



# Provider News & Resources

July 10, 2023 Issue 72

## *In This Issue:*

Did You Know? Timely Filing

New Portal to Support the FAMILI Program

Member Co-Pay Reductions

COVID-19 Vaccine CPT Codes

Prevention of Duplicate Injectables within Seven Days of Billing

Updated Billing Manuals

Resolved Known Issue: NPI Error with Revalidation Applications

Resolved Known Issue: PETI PAR Error Message

## *Featured Resources:*

[July 2023 Provider Bulletin \(B2300496\)](#)

## **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 [Timely Filing Frequently Asked Questions web page](#) for more information.

---

## **New Portal to Support the Family and Medical Leave Insurance (FAMLI) Program**

The passing of Proposition 118 in 2020 paved the way for Colorado's new paid Family and Medical Leave Insurance (FAMLI) program. There is a system being built that Coloradans will use to apply for paid leave benefits once they become available in 2024. It is anticipated that healthcare providers will be able to register in this portal system around mid-August 2023, to review claims submitted by members and other patients under their care.

Healthcare providers are encouraged to register in the system before benefits are available, so offices will receive direct notifications from the portal when a member needs support. A staff member can be designated within the portal when registering to take care of paperwork.

Once registered, providers and staff will be able to electronically communicate the recommended care plan to support the member and their families while dealing with a serious health condition that prevents them from working.

Registered providers will streamline communications with the FAMLI Division. This will also provide a hassle-free experience for members during stressful life events. All the required FAMLI documents can be filled out electronically, which will eliminate the need for members to bring in paperwork.

Instructional videos and guides will be posted to the FAMLI [Health Care Providers web page](#). An [email subscription](#) to receive updates about the portal is also available.

---

### **All Providers**

#### **Member Co-Pay Reductions**

Most existing Health First Colorado (Colorado's Medicaid program) member co-pays are being reduced to \$0 in accordance with [Senate Bill \(SB\) 23-222](#) and [SB 23-214](#), effective July 1, 2023.

---

This change will be effective for members eligible for Title XIX, the Alternative Benefits Plan (ABP) and the Old Age Pension (OAP) Health and Medical Care Program. Other special programs administered by the Department of Health Care Policy & Financing (the Department), such as the Child Health Plan *Plus* (CHP+), will continue to have co-pays as normal.

The list of services reducing their co-pay amounts to \$0 includes:

- Inpatient hospital services
- Outpatient hospital services
- Optometrist visits
- Podiatrist visits
- Primary Care Physician (PCP) and specialist services
- Rural Health Clinic (RHC) visits
- Federally Qualified Health Center (FQHC) visits
- Durable Medical Equipment (DME) and disposable supply services
- Laboratory services
- Radiology services
- Prescription drugs or refill services

Outpatient hospital non-emergent emergency room visits will continue to carry an \$8 copay per visit. Exemptions to co-pays will continue to apply. Visit the [Co-Pay Information for Providers web page](#) for a full list.

Claims with dates of service prior to July 1, 2023, will still have these co-pays assessed.

Providers are encouraged to reference the [Provider Web Portal](#) when meeting with a member to ensure the member's eligibility and if these reductions apply.

Refer to the [Verifying Member Eligibility and Co-Pay Quick Guide](#) 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](#). Affected claims were reprocessed on 07/06/23.

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

---

## **Prevention of Duplicate Injectables within Seven Days of Billing**

The Colorado interChange will compare fee-for-service pharmacy and professional/professional crossover claim types to prevent duplicate reimbursement payments for Physician-Administered Drugs (PADs).

A provider's office (clinic) will not be reimbursed for a PAD when another pharmacy or professional/professional crossover claim line has already been paid for the same drug's specified National Drug Code (NDC) range within seven (7) days of the date of service.

If a duplicate is detected, the line will be denied and providers will receive Explanation of Benefits (EOB) 1817 - "Duplicate claim. NDC previously paid."

---

Contact the [Provider Services Call Center](#) for questions about billing.

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

---

## Recently Updated Billing Manuals

- [Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs](#)
- [Behavioral Health Secure Transportation \(BHST\) Billing Manual](#)
- [Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\) Billing Manual](#)
- [Family Planning Benefit Expansion for Special Populations](#)
- [General Provider Information](#)
- [Home and Community Based Services for Persons with Intellectual and/or Developmental Disabilities Waiver Programs](#)
- [Pharmacy Billing Manual](#)

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

## Resolved Issues

**Resolved 6/29/2023**

### **National Provider Identifier (NPI) Error with Revalidation Applications**

Some providers were experiencing issues resubmitting returned Revalidation applications. Providers were incorrectly seeing an error showing a provider's National Provider Identifier (NPI) number being already in use.

Issue resolved 06/29/23.

---

---

**Resolved 06/28/23**

**Nursing Facilities: PETI PAR Error Message**

Some providers were receiving an incorrect error message when they tried to submit for Post Eligibility Treatment of Income (PETI) Prior Authorization Request (PAR), "Data validation failure. PROV invalid for FIN payer. Rend PROV invalid for BEN Plan."

Affected claims were reprocessed on 06/28/23.

Issue resolved 06/28/23.

---

---