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Did You Know?

Health First Colorado (Colorado's Medicaid program) is the payor of last resort. Providers are reminded to check member eligibility to verify primary insurance coverage.

Medicare and third-party liability (TPL) (commercial) insurance carriers must be billed prior to submitting a claim to Health First Colorado. The date of payment or denial must be indicated on each line of the claim. The explanation of benefits must be retained but is *not required* to be attached to the claim.

Providers and billers are encouraged to review the [Submitting a Claim with Other Insurance or Medicare Crossover Information Quick Guide web page](#).

All Providers

Health First Colorado and Child Health Plan *Plus* (CHP+) COVID-19 Vaccine Administration Rate Increase

Retroactively effective to September 1, 2021, the Department of Health Care Policy and Financing (the Department) authorizes a payment of \$61.77 for administration of the first two doses of COVID-19 vaccine, \$41.18 for additional doses, and an additional \$35.00 for vaccine administration

within the member's home or residence.

\$61.77 represents a 50% increase above Medicare rates, and will help to ensure that financial considerations are not a barrier to providers administering the vaccine to Health First Colorado or CHP+ members. This is particularly critical given the disparity in vaccine take-up between Health First Colorado and CHP+ members and the Colorado population as a whole.



Providers should bill CPT 99401 for visits in which healthcare providers talk to families about the importance of kids' vaccination.

- CPT 99401 can be billed at only one visit for each member per day, but there are no quantity limits for the number of times this education is provided to an individual member.
- Providers are encouraged to check the CMS website for National Corrective Coding Initiative (NCCI) rules and guidelines.
- This vaccine counseling reimbursement initiative is targeted towards vaccination for individuals under 21. However, the increased vaccine administration rates apply regardless of age of the individual receiving their COVID-19 vaccine.

2022 Healthcare Common Procedure Coding (HCPCS) & Current Procedural Terminology (CPT) Procedure Code Release

The Centers for Medicare & Medicaid Services (CMS) released the deletions, changes and additions to the annual 2022 HCPCS and CPT procedure codes effective for dates of service on or after January 1, 2022.

As of January 1, 2022, claims billed with 2022 procedure codes may suspend. The Colorado interChange will be updated with the new billing codes, and suspended claims will be released.

A special issue of the Provider Bulletin is expected for publication in mid or late January with the details.

Providers are reminded to check the [Provider Rates & Fee Schedule web page](#) before billing, to ensure the codes are a covered benefit. All codes must be reviewed for medical necessity, prior authorization coverage standards and rates before the codes are reimbursable.

New Recovery Audit Contract (RAC) Vendor

Health Management Systems, Inc. (HMS) has been awarded the contract to act as the Recovery Audit Contract (RAC) vendor to conduct post-payment reviews of Health First Colorado claims on behalf of the Department of Health Care Policy & Financing (the Department). This is a federally mandated contract and aligns with Section 6411 of the Affordable Care Act.

The purpose of the RAC program is to reduce improper payments of Health First Colorado claims through the efficient detection and collection of overpayments and the

implementation of actions that will prevent future improper payments. The RAC lookback period is seven (7) years (84 months) from the Paid Date of Health First Colorado claims, which is outlined in the [Colorado State Plan Amendment \(SPA\) CO-16-0003](#). All claim types and provider types are included in RAC audits.



HMS is currently contracted to conduct third-party liability reviews. HMS and the Department continue to run outreach and education to providers which includes information on what to expect during a post-payment review for this program.

Visit the [Recovery Audit Contractor \(RAC\) Program web page](#) or the [HMS Colorado RAC website](#) (which includes detailed resources and training materials for the program) to learn more about the final rules established for the Health First Colorado RAC program.

Contact Alyssa M. Gilger, Contractor Audit Operations Unit Supervisor and the RAC Contract Manager at Alyssa.Gilger@state.co.us for contract questions.

Email the Contractor Audit Operations Unit at hcpf_corachcpf@state.co.us with general questions regarding the program or payment information.

Reconsiderations and Appeals

Providers are reminded to correct and resubmit denied claims electronically as new claims. Denied claims do not need to be sent as a request for reconsideration. Reconsiderations are not manually reviewed. Claims that do not meet the system criteria defined by the current policy may deny again even if a reconsideration is sent.

An appeal is a formal process involving attorneys, legal resources and the administrative courts. Providers that do not wish to file a formal appeal may contact the [Provider Services Call Center](#) to:

- Review denials regarding policy.
- Ask questions on how to correct denied claims.
- Discuss timely filing or other billing and policy concerns.

Ambulatory Surgical Center (ASC) Providers

Reclassification of ASC Grouper Rate for Procedure Code 36561

The Department has received COVID Relief State Plan Amendment (SPA) approval to increase the rate for procedure code 36561 from ASC grouper 3, \$420.48, to ASC grouper 10, \$1,813.06, effective August 26, 2021. The grouper reclassification will be effective for the duration of the COVID-19 public health emergency.

