



Table of Contents	
Page	Title
<b>Did You Know?</b>	
1	Revalidation Link After Disenrollment
<b>All Providers</b>	
1	Affidavit of Lawful Presence Update
2	Network Participation Verification
2	Provider Services Call Center Vendor Transition
<b>ColoradoPAR Program</b>	
3	What is the ColoradoPAR Program?
3	Pediatric LTHH - PARs Resumption
3	PAR Requirements for Pediatric LTHH
4	PARs that Contain Questionnaires
4	Acentra Health Provider Training
<b>Behavioral Health</b>	
4	EMTS Grant Application Now Open
5	CCBHC Planning Grant
5	M-SOC for Children and Youth
5	State Behavioral Health Services Billing Manual Update
<b>Child Health Plan Plus (CHP+)</b>	
6	CHP+ Stakeholder Meeting Invitation
<b>Durable Medical Equipment (DME)</b>	
7	Complex Rehabilitation Technology
<b>Home and Community-Based Services (HCBS)</b>	
7	WAwD Stakeholder Meeting Invitation
8	ARPA Direct Provider Payment
<b>Hospital</b>	
8	General Updates
<b>Physician-Administered Drugs</b>	
9	PADs and Hospital Specialty Drugs
<b>Pediatric Behavioral Therapy</b>	
10	New Criteria Posted
<b>Pharmacy</b>	
10	Drug Utilization Review (DUR) Updates
10	Prescriber Tool Update

Physician Services	
11	Primary Care Fund Program Awardees
11	Skin Substitute Rate Category Rebalance
15	Free SBIRT Training for Providers
15	Colorado Medicaid eConsult Update
<b>Vision</b>	
16	OPR Claim Identifier Mandate
<b>Women's Health</b>	
17	Doula Billing Manual Update
18	Global Obstetrics Billing Update
<b>Provider Training</b>	
18	February 2025 Schedule

## Did You Know?

Providers who miss their revalidation date (as indicated on the Provider Revalidation spreadsheet on the [Revalidation web page](#)) can revalidate up to six (6) months after their date via the link on the [Provider Web Portal](#) and should **not** start a new enrollment application.

## All Providers

### Affidavit of Lawful Presence Update

A sworn Statement of Lawful Presence is no longer required for newly enrolling direct-pay individuals, effective February 1, 2025. This includes all provider types in the Billing Individual enrollment type and enrollments via the Social Security Number (SSN) in the Atypical enrollment type.

#### Who is not affected by this change?

Organizations using the Federal Employer Identification Number (FEIN) are not affected by this change. Individuals within a Group and Ordering, Prescribing and Referring (OPR) providers are not direct-pay individuals and are not affected by this change.

## Network Participation Verification

Submission of the Network Participation Verification form is no longer required when the Managed Care Network Participation panel is completed in an enrollment application, effective February 1, 2025. The requirement has been removed to expedite application processing times and reduce returns to providers for mismatching information.

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## Provider Services Call Center Vendor Transition to Optum will be Effective on May 1, 2025

[Providers are reminded](#) that management of the [Provider Services Call Center](#) will transition from Gainwell to OptumInsight (Optum). On May 1, 2025, Optum will officially take over management of the Provider Services Call Center.

### What providers should know:

- **The Provider Services Call Center phone number will change.** The Department will announce the new phone number closer to the transition.
- Optum is only taking over management of the Provider Services Call Center. **Gainwell will continue as the vendor for the Colorado interChange and the Provider Web Portal.**
- This vendor change **will only apply to the Provider Services Call Center.** The Care and Case Management (CCM), Dental, Pharmacy and Electronic Visit Verification (EVV) call centers will not change. For a complete list of assistance resources, [visit the Provider Contacts web page.](#)

### Why is the Department transitioning to Optum?

Gainwell's contract to oversee the Provider Services Call Center ends this spring, and the Department has selected Optum to take over as the new vendor for the Provider Services Call Center.

The Department will share more information about changes providers should be aware of as the transition approaches. Some changes will include:

- A new phone number.
- Providers will be offered an after-call survey to provide valuable feedback about their call.
- Providers will be able to use their National Provider ID (NPI) or the Health First Colorado ID.

Visit the [Colorado Medicaid Enterprise Solutions \(CMES\) Transition web page](#) for more information.

## All Providers Who Utilize the ColoradoPAR Program

### What is the ColoradoPAR Program?

The ColoradoPAR Program is a third-party, fee-for-service Utilization Management (UM) program administered by Acentra Health, Inc. Visit the [Colorado Prior Authorization Request Program \(ColoradoPAR\) web page](#) for more information about the ColoradoPAR Program.

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### Pediatric Long-Term Home Health (LTHH) – Prior Authorization Requests (PARs) Resumption Information

LTHH PARs have been on pause since February 8, 2022. Prior authorization is a federal requirement per [42 CFR 456.3](#). The Department of Health Care Policy & Financing (the Department) intends to fully reinstate the PAR requirement by April 6, 2026. Implementing Pediatric LTHH PARs will follow a gradual, phased-in approach to allow a smooth transition and avoid overwhelming providers.

