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## Did You Know?

Insurance information on a new provider enrollment application must include a date span that covers all dates of service. If a provider wishes to be backdated, the insurance span entered must cover those dates as well.

## All Providers

### Provider Maintenance Enrollment Profile Updates

The License panels in the Provider Enrollment Portal and the Provider Web Portal (Provider Maintenance & Revalidation) are being updated to require additional information when adding a new license or updating an existing license (enrolled providers only).

This update will only impact provider types and specialties required to submit and maintain a license(s) as part of their Health First Colorado enrollment. Visit the [Information by Provider Type web page](#) for license requirements by provider type and specialty.

Providers are reminded that Health First Colorado enrollment may be inactivated if the provider's license, certification, or accreditation has expired or is subject to conditions or restrictions. Visit the [General Provider Information Manual web page](#) for more information.

More information on this update and instructional material will be provided in future communications.

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## National Correct Coding Initiative (NCCI) Notification of Quarterly Updates



Providers are encouraged to monitor the [Centers for Medicare & Medicaid Services \(CMS\) website](#) for updates to NCCI rules and guidelines. Updates to the procedure-to-procedure (PTP) and medically unlikely edit (MUE) files are completed quarterly with the next file update available April 2022. For more information, visit the [CMS National Correct Coding Initiative Edits web page](#).

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## Audiology Providers

### Audiology Billing Manual Update

The [Audiology Billing Manual](#) has been updated to remove discontinued codes, remove imaging codes unrelated to the practice of audiology and add newly covered codes.

Contact Alex Weichselbaum at [Alex.Weichselbaum@state.co.us](mailto:Alex.Weichselbaum@state.co.us) with questions.

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## Ordering, Prescribing, and Referring (OPR) Providers

Effective July 1, 2022, the federal requirement 42 CFR § 455.440 that claims for Audiology services contain the National Provider Identifier (NPI) of the provider who ordered the therapy, and that the NPI is actively enrolled with Health First Colorado (Colorado's Medicaid Program), will be enforced.

Providers are instructed to place the NPI of the ordering provider into the following locations for claim submission:

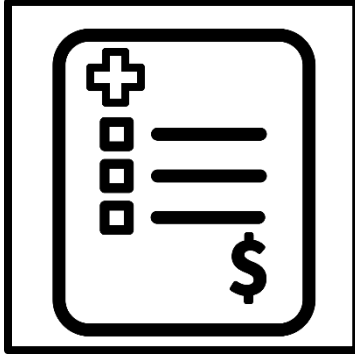
### Professional claims

- Paper claims use field 17.b
- Electronic submissions use loop 2420e with qualifier DK.

## Institutional claims

- The Attending Provider field for both paper and electronic claims.

Audiology services can be ordered by either a physician, physician assistant or nurse practitioner. Services may also be ordered by an Individual Family Service Plan (see billing manual for details). The ordering provider must also be actively enrolled with Health First Colorado. If these conditions are not met the claim will be denied.



Refer to the [Ordering, Prescribing, and Referring Claim Identifier Project web page](#) for further information on this project. Refer to the [Audiology billing manual](#) for policy specifics.

Contact the [Provider Services Call Center](#) for specific assistance with claim submission.

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## Behavioral Health Services

### Billing Changes for Gender Identity Disorders

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

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

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

Contact Sandy Grossman at [Sandra.Grossman@state.co.us](mailto:Sandra.Grossman@state.co.us) with additional questions.

# Durable Medical Equipment, Prosthetics, Orthotics & Supplies (DMEPOS) Providers

## General Updates

### Item Safety and Installation

Health First Colorado's Prior Authorization Request (PAR) vendor reviews requests for safety of the member as part of the PAR process. It is the member's responsibility to ensure safe installation of any safety equipment that modifies the home and or their environment. This would refer to items such as rails that attach to a wall, toilet, or other part of the home. The department refers to these items as **permanently affixed** safety equipment. Due to substantial risk of safety for the member, safety items that are **not permanently affixed will not be approved**. This includes, but is not limited to, items attached by means of a suction cup or tension mechanism.

PARs are still reviewed for safety on an individual basis and this policy should not be used to assume that all permanently affixed items are safe for every member.

### DME most commonly impacted by this policy:

- E0241 Bathtub wall rail, each
- E0242 Bathtub rail, floor base, each
- E0243 Toilet rail, each
- E0246 Transfer tub rail attachment, each

When submitting for one of the above codes in Atrezzo (the system used by the utilization management vendor Kepro), providers will be asked to confirm that the member has been educated on proper use and installation as required by CCR 2505-10 8.590.4.F.

Contact Haylee Rodgers at [Haylee.Rodgers@co.state.us](mailto:Haylee.Rodgers@co.state.us) with questions.

### Durable Medical Equipment Billing Manual Updates

The below changes are some of the updates that have been made to the DME billing manual. Please see the [Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\) Billing Manual](#) for additional details.

- 2022 DME Healthcare Common Procedure Coding System (HCPCS) A4436 and A4437 have been added.
- Criteria for A4437 is published.
- DME safety policy has been added.
- Cochlear Implant Processor Replacement criteria has been published.
- Peristeen coding has been updated.
- Enclosed/Safety Bed policy has been published. Questionnaire 19 has also been created and is required as part of the prior authorization process on these requests. The questionnaire can be found [on the Provider](#)



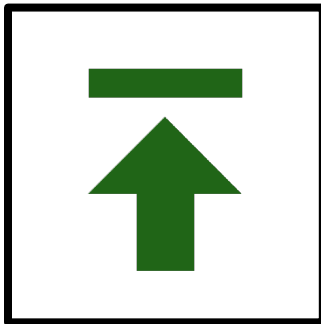
[Forms web page](#) under Durable Medical Equipment, Prosthetics, Orthotics & Supplies (DMEPOS) Forms.

Contact Haylee Rodgers at [Haylee.Rodgers@co.state.us](mailto:Haylee.Rodgers@co.state.us) with questions.

