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Did You Know?

A change will be occurring when contacting the [Provider Services Call Center](#).

All callers will be required to provide the Health First Colorado (Colorado's Medicaid program) Provider ID in addition to the National Provider Identification (NPI) (if applicable) to discuss any protected health information (PHI), such as eligibility verification or claims.

Ensure any billing companies used have both the NPI and the specific provider ID for each location and provider type.

All Providers

Claims for Healthcare Common Procedure Coding System (HCPCS) 2023 Procedure Codes Suspending for Explanation of Benefits (EOB) 0000

Effective January 1, 2023, claims billed with a HCPCS 2023 procedure code may begin suspending for EOB 0000 - "This claim/service is pending for program review." The Colorado interChange is being updated with the 2023 HCPCS billing codes based on the Centers for Medicare & Medicaid Services (CMS) annual release of deletions, changes and additions.

A special issue of the Provider Bulletin is expected for publication in mid or late January with the details. Claims will be released from suspense once the update is complete.

Providers are reminded to check the [Provider Rates & Fee Schedule web page](#) before billing to ensure the codes are a covered benefit. All codes must be reviewed for medical necessity, prior authorization coverage standards and rates before the codes are reimbursable.

Information to Prepare for End of the Public Health Emergency

Public Health Emergency Overview

In January 2020, the U.S. Department of Health and Human Services (HHS) declared a public health emergency (PHE) in response to the outbreak of COVID-19. Congress subsequently passed legislation that ensured anyone enrolled in Health First Colorado was guaranteed to keep their health coverage during the PHE. This also applies to children and pregnant people covered by Child Health Plan *Plus* (CHP+).

Once the PHE ends, it will take 12 months (14 months including noticing) for the Department of Health Care Policy & Financing (the Department) to complete the renewal process for each of the approximately 1.7 million people currently enrolled. It is essential that members pay attention to renewal notices and fill out the necessary forms to enable them to keep Health First Colorado and CHP+ coverage, if still eligible. Visit the [Public Health Emergency Planning web page](#) for the latest information on PHE planning.



Health First Colorado Renewals Page

An informational web page for members has been added on the [Health First Colorado website](#) in preparation for renewals to resume. Members can find general information about the

renewal process and answers to frequently asked questions. This page is published in [English](#) and [Spanish](#).

Preparing for Renewals Partner Toolkit

A partner communications toolkit called [Preparing for Renewals](#) has been launched to aid in preparing for the end of the PHE. This new toolkit includes a section on renewal process education that explains key terms and provides sample notices so partners can see exactly what the member will see when they go through the renewal process. Both partners and members can view [short videos](#) in English and Spanish on key actions: Updating an address, completing the renewal process and transitioning to other coverage if a member no longer qualifies.

Update Your Address Campaign

Continue to help spread the word to Health First Colorado and CHP+ members to update contact information. Many members have moved over the past few years, and it is crucial to have correct addresses so that members get the information needed to keep or change coverage. Use the following resources to spread the word: [Update Your Address outreach materials](#) (available in the top 11 languages).

Partner Webinars

Quarterly informational sessions on preparing for the end of the COVID-19 PHE will be hosted by the Department. These webinars are geared toward community partners such as advocacy organizations, providers and community organizations who may provide other assistance to Health First Colorado or CHP+ members (housing, social services and so forth).

When: January 25, 2023, 1:00 p.m. - 2:30 p.m. MT

Topic: PHE Unwind Webinar | Community Partners & Advocates

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

Visit the [Public Health Emergency Planning web page](#) to view previous PHE Unwind community partner webinar presentations and recordings.



Provider Enrollment Application Fee Amount for Calendar Year 2023

The Affordable Care Act (ACA) requires certain providers to remit an application fee. The Centers for Medicare and Medicaid Services (CMS) sets the fee annually. This fee is assessed at initial enrollment, revalidation, and change of ownership, as required, and is assessed in full for each service location enrolled in Health First Colorado.

Effective January 1, 2023, the Provider Enrollment Applications Fee has been set at \$688 for the 2023 calendar year.

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

Provider Enrollment Updates Limited to One per Provider ID

The [Provider Web Portal](#) limits the number of provider enrollment updates per unique service location as follows:

- One (1) open Provider Maintenance or Revalidation update and
- One (1) open Electronic Funds Transfer (EFT) update

Refer to the examples below:

- If the service location has previously submitted an EFT enrollment application and the application is still under review, the location will be unable to submit another EFT enrollment application.
- If the service location has previously submitted a provider maintenance request and the request is still under review, the location will be unable to submit another provider maintenance request or a revalidation application.



If providers need to make an additional update while a revalidation application is in process, contact the [Provider Services Call Center](#) to expedite the Application Tracking Number (ATN).

Refer to the Provider Maintenance Quick Guide available on the [Quick Guides web page](#) for more information.

Behavioral Health Providers

Health First Colorado Member Rights to Timely Access to Behavioral Health Services

All members of Health First Colorado have the right to receive services in a timely and coordinated manner. If a provider is unable to offer a member medically necessary behavioral health services within seven days, the provider should educate the member on their rights to receive a service in a timely fashion, and either:

- 1) Refer the member to the Regional Accountable Entity (RAE) for access and coordination of services. Referring a member to the RAE is not considered “dismissing” or “termination” of a member. The fee-for-service dismissal policy does not apply to timely access issues. Health First Colorado managed care contracts specify the RAE’s duties in responding to wait time issues and taking actions necessary to ensure that all covered mental health and substance use disorder services are provided to members with reasonable promptness (9.4.14., 14.5.1.). Every RAE has the responsibility of ensuring their network is sufficient so that members are provided non-urgent,

symptomatic behavioral health services within seven (7) days of a member's request (9.4.13.5.2.1).