Claims submitted on or after August 26, 2021, will be reprocessed to reflect the increased rate. Claims billed at the lower rate will need to be manually adjusted following the implementation of the grouper reclassification.

Contact Marli Firillo at Marli.Firillo@state.co.us with questions or concerns.

January 2022 Updates to Allowed Ambulatory Surgery Center (ASC) Procedures

The Centers for Medicare & Medicaid Services (CMS) has updated its list of ASC-covered surgical procedures for Calendar Year (CY) 2022. Several procedures have been designated for removal from the list.

Department policy (10 CCR 8.570.3.A.1.) limits ASC services to surgical procedures approved by CMS. Effective January 1, 2022, the following procedures will no longer be Health First Colorado ASC-covered surgical procedures:

- 31241
- 32551
- 32560



The [ASC billing manual web page](#) has been updated accordingly.

Contact Chris Lane at Christopher.Lane@state.co.us with any questions.

Dialysis Providers and Hospitals

Home Dialysis for Recipients of Emergency Medicaid Services with End-Stage Renal Disease

Effective January 1, 2022, [home dialysis](#) is a covered benefit for recipients of [Emergency Medicaid Services \(EMS\) with End-Stage Renal Disease \(ESRD\)](#).

As of February 1, 2019, ESRD has been considered to be an emergency medical condition as defined at 10 CCR 8.100.3.G.1.g.vii; 42 U.S.C. § 1396b(v)(3); and Colorado Revised Statutes § 24-76.5-102(1). For services provided to an EMS recipient, a provider must certify the presence of an emergency medical condition and indicate on claim forms that services are for a medical emergency. Coverage is limited to care and services that are necessary to treat the immediate emergency medical conditions and does not include prenatal care or follow-up care. To indicate an emergency when billing:

- Professional: Use field 24C (EMG)
- Institutional: Indicate Admission Type 1 (Emergency) or 5 (Trauma)

To indicate services were performed at home:

- Condition Code 74

Contact Raine Henry at Raine.Henry@state.co.us for policy questions.

Home and Community-Based Services (HCBS) Providers

Remote Supports Provider Enrollment and Billing

Effective January 1, 2022, a Remote Supports benefit will be added to the following Home and Community-Based Services (HCBS) waivers: Brain Injury (BI) waiver, Community Mental Health Supports (CMHS) waiver, Elderly, Blind, and Disabled (EBD) waiver, Spinal Cord Injury (SCI) waiver and Supported Living Services (SLS) waiver.

Remote Supports is the provision of support by staff at a remote location who are engaged with the member to assist, monitor and respond to their health, safety and other needs through technology/devices with the capability of live two-way communication. Member interaction with support staff may be scheduled, on-demand or in response to an alert from a device in the remote support equipment system. Remote Supports use is by the choice of the participant and policy requires assessment for use through the support planning process by the authorizing Case Management Agency (CMA).

Provider Enrollment

Providers interested in enrolling to provide Remote Supports are encouraged to review all provider requirements outlined in regulation at [10 CCR 2505-10 8.488.50](#), which is effective no earlier than December 30, 2021. Provider requirements can be found on the [Home and Community Based Services information web page](#).

Effective January 1, 2022, Remote Supports provider enrollment applications will be reviewed by the fiscal agent and the Department.

Provider Type: 36

Provider Specialty: 756

Billing Information

Prior Authorization is required for Remote Supports.

Service Description	Procedure Code
Remote Supports - Equipment Install/Purchase	A9279
Remote Support - Monitoring	S9110

Review the [HCBS Rate Schedule](#) for rates effective January 1, 2022.

Refer to the HCBS Provider [Billing Manual\(s\)](#) for additional billing information.

Contact Courtney Montes at Courtney.Montes@state.co.us with questions about HCBS benefits.

Respite Providers: Temporary Enhanced Rate for Respite Benefits

Effective April 1, 2021, through March 31, 2022, select Home and Community-Based Services (HCBS) waivers' Respite benefits will have an enhanced rate of 25%. This enhanced rate is retroactive to Respite services provided on dates of service beginning April 1, 2021. Providers do not need to adjust previously submitted claims to access this enhanced rate, but must bill a supplemental, temporary code to get the differential between the amount paid for the original date of service and the rate increase.

Review [Operational Memo 21-090](#) for more information surrounding the temporary Respite rate increase.

Hospital Providers

General Updates

All Hospital Providers

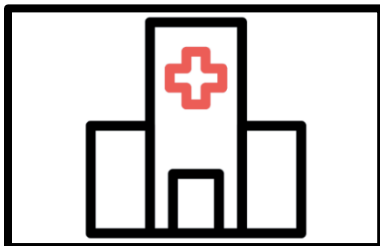
Hospital Stakeholder Engagement Meetings

Bi-monthly Hospital Stakeholder 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.](#)

- The All-Hospital Engagement meeting is scheduled for [Friday, January 14, 2022, from 1:00 p.m. - 4:00 p.m. MT](#) and will be hosted virtually.