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### Voluntary Soft Launch of PAR Requirements for Pediatric LTHH

The Department is announcing the soft launch of Prior Authorization Request (PAR) requirements for Pediatric LTHH Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy/Speech-Language Pathology (ST/SLP) services as the first phase of this PAR resumption plan.

This **voluntary soft launch period** will begin **February 3, 2025**, and will remain in effect until the Maintenance of Effort (MOE) for Colorado is lifted by the Centers for Medicare and Medicaid Services (CMS), **but no sooner than May 1, 2025**. Given the uncertainty of the soft launch's end date, Home Health Agencies (HHA) are strongly encouraged to avoid delaying the submission of therapy PARs for review.

The **soft launch** is a voluntary phase during which providers can submit PARs for review by Acentra Health. During this period, the outcome of the PARs **will not have an impact on the current status of any member's benefit**. The Department will actively monitor submission progress throughout the soft launch period and deliver education to providers when necessary.

Further details, including the timeline for the resumption of PAR requirements for all Pediatric LTHH services (including Registered Nurse [RN] and Certified Nurse Assistant [CNA] services), can be found in [Operational Memo 20-060](#).

## Reminders for Prior Authorization Requests (PARs) that Contain Questionnaires

- Every case requires a signed order.

Contact the Acentra Customer Service Line at 720-689-6340 if an error is made on a questionnaire *before* submitting the case.

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## Acentra Health Provider Training

### Provider Training

Acentra Health will provide benefit-specific PAR submission training for all providers and benefit-specific training for Pediatric Long-Term Home Health (LTHH) providers, beginning in February 2025. The training dates and times are scheduled in Mountain Time (MT).

- [Long-Term Home Health Open Hours - February 4, 2025, 9:00 a.m.](#)
- [Long-Term Home Health Open Hours - February 6, 2025, 12:00 p.m.](#)
- [Long-Term Home Health Open Hours - February 13, 2025, 9:00 a.m.](#)
- [PAR Submission Training - February 26, 2025, 9:00 a.m.](#)
- [PAR Submission Training - February 26, 2025, 12:00 p.m.](#)

PAR submission training sessions are appropriate for all new users and include information on how to submit a PAR using Acentra's provider PAR portal, Atrezzo®.

Contact [COProviderIssue@acentra.com](mailto:COProviderIssue@acentra.com) with questions or if needing assistance when registering for Atrezzo® training or for access to Atrezzo® provider portal. Visit the [ColoradoPAR Training web page](#) for additional training information.

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## Behavioral Health Providers

### Emergency Medical and Trauma Services (EMTS) Grant Application Now Open

Fiscal Year 2026 applications for the [Emergency Medical and Trauma Services \(EMTS\) Funding program](#) are being accepted now through February 15, 2025, for provider and system improvement grant proposals. The EMTS Funding program is open to organizations that provide Emergency Medical Services (EMS) and trauma services in Colorado. Review the [EMTS Funding Guide](#) or contact Andre Smith at [AndreK.Smith@state.co.us](mailto:AndreK.Smith@state.co.us) with questions.

## Grant Awarded: Certified Community Behavioral Health Clinic (CCBHC) Planning Grant

The Department of Health Care Policy & Financing (the Department) and Behavioral Health Administration (BHA) are excited to announce that Colorado has been awarded a one (1)-year Certified Community Behavioral Health Clinic (CCBHC) Planning Grant for the 2025 calendar year. Colorado's participation in the CCBHC Planning Grant is part of a state-wide, multi-agency effort to build and expand Colorado's behavioral health system of care. The CCBHC Planning Grant will allow the Department and BHA to explore how the CCBHC model will complement the Colorado Safety Net System to promote Colorado's overall goal of integrated and accessible behavioral health care with sustainable funding practices.

The Department and BHA are hosting a monthly public meeting to launch this collaborative effort for all CCBHC stakeholders to review progress and decisions and collect input. The forum is open to members, providers, individuals with lived experience and their families, advocates, state agencies, managed care entities and anyone interested in learning more about the CCBHC model in Colorado.

The monthly CCBHC Stakeholder Forum will be held on the last Wednesday of every month. [Register in advance to attend](#). Refer to the [CCBHC web page](#) for more information.

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## Improving Intensive Behavioral Health Services: Medicaid System of Care (M-SOC) for Children and Youth

A new proposed Medicaid System of Care (M-SOC) initiative is scheduled for a Spring 2025 release. This initiative is designed to improve the behavioral health and well-being of children and youth under age 21 by improving intensive behavioral health services through expanding and adding in-home treatment services. This innovative approach is based on an evidence-based, systemic framework and aims to provide comprehensive, coordinated care for children and families. The goal of M-SOC is to ensure that intensive services are delivered in an effective, supportive, and family-centered manner. Refer to the [Improving Intensive Behavioral Health Services web page](#) for more information.