- 2) Schedule an appointment outside the seven-day timeframe, based on the member's right to choose a provider and if the member consents. When the member exercises the right to wait for services from a provider of choice, provision of service delivery is allowable.

Providers should contact the RAEs for more information. Visit the [Accountable Care Collaborative web page for the RAE contact information](#).

Durable Medical Equipment (DME) Providers

Multi-User Breast Pump Loaner Benefit

Procedure code E0604 with modifier RR should be used when billing for multi-user breast pumps. Effective January 1, 2023, the reimbursement rate for E0604RR is \$219.67. There has been an update for the rate and code combination.

This is a continuous rental item that will not be converted to purchase. Prior Authorization Requests (PARs) are required. Prescriptions should include information on why a single-user pump is not sufficient for the member.

Multi-user pumps may be rented for up to two years. Providers are required to supply members with any necessary material and training on appropriate cleaning, storage and use.

A single-user collection kit specifically made for the corresponding pump must also be provided to each user and is not billed separately. Additional accessories and supplies needed during the usage period, including replacement parts, are inclusive of the monthly rate and should not be billed separately.



All rented pumps must be approved by the Food and Drug Administration (FDA) as a multi-user breast pump.

Single-user breast pumps (electric and manual) remain a covered benefit, and PARs are not required.

Members may receive a breast pump as early as the 28th week of pregnancy. Per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) policy, deliveries prior to 28 weeks qualify for a breast pump immediately following the birth.

Contact Haylee Rodgers at Haylee.Rodgers@state.co.us with questions.

Temporary Change to Face-to-Face Encounter Requirements

Currently, Durable Medical Equipment (DME) policy states that for continuous rental equipment, a face-to-face (F2F) encounter must be within six (6) months of the prior authorization request (PAR) expiration date.



Effective for dates of service September 1, 2022, through April 1, 2023, F2F encounters may be within 12 months of the PAR expiration date. This temporary policy applies only to renewal requests for continuation of services on the procedure codes below and to accessories that may be needed for use of the equipment.

DME providers who have had a PAR denied by Kepro due to the F2F requirement may either request a reconsideration or resubmit a new request for approval if there is no overlap with approved

authorization.

Note: DME policy allows only PARs be submitted retroactively for up to 90 days. DME suppliers who have had a PAR denied in the last 90 days due to the F2F requirement may resubmit these PARs for approval. The F2F policy has not changed for initial PAR requests. Refer to the [Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\) Billing Manual](#) for more information.

Ventilator and bi-level procedure codes included in this temporary policy:

- E0465
- E0466
- E0467
- E0470
- E0471

Contact Haylee Rodgers at Haylee.Rodgers@state.co.us with questions related to the policy above.

Contact coproviderissue@kepro.com with questions or for assistance with submitting PARs with Kepro.

Contact hcpf_UM@state.co.us with questions about PARs.

Temporary Changes to Prior Authorization Request (PAR) Requirements

The Department recognizes the scarcity of intensive care unit (ICU) beds due to the trifecta of Respiratory Syncytial Virus (RSV), COVID-19 and the flu that has impacted Colorado's children (defined as members of Health First Colorado under the age of 21). In support, temporary changes have been made to the ColoradoPAR Program Prior Authorization Request (PAR) requirements to help facilitate hospital responses related to this current surge and continuing support during the COVID-19 Public Health Emergency (PHE).

The ColoradoPAR Program is the Department’s third-party utilization management PAR program for select outpatient fee-for-service services and supplies.

Next Steps for Pediatric Discharges:

- o Select oxygen supplies and other Durable Medical Equipment (DME) will be “automated” (receive a real-time determination). Refer to the list of codes below.
- o If a PAR is submitted for any code on the first list, providers will see additional questions asking if the request is related to a pediatric hospital discharge. Continuous Positive Airway Pressure (CPAP) questions include documentation related to Apnea-Hypopnea Index (AHI) and rental/purchase confirmation. Providers must answer all questions for the code to be reviewed under this new category.
- o For any other codes (not on the list below): Providers are always able to select a “rapid review” for other services or supplies related to a hospital discharge. Rapid reviews will receive a final determination on the same day as submitted, if received by 2:00 p.m. MT and when Rapid Case Review criteria are met. Refer to the [Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\) Billing Manual](#) which includes the full list of criteria for when a rapid review can be requested and explains the other types of request types providers are able to select when submitting a PAR to Kepro.
 - o Rapid Review is defined as a PAR that is requested because a longer turnaround time could result in a delay in the Health First Colorado member receiving care or services that would be detrimental to their ongoing, long-term care.
 - o Other scenarios that qualify for a rapid review:
 - A lack of DME supplies that immediately and adversely impacts a Health First Colorado member’s ability to perform activities of daily living (ADL)
 - Same-day diagnostic studies required for cancer treatments
 - Genetic or molecular testing requiring amniocentesis
- COVID-19-related policy and PAR changes are also still in effect. Refer to the [Update COVID-19 Response November 8, 2021](#), letter for more information about the COVID-19 response.



Visit the [ColoradoPAR: Health First Colorado Prior Authorization Request Program web page](#) for more information or for other updates to the ColoradoPAR Program.

Contact Kepro at coproviderissue@kepro.com with questions regarding PAR submissions. Contact hcpf_um@state.co.us with any questions for the Department regarding PARs.