Visit the [Hospital Stakeholder Engagement Meeting web page](#) for more details, meeting schedules and past meeting materials. Calendar Year 2022 meetings have been posted

Update to Version 3.16 of Enhanced Ambulatory Patient Grouping (EAPG) Methodology



The Department has been collaborating with its vendors and hospital stakeholders over the last year preparing for the implementation of a new version of the EAPG (3.16) methodology which calculates payment for outpatient hospital services. This new version of EAPGs will be implemented effective January 1, 2022 and will require both Medical Services Board and State Plan authority for implementation.

The base rate methodology for maintaining revenue neutrality amongst hospitals and their groups, which was shared in the November Stakeholder Meeting, and the relative weights Colorado intends to use for EAPG payments have been posted to the [Outpatient Hospital Payment web page](#) for review.

Until State Plan approval for payment using this methodology, outpatient hospital claims will continue to process using version 3.10 of the EAPG methodology with base rates in effect immediately prior to January 1, 2022. All claims billed using Healthcare Common Procedural Coding System (HCPCS) codes effective January 1, 2022, will remain in suspense until Centers for Medicare & Medicaid Services (CMS) approval for this update is obtained.

Reference the meeting notes contained on the [Hospital Stakeholder Engagement Meeting web page](#) for more information regarding the update to version 3.16.

Contact Andrew Abalos at Andrew.Abalos@state.co.us and Tyler Samora at Tyler.Samora@state.co.us with any questions regarding this update.

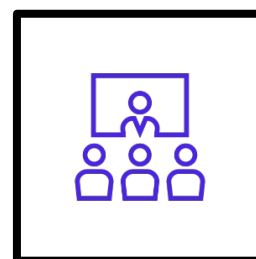
Rural Health Clinics

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 13, 2022, from 12:30 p.m. to 1:30 p.m.](#) MT and will be hosted virtually on Zoom.

Visit the [Rural Health Clinic Engagement Meeting web page](#) for more details, meeting schedules and past meeting materials.

Contact Erin Johnson at Erink.Johnson@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.



Hospitals, Freestanding Birth Centers, Physician Services, Clinics, Hospitals, Women's Services

The Emergent Add-A-Baby Request Process

The Add-A-Baby process was implemented to offer medical providers an alternative way to add a needy newborn(s) to an eligible mother's medical assistance case only if the need is for intensive medical care. Mothers need to be eligible for medical assistance at the time of the baby's birth for an emergent request.

The Department accepts and processes emergent requests from medical providers for newborns that need intensive medical care for:

- Border
- Synagis®
- Neonatal Intensive Care Unit (NICU)

Emergent requests can only be submitted through the [Health First Colorado Add-A-Baby Emergent Request Form](#). *This link is for medical providers only. Requests submitted by non-medical providers or by the parent will not be processed.*

PLEASE NOTE: Do not fax the outdated Medicaid Add-A-Baby Request Form, as the form is outdated and will not be processed.

Helpful Tips for Providers:

- Before submitting a request, verify with the parent(s) that they have not submitted newborn information to the county or through PEAK or Health First Colorado App to add the baby.
- Let the parent(s) know a request has been submitted to add the newborn and not to add the newborn again through PEAK or Health First Colorado App or through the county.
- If a request has already been submitted by the parent to the county or through PEAK or the Health First Colorado App, do not submit another emergent request. Submitting another request will cause a delay in approval of benefits and a delay of provider payments.
- Make sure to review the request form for accuracy before submitting the request.
- Do not use this form to get a member ID for the newborn. Providers can get the member ID through the Provider Web Portal.
- Providers can verify a newborn's eligibility through the Provider Web Portal. Providers can search with two of the following: name, SSN, DOB. This information can be found on the Eligibility verification section in the Provider Web Portal (see [Verifying Member Eligibility Quick Guide](#)).

Non-Emergent Requests



It is requested that providers work directly with the parent's county department of human services or Medical Assistance (MA) Sites when a request is needed to add non-emergent newborns for mothers eligible for Medical Assistance. Parents can also contact their county department of human services or can add the newborn through [PEAK](#) or the [Health First Colorado App](#).

Email hcpf_add-a-baby@state.co.us for more information on how to submit an Emergent Add-A-Baby Request.

Hospitals, Physician Services and Pharmacies

Rate Increase for COVID-19 Vaccinations

Effective September 1, 2021, reimbursement for administration of the first dose of Johnson & Johnson's Janssen COVID-19 vaccine as well as the first and second doses of the Moderna and Pfizer COVID-19 vaccines increased to \$61.77. The rate for subsequent doses will remain \$41.18. The increased rate will apply to the following codes: 0001A, 0002A, 0011A, 0012A,

0031A, 0071A and 0072A. Providers must resubmit qualifying claims, with a date of service of September 1, 2021, or later, in order to receive reimbursement at the higher rate.

