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## Did You Know?

Providers cannot bill members for co-pays or deductibles assessed by third-party resources.

Providers cannot bill members for the difference between commercial health insurance payments and their billed charges when Health First Colorado (Colorado's Medicaid program) does not make additional payment. A member's commercial health insurance must be billed first, and lower-of pricing is used to calculate reimbursement from Health First Colorado.

Visit the [Third-Party Liability and Recoveries web page](#) and the [General Provider Information Manual](#) for more information.

## All Providers

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

Providers are encouraged to monitor Centers for Medicare & Medicaid Services (CMS) for updates to National Correct Coding Initiative (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 January 2024.

Visit the [CMS NCCI web page](#) for more information.

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### **Recovery Audit Contractor (RAC) Provider Training**

Providers are strongly encouraged to register for training opportunities that cover information regarding the Recovery Audit Contractor (RAC) program, including:

- What to expect if audited by the Colorado RAC
- Audit timelines
- Usage of the Health Management Systems, Inc. (HMS) Colorado RAC Provider Portal for audit tracking, record uploads and transparent reporting
- Information on provider rights and responsibilities

HMS and the Department of Health Care Policy & Financing (the Department) have created quarterly meetings for different audit types, including:

- Complex Audits, Medical Records Reviews
- Hospice-Specific Complex Audits, Medical Records Reviews
- Automated Audits, Data and Claims Reviews

Click the following links to register for the current State Fiscal Year's RAC 101 training opportunities. All times listed are in Mountain Time (MT).

#### **Colorado RAC 101 Complex Audits, Medical Records Reviews Training**

- [February 20, 2024, 2:00 p.m. to 3:00 p.m. MT](#)
- [May 15, 2024, 11:00 a.m. to 12:00 p.m. MT](#)

#### **Colorado RAC 101 Hospice-Specific Complex Audits, Medical Records Reviews Training**

- [December 13, 2023, 2:00 p.m. to 3:00 p.m. MT](#)
- [March 14, 2024, 1:00 p.m. to 2:00 p.m. MT](#)
- [June 18, 2024, 2:00 p.m. to 3:00 p.m. MT](#)

#### **Colorado RAC 101 Automated Audits, Data and Claims Reviews Training**

- [January 16, 2024, 10:00 a.m. to 11:00 a.m. MT](#)
- [April 16, 2024, 10:00 a.m. to 11:00 a.m. MT](#)

Visit the [HMS Colorado RAC web page](#) under the Resources & Informational Documentation tab on the left side for the HMS Colorado RAC 101 and the HMS Colorado RAC Provider Portal recorded trainings and presentations.

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## **All Providers Who Utilize the ColoradoPAR Program**

### **Acentra (Formerly Kepro®) Provider Training**

Acentra is the Department's third-party fee-for-service Utilization Management (UM) vendor for the ColoradoPAR Program. Acentra utilizes a proprietary provider Prior Authorization Review (PAR) submission portal called Atrezzo®. Acentra offers PAR submission trainings with instructions for using the Provider PAR Portal. These trainings are offered live and as recordings. Live trainings will be held during the following dates and times. All times listed are in Mountain Time (MT).

- [PAR Submission - December 6, 2023, at 8:30 a.m. MT](#)
- [PAR Submission - December 6, 2023, at 12:00 p.m. MT](#)

Acentra will offer specialized PAR submission trainings in the month of December that focus on Private Duty Nursing (PDN) PARs. The training includes an overview of the PDN benefit and associated PAR submission requirements and will be followed by a question-and-answer session. Trainings are recorded and can be accessed on the [ColoradoPAR: Provider Training Information web page](#).

List of upcoming PDN PAR trainings:

- [PDN Provider Benefit Specific Training - December 13, 2023, at 8:30 a.m. MT](#)
- [PDN Provider Benefit Specific Training - December 13, 2023, at 12:00 p.m. MT](#)
- [PDN Provider Benefit Specific Training - December 13, 2023, at 3:00 p.m. MT](#)

Visit the [ColoradoPAR: Health First Colorado PAR Program web page](#) for more information on the ColoradoPAR Program and the Provider PAR Portal.

Contact [COProviderIssue@kepro.com](mailto:COProviderIssue@kepro.com) with any questions.