Automated Codes in Atrezzo for Pending Discharge	Modifiers and Units	Continuous Positive Airway Pressure (CPAP) Not Related to Discharge
K0001	RR	Must have one of the following DX codes:
K0002	RR	G47.30, .31, .33
E0990	2 units	G71.00, .01, .09, .11
E0973	2 units	G82.50, .51, .52, .54

Automated Codes in Atrezzo for Pending Discharge	Modifiers and Units	Continuous Positive Airway Pressure (CPAP) Not Related to Discharge	
E0250	RR	J96.0	
E0255	RR	J96.00, .01, .02, .1, .10, .11, .12, .20, .21	
E0245		J44.1, .9	
E0160		E 66.22	
E0165		CPAP Codes	Modifiers and Units
E0240		E0601	RR 3 months and 3 units
E0247		E0561	NU 1 unit
E0465		E0562	NU 1 unit
E0466		A4604	
E0467**		A7027	6 units
E0470		A7028	6 units
E0471		A7029	6 units
E0480**		A7030	6 units
E0482**	RR 3 units/3 months	A7031	6 units
E0483**	RR 3 units/3 months	A7032	6 units
S8185**		A7033	6 units
S8186**		A7034	6 units
A7020**	RA	A7035	6 units
A7025**		A7036	6 units
A7045**	RA	A7037	12 units
A9280**	RR	A7038	24 units
A4483**		A7039	1 unit
E0779		A7044	6 units
E0789		A7046	
E0781			
E0791			
K0455			
E2402			
A9272			
B4164			
B4168			
B4172			
B4176			
B4178			
B4180			
B4185			
B4189			
B4193			
B4197			
B4199			
B4126			
B5000			
B5100			
B5200			

Automated Codes in Atrezzo for Pending Discharge	Modifiers and Units	Continuous Positive Airway Pressure (CPAP) Not Related to Discharge
B4220		
B4224		
B9004	RR	
B9006	RR	
A4305		
A4306		
** Pediatric Codes		

Home & Community-Based Services (HCBS)

American Rescue Plan Act (ARPA) Base Wage Attestations

Effective January 1, 2022, all Home & Community-Based Services (HCBS) providers excluding Children's Habilitation Residential Program (CHRP), and effective July 1, 2022, all CHRP providers were both required to increase their direct care workers (employees and independent contractors) base wage to at least \$15 per hour and/or increase the per diem base wage by the percentage rate increase. Refer to the Department rule [10 CCR 2505-10-8.511](#) for further requirements.

Compliance reviews are currently being conducted on the ARPA attestations submitted in 2022. Respond timely to any emails which may be received from the HCPF_WageCompliance_FCU@state.co.us email address.

If any of the following services are provided, attestation reporting is required:

- HCBS
 - Adult Day Services
 - Alternative Care Facility (ACF)
 - Community Connector
 - Group Residential Support Services (GRSS)
 - Homemaker
 - Homemaker Enhanced
 - In-Home Support Services (IHSS)
 - Individual Residential Support Services (IRSS)
 - Job Coaching
 - Job Development
 - Mentorship
 - Personal Care
 - Prevocational Services
 - Respite
 - Specialized Habilitation
 - Supported Community Connections
 - Supported Living Program
- CHRP
 - Foster Care Home



- Host Home (participants aged 18-20)
- Group Home

In preparation for the June 30, 2023, attestation reporting deadline, verify contact information on the [Provider Web Portal](#). The service location contact information is utilized for communications regarding compliance with this attestation. Additional outreach regarding 2023 attestation requirements will be made as more information becomes available.

Contact the Office of Community Living's Financial Compliance Unit team at HCPF_WageCompliance_FCU@state.co.us for more information.

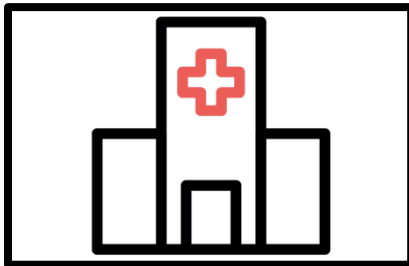
Hospital Providers

General Updates

All Hospital Providers

Inpatient Hospital Base Rate Methodology Draft

Hospitals are strongly encouraged to check the [Inpatient Hospital Payment web page](#) to review the new base rate methodology document Draft Inpatient Rate Model November 2022 Stakeholder Review. The model is 99% finished with only slight adjustments expected if during roll-out, some changes are necessary or some portion of the model is determined to not work as expected. The new methodology in the authorities (both Code of Colorado Regulations & Colorado State Plan) are currently being characterized. That new language will be previewed with hospital stakeholders during the next Hospital Stakeholder meeting scheduled for January 13, 2023, from 1:00 p.m. to 3:00 p.m. MT.



Contact [Diana Lambe](#), [Andrew Abalos](#) and [Kevin Martin](#) with any input or questions on the model.

Hospital Stakeholder Engagement Meetings

Bi-monthly Hospital Engagement meetings will continue to be hosted to discuss current issues regarding payment reform and operational processing. As this is the beginning of a new year, make sure to have all necessary contacts [sign up to receive the Hospital Stakeholder Engagement Meeting newsletters](#). Visit the [Hospital Stakeholder Engagement Meetings web page](#) for more details, meeting schedules and past meeting materials.

Calendar Year 2023 meetings have been posted.

The next All-Hospital Engagement meeting is scheduled for Friday, January 13, 2023, from 1:00 p.m. to 3:00 p.m. MT and will be hosted virtually.

Contact Tyler Samora at Tyler.Samora@state.co.us with any questions or topics to be discussed at future meetings. Advanced notice will provide the Rates team time to bring additional Department personnel to the meetings to address different concerns.