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## **Upcoming Colorado interChange Update for Geographic Rates for Durable Medical Equipment (DME) Codes Subject to Medicare Upper Payment Limit (UPL)**

The Colorado interChange is being updated to price claims based on the member's zip code to comply with the [Consolidated Appropriations Act of 2016](#) (Section 503). Health First Colorado



cannot pay more than what Medicare would have paid in the aggregate for certain DME services. This requirement is referred to as the Durable Medical Equipment (DME) Upper Payment Limit (UPL).

Claims for DME codes subject to the Medicare Upper Payment Limit (UPL) currently suspend for Explanation of Benefits (EOB) 0000 - "This claim/service is pending for program review." and are manually processed as an interim solution. Once the update is complete, claims will process through the system without

suspending.

Visit the [Provider Rates & Fee Schedule web page](#) under the Durable Medical Equipment, Upper Payment Limit section for rates on codes that fall within the scope of the DME UPL. Reference [this letter to providers](#) and the [September 2019 Provider Bulletin \(B1900435\)](#) for additional UPL information.

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## **Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Providers**

### **Centers for Disease Control (CDC) Lowers Blood Lead Reference Value for Children to 3.5 µg/dL**

On October 28, 2021, the Centers for Disease Control (CDC) updated its blood lead reference value from 5 micrograms of lead per deciliter of blood (µg/dL) to 3.5 µg/dL in response to the Lead Exposure Prevention and Advisory Committee recommendation made on May 14, 2021. The blood lead reference value is a screening tool to identify children who have higher levels of lead in their blood compared with most children. Children who have blood lead test results above the blood lead reference value may need early intervention to prevent lead

poisoning.

### Recommendations / Guidance

- The Colorado Department of Public Health and Environment (CDPHE) encourages Colorado health care providers to follow [established CDC guidance](#) for routine lead screening and elevated blood lead case management.
  - A confirmatory test is recommended for children whose initial, capillary blood lead test results are equal to or greater than 3.5 µg/dL. Initial venous tests equal to or greater than 3.5 µg/dL are considered confirmed.
- All Medicaid-enrolled children in Colorado are required to be screened for lead at ages 12 and 24 months, or at age 24-72 months if they have not previously been screened.
- Consult CDPHE's [risk-based questionnaire](#) for lead screening to determine if screening is recommended for children not insured through Medicaid.
  - There is an ongoing recall of some Magellan Diagnostics LeadCare® blood lead test kits. CDPHE strongly recommends providers continue to screen at-risk children for lead with CDC-approved testing methods, including venous or capillary blood samples processed in a laboratory.
  - Saliva testing and analysis of capillary samples using filter paper for lead screening are not recommended at this time.
- Report all lead tests, not just elevated tests, for children ages 18 and under. Under the [state's reporting law](#), all providers and laboratories performing blood lead tests are required to report test results to CDPHE. Timely reporting allows public health to take steps to help families prevent ongoing lead exposure.
- Lead can pass from a pregnant person to the unborn baby. Evaluate if pregnant people have risk factors that indicate a need for blood lead testing during pregnancy.



Refer to the [Health Alert Network \(HAN\)](#) released January 12, 2022, for more information.

Contact the Colorado Childhood Lead Poisoning Prevention Program at [cdphe\\_leadreports@state.co.us](mailto:cdphe_leadreports@state.co.us) with questions.

Contact Gina Robinson at [Gina.Robinson@state.co.us](mailto:Gina.Robinson@state.co.us) with any questions relating to Health First Colorado Policy.

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## **Home and Community-Based Services (HCBS) Providers**

### **Provider Enrollment for Remote Supports Benefit Paused**

Effective January 27, 2022, provider enrollment for the Remote Supports benefit on five of the adult Home and Community-Based Services (HCBS) waivers has been paused. Due to recent guidance from federal partners at the Centers for Medicare & Medicaid Services (CMS),

the way this service is authorized on the PAR is being modified. Updated information on provider enrollment and service authorization will be provided as soon as it is available.

## **Home Health, Private Duty Nursing, Pediatric Personal Care Providers, Ambulatory Surgical Centers**

### **Ambulatory Surgical Center (ASC), Home Health & Home and Community-Based Services (HCBS) Claims Selected for Potential Recovery Audit Contractor (RAC) Review**

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

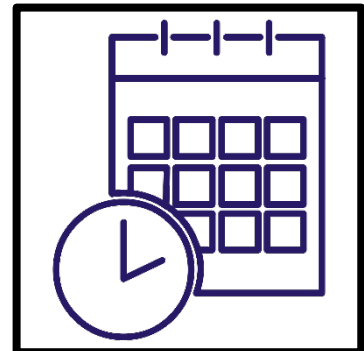
Provider outreach will be conducted to give an overview of the RAC review process and to outline provider rights and statute timelines associated with these reviews. Ambulatory Surgical Centers (ASC), Home Health, and Home and Community-Based Services (HCBS) claims have recently been selected for a potential RAC review and these providers are encouraged to participate in the outreach.

HMS has pre-recorded this training to allow providers to participate at their convenience if they are unable to attend live webinars. The pre-recorded webinar and provider portal training is 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 \(Pre-Recorded Webinar\)](#)
- [HMS Provider Portal Training \(Pre-Recorded Training\)](#)

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

- Wednesday March 9th, 2022, at 9:00 a.m. MST  
Meeting ID: [meet.google.com/xpr-kgnn-gmr](https://meet.google.com/xpr-kgnn-gmr)  
Phone Number (US): 1 507-609-0131  
PIN: 541 868 148#
- Friday March 11th, 2022, at 11:00 a.m. MST  
Meeting ID: [meet.google.com/ckf-umks-znv](https://meet.google.com/ckf-umks-znv)  
Phone Number (US): 1 601-522-7118  
PIN: 339 428 910#



All ASC, Home Health and HCBS chief financial officers, 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 Department's [Recovery Audit Contractor Program web page](#) for more information.