Additional Payment for Administration of COVID-19 Vaccination in a Member's Home

Effective September 1, 2021, providers may submit claims for reimbursement for home administration of COVID-19 vaccines. The additional reimbursement is available when COVID-19 vaccine administration is the only service provided in the member's home. Providers should use code M0201. Claims for M0201 are limited to once per home, per date of service. M0201 should be billed along with a COVID-19 vaccine code (ex: 91300) and a COVID-19 vaccine administration code (ex: 0001A).

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

Physician Services, All COVID-19 Vaccine Providers

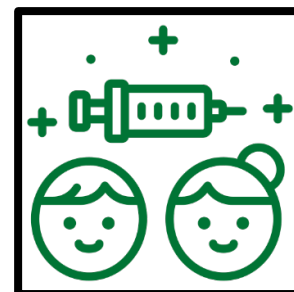
COVID-19 Vaccine Counseling Visits for Children and Youth

Health First Colorado recognizes the importance of vaccinating Health First Colorado members for COVID-19, as well as all routine, pediatric vaccines. Effective December 2, 2021, Health First Colorado is aligning with the Centers for Medicare & Medicaid Services (CMS) regarding COVID-19 vaccine counseling visits for children and youth under 21. CMS requires coverage of COVID-19 vaccine counseling visits in which healthcare providers talk to families about the importance of kids' vaccination. Health First Colorado will also cover vaccine counseling visits as part of vaccine administration required for all pediatric vaccines.

Providers may bill CPT 99401 for visits in which healthcare providers talk to families about a child's vaccination.

CPT 99401 may only be billed for one visit per member per day, but there are not quantity limits for the number of times this education is provided to an individual member. Providers are encouraged to check the CMS website for National Correct Coding Initiative (NCCI) rules and guidelines.

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



Nursing Facilities

Nursing Facility Swing Bed Rate Effective January 1, 2022

Department rule 10 CCR 2505-5, §8.443.1.E. requires the nursing facility swing bed rate be updated annually and “shall be determined as the state-wide average class I nursing facilities payment rate at January 1 of each year.” The updated swing bed rate effective January 1, 2022, is \$243.79. The rate has been updated in the Colorado interChange, and claims

reimbursement should reflect the updated rate for dates of services on or after January 1, 2022.

Contact Victoria Martinez at Victoria.L.Martinez@state.co.us with questions or issues on rates.

Pharmacies and All Medication-Prescribing Providers

Health First Colorado (Colorado Medicaid) PDL Announcement of Preferred Products

The following will be the preferred products for the PDL drug classes listed below effective January 1, 2022.

Non-Steroidal Anti-Inflammatories (NSAIDs) - Oral			
Celecoxib	Diclofenac Sodium EC/DR	Diclofenac Potassium	
Ibuprofen tablet/suspension (Rx)	Indomethacin	Ketorolac tab	Meloxicam tab
Nabumetone	Naproxen (all except naproxen suspension - Acella)		Sulindac
Non-Steroidal Anti-Inflammatories (NSAIDs) - Non-Oral			
Diclofenac 1% gel (Rx)	Diclofenac solution	Voltaren gel (Rx)	
Antibiotics, Inhaled			
Tobramycin inhalation solution		Cayston	
Antiherpetic Agents			
Acyclovir capsule/ointment/suspension/tablet		Denavir	Famciclovir
Valacyclovir	Zovirax (BNR) cream		
Fluoroquinolones - Oral			
Cipro suspension	Ciprofloxacin suspension/tablet	Levofloxacin tab	

Hepatitis C Virus Treatments		
Epclusa 200-50mg/150-37.5mg tablet		Epclusa pellets Harvoni 45-200mg tablet
Harvoni pellets	Ledipasvir/Sofosbuvir 90-400mg tablet (generic Harvoni - <i>Asegua only</i>)	
Mavyret	Ribavirin capsule/tablet	Sofosbuvir/Velpatasvir 400-100mg tablet
Vosevi		(generic Epclusa - <i>Asegua only</i>)

Human Immunodeficiency Virus (HIV) Treatments
All products preferred

Pulmonary Arterial Hypertension Agents			
Ambrisentan	Epoprostenol vial	Flolan vial	Orenitram ER
Sildenafil (generic Revatio) tablet		Tracleer (BNR) 62.5 mg, 125 mg	
Tadalafil (generic Adcirca)		tablet	Revatio (BNR) suspension
Ventavis			
Newer Generation Antidepressants			
Bupropion 75mg, 100mg tablet		Bupropion ER/SR 100mg, 150mg, 200mg, 300mg tablet	
Citalopram	Desvenlafaxine (generic Pristiq)		Duloxetine (generic Cymbalta)