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## **Behavioral Health Providers**

### **Annual Supervision Attestation**

Licensed clinicians looking to supervise unlicensed and/or pre-licensed practitioners that fall under the guidelines of the [Colorado Medicaid Standards for Unlicensed Practitioners policy](#) must submit an attestation to each contracted Regional Accountable Entity (RAE) to engage in supervision practices outlined by this policy, effective February 1, 2023.

This attestation must be submitted to each contracted RAE annually, subsequent to the submission of the initial attestation, no later than January 1 of each calendar year. Organizations, groups and facilities need to submit only one attestation for their entity. Individual attestations for each licensed supervising clinician are not required.

Visit the [Behavioral Health Reform web page](#) to view the policy and the attestation form.

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## **Medicare Allowing Licensed Marriage and Family Therapists (LMFTs), Licensed Professional Counselors (LPCs) and Licensed Addiction Counselors (LACs) to Enroll**

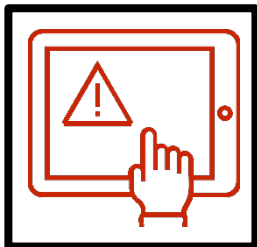
The Centers for Medicare & Medicaid Services (CMS) has announced a rule change that now allows marriage and family therapists and mental health counselors - including eligible addiction, alcohol or drug counselors who meet qualification requirements for mental health counselors - to enroll for the first time in Medicare. Newly eligible practitioners can enroll in Medicare starting November 1, 2023, and can start billing Medicare effective January 1, 2024. Refer to the [CMS announcement](#) for more information.

These providers currently must use Modifier HO on claims submitted directly to Medicaid without a Medicare denial. The policy will be changing effective April 1, 2024. The use of the HO modifier will only be allowed after April 1, 2024, in situations where enrolled Medicare providers are supervising unlicensed behavioral health providers and submitting claims as the rendering provider.

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## **Neuro/Psychological Testing Policy Change**

Providers will be able to submit claims for neuro/psychological testing to the Department's Fiscal Agent (Gainwell Technologies) or the Managed Care Entity (MCE) as determined by the diagnosis identified at the point of referral effective January 1, 2024. Providers will determine the scope of testing needed based on a review of available member history and existing clinical documentation when a referral for neuro/psychological testing is received. Providers will identify the primary payer (MCE or Fee-for-Service [FFS]) based on the primary condition being assessed or dismissed.



Providers will need to submit claims to the fiscal agent for reimbursement if the referring diagnosis is covered under the FFS benefit. Providers will be able to submit the claim to the fiscal agent by adding modifier code SC if the testing yields a diagnosis which is part of the Capitated Behavioral Health Benefit (responsibility of the MCE). Modifier code SC indicates that it is an exception to the allowed diagnosis for FFS.

Providers should first seek prior authorization according to the MCE's policy if the referring diagnosis is part of the Capitated Behavioral Health Benefit (responsibility of the MCE).

Providers should still submit the claim to the MCE if the concluding diagnosis is a non-covered MCE diagnosis.

This policy will be included in the January 1, 2024, [State Behavioral Health Services Billing Manual](#).

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## **New Specialty Types for Substance Use Disorder (SUD)**

The following specialty types will be created in line with the Behavioral Health Administration (BHA) rule approval under Provider Type 64 (Substance Use Disorder [SUD] Continuum) to align with new BHA endorsements for outpatient SUD services effective January 1, 2024. Providers should update enrollments with the revised license documentation as the appropriate endorsement is secured.

- American Society of Addiction Medicine (ASAM) Level 1.0 Outpatient substance use treatment that is less than nine (9) hours a week and is appropriate for less severe disorders or as a step-down from more intensive services
- ASAM level 1WM Ambulatory Withdrawal Management without Extended On-Site Monitoring:
  - Mild withdrawal with daily or less-than-daily outpatient supervision
  - Likely to complete withdrawal management and continue treatment or recovery
- ASAM level 2WM Ambulatory Withdrawal Management with Extended On-Site Monitoring:
  - Moderate withdrawal with all-day withdrawal management support and supervision
  - Supportive family or living situation at night
  - Likely to complete withdrawal management
- ASAM Level 2.1 Intensive Outpatient Program (IOP) clinical services, including counseling and psychoeducation
  - IOP services are usually between nine (9) and 19 hours per week

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

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## **Autism Spectrum Disorder (ASD) as a Covered Diagnosis Under the Regional Accountable Entity (RAE) for Psychotherapy Services**

Managed Care Entities (MCEs) will be responsible for Autism Spectrum Disorder (ASD) (International Classification of Diseases [ICD] codes F84.0-F84.9) as a covered diagnosis for psychotherapy services only for members under 21 years of age, effective January 1, 2024. Specifically, the following services will be required to be billed to MCEs when treating ASD:

90785	90834	90838	90849
90832	90836	90846	90853
90833	90837	90847	

Codes 90791 and 90792 will be covered under both Fee-for-Service (FFS) and the Capitated Behavioral Health Benefit (responsibility of the MCE) since these codes are used for both assessment as well as to initiate psychotherapy services.