[Sign up](#) to receive the Medicaid System of Care for Children and Youth Behavioral Health newsletter. This newsletter will be sent quarterly with meeting information, training updates and opportunities, benchmark achievements and other exciting news. Email [HCPF\\_MSOC@state.co.us](mailto:HCPF_MSOC@state.co.us) with any questions.

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## State Behavioral Health Services Billing Manual Webpage Update

The [State Behavioral Health Services Billing Manual web page](#) has been updated to include a new resource for providers. Providers will now see a link to the [Behavioral Health Policies, Standards, and Billing References web page](#). This web page was created to include content that has historically been published in the State Behavioral Health Services Billing Manual, as well as other free-standing guidance and policies that can support providers. Review this web

page to become familiarized with the content. Email [HCPF\\_BHcoding@state.co.us](mailto:HCPF_BHcoding@state.co.us) with any questions or feedback about this resource.

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## Child Health Plan *Plus* (CHP+)

### CHP+ Stakeholder Meeting Announcement and Invitation

Child Health Plan *Plus* (CHP+) is public, low-cost health insurance for qualifying children and pregnant people. It is designed for people whose income exceeds qualification for [Health First Colorado](#) (Colorado's Medicaid program) but is not enough to pay for private health insurance. Interested stakeholders are invited to one (1) or both stakeholder meetings to learn about the changes being made to specific benefits with the CHP+ program effective July 1, 2025.

The Department will present an overview of the changes being made to dental, vision and Durable Medical Equipment (DME) benefits within the CHP+ program at these meetings. These changes will specifically impact CHP+ members. The webinar on February 4, 2025, will specifically cover dental benefits under the CHP+ program. The webinar on February 5, 2025, will cover both DME and vision benefits under the CHP+ program. Attendees are invited to learn and ask questions about the upcoming changes.

**Meeting dates and times:** February 4, 2025, 4:00 to 5:00 p.m. MT, and February 5, 2025, 3:00 to 4:00 p.m. MT.

**Registration and location:** These meetings will be held virtually via Zoom.

- [Register for the meeting on February 4, 2025](#)
- [Register for the meeting on February 5, 2025](#)

After registering, attendees will receive a confirmation email with information about joining the webinar.

A recording of the meeting may be requested by emailing Kyra Acuna at [HCPF\\_Stakeholders@state.co.us](mailto:HCPF_Stakeholders@state.co.us).

Refer to the [Child Health Plan \*Plus\* web page](#) for more information about the Child Health Plan *Plus* (CHP+) program.

**Meeting Accommodation and Language Access Notice:** Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Contact Kyra Acuna at [HCPF\\_stakeholders@state.co.us](mailto:HCPF_stakeholders@state.co.us) at least one (1) week prior to the meeting to make arrangements.

## Durable Medical Equipment (DME)

### Complex Rehabilitation Technology (CRT) Providers

CRT procedure code K0739 is to be reimbursed for members in rural areas at a rate that is 25 percent more than the CRT repairs rate for members in nonrural areas per [House Bill 22-1290](#). Procedure code K0739 must be billed with modifier U1 to be reimbursed at the rural rate of \$36.46. This is for repairs to CRT equipment **only** and is effective for dates of service on or after December 1, 2024. Providers will need to manually adjust any claims already billed to receive the rate increase.

Contact Haylee Rodgers at [Haylee.Rodgers@state.co.us](mailto:Haylee.Rodgers@state.co.us) with questions.

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## Home and Community-Based Services (HCBS)

### Working Adults with Disabilities Stakeholder Meeting Announcement and Invitation

The Health First Colorado Buy-In Program for Working Adults with Disabilities allows adults with a qualifying disability to "buy in" to Health First Colorado. Members whose income exceeds qualification for Health First Colorado may qualify for the Buy-In Program. Interested stakeholders are invited to one (1) of two (2) virtual stakeholder meetings to learn about updates being made to the Buy-In Program for Working Adults with Disabilities effective July 1, 2025.

The Department will present an overview of the changes being made to how Health First Colorado members enroll into the Buy-In Program For Working Adults with Disabilities at these meetings. These changes will specifically impact Health First Colorado members who also receive services through HCBS waivers. Attendees are invited to learn and ask questions about the upcoming changes.

**Meeting dates and times:** February 20, 2025, 11:00 a.m. to 12:00 p.m. MT, and March 13, 2025, 1:00 to 2:00 p.m. MT

**Registration and location:** These two (2) meetings are identical, and attendees only need to choose the meeting date and time that best fits their schedule. These meetings will be virtual via Zoom.

- [Register for the meeting on February 20, 2025](#)
- [Register for the meeting on March 13, 2025](#)

Attendees will receive a confirmation email after registering with information about joining the webinar.

