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Did You Know?

Third-Party Liability (TPL) updates for a member's eligibility can be submitted by the provider via the Provider Web Portal.

Refer to the [Adding and Updating Third-Party Liability \(TPL\) Information - Provider Web Portal Quick Guide](#), available on the [Quick Guides and Webinars web page](#), for illustrated step-by-step instructions on adding and updating TPL information via the Web Portal.

A weekly automated process will reduce turnaround time on the processing of TPL information entered in the Web Portal.

Refer to the updated [General Provider Billing Manual](#), available on the [Billing Manuals web page](#), for more information on billing claims with TPL information.

All Providers

Fiscal Year 2019-2020 Provider Rate Increases and Adjustments

Health First Colorado (Colorado's Medicaid Program) provider rate increases were approved during the 2019-2020 legislative session and are effective for dates of service beginning July 1, 2019. All increases and decreases are subject to CMS (Centers for Medicare & Medicaid Services) approval prior to implementation.

The fee schedules located on the [Provider Rates & Fee Schedule web page](#) have been updated to reflect the approved 1.0% across-the-board (ATB) rate increase and targeted rate increases and decreases. Rates will be updated in the Colorado interChange once approval is received from CMS.

Services & Supplies Approved for Across-the-Board Increases:

- Ambulatory Surgery Center (ASC) services
- Audiology services
- Dental services
- Dialysis center services
- Disposable supplies
- Durable Medical Equipment (DME) - excluding those impacted by Section 1903(i)(27) of the Social Security Act
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services
- Eligible physician and clinic services
- Extended services for pregnant women
- Family planning services
- Home Health
- Laboratory & Radiology services
- Mental health fee-for-service
- Mental health and substance use disorder rehabilitation services for children in psychiatric residential treatment facilities
- Non-physician practitioner services
- Outpatient hospital services
- Outpatient substance use disorder services
- Physical, occupational and speech therapy services
- Private Duty Nursing services
- Prosthesis services
- Screening, Brief Intervention and Referral to Treatment (SBIRT) services
- Targeted case management for behavioral health
- Targeted case management for substance use disorders
- Targeted case management for people with intellectual and development disabilities
- Tobacco cessation counseling for pregnant women
- Targeted Case Management-Transition services
- Vision services



The 1.0% across the board increase for Home and Community Based Services (HCBS) waivers and Colorado Choice Transitions (CCT) services does not require CMS approval. Claims with dates of service on or after July 1, 2019, will be reimbursed at an increased rate for providers for the following waivers:

- HCBS waivers:
 - HCBS - Brain Injury (BI)
 - HCBS - Children’s Extensive Supports (CES)
 - HCBS - Children’s Home and Community Based Service (CHCBS)
 - HCBS - Children with Life Limiting Illness (CLLI)
 - HCBS - Children’s Residential Habilitation Program (CRHP)
 - HCBS - Community Mental Health Supports (CMHS)
 - HCBS - Developmental Disability (DD)
 - HCBS - Elderly, Blind and Disabled (EBD)
 - HCBS - Spinal Cord Injury (SCI)
 - HCBS - Supported Living Services (SLS)
- CCT - increases will mirror the ATB and TRI on the waiver for the CCT population



Approved for Targeted Rate Increases and Decreases:

- Emergent and Non-Emergent Medical Transportation will receive increases for a subset of codes
- Maternity Services will receive increases for all service codes less than 80% of the Department of Health Care Policy & Financing (the Department) determined benchmark Anesthesia codes will be reduced to 120% of Medicare
- A subset of Laboratory service will receive increases and decreases as rates will be set to align with 100% of Medicare
- The following individual service codes will receive a Targeted Rate Increase (TRI):
 - Aquatic Therapy (97113)
 - Polysomnography (95810, 95810 26, 95810 TC, 95811, 95811 TC)
 - Tracheae Prosthesis (L8509)
- The following individual service codes will receive a Targeted Rate Decrease (TRD):
 - Diabetes Testing Strips (A4253)
 - Polysomnography (95811 26)
- The following HCBS services will receive a targeted rate increase effective January 1, 2020 pending CMS approval. More information will be provided as the effective date approaches:
 - Adult Day Services (HCBS - EBD, CMHS, BI, SCI)
 - Group Residential Supports Levels 1-6 (HCBS - DD)