Billing Manual Updates

The [Inpatient/Outpatient \(IP/OP\) Billing Manual](#) has language added which describes processes for coding multiple drugs with the same Healthcare Common Procedure Coding System (HCPCS) and multiple National Drug Codes (NDCs), as well as clarification around payment policies for observation stays through the Enhanced Ambulatory Patient Grouping (EAPG) methodology. This was discussed in detail within the October Hospital Stakeholder Engagement meeting, which is posted on the [Hospital Stakeholder Engagement Meetings web page](#).



The IP/OP Billing Manual also has language added with billing guidance for observation stays. This topic was also discussed in detail within the Department's October Hospital Stakeholder Engagement meeting. Review the updates to the billing manual and contact [Tyler Samora and Andrew Abalos](#) with any questions.

Outpatient Naloxone Carveout

[HB 22-1326](#) allows the Department authority to reimburse the take-home version of Naloxone outside of the EAPG payment methodology. This bill was signed into law on May 25, 2022 and affects any outpatient hospital claims with first date of service on or after July 8, 2022. Take-home Naloxone can be identified by the following two HCPCS codes: G1028 and G2215. Any line billed with one of these two codes will be reimbursed outside of the EAPG payment methodology in accordance with the fee schedule rate.

The Department worked with the fiscal agent to ensure this carve out is reflected in the interChange payment calculation. Additionally, the Department is working with 3M and its staff to update the Core Grouping Software (CGS) to reflect the correct payments for those providers who license this software. This edit will be a part of the future update to the CGS.

Contact [Andrew Abalos and Tyler Samora](#) with any questions.

New In-State and all Out-of-State Hospital EAPG Peer Group Rate Changes

In accordance with Department policy effective September 1, 2022, for the purposes of calculating EAPG base rates, new in-state hospitals will be assigned to either a Pediatric, Long-Term Acute Care or Rehabilitation peer group depending on hospital type. If a provider does not meet the criteria for any of the above peer groups, it will be assigned to a Rural or Urban peer group based on location. The hospital will receive an EAPG base rate of the average peer-group rate as calculated from Colorado hospitals base rate statistics. All existing and new out-of-state hospitals will also be assigned to a Pediatric, Long-Term Acute Care, Rehabilitation, Urban or Rural peer group. All out-of-state hospitals will be assigned an EAPG rate of 90% of the in-state average peer group rates.

The peer group rates have been posted to the [Outpatient Hospital Payment web page](#).

Contact [Andrew Abalos and Tyler Samora](#) with any questions.

Rural Health Clinics

Bi-monthly Rural Health Clinic Engagement meetings will continue to be hosted to discuss current issues regarding payment reform and operational processing.

- The next Rural Health Clinic Engagement meeting is scheduled for **Thursday, January 12, 2023**, from 12:30 p.m. to 1:00 p.m. MT and will be hosted virtually. The meetings are held on Zoom.

Visit the [Rural Health Clinics and Rural Hospital Engagement Meeting web page](#) for more details, meeting schedules and past meeting materials.

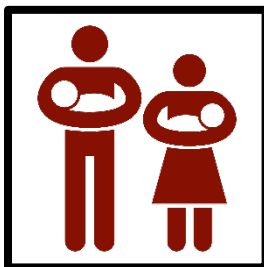
Contact Andrew Abalos at Andrew.Abalos@state.co.us with any questions or topics to be discussed at future meetings. Advanced notice will provide the Rates team time to bring additional Department personnel to the meetings to address different concerns.

Emergent Add-A-Baby Request Process

As a reminder, this existing process was implemented to offer medical providers an alternative for adding needy newborns of eligible mothers to their Medical Assistance (MA) case for intensive medical care. Mothers need to be eligible for MA at the time of the baby's birth for an emergent request.

Emergent requests are accepted and processed from medical providers for newborns that need intensive medical care for:

- Border,
- SYNAGIS, or
- Neonatal Intensive Care Unit (NICU)



Emergent requests can only be submitted through the [Health First Colorado Add-A-Baby Emergent Request Form](#). **This link is for medical providers only. Requests submitted by non-medical providers or by the parent will not be processed.**

Note: Do not fax the old Medicaid Add-A-Baby Request Form, as it is outdated and will not be processed.

Helpful Tips for Providers:

- Before submitting a request, verify with the parent(s) that they have not submitted newborn information to the county or through Colorado PEAK or the Health First Colorado app to add the baby.
- Let the parent(s) know that a request has been submitted to add the newborn so they will not duplicate efforts by adding the newborn through Colorado PEAK, the Health First Colorado app or through the county.

- If a request has already been submitted by the parent to the county or through Colorado PEAK or the Health First Colorado app, do not submit another emergent request as duplicate requests can cause a delay in approval of benefits and a delay of provider payments.
- Review the request form for accuracy before submitting the request.
- Do not submit a request to obtain only the newborn's member ID. Providers can get the member ID through the [Provider Web Portal](#).
- Providers can verify a newborn's eligibility through the Web Portal. Providers can search with two of the following: Name, Social Security Number (SSN) or date of birth (DOB). This information can be found in the Eligibility verification section in the Web Portal. Refer to the [Verifying Member Eligibility Quick Guide](#).

Non-Emergent Requests

Providers are requested to work directly with the parent's county department of human services or MA sites when a request is needed to add non-emergent newborns for mothers eligible for MA. Parents can also contact their county department of human services or can add the newborn through Colorado PEAK or the Health First Colorado app.

