



# Provider News & Resources

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## Did You Know?

### New Virtual Agent Option for Case Managers

The [Provider Services Call Center](#) virtual agent now has an option for Case Managers. This only applies to agencies that manage cases for Home and Community-Based Services (HCBS) and are already using the Care and Case Management (CCM) system. All other callers may enter the Provider ID or speak a key word to be transferred to the appropriate call queue.

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## Recently Updated Billing Manuals

- [Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs](#)
- [General Provider Information](#)

***Upcoming Holidays:***

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

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

- [Physical and Occupational Therapy \(PT/OT\)](#)

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

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## **Physician Services, Pharmacy, Optometrists**

### **Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services**

Federal Medicaid law, 42 U.S.C. § 1396d(r), requires state Medicaid programs to provide Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) for members under 21 years of age. Health First Colorado (Colorado's Medicaid program) is required to cover any service for members age 20 or younger that is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition identified by screening," whether or not the service is covered under the Colorado State Medicaid Plan. The service must be covered if it is medically necessary to improve or maintain the member's overall health, even if the service will not cure the member's condition.

EPSDT benefits are more robust than the adult Medicaid benefit package and include a separate medical necessity definition for services rendered to or requested for members under the age of 21. Refer to [10 CCR 2505-10 § 8.280.4.E](#) for more information. EPSDT makes short-term and long-term services available to all members under 21 years of age, without many of the limits Medicaid imposes for services for members over the age of 21. The services must be prescribed by the member's treating provider(s) and prior authorization may be required for some services.

Service requests for non-covered state Medicaid plan services, and requests for a review when there is no established review process for a requested service, should be submitted to [HCPF\\_EPSDT@state.co.us](mailto:HCPF_EPSDT@state.co.us). The form for these requests is listed as the EPSDT Request Form for Non-Covered State Medicaid Plan Services for Members under Age 21 on the

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[EPSDT web page](#).

Examples of services that are not currently covered by Health First Colorado services, but may be available on a case-by-case basis for members under 21 years of age, include but are not limited to:

- Corneal Cross-linking
- Unilateral Cochlear Implants

Visit the [EPSDT web page](#) and the [June 2023 EPSDT Policy Statement](#) for more information.

Contact Gina Robinson at [Gina.Robinson@state.co.us](mailto:Gina.Robinson@state.co.us) with questions.

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## Pharmacy Providers

### Reminder: Update Fax Numbers

Pharmacy providers are encouraged to ensure their fax numbers are accurate and current to receive important pharmacy fax blasts. Many pharmacies either do not have a fax number on file or have a corporate fax number on record.

Visit the [Provider Maintenance - Provider Web Portal Quick Guide web page](#) for more information on updating the fax number.

## Resolved Issues

**Resolved 07/28/23**

**COVID Booster Claims Using Procedure Code 0174  
Denying for EOB 3261**

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Claims for COVID boosters using procedure code 0174A were denying for Explanation of Benefits (EOB) 3261 "The procedure code currently is not a benefit for date of service billed."

Affected claims were reprocessed 07/28/23.

Issue resolved 07/28/23.

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## **Pharmacy Providers**

**Resolved 07/12/23**

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

Effective for dates of service beginning January 14, 2022, the Colorado interChange compares 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."

Affected claims were reprocessed on 07/21/23.

Changes implemented on July 12, 2023.

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