- Home Delivered Meals (HCBS - EBD, CMHS, BI, SCI, SLS)
- Homemaker Services: IHSS, CDASS (HCBS - EBD, CMHS, SCI)
- Homemaker Services: Basic (HCBS - SLS, CES)
- Homemaker Services: Extended (HCBS - SLS, CES)
- Life Skills Training-Transitional (HCBS - EBD, CMHS, BI, SCI, SLS)
- Mental Health Counseling (HCBS - BI)
- Peer Mentorship (HCBS - EBD, CMHS, BI, SCI, SLS)
- Personal Care: Relative, IHSS, CDASS (HCBS - EBD, CMHS, BI, SCI, SLS)
- Respite-Nursing Facility (HCBS - EBD, CMHS, BI, SCI)
- Respite-ACF (HCBS - EBD, CMHS, SCI)
- Respite-In Home (HCBS - EBD, BI, SCI)
- Respite Services: Individual (HCBS - SLS, CES)
- Respite Services: Individual (HCBS - SLS, CES)

The Department will continue to publish updates when CMS approval is received.

"Lower of" Pricing Logic for Rate Increases

If the Department implements rate increases, claims that were already billed with and paid at a rate lower than the new rate cannot be adjusted for the higher rate by DXC Technology (DXC). The Department will always use the "lower of" pricing logic. Providers are advised to bill their usual and customary charges. Not all codes are listed on the [Health First Colorado Fee Schedule](#), so providers are advised to check all fee schedules which apply to their billing practices. If a code is not listed on the Health First Colorado Fee Schedule, it may be listed on a benefit-specific fee schedule.

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 in July 2019. For more information, visit the [National Correct Coding Initiative Edits web page](#) of the CMS website.

Dental Providers

Delta Dental Switch to DentaQuest

Effective July 1, 2019, DentaQuest will take over administration of the Colorado Child Health Plan *Plus* (CHP+) dental program from Delta Dental. DentaQuest is the current administrator for the Health First Colorado dental benefit and an experienced administrator for Medicaid and Medicare dental benefits for more than 24 million members across 28 states.

DentaQuest invites providers to join their network caring for the children enrolled in CHP+. Contact the recruitment department toll-free at 855-873-1283 or email NetworkDevelopment@dentaquest.com to speak with a DentaQuest representative about credentialing and enrollment.

Hospital Providers

General Updates

Inpatient Hospitals

Fiscal Year 2019-20 Inpatient Hospital Base Rate 30-Day Review Period

Inpatient Hospital Base Rates were posted May 15, 2019, to the [Inpatient Hospital Payment web page](#). Individuals on the [Hospital Engagement Newsletter email list](#) will receive a notification when rates have been posted for the 30-day review period.

All hospitals are strongly encouraged to have their Reimbursement Director and/or Chief Financial Officer review their proposed rate(s) and request calculations from the Department as necessary. After the 30-day review period ends, the Department will work to implement those rates as soon as possible.

Contact Diana Lambe at Diana.Lambe@state.co.us or 303-866-5526 with any questions about Inpatient Hospital Rates or APR-DRG methodology in general.

Inpatient Hospital Per Diem Rate Group

Per Diem Implementation Update

After careful review of feedback received from the last Per Diem Engagement Meeting held May 7, 2019, the Department has decided that the Long Term Acute Care Hospitals, Rehabilitation Hospitals and Spine/Brain Injury Treatment Hospitals will need to split bill any hospital stays that cross over the implementation date. Any member admitted prior to July 1, 2019, and discharged after June 30, 2019, will have two different claims. One claim will have a discharge date of June 30, 2019, and will use the APR-DRG methodology to calculate the claim payment. The second claim will have an admission date of July 1, 2019, and utilize the new per diem methodology to calculate the payment for the remainder of the stay.

Contact Elizabeth Quaife at Elizabeth.Quaife@state.co.us with any questions or concerns.

Web Page

A new web page has been created to house the Inpatient Per Diem Rates. Providers are encouraged to visit [Inpatient Hospital Per Diem Reimbursement Group page](#).



There are no meetings currently scheduled. Past meeting materials are available on the [Hospital Stakeholder Engagement Meetings page](#).

