



Provider News & Resources

April 8, 2024 Issue 90

In This Issue:

Did You Know? Claim Submissions

PAD Providers: Quarter 2 Rate Update 2024

Updated Billing Manuals

NEMT Enrollments Continue to be Closed

Public Meeting to Gauge Community Interest in Potential Application to Federal Transforming Maternal Health (TMAH) Model

HCBS Program Aid Code Changes for Member Eligibility

LTSS Provider Webinar Announcement

HCBS: Direct Care Workforce Stabilization Board Public Hearings

Did You Know?

Claim Submissions

Providers can use different methods simultaneously for claim submission.

Using more than one (1) clearinghouse or using a combination of the [Provider Web Portal](#) and a clearinghouse is acceptable.

Physician-Administered Drugs (PAD) Providers

Quarter 2 Rate Update 2024

The Physician-Administered Drug (PAD) rates for the second quarter of 2024 have been updated.

The new rates are effective April 1, 2024, and are posted to the [Provider Rates and Fee Schedule web page](#) under the

Featured Resource: Revalidation
FAQ

Known Issue: Some PT/OT Claims
Denying for EOB 2305

Resolved Known Issue: Some Claims
Billed by Optical Outlets Denying
EOB 1997

Resolved Known Issue: Some Claims
for PAD Denying EOB 7827

Featured Resources:

[April 2024 Provider Bulletin
\(B2400507\)](#)

[Physician-Administered Drug Fee Schedule](#)
section.

Updated Billing Manuals

- [Appendix R - Remittance Advice \(RA\) Messages](#)
- [Appendix X - HCPCS/NDC Crosswalk for Billing Physician-Administered Drugs](#)

Visit the [Billing Manuals web page](#) to locate all published manuals.

Non-Emergent Medical Transportation (NEMT) Enrollments Continue to be Closed

The state imposed a moratorium on new enrollments for Non-Emergent Medical Transportation (NEMT) due to a significant potential for fraud, waste, or abuse to the Medicaid program.

An extension of a maximum of six months was requested and approved by CMS, effective April 1, 2024. New enrollments continue to be closed.

Public Meeting to Gauge Community Interest in Potential Application to Federal Transforming Maternal Health (TMaH) Model

Organizations and individuals are invited to attend a public meeting that will present information about the possible application of the Department of Health Care Policy &

Financing (the Department) to a federal Transforming Maternal Health (TMaH) Model from the Centers for Medicare & Medicaid Services (CMS). The model focuses on improving maternal health care for people enrolled in Medicaid and Children's Health Insurance Program (CHIP). Visit the [Transforming Maternal Health \(TMaH\) Model web page](#) to learn more about the model.

Department staff will review what is currently known about the model at the meetings. Attendees will then be invited to provide feedback. Department staff are eager to gauge interest in the model and identify community preferences for what should be prioritized in its application.

Community feedback will inform the Department's TMaH Model application and design.

The meetings will be recorded, shared with attendees and posted to the [Transforming Maternal Health \(TMaH\) Public Meeting web page](#).

Meeting Date and Time: Tuesday, April 16, 2024, 11:00 a.m. - 12:00 p.m. MT

Registration and Location: The meeting will be virtual via Zoom. [Register in advance for the meeting](#).

Meeting Accommodation and Language Access Notice: Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Please notify Patrick Potyondy at Patrick.Potyondy@state.co.us at least one week prior to the meeting to make arrangements.

Las ayudas y servicios auxiliares para individuos con discapacidades y servicios de idiomas para individuos cuyo idioma materno no sea inglés pueden estar disponibles por solicitud. Comuníquese con Patrick Potyondy a Patrick.Potyondy@state.co.us al menos una semana antes de la reunión para hacer los arreglos necesarios.

Contact Anoushka Milllear at Anoushka.Milllear@state.co.us or Brooke Greenky at Brooke.Greenky@state.co.us with questions or for more information.

Home and Community-Based Services (HCBS) Program Aid Code Changes for Member Eligibility

Home and Community-Based Services (HCBS) providers may now see Universal Aid Code "MH" associated with some Waiver Benefit Plans for eligible members when they check a member's eligibility in the [Provider Web Portal](#).

The new MH Universal Aid Code replaces thirteen (13) prior aid codes, beginning March 1, 2024. Waiver Benefit Plans for eligible members may be missing from their Benefits Details list due to a known delay by the counties in determining the benefit plans.

