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## Did You Know?

Email communications sent by Gainwell Technologies on behalf of the Department of Health Care Policy & Financing (the Department) have switched from Constant Contact to the email management application Mailchimp. Affected emails include the monthly bulletin, the weekly newsletter, announcements about known issues, and other general communications.

Providers may notice the Mailchimp footer on emails. Providers will continue to receive the same email communications they received prior to the switch.

No action is needed unless additional providers or staff wish to [sign-up](#) for communications. Providers are also encouraged to keep the email address on file current by doing a [provider maintenance update](#) if needed.

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## **All Providers**

### **Claims Editing Bypass for Gender Restrictions**

Many procedures that are restricted to a member's assigned sex at birth are still medically necessary after legally changing their gender. Currently, these claims must be reprocessed to bypass the gender edits. Effective June 29, 2022, these claims will process through interChange when the following billing guidance is used with gender-specific procedures that conflict with the member's identified gender:

**CMS-1500/837P claims:** Providers should enter the KX modifier to the appropriate line item.

**UB-04/837I claims:** Providers should enter condition code 45 to indicate a procedure is medically necessary despite a gender conflict.

The [Gender-Affirming Care Billing Manual](#) will be updated to include the new KX modifier and condition code 45.

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### **Fiscal Year 2022-2023 Provider Rate Adjustments**

Health First Colorado (Colorado's Medicaid program) across-the-board provider rate increases were approved by the Joint Budget Committee during the 2022 legislative session and are effective for dates of service beginning July 1, 2022, pending State Plan Amendment (SPA) approval from the Centers for Medicare and Medicaid Services (CMS) prior to implementation. The fee schedules located on the [Provider Rates & Fee Schedule web page](#) have been updated to reflect the 2.0% across-the-board rate increases. Rates will be updated in the Colorado interChange for dates of service beginning July 1, 2022. Any category of service or subset of individual services within a category receiving a targeted rate increase mentioned in other bulletin articles are not eligible for the across-the-board increase.

#### **Services & Supplies Approved for Across-the-Board Increases:**

- Physician and clinic services
- Dental Services
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services
- Family planning services
- Inpatient hospital services
- Outpatient hospital services
- Laboratory & x-ray services
- Durable medical equipment, supplies, and prosthetics



- Non-physician practitioner services
- Tobacco cessation counseling for pregnant women
- Ambulatory surgery center services
- Dialysis center services
- Physical, occupational, and speech therapy, and audiology services
- Screening, brief intervention, and referral to treatment (SBIRT) services
- Rehabilitation/behavioral health services
- Outpatient substance abuse services
- Case management services for substance abuse treatment
- Vision services
- Extended services for pregnant women
- Home and Community-Based Services (HCBS)
- Private duty nursing
- Acute and long-term home health
- IDD targeted case management
- Anesthesia services
- Laboratory and pathology services
- Targeted Case Management-Transition Services



The 2.0% across-the-board increase for Home and Community Based Services (HCBS) waivers services does not require CMS approval. Claims with dates of service on or after July 1, 2022, will be reimbursed at an increased rate for providers for the following waivers:

- HCBS - Brain Injury (BI)
- HCBS - Children's Extensive Supports (CES)
- HCBS - Children's Home and Community Based Service (CHCBS)
- HCBS - Children with Life Limiting Illness (CLLI)
- HCBS - Children's Residential Habilitation Program (CHRP)
- HCBS - Community Mental Health Supports (CMHS)
- HCBS - Developmental Disability (DD)
- HCBS - Elderly, Blind and Disabled (EBD)
- HCBS - Complementary and Integrative Health (CIH), formerly the Spinal Cord Injury (SCI) waiver
- HCBS - Supported Living Services (SLS)

Updates will be published when CMS approval is received. Contact Victoria Martinez at [Victoria.L.Martinez@state.co.us](mailto:Victoria.L.Martinez@state.co.us) with questions or concerns.

## **Ambulatory Surgical Center (ASC) Providers**

### **New Procedure Codes**



Thirty-two (32) new procedure codes will be added to the grouper rate methodology for Ambulatory Surgical Centers. These procedures were recommended during the [2019 Medicaid Provider Rate Review Advisory Committee \(MPRRAC\) Recommendation Report](#) via a State Plan Amendment (SPA). Refer to the updated fee schedule for rates information related to this change. The effective date for these services will be October 1, 2021.

Refer to the [Ambulatory Surgery Centers \(ASC\) Billing Manual](#) for a complete list of ASC covered services.

Contact Eric Schmitz at [Eric.Schmitz@state.co.us](mailto:Eric.Schmitz@state.co.us) with questions regarding the new rates.

Contact Christopher Lane at [Christopher.Lane@state.co.us](mailto:Christopher.Lane@state.co.us) with policy related questions.

## **Behavioral Health Providers**

### **Billing Under a Licensed Behavioral Health Clinician**

Effective May 1, 2022, language was provided to allow newly licensed behavioral health providers to continue to bill under a supervisor (licensed behavioral health clinician) while pursuing contracting with a Regional Accountable Entity (RAE). This is being expanded to allow newly hired licensed behavioral health providers with a group practice to bill under a supervising behavioral health clinician while the provider is working toward credentialing and contracting with a RAE.

Effective July 1, 2022, this policy understanding will be reflected in the Uniform Service Coding Standards Manual with the following language:

Practitioners who are enrolled with Medicaid and have applied for credentials with a Regional Accountable Entity (RAE) may submit claims under a supervising provider for a maximum of 90 days while completing contracting with a RAE. This policy applies to:

- Newly licensed BH providers who were providing services to members under clinical supervision while they were working toward licensure.
- Licensed BH providers who are hired by a group practice.