Outpatient Hospitals

Payment Reform Survey

The Department is conducting a [survey regarding its payment reform](#) efforts for Outpatient Hospital Payment. The intent of the survey is to obtain input from the hospital provider community regarding how the Department directs its resources. This survey is also intended to capture information from a broader set of hospitals than the survey distributed in late 2018.

A [link to this survey](#) was distributed to hospitals in late April 2019. The deadline for completing this survey has been extended from May 24, 2019, to **June 7, 2019**.

Contact Andrew Abalos at Andrew.Abalos@state.co.us or 303-866-2130 with any questions.

Enhanced Ambulatory Patient Groups (EAPG) Rate Updates for July 1, 2019

The State of Colorado authorized a 1% increase to current outpatient hospital rates effective July 1, 2019. The Department has posted its the updated rates to the [Outpatient Hospital Payment web page](#) in lieu of sending individual letters. The posting will contain a date from which the 30-day timeframe for Informal Reconsiderations and/or Appeals will be calculated.

The Department requires approval from the Centers for Medicare & Medicaid Services (CMS) prior to implementing the updated rates. Once approval is obtained, updated rates will be loaded into the Colorado interChange, and any impacted claims will be retroactively adjusted.

All Hospital Providers

Bi-Monthly Hospital Stakeholder Engagement Meetings

The Department will continue to host bi-monthly Hospital Engagement meetings to discuss current issues regarding payment reform and operational processing. The next meeting is scheduled for Friday, July 12, 2019, 12:30 p.m. - 4:00 p.m. at 303 E 17th Ave, Denver, Conference Room 7B & 7C. To see dates for all 2019 Hospital Engagement meetings, refer to the calendar available on the [Hospital Stakeholder Engagement Meetings web page](#).



[Sign up to receive the Hospital Stakeholder Engagement Meeting newsletters.](#)

[Visit the Hospital Engagement Meeting Website for more details, meeting schedule and past meeting materials.](#)

Contact Elizabeth Quaife at Elizabeth.Quaife@state.co.us with any questions and/or topics to be discussed at future meetings. Advance notice will provide the Rates team time to bring additional Department personnel to the meetings to address different concerns.

Hospital Transformation Program (HTP) Community and Health Neighborhood Engagement (CHNE)

The pre-waiver year of the HTP is dedicated to the CHNE process and is seen as a cornerstone of the program. State-wide hospitals participating in the HTP are required to engage organizations that serve and represent the broad interests of the community, including clinical providers, to identify community needs

and resources. See page 9 of the [Hospital Transformation Program Concept Paper](#), available under the Hospital Transformation Program Overview & Framework drop-down section on the [Colorado Hospital Transformation Program web page](#) for a detailed outline of the CHNE process.

HTP participants are expected to engage, consult, and be informed by health neighborhoods and community organizations to identify community needs and inform the selection of transformation initiatives that address those needs during the planning process. Leveraging existing forums and collaborations will help to maximize community participation. Hospitals should align their engagement activities with advisory groups, existing programs and alliances, and statewide initiatives designed to strengthen the health care system.

Important CHNE dates:

- November 30, 2018 - Hospitals submitted their [CHNE Action Plan](#) to outline how they will conduct the CHNE process.
- April 19, 2019 - [Midpoint Report](#) due date. Hospitals reported on CHNE work over the first half of the pre-waiver process.
- May 20, 2019 - The Department will complete reviews of Midpoint Reports and share findings and questions with hospitals.
- May 31, 2019 - Hospitals will provide clarification and/or revisions to Midpoint Reports via email. Any revisions must be received by this date.
- June 2019 - Midpoint Reports will be posted on the HTP website.
- September 20, 2019 - Final Report due date. Hospitals must submit a Final Report at the end of the pre-waiver CHNE process, which will include information about the entirety of the process but with a primary focus on their efforts to prioritize community needs, select target populations, identify initiatives, and develop any partnerships. Additional information about [Final Report requirements](#) can be found on the HTP website.