A recording of the meeting may be requested by emailing Kyra Acuna at [HCPF\\_Stakeholders@state.co.us](mailto:HCPF_Stakeholders@state.co.us).

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Refer to the [Health First Colorado Buy-In Program For Working Adults With Disabilities web page](#) for more information about the Health First Colorado Buy-In Program for Working Adults with Disabilities.

**Meeting Accommodation and Language Access Notice:** Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Contact Kyra Acuna at [HCPF\\_stakeholders@state.co.us](mailto:HCPF_stakeholders@state.co.us) at least one (1) week prior to the meeting to make arrangements.

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## American Rescue Plan Act (ARPA) Direct Provider Payment

A final Home and Community-Based (HCBS) provider payment for select services utilizing ARPA HCBS funding is planned to be delivered as providers are extremely valued partners in Colorado's efforts and mission to see people receive services needed to remain living in the community of their choice.

The Colorado Joint Budget Committee (JBC) approved the Department's S-11 supplemental request, "American Rescue Plan Act (ARPA) Funding True Up," on January 17, 2025, which included this proposed temporary increase. The supplemental bill is anticipated to be passed and signed sometime in late February through early March 2025. The Department will provide more information including the eligible services, payment amounts and the date for payments after February 28, 2025.

It is requested that all provider claims for the period July 1, 2024, through December 31, 2024, be submitted *no later than* February 28, 2025, to receive this retroactive HCBS rate increase and subsequent payment. This claims data will be used to determine the provider payment equivalent to the retroactive increase for eligible services. It is critical that providers submit all claims by February 28, 2025, to not miss out on this potential opportunity.

Refer to [Informational Memo 24-033](#) for more information.

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## Hospital Providers

### General Updates

#### Hospital Stakeholder Engagement Meetings

The Department will host bi-monthly Hospital Stakeholder Engagement meetings to discuss current topics regarding ongoing rate reform efforts and operational concerns. [Sign up to receive the Hospital Stakeholder Engagement Meeting newsletters.](#)

- The next Hospital Stakeholder Engagement Meeting will be **Friday, February 7, 2025, from 9:00 a.m. to 11:00 a.m. MT** and will be hosted virtually.



Visit the [Hospital Stakeholder Engagement Meeting web page](#) for more details, meeting schedules and past meeting materials. **Calendar Year 2025 meeting dates have been posted.**

Contact Della Phan at [Della.Phan@state.co.us](mailto:Della.Phan@state.co.us) with any questions or topics to be discussed at future meetings. Advanced notice will provide the Facility Rates Section time to bring additional Department personnel to the meetings to address different concerns.

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## Physician-Administered Drugs (PADs), Hospital Providers

### PADs and Hospital Specialty Drugs: Policy Clarification

#### PAD Prior Authorization (PA) Program

Certain Physician-Administered Drugs (PADs) administered in the office or clinic fall under the PAD Prior Authorization (PA) policy. Refer to [Appendix Y: Physician Administered Drug Medical Benefit Prior Authorization Procedures and Criteria](#) for the list of PADs requiring a PA.

Providers must ensure a PA request is submitted to Acentra Health through the [Atrezzo® provider portal](#) and an approval is received prior to administering the PAD to the member. Visit [Colorado Prior Authorization Request Program \(ColoradoPAR\) web page](#) for additional information, recorded trainings and user guides.

#### Hospital Specialty Drugs

Approved hospital-administered specialty drugs fall under the Hospital Specialty Drug Policy. Refer to [Appendix Z: Hospital Specialty Drugs](#) for the list of specialty drugs subject to this policy.

Member-specific PA requests must be submitted directly to the Department through the applicable request form and be approved prior to administration of the specialty drug. Visit the [Physician-Administered Drugs web page](#) for resources, including Appendix Z, coverage standards, request forms and submission requirements.

#### General Information

Retroactive requests are not usually considered, and PA approval does not guarantee payment. Both the PAD and Hospital benefits require the National Drug Code (NDC) of the PAD administered to the member to be billed on the claim line. Refer to [Appendix X: Healthcare Common Procedure Coding System \(HCPCS\)/NDC Crosswalk for Billing Physician-Administered Drugs](#) for guidance and valid and reimbursable HCPCS/NDC combinations.

Refer to the [PAD Billing Manual](#) and the [Inpatient/Outpatient \(IP/OP\) Billing Manual](#) or visit the [PAD web page](#) for additional policy information.

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

## Pediatric Behavioral Therapy Providers

### New Criteria Posted

Updated criteria for pediatric behavioral therapies have been posted after working with the Pediatric Behavioral Therapy provider community. These changes aim to ensure evidence-based, high-quality care for children and youth requiring behavioral interventions.

Providers are encouraged to review the new criteria on the [Pediatric Behavioral Therapies Information for Providers web page](#) and align to practices accordingly to maintain compliance and continue delivering exceptional care.

Providers' continued commitment to supporting the well-being of pediatric patients is appreciated.