Escitalopram	Fluoxetine capsule/solution	Fluvoxamine IR	Mirtazapine
Paroxetine	Sertraline	Trazodone	Venlafaxine ER capsule

Monoamine Oxidase Inhibitors (MAOIs)			
No preferred agents			
Tricyclic Antidepressants (TCAs)			
Amitriptyline	Doxepin 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg capsule		
Doxepin solution	Imipramine HCl	Nortriptyline	
Triptans and Other Migraine Treatments			
Eletriptan	Imitrex (BNR) nasal spray	Naratriptan	Rizatriptan
Sumatriptan tablet/vial	Zolmitriptan nasal spray - <i>Amneal only</i>		
Antipsoriatics			
Acitretin capsule	Calcipotriene solution	Dovonex (BNR) cream	
Taclonex (BNR) ointment/Scalp suspension			
Topical Immunomodulators			
Elidel (BNR)		Protopic (BNR)	

Topical Steroids - Low Potency			
Derma-smoothe-FS (BNR)	Desonide cream/ointment	Hydrocortisone (Rx) cream/lotion/ointment	
Fluocinolone cream			
Topical Steroids - Medium Potency			
Betamethasone dipropionate lotion		Fluticasone cream/ointment	
Mometasone Furoate cream/ointment/solution		Triamcinolone cream/ointment/lotion	
Topical Steroids - High Potency			
Betamethasone Dipropionate-Propylene Glycol Cream		Fluocinonide cream/gel/ointment/solution	
Topical Steroids - Very High Potency			
Betamethasone Dipropionate-Propylene Glycol Ointment		Clobetasol cream/gel/ointment/solution	
Antiemetics - Oral			
Diclegis (BNR)	Meclizine (Rx)	Metoclopramide solution/tablet	
Prochlorperazine	Promethazine syrup/tablet	Trimethobenzamide	

Antiemetics - Non-Oral			
Prochlorperazine suppository	Promethazine 12.5 mg and 25 mg suppository		Scopolamine patch
H. Pylori Treatments			
Pylera			
Pancreatic Enzymes			
Creon	Pancreaze	Zenpep	

Proton Pump Inhibitors			
Esomeprazole Magnesium capsule (RX)		Lansoprazole capsule (RX)/solutab	
Nexium (BNR) packet	Omeprazole capsule	Pantoprazole tablet	

Non-Biologic Ulcerative Colitis Agents - Oral					
Apriso (BNR)	Lialda (BNR)	Pentasa	Sulfasalazine		
Non-Biologic Ulcerative Colitis Agents - Non-Oral					
Mesalamine suppository (generic Canasa)			Mesalamine sulfite-free (generic sf-Rowasa) enema		
Immune Globulins					
Cuvitru	Gammagard liquid	Gammaked	Gammaplex	Gamunex-C	
Hizentra syringe/vial		Privigen			
Newer Generation Antihistamines					
Cetirizine (OTC/Rx) solution/tablet		Desloratadine tablet	Levocetirizine tablet (RX/OTC)		
Loratadine solution/tablet (OTC)					
Antihistamine/Decongestant Combinations					
Loratadine-Pseudoephedrine tablet (OTC)					
Intranasal Rhinitis Agents					
Azelastine 0.15%		Azelastine 137 mcg	Budesonide (OTC)	Fluticasone (Rx)	
Ipratropium			Triamcinolone (OTC)		
Leukotriene Modifiers					
Montelukast chewable tablet/tablet					
Methotrexate Agents					
Methotrexate vial, tablet					
Targeted Immune Modulators					
Enbrel	Humira	Kevzara	Otezla	Taltz	Xeljanz IR

Epinephrine Products					
Epipen (BNR)			Epipen Jr (BNR)		
Newer Hereditary Angioedema Agents					
Berinert		Haegarda	Icatibant		
Antihyperuricemics					
Allopurinol	Colcrys (BNR)	Probenecid	Probenecid/Colchicine		
Respiratory Agents - Inhaled Anticholinergics & Combinations					
Anoro Ellipta	Atrovent HFA	Combivent Respimat	Ipratropium		
Ipratropium-Albuterol nebules			Spiriva Handihaler/Respimat		

Respiratory Agents - Short-Acting Beta-Agonists					
Albuterol nebules		ProAir HFA (BNR)	Ventolin HFA (BNR)		
Respiratory Agents - Long-Acting Beta-Agonists					
Serevent Diskus					
Respiratory Agents - Inhaled Corticosteroids & Combinations					
Advair (BNR) Diskus	Advair HFA	Asmanex Twisthaler		Budesonide respules	
Dulera	Flovent Diskus/HFA	Pulmicort Flexhaler		Symbicort (BNR)	
Respiratory Agents - Phosphodiesterase Inhibitors					
No preferred products					

Pharmacy and Therapeutics (P&T) Committee Meeting

Tuesday, January 11, 2022

1:00 p.m.- 5:00 p.m. MT

303 E 17 Ave (meeting to be held virtually, not in person)

Agenda and meeting information can be found at the [Pharmacy and Therapeutics \(P&T\) Committee web page](#).