Contact John Laukkanen at [John.Laukkanen@state.co.us](mailto:John.Laukkanen@state.co.us) with questions about this policy.



## Update to Uniform Services Coding Standards (USCS) Manual

Effective July 1, 2022, a new edition of the USCS Manual contains significant formatting and content updates. Providers are strongly encouraged to review the guidance pages and appendices in this manual for new information. The USCS Manual can be found on the [Accountable Care Collaborative Phase II Provider and Stakeholder Resource Center web page](#).

Contact [hcpf\\_bhcoding@state.co.us](mailto:hcpf_bhcoding@state.co.us) with questions related to this manual.

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## Durable Medical Equipment, Prosthetics, Orthotics & Supplies (DMEPOS) Providers

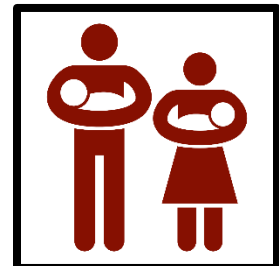
### Breast Pumps

Access to alternative methods of nutrition for infants and children is being expanded to better support new parents who wish to breastfeed and potentially reduce demand on limited formula supplies. Effective for dates of service June 8, 2022, or later, Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) providers may bill Health First Colorado as the primary payer for manual and or electric breastfeeding pumps.

The Women, Infant, and Children (WIC) program was previously the primary payer of breast pumps for Health First Colorado members. Health First Colorado only covered pumps under specific circumstances related to infant hospitalization of at least 54 days. This limited coverage policy ended on June 7, 2022.

#### Benefit Criteria:

- The rate for procedure code E0603 for electric breast pumps is \$133.30.
- The rate for procedure code E0602 for manual breast pumps is \$20.47.
- Prior authorization requests (PARs) are not required.
- Pregnant members may receive a pump as early as the 28th week of pregnancy.
- Postpartum members may receive a pump at any time.
- As is required for all DMEPOS, a prescription from a physician, physician assistant, or nurse practitioner is needed.
- Claims will not be denied based on the diagnosis code used. However, diagnosis code Z39.1 is appropriate.
- The Colorado interChange has been updated to allow for these changes.



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

## General Updates

### New Continuous Glucose Monitor Attestation

Prior authorization requests (PARs) submitted to Keystone Peer Review Organization (Kepro) for Continuous Glucose Monitors (CGMs) are frequently pended to confirm education has been provided to the member. An attestation has been added to the PAR system to limit the amount of pends for this reason. When requesting a CGM in the online portal, providers will be asked whether the member has received or if there is a documented plan to receive diabetes education specifically related to CGMs.

Refer to the [Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\) billing manual](#) for the full CGM policy.

### Manual Pricing Rate Increase

The rate for manually priced Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) will be increased as of July 1, 2022, following approval from the Joint Budget Committee. The new rates can be found below.

- MSRP less: 15.95% (Modifier SC)  
or
- Invoice acquisition cost plus: 22.90% (Modifier UB)



Refer to the [Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\) billing manual](#) for information on manually priced durable medical equipment.

### Oral and Enteral Nutrition Formula Questionnaire

Questionnaire #10 for Oral and Enteral Nutrition Formula was removed from the required questionnaires in 2018. Some providers have continued to submit it with PARs to Kepro, and it is accepted as a form of documentation when signed by a physician. For accessibility, it has been added back to the [Provider Forms web page](#). This form is **optional** and is still only acceptable when signed by a physician.

### Changes Made to Questionnaires for Beds

Edits have been made to both Questionnaire #1 for Hospital Bed and Questionnaire #2 for Pressure Relief Mattress. The changes made should limit the amount of pends received on PARs submitted to Kepro. They will be updated on the [Provider Forms web page](#) on July 1, 2022, and should be used on relevant requests from that point forward.

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

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## House Bill (HB) 22-1290 Implementation

Pursuant to [HB22-1290](#) “Changes to Medicaid for Wheelchair Repairs”, prior authorization requests (PARs) for repairs of Complex Rehabilitative Technology (CRT) equipment will no

longer be required for dates of service on or after July 1, 2022. Claims related to the repair of CRT will not require a PAR when billed with the modifier RB.

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

## **Targeted Rate Increase for Fiscal Year 2022-2023**

Durable Medical Equipment (DME) rates not subject to the Upper Payment Limit (UPL) as well as rates subject to the UPL are receiving a targeted rate increase effective July 1, 2022, as approved by the Joint Budget Committee as a result of rate recommendations made in the [Medicaid Provider Rate Review Recommendation Report](#) in fiscal year 2019. Rates below the 80% benchmark as detailed in the [2019 Medicaid Provider Rate Review Analysis Report](#) will be increased to 80% of the benchmark for non-UPL procedure codes and modifier combinations. Procedure codes and modifier combinations subject to the UPL will receive an additional temporary increase. Rate information for all impacted procedure codes and modifier combinations is available on the [Provider Rates and Fee Schedule web page](#).

Contact Victoria Martinez at [Victoria.L.Martinez@state.co.us](mailto:Victoria.L.Martinez@state.co.us) with additional questions.

## **Family Planning Providers**

### **Family Planning Expansion**

Effective July 1, 2022, several changes will occur related to the family planning benefit, including:

- Coverage of family planning for Health First Colorado members regardless of their immigration or citizenship status.
- Coverage of family planning and family planning-related services for individuals with a higher income than the standard Health First Colorado limit (between 133%-260% of the federal poverty level [FPL]).
- Access to a 12-month supply of contraceptives for everyone on Health First Colorado regardless of immigration or citizenship status.