## Ordering, Prescribing, and Referring (OPR) Information

Effective July 1, 2022, the Department will enforce the federal requirement 42 CFR § 455.440 that claims for Home Health, Private Duty Nursing, and Pediatric Personal Care services contain the National Provider Identifier (NPI) of the provider who ordered the services, and that the NPI is actively enrolled with Health First Colorado.

Providers are instructed to place the NPI of the ordering provider into the following locations for claim submission:

### Professional claims

- Paper claims use field 17.b
- Electronic submissions use loop 2420e with qualifier DK.

### Institutional claims

- The Attending Provider field for both paper and electronic claims.



Home Health and Private Duty Nursing services can be ordered by either a primary care physician, nurse practitioner, clinical nurse specialist, physician assistant or other physician specialist. Pediatric Personal Care services can be ordered by either a physician, osteopath, or nurse practitioner. The ordering provider must also be actively enrolled with Health First Colorado. If these conditions are not met, the claim will be denied.

Refer to the [Ordering, Prescribing, and Referring Claim Identifier Project web page](#) for further information on this project.

Contact the [Provider Services Help Center](#) for assistance with claim submission.

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## Hospice Providers

### Rate Update Effective October 1, 2021 (FFY 21-22)

Approval from the Centers for Medicare & Medicaid Services (CMS) has been received for the Hospice State Plan Amendment. The fee schedule has been published for Hospice rates effective October 1, 2021, through September 30, 2022. Reprocessing was requested for claims with dates of service on or after October 1, 2021.

Claims billed at usual and customary rates with charges exceeding the fiscal year 21-22 rates will be reprocessed automatically. Please note that if claim for dates of services on or after October 1, 2021, were billed using the fiscal year 20-21 rates, claims will need to be manually adjusted by the provider to receive the correct reimbursement.



The Hospice fee schedule effective October 1, 2021 - September 30, 2022 is posted to the [Provider Rates and Fee Schedule web page](#) under the Hospice category.

Contact Marli Firillo at [Marli.Firillo@state.co.us](mailto:Marli.Firillo@state.co.us) for additional support or questions regarding rates.

## Hospital Providers, Clinics, Physician Services, Home Health, Managed Care, Nursing Facilities

### COVID-19 Monoclonal Antibody Infusions

Effective January 24, 2022, the U.S. Food and Drug Administration (FDA) revised the authorizations for two monoclonal antibody treatments - bamlanivimab and etesevimab (administered together) and REGEN-COV (casirivimab and imdevimab) - to limit their use to only when the patient is likely to have been infected with or exposed to a variant that is susceptible to these treatments. Because data show these treatments are highly unlikely to be active against the omicron variant, which is circulating at a very high frequency throughout the United States, these treatments are not authorized for use in any U.S. states, territories, and jurisdictions at this time.



Based on Centers for Disease Control and Prevention (CDC) data, the omicron variant of SARS-CoV-2 is [estimated to account for more than 99% of cases in the United States](#) as of January 15, 2022. It is highly unlikely that COVID-19 patients seeking care in the U.S. at this time are infected with a variant other than omicron, and these treatments are not authorized to be used at this time. This avoids exposing patients to potentially serious side effects, such as injection site reactions or allergic reactions, from specific treatment agents that are not expected to provide benefit to patients who have been infected with or exposed to the omicron variant.

#### COVID-19 Monoclonal Antibody FDA Revoked or Revised Emergency Use Authorizations (EUAs)

Product	EUA Effective & Revocation Date(s)	Specific Code	Administration Code
Eli Lilly and Company's Antibody Bamlanivimab (LY-CoV555)	November 10, 2020 - April 16, 2021	Q0239 <b>Long descriptor:</b> Injection, bamlanivimab-xxxx, 700 mg <b>Short descriptor:</b> Bamlanivimab-xxxx	M0239 <b>Long Descriptor:</b> Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring <b>Short Descriptor:</b> Bamlanivimab-xxxx infusion

Product	EUA Effective & Revocation Date(s)	Specific Code	Administration Code
Regeneron's Antibody casirivimab and imdevimab (REGN-COV2)	July 30, 2021 - January 24, 2022	Q0240 <b>Long descriptor:</b> Injection, casirivimab and imdevimab, 600mg <b>Short descriptor:</b> Casirivi and imdevi 600mg	M0240 <b>Long descriptor:</b> Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses <b>Short descriptor:</b> Casiri and imdev repeat
Regeneron's Antibody casirivimab and imdevimab (REGN-COV2)	July 30, 2021 - January 24, 2022	Q0240 <b>Long descriptor:</b> Injection, casirivimab and imdevimab, 600mg <b>Short descriptor:</b> Casirivi and imdevi 600mg	M0241 <b>Long descriptor:</b> Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or 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 public health emergency, subsequent repeat doses <b>Short descriptor:</b> Casiri and imdev repeat hm
Regeneron's Antibody casirivimab and imdevimab (REGN-COV2)	November 21, 2020 - January 24, 2022	Q0243 <b>Long descriptor:</b> Injection, casirivimab and imdevimab, 2400 mg <b>Short descriptor:</b> Casirivimab and imdevimab  Q0244 (Code effective June 3, 2021 and reflects updated dosing regimen) <b>Long descriptor:</b> Injection, casirivimab and imdevimab, 1200 mg	M0243 <b>Long Descriptor:</b> Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring <b>Short Descriptor:</b> Casirivi and imdevi inj