Codes that currently do not require a covered diagnosis as indicated in Appendix I of the [State Behavioral Health Services Billing Manual](#) should already be paid by the MCEs when an ASD diagnosis is used.

## Removing First Position Modifiers

A first position modifier will no longer be required to distinguish a State Plan or B3 service effective January 1, 2024. Refer to the [State Behavioral Health Services Billing Manual](#), which will be updated to reflect this change.

First position modifiers are:

- **State Plan:** HE
- **B3 Service:** HK (Residential), U4 (Intensive Case Management), TM (Assertive Community Treatment), HM (Respite), HJ (Vocational), TT (Recovery), HT (Prevention/Early Intervention), HQ (Clubhouse/Drop-in), HF (Substance Use Disorder)

These modifiers will be removed from every coding page and in Appendix I of the [State Behavioral Health Services Billing Manual](#).

This action will leave six (6) codes that would require a *new* first position modifier (currently a second position modifier that will move to the first position):

Code	Modifier	Current Position	Future Position	Description
H0019	HB	Second	First	Adult Mental Health Transitional Living
H0019	U1	Second	First	Qualified Residential Treatment Program
H2036	U1	Second	First	ASAM 3.1
H2036	U3	Second	First	ASAM 3.3
H2036	U5	Second	First	ASAM 3.5
H2036	U7	Second	First	ASAM 3.7

## **New Code for Drop-In Centers**

Healthcare Common Procedure Coding System (HCPCS) code H0046 must be used for drop-in centers, which are currently billed using code H0023 plus a modifier, effective January 1, 2024. HCPCS code H0023 will exclusively be used for outreach and will no longer require modifiers to distinguish it from drop-in centers.

HCPCS code H0046 will be identical in structure and utilization as the current drop-in code, including time minimum/maximum, Relative Value Units (RVU) and reimbursement rates.

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## **Safety Net Provider Training and Technical Assistance**

Health Management Associates (HMA) is assisting the Department with providing Safety Net Provider Training and Technical Assistance (TTA) as part of the work to develop a comprehensive behavioral health safety net system. TTA will support providers with implementation of safety net provider changes, value-based payments, prospective payment systems and universal contract provisions.

Visit the [Safety Net Provider web page](#) to learn about changes related to safety net providers and TTA opportunities and to register for upcoming forums.

Contact [HCPF\\_SafetyNetForum@state.co.us](mailto:HCPF_SafetyNetForum@state.co.us) with questions related to safety net providers. Contact Health Management Associates at [SafetyNetTTA@healthmanagement.com](mailto:SafetyNetTTA@healthmanagement.com) with questions related to TTA.



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## **Institute of Mental Disease (IMD) Campus Policy**

Policy guidance effective January 1, 2024, will be published for campus settings with multiple residential behavioral health components to navigate Institute of Mental Disease (IMD) criteria. Providers seeking to expand residential services on their campuses can refer to this Campus Policy to avoid triggering an IMD designation.

Visit the [Institutes for Mental Disease \(IMD\) web page](#) to read the Campus Policy as well as other resources related to IMDs.

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## **Hospice Providers**

### **Rate Update Effective October 1, 2023, (Federal Fiscal Year [FFY] 2023-2024)**

Approval from the Centers for Medicare & Medicaid Services (CMS) has been received for the Hospice State Plan Amendment (SPA), and the fee schedule for Hospice rates effective

October 1, 2023, through September 30, 2024, has been published. Reprocessing was requested for claims with dates of service on or after October 1, 2023.

Claims billed at usual and customary charges whose charges exceed the Federal Fiscal Year (FFY) 2023-2024 rates will be reprocessed automatically.

**Note:** Claims for dates of service on or after October 1, 2023, billed using the FFY 2022-2023 rates will need to be manually adjusted by the provider to receive the correct reimbursement.