#### **Expansion Benefit Summary**

	<b>Family Planning Services</b>	<b>Family Planning Related Services</b>
<b>Covered Services</b>	Family planning services are services provided in a family planning setting that can help members choose if, or when, to become pregnant or to become a parent.	Family planning-related services are medically necessary services provided in a family planning setting as part of or as follow-up to a family planning visit.

	Family Planning Services	Family Planning Related Services
	<p>Including:</p> <ul style="list-style-type: none"> <li>Any contraceptive drug, device or product approved by the FDA.</li> <li>Services related to the administration and monitoring of such products, including management of side effects.</li> <li>Counseling services for continued adherence to a prescribed regimen.</li> <li>Device insertion and removal.</li> <li>Any other contraceptive method and counseling services identified by the Department of Health and Human Services or the Women's Preventive Services Guidelines.</li> </ul>	<p>Examples include:</p> <ul style="list-style-type: none"> <li>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.</li> <li>Cervical cancer screening and prevention</li> <li>Related evaluations or preventative services such as tobacco cessation services.</li> <li>Additional services provided at an annual family planning visit.</li> </ul>
<b>Claim Modifier</b>	FP	FP+32
<b>Benefit Expansion Eligibility</b>	<ul style="list-style-type: none"> <li>Enrolled or presumptively eligible expanded income members (Income between 133%-260% FPL)</li> <li>Enrolled undocumented members</li> </ul>	<ul style="list-style-type: none"> <li>Enrolled or presumptively eligible expanded income members (Income between 133%-260% FPL)</li> </ul>
<b>Co-pay Required?</b>	No	No

### Billing Guidance

Visits for this benefit expansion will be identified using specific modifiers on the claim: FP for family planning and FP+32 for family planning related services. Undocumented members are



not covered for family planning-related services. Claims with the FP+32 modifier will be denied for these members.

Health First Colorado will conduct a claims analysis to monitor utilization of the FP and FP+32 modifiers through:

1. Claims analysis:
  - The team will look at diagnosis, procedure code, place of service,
  - modifier and provider type.
  - Providers will be contacted by the Department if there are claims concerns and will work with Program Integrity.
2. High-cost claims suspension with manual review.
  - High-cost claims will be temporarily suspended for manual reviews to ensure the reduction of clerical errors. Once reviewed for appropriate service, these claims will pay.
3. Benefit assessment and utilization after 12 to 18 months to create a limited benefit package.



A new [Family Planning Benefit Expansion for Special Populations Billing Manual](#) for expanded income and undocumented family planning services, including more details on enrollment for members and billing by providers, is now available on the [Billing Manuals](#) web page under the CMS 1500 drop-down menu.

Virtual question and answer sessions for Specialty Family Planning Benefit Programs will be held, with the first one on Monday, July 25, from 1 p.m. to 2 p.m. Department staff will answer provider billing questions and take feedback on these programs. Frequently Asked Questions (FAQ) documentation will be developed based on these meetings to track themes, identified issues, and potential resolutions.

[Register for the Zoom meeting](#)

Sign up for the [Maternal, Child and Reproductive Health Newsletter](#) and visit the [Maternal, Child and Reproductive Health](#) web page for the latest information regarding this program.

Email [hcpf\\_MaternalChildHealth@state.co.us](mailto:hcpf_MaternalChildHealth@state.co.us) with questions about these changes.

### Colorado Indigent Care Program

Providers participating in the Colorado Indigent Care Program (CICP) are now advised to bill for family planning and related services under the new plan for members with expanded coverage (income expansion for Coloradans previously not eligible for services due to citizenship). Eligible individuals can continue receiving discounted healthcare services through the CICP, but the services described above will be covered by Health First Colorado.

Visit the [Colorado Indigent Care Program \(CICP\)](#) web page or contact [hcpf\\_CICPCorrespondence@state.co.us](mailto:hcpf_CICPCorrespondence@state.co.us) for more information.

## Postpartum Coverage Expansion

The Department is announcing increased access to coverage through several new programs and benefits. Many advocates, providers, members and families worked to make these expansions possible.

Effective July 1, 2022, pregnant members enrolled in Health First Colorado will be eligible for postpartum coverage up to 365 days after giving birth or the pregnancy ends instead of the previous 60 days postpartum. **Providers are encouraged to remind members to update their PEAK account to report pregnancy to get the extended coverage.**

Additional populations who are eligible include:

1. Postpartum people still enrolled in Health First Colorado who had their child after July 1, 2021. To ensure this extended coverage is received, and coverage isn't lost due to income changes, the pregnancy must be reported to Health First Colorado by:
  - Visiting the [PEAK website](#) or app and reporting a change in their account
  - Calling or visiting their county department of human or social services
2. Postpartum people who had their child after July 1, 2021, but who lost their coverage after 60 days postpartum. These members can reapply for benefits within their 365-day window.

Sign up for the [Maternal, Child and Reproductive Health Newsletter](#) and visit the [Maternal, Child and Reproductive Health web page](#) for the latest information regarding this program.

Contact Kimberly Tolchinsky at [Kimberly.Tolchinsky@state.co.us](mailto:Kimberly.Tolchinsky@state.co.us) and Susanna Snyder at [Susanna.Snyder@state.co.us](mailto:Susanna.Snyder@state.co.us) with questions on this policy.

