



Provider News & Resources

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Did You Know?

Enrollment Requirements

Application fees, fingerprinting and site visits are required for some enrollments. Any of these requirements that were waived for the Public Health Emergency (PHE) will now be required to continue enrollment. Providers must ensure all enrollment requirements are met to avoid disenrollment and claim denials.

Refer to the [Paying a Previously Waived New Enrollment Application Fee Quick Guide](#) or the Fingerprinting section of the [Provider FAQ Central web page](#) for instructions on paying an application fee or completing the fingerprint requirement.

Contact the [Provider Services Call Center](#) to schedule a required site visit or to check the status of enrollment. Say “enrollment” after the verification of the provider ID or the National Provider

Resolved Known Issue: Claims for Immunizations Denying EOB 7803

Resolved Known Issue: Adult Home Health Denying for PA

Resolved Known Issue: DME Supply Claims Suspending EOB 2861

Featured Resources:

[June 2023 Provider Bulletin \(B2300495\)](#)

Upcoming Holidays:

**Juneteenth -
Monday, June 19, 2023**

**Independence Day - Tuesday,
July 4, 2023**

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

**NEW Governor's Holiday
- Monday, July 3, 2023**

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

Identifier (NPI) with the virtual agent to be transferred to a live agent.

Reminder:

Health First Colorado Enrollment

Providers are reminded that the Affordable Care Act (ACA) requires physicians and other eligible practitioners to enroll in Health First Colorado (Colorado's Medicaid program).

This applies to **all** rendering, attending, and ordering, prescribing and referring (OPR) providers.

Note: All National Provider Identifiers (NPIs) listed on a claim **must be enrolled** with Health First Colorado.

National Provider Identifier (NPI) Updates in the Provider Web Portal

Providers will soon be required to use a National Provider Identifier (NPI) that is not already active on a pending new enrollment application, or on a pending NPI change maintenance request.

The NPI is entered on a provider application in the Request Information panel in the Provider Web Portal. The NPI is entered on the Specialty and Contact Information Changes panel for maintenance requests.

Refer to the [June 2023 Provider Bulletin \(B2300495\)](#) for more information.

Vaccine Providers:

New COVID-19 Vaccine CPT Codes

Effective April 18, 2023, the following Common Procedural Terminology (CPT) Codes are to be used for COVID-19 vaccines:

- Code 0121A for Pfizer-BioNTech COVID-19 Vaccine, Bivalent (12 years and older) - Single Dose
- Code 0141A for Moderna COVID-19 Vaccine, Bivalent (Pediatric 6 months - 11 years) - First Dose
- Code 0142A for Moderna COVID-19 Vaccine, Bivalent (Pediatric 6 months - 11 years) - Second Dose
- Code 0151A for Pfizer-BioNTech COVID-19 Vaccine, Bivalent (Pediatric 5 - 11 years) - Single Dose
- Code 0171A for Pfizer-BioNTech COVID-19 Vaccine, Bivalent (Pediatric 6 months - 4 years) - First Dose
- Code 0172A for Pfizer-BioNTech COVID-19 Vaccine, Bivalent (Pediatric 6 months - 4 years) - Second Dose

The rates for these codes are reflected on the [Immunizations Fee Schedule](#). Claims will be

reprocessed.

Contact Christina Winship at Christina.Winship@state.co.us with any questions.

Multi-Payer Portal Values

It is anticipated that providers submitting claims in the [Provider Web Portal](#) will see a new Payer drop-down list effective June 15, 2023.

Only one value currently appears in the drop-down list: Title XIX Payer. Claims previously submitted will display Payer of Title XIX. This change will apply to all claim types and will be the default for payers in the Web Portal.

Contact the [Provider Services Call Center](#) with any questions.

Recently Updated Billing Manuals

- [Appendix R - Remittance Advice \(RA\) Messages](#)
- [Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs](#)
- [Appendix Z - Outpatient Hospital Specialty Drugs](#)
- [Ambulatory Surgery Centers \(ASC\)](#)
- [Audiology](#)
- [Behavioral Health Secure Transportation \(BHST\)](#)
- [Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\)](#)
- [DME Healthcare Common Procedure Coding System \(HCPCS\)](#)
- [General Billing](#)
- [Immunization Benefits](#)
- [Inpatient/Outpatient \(IP/OP\)](#)
- [Obstetrical Care](#)
- [Pharmacy](#)
- [Psychiatric Residential Treatment Facility](#)
- [Qualified Residential Treatment Program \(QRTP\)](#)
- [Telemedicine](#)

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

Known Issues

Durable Medical Equipment (DME) Supply Claims Suspending Explanation of Benefits (EOB) 2861

Claims were suspending for Explanation of Benefits (EOB) 2861 - "No Rate on File for the Date(s) of Service". A secondary issue is still affecting claims. Claims are still in a suspended status for the [following codes](#).

A resolution to this issue is in process.

Affected claims will be recycled.

Resolved Known Issues

Resolved 06/09/23

Claims Suspending for Explanation of Benefits (EOB) 7900 - CXT-S Claim suspended for internal review

Some claims were suspending due to system connectivity issues for Explanation of Benefits (EOB) 7900 -" CXT-S Claim suspended for internal review".

Affected claims were reprocessed 06/08/23 and 06/09/23.

Issue resolved 06/09/23.

Hospital and Physician-Administered Drugs (PAD) Providers

Resolved 06/09/23

Hospital and PAD Claims Paid or Denying due to HCPCS/NDC Crosswalk File

Some claims that have Physician-Administered Drugs (PADs) with dates of service (DOS) 04/01/23 - 06/07/23 were denied due to an issue with the HCPCS/NDC Crosswalk file.

Claim reprocessing started on 06/09/23. More information will be provided in future communications when reprocessing is complete.

Issue resolved 06/09/23.

Resolved 06/02/23

Claims for Immunizations Denying for Explanation of Benefits (EOB 7803) "Service is denied because a single procedure code exists to describe the service"

Claims for immunizations billed with codes 90707 and 90716 concurrently were incorrectly denying for Explanation of Benefits (EOB 7803) "Service is denied because a single procedure code exists to describe the service".

Affected claims were reprocessed on 06/02/23.

Issue resolved 06/02/23.

Resolved 05/19/23

Durable Medical Equipment (DME) Supply Claims Suspending Explanation of Benefits (EOB) 2861

Claims for procedure codes E0118, E0370, E0565, E0785, E0786, E0850, E0856, E0930, E0936, E0958, E0959, E0967, E0968, E0969, E0970, E0980, E0983, E0984, E0986, E0988

were suspending for Explanation of Benefits (EOB) 2861 - "No Rate on File for the Date(s) of Service".

Affected claims will be recycled.

Issue resolved 05/19/23.

Resolved 04/26/23

**Some Claims for Adult Home Health Services
Denying for Prior Authorization**

Some claims for adult home health services may have denied due to no Prior Authorization (PA) being found as some PAs were not entered into the Colorado interChange. Data entry has been delayed on more recently submitted PARs. Please allow at least three business days prior to sending an email inquiry to hcpf_lthhpars@state.co.us.

Some affected claims were reprocessed on 05/04/23, and additional reprocessing was completed on 5/15/23. In addition, some claims must be resubmitted by the provider with the correct date plan established.

Issue resolved 04/26/23.