Pharmacies and Physician Services

Upcoming Changes for Pharmacist Services Benefits and Billing

Effective January 14, 2022, contingent upon successful passage of the medical services board rule, services provided by pharmacists pursuant to [House Bill 21-1275](#) are covered benefits. Upon adoption of emergency rule by the medical services board, some procedure codes may have retroactive eligibility for billing and may be reprocessed.

A Pharmacist Services Billing Manual will be made available upon successful passage of the medical services board rule. Providers of Pharmacist Services should refer to the upcoming manual for billing details.

Certain procedure codes will be carved out from the two physical health managed care plans (Denver Health and Rocky Mountain Health Plans) until June 30, 2022. This means claims for Pharmacist Services for members attributed to either plan should be submitted fee-for-service for reimbursement. Providers are encouraged to enroll with Rocky Mountain Health Plans and Denver Health Plans, as these managed care organizations will become responsible for claim reimbursement for their members on July 1, 2022.

Contact Cameron Amirfathi at Cameron.Amirfathi@state.co.us with any questions.

Physician Administered Drugs (PAD) Providers

Quarter 1 Rate Update 2022

The Physician Administered Drugs (PADs) rates for the first quarter of 2022 have been updated. The new rates are effective January 1, 2022, and are posted to the [Provider Rates & Fee Schedule web page](#) under the [Physician Administered Drug Fee Schedule section](#).

Contact Tyler Collinson at Tyler.Collinson@state.co.us with any questions about PAD rates.

Prior Authorization (PA) Implementation Date

Health First Colorado will be implementing a new utilization management (UM) program for the fee-for-service, physician-administered drug (PAD) benefit.



Effective **January 18, 2022**, a select number of PADs will be subject to prior authorization (PA) requirements. See the table below for the list of 24 PAD Healthcare Common Procedural Coding System (HCPCS) codes subject to the new UM policy.

After implementation, providers will need to submit a PA request to the UM vendor, Keystone Peer Review Organization (Kepro), for any member receiving any of the PADs listed in the table below.

Providers must also ensure that an approved PA is on file prior to PAD administration. There must be an approved PA on file for each of the PADs requiring a PA that a member receives.

All PAD PA procedures and clinical criteria can be found on [Appendix Y: Physician Administered Drug Medical Benefit Prior Authorization Procedures and Criteria](#). Providers will be required to follow all General Provider and PAD billing policies found in the [Physician-Administered Drugs \(PADs\) Billing Manual](#) located on the [Billing Manuals web page](#).

PAs may be submitted and will be processed via the [Kepro PA portal](#). Kepro will offer various training sessions to providers. Additional information, including pertinent training information, will be sent via email, newsletters, and monthly provider bulletins and posted to the [ColoradoPAR: Health First Colorado Prior Authorization Request Program](#) and [Physician Administered Drug Provider Resources web page](#).

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

Drug Class	HCPCS	Drug Name
	J0172	Aduhelm
Bone Resorption Inhibitor Agents	J0897	Prolia
		Xgeva
Botulinum Toxin Agents	J0585	Botox
	J0586	Dysport
	J0587	Myobloc
	J0588	Xeomin
	J2786	Cinqair
	J3380	Entyvio
	J0517	Fasenra
Immune Globulin Agents	J1459	Privigen

Drug Class	HCPCS	Drug Name
	J1556	Bivigam
	J1557	Gammaplex
	J1561	Gammaked
		Gamunex
		Gamunex-C
	J1566	Gammagard S/D
	J1568	Octagam 5%, 10%
	J1569	Gammagard Liquid
	J1572	Flebogamma DIF
	J1599	Asceniv
		Panzyga
	J2182	Nucala
	J2350	Ocrevus
	J1745	Remicade
	J1300	Soliris
	J2323	Tysabri
	J2357	Xolair

Physicians and Women's Health Providers

Abortion Services Coverage and Billing Guidance

Abortion is a Health First Colorado covered benefit only under the three listed federal and state mandated conditions: 1) a life-endangering condition for the woman and in situations of 2) a Rape or 3) Incest.

For circumstances of rape or incest, Health First Colorado members who request an abortion will be able to receive services in Health First Colorado-enrolled licensed healthcare facilities, clinics, medical offices or state or local public health clinics/centers.