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## Home & Community-Based Services (HCBS) Providers

### Spinal Cord Injury (SCI) Waiver Name Change

Effective July 1, 2022, the name of the Home & Community-Based Services Spinal Cord Injury (HCBS-SCI) waiver will be changed to the HCBS Complementary and Integrative Health Waiver (HCBS-CIH Waiver). The name change is pursuant to [SB21-038](#): Expansion of Complementary and Alternative Medicine.

In addition to renaming the waiver, the legislation authorized expansion of the waiver statewide and to offer complementary and integrative health services to HCBS members living with a spinal cord injury (traumatic and nontraumatic), multiple sclerosis, brain injury, spina bifida, muscular dystrophy, or cerebral palsy with the inability for independent ambulation resulting from one of these conditions.



HCBS providers who serve the Elderly, Blind and Disabled (EBD), Brain Injury (BI), and Community Mental Health Services (CMHS) waiver members will now be able to serve CIH (formerly the SCI) waiver members throughout Colorado.

A full list of services and FAQs is on the [Complementary and Integrative \(formerly the SCI\) Waiver web page](#).

Although the waiver's name will change effective July 1, 2022, use of the term "SCI waiver" will be retained in the Benefits Utilization System (BUS), the Colorado Benefits Management System (CBMS), the Bridge, and eligibility verification/benefit plan information maintained in the Colorado interChange Medicaid Management Information System (MMIS) until Go Live of the new Care and Case Management System. Upon Go Live of the new Care and Case Management System and the retirement of the BUS, all systems will reflect the new CIH waiver name.

Acupuncturists, chiropractors and massage therapists are being actively recruited and enrolled onto the CIH Waiver. Local Case Management Agencies will be notified when a CIH service provider is enrolled, and the [Find a Provider Search Tool](#) and the CIH Waiver web page will be updated.

Qualified acupuncture, massage therapy and chiropractic providers interested in enrolling to become an HCBS-CIH waiver provider are encouraged to review the CIH enrollment requirements found on the [Home and Community-Based Services](#) information web page or contact the [Provider Services Call Center](#).

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

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## Targeted Case Management Provided to Certain Home and Community-Based Services Members by Community-Centered Boards

As announced in [Operational Memo 22-015](#), between April 1, 2022, and June 30, 2023, rates paid to Community Centered Boards (CCBs) for Targeted Case Management (TCM) for members receiving services on certain Home and Community Based (HCBS) waivers were temporarily increased by 2.11%. Pursuant to [HB 22-1329](#), the FY 22-23 Long Bill, CCBs will receive an additional 2% Across the Board (ATB) increase. This increase is in addition to the 2.11% increase that went into effect on April 1, 2022. The combined TCM rate increase is for HCBS members on the following waivers:

- HCBS Waiver for Persons with Developmental Disabilities (HCBS-DD)
- HCBS Children's Extensive Support Waiver (HCBS-CES)
- HCBS Children's Habilitation (HCBS-CHRP)
- HCBS Supported Living Services Waiver (HCBS-SLS)



Review the [Targeted Case Management Fee Schedule](#) “FY 2022-2023” located on the [Provider Rates and Fee Schedule](#) web page to determine the appropriate rate to bill.

The increase applies to Ongoing Case Management Per Member Per Month, Monitoring Visit and Rural Add-On services.

Contact [HCPF\\_HCBS\\_Questions@state.co.us](mailto:HCPF_HCBS_Questions@state.co.us) with any questions.

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## **Hospital Providers**

### **General Updates**

#### **All Hospital Providers**

##### **Hospital Stakeholder Engagement Meetings**

Bi-monthly Hospital Engagement meetings will continue to be hosted to discuss current issues regarding payment reform and operational processing. [Sign up to receive the Hospital Stakeholder Engagement Meeting newsletters.](#)

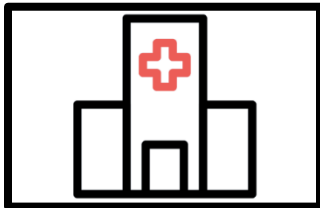
- The All-Hospital Engagement meeting is scheduled for [Friday, July 8, 2022, from 1:00 p.m. - 4:00 p.m.](#) MT and will be hosted virtually.

Visit the [Hospital Engagement Meeting web page](#) for more details, meeting schedules and past meeting materials. **Calendar Year 2022 meetings have been posted.**

#### **Outpatient Hospitals**

##### **Opiate Antagonist Carveout**

[House Bill 22-1326](#) authorizes the Department to reimburse the opioid overdose reversal drug, Naloxone, as carved out from the Enhanced Ambulatory Patient Group (EAPG) methodology, effective July 8, 2022. To implement this change in payment, the Department must seek approval to modify the language in the Code of Colorado Regulations through the Medical Services Board (MSB), as well as update Colorado’s State Plan language with approval from Centers for Medicare & Medicaid Services (CMS). The Department intends to present this rule change to the MSB on July 8, 2022, as an emergency rule.



Contact Andrew Abalos at [Andrew.Abalos@state.co.us](mailto:Andrew.Abalos@state.co.us) for more details regarding this update to the outpatient hospital payment methodology.

#### **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, July 7, 2022, from 12:30 p.m. to 1:30 p.m. MT** and will be hosted virtually. The meetings are now held on Zoom.

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

Contact Erin Johnson at [Erink.Johnson@state.co.us](mailto:Erink.Johnson@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.

