, surveys or other online forums. Gift card incentives for participation are available.

Please encourage patients who are Health First Colorado and CHP+ members or their parents/caretakers to apply. More information can be found on the [MEAC web page](#). Email any questions regarding the program to HCPF_peoplefirst@state.co.us.

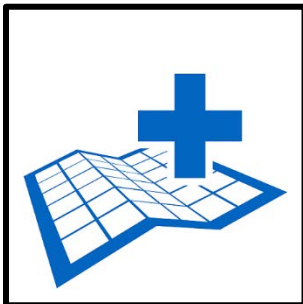


"Meeting after meeting, it's great to feel like our opinions matter. We're asked our opinions, and we get to see things changing." - Advisory Council member

How Organizations Can Utilize Colorado's Newly Approved Health IT Roadmap

[Colorado's Health IT Roadmap](#)— a collaborative effort led by the Office of eHealth Innovation (OeHI) and steered by the eHealth Commission— has been reviewed and approved by both the Governor's Office and eHealth Commission, concluding its planning phase.

Colorado's Health Roadmap in 2018 — What's next and how to get involved?



The Roadmap provides strategic direction for the state of Colorado to effectively support Colorado's Triple Aim - best care, best health and best value. The Roadmap was developed with input from over 1,000 stakeholders from urban and rural Colorado communities and identifies sixteen (16) initiatives to help advance the health information infrastructure of Colorado. The [Roadmap](#) can be viewed online and a printed copy of [Colorado's Health IT Roadmap](#) can be also be requested. In addition to the transition planning which is underway, there are many ways providers can help bring the Roadmap to life:

- Use the Roadmap as a guide for strategic health IT planning.
- Use the Roadmap as a source of idea generation, strategies, suggested approaches, ideas for funding or in other ways that might help achieve organizational objectives.
- Share the Roadmap with members of IT governance committees, organizational executives, IT leaders and staff and others engaged in delivering health and health IT capabilities.

- Contribute to efforts to further define and launch Roadmap initiatives by [signing up](#).
- Set up time to discuss ideas with OeHI on how to get involved and/or discuss particular projects or ideas. Contact Carrie Paykoc at Carrie.Paykoc@state.co.us to set up a meeting.

OeHI continues to advance work in several areas identified as priorities for the Roadmap, such as electronic clinical quality measures to reduce provider reporting burden, a program management office, and a statewide master provider directory. All input received from the provider community thus far is appreciated, and the state looks forward to further collaboration to define and implement key initiatives. There is an incredible opportunity here in Colorado, with all the right ingredients to continue creating a healthy, cost-effective and spectacular future.

Tax Year 2017 1099-MISC Forms

It is possible that providers will receive two 1099 Miscellaneous Income (1099-MISC) forms from the State of Colorado for 2017 due to implementation of the Colorado interChange in March. One 1099-MISC will be sent from the Department with a Payer's Federal Identification Number of 81-1725341. The other 1099-MISC form will be sent to you from the State of Colorado, Office of the State Controller with a Payer's Federal Identification Number of 84-0644739. If two 1099-MISC forms are received, both should be used to complete 2017 taxes.



Contact the Provider Services Call Center at 1-844-235-2387 for any questions related to these forms or this issue.

Transportation Benefits Collaborative Meeting

The Department has scheduled a stakeholder meeting to begin the Transportation Services Benefits Collaborative process. This effort will review and refine current Emergency Medical Transportation (EMT) and NEMT rules to ensure they accurately reflect coverage policy, and will also include discussion of possible content for inclusion in a new NEMT broker contract request for contract proposals (RFP).

For more information, please visit our [Benefits Collaborative Meetings web page](#).

Transportation Services Benefits Collaborative Meeting

Monday, January 8, 2018

10:30 a.m. - Noon

Department of Health Care Policy and Financing

303 E. 17th Ave, Denver, Seventh Floor Conference
Rooms 7A, B & C

General Hospitals, Radiology, Independent Laboratories, Clinics, Pharmacies

Co-Pay Policy Update

In accordance with SB17-267, the following co-pay policies will become effective January 1, 2018.

1. The Outpatient Hospital visit co-pay amount will increase from \$3 per visit to \$4 per visit.
2. Non-emergent use of the hospital emergency room in outpatient hospital setting will increase from \$3 per visit to \$6 per visit.
3. The pharmacy co-pay amount will change from \$3 for brand name and \$1 for generic drugs, to \$3 for all new and refill prescriptions.