Product	EUA Effective & Revocation Date(s)	Specific Code	Administration Code
		<b>Short descriptor:</b> Casirivi and imdevi 1200 mg	
Regeneron's Antibody casirivimab and imdevimab (REGN-COV2)	November 21, 2020 - January 24, 2022	Q0243 <b>Long descriptor:</b> Injection, casirivimab and imdevimab, 2400 mg <b>Short descriptor:</b> Casirivimab and imdevimab  Q0244 (Code effective June 3, 2021 and reflects updated dosing regimen) <b>Long descriptor:</b> Injection, casirivimab and imdevimab, 1200 mg <b>Short descriptor:</b> Casirivi and imdevi 1200 mg	M0244 <b>Long Descriptor:</b> Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or 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 public health emergency <sup>1</sup> <b>Short Descriptor:</b> Casirivi and imdevi inj hm  <b>Note:</b> While the product EUA was issued on November 21, 2020, this administration code is effective May 6, 2021.
Eli Lilly and Company's Antibody Bamlanivimab and Etesevimab	February 9, 2021 - January 24, 2022	Q0245 <b>Long descriptor:</b> Injection, bamlanivimab and etesevimab, 2100 mg <b>Short descriptor:</b> Bamlanivimab and etesevima	M0245 <b>Long Descriptor:</b> Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring <b>Short Descriptor:</b> Bamlan and etesev infusion
Eli Lilly and Company's Antibody Bamlanivimab and Etesevimab	February 9, 2021 (reissued on February 25, 2021) - January 24, 2022	Q0245 <b>Long Descriptor:</b> Injection, bamlanivimab and etesevimab, 2100 mg <b>Short Descriptor:</b> Bamlanivimab and etesevima	M0246 <b>Long Descriptor:</b> Intravenous infusion, bamlanivimab and etesevimab, includes infusion 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 public health emergency <sup>1</sup>

Product	EUA Effective & Revocation Date(s)	Specific Code	Administration Code
			<p><b>Short Descriptor:</b> Bamlan and etesev infus home</p> <p><b>Note:</b> While the product EUA was issued on February 9, 2021, this administration code is effective May 6, 2021.</p>

There are several other therapies that are expected to work against the omicron variant and that are authorized or approved to treat patients with mild-to-moderate COVID-19 who are at high risk for progression to severe disease, including hospitalizations or death. Health First Colorado covers these treatments without member cost sharing when used as authorized or approved by the FDA.

The following table includes the monoclonal antibody therapies and other therapies that are currently approved to treat patients with mild-to-moderate COVID-19. Additional information regarding these therapies and applicable EUAs can be found on the [FDA EUA web page](#).

COVID-19 Therapy	Authorized Use	FDA Fact Sheet
Sotrovimab	<p>Treatment of mild-to-moderate COVID-19 in adults and pediatric patients (12 years of age and older, weighing at least 40kg) when the following apply:</p> <ul style="list-style-type: none"> <li>The patient has a positive COVID-19 test result</li> <li>The patient is at high risk for progression to severe COVID-19, including hospitalization or death</li> </ul>	<a href="#">Fact Sheet</a> , last updated November 3, 2021
Tocilizumab (Actemra)	Treatment of hospitalized COVID-19 positive adults and pediatric patients (2 years of age and older) who are receiving systemic corticosteroids and require supplemental oxygen, mechanical ventilation, or extracorporeal membrane oxygenation (ECMO)	<a href="#">Fact Sheet</a> , last updated June 24, 2021

COVID-19 Therapy	Authorized Use	FDA Fact Sheet
Evusheld (tixagevimab and cilgavimab)	<p>Treatment for the pre-exposure prophylaxis of coronavirus disease 2019 (COVID-19) in adults and pediatric individuals (12 years of age and older weighing at least 40 kg):</p> <ul style="list-style-type: none"> <li>• Who are not currently infected with SARS-CoV-2 and who have not had a known recent exposure to an individual infected with SARS-CoV-2 and</li> <li>• Who have moderate to severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments and may not mount an adequate immune response to COVID-19 vaccination or</li> <li>• For whom vaccination with any available COVID-19 vaccine, according to the approved or authorized schedule, is not recommended due to a history of severe adverse reaction (e.g., severe allergic reaction) to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s).</li> </ul>	<a href="#">Fact Sheet, last updated December 8, 2021</a>
Veklury (remdesivir)	Treatment of mild-to-moderate COVID-19 in adults and pediatric patients (12 years of age and older, weighing at least 40 kg) when the following apply:	<a href="#">Fact Sheet, last updated January 2022</a>

COVID-19 Therapy	Authorized Use	FDA Fact Sheet
	<ul style="list-style-type: none"> <li>The patient has a positive COVID-19 test result</li> <li>The patient is at high risk for progression to severe COVID-19, including hospitalization or death</li> </ul>	

#### COVID-19 Therapy Treatment Administration Methods Billing:

Product	EUA Effective & Revocation Date(s)	Specific Code	Administration Code
GlaxoSmithKline's Antibody Sotrovimab	May 26, 2021 - TBD	Q0247 <b>Long descriptor:</b> Injection, sotrovimab, 500 mg <b>Short descriptor:</b> Sotrovimab	M0247 <b>Long Descriptor:</b> Intravenous infusion, sotrovimab, includes infusion and post administration monitoring <b>Short Descriptor:</b> Sotrovimab infusion
GlaxoSmithKline's Antibody Sotrovimab	May 26, 2021 - TBD	Q0247 <b>Long descriptor:</b> Injection, sotrovimab, 500 mg <b>Short descriptor:</b> Sotrovimab	M0248 <b>Long Descriptor:</b> Intravenous infusion, sotrovimab, includes infusion 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 public health emergency <sup>1</sup> <b>Short Descriptor:</b> Sotrovimab inf, home admin
Genentech's Antibody Tocilizumab	June 24, 2021 - TBD	Q0249 <b>Long descriptor:</b> Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids	M0249 <b>Long Descriptor:</b> Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving

Product	EUA Effective & Revocation Date(s)	Specific Code	Administration Code
		and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg <b>Short descriptor:</b> Tocilizumab for COVID-19	systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose <b>Short Descriptor:</b> Adm Tocilizu COVID-19 1st
Genentech's Antibody Tocilizumab	June 24, 2021 - TBD	Q0249 <b>Long descriptor:</b> Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg <b>Short descriptor:</b> Tocilizumab for COVID-19	M0250 <b>Long descriptor:</b> Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose <b>Short descriptor:</b> Adm Tocilizu COVID-19 2nd
Evusheld (tixagevimab and cilgavimab)	December 8, 2021 - TBD	Q0220 <b>Long descriptor:</b> Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom	M0220 <b>Long descriptor:</b> Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom



Product	EUA Effective & Revocation Date(s)	Specific Code	Administration Code
		vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 300 mg <b>Short descriptor:</b> Tixagev and cilgav, 300mg	vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration monitoring <b>Short descriptor:</b> Tixagev and cilgav inj
Evusheld (tixagevimab and cilgavimab)	December 8, 2021 - TBD	Q0220 <b>Long descriptor:</b> Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 300 mg <b>Short descriptor:</b> Tixagev and cilgav, 300mg	M0221 <b>Long descriptor:</b> Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 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 public health emergency <b>Short descriptor:</b> Tixagev and cilgav inj hm

Product	EUA Effective & Revocation Date(s)	Specific Code	Administration Code
Veklury (remdesivir)	December 23, 2021 - TBD	J0248 <b>Long descriptor:</b> Injection, remdesivir, 1 mg <b>Short descriptor:</b> Inj, remdesivir, 1 mg	CPT 96365 and, if needed, CPT 96366

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 may bill for the monoclonal antibody or other therapy specific procedure codes on the claim. If codes are billed for the monoclonal antibodies or other therapies, the lines may pay at zero or be denied. This information is subject to change dependent on the COVID-19 public health emergency declaration.

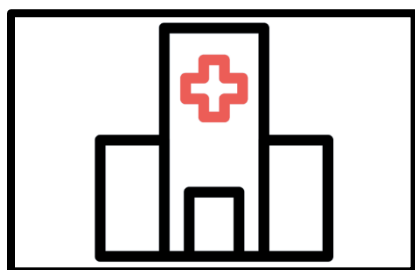
Current reimbursement rates can be found on the [Provider Rates & Fee Schedule web page](#).

Contact Felecia Gephart at [Felecia.Gephart@state.co.us](mailto:Felecia.Gephart@state.co.us) or Morgan Anderson at [Morgan.Anderson@state.co.us](mailto:Morgan.Anderson@state.co.us) with any questions.

## General Updates

### All Hospital Providers

#### 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.](#)

- The All-Hospital Engagement meeting is scheduled for [Friday, March 4, 2022, from 9:00 a.m. - 12:00 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 was implemented effective January 1, 2022, and requires both Medical Services Board and State Plan authority for implementation. The base rate methodology for maintaining revenue neutrality among 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.

For information regarding the update to version 3.16, see the meeting notes contained on the [Hospital Engagement Meeting web page](#).

Contact Andrew Abalos at [Andrew.Abalos@state.co.us](mailto:Andrew.Abalos@state.co.us) and Tyler Samora at [Tyler.Samora@state.co.us](mailto:Tyler.Samora@state.co.us) for 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, March 10, 2022, from 12:30 p.m. to 1:30 p.m. MT.](#) and will be hosted virtually via 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](mailto: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.

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## **Laboratory and Radiology Providers**

### **Ordering, Prescribing & Referring Providers – Laboratory and Radiology Services**

Effective July 1, 2022, the federal requirement 42 CFR § 455.440 that claims for all Laboratory and Radiology services, rendered by *any type of provider* (including hospitals, Primary Care Medical Providers and obstetricians/gynecologists (OB/GYNs)), contain the National Provider Identifier (NPI) of the provider who ordered the services, and that the NPI is actively enrolled with Health First Colorado, will be enforced. The ordering NPI may be that of the qualified provider overseeing the member's care, for example as is the case with maternity services.

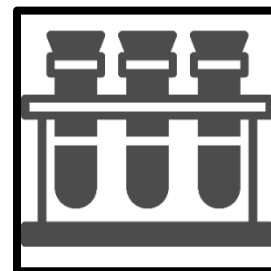
Providers are instructed to place the NPI of the ordering provider into the following locations for claim submission:

**Professional claims**

- Paper claims use field 17.b
- Electronic submissions use loop 2420e with qualifier DK.

**Institutional claims**

- The Attending Provider field for both paper and electronic claims.



Laboratory and Radiology services can be ordered by either a physician, physician assistant, osteopath, certified nurse midwife, or nurse practitioner. The ordering provider must also be actively enrolled with Health First Colorado. If these conditions are not met the claim may be denied.

Refer to the [Ordering, Prescribing, and Referring Claim Identifier Project web page](#) for further information on this project.

Contact the [Provider Services Call Center](#) for assistance with claim submission.

## **Pediatric Long-Term Home Health (PLTHH) Providers**

### **Temporary Suspension of Prior Authorization Requirements for Pediatric Long-Term Home Health**

Prior authorization requirements (PARs) are being suspended for Certified Nursing Assistant (CNA) services as well as Physical Therapy (PT), Occupational Therapy (OT), and Speech Language Pathology (SLP) in the Pediatric Long-Term Home Health (PLTHH) benefit, effective November 1, 2021, until June 1, 2022, at the earliest. A minimum of 30 days' notice will be provided prior to reinstating the PAR requirements for these services. This change impacts the following:

<b>Pediatric Long-Term Home Health (PLTHH) Benefit</b>	<b>Billing Code</b>	<b>Secondary Billing Code</b>	<b>PAR Requirement</b>
<b>PLTHH CNA Services</b>	Rev Code 571 (Basic)	Rev Code 579 (Extended)	PAR Paused
<b>Physical Therapy (Pediatric Only)</b>	Rev Code 0421 (pediatric LTHH only)		PAR Paused
<b>Occupation Therapy (Pediatric Only)</b>	Rev Code 0431 (pediatric LTHH only)		PAR Paused
<b>Speech Language Pathology (Pediatric Only)</b>	Rev Code 0441 (pediatric LTHH only)		PAR Paused

Kepro, at the direction of the Department, has issued Technical or Administrative Denials, for “No PAR Required” for PLTHH PARs that did not have a determination as of January 18, 2022. Kepro will send technical denials for “No PAR Required” for PAR denials for PLTHH CNA services and PT, OT, SLP services issued between November 1, 2021, and January 17, 2022. Members may work directly with their Home Health Agencies to continue to receive medically necessary services for PLTHH CNA, PT, OT and SLP in compliance with federal and state law.