## Healthcare Affordability & Sustainability Supplemental Payment Adjustment Factors & Groups

### Inpatient and Outpatient Payment Adjustment Factors

Below are the inpatient and outpatient Healthcare Affordability and Sustainability supplemental payment adjustment factors by hospital for federal fiscal year (FFY) 2021-22. The inpatient supplemental payment equals Medicaid fee-for-service (FFS) patient days multiplied by an inpatient dollar adjustment factor. The outpatient supplemental payment equals estimated outpatient costs multiplied by an outpatient percent adjustment factor. The inpatient and outpatient adjustment factors are listed in the table below for each hospital.

Hospital	Inpatient Dollar Adjustment Factor	Outpatient Percent Adjustment Factor
Animas Surgical Hospital	\$1,071.00	90.66%
Arkansas Valley Regional Medical Center	\$1,900.00	95.75%
Aspen Valley Hospital	\$1,900.00	95.75%
Avista Adventist Hospital	\$1,379.00	101.00%
Banner Fort Collins Medical Center	\$890.50	33.50%
Broomfield Hospital	\$890.50	33.50%
Castle Rock Adventist Hospital	\$890.50	33.50%
Children's Hospital Anschutz	\$460.00	6.00%
Children's Hospital Colorado Springs	\$460.00	6.00%
Colorado Canyons Hospital and Medical Center	\$1,071.00	90.66%
Colorado Plains Medical Center	\$1,071.00	90.66%
Community Hospital	\$1,425.00	97.25%

Hospital	Inpatient Dollar Adjustment Factor	Outpatient Percent Adjustment Factor
Conejos County Hospital	\$1,071.00	90.66%
Craig Hospital	\$32.00	32.00%
Delta County Memorial Hospital	\$1,900.00	95.75%
Denver Health Medical Center	\$1,068.00	15.55%
East Morgan County Hospital	\$1,900.00	95.75%
Estes Park Health	\$1,900.00	95.75%
Foothills Hospital	\$1,425.00	97.25%
Good Samaritan Medical Center	\$890.50	33.50%
Grand River Health	\$1,900.00	95.75%
Grandview Hospital	\$890.50	33.50%
Greeley Hospital	\$890.50	33.50%
Gunnison Valley Health	\$1,900.00	95.75%
Haxtun Health	\$1,900.00	95.75%
Heart of the Rockies Regional Medical Center	\$1,900.00	95.75%
Highlands Ranch Hospital	\$1,379.00	101.00%
Keefe Memorial Hospital	\$1,900.00	95.75%
Kindred Hospital - Aurora	\$32.00	32.00%
Kindred Hospital - Denver	\$32.00	32.00%
Kit Carson County Memorial Hospital	\$1,900.00	95.75%
Lincoln Community Hospital	\$1,900.00	95.75%
Littleton Adventist Hospital	\$1,379.00	101.00%
Longmont United Hospital	\$890.50	33.50%
Longs Peak Hospital	\$890.50	33.50%
Lutheran Medical Center	\$1,379.00	101.00%
McKee Medical Center	\$890.50	33.50%
Medical Center of the Rockies	\$890.50	33.50%

Hospital	Inpatient Dollar Adjustment Factor	Outpatient Percent Adjustment Factor
Melissa Memorial Hospital	\$1,900.00	95.75%
Memorial Hospital	\$565.00	5.18%
Mercy Regional Medical Center	\$1,071.00	90.66%
Middle Park Medical Center	\$1,900.00	95.75%
Montrose Regional Health	\$1,900.00	95.75%
Mt. San Rafael Hospital	\$1,071.00	90.66%
National Jewish Health	\$890.50	33.50%
North Colorado Medical Center	\$890.50	33.50%
North Suburban Medical Center	\$890.50	33.50%
Northern Colorado Long Term Acute Hospital	\$32.00	32.00%
Northern Colorado Rehabilitation Hospital	\$32.00	32.00%
OrthoColorado Hospital	\$890.50	33.50%
Pagosa Springs Medical Center	\$1,900.00	95.75%
PAM Specialty Hospital of Denver	\$32.00	32.00%
Parker Adventist Hospital	\$1,379.00	101.00%
Parkview Medical Center	\$1,425.00	97.25%
Penrose-St. Francis Health Services	\$1,379.00	101.00%
Pikes Peak Regional Hospital	\$1,071.00	90.66%
Pioneers Medical Center	\$1,900.00	95.75%
Platte Valley Medical Center	\$890.50	33.50%
Porter Adventist Hospital	\$890.50	33.50%
Poudre Valley Hospital	\$565.00	5.18%
Presbyterian-St. Luke's Medical Center	\$1,379.00	101.00%
Prowers Medical Center	\$1,900.00	95.75%
Rangely District Hospital	\$1,900.00	95.75%
Rehabilitation Hospital Denver	\$32.00	32.00%

Hospital	Inpatient Dollar Adjustment Factor	Outpatient Percent Adjustment Factor
Rehabilitation Hospital of Colorado Springs	\$32.00	32.00%
Rehabilitation Hospital of Littleton	\$32.00	32.00%
Rio Grande Hospital	\$1,071.00	90.66%
Rose Medical Center	\$1,379.00	101.00%
San Luis Valley Health Regional Medical Center	\$1,071.00	90.66%
Sedgwick County Health Center	\$1,900.00	95.75%
Sky Ridge Medical Center	\$1,379.00	101.00%
Southeast Colorado Hospital	\$1,900.00	95.75%
Southwest Health System	\$1,900.00	95.75%
Spalding Rehabilitation Hospital	\$32.00	32.00%
Spanish Peaks Regional Health Center	\$1,900.00	95.75%
St. Anthony Hospital	\$890.50	33.50%
St. Anthony North Health Campus	\$890.50	33.50%
St. Anthony Summit Medical Center	\$1,071.00	90.66%
St. Joseph Hospital	\$1,379.00	101.00%
St. Mary-Corwin Medical Center	\$890.50	33.50%
St. Mary's Medical Center	\$1,379.00	101.00%
St. Thomas More Hospital	\$1,071.00	90.66%
St. Vincent Hospital	\$1,900.00	95.75%
Sterling Regional MedCenter	\$1,071.00	90.66%
Swedish Medical Center	\$1,379.00	101.00%
The Medical Center of Aurora	\$1,379.00	101.00%
The Memorial Hospital at Craig	\$1,900.00	95.75%
University of Colorado Hospital	\$868.50	53.49%
Vail Health Hospital	\$1,071.00	90.66%
Valley View Hospital	\$1,071.00	90.66%