Laboratory Services

Lab Billing for Family Planning and Related Services

Effective July 1, 2022, Health First Colorado covers family planning services for eligible non-citizens and family planning and related services for individuals within the 133% - 260% federal poverty level (FPL) income bracket.

Covered Family Planning Services: Family planning services are services provided in a family planning setting with the intent to help members choose if, or when, to become pregnant.

- Examples of covered services include:
 - Any contraceptive drug, device or product approved by the FDA.
 - Device insertion and removal.
 - Services related to the administration and monitoring of such products, including management of side effects.
 - Counseling services for continued adherence to a prescribed regimen.



Covered Family Planning-Related Services: Family planning-related services are associated medically necessary services provided in a family planning setting as part of or as follow-up to a family planning visit.

- Examples of covered services include:
 - Diagnosis, treatment, prevention and follow-up visits for sexually transmitted infections, lower genital tract and genital skin infections and urinary tract infections, if diagnosed at a family planning visit
 - Cervical cancer screening and prevention
 - Related evaluations or preventative services such as tobacco cessation services

FP and 32 Modifiers: Providers **must** use the FP and 32 modifiers for family planning-related services on the claim. Family planning-related services are services provided pursuant to a family planning visit and do not require a PAR or copay. Refer to the [Family Planning Benefit Expansion for Special Populations Billing Manual](#) for more information on what is considered a family planning-related service.

Refer to the [Laboratory Services Billing Manual](#) for additional Health First Colorado billing and policy guidance for lab encounters.

Contact Sarah Kaslow at Sarah.Kaslow@state.co.us with questions regarding laboratory policy.

Physician-Administered Drug (PAD) Providers

Prior Authorization (PA) Update

Effective January 1, 2023, a select number of additional physician-administered drugs (PADs), listed below, will be subject to PA requirements. These codes are in addition to the PADs that have required PA since January 18, 2022, and October 1, 2022.

Providers should ensure that any Health First Colorado member due to receive any of the following PADs have an approved PA on file prior to administration.

All PAD PA procedures, clinical criteria and PADs subject to prior authorization requests (PARs) can be found on the [Appendix Y: Physician Administered Drug Medical Benefit Prior Authorization Procedures and Criteria](#) drop-down located on the [Physician-Administered Drugs web page](#).

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

Contact HCPF_PAD@state.co.us for PAD questions.

Drug Class	HCPCS	Drug Name
	J1602	Simponi (golimumab)
	J3357/J3358	Stelara (ustekinumab)

Drug Class	HCPCS	Drug Name
	J0129	Orencia (abatacept)
	J2356	Tezspire (Tezepelumab-ekko)
	J0224	Oxlumo (lumasiran)
Duchenne Muscular Dystrophy	J1427	Viltepso (viltolarsen)
	J1428	Exondys 51 (eteplirsen)
	J1429	Vyondys 53 (golodirsen)

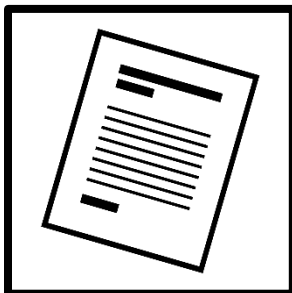
Quarter 1 Rate Update 2023

The Physician Administered Drugs (PAD) rates for the first quarter of 2023 have been updated. The new rates are effective January 1, 2023, and have been posted to the [Provider Rates & Fee Schedule web page](#) under the [Physician Administered Drug Fee Schedule section](#).

Contact Tyler Collinson at Tyler.Collinson@state.co.us with any questions about PAD rates.

Private Duty Nursing

Extension to Temporary Administrative Approval Process



Effective November 23, 2022, the Department announced an extension to the temporary administrative approval process through at least February 28, 2023.

Refer to the [Informational Memo \(IM\) 22-040](#), located on the [2022 Memo Series Communication web page](#) under “2022 Informational Memos”, for additional information about the temporary approval process and provider responsibilities during this time.

Contact homehealth@state.co.us with questions.

Pharmacies and All Medication Prescribers

Glucagon Emergency Kit Discontinuation

Due to the recent announcement from Eli Lilly that it will discontinue manufacturing its Glucagon Emergency Kit on December 31, 2022, the Glucagon 1 MG Emergency Kit from Amphastar will be added as a preferred agent effective January 1, 2023. The Eli Lilly product will continue to be a preferred agent on the Preferred Drug List (PDL), and pharmacies will still be able to process claims after December 31, 2022.

Baqsimi and Zegalogue autoinjector will remain preferred glucagon products, and members will not be required to meet eligibility criteria beginning January 1, 2023.

Visit the [Pharmacy Resources web page](#) for additional information or prior authorization criteria for all non-preferred medications can be found on the PDL.

Contact the Magellan Rx Management Pharmacy Call Center at 1-800-424-5725 with questions regarding rejected claims or prior authorization.

Pharmacy and Therapeutics (P&T) Committee Meeting

Tuesday, January 10, 2023

1:00 p.m. - 5:00 p.m. MT (to be held virtually, not in person)

Visit the [Pharmacy and Therapeutics \(P&T\) Committee web page](#) for the agenda and meeting information.