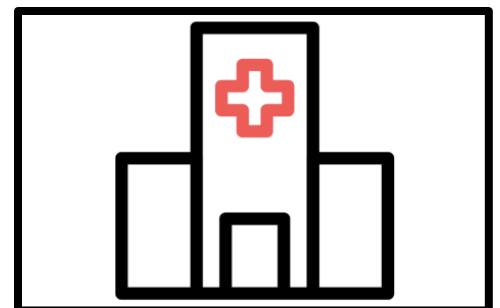
If interested in updates about the HTP, [sign up through the HCPF website](#) for the HTP Newsletter. Complete the sign-up process by entering contact information and clicking the “Hospital Transformation Program” box.

Contact Courtney A. Ronner, Hospital Relations and Communication Manager, at 303-866-2699 or Courtney.Ronner@state.co.us with any additional questions.

Inpatient Hospital Review Program (IHRP) Update

Colorado hospitals have been entering requests since March 18, 2019. eQHealth Solutions, the Department’s prior authorization vendor, has successfully been reviewing the inpatient admissions and providing additional provider education and outreach. During this time, claims submitted without prior authorization were not denied for lacking prior authorization.

The Department is pleased by the IHRP success to date and committed to completing individualized training and resolving systems and process concerns and issues. Based on feedback from IHRP providers and to ensure the success of the IHRP, the Department is postponing the date when claims payment will become dependent on review determinations until **June 17, 2019**. **Claims with dates of service on or after June 17, 2019, will be denied if there is no approved authorization.**



Please continue to enter reviews to eQHealth Solutions.

Visit the [IHRP Provider website](#) for additional information and education.

Contact co.pr@eqhs.org for personalized training webinar requests or questions about submitting authorizations.

Email HCPF_hospitalreview@state.co.us with any additional concerns, questions or issues related to IHRP.

Hospitals, Birth Centers, Midwives, Laboratory

Newborn Hearing Screening

Reimbursement for newborn hearing screening is included in the hospital diagnosis related grouper (DRG) for inpatient hospital deliveries, and the birth center payment for freestanding birthing center deliveries. CPT/HCPCS codes for a hearing screening cannot be billed for dates on or during the date span of the delivery stay.

Contact Alex Weichselbaum at Alex.Weichselbaum@state.co.us with any questions regarding newborn hearing screening policy. Refer to the [Audiology Billing Manual](#), available under the CMS 1500 drop-down section of the [Billing Manuals web page](#), for more reimbursement information.

Newborn Metabolic Screening

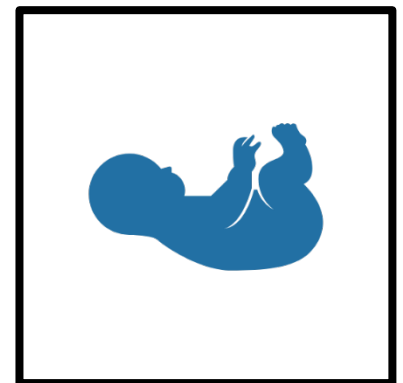
For Newborn Metabolic Screening (NMS), Colorado is a two-screen state with state rules (5 CCR 1005-4, Newborn Screening and Second Newborn Screening) identifying appropriate collection windows of 24-48 hours for the initial newborn screening specimen and 8-14 days after birth for the second newborn screening specimen. The Colorado Department of Public Health and Environment (CDPHE) charges a fee for the NMS to the facility collecting and submitting the initial newborn screening specimen.

Costs associated with NMS are included in the inpatient hospital diagnosis related grouper (DRG) calculation and the birthing center facility payment and may not be billed separately by the hospital or birthing center.

CDPHE classifies NMS specimens which are able to be linked to a previously submitted specimen from the same child as second-screen specimens. In cases where the specimen cannot be linked, it is treated as an initial newborn screening specimen, regardless of the age of the child at the time the specimen is collected. The named submitter on the demographic slip is billed for NMS. If the named submitter was not reimbursed for delivery of the child, the submitter may submit CPT S3620 for reimbursement. S3620 does not require a Clinical Laboratory Improvement Amendments (CLIA) certification.

Because NMSs are performed by CDPHE's laboratory and not the provider collecting and submitting the specimen, unbundling the NMS and billing for the individual tests performed by CDPHE's laboratory is not allowed (10 CCR 2505-10 8.660.4.C.).

Contact Raine Henry at Raine.Henry@state.co.us with any questions regarding the Newborn Metabolic Screening policy.