Hospital	Inpatient Dollar Adjustment Factor	Outpatient Percent Adjustment Factor
Vibra Hospital of Denver	\$32.00	32.00%
Vibra Rehabilitation Hospital	\$32.00	32.00%
Weisbrod Memorial County Hospital	\$1,900.00	95.75%
Wray Community District Hospital	\$1,900.00	95.75%
Yampa Valley Medical Center	\$1,071.00	90.66%
Yuma District Hospital	\$1,900.00	95.75%

### Disproportionate Share Hospital Payment Adjustment Groups

There are several hospital groups included in the federal fiscal year (FFY) 2021-22 Disproportionate Share Hospital (DSH) supplemental payment calculation. Hospitals that meet the requirements of a designated hospital group receive a percent of their FFY 2021-22 DSH limit as their FFY 2021-22 DSH supplemental payment. The hospital groups, the requirements for a hospital to be included in a hospital group, and the percent of the DSH limit paid through the DSH supplemental payment are listed below.

Hospital Group	Requirements	% of DSH Limit
High CICIP Cost	Colorado Indigent Care Program (CICIP) write-off cost greater than 1,000% of average statewide CICIP write-off cost	96.00%
Critical Access	Critical Access Hospital	96.00%
Small Independent Metro	Not owned/operated by a healthcare system, within an MSA, and having less than 2,000 Medicaid patient days	50.00%
Low MIUR	Medicaid Inpatient Utilization Rate (MIUR) less than or equal to 15%	10.00%

Contact Riley De Valois at [Riley.DeValois@state.co.us](mailto:Riley.DeValois@state.co.us) with any questions or concerns.

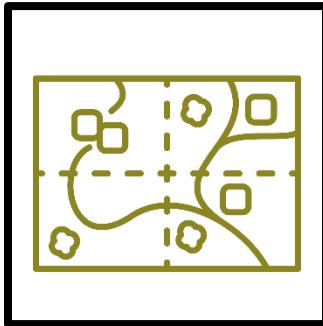
## **Managed Care Organizations (MCOs)**

### **Age Increase Limit for Members**

Currently, members who are 65 or over are not eligible for the Health First Colorado Buy-In Program for Working Adults with Disabilities (WAWD) or elderly, blind or disabled (EBD) waiver benefits in interChange. Effective July 1, 2022, a change in the eligibility source system will allow members aged 65 or over to be eligible for WAWD. This population may also be eligible for EBD waiver services if they qualify. The EBD waiver eligibility is identified with a Level of Care (LOC) value of UU (EBD HCBS in 65+) from the source system.

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### **Expansion of Rocky Mountain Health Plans Prime Service Area**



Effective July 1, 2022, the service area for Accountable Care Collaborative (ACC) Managed Care Organization (MCO) Rocky Mountain Health Plans Prime (RMHP) has expanded. Delta, Ouray and San Miguel counties have been added to the current service areas, and the maximum number of enrollees is increased.

Some Primary Care Medical Providers (PCMPs) within the ACC MCO RMHP service areas will be contracted directly, and eligible members attributed to those PCMPs will be reattributed to ACC MCO RMHP.

Contact [RAESupport@rmhp.org](mailto:RAESupport@rmhp.org) with any questions.

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## **Nursing Facility and Hospice Providers**

### **Fiscal Year 2022-2023 Rate Updates**

Nursing Facility rates effective from July 1, 2022 to June 30, 2023, have been finalized. All facility rates have been loaded in the Colorado interChange, and reimbursement should reflect updated rates for all claims billed for dates of service on or after July 1, 2022.

Hospice providers billing for revenue code 0659 are impacted by the Nursing Facility rate updates. The rates have been implemented, and reimbursement for services should reflect the updated rates for all claims billed for dates of service on or after July 1, 2022.

A Skilled Nursing Facility (SNF) and Hospice Room & Board fee schedule effective from July 1, 2022 to June 30, 2023, will be posted on the [Provider Rates and Fee Schedule](#) web page under the Skilled Nursing Facility heading. The fee schedule includes:

- SNF Name
- Nursing Facility Rate

- Hospice Rate
- Rate Begin and End Dates
- Nursing Facility National Provider Identifier (NPI)

Contact Victoria Martinez at [Victoria.L.Martinez@hcpf.state.co.us](mailto:Victoria.L.Martinez@hcpf.state.co.us) for additional support or questions regarding rates.

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## **Pharmacy and All Medication-Prescribing Providers**

### **Family Planning-Related Services and Pharmacy Claims**

Effective July 1, 2022, members within the expanded income (with an income up to 260% of the federal poverty level) and Title XIX (fee-for-service) eligibility categories may receive family planning-related medications at a \$0 copay.