Refer to the [Benefit Plan & Program Aid Code Acronyms Provider Web Portal Quick Guide](#) for benefit plan and program aid code acronyms.

Long-Term Services and Supports (LTSS) Provider Webinar Announcement

A presentation to Long-Term Services and Supports (LTSS) providers will be hosted on **April 25, 2024, from 10:00 a.m. - 11:00 a.m. MT.**

This presentation will provide information on the work being done to stabilize the LTSS system during several concurrent changes (Public Health Emergency (PHE) Unwind, the new Care and Case Management (CCM) IT system, Case Management Redesign) and the impacts on provider payments.

Complete the [April 25, 2024 - LTSS Provider Webinar Topic Suggestions/Questions form](#) to submit questions or topic suggestions. Submissions will be collected until Thursday, April 18, 2024.

Note: Questions about specific member issues will not be addressed at this webinar. If experiencing an issue specific to a member, complete the [Health First Colorado and Child Health Plan Plus Grievance Form](#). Issues will be addressed as quickly as possible.

[Register in advance for this webinar.](#)

Southern Colorado, Metro Denver, Western Slope HCBS Providers

Direct Care Workforce Stabilization Board Public Hearings

HCBS providers and staff members are invited to share experiences and suggestions to help inform recommendations for minimum direct care employment standards.

Suggestions will be shared with the Governor and legislature as required by [Senate Bill \(SB\) 23-261](#): Direct Care Workforce Stabilization Board Act.

These public meetings are available for both in-person and virtual attendance. Visit the [Direct Care Workforce web page](#) for the location and Zoom registration link. If unable to attend the meeting for your region, feel free to join another meeting.

Complete the [Direct Care Workforce Stabilization Board: Submit Public Comments form](#) (submit anonymously by not entering a name and email address) or via email to cdle_lsoutreach@state.co.us to submit suggestions.

Providers are encouraged to share this information with direct care workforce staff members.

- Pueblo - April 27, 2024, 1:00 p.m. - 3:00 p.m. MT
- Aurora - May 7, 2024, 5:30 p.m. - 7:30 p.m. MT
- Grand Junction - May 17, 2024, 12:00 p.m. - 2:00 p.m. MT

Featured Resource: Revalidation Frequently Asked Questions (FAQ)

How does revalidation affect the financial cycle?

When will payment be received?

Providers who revalidate before their revalidation due date should not experience any delays in payment. Providers who revalidate **after** their revalidation due date will experience a delay in claims processing.

Claims are processed weekly on Fridays. Once a provider has an approved revalidation application, claims will be processed in the weekly financial cycle. Providers could receive payment the Thursday following that Friday financial cycle.

Are there EOB Reasons specific to revalidation?

Yes.

- EOB 7511 - Billing provider has not completed revalidation.
- EOB 7512 - Rendering/Performing provider due for revalidation.
- EOB 7513 - Attending provider has not completed revalidation.
- EOB 7514 - Ordering, Referring, Supervising provider due for revalidation.

Providers who have not completed revalidation before their due date may see an Explanation of Benefits (EOB) reason shown above. Providers will be required to complete their revalidation before claims are processed.

Known Issues

Some Physical Therapy and Occupational Therapy Claims for Procedure Codes 90911, 90912, 90913 Denying for Explanation of Benefits (EOB) 2305

Some Physical Therapy and Occupational Therapy Claims for procedure codes 90911, 90912, 90913 are denying for Explanation of Benefits (EOB) 2305 - "Occupational therapy and Physical therapy services limited to a maximum of 48 units per 366 days."

A resolution to this issue is in process.

Affected claims will be reprocessed.

Resolved Known Issues

Resolved 04/05/24:

Some Claims Billed by Optical Outlets Denying for Explanation of Benefits (EOB) 1997

Some claims billed by optical outlets were denying for EOB 1997 - "The referring, ordering, prescribing or attending provider is missing or not enrolled. Please resubmit with a valid individual NPI in the attending or referring field."

Affected claims were reprocessed on 04/05/24.

Issue resolved 04/05/24.

Resolved 04/03/24:

Some Claims for Physician-Administered Drug (PAD) for Procedure Code J0256 Denying for Explanation of Benefits (EOB) 7827

Some claims for Physician-Administered Drug (PAD) for procedure code J0256 were denying for Explanation of Benefits (EOB) 7827 - "Unlisted procedure code should not be used when a more descriptive procedure code representing the service provided is available."

Affected claims were reprocessed 04/08/24.

Issue resolved 04/03/24.