Providers should continue to provide and bill for only medically necessary and ordered services in accordance with state law. Failure to comply with medical necessity and benefit limitations in the regulations noted below may result in compliance monitoring. This could include prospective and post-payment reviews of claims and recovery of any identified overpayment in accordance with state law.

Additional guidance will be issued through the provider bulletin before the PAR requirements temporary suspension ends. Information will also be posted on the [ColoradoPAR: Health First Colorado Prior Authorization Request Program web page](#).

#### Rule Requirements to Provide Services:

10 Code of Colorado Regulations (CCR) 2505-10, Section 8.520 (Home Health Services) and 10 CCR 2505-10, Section 8.520.5.B. (Certified Nurse Aide Services) (Rev Codes: 571 & 579)

10 CCR 2505-10, Section 8.520.5.C. (Therapy Services) (Rev Codes: 421, 430 & 441)

10 CCR 2505-10, Section 8.076 (Program Integrity)

Email [hcpf\\_UM@state.co.us](mailto:hcpf_UM@state.co.us) with questions regarding prior authorization.

Email [homehealth@state.co.us](mailto:homehealth@state.co.us) with policy-related questions.

## **Pharmacies and All Medication-Prescribing Providers**

### **Health First Colorado Preferred Drug List (PDL) Announcement of Preferred Products**

The full listing of preferred drugs, effective April 1, 2022, will be published on the [Health First Colorado preferred drug list](#) on March 1, 2022.

Changes were made for the following PDL classes, effective April 1, 2022:

PDL class	Moved to Preferred	Moved to non-preferred
Non-Steroidal Anti-Inflammatory (NSAIDs) (Oral & Non-Oral);	Cambia powder packet Diclofenac sodium 1% gel OTC	
Opioids, Short-Acting; Opioids, Long-Acting;	Nucynta IR Nucynta ER	
Anticonvulsants, Oral	brand Lamictal tablet brand Lamictal XR brand Lamictal ODT	

PDL class	Moved to Preferred	Moved to non-preferred
	(no change to generics)	
Tricyclic Antidepressants (TCAs);	desipramine tablet	
Calcitonin Gene Related Peptide Inhibitors (CGRPIs);	Ajvoy Nurtec ODT	Emgality
Stimulants and Related Agents;	methylphenidate solution	
Neurocognitive Disorder Agents;	galantamine IR tablet	
Multiple Sclerosis Agents (Disease Modifying Therapies & Symptom Management);	Kesimpta (dimethyl fumarate is preferred)	brand Tecfidera
Ophthalmic, Allergy;	olopatadine 0.2% OTC (generic Pataday once daily)	olopatadine 0.2% RX (generic Pataday) <i>Sandoz manufacturer only</i>

**No changes were made for the following PDL classes:**

Non-Opioid Analgesia Agents (Oral & Topical);  
Fentanyl Preparations;

Alpha-Blockers; Beta-Blockers (Single-Agent, Anti-Arrhythmics & Combinations); Calcium Channel Blockers (Dihydropyridines (DHPs) & Non-DHPs);

Lipotropics (Bile Acid Sequestrants, Fibrates & Other);

Statins; Statin Combinations;

Newer Generation Antidepressants; Monoamine Oxidase Inhibitors (MAOIs);

Anti-Parkinson's Agents (Dopa Decarboxylase Inhibitors, MAO-Bs, Dopamine Agonists & Other)

Benzodiazepines; Anxiolytics, Non-Benzodiazepine;

Atypical Antipsychotics, Oral and Topical;

Lithium Agents;

Sedative Hypnotics (Non-Benzodiazepine & Benzodiazepines);

Skeletal Muscle Relaxants;

Triptans, Ditans and Other Migraine Agents (Oral & Non-Oral);

Growth Hormones;

Bile Salts;

Hemorrhoidal, Anorectal, and Related Anesthetic Agents;

Ophthalmic, Immunomodulators;



Ophthalmic, Anti-Inflammatories (NSAIDs & Corticosteroids);

Ophthalmic, Glaucoma (Beta-Blockers, Carbonic Anhydrase Inhibitors, Prostaglandin Analogues, Alpha-2 Adrenergic Agents & Other).

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## Pharmacy and Therapeutics (P&T) Committee Meeting:

Tuesday, April 12, 2022

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

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

## Pharmacy and Therapeutics (P&T) Committee Member Openings



The Department has two open positions for the P&T Committee members. Submissions are being accepted for the following positions:

- One physician who specializes in the practice of psychiatry;
- One member representative

If interested in serving or know someone who would be qualified, please submit/have them submit a CV along with a completed [Conflict of](#)

[Interest form](#) to:

Colorado Department of Health Care Policy and Financing

Attn: Brittany Schock, PharmD

Fax to 303-866-3590 or email Brittany Schock at [Brittany.Schock@state.co.us](mailto:Brittany.Schock@state.co.us)

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## Pharmacy Providers

### Pharmaceutical Rate Methodology

Effective April 1, 2022, the pharmaceutical rate methodology will be updated to include Average Acquisition Cost (AAC) and Clotting Factor Maximum Allowable Cost (CFMAC) rates for clotting factor drugs. The new methodology will be as follows:

- The allowed ingredient cost for clotting factor drugs shall be the lesser of AAC or submitted ingredient cost. If AAC is not available, the allowed ingredient cost shall be the lesser of the CFMAC or submitted ingredient cost.
- Clotting factor claims that are reimbursed at AAC or Submitted Ingredient Cost will receive an enhanced \$0.03 per unit dispensing fee, in addition to the usual professional dispensing fee that the pharmacy receives.



Pharmacies are encouraged to participate in the AAC rate setting process for clotting factor drugs. Myers and Stauffer is the contractor responsible for setting and maintaining AAC rates and will be in contact with pharmacies at least bi-yearly to request submission of clotting factor invoice data.