Besides physicians (MDs/DOs), additional eligible service practitioners (providing services within the scope of their practice) will include: Certified Nurse Midwives (CNMs), Advanced Practice Nurses (APNs) or Physician Assistants (PAs). All healthcare providers who wish to prescribe Mifepristone must complete a Prescriber Agreement Form prior to ordering and dispensing Mifepristone. The medicinal abortion method (not available for use in maternal life-endangering situations) can be provided by these newly identified provider types and identified places of service effective May 21, 2021, when prescribed or dispensed and provided by eligible Mifepristone-prescribing practitioners. Mifepristone is available when prescribed or dispensed in compliance with all Food & Drug Administration (FDA) approved requirements, as set forth in the Mifepristone Risk, Evaluation and Mitigation Strategy (REMS) Program.

The following required information should be used for billing a medically induced abortion:

- 1) Three HCPCS codes (S0190, S0191 and S0199) are identified for use with this abortive method.
 - a. S0190 = MIFEPRISTONE, ORAL, 200 MG
 - i. A valid National Drug Code (NDC) number must be included with any claim
 - b. S0191 = MISOPROSTOL, ORAL, 200 MCG
 - i. A valid NDC number must be included with any claim
 - c. Valid HCPCS NDC combinations can be found in Appendix X, located on the [Billing Manuals web page](#) under the Appendices drop-down.
 - d. S0199 is used to bill for all associated medicinal abortion services (EXCLUDING the medications): S0199 = MEDICALLY INDUCED ABORTION BY ORAL INGESTION OF MEDICATION INCLUDING ALL ASSOCIATED SERVICES AND SUPPLIES (E.G., PATIENT COUNSELING (IN PERSON AND/OR COUNSELING VIA TELEMEDICINE), OFFICE VISITS, CONFIRMATION OF PREGNANCY BY HUMAN CHORIONIC GONADOTROPIN (hCG), ULTRASOUND TO CONFIRM DURATION OF PREGNANCY, ULTRASOUND TO CONFIRM COMPLETION OF ABORTION)
 - e. S0199 covers:
 - i. Office visit #1 or telemedicine counseling/communications
 1. Patient check-in or telemedicine services, all counseling and consultation
 2. Confirmation of pregnancy and fetal gestational age (either by hCG or ultrasound)
 - ii. Follow-up, may include a second office visit or consultation via telemedicine
 1. Patient consultation: may include telemedicine consult or office visit check-in with in-person consult.

2. Confirmation of pregnancy termination (either by hCG or ultrasound)
 - f. Two billing methods and rates are identified for S0199:
 - i. S0199 (without any modifier): is billed when use of an ultrasound is **included** in the above noted services.
 - ii. S0199 (with Modifier 52): is billed when an ultrasound is NOT utilized as part of the above noted services.
- 2) Submission of a Department's Abortion Certification Statement Form is required with any abortion-related claim. Two forms are available: 1) for a life-endangering circumstance, and 2) for a rape or incest circumstance. The newly identified providers and places of service previously referenced will only use the certification form for rape or incest. These forms are located on the [Provider Forms web page](#) under Claim Forms and Attachments > Women's Health. The rape/incest identified Abortion Certification Statement Form must be utilized and submitted as an attachment with claims for a medically induced abortion.

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

All Primary Care Providers

Screening Children and Youth

Developmental Screening:

Health First Colorado covers developmental screening for children 0-5 (up to 65 months) using a standardized, validated developmental screening tool during the child's periodic visits. Health First Colorado will also cover medically necessary screenings outside of the 0-5 ages. Documentation as to the need should be added to the medical chart for auditing purposes.

Effective, July 1, 2021, Health First Colorado will cover the use of the Survey of Well Being for Young Children (SWYC) into its compendium of approved tools.

In absence of established risk factors or parent or provider concerns, the American Academy of Pediatrics (AAP) recommends at minimum developmental screens at the 9th, 18th and 30th months' well-child visits.



Survey of Well Being for Young Children (SWYC) Description: The SWYC is a freely available, comprehensive, first level developmental-behavioral instrument for children under 5.5 years of age, designed to be completed by a parent or other caregiver. It is a first level screening instrument used as an initial step in assessing children's risk of development-behavior issues and family/caregiver environment.

- **Components:** The SWYC assesses multiple domains of children’s well-being. The *SWYC Milestones* assess the child’s cognitive, language, and motor development. The **Baby Pediatric Symptom Checklist (BPSC)** and **Preschool Pediatric Symptom Checklist (PPSC)**, assess behavioral and emotional symptoms for children under 18 months and from 18-66 months respectively. The **Parents Observation of Social Interactions (POSI)**, assess risk for autism spectrum disorder for children from 16-36 months. The **Family Questions** assess stress present in the child’s family environment, including parental depression, discord, substance abuse, food insecurity and parent’s concerns about the child’s behavior, learning or development.
- **Limitations:** All components of the SWYC must be administered in its **entirety** for reimbursement to be received. Each section of the SWYC must be individually scored to determine if further evaluation is needed in one or more areas. It is important to note upfront that the SWYC authors cannot provide scoring thresholds for the 2- and 60-month **SWYC Milestones** at this time. Every screening instrument needs a defined cut-score or threshold at which it is considered “positive or the child is considered at risk. The authors of the SWYC have chosen to set a lower threshold meaning that more children will score positive. **NOTE:** Practices may wish to consider continued use of the M-CHAT as a separate screening instrument for identification of children at risk for autistic spectrum disorder.
- **Coding**