Laboratory Services, Clinic

Laboratory Rate Rebalancing Effective July 1, 2019

Laboratory rates were reviewed through the Medicaid Provider Rate Review Advisory Committee ([MPRRAC](#)) in 2016. The Department has since worked internally, in alignment with the recommendations from the MPRRAC, to rebalance laboratory rates following the release of the revised CMS laboratory fee schedule. The Department focused on rebalancing codes that were less than 20% of Medicare and greater than 200% of Medicare.

The following laboratory procedure codes will be impacted by rebalancing:

| | | | | | |
|-------|-------|-------|-------|-------|-------|
| 80410 | 81229 | 81290 | 81376 | 81538 | 83987 |
| 81007 | 81242 | 81295 | 81406 | 82017 | 84375 |
| 81200 | 81243 | 81296 | 81407 | 82131 | 85366 |
| 81203 | 81244 | 81298 | 81420 | 82136 | 87505 |
| 81209 | 81251 | 81323 | 81433 | 82139 | 87506 |
| 81216 | 81252 | 81330 | 81437 | 82261 | 87582 |
| 81220 | 81255 | 81331 | 81438 | 82379 | 89060 |
| 81223 | 81260 | 81371 | 81507 | 83080 | P2031 |
| 81226 | 81266 | 81373 | 81536 | 83605 | |

For more information, refer to the following resources on the [Provider Rates & Fee Schedule web page](#) under State Plan (TXIX) Rates Information and Resources:

[Laboratory Code Rebalancing Presentation](#)

[Laboratory Rebalancing Fee Schedule](#)

[CMS Information on Clinical Laboratory Rate Methodology](#)

All laboratory rates can be found on the Health First Colorado Fee Schedule, available under the Health First Colorado drop-down section of the [Provider Rates & Fee Schedule web page](#). Rates effective July 1, 2019, will be updated and posted to the website in June 2019.

Contact Raine Henry at Raine.Henry@state.co.us with any policy questions.

Laboratory Services, Physicians, Clinic, Hospital

Genetic Testing Prior Authorizations and Rates Information

The following procedure codes will require a prior authorization beginning July 1, 2019. The rates for these procedure codes will match Medicare's rates beginning July 1, 2019. All rates can be found on the Health First Colorado Fee Schedule, available under the Health First Colorado drop-down section of the [Provider](#)

[Rates & Fee Schedules web page](#). Rates effective July 1, 2019, will be updated and posted June 2019 to the Health First Colorado Fee Schedule.

Refer to the Laboratory and X-Ray rule (10 CCR 2505-10 8.660) and the [Laboratory Services Billing Manual](#), available under the CMS 1500 drop-down section of the [Billing Manuals web page](#) for additional information about Laboratory Services.

| | | | | |
|-------|-------|-------|-------|-------|
| 81162 | 81201 | 81242 | 81292 | 81317 |
| 81321 | 81403 | 81404 | 81405 | 81408 |

Visit the [ColoradoPAR website](#) for more information, including training opportunities for utilizing eQSuite®, the specific codes requiring a Prior Authorization Request (PAR) and other provider resources.

Contact the ColoradoPAR Program at co.pr@eqhs.org or 888-801-9355 with any questions regarding the prior authorization process.

Contact Raine Henry at Raine.Henry@state.co.us with any laboratory policy questions.

Contact HCPF_UM@state.co.us with any questions regarding the Utilization Management Program and PARs.

Pharmacy Providers

340B Drug Pricing Program

Pharmacies which participate in the 340B Drug Pricing Program must choose either to provide only 340B-purchased drugs (carve-in) or to provide no 340B-purchased drugs (carve-out) to Health First Colorado members. Providers that choose to carve-in **must**:

1. Have the National Provider Identifier (NPI) number listed on the HRSA 340B Medicaid Exclusion File.
2. Submit the **340B acquisition cost** as the ingredient cost (NCPDP Field #409-D9) on each claim.
3. Submit claims with “20” in the Submission Clarification field and “05” or “08” in the Basis of Cost Determination field.