The emergency status of an emergency department visit must be determined by the hospital/provider. The Colorado interChange will deduct a \$6 co-pay amount from the UB-04 (837I) claim based on the presence of Revenue Code 0456 or Revenue Code 0459 on the claim for all co-pay eligible members.

Additional Co-pay Information

- Effective March 2017, the Colorado interChange began correctly deducting a \$1 co-pay from radiology claims in accordance with administrative rule 10 CCR 2505-10 8.754.1.L. If a member receives a radiology service from an outpatient hospital, it is possible that the member will have two co-pays if there are two claims received by the Colorado interChange: one co-pay for the outpatient hospital visit claim, and one co-pay for the radiology claim.
- All providers should be aware that members are liable for no more than 5% of their monthly household income towards co-pays per month. The Provider Web Portal will display whether a member is co-pay eligible as of the date it is checked. Further details can be found on the [Co-pay web page](#).



Clinics and Practitioners

Physician-Administered Drugs Billed with Miscellaneous J Codes Require National Drug Code (NDC) Number, Healthcare Common Procedure Coding System (HCPCS) Code, and NDC Units

Effective February 1, 2018, claims for physician-administered drugs for in office treatments billed with a miscellaneous J Code (J3535, J3490, J3590, J7599, J7699, J7799, J7999, J8498, J8499, J8999, J9999) must be submitted with the NDC number, the NDC Units and the Unit of Measure Qualifier. This applies to physicians, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) and Medicare Part B crossover claims for physician-administered drugs. The Unit of Measure Qualifier needs to be submitted as gram (GM), milliliter (ML) or each (EA). The HCPCS/NDC crosswalk for physician-administered drugs lists all valid HCPCS/NDC combinations and is posted on the [Billing Manuals web page](#) under Appendix X.



Also effective February 1, 2018, all manually priced, miscellaneous J Codes will be reimbursed at the lower of the submitted cost or the Wholesale Acquisition Cost (WAC) times paid NDC units. Providers must also continue to attach invoices to the claim so that the fiscal agent can process claims appropriately.

Contact the Provider Services Call Center at 1-844-235-2387 with questions.

Physician-Administered Drug Rate Update

A [fee schedule](#) for physician-administered drugs will be posted on the Department's website by January 1, 2018. The fee schedule applies to physician-administered drugs provided on or after July 1, 2017. Claims paid under the previous methodology for services rendered on or after July 1, 2017, will automatically be adjusted to the pricing indicated on the posted fee schedule. Due to the approved state plan amendment, J Codes are to be paid at either the published Medicare average sales price minus 3.3 percent or the wholesale acquisition cost (WAC).

Contact Colorado.SMAC@state.co.us with questions.

All Medication-Prescribing Providers and Pharmacies

Drug Utilization Review (DUR) Updates

To speak with a specialist about complex patients in the areas of child/adolescent psychiatry or pain management, email SSPPS.co-dur@ucdenver.edu. Provider-to-provider telephone consults are available with a Child/Adolescent Psychiatrist or a Pain Management Specialist free of charge for Health First Colorado Members.

The next DUR meeting is scheduled for February 13, 2018, and the following drug classes will be covered, among other individual agents TBD: Neurocognitive Disorder Agents, Atypical Antipsychotics, Growth Hormones, Insulin Products, Intranasal Corticosteroids, Leukotriene Modifiers, Agents for Multiple Sclerosis, Ophthalmic Allergy, Sedative Hypnotics, Statin and Combinations.



If you would like to provide testimony for agents within these classes, see the [DUR Home Page](#). The formal agenda will be posted 30 days prior to the meeting on the DUR Home Page.

For more information about the DUR's activities, visit the DUR Home Page or email SSPPS.co-dur@ucdenver.edu.

Unenrolled Prescribers: NEW Prescriptions Written by Prescribers Not Enrolled with Health First Colorado Will Deny Beginning January 1, 2018

Health First Colorado will not pay for new prescriptions written on, or after, January 1, 2018, if the prescriber is not enrolled with Health First Colorado. Refills written prior to January 1, 2018, by unenrolled prescribers will pay until the prescription expires or until there are no remaining refills. Prior authorizations

requested by unenrolled prescribers will not be processed by the Magellan Rx Management Pharmacy Call Center beginning January 1, 2018.

If a prescriber would like more information on enrollment, please call the Provider Services Call Center at 1-844-235-2387, or visit the [Ordering, Prescribing or Referring Provider web page](#). After an enrollment or revalidation application is submitted, please use the [Provider Next Steps web page](#). To verify enrollment status, please review pages 135-141 in the [Provider Enrollment Manual](#).