Code	Rate as of June 1, 2021	Other Changes	Notes
96110EP	\$18.39	Add use of Z codes (diagnosis codes) to the billing	To be used for all screening tools outside of Autism Spectrum Disorder (ASD)-specific screening tools (MCHAT) Can be billed 1 time per day and can be billed with 96127 and 96110
96110	\$4.91	Add use of Z codes (diagnosis codes) to the billing	Will be used for a secondary screener on the same day. Can be billed 1 time per day and can be used in conjunction with code 96110EP and 96127
96127	\$18.39	Add use of Z codes (diagnosis codes) to the billing	Will be used to track ASD screenings only. (Modified Checklist for Autism for Toddlers-MCHAT), etc. Can be billed 1 time per day and can be used in conjunction with 96110EP and 96110
G8431	\$30.52/screen		Pregnancy Related Depression (Positive Screening)

Code	Rate as of June 1, 2021	Other Changes	Notes
G8510	\$11.00/screen		<p>OR</p> <p>Pregnancy Related Depression (Negative Screening)</p> <p>Medicaid allows for up to 3 screenings for the mother. Suggested screening times are at 0 to 1-month visit, 2 mo. visit and either the 4 mo. or 6 mo. visit. Providers may screen any time up to 12 months. If possible, providers should bill under the mother's Medicaid ID, but, if not, the provider may bill for the screen under the child's Medicaid ID.</p>

- **Referrals to Care:** When a limited developmental screening suggests an abnormality in a particular area of development, more extensive formal evaluation will be needed to evaluate the concern. A referral to developmental services should be discussed and agreed upon by both parent and provider.
- **Reminders:** Providers are reminded to make any needed changes to internal billing systems to add the needed modifier and Z codes and to identify any outcomes, delays, etc.

Social-Emotional Screening

Effective July 1, 2021, Health First Colorado covers the use of the Pediatric Symptom Checklist into its compendium of approved tools.

Pediatric Symptom Checklist (PSC) Description: The Pediatric Symptom Checklist is a psychosocial screen designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated as early as possible. There are two versions of the PSC, the parent-completed version (PSC), which can be used for children aged 4-18 and the youth self-report (Y-PSC), which can be completed by youth 11-18. In addition to the original 35-item parent-reported questionnaire, there are translations into more than two dozen languages, a pictorial version and a shorter 17-item version for both parents and youth. The PSC is a broad screener, which highlights the need for more focused history and possibly secondary screening, to determine the appropriate follow-up and referral.

Components:

- **Limitations:** As noted above, the PSC and PSC-17 are broad screeners, not diagnosis tools. It is important to emphasize that the PSC is not designed to produce a diagnosis or to serve as a direct conduit to a specific treatment or medication. Instead it is meant to provide clinicians with suggestions for which patients may be at higher than average risk and with scores to compare to normative data.
- **Coding:** For the PSC and PSC-17, see table above. 96110EP should be used in most cases.
- **Referrals to Care:**

Normal Range Scores

If the child's score is within the expected normal range, one may be more confident turning attention to other important but non-acute issues like anticipatory guidance, safety or other parental concerns.

Positive Screening Scores



If the total score or one of the sub-scale scores is in the “at-risk” range, most practices ask clinicians to devote a few extra minutes to getting a sense of why the number of problems reported are so high. Some clinicians discuss the symptoms that were marked as “often” with the parent and/or child, while others ask about major areas of daily functioning such as family, school, friends, activities and mood.

Some practices suggest that all positively screened children are offered a visit for a follow-up evaluation by a mental health professional, especially if one is readily available, while others recommend scheduling a follow-up appointment for further evaluation with the pediatrician in a week to a few months. Whatever the approach, next steps should be determined together by the parents and the clinician.

Many children who score positive may already be in therapy or have parents who do not want therapy, so it is often wisest to let parents know that a positive score indicates a high level of risk and that further assessment is probably warranted, but not mandatory.

For many children, a watchful waiting approach is also an option. This provides time to see whether problems diminish and gives parents a chance to consider next steps. Most children who screen positive on the PSC are positive again six or 12 months later. Parents who are reluctant to seek help initially may be more willing if they see that problems persist.

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

Provider Billing Training Sessions

January and February 2022 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 Beginner Billing Training: Professional Claims (CMS 1500) and Beginner 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 Provider 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.

January 2022

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

February 2022

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

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
New Year's Day Saturday, January 1 (Observed Friday, December 31)	State Offices, DentaQuest, Gainwell Technologies 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 17	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.
Presidents Day Monday, February 21	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
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