The Hospice Fee Schedule effective October 1, 2023, through September 30, 2024, is located on the [Provider Rates and Fee Schedule web page](#) under the [Hospice section](#).

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## **Hospital Providers**

### **General Updates**

#### **Hospital Stakeholder Engagement Meetings**

Bi-monthly Hospital Stakeholder Engagement Meetings will continue to be hosted to discuss current topics regarding payment reform and operational processing. [Sign up](#) to receive the Hospital Stakeholder Engagement Meeting newsletters.

- An extra meeting to review fiscal impacts and provide hospitals the new Version 40 Hospital-Specific Relative Values (HSRV) Weight Table will be held on Friday, December 15, 2023, from 9:00 a.m. to 11:00 a.m. Mountain Time (MT) and will be hosted virtually.



Visit the [Hospital Stakeholder Engagement Meetings web page](#) for more details, meeting schedules and past meeting materials. Calendar Year 2024 meeting dates have been posted.

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

#### **Inpatient Hospital Specialty Drug Policy**

Some Physician-Administered Drugs (PADs) will pay based on a percentage of actual acquisition cost submitted and not the applicable All Patients Refined Diagnosis Related Groups (APR-DRG) when administered in the inpatient hospital setting, effective January 1, 2024.

Additional policy guidance will follow, and all information will be posted on the [PAD web page](#). Refer to the [PAD Billing Manual](#) and the [Inpatient/Outpatient \(IP/OP\) Billing Manual](#) for billing requirements and policy guidance.



Refer to [Appendix Z: Outpatient Hospital Specialty Drugs List](#) to view the PADs included in this policy and those requiring approval of a member-specific Prior Authorization (PA) before administration.

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

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## Updates to Billing Guidance for Specialty Drugs

Billing guidance for take-home naloxone for an inpatient stay has been added to the [Inpatient/Outpatient \(IP/OP\) Billing Manual](#). The sections updated are “Billing for Take-Home Naloxone (Opioid Antagonist) for an Inpatient Stay” and “Outpatient Hospital Specialty Drug Carveout”.

Contact Diva Wood at [Diva.Wood@state.co.us](mailto:Diva.Wood@state.co.us) and Jessica Short at [Jessica.Short@state.co.us](mailto:Jessica.Short@state.co.us) with questions.

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## Nursing Facility Providers

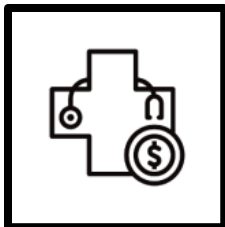
### Fiscal Year 2023-2024 Rate Updates

Nursing Facility rates effective July 1, 2023, through June 30, 2024, have been retroactively finalized. Calculation and implementation of rates retroactive to July 1, 2023, required Centers for Medicare & Medicaid Services (CMS) approval. All facility rates have been loaded in the Colorado interChange (iC), and reimbursement should reflect updated rates for all claims billed for dates of service on or after July 1, 2023. Claims billed at the July 1, 2023, rate as listed on the [Provider Rates and Fee Schedule web page](#) have been reprocessed automatically.

**Note:** Claims for dates of service on or after July 1, 2023, billed using the previous fiscal year’s rates will need to be manually adjusted by the provider to receive the correct reimbursement as the lower-of billed charges payment logic applies.

Hospice providers billing for Revenue Code 0659 are impacted by the nursing facility rate updates. The rates have been implemented, and reimbursement for services should reflect updated rates for all claims billed for dates of service on or after July 1, 2023.

Skilled Nursing Facility (SNF) and Hospice Room and Board fee schedule rates effective July 1, 2023, through June 30, 2024, have been updated on the [Provider Rates and Fee Schedule web page](#) under the [SNF section](#). The fee schedule includes:



- SNF Name
- Nursing Facility Rate
- Hospice Rate
- Rate Begin and End Dates
- Nursing Facility National Provider Identifier (NPI)

## Outpatient Hospital Providers

### **Outpatient Hospital Specialty Drugs: Medications List Update**

#### **Outpatient Hospital Specialty Drugs - Enhanced Ambulatory Patient Group (EAPG) Carveout Program**

Approved outpatient hospital specialty drugs fall under the Outpatient Hospital Specialty Drugs - EAPG Carveout Program. **Breyanzi® (lisocabtagene maraleucel)** and **Elevidys (delandistrogene moxeparvovec-rokl)** have been added to the list of approved outpatient hospital specialty drugs effective October 9, 2023, and January 1, 2024, respectively. Refer to [Appendix Z: Outpatient Hospital Specialty Drugs List](#) for the entire list of specialty drugs subject to the policy.