November 1, 2018, the Department notified providers when:

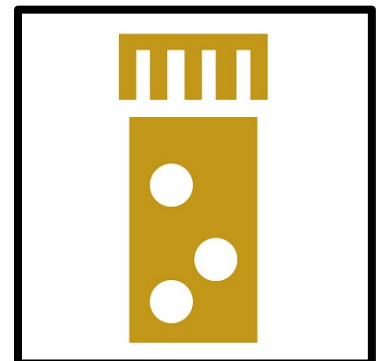
- The pharmacy NPI number is listed on the HRSA 340B Medicaid Exclusion File and the submitted ingredient cost on the claim exceeds the 340B ceiling price.

Effective June 1, 2019, the Department will deny claims when:

- The pharmacy NPI number is listed on the HRSA 340B Medicaid Exclusion File and the submitted ingredient cost on the claim exceeds the 340B ceiling price.

How to resolve denied claims:

- Pharmacies must resubmit the claim with the appropriate 340B acquisition cost in the submitted ingredient cost field.



- If the pharmacy still receives a denial after submitting the correct 340B acquisition cost, contact the Magellan Rx Management Pharmacy Call Center at 800-424-5725 and fill out the [Request for 340B Acquisition Cost Price Adjustment](#) form, available on the [Pharmacy Resources](#) web page.

Contact Kristina Gould at Kristina.Gould@state.co.us with any questions.

Stiripentol (Diacomit)

Effective June 1, 2019, claims and prior authorizations for Stiripentol (Diacomit) will be processed through the Department's Pharmacy Benefit Manager, Magellan Health, as opposed to DXC and eQHealth Solutions. The claim submission process will mirror the claim submission process for all other pharmacy claims. Below are the National Drug Codes (NDCs) associated with each formulation:

| NDC | Strength | Dosage Form |
|-------------|----------|-------------|
| 68418793906 | 250MG | Capsule |
| 68418794006 | 500MG | Capsule |
| 68418794106 | 250MG | Powder Pack |
| 68418794206 | 500MG | Powder Pack |

Existing Stiripentol Users:

- Prior authorizations approved prior to June 1, 2019 will be placed in Magellan Health's pharmacy system for an indefinite time span, which means that there is nothing that providers or members need to do.
- The only difference from a claim submission standpoint is that the drug will be submitted, processed and paid through Magellan Health as a pharmacy benefit, instead of through eQHealth Solutions and DXC.

New Stiripentol (Diacomit) Users:

- Prior authorizations will be submitted to and processed by Magellan Rx Management Pharmacy Call Center at 800-424-5725.
- Stiripentol (Diacomit) is maintained on the preferred drug list under "Anti-Convulsants," available on the [Pharmacy Resources web page](#).

Contact Kristina Gould at Kristina.Gould@state.co.us with any questions.

Pharmacies and All Medication-Prescribing Providers

Brand Name Medication Favored Over Equivalent Generic

The Department manages certain brand name products by favoring them over the generic equivalent non-preferred medications. Effective May 1, 2019, Ritalin LA (methylphenidate ER capsule) and Valcyte (valganciclovir) suspension was added for brand preference. The current list of brands favored over generic products are available in Appendix P, available on the [Pharmacy Resources web page](#).



If a generic is medically necessary for the member over the equivalent brand, additional clinical information must be provided through a prior authorization.

Pharmacies may contact the Magellan Rx Management Pharmacy Call Center at 1-800-424-5725 for assistance, if needed.

Other brand/generic changes for preferred drugs are available for reference on the preferred drug list, which is accessed from the [Pharmacy Resources web page](#).

Drug Utilization Review Updates

Lantus and Levemir Are First-Line Preferred

As part of recent changes made to the Health First Colorado preferred drug list (PDL) implemented on April 1, 2019, Lantus (insulin glargine) and Levemir (insulin detemir) are both first-line preferred long-acting insulin options and are covered without prior authorization for Health First Colorado members. Additional information regarding medications included on the PDL is available on the [Pharmacy Resources web page](#).

Pharmacy and Therapeutics (P&T) Committee Meeting

Tuesday, July 9, 2019

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

303 E 17th Ave

7th Floor Conference Rooms 7A, 7B, 7C

The meeting agenda can be found on the [Pharmacy and Therapeutics \(P&T\) Committee web page](#).