Email [HCPF\\_EPSDT@state.co.us](mailto:HCPF_EPSDT@state.co.us) for more information.

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## Pharmacies and All Medication-Prescribers

### Drug Utilization Review (DUR) Updates

#### Increase in Maximum Dose Allowance for Select Buprenorphine-Containing Sublingual Products

The maximum dose allowance for buprenorphine/naloxone sublingual film and buprenorphine sublingual tablet product formulations will increase from 24mg buprenorphine/day to a maximum of 32mg buprenorphine/day, effective February 28, 2025. Pharmacies submitting claims for these products for Health First Colorado members will receive claims payment with no prior authorization required for doses up to 32mg buprenorphine/day, following implementation of this change.

Pharmacy benefit coverage and prior authorization criteria is available for reference on the Preferred Drug List (PDL) and Appendix P on the Health First Colorado [Pharmacy Resources web page](#).

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### Prescriber Tool Alternative Payment Model (APM) Update

The APM is an upside-risk-only program designed to incentivize increased and consistent use of the Prescriber Tool by Health First Colorado providers receiving fee-for-service payments for their outpatient pharmaceutical claims, specifically the Real-Time Benefits Inquiry (RTBI) module and prescription of preferred medications where clinically appropriate.

The [Prescriber Tool Alternative Payment Model web page](#) has been updated for Program Year 2, which began in October 2024, including a list of eligible practices searchable by Practice Business Name or National Provider Identifier (NPI).

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Eligible providers should have received an email in January 2025 with a link to complete the activities required to be eligible for Program Year 2 payments in June.

To update contact information or opt-out of Prescriber Tool APM communications, complete the [Prescriber Tool APM Contact Update and Opt-Out Form](#).

Contact [HCPF\\_PharmacyAPM@state.co.us](mailto:HCPF_PharmacyAPM@state.co.us) with any questions.

## Physician Services

### Primary Care Fund Program Awardees Payment for Health Equity Payments to Medicaid-Enrolled Primary Care Practices that Serve a High Proportion of Marginalized Patients

The maximum total payment amount for the Primary Care Fund Program Awardees for serving a high proportion of marginalized patients will be \$53,933,720 for State Fiscal Year 2024-2025.

Contact Daniel Harper at [Daniel.Harper@state.co.us](mailto:Daniel.Harper@state.co.us) or 303-866-4427 for more information.

## Skin Substitute Rate Category Rebalance Notice

All skin substitute codes are being rebalanced to fit within the rate structure of the four (4) categories of skin substitutes:

Category	Rate
Xenogenic	\$14.85
Allogenic Acellular	\$93.7
Allogenic Cellular	\$31.59
Injectable	\$377.55

Several codes will be adjusted to bring them in line with these prices. The following table describes these adjustments. The codes highlighted in red are changing skin substitute categories. Q4114 is being reduced to \$377.55 to align with the other injectable skin substitutes.

Procedure Code	Service Description	Current Health First Colorado Rate July 2024	Grouping	Correct Health First Colorado Rate
A2001	INNOVAMATRIX AC, PER SQ CM	\$14.48	Xenogenic	\$14.85

Procedure Code	Service Description	Current Health First Colorado Rate July 2024	Grouping	Correct Health First Colorado Rate
A2002	MIRRAGEN ADV WND MAT PER SQ	\$14.48	Xenogenic	\$14.85
A2003	BIO-CONNEKT WOUND MATRIX	\$14.48	Xenogenic	\$14.85
A2004	XCELLISTEM, 1 MG	\$92.77	Xenogenic	\$14.85
A2005	MICROLYTE MATRIX, PER SQ CM	\$14.48	Xenogenic	\$14.85
A2006	NOVOSORB SYNPATH PER SQ CM	\$14.48	Xenogenic	\$14.85
A2007	RESTRATA, PER SQ CM	\$14.48	Xenogenic	\$14.85
A2008	THERAGENESIS, PER SQ CM	\$14.48	Xenogenic	\$14.85
A2009	SYMPHONY, PER SQ CM	\$14.48	Xenogenic	\$14.85
A2010	APIS, PER SQUARE CENTIMETER	\$14.48	Xenogenic	\$14.85
A2019	KERECIS MARIGEN SHLD SQ CM	\$14.07	Xenogenic	\$14.85
A2020	AC5 WOUND SYSTEM	\$88.76	Xenogenic	\$14.85
A2021	NEOMATRIX PER SQ CM	\$14.07	Xenogenic	\$14.85
Q4102	OASIS WOUND MATRIX	\$14.69	Xenogenic	\$14.85
Q4103	OASIS BURN MATRIX	\$14.69	Xenogenic	\$14.85
Q4104	INTEGRA BMWD	\$14.69	Xenogenic	\$14.85
Q4105	INTEGRA DRT OR OMNIGRAFT	\$14.69	Xenogenic	\$14.85
Q4108	INTEGRA MATRIX	\$14.69	Xenogenic	\$14.85
Q4110	PRIMATRIX	\$14.69	Xenogenic	\$14.85
Q4158	KERECIS OMEGA3, PER SQ CM	\$14.64	Xenogenic	\$14.85
Q4101	APLIGRAF	\$31.26	Allogenic Cellular	\$31.59
Q4106	DERMAGRAFT	\$31.26	Allogenic Cellular	\$31.59
Q4121	THERASKIN	\$31.26	Allogenic Cellular	\$31.59