Member-specific Prior Authorization Requests (PARs) must be submitted directly to the Department and approved prior to administration of the specialty drug. Visit the [Physician Administered Drug \(PAD\) Provider Resources web page](#) under the Outpatient Hospital Specialty Drugs - EAPG Carveout drop-down for resources, including Appendix Z, coverage standards, request forms and submission requirements.

#### **General Information**

Retroactive requests are not usually considered, and PAR approval does not guarantee payment. The outpatient hospital benefits require that the National Drug Code (NDC) of the PAD administered to the member be billed on the claim line. Refer to [Appendix X: Healthcare Common Procedure Coding System \(HCPCS\)/NDC Crosswalk](#) for guidance and valid and reimbursable HCPCS/NDC combinations.

Refer to the [PAD Billing Manual](#) and the [Inpatient/Outpatient \(IP/OP\) Billing Manual](#) or visit the [PAD web page](#) for additional policy information.

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

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## Pharmacy Providers

### **Over-the-Counter (OTC) Nicotine Replacement Therapy**

Over-the-counter (OTC) and prescription nicotine replacement therapies are eligible for coverage when prescribed by enrolled providers. This includes OTC nicotine gum (up to 200 units per fill), nicotine patches (up to 30 patches per 30 days), nicotine lozenges (up to 288 units per fill) and prescription Nicotrol®.

The pharmacy should find a Medicaid Drug Rebate-participating product for the member if the pharmacy bills Health First Colorado for a nicotine replacement therapy product and receives the denial message “70: product/service not covered.”

Contact the [Magellan Rx Management Pharmacy Call Center](#) at 1-800-424-5725 for further technical assistance related to finding a covered nicotine replacement therapy product.

As a reminder, per [10 CCR 2505-10 8.012.2.C.](#), providers are prohibited from collecting or attempting to collect payment from members for covered items or services (e.g., nicotine replacement therapies).

Contact Korri Conilogue at [Korri.Conilogue@state.co.us](mailto:Korri.Conilogue@state.co.us) with questions.

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## Pharmacist Billing Code and Policy Update

Policy regarding reimbursement for the prescription of medications by pharmacists has been updated to be in alignment with [Senate Bill \(SB\)21-094](#), effective November 15, 2023. Claims where pharmacists are indicated as the prescribing provider must meet the following criteria:

1. The member is 12 years of age or older.
2. The drug being prescribed is not a controlled substance.
3. The condition does not require a new diagnosis, is minor and generally self-limiting or has a Clinical Laboratory Improvement Amendments (CLIA)-waived test which the pharmacist administers and uses to guide clinical decision-making.



*Or*

4. The prescription falls within prescriptive authority as outlined under Department of Regulatory Agencies (DORA) Rules incorporated in [3 CCR 719-1 17.00.00](#).

*Or*

5. The prescription is for a medication which has Emergency Use Authorization (EUA) issued by the US Food and Drug Administration (FDA) that supersedes state law and allows a pharmacist to prescribe said medication.

Claims involving criteria 1, 2 and 3 will also require prior authorization as outlined in the [November 2023 Provider Bulletin \(B2300501\)](#).

Evaluation and management services rendered to members while prescribing a medication outside of collaborative practice are also reimbursable when rendered by pharmacists, effective November 15, 2023. These claims must follow additional requirements:

- The pharmacy dispensing fee already includes medication counseling. Pharmacy providers billing the pharmacy benefit should not separately bill the medical benefit for services that are typically included in the medication counseling process, or as applicable, report medication counseling as part of the time component of any code. Counseling services performed under the prescriptive authority granted by state-wide protocols are considered distinct from the pharmacy dispensing fee.
- Providers must ensure the requirements of a code are fully met before the code is used to describe a procedure.

- Medical procedures must continue to be billed on a Centers for Medicare & Medicaid Services (CMS)-1500/837P professional claim, not a pharmacy claim.
- Provider documentation must support the choice of code used and accurately reflect the time spent prescribing, if applicable.
- Pharmacists must adhere to all terms set within the FDA’s EUA for the prescription of Paxlovid™. This guidance supersedes previous guidance included in the [Pharmacist Services Billing Manual](#) related specifically to Paxlovid.