Pharmacy providers should utilize field 461-EU on the pharmacy claim to indicate “6-Family Plan” to receive a \$0 copay on family planning-related medications. This will allow the pharmacist to determine if the medication was prescribed in relation to a family planning visit (e.g., tobacco cessation and sexually transmitted infections and disease (STI/STD) medications).

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

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### **Pharmacy and Therapeutics (P&T) Committee Meeting:**

Tuesday, July 12, 2022

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

Agenda and meeting information can be found at the [Pharmacy & Therapeutics Committee web page](#).

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### **Pharmacy and Therapeutics (P&T) Committee Member Openings**

The P&T Committee has three open positions for members.

Submissions are being accepted for the following positions:

- One physician who specializes in the practice of psychiatry
- One specialty physician
- One member representative



If interested in serving, or know someone who may be interested, please submit/have them submit a CV along with a completed [Conflict of Interest form](#) to:

Colorado Department of Health Care Policy and Financing  
 Attn: Brittany Schock, PDL pharmacist  
 Fax to 303-866-3590 or email [Brittany.Schock@state.co.us](mailto:Brittany.Schock@state.co.us)

## Preferred Drug List (PDL) Announcement of Preferred Products

The following drug classes and preferred agents will become effective July 1, 2022:

Changes were made for the following PDL classes:

PDL class	Moved to Preferred	Moved to non-preferred
Acne Agents, Oral Isotretinoin	Generic isotretinoin (all manufacturers except Amneal)	Amnesteem and Claravis capsules
Topical Immunomodulators, Other	Imiquimod cream (generic Aldara) Condylox gel Podofilox solution	Aldara cream Veregen ointment Zyclara cream, cream pump Imiquimod cream (generic Zyclara)
Rosacea Agents	Mirvaso gel with pump	
Topical Steroids, Medium Potency	Triamcinolone 0.1% dental paste	
Androgenic Agents	Testosterone (AG) gel packets (generic Vogelxo) (Upsher-Smith only)	Androgel gel packets
Hemorrhoidal, Anorectal, and Related Topical Anesthetic Agents		Lidocaine-Prilocaine cream (Fougera only)
Colony Stimulating Factors	Nyvepria syringe	Udenyca syringe Ziextenzo syringe
Erythropoiesis stimulating Agents	Procrit vial (effective 5/1/2022)	

No changes were made for the following PDL classes:

Tetracyclines	Alpha-Blockers	Beta-Blockers, Single & Combinations
Calcium Channel-Blockers	ACE Inhibitors, Single & Combinations	
ARBs, Single & Combinations	Renin Inhibitors, Single & Combinations	
Pulmonary Arterial Hypertension (PAH) Therapies		Lipotropics (Bile Acid Sequestrants, Fibrates & Other)
Statins & Combinations	Acne Agents, Topical	Anti-Psoriatics, Oral

Anti-Psoriatics, Topical	Antineoplastic Agents, Topical	Topical Steroids, Low Potency
Topical Steroids, High Potency	Topical Steroids, Very High Potency	Bile Salts
Anti-Emetics, Oral	Anti-Emetics, Non-Oral	GI Motility, Chronic
H. Pylori Treatments	Pancreatic Enzymes	Proton Pump Inhibitors (PPIs)
Non-Biologic Ulcerative Colitis Agents, Oral	Non-Biologic Ulcerative Colitis Agents, Non-Oral	
Anticoagulants, Oral	Anticoagulants, Parenteral	Anti-Platelets
Phosphate Binders	Benign Prostatic Hyperplasia (BPH) Agents	

The full listing of preferred drugs are published on the [Health First Colorado Pharmacy Resources web page](#).

## **Physician Administered Drugs (PAD) Providers**

### **Quarter 3 Rate Update 2022**

The Physician Administered Drugs (PAD) rates for the third quarter of 2022 have been updated. The new rates are effective July 1, 2022, and are 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](mailto:Tyler.Collinson@state.co.us) with any questions about PAD rates.

## **Physician Services**

### **Wound Care/Skin Substitutes Delayed Benefit Implementation**

Codes for Wound Care and Skin Substitutes were included as part of the new benefits for calendar year 2022 in the [January 2022 Special Provider Bulletin \(B2200474\)](#); however, these codes were not updated in the Colorado interChange at that time. These codes have now been configured accordingly to allow for provider reimbursement for these services. Claims will be reprocessed back to January 1, 2022, to allow for reimbursement for codes within the Wound Care/Skin Substitutes category of the Special Provider Bulletin. Rates for all affected codes will be available on the Health First Colorado fee schedule on the [Provider Rates and Fee Schedule web page](#).

Contact Chris Lane at [Christopher.Lane@state.co.us](mailto:Christopher.Lane@state.co.us) with policy questions.

Contact Victoria Martinez at [Victoria.L.Martinez@state.co.us](mailto:Victoria.L.Martinez@state.co.us) with rates questions.

## Physician Services, All COVID-19 Vaccine Providers

### **New COVID-19 Vaccine Counseling Visits for Adults and Children**

On June 8, 2022, the Centers for Medicare & Medicaid Services (CMS) released stand-alone Medicaid & Children's Health Insurance Program (CHIP) vaccine counseling Healthcare Common Procedure Coding System (HCPCS) codes.

**Codes will be loaded into the claims processing system and updating rates. Providers should wait until the system is updated to bill the new codes.**



CMS created these new HCPCS codes so that providers may use them to bill for stand-alone vaccine counseling. This includes COVID-19 stand-alone vaccine counseling codes for counseling provided to Health First Colorado and CHIP beneficiaries who are eligible both for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) provisions and the COVID-19 vaccination coverage required under the American Rescue Plan. These codes can be used for stand-alone vaccine counseling provided in-person and/or via telehealth. The codes and descriptors are included below.