If a prescriber does not wish to enroll with Health First Colorado they should refer their patients to a prescriber that is enrolled. **Patients needing new prescriptions for their medications written on or after January 1, 2018, must be written by an enrolled prescriber for Health First Colorado to pay for and process the claims.**

Pharmacy providers can identify prescriptions filled by an unenrolled prescriber with a current message that is sent back on the pharmacy claim that says, "On January 1, 2018 claim denies- MD not enrolled, call DXC to enroll." Beginning January 1, 2018, the message will read, "Prescriber not enrolled. Call DXC, at 1-844-235-2387, to enroll."

In an emergency situation, the Department will place a 3-day override on a claim written by an unenrolled prescriber so that the member can obtain the medication(s) that they need. This will mirror the current override process. Please refer to [Appendix P](#) for more information on the override process.

Contact Kristina Gould at Kristina.Gould@state.co.us for additional information.

Pharmacy Providers

Pharmacy Provider Updates

Pharmacy Cost of Dispensing Survey

Mercer Health & Benefits LLC (Mercer) will be conducting a survey on the cost of dispensing prescription drugs to Health First Colorado members. The Department is required to conduct this survey every two state fiscal years per the Medicaid State Plan. Mercer will distribute survey packets to all pharmacy providers in the coming weeks. The Department strongly encourages pharmacy providers to participate because the survey findings will be a significant factor in reviewing the dispensing fees currently paid to pharmacies. Email Colorado.SMAC@state.co.us with questions related to the survey.

Pharmacy Dispensing Fees for Calendar Year 2018

The dispensing fees for pharmacy providers were updated effective January 1, 2018, based on the total annual prescription volume information submitted by pharmacies in October 2017. Pharmacies that did not submit their prescription volume were assigned the \$9.31 dispensing fee. Pharmacies which meet the regulatory definition of a government or rural pharmacy had their dispensing fee determined by their pharmacy type. The Department recommends that pharmacies review their reimbursement to ensure they have been assigned the appropriate dispensing fee. Email Colorado.SMAC@state.co.us with any questions related to dispensing fees.

Total Annual Prescription Volume	Dispensing Fee
0 - 59,999	\$13.40
60,000 - 89,999	\$11.49

Total Annual Prescription Volume	Dispensing Fee
90,000 - 109,999	\$10.25
110,000+	\$ 9.31
Rural Pharmacy	\$14.14
Government Pharmacy	\$ 0.00
No volume submitted	\$ 9.31

Pharmacy and Therapeutics Committee Meeting

Tuesday, January 9, 2018

1 - 5 p.m.

Department of Health Care Policy & Financing

303 E. 17th Ave, Denver, Seventh Floor Conference Rooms 7A, B & C

Long Term Care (LTC) Providers - Floor Stock List

Various over-the-counter (OTC) drugs and supplies for Long Term Care (LTC) facility residents shall be furnished by the facility, within the per diem rate, at no charge to the resident pursuant to 10 CCR 2505-10 Skilled Nursing Facility: 8.440 NURSING FACILITY BENEFITS. These OTC drugs and supplies, also known as products on a "floor stock list", are not covered under the pharmacy benefit for LTC members and will not be payable by pharmacies. These drugs and supplies are reimbursed by Health First Colorado under the per diem rate for LTC facilities.

OTC drugs/supplies including but not limited to:

1. Artificial tears;
2. Aspirin, acetaminophen, ibuprofen and other non-prescription analgesics available now or in the future;
3. Cough and cold supplies, i.e., cold tablets, decongestants, cough syrup/tablets;
4. Douches;
5. Evacuant suppositories, laxatives, stool softeners, enemas;
6. First aid supplies, i.e., alcohol, hydrogen peroxide, merthiolate and other antiseptics/germicides, Betadine, PhisoHex, chlorhexidene gluconate, providone/iodine solution and wash, Epsom salt;
7. Lubricants, rubbing compounds and ointments, i.e., petroleum jelly, bag balm, other body lotions for treatment of dry skin or skin breakdowns, bacitracin ointment and other ointments used in treatment of wounds;
8. Vitamins (multi and single) and mineral supplements.

Prior authorizations will not be granted for coverage for "floor stock list" products for LTC members. If a member is not residing in a LTC facility, regular OTC pharmacy benefit coverages apply, which may be referenced on [Appendix P](#). Contact Brittany Schock, PharmD at Brittany.Schock@state.co.us with any questions.