Procedure Code	Service Description	Current Health First Colorado Rate July 2024	Grouping	Correct Health First Colorado Rate
Q4264	COCOON MEMBRANE, PER SQ CM	\$31.45	Allogenic Cellular	\$31.59
Q4107	GRAFTJACKET	\$92.77	Allogenic Acellular	\$93.70
Q4111	GAMMAGRAFT	\$92.77	Allogenic Acellular	\$93.70
Q4115	ALLOSKIN	\$92.77	Allogenic Acellular	\$93.70
Q4116	ALLODERM	\$92.77	Allogenic Acellular	\$93.70
Q4128	FLEXHD/ALLOPATCHHD/MATRIX HD	\$92.77	Allogenic Acellular	\$93.70
Q4151	AMNIOBAND, GUARDIAN 1 SQ CM	\$92.77	Allogenic Acellular	\$93.70
Q4186	EPIFIX 1 SQ CM	\$92.77	Allogenic Acellular	\$93.70
Q4187	EPICORD 1 SQ CM	\$92.77	Allogenic Acellular	\$93.70
Q4199	CYGNUS MATRIX, PER SQ CM	\$90.07	Allogenic Acellular	\$93.70
Q4262	DUAL LAYER IMPAX, PER SQ CM	\$94.63	Allogenic Acellular	\$93.70
Q4263	SURGRAFT TL, PER SQ CM	\$14.78	Allogenic Acellular	\$93.70
Q4279	VENDAJE AC, PER SQ CM	\$93.71	Allogenic Acellular	\$93.70
Q4287	DERMABIND DL, PER SQ CM	\$93.71	Allogenic Acellular	\$93.70
Q4288	DERMABIND CH, PER SQ CM	\$93.71	Allogenic Acellular	\$93.70

Procedure Code	Service Description	Current Health First Colorado Rate July 2024	Grouping	Correct Health First Colorado Rate
Q4290	MEMBRANE WRAP HYDR PER SQ CM	\$93.71	Allogenic Acellular	\$93.70
Q4291	LAMELLAS XT, PER SQ CM	\$31.59	Allogenic Acellular	\$93.70
Q4292	LAMELLAS, PER SQ CM	\$31.59	Allogenic Acellular	\$93.70
Q4293	ACESSO DL, PER SQ CM	\$31.59	Allogenic Acellular	\$93.70
Q4294	AMNIO QUAD-CORE, PER SQ CM	\$31.59	Allogenic Acellular	\$93.70
Q4295	AMNIO TRI-CORE, PER SQ CM	\$31.59	Allogenic Acellular	\$93.70
Q4296	REBOUND MATRIX, PER SQ CM	\$31.59	Allogenic Acellular	\$93.70
Q4298	AMNICORE PRO, PER SQ CM	\$14.85	Allogenic Acellular	\$93.70
Q4299	AMNICORE PRO+, PER SQ CM	\$14.85	Allogenic Acellular	\$93.70
Q4301	ACTIVATE MATRIX, PER SQ CM	\$14.85	Allogenic Acellular	\$93.70
Q4302	COMPLETE ACA, PER SQ CM	\$14.85	Allogenic Acellular	\$93.70
Q4303	COMPLETE AA, PER SQ CM	\$14.85	Allogenic Acellular	\$93.70
Q4304	GRAFIX PLUS, PER SQ CM	\$31.59	Allogenic Acellular	\$93.70
Q4114	INTEGRA FLOWABLE WOUND MATRI	\$1,054.09	Injection	\$377.55

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

## Free Screening, Brief Intervention and Referral to Treatment (SBIRT) Training for Health First Colorado Providers

Free SBIRT training for Health First Colorado providers is provided through partnership with Peer Assistance Services, Inc. (PAS). PAS has provided SBIRT training and support since 2006. The SBIRT program promotes prevention and early intervention efforts through in-person, online and virtual training, technical assistance, and hands-on SBIRT implementation.

In order to directly deliver screening and intervention services, providers are required to participate in training that provides information about the implementation of evidence-based protocols for screening, brief interventions and referrals to treatment. Face-to-face trainings and consultations are available through various entities such as [SBIRT Colorado](#), [Colorado Community Managed Care Network](#) and the [Emergency Nurses Association](#).

Visit the [PAS training calendar](#) to register for an upcoming training. The shared goal is to promote SBIRT as a standard of care throughout Colorado. Refer to the [SBIRT Billing Manual](#) to learn more about best billing practices.

