



Provider News & Resources

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Did You Know?

Keeping a Claim in Timely Filing

Providers are able to keep claims within timely filing by resubmitting every 60 days after the initial timely filing period of 365 days from the date of service (DOS).

The previous Internal Control Number (ICN) must be referenced on the claim if the claim is over 365 days. Providers may resubmit within 60 days with the previous ICN if an adjustment is done by the fiscal agent.

Visit the [Frequently Asked Questions \(FAQs\) and Billing Resources web page](#) under the Timely Filing drop-down for more information.

Upcoming Holidays:

**Labor Day -
Monday, September 4, 2023**

State Offices, the ColoradoPAR Program, DentaQuest and Gainwell Technologies will be closed.

Certification Panel Changes in the Provider Web Portal

Effective August 10, 2023, the Certification Panel is now located on the Provider Identification Panel in the [Provider Web Portal](#) for providers who have obtained a certification. Previously, the Certification fields were located on the Other Information Panel. Some field names were renamed or updated on the Certification Panel for consistency in the Web Portal.

The drop-down menu now contains 19 certification types.

Providers will be **required** to update the certification type with one of the values listed in the drop-down menu when processing a **new** enrollment request, maintenance request or revalidation request. The selected certification type value is accepted and saved on the provider record.

Certification Examples:

- Board Certified Behavioral Analyst
- Commission on Rehabilitation Counselor
- Complex Rehabilitation Technology

Refer to the Provider Enrollment Manual located under the Enrollment Resources section on the [Provider Enrollment web page](#) for information on adding or updating certifications.

Refer to the Revalidation Manual located under the Revalidation Resources section on the [Revalidation web page](#) or the [Revalidation Quick Guide](#) for information on adding or updating certifications.

Refer to the [Provider Maintenance Quick Guide](#), [Provider Maintenance - Update License & CLIA Quick Guide](#) and the [Revalidation Quick Guide](#) located on the [Quick Guides web page](#) for more information.

Physician-Administered Drug (PAD) Providers

Prior Authorization (PA) Requirements

A select number of Physician-Administered Drugs (PADs) are subject to prior authorization (PA) requirements. Providers should ensure that any Health First Colorado (Colorado's Medicaid program) member due to receive PADs has an approved PA on file prior to administration.

Visit the [Physician-Administered Drugs web page](#) and refer to the Appendix Y: Physician Administered Drug Medical Benefit Prior Authorization Procedures and Criteria drop-down for more information.

Visit the [ColoradoPAR: Health First Colorado Prior Authorization Request Program web page](#) and the [Physician Administered Drug web page](#) for more information regarding PAD PA requirements.

This information was originally published in the [January 2023 Provider Bulletin \(B2300488\)](#).

Family Planning Access in Colorado

Input from providers is needed to develop recommendations for improving access to family planning services in Colorado.

The Colorado Department of Public Health & Environment (CDPHE) Family Planning Program's (FPP) network of funded providers currently serve around 43,000 people per year across the state of Colorado.

In 2019, there were approximately 93,300 low-income Coloradan women ages 13 - 44

without coverage for family planning services. There are also approximately 100,000 low-income Coloradan men ages 18 - 64 without insurance.

There have been important expansions to access over the last several years, including:

- A state plan amendment to expand income eligibility for Health First Colorado services
- The creation of a coverage programs for undocumented individuals
- Expansions of commercial and Health First Colorado insurance coverage for contraceptive care
- Increased funding for the family planning program

Persistent gaps in access remain, however.

How to Engage in the Family Planning Access Collaborative Process

Participate in a focus group where CDPHE will hear perspectives about family planning access to share with the collaborative to assist in making recommendations.

Click the relevant link below to register for the focus group:

- [Local Public Health Agencies](#): Tuesday, August 29, 11:00 a.m. - 12:00 p.m. MT
- [Federally Qualified Health Centers](#): Tuesday, August 29, 12:30 p.m. - 1:30 p.m. MT
- [Promotoras \(en español\)](#): Tuesday, August 29, 4:00 p.m. - 5:00 p.m. MT
- [Navigators/Case Managers](#): Wednesday, August 30, 12:00 p.m. - 1:00 p.m. MT
- [All Other Providers](#): Monday, August 28, 12:00 p.m. - 1:00 p.m. MT

Written Appeals Process

If all means of achieving satisfactory claim resolution through the fiscal agent and the Claims Processing unit have been exhausted, providers may file a written appeal with the Office of Administrative Courts.

The address for the Office of Administrative Courts is listed in [Appendix A](#) located under the Appendices drop-down on the [Billing Manuals web page](#).

Appeals submitted to the Office of Administrative Courts must be received within 30 days from the mailing date of the last notice of action.

This information is also located on the [Frequently Asked Questions \(FAQs\) and Billing Resources web page](#) under the Appeals drop-down.

Recently Updated Billing Manuals

- [Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs](#)
- [Family Planning Benefit Expansion for Special Populations](#)
- [HCBS - Children's Habilitation Residential Program \(CHRP\) Waiver Program](#)
- [Non-Emergent Medical Transportation \(NEMT\)](#)

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

Resolved Known Issues

**Federally Qualified Health Center (FQHC), Hospital - General,
Indian Health Services, Non-Physician Practitioner,
Physician Services/Clinics, Rural Health Clinic**

Resolved 08/16/23

Vaccine Claims with Procedure Code 0113A were Denying for Explanation of Benefits (EOB) 3280 - "The member's age is invalid for this procedure code. Verify the member's birth date/procedure code."

Some vaccine claims with Procedure Code 0113A were denying for Explanation of Benefits (EOB) 3280 - "The member's age is invalid for this procedure code. Verify the member's birth date/procedure code."

This policy allows for the billing of procedure code 0113A for children aged 0 - 5 years.

Affected claims were reprocessed on 08/17/23.

Issue resolved 08/16/23.

Hospital Providers

Resolved 08/16/23

Outpatient Hospital Claims Paying Incorrect Rate

Some outpatient hospital claims were paying at the incorrect Enhanced Ambulatory Patient Group (EAPG) rate for dates of service beginning July 1, 2023. The across-the-board rate was implemented in the Colorado interChange on August 16, 2023.

Affected claims will be reprocessed.

Issue resolved 08/16/23.