Brand Generic Changes

Effective January 1, 2018, the following brand/generic changes will be implemented for Health First Colorado members:

- Brand Adderall IR and brand Ritalin IR will be non-preferred. Generic Adderall IR (amphetamine combo salts) and generic Ritalin IR (methylphenidate IR) will be preferred. Brand Adderall IR and Brand Ritalin IR will require a prior authorization beginning January 1, 2018, to be evaluated for brand medically necessary.
- Effective January 1, 2018, the only preferred epinephrine auto-injectors will be the generic Epipen (Mylan epinephrine auto-injector) products. Generic Adrenaclick (Impax and Lineage epinephrine auto-injector) products will be non-preferred and require a prior authorization.

See the current Preferred Drug List, which is posted on the Department's website. This can be found by going to the [Pharmacy Resource web page](#). Refer to these documents for pharmacy benefit coverage details and prior authorization criteria.

Radiology Providers

HCPCS 0159T No Longer Covered



Beginning January 1, 2018, HCPCS 0159T, computer-aided detection breast MRI, will no longer be a covered benefit. It is considered experimental/investigational. Clinical research has not shown it to improve patient outcomes or reduce breast cancer mortality when added to contrast-enhanced MRI.

Contact Alex Weichselbaum at Alex.Weichselbaum@state.co.us with questions or concerns.

Transportation Providers

Non-Emergent Medical Transportation (NEMT) Bus Ticket Modifiers

The Department implemented modifiers for procedure code A0110. The modifiers became active on October 13, 2017, for dates of service March 1, 2017, forward. An email was sent on November 29, 2017, with this information.

Below are the modifiers and descriptions created for members using public bus and rail systems for NEMT. For bus tickets that fall within the descriptions with modifier(s), submit claims with the corresponding modifier(s) and pricing for the actual amount of the ticket.

Procedure Code	Mod-1	Mod-2	Mod-3	Begin Date	Maximum Rate	Unit	Description
A0110	TN			3/1/2017	\$ 2.60	Ticket, One-Way	Fixed Route, One-Way, Local

Procedure Code	Mod-1	Mod-2	Mod-3	Begin Date	Maximum Rate	Unit	Description
A0110	SC	SE	TN	3/1/2017	\$ 4.50	Ticket, One-Way	Fixed Route, One-Way, Regional
A0110	SE			3/1/2017	\$ 8.50	Ticket, One-Way	Paratransit, One-Way
A0110				11/1/2015	Manually Priced	Ticket, One-Way	Public/Mass Transportation; Bus Service

*Rates presented are maximum rates. Claims filed should reflect actual cost of service provided.

When submitting a claim **with** a modifier, an attachment is not required to justify the price. Please keep the pricing justification in provider records. When submitting a claim **without** a modifier (e.g., Greyhound), an attachment to justify the price is required otherwise the claim will deny.

The Department understands these modifiers do not include all bus tickets available within Colorado, and plans to reassess the modifiers in the future based on submitted claims. If a provider believes the maximum rate does not cover a bus pass or ticket description, please send an email with documentation of the bus system's pricing to NEMT@state.co.us. The Department will use this information to inform future adjustments, if necessary.

Email NEMT@state.co.us with any questions.

Vision Providers

Guidance for Billing CPT 92015 for Determination of Refractive State

Determination of refractive state, CPT 92015, is a covered benefit. Providers are prohibited from billing members for this service.

The Department is in the process of expanding this code to cover all ages, to align with adult vision and eyewear policy. This change will be effective October 1, 2017. Claims for 92015 for clients 21 years of age and over for dates of service after October 1, 2017, may be rebilled.

The services described by this code are part of a comprehensive eye exam or evaluation and management service.

CPT 92015 will deny when billed with the following codes:

0469T	36591	36592
92002-92014	99173	99174
99177	99201-99215	99241-99245
99251-99255	99261-99263	99271-99275
99281-99285	99291-99297	99354-99357

Contact Child Health Policy Specialist Elizabeth Freudenthal at Elizabeth.Freudenthal@state.co.us or 1-303-866-6814 with any questions about the vision and eyewear benefit.

Upcoming Holidays

Holiday	Closed Offices/Offices Open for Business
New Year's Day - Monday, January 1, 2018	State Offices, DentaQuest, DXC and the ColoradoPAR Program will be closed. 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 15, 2018	State Offices, DentaQuest, and the ColoradoPAR Program will be closed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks. DXC will be open.
Presidents' Day - Monday, February 19, 2018	State Offices, DentaQuest, DXC and the ColoradoPAR Program will be closed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks.

DXC Contacts

DXC Office

Civic Center Plaza
1560 Broadway Street, Suite 600
Denver, CO 80202

Provider Services Call Center

1-844-235-2387

DXC Mailing Address

P.O. Box 30
Denver, CO 80201