Contact Janelle Gonzalez at [Janelle.Gonzalez@state.co.us](mailto:Janelle.Gonzalez@state.co.us) with questions.

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## Colorado Medicaid eConsult Update

Health First Colorado providers have access to a free and secure statewide electronic consultation platform through [ColoradoMedicaideConsult.com](https://ColoradoMedicaideConsult.com). Colorado Medicaid eConsult allows Primary Care Medical Providers (PCMPs) to communicate electronically with specialty providers, frequently eliminating the need for in-person referrals for members.

Beginning July 1, 2025, Colorado Medicaid eConsult will support specialty-to-specialty eConsults, broadening the current Primary Care Medical Provider (PCMP) user role to a more general submitter role. This update will enable specialists, including Medical Doctors (MDs)/Doctors of Osteopathic Medicine (DOs), Nurse Practitioners (NPs) and Physician Assistants (PAs), to submit eConsults as treating practitioners.

Email the eConsult team at [HCPF\\_eConsult@state.co.us](mailto:HCPF_eConsult@state.co.us) for further information about this feature. Email Safety Net Connect (SNC) at [ColoradoSupport@safetynetconnect.com](mailto:ColoradoSupport@safetynetconnect.com) for additional details and instructions on gaining access to Colorado Medicaid eConsult.

### Available Specialties for Clinical Guidance Include:

**Adult Specialties Available (20):** Addiction Medicine, Allergy and Immunology, Cardiology, Dermatology, Endocrinology, Gastroenterology, Geriatric Medicine, OB/Gynecology, Hematology/Oncology, Hepatology, Infectious Disease, Nephrology, Neurology, Orthopedics, Otolaryngology (ENT), Pain Medicine, Physical Medicine/Rehabilitation, Psychiatry, Pulmonology/Sleep Medicine, Rheumatology, Urology

**Pediatric Specialties Available (16):** Allergy and Immunology, Cardiology, Dermatology, Developmental Pediatrics, Endocrinology, Gastroenterology, Hematology/Oncology, Infectious Disease, Nephrology, Neurology, Orthopedics, Otolaryngology (ENT), Psychiatry, Pulmonology, Rheumatology, Urology

**Specialty Update:** Adult OB/Gynecology specialists are available to respond to eConsults for adult and adolescent patients aged 14 and above.

**Getting Started with Colorado Medicaid eConsult:**

Practices can complete the [Practice Enrollment Form](#) to begin the enrollment process or attend an upcoming [Monthly Program Overview Webinar](#) from 12:30 p.m. to 1:00 p.m. MT for more information.

Contact [ColoradoSupport@safetynetconnect.com](mailto:ColoradoSupport@safetynetconnect.com) with any questions.

**eConsult Reimbursement:**

Refer to the [Telemedicine Billing Manual](#) for details on eConsult reimbursement.

**Additional information:**

Visit the [eConsult Platform web page](#) for more information or email the eConsult team at [HCPF\\_eConsult@state.co.us](mailto:HCPF_eConsult@state.co.us).

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## Vision Providers

### Ordering, Prescribing and Referring (OPR) Claim Identifier Mandate

In the coming months, Health First Colorado will begin editing vision services claims for compliance with federal OPR regulations ([42 CFR § 455.440](#)).

The following providers are eligible to **order, prescribe or refer** vision services when enrolled with Health First Colorado and licensed by the Colorado Department of Regulatory Agencies (DORA) or the licensing agency of the state in which they do business: Optometrists, Ophthalmologists and Physicians.

The following providers are eligible to **render** vision services when enrolled with Health First Colorado and licensed by DORA or the licensing agency of the state in which they do business: Optometrists, Ophthalmologists and Opticians.

The OPR provider indicated on the claim **must** be actively enrolled with Health First Colorado ([42 CFR § 455.410\(b\)](#)). The claim will be denied if the indicated provider is not actively enrolled.

It is important for OPR providers to understand the implications of failing to enroll in Health First Colorado. Providers who render services to Health First Colorado members based on the order, prescription or referral from an OPR provider will not be reimbursed for such items or services unless the OPR provider is enrolled.

Vision providers are reminded to include the OPR providers on claims and to ensure the OPR provider is currently enrolled with Health First Colorado. The OPR field on the CMS 1500 professional claim form is 17b and in fields 76-79 on the UB-04 institutional claim form. This



field may be labeled as Referring Provider in the Provider Web Portal. Claims with services requiring OPR provider(s) will post Explanation of Benefits (EOB) 1997- “The referring, ordering, prescribing or attending provider is missing or not enrolled. Please resubmit with a valid individual National Provider Identifier (NPI) in the attending field,” if the OPR provider is not enrolled with Health First Colorado.

Below is a visual example of the CMS 1500 claim form with an indicator of where the NPI number should be populated:

UB-04 outpatient hospital claims would populate the required NPI in the attending provider field (#76) or the Other ID field (#78 or #79). The following is a visual example of where the OPR NPI must be populated:

The OPR mandate is not currently denying claims for missing OPR NPIs. However, missing OPR NPIs will result in claims denials beginning April 1, 2025.