Preferred Drug List (PDL) Announcement of Preferred Products

Changes for the following PDL classes, effective January 1, 2023, are:

PDL Class	Moved to Preferred	Moved to non-preferred
Antiherpetics- Topical	<ul style="list-style-type: none"> Acyclovir Cream (generic Zovirax - <i>Teva only</i>) effective 11/17/2022 	<ul style="list-style-type: none"> Zovirax Cream
Fluoroquinolones - Oral	<ul style="list-style-type: none"> Moxifloxacin Tablet 	
Intranasal Rhinitis Agents	<ul style="list-style-type: none"> Olopatadine Nasal Spray 	
	Moved from Appendix- P to Preferred	Moved from Appendix- P to non-preferred
Targeted Immune Modulators (TIMs) - Asthma*	<ul style="list-style-type: none"> Fasenra Pen Xolair Syringe 	<ul style="list-style-type: none"> Nucala Syringe & Autoinjector Dupixent Syringe & Pen
Targeted Immune Modulators (TIMs) - Atopic Dermatitis*		<ul style="list-style-type: none"> Adbry Syringe Cibinqo Tablet

		• Dupixent Pen & Syringe
*New PDL class		

No changes will be made for the following PDL classes:

Drug Class	Drug Class
Antibiotics- Inhaled	Antiherpetic Agents- Oral
Hepatitis C Virus Treatments: <ul style="list-style-type: none"> • Direct-Acting Antivirals (DAAs) • Ribavirin products 	Human Immunodeficiency Virus (HIV) Treatments, Oral
Immune Globulins	Newer Generation Antihistamines
Leukotriene Modifiers	Antihistamine/Decongestant Combinations
Methotrexate Agents	Targeted Immune Modulators (TIMs), all other subclasses
Epinephrine Products	Newer Hereditary Angioedema Agents
Respiratory Agents: <ul style="list-style-type: none"> • Short-Acting Beta-Agonists • Long-Acting Beta-Agonists • Inhaled Anticholinergics & Combinations • Inhaled Corticosteroids & Combinations • Phosphodiesterase Inhibitors 	

Prior Authorization (PA) No Longer Required for First-Line Preferred Medications Prescribed for Initial Treatment of Hepatitis C

Effective January 1, 2023, prior authorization (PA) will **no longer be required** for first-line preferred products** prescribed for initial treatment of Hepatitis C. Additionally, first-line preferred products will be eligible for up to a 90-day supply fill for the initial treatment regimen. PA will continue to be required for non-preferred drugs or retreatment regimens, and requests may be submitted by phone, fax or electronically using the standard PA request form. More information regarding the Health First Colorado Preferred Drug List (PDL) and pharmacy benefit PA is available on the [Pharmacy Resources web page](#).

**** First-Line Preferred Products Effective January 1, 2023: EPCLUSA** (sofosbuvir/velpatasvir) 200 mg-50 mg, 150 mg-37.5 mg tablet, pellet pack; HARVONI (ledipasvir/sofosbuvir) 45 mg-200 mg tablet, pellet pack; Ledipasvir/Sofosbuvir 90 mg-400 mg tablet (Asequa only); MAVYRET (glecaprevir/pibrentasvir) tablet, pellet pack; Sofosbuvir/Velpatasvir 400 mg-100 mg (Asequa only).

Pharmacists

Diagnostic COVID-19 Testing by Pharmacists

Providers are reminded that COVID-19 diagnostic testing conducted by pharmacists is a covered benefit, effective May 1, 2020. All testing must be in compliance with applicable Clinical Laboratory Improvement Amendment (CLIA) certification requirements and regulations, as well as all requirements set forth in [3 CCR 719-1 30.00.00](#).

Claims must be billed as professional claims. The affiliated pharmacy or clinic's National Provider Identification (NPI) should be used as the billing provider and the pharmacist's NPI as the rendering provider. The pharmacist's NPI may also be used as the ordering provider if the same provider is ordering and rendering the test.

Affiliated pharmacies and clinics may only bill for tests performed by their affiliated pharmacists. Tests ordered by pharmacists but performed by laboratories or hospital outpatient laboratories must be billed by the performing laboratory.

Refer to the [Pharmacist Services Billing Manual](#) and the [Laboratory Services Billing Manual](#) for further guidance on billing policies.

Contact Cameron Amirfathi at Cameron.Amirfathi@state.co.us with questions.

Physician Services

COVID-19 Monoclonal Antibodies and Other Therapeutics

On February 11, 2022, the U.S. Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) for an investigational monoclonal antibody COVID-19 therapy, bebtelovimab. The EUA for bebtelovimab was approved for treatment of COVID-19 in certain adult and pediatric individuals.

On August 11, 2022, the U.S. Department of Health and Human Services (HHS) issued an update regarding the commercial transition of bebtelovimab. In the [HHS Update: Bebtelovimab Commercial Transition](#), and as of August 15, 2022, bebtelovimab was made available on the commercial marketplace for purchase and is eligible for reimbursement when not supplied by the federal government. As of November 30, 2022, the EUA has been revoked.

When doses of any COVID-19 therapy are provided without charge from the federal government, providers should bill Health First Colorado for the administration procedure codes and should not bill for the monoclonal antibody or other therapy-specific procedure codes on the claim. If the product was supplied by the federal government and internal systems requires a product code to bill for the administration, \$0.01 is entered for the billed amount. This



information is subject to change dependent on the COVID-19 Public Health Emergency (PHE) declaration.

For bebtelovimab product purchased commercially, providers should continue to use the coding listed on the table below and must comply with all Health First Colorado and Physician-Administered Drugs (PAD) billing policies.

The following table may be used as a procedure code reference for the duration of the declaration and only includes the most appropriate codes for bebtelovimab and administration of bebtelovimab covered by the Department.

Procedure Code	Long Description	Short Description	EUA Effective Dates
Q0222	Injection, bebtelovimab, 175 mg	Injection, bebtelovimab, 175 mg	02/11/2022 - 11/30/2022
M0222	Intravenous injection, bebtelovimab, includes injection and post administration monitoring	bebtelovimab injection	02/11/2022 - 11/30/2022
M0223	Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency	bebtelovimab injection home	02/11/2022 - 11/30/2022

Visit the [Physician-Administered Drugs resources web page](#) to review the [PAD Fee Schedule and PAD Billing Manual](#).