Contact Cameron Amirfathi at [Cameron.Amirfathi@state.co.us](mailto:Cameron.Amirfathi@state.co.us) with policy-related questions.

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

### **Long-Acting Injectable Medication Quantity Limits**

Quantity limits will be applied to pharmacy claims for long-acting injectable antipsychotic medications effective January 1, 2024. These limits are in alignment with Food and Drug Administration (FDA)-approved dosing outlined in product package labeling. The following long-acting injectable medications will be subject to the quantity limitations:

Abilify Maintena®	Invega Trinza®	Risperdal Consta®
Aristada®	Invega Hafyera™	Uzedy™
Invega Sustenna®	Perseris®	Zyprexa Relprev

Contact the [Magellan Rx Management Pharmacy Call Center](#) at 1-800-424-5725 with questions regarding pharmacy claims processing.

Visit the [Pharmacy Resources web page](#) to reference Health First Colorado pharmacy-benefit medication coverage criteria.

### **Naloxone is Covered With Zero Co-Pay**

Providers are reminded that effective July 1, 2023, all pharmacy services are covered for Health First Colorado members with zero co-pay. This includes naloxone and other opioid antagonists used for opioid overdose prevention when prescribed by enrolled pharmacists or other practitioners.

Visit the [Pain Management Resources and Opioid Use web page](#) to view the Naloxone Quicksheet located under the Opioid Overdose Resources drop-down. The Quicksheet is available for sharing and dissemination in both [English](#) and [Spanish](#) and discusses naloxone coverage and access.

## Physician-Administered Drug (PAD) Providers

### Outer Package National Drug Codes (NDCs)

The Physician-Administered Drug (PAD) Benefit will allow for billing of outer package National Drug Codes (NDCs) effective January 1, 2024. NDCs will be reviewed to determine coverage status and added to [Appendix X: Healthcare Common Procedure Coding System \(HCPCS\)/NDC Crosswalk](#) as applicable. Providers are encouraged to ensure the coverage of a PAD prior to administration to a Health First Colorado member.

Visit the [PAD web page](#) for PAD resources. Refer to the [PAD Billing Manual](#) for billing requirements and policy guidance that apply to all PADs when billed on the professional claim form (CMS-1500/837P) and the institutional claim form (UB-04/837I).



Some PADs require member-specific Prior Authorization (PA) before administration. Refer to [Appendix Y: PAD Medical Benefit PA Procedures and Criteria](#) located on the PAD web page and [Appendix Z: Outpatient Hospital Specialty Drugs List](#) to view all PADs subject to PA requirements.

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

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## Physician Services Providers

### Co-Surgery Prior Authorization

Providers are reminded that Prior Authorization Requests (PARs) must include sufficient units for each surgeon when a procedure requiring prior authorization is performed as a co-surgery.

**Example:** Two (2) total units must be prior authorized if a procedure will be reported by two surgeons, each with one (1) unit. One provider may request prior authorization on behalf of both surgeons.

Refer to the [Medical/Surgical Billing Manual](#) for more information about co-surgery requirements.

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

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## Colorado Medicaid eConsult Update

It is anticipated that Health First Colorado providers will have access to a free, secure electronic consultation platform known as Colorado Medicaid eConsult on February 1, 2024.

Colorado Medicaid eConsult aims to improve access to specialty care for members. The platform is designed to assist participating providers in the management of member healthcare needs with the electronic clinical guidance of specialty providers. It is an

alternative to the traditional curbside consultation between providers and reduces unnecessary face-to-face visits for members.

Contact the Department's eConsult Vendor, Safety Net Connect, at [ColoradoSupport@safetynetconnect.com](mailto:ColoradoSupport@safetynetconnect.com) if interested in becoming a participating Primary Care Medical Provider (PCMP) or specialty provider.

Providers are invited to register for an upcoming webinar to gain in-depth information about Colorado Medicaid eConsult and to ask questions or share feedback. All times listed are in Mountain Time (MT).