Providers are highly encouraged to [sign up to receive Department communications](#).

Contact the [Provider Services Call Center](#) with questions about claim denials. Contact Christina Winship at [Christina.Winship@state.co.us](mailto:Christina.Winship@state.co.us) with questions on policy.

Refer to the [Vision Care and Eyewear Manual](#) for more information on billing vision claims.

Refer to the [Claim Identifier Project web page](#) for more information about OPR requirements.

## Women’s Health, Family Planning

### Doula Billing Manual Update

The [Doula Billing Manual](#) has been updated to include clarifying information on Ordering, Prescribing and Referring (OPR) Providers.

Contact [HCPF\\_MaternalChildHealth@state.co.us](mailto:HCPF_MaternalChildHealth@state.co.us) with questions or concerns about the program.

## Global Obstetrics (Global OB) Billing Update

Global obstetrics (OB) billing system changes were completed at the end of January 2025. Claims will be automatically reprocessed, retroactive to October 1, 2022. Stakeholder engagement and the Frequently Asked Questions (FAQs) regarding these changes can be found on the [Global Obstetrics Billing Stakeholder Engagement web page](#).

All Global OB billing questions may be directed to the Member Contact Center at 1-800-221-3943 / State Relay: 711 or to the [Provider Services Call Center](#).

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## Provider Training Sessions

### February 2025 Schedule

Providers are invited to sign up for a provider training session. Training sessions focused on Health First Colorado include:

- Provider Enrollment
- Beginner Billing: Professional Claims (CMS-1500)
- Beginner Billing: Institutional Claims (UB-04)
- Intermediate Billing: All Claim Types
- Provider-Specific Billing Training Sessions

All sessions are held via webinar on Zoom, and registration links are shown in the calendar below and on the [Provider Training web page](#). The availability of training sessions varies monthly.

### Provider Enrollment

Provider enrollment training is designed for providers at various stages of the initial enrollment process with Health First Colorado. It provides an overview of the program and guidance on the provider application process, including enrollment types, common errors and enrollment with other entities (e.g., DentaQuest, Regional Accountable Entities [RAEs], Health First Colorado vendors). It also provides information on next steps after enrollment. Note that it does not provide guidance on revalidation for already enrolled providers.

### Beginner Billing Training

There are two (2) beginner billing training sessions offered. One (1) is for providers that submit professional claims (CMS 1500), and the other is for providers that submit institutional claims (UB-04). These training sessions are identical except for claim submission specifics.

Click "[Which Beginner Billing Training Do I Need?](#)" on the [Provider Training web page](#) to find training aligned to provider type.

Beginner billing training provides a high-level overview of member eligibility, claim submission, prior authorizations, [Department website](#) navigation, [Provider Web Portal](#) use and more.

Staff who submit claims, are new to billing Health First Colorado services or who need a billing refresher course should consider attending one (1) of the beginner billing training sessions.

### Intermediate Billing Training

Intermediate billing training covers claims processing and Remittance Advice (RA) via the [Provider Web Portal](#) and batch, secondary billing with commercial insurance and Medicare, attachment requirements, timely filing, suspended claims, adjustments and voids, reconsiderations, resubmissions and more.

### Provider-Specific Training

Provider-specific training sessions cover topics unique to providers. Visit the [Provider Training web page](#) for information on upcoming provider-specific training.



**Note: These sessions offer guidance for Health First Colorado only.** Providers are encouraged to contact the Regional Accountable Entities (RAEs), Child Health Plan *Plus* (CHP+) and Medicare for enrollment and billing training specific to those organizations. Training for the Care and Case Management (CCM) system will not be covered in these training sessions. Visit the [CCM System web page](#) for CCM-specific training and resources.

Refer to the [Provider Web Portal](#) Quick Guides located on the [Quick Guides web page](#) for more training materials on navigating the [Provider Web Portal](#).

### Live Webinar Registration

Click the title of the desired provider training session in the calendar to register for a webinar. An automated response will confirm the reservation.

**Note:** Webinars may end early. Time has been allotted for questions at the end of each session.

February 2025				
Monday	Tuesday	Wednesday	Thursday	Friday
3	4	5	6	7
10	11 <a href="#">Intermediate Billing Training 2/11/25</a> 1-2:30 p.m.	12	13	14
17	18	19	20	21

February 2025				
24	25	26 <a href="#">Beginner Billing Training for Professional Claims (CMS 1500) 2/26/25</a> 9-11:30 a.m.	27	28

## Upcoming Holidays

Holiday	Closures
<b>President's Day</b> February 17, 2025	State Offices and AssureCare 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 Contacts

### Provider Services Call Center

1-844-235-2387

### Gainwell Technologies Mailing Address

P.O. Box 30, Denver, CO 80201