Visit Centers for Medicare and Medicaid Services (CMS) [COVID-19 Vaccines and Monoclonal Antibodies web page](#) for additional EUA information.

Claims billed for product purchased commercially and dates of service on or after August 15, 2022, were reprocessed on December 1, 2022.

Contact HCPF_PAD@state.co.us with questions or concerns.

Depression Screen Billing Changes: Adding Modifiers and Allowing Other Caregivers under Child's ID POSTPONED until July 1, 2023

The requirement of a U modifier on all depression screens delivered to members using Current Procedural Terminologies (CPTs) G8431 and G8510 is being postponed again until July 1, 2023, due to providers reporting the need for additional time to change to Electronic Health Records (EHRs). Depression screening claims without the U modifiers will not deny due to the lack of modifier.

The Centers for Medicare & Medicaid Services (CMS) has developed a quality measure for Medicaid metric directed at screening for depression and follow-up ([NQF 0418](#)) which is a requirement for reporting. [Senate Bill 21-137](#) requires coverage of depression screens delivered to any caregiver of a child enrolled in Health First Colorado. Since August 2014, providers have been allowed to bill depression screens for a birthing parent under the child's Health First Colorado ID. This new change will allow caregivers other than a birthing parent to receive depression screens under the child's Health First Colorado ID. The addition of a caregiver screen requires providers to include modifiers to track when a screen is done for the individual whose Health First Colorado ID the screen is being billed under, for the parent who gave birth to the member or for a caregiver to the member. The below table illustrates how depression screens will need to be billed starting July 1, 2023.

Relationship to Member ID on Claim	Positive	Negative	Unique Modifier
Self	G8431	G8510	U1
Parent who gave birth to member			U2
Other primary caregiver to member			U3

The use of appropriate screening codes (G8431 and G8510), exclusion codes (G8433) and reasons for not documenting a follow-up plan (G8432 and G8511) is encouraged to improve the ability to understand performance for this metric. Beginning July 1, 2023, billed depression screens using either CPT G8431 or G8510 without modifiers will be denied since this information is needed to ensure members are receiving appropriate care.

Contact Morgan Anderson at Morgan.Anderson@state.co.us and Susanna Snyder at Susanna.Snyder@state.co.us with questions.

Physician Services and Women's Health Providers

Increased Rates of Syphilis & Congenital Syphilis Diagnoses

The incidence of syphilis (*treponemal pallidum*), a sexually transmitted infection (STI) that is often difficult to identify, has dramatically increased in the Health First Colorado population over the past several years (particularly in women of reproductive age, 15-44). For fiscal year (FY) 2022 compared to 2018, the incidence rate for syphilis diagnoses in all Colorado counties has more than doubled.

- For some identified Colorado counties, both metropolitan and rural, significant increases in syphilis incidence rates are reported. Increased case numbers ranging from <1.0 to as high as 10.8 times the previous county syphilis diagnostic incident rates were reported (FYs 2018-22).
- In 2022, the total number of reported congenital syphilis cases was 4.5 times higher than those reported in 2018.

Colorado law ([C.R.S. 25-4-201](#)) requires that every licensed health-care provider who provides care to a pregnant individual take blood samples for syphilis serological testing at the first prenatal visit, with the expectation of first trimester testing.

For Health First Colorado members:

- Estimated percentage of syphilis testing during the first trimester of the pregnancy was reported to range from only 29.9% in 2018 to 68.9% in 2022.
 - With rising congenital syphilis numbers, the goal (per Colorado statute) for syphilis testing during the first trimester is to reach 100% testing for all pregnant Health First Colorado members.
- Miscarriages and stillbirth case numbers identified and associated with syphilis testing report a five (5)-fold increase during this same 2018-2022 FY time frame.

Guidelines for routine testing during pregnancy should be followed and should always include testing for syphilis.

- The Obstetrical panel (CPTs 80055 or 80081[with HIV testing]) includes a variety of screening tests (CBC, Blood typing [ABO & Rh] Hepatitis B antigen, Rubella and RBC antibodies) and includes the required syphilis tests.
- Follow-up syphilis testing may include:
 - Non-treponemal antibody tests (qualitative - CPT 86592 or quantitative - CPT 86593) with
 - Treponemal pallidum (TP) antibody tests (CPT 86780) for confirmation or for use an initial TP diagnostic screen, and
 - Fluorescence microscopy by org - Treponema pallidum (CPT 87285) is also available for TP diagnosis and billing.

Following syphilis testing, for all pregnant individuals at their **first prenatal visit**, the CDC also recommends:

For higher risk individuals:

- Third trimester testing (at 28 weeks gestation) and
- Testing again at delivery

Individuals identified as higher risk includes those:

- Living in a community with high syphilis morbidity, or
- Those at heightened risk for syphilis acquisition during pregnancy, including those with
- Recent history of syphilis, living with HIV, STI diagnosis in the past 12 months, Illicit substance use, sex exchange, multiple partners or has a partner with other partners.



The CDC additionally recommends syphilis testing for all individuals:

- Who were not previously tested, **or**
- Had a positive test in the first trimester, **or**
- Had a stillborn delivery at or greater than 20 weeks gestation.