Preferred Drug List (PDL) Announcement of Preferred Products

The following drug classes and preferred agents will become effective July 1, 2019:

Acne - Topical

Preferred products will be: Adapalene gel, Adapalene/Benzoyl Peroxide gel, Clindamycin Phosphate swab/soln, Clindamycin/Benzoyl Peroxide jar (generic Benzaclin), Differin gel pump (Rx), Erythromycin soln, Retin-A cream/gel (brand name required), Sulfacetamide susp, Sulfacetamide/Sulfur cleanser/wash

Acne - Isotretinoin

Preferred products will be: Amnesteem, Claravis

Tetracyclines

Preferred products will be: Doxycycline Hyclate cap/tab, Doxycycline Monohydrate 50mg/100mg cap, Doxycycline Monohydrate tab, Minocycline cap

Rosacea

Preferred products will be: Metronidazole cream/gel/lotion, Finacea gel (brand name required)

Non-Opioid Analgesics

Preferred products will be: Duloxetine 20mg/30mg/60mg, Gabapentin, Lyrica cap; Lidocaine patch

Short-Acting Opioids

Preferred products will be: Hydrocodone/APAP soln/tab, Hydrocodone/Ibuprofen, Hydromorphone tab, Morphine tab/soln, Oxycodone tab/soln, Oxycodone/APAP tab, Tramadol, Tramadol/APAP tab

Long-Acting Opioids

Preferred products will be: Butrans (brand name required), Embeda, Fentanyl 12mcg/25mcg/50mcg/75mcg/100mcg, Morphine ER (generic MS Contin), Tramadol ER (generic Ultram ER)

Inhaled Anticholinergics

Preferred products will be: Atrovent HFA, Ipratropium soln (generic Atrovent), Spiriva Handihaler

Inhaled Anticholinergic Combinations

Preferred products will be: Albuterol/Ipratropium soln, Combivent Respimat

Inhaled Beta Agonists - Short-Acting

Preferred products will be: Albuterol soln, ProAir HFA (brand name required)

Inhaled Beta Agonists - Long-Acting

Preferred products will be: Serevent Diskus

Inhaled Corticosteroids

Preferred products will be: Asmanex Twisthaler, Budesonide respules, Flovent Diskus, Flovent HFA

Inhaled Corticosteroid Combinations

Preferred products will be: Advair Diskus (brand name required), Advair HFA (brand name required), Dulera, Symbicort



Androgenic Agents

Preferred products will be: Androderm patch, Testosterone 50mg/5g tube (generic Testim), Testosterone 10mg/0.5g pump (generic Fortesta), Testosterone 30mg/1.5ml pump (generic Axiron), Testosterone 50mg/5g tube, 12.5mg/1.25g pump (generic Vogelxo), Testosterone 1.62% packet (generic Androgel), Testosterone Cypionate vial

**Phosphate Binders**

Preferred products will be: Calcium acetate cap, Fosrenol chew, Phoslyra, Renagel (brand name required), Sevelamer carbonate tab

Benign Prostatic Hyperplasia Agents

Preferred products will be: Alfuzosin, Doxazosin, Dutasteride, Finasteride, Tamsulosin, Terazosin

Newer Generation Antihistamines and Antihistamine/Decongestant Combinations

Preferred products will be: Cetirizine 5mg/10mg tab (OTC), Cetirizine soln (Rx), Levocetirizine tab (OTC), Loratadine tab/soln (OTC)

Angiotensin Modifiers

Preferred products will be: Benazepril, Benicar, Enalapril, Enalapril/HCTZ, Fosinopril, Irbesartan, Irbesartan/HCTZ, Lisinopril, Lisinopril/HCTZ, Losartan, Losartan/HCTZ, Olmesartan, Olmesartan/HCTZ, Quinapril, Ramipril, Telmisartan, Valsartan, Valsartan/HCTZ

Skeletal Muscle Relaxants

Preferred products will be: Baclofen, Cyclobenzaprine 5mg/10mg tab, Methocarbamol, Tizanidine 2mg/4mg tab

Topical Immunomodulators

Preferred products will be: Elidel, Pimecrolimus (authorized generic of Elidel - Oceanside Pharmaceuticals)

Physician Services

Instructions for Claims Submission with Procedure Code 38439

Pricing methodology for CPT code 38439 is based on the number of minutes the physician spends with the member.