Drugs Subject to this Methodology				
Advate	Adynovate	Afstyla	Alphanate	Alphanine SD
Alprolix	Benefex	Coagedex	Corifact Kit	Eloctate
Esperoct	Feiba NF	Hemlibra	Hemofil M	Humate-P
Idelvion	Ixinity	Jivi	Kcentra	Koate
Koate-DVI	Kogenate FS	Kovaltry	Novoeight	Novoseven
Nuwiq	Obizur	Profiline	Rebinyn	Recombinate
Rixibus	Sevenfact	Tretten	Vovendi	Wilate
Xyntha	Xyntha Solofuse			

Visit the [Provider Rates & Fee Schedules web page](#) under Pharmacy Rate List for more information regarding AAC and CFMAC rates.

Contact Kristina Gould at [Kristina.Gould@state.co.us](mailto:Kristina.Gould@state.co.us) with any questions.

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## Physical Therapy, Occupational Therapy, Speech Therapy Providers

### **Co-treatment Policy for Pediatric Behavioral Therapists, Physical Therapists, Occupational Therapists, and Speech Therapists**

Co-treatment sessions between two outpatient therapists (pediatric behavioral therapists, physical therapists, occupational therapists, and/or speech-language pathologists) are a covered service under the following conditions:

1. Valid clinical rationale for providing co-treatment must be present. Providers should refer to the [Joint Guidelines for Therapy Co-Treatment](#) developed by the American Speech-Language-Hearing Association (ASHA), American Occupational Therapy Association (AOTA), and American Physical Therapy Association (APTA).
2. Each provider must have an approved Plan of Care (or IFSP for Early Intervention) which includes co-treatment.
3. Each provider must have an approved Prior Authorization which includes the Plan of Care/IFSP documentation that co-treatment will be used.
4. Each provider may only bill for the time they *directly treat* the member during the co-treatment session. *Direct treatment* means a one-on-one treatment interaction between the provider and the member and does not include observation. The intent of the Department is to not reimburse twice for the same increments of time the member receives treatment. Direct treatment times are not required to be contiguous spans of time and may be broken-up as the therapists alternate interacting with the

member. The providers must then only bill for the total amount of time they individually spent providing direct treatment.

a. **Example:**

A child receives one hour of co-treatment involving a Pediatric Behavioral Therapist and a Speech Therapist. While both providers are with the child for the full hour, during that time the Speech Therapist provides direct treatment for 30 minutes and the Pediatric Behavioral Therapist provides direct treatment for 30 minutes.

The Speech Therapist would report one unit of Current Procedural Terminology (CPT) 92507, because CPT 92507 is a visit-based unit regardless of time. The Pediatric Behavioral Therapist would report two units of CPT 97153, because CPT 97153 is billed in increments of 15 minutes.

Providers should refer to the Department's policy for Reporting Units of Service found in the [Physical and Occupational Therapy Billing Manual](#) and the [Speech Therapy Billing Manual](#).

Contact Alex Weichselbaum at [Alex.Weichselbaum@state.co.us](mailto:Alex.Weichselbaum@state.co.us) with questions.

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## Ordering, Prescribing, Referring Providers Outpatient Therapies

Effective July 1, 2022, the federal requirement 42 CFR § 455.440 stating that claims for Outpatient Physical, Occupational, and Speech Therapy services contain the National Provider Identifier (NPI) of the provider who ordered the therapy, and that the NPI is actively enrolled with Health First Colorado, will be enforced.

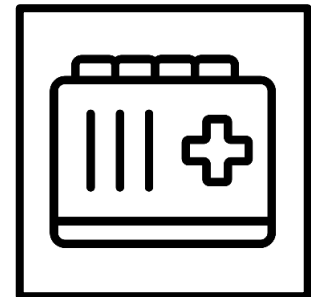
Providers are instructed to place the NPI of the ordering provider into the following locations for claim submission:

### Professional claims

- Paper claims use field 17.b
- Electronic submissions use loop 2420e with qualifier DK.

### Institutional claims

- The Attending Provider field for both paper and electronic claims.



Outpatient Physical, Occupational, and Speech Therapy services can be ordered by either a physician, physician assistant or nurse practitioner. Services may also be ordered by an Individual Family Service Plan (see billing manual for details). The ordering provider must also be actively enrolled with Health First Colorado. If these conditions are not met the claim will be denied.

Refer to the [Ordering, Prescribing, and Referring Claim Identifier Project web page](#) for further information on this project. Refer to the [Physical and Occupational Therapy](#) and [Speech Therapy](#) billing manuals for policy specifics.

Contact the [Provider Services Call Center](#) for assistance with claim submission.

## **Physician-Administered Drugs (PADs) Providers**

### **Luxturna® Rate Update**

Health First Colorado has implemented a new rate for Luxturna® (J3398) effective January 1, 2019. The previous rate reflected the price of the full treatment, which is split between two injections administered a week apart. The new rate accounts for the price of each injection, which, when billed together, will equal the price of the full treatment.

Contact [HCPF\\_PAD@state.co.us](mailto:HCPF_PAD@state.co.us) with any questions.

## **Physician Services**

### **Billing Medication Assisted Treatment Codes for Medicare Enrollees**

Health First Colorado covers Healthcare Common procedure Coding System (HCPCS) procedure codes G2067-G2075 only as a crossover-claim benefit for Medicare members (limited to coinsurance and deductible payment). Providers should submit claims for secondary payment to Gainwell Technologies Fee-For-Service, and not to the Regional Accountable Entity (RAE).

Contact Alex Weichselbaum at [Alex.Weichselbaum@state.co.us](mailto:Alex.Weichselbaum@state.co.us) with questions.

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## **COVID-19 Vaccine Counseling Visits for Adults and Children**

Health First Colorado recognizes the importance of vaccinating all Medicaid members for COVID-19, as well as all routine, pediatric vaccines. Health First Colorado announced its alignment with the Centers for Medicare & Medicaid Services (CMS) regarding COVID-19 vaccine counseling visits for children and youth under 21, effective December 2, 2021. CMS requires coverage of COVID-19 vaccine counseling visits in which healthcare providers talk to families about the importance of vaccination. Health First Colorado reimburses for and covers stand-alone vaccine counseling visits for children and adults.