To prevent a continued rise of syphilis diagnoses and congenital syphilis in the Health First Colorado population, a recommendation to test **all** pregnant individuals during the third trimester of pregnancy **is being considered**. Currently, third trimester testing is available without restrictions. This option is currently available for providers choosing to increase their syphilis testing routine to include additional testing. Future provider bulletin notification will be provided if official syphilis test recommendations and testing guideline changes ensue.

The Center for Disease Control and Prevention (CDC) provides additional treatment information, recommendations and strategies in the [CDC's STI Treatment Guidelines](#). CDC recommendations and syphilis testing guidelines during pregnancy can also be found on the [STDs during Pregnancy - CDC Detailed Fact Sheet](#).

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

Therapy Providers

Modified Barium Swallow Study Speech Therapy Prior Authorization Request (PAR) Override Update

Effective January 1, 2023, PARs for Current Procedural Terminology (CPT) code 92526 will no longer be required when billed with the CPT codes 74230 and 92611. The removal of this PAR requirement is to ensure member safety during a Modified Barium Swallow Study (MBSS).

Contact Devinne Parsons at Devinne.Parsons@state.co.us with any policy questions regarding outpatient therapies.

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

Transportation

Reminder to Bill NEMT to IntelliRide for Members in the Denver Metro Area

IntelliRide is the contracted broker who is responsible for managing the Non-Emergent Medical Transportation (NEMT) benefit for members residing in the nine (9) Denver metro county area (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, Larimer and Weld). [IntelliRide](#) is responsible for managing the NEMT provider network, for scheduling member trips and for reimbursing NEMT providers in this Denver metro county area.



The billing status for NEMT providers may not be adjusted. Providers are prohibited from submitting claims for NEMT services for members who reside in this contracted broker service area. Temporary exceptions to this policy have been authorized related to refugee populations. NEMT providers may contact IntelliRide to sign up to serve members in the Denver metro area.

Claims for NEMT services are being monitored, and claims for NEMT services found for members residing in the Denver metro county area which were not submitted by IntelliRide or authorized refugee population providers will be subject to recovery.

If a provider identifies that a claim has been submitted incorrectly, the process to adjust the claim may be initiated if it is within the 365-day timely filing period. Otherwise, the provider must initiate the self-disclosure process. Refer to the [Copy, Adjust, or Void a Claim Quick Guide](#) or visit the [Provider Self-Disclosure web page](#) for guidance on these processes.

Refer to the [Non-Emergent Medical Transportation \(NEMT\) Billing Manual](#) for more information.

Contact NEMT@state.co.us with any questions.

Provider Billing Training Sessions

January and February 2023 Provider Billing Webinar-Only Training Sessions

Providers are invited to participate in training sessions for an overview of Health First Colorado billing instructions and procedures. The current and following months' workshop calendars are shown below.

Who Should Attend?

Staff who submit claims, are new to billing Health First Colorado services or who need a billing refresher course should consider attending one or more of the following provider training sessions.

The institutional claims (UB-04) and professional claims (CMS 1500) training sessions provide high-level overviews of claim submission, prior authorizations, navigating the [Department's website](#), using the [Provider Web Portal](#) and more. For a preview of the training materials used in these sessions, refer to the Beginning Billing Training: Professional Claims (CMS 1500) and Beginning Billing Training: Institutional Claims (UB-04) available on the [Provider Training web page](#) under the Billing Training - Resources drop-down section.



For more training materials on navigating the Web Portal, refer to the Provider Web Portal Quick Guides available on the [Quick Guides web page](#).

Note: Trainings may end prior to 11:30 a.m. MT. Time has been allotted for questions at the end of each session.

January 2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12 <u>Beginner Billing Training: Professional Claims (CMS 1500) 9:00 a.m. - 11:30 a.m. MT</u>	13	14
15	16	17	18	19	20	21
22	23	24	25	26 <u>Beginner Billing Training: Institutional Claims (UB- 04) 9:00 a.m. - 11:30 a.m. MT</u>	27	28
29	30	31				

February 2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9 Beginner Billing Training: Professional Claims (CMS 1500) 9:00 a.m. - 11:30 a.m. MT	10	11
12	13	14	15	16	17	18
19	20	21	22	23 Beginner Billing Training: Institutional Claims (UB-04) 9:00 a.m. - 11:30 a.m. MT	24	25
26	27	28				

Live Webinar Registration

Register for a live webinar by clicking the title of the desired training session in the calendar above and completing the webinar registration form. An automated response will confirm the reservation. For questions or issues regarding webinar registration, email co.training@gainwelltechnologies.com with the subject line “Webinar Help”. Include a description of the issue being experienced, name and contact information (email address and phone number), and the name and date of the webinar(s) to be attended. Allow up to 2-3 business days to receive a response.

Upcoming Holidays

Holiday	Closed Offices/Offices Open for Business
<p>New Year’s Day (observed), Monday, January 2</p>	<p>State Offices, Gainwell Technologies, DentaQuest and the ColoradoPAR Program will be closed. Capitation cycles may potentially be delayed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers’ individual banks.</p>
<p>Martin Luther King Jr. Day, Monday, January 16</p>	<p>State Offices and the ColoradoPAR Program will be closed. Capitation cycles may potentially be delayed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers’ individual banks. Gainwell Technologies and DentaQuest will be open.</p>
<p>Presidents Day, Monday, February 20</p>	<p>State Offices and the ColoradoPAR Program will be closed. Capitation cycles may potentially be delayed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers’ individual banks. Gainwell Technologies and DentaQuest will be open.</p>

Gainwell Technologies Contacts

**Provider Services Call Center
1-844-235-2387**

**Gainwell Technologies Mailing Address
P.O. Box 30
Denver, CO 80201**