Documentation for procedure code 38439 must include the [Manual Price Determination Form](#), available on the [Provider Forms web page](#) under the Claim Forms and Attachments drop-down section. Claims without the form will be denied. Previously denied or suspended claims for 38439 can be resubmitted with the form for pricing consideration. Only one unit is allowed per date of service.

Contact Richard Delaney at Richard.Delaney@state.co.us with any policy questions.



Supervision Requirements for Reimbursable Services

Colorado Medicaid's rule [10 CCR 2505-10 8.200](#) describes how reimbursable services by non-enrolled providers must be supervised to be paid. Staff who are provider types that cannot be enrolled in Health First Colorado (such as therapy assistants), or staff who do not have an active enrollment, can still render care. However, they must be directly supervised by an enrolled provider who can supervise staff under their scope of practice.

Direct supervision means the supervising provider shall be on-site during the rendering of services and immediately available to give assistance and direction throughout the performance of the service. Direct supervision does not require the supervising provider to be in the room while services are rendered. Services provided by non-enrolled providers in the 'home' place of service without direct supervision shall not be billed.

The direct supervision of non-enrolled providers policy applies to all Medicaid-covered professional services.

Contact Richard Delaney, Policy Specialist at Richard.Delaney@state.co.us with any questions or comments on direct supervision.

Provider Billing Training Sessions

June & July 2019 Provider Billing 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 UB-04 and 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 [UB-04 Beginning Billing Workshop](#) and [CMS 1500 Beginning Billing Workshop](#), available on the [Provider Training web page](#) under the Billing Training and Workshops drop-down section.

Specialty training sessions provide more training for that particular provider specialty group. Providers are advised to attend a UB-04 or CMS 1500 training session prior to attending a specialty training. For a preview of the training materials used for specialty sessions, visit the [Provider Training web page](#) and open the Billing Training and Workshops 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 and Webinars 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.

June 2019

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|---|--------|----------|
| 2 | 3 | 4 | 5 | 6 CMS 1500 Provider Workshop 9:00 a.m. - 11:30 a.m. MT | 7 | 8 |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| 23 | 24 | 25 | 26 | 27 UB-04 Provider Workshop 9:00 a.m. - 11:30 a.m. MT | 28 | 29 |

July 2019

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|--|--------|----------|
| 7 | 8 | 9 | 10 | 11 CMS 1500 Provider Workshop 9:00 a.m. - 11:30 a.m. MT | 12 | 13 |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| 21 | 22 | 23 | 24 | 25 UB-04 Provider Workshop 9:00 a.m. - 11:30 a.m. MT | 26 | 27 |

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. Do **not** register via these links if planning to attend a training session in person at the DXC office (see instructions below for RSVPing to attend in person).

For questions or issues regarding webinar registration, email co.training@dxc.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.

In-Person Training Registration

Providers who would like to attend a training session **in person** should RSVP to co.training@dxc.com by noon the day prior to the training, with the subject line "In-Person RSVP." Please include attendee name(s), organization, contact information (email address and phone number), and the name and date of the training session(s) to be attended. Allow up to 2-3 business days to receive a confirmation for in-person training reservations. Do not send an RSVP via email unless planning on attending **in person**.

In-person training sessions will be held at the following address:

DXC Technology Office
Civic Center Plaza
1560 Broadway St, Suite 600
Denver, CO 80202

Parking and Transportation

Free parking is not provided, and parking is limited in the downtown Denver area. Commercial parking lots are available throughout the downtown area. The daily rates range between \$5 and \$20. Carpooling and early arrival are recommended to secure parking. Whenever possible, public transportation is also recommended. Some forms of public transportation include the [Light Rail](#) and [Free MallRide](#).

Upcoming Holidays

| Holiday | Closed Offices/Offices Open for Business |
|--|---|
| Independence Day Thursday, July 4, 2019 | State Offices, DentaQuest, DXC and the ColoradoPAR Program will be closed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks. |

DXC Contacts

DXC Office
Civic Center Plaza
1560 Broadway St, Suite 600
Denver, CO 80202

Provider Services Call Center

1-844-235-2387

DXC Mailing Address

P.O. Box 30
Denver, CO 80201