- December 6, 2023, 8:00 a.m. to 9:30 a.m. MT
  - Topic: Enhancing Access with eConsults: General Overview
  - [Register in advance for this webinar.](#)
- December 13, 2023, 8:00 a.m. to 9:30 a.m. MT
  - Topic: Enhancing Access: eConsults for PCMPs
  - [Register in advance for this webinar.](#)
- January 10, 2024, 8:00 a.m. to 9:30 a.m. MT
  - Topic: Enhancing Access: eConsults for Specialty Providers
  - [Register in advance for this webinar.](#)

#### Anticipated Timeline

- Fall/Winter 2023 - Implementation Activities
- February 1, 2024 - Anticipated "Go Live"

**Note:** The timeline is subject to change without prior notice and is only provided as a reference.

Visit the [eConsult Platform web page](#) or email [HCPF\\_eConsult@state.co.us](mailto:HCPF_eConsult@state.co.us) for more information.

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## University of Colorado School of Medicine Physician and Professional Services Supplemental Payment

The maximum total payment amount for the University of Colorado School of Medicine Supplemental Payment for Physician and Professional Services will be \$200,999,462 for State Fiscal Year 2023-2024.

Contact Daniel Harper at [Daniel.Harper@state.co.us](mailto:Daniel.Harper@state.co.us) or 303-866-4427 for more information.



## Physician Services and Clinic Providers

### **Free Screening, Brief Intervention and Referral to Treatment (SBIRT) Training for Health First Colorado Providers**

Free Screening, Brief Intervention and Referral to Treatment (SBIRT) training for Health First Colorado providers is administered through a partnership with Peer Assistance Services, Inc. (PAS). PAS has provided SBIRT training and support since 2006. The SBIRT program promotes prevention and early intervention efforts through in-person, online and virtual training; technical assistance; and hands-on SBIRT implementation.



Visit the [SBIRT Training Calendar web page](#) to register for an upcoming training. The shared goal is to promote SBIRT as a standard of care throughout Colorado. Refer to the [SBIRT Program Billing Manual](#) to learn more about best billing practices.

Contact Janelle Gonzalez at [Janelle.Gonzalez@state.co.us](mailto:Janelle.Gonzalez@state.co.us) with questions.

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## Physician Services, Dental and Home Services Providers

### **Community Health Worker (CHW) Services Stakeholder Resource**

The Colorado Legislature passed [Senate Bill \(SB\)23-002](#) in May 2023, to add Community Health Worker (CHW) services as a Health First Colorado benefit starting July 1, 2025. Federal authorization will be sought from the Centers for Medicare & Medicaid Services (CMS) by July 1, 2024, to add CHW services as a covered benefit.

A series of stakeholder meetings will be conducted to get input on how to meet federal requirements to add CHW services. [Register on Zoom](#) to select a meeting. All times listed are in Mountain Time (MT).

- Stakeholder Webinar #1: January 9, 2024, at 10:00 a.m. MT
- Stakeholder Webinar #2: January 23, 2024, at 10:00 a.m. MT
- Stakeholder Webinar #3: February 13, 2024, at 10:00 a.m. MT
- Stakeholder Webinar #4: February 27, 2024, at 10:00 a.m. MT

Interested stakeholders can visit the [Community Health Workers web page](#) for additional resources, timelines and updates.

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

## Speech Therapy Providers

### **Speech Therapy Prior Authorization Request (PAR) Information and Daily Limit Removal**

There will be 12 sessions of speech therapy available for children and adults before a prior authorization is required effective December 1, 2023. The newly allowed sessions will be based on one (1) date of service, which equates to one speech therapy session. While billing of timed and untimed codes equates to a specific number of units, the decrement of the one session will be solely based on the date of service.

Many providers had questions during the stakeholder engagement meeting regarding whether Current Procedural Terminology (CPT) codes 92507 and 92526 equate to either one (1) or two (2) sessions. CPT code 92507 is an encounter-based code with a Medically Unlikely Edit (MUE) of one unit per day and should only be billed at a maximum of one unit of service per day. CPT code 92526 has a MUE value of one unit. Providers are still expected to follow all National Correct Coding Initiative (NCCI) and MUE policies when billing for speech therapy services.

**Example:** A provider bills one (1) unit of 92507 and one unit of 92526 for a total of two (2) units on one date of service. This equates to one date of service and will only decrement one session from the member's allowed 12 sessions before a Prior Authorization Request (PAR) is required.

Visit the [Outpatient Speech Therapy Benefit web page](#) under the Webinars drop-down for the recording of the speech therapy question-and-answer webinar hosted on November 3, 2023.