Providers may bill Current Procedural Terminology (CPT) 99401 for visits in which healthcare providers talk to Health First Colorado members and/or families about the importance of vaccination.

- CPT 99401 can be billed at only one visit for each member per day, but there are not quantity limits for the number of times this may be provided to a member.
- Providers are encouraged to check the [CMS National Correct Coding Initiative Edits web page](#) for National Corrective Coding Initiative (NCCI) rules and guidelines.
- Please use 99401 + modifier CR for all COVID-19 vaccine counseling-only visits.

Providers should not bill for the vaccine counseling code and the vaccine administration code on the same date of service. Vaccine administration codes are inclusive of counseling.

Health First Colorado 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.

The \$61.77 payment represents a 50% increase above Medicare rates and will help ensure that financial considerations are not a barrier to providers administering the vaccine to Health First Colorado or Child Health Plan *Plus* (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.



## Policy Clarification Regarding Enrollment for Temporary Service Sites

Mobile units and temporary service sites including temporary vaccination sites are not required to be separately enrolled with Health First Colorado. Temporary vaccination sites and mobile units can bill from the location where the staff or unit is based. This policy applies to all vaccine providers.

Per [C.R.S. 25.5-4-420](#), service sites that become permanent locations are required to obtain and use a unique National Provider Identifier (NPI) for each service location and enroll with Health First Colorado.

Health First Colorado policy requires that all Federally Qualified Healthcare Centers (FQHC) locations enroll in Health First Colorado separately in order to obtain a separate Health First Colorado Provider ID. Hospital-based FQHCs are an exception to the policy and may use one Provider ID for all sites on the main campus of the hospital-based FQHC. Hospital-based FQHCs are encouraged to obtain separate provider IDs for different locations on their main campus but are not required to do so. Mobile units of an FQHC are not required to be separately enrolled in Health First Colorado but are treated as part of the FQHC. Services provided in a temporary location do not require enrollment of the temporary location.

Contact Morgan Anderson at [Morgan.Anderson@state.co.us](mailto:Morgan.Anderson@state.co.us) with any questions.

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## Hospital Surge Continues, Physician Services for In-Home Care



The state of Colorado reactivated [crisis standards of care for staffing of health care systems](#) in late 2021. These crisis standards of care allow hospitals to implement staffing solutions and manage the influx of patients

needing care for COVID-19 or any other illness. More than 85 percent of Colorado's intensive care beds are occupied as of early February.

Provider types 16 (clinic) and 25 (non-physician practitioner - group) may be reimbursed for providing physician services and primary care in the home setting (e.g. the in-home evaluation and management CPTs 99341-99350). Applicable providers must deliver services in accordance with the scope of practice and comply with supervision requirements as described in the Colorado Department of Regulatory Agencies rules.

Physician services provided in the home setting must not meet acute hospital level of care. As defined by Colorado law, acute hospital level of care includes the provision of care on a continuous, 24-hour basis and is for beneficiaries who require acute inpatient admission to a hospital and who require at least daily rounding by a physician and a medical team monitoring their care needs on an ongoing basis (10 CCR 2505-10, 8.300.1.L ). Additionally, physician services provided in the home must not qualify as home health services as defined by the Social Security Act (Section 1861(m) of the Social Security Act) and Colorado Law (C.R.S. § 25-27.5-103(6)).

One example of Health First Colorado providers using in-home care models is Denver Health Medical Plan's partnership with DispatchHealth. DispatchHealth uses qualified practitioners to provide in-home urgent treatment for non-life-threatening medical conditions. DispatchHealth also partners with Denver Health Medical Plan to provide post-discharge visits to reduce hospital readmissions. DispatchHealth's post-discharge care includes, but is not limited to patient evaluation, medication reconciliation, discharge education, and care coordination.

Denver Health is also using telemedicine to stay connected with patients through its [Virtual Hospital at Home](#) (VHH) program, which provides home monitoring for COVID-19 patients who do not meet admission criteria. VHH pairs remote patient monitoring, not a Health First Colorado-covered benefit, with services covered under the [Health First Colorado telemedicine benefit](#) to support patients.



Telemedicine is reimbursable if the services meet the following requirements:

- Initiated by the patient (unsolicited phone calls to members by a provider are not reimbursable);
- Meet the same standard of care had the service been provided in-person;
- Medically necessary or necessary to support the patient in the community;
- Within the rendering provider's scope of practice;
- Compliant with the same documentation requirements as if the services had been rendered in-person.

One additional option for in-home care includes utilizing the Nurse Advice Line. The Nurse Advice Line provides Health First Colorado members free around-the-clock access to medical information and advice by calling 800-283-3221.

Contact Morgan Anderson at [Morgan.Anderson@state.co.us](mailto:Morgan.Anderson@state.co.us) with any questions about providing in-home physician services during this critical time.

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## Targeted Case Management

### **New Billing Manual -Targeted Case Management – Transition Coordination (TCM-TC) Services**

The new [Targeted Case Management - Transition Coordination \(TCM-TC\) billing manual](#) provides guidance to transition coordinators regarding billing for TCM-TC Services.

TCM-TC Services is a Medicaid State Plan benefit that provides transition coordination support to adult members choosing to transition into community settings from institutional settings. The benefit includes comprehensive assessment for transition, community risk assessment, development of a transition plan, referral, and monitoring/follow-up activities.

Contact Nora Brahe at [Nora.Brahe@state.co.us](mailto:Nora.Brahe@state.co.us) or 303-866-3566 for more information.

## Provider Billing Training Sessions

### **March and April 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.

## March 2022

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



## April 2022

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

**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](mailto: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
<b>Memorial Day Monday, May 30</b>	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.

## Gainwell Technologies Contacts

### Provider Services Call Center

1-844-235-2387

### Gainwell Technologies Mailing Address

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