The five (5)-unit daily limit has been removed for outpatient speech therapy services, also effective December 1, 2023. Providers are encouraged to follow NCCI and MUE guidelines.

Contact Devinne Parsons at [Devinne.Parsons@state.co.us](mailto:Devinne.Parsons@state.co.us) regarding outpatient speech therapy policy questions.

Contact [HCPF\\_UM@state.co.us](mailto:HCPF_UM@state.co.us) with questions regarding prior authorizations.

Contact the [Provider Services Call Center](#) with questions regarding claims and the [Provider Web Portal](#).

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## Vaccine Providers

### **Vaccine Information for Child Health Plan *Plus* (CHP+) Members**

Colorado's Child Health Plan *Plus* (CHP+) Program is covering new vaccines and Monoclonal Antibody (MAB) injections for Respiratory Syncytial Virus (RSV) for the following populations:

- Members aged 0-2 years
- Pregnant members



CHP+ is not part of the Vaccines for Children (VFC) program. CHP+ claims are paid similarly to a commercial plan's costs and processes.

Procedure Codes	Description	CHP+ Rates
90380	Beyfortus™ 0.5 mL dosage	\$495
90381	Beyfortus™ 1.0 mL dosage	\$495
96372	Administration (of Beyfortus™)	\$14.60
90678	Abrysvo™ 0.5 mL dosage	\$295
90471	Administration (of Abrysvo™)	\$17.39

\*CHP+ is covering Beyfortus™, the brand name for nirsevimab.

Providers are reminded to verify the member's eligibility and Managed Care Organization (MCO). Providers should contact the appropriate MCO for further billing instructions. Benefits and rates through CHP+ may vary from the Title 19 (XIX) benefit plan.

## **Provider Billing Training Sessions**

### **December 2023 and January 2024 Provider Billing Training Sessions**

Providers are invited to sign up for an upcoming beginner billing training webinar. Two (2) beginner billing trainings are offered each month:

1. Professional claims (CMS-1500)
2. Institutional claims (UB-04)

Click "[Which Training Do I Need?](#)" on the [Provider Training web page](#) to find trainings aligned to provider type. All sessions are held via webinar on Zoom, and registration links for the next two months are shown below.



Visit the [Provider Training web page](#) under the Billing Training - Resources drop-down section to preview training materials.

Refer to the Provider Web Portal Quick Guides located on the [Quick Guides web page](#) for more training materials on navigating the [Provider Web Portal](#).

#### **Who Should Attend?**

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

These training sessions provide a high-level overview of member eligibility, claim submission, prior authorizations, [Department website](#) navigation, Provider Web Portal use and more.

### Live Webinar Registration

Click the title of the desired training session in the calendar to register for a webinar. An automated response will confirm the reservation.

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

December 2023				
Monday	Tuesday	Wednesday	Thursday	Friday
				1
4	5	6	7 <a href="#">Beginner Billing Training: Professional Claims (CMS-1500) - Thursday, December 7, 2023, 9:00 a.m. - 11:30 a.m. MT</a>	8
11	12	13	14 <a href="#">Beginner Billing Training: Institutional Claims (UB-04) - Thursday, December 14, 2023, 9:00 a.m. - 11:30 a.m. MT</a>	15
18	19	20	21	22
25	26	27	28	29

January 2024				
Monday	Tuesday	Wednesday	Thursday	Friday
1	2	3	4	5
8	9	10	11 <a href="#">Beginner Billing Training: Professional Claims (CMS-1500) - Thursday, January 11, 2024, 9:00 a.m. - 11:30 a.m. MT</a>	12
15	16	17	18	19
22	23	24	25 <a href="#">Beginner Billing Training: Institutional Claims (UB-04) - Thursday, January 25, 2024, 9:00 a.m. - 11:30 a.m. MT</a>	26
29	30	31		

## Upcoming Holidays

Holiday	Closures
<b>Christmas Day, Monday, December 25</b>	State Offices, Gainwell Technologies, DentaQuest, AssureCare 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.
<b>New Year's Day, Monday, January 1, 2024</b>	State Offices, Gainwell Technologies, DentaQuest, AssureCare 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.
<b>Martin Luther King Jr. Day Monday, January 15, 2024</b>	State Offices, 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 will be open.

## Gainwell Technologies Contacts

### Provider Services Call Center

1-844-235-2387

### Gainwell Technologies Mailing Address

P.O. Box 30

Denver, CO 80201