#### **New Vaccine Stand-alone Counseling Codes**

G0310	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5 to 15 mins time. (This code is used for Medicaid billing purposes.)
G0311	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 mins time. (This code is used for Medicaid billing purposes.)
G0312	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5 to 15 mins time. (This code is used for Medicaid billing purposes.)
G0313	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 mins time. (This code is used for Medicaid billing purposes.)
G0314	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 16-30 mins time. (This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit (EPSDT).)
G0315	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 5-15 mins time. (This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit (EPSDT).)

Providers should not bill for the vaccine counseling codes and the vaccine administration code on the same date of service. Vaccine administration codes are inclusive of counseling.

Communication will be issued once the codes are ready. Once these codes are loaded in the claims processing system, providers should use these codes for COVID-19 vaccine counseling-only visits.

These new codes and guidance will supersede the previous guidance in the [March 2022 Provider Bulletin \(B2200476\)](#) to use code 99401 for COVID-19 vaccine counseling visits. Providers do not need to resubmit prior vaccine counseling claims using the new codes if they were already paid using 99401. Code 99401 will remain open and available for appropriate use on the [Health First Colorado fee schedule](#).

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

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

The requirement of a U modifier on all depression screens delivered to members using CPTs G8431 and G8510 is being postponed until January 1, 2023 due to providers needing 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 screen 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 January 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 January 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](mailto:Morgan.Anderson@state.co.us) and Susanna Snyder at [Susanna.Snyder@state.co.us](mailto:Susanna.Snyder@state.co.us) with questions.

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## **Providers Who Utilize the ColoradoPAR Program**

### **General Updates**

#### **Providers Submitting Prior Authorizations (PARs) to Keystone Peer Review Organization (Kepro) for Members Displaced by Wildfires: New Question Added to Rapid Request Questionnaire in Atrezzo**

In the event of declared disasters such as wildfires, members may need rapid review of PARs for durable medical equipment (DME) or changes in location of services. In those cases, providers should request a rapid review in Atrezzo, the ColoradoPAR Program Portal, and will need to answer the following question:

Is this request in response to the natural disasters occurring in Colorado? (yes or no)

If yes: please place ZIP code of area affected here: (enter ZIP code)

This will allow for faster review for items or services needing replaced or changed due to loss or location change because of the ongoing/recent wildfire or other natural disaster.

Contact Kepro Customer Service at 720-689-6340 or send email to [coproviderissue@kepro.com](mailto:coproviderissue@kepro.com) for additional assistance with submitting expedited requests due to natural disasters.

#### **Denied Claims Due to Modifiers Not Matching on the PAR**

Verify that the modifiers on the PAR match the modifiers expected and planned to bill with to prevent claim processing issues.

To ensure claims are quickly and accurately processed, all claims for procedures which require a PAR must:

- Contain the correct billing provider ID number
- Contain procedure codes which match the corresponding PAR on record
- Contain modifier codes which match the corresponding PAR on record



Providers may contact Kepro Customer Service at 720-689-6340 or send an email to [coproviderissue@kepro.com](mailto:coproviderissue@kepro.com) for questions about submitting PARs with correct modifiers.

#### **Types of PARs that are Appropriate for Rapid/Expedited Review**

Requests may be submitted as expedited or rapid case reviews in the PAR portal, Atrezzo, which may be made when the PAR involves medical services deemed to be urgent in nature and documentation submitted supports the urgency of the request. These are defined as:



**Expedited Review (conducted within 4 hours of request when these criteria are met):** A PAR review that is required on an expedited basis because a delay could seriously jeopardize the life or health of the member or the ability of the member to regain maximum function, or in the opinion of a physician with knowledge of the member's medical condition, would subject the member to severe pain; and cannot be adequately managed without the care or treatment that is the subject of the claim.

**Rapid Review:** PARs that are requested because a longer turnaround time could result in a delay in the member receiving care or services that would be detrimental to their ongoing, long-term care (conducted on the same day as submitted, when received by 2:00 p.m. MT, when rapid case review criteria below are met). A rapid review should only be requested by the provider in *very specific circumstances* which may include (for example):

- A service or benefit that requires a PAR and is needed prior to a member's inpatient hospital discharge
- Lack of DME supplies that immediately and adversely impact a member's ability to perform activities of daily living (ADL)
- Same day diagnostic studies required for cancer treatment
- Genetic or molecular testing requiring amniocentesis
- Members who need expedited review to replace DME or changes in location of services if they are evacuated from their homes due to a declared natural disaster



**Consider these definitions above when submitting a case as rapid or expedited to ensure appropriate submission.** If the documentation submitted does not support one of the above definitions, the PAR will be converted to a standard review and be subject to standard review turnaround time requirements (within 10 business days upon receipt of all necessary documentation). Contact Kepro Customer Service at 720-689-6340 or email [coproviderissue@kepro.com](mailto:coproviderissue@kepro.com) with questions regarding expedited or rapid review submissions.

### **Speech Therapy Services Previously Denied for Educational Reasons**

PARs were denying when the education attestation was used. The education attestation does not take the place of the questionnaire, but the questionnaire only comes up in certain instances (codes, modifiers or early intervention). These denied PARs may now be re-reviewed with the attestation: *I attest that this plan of care was developed by myself, the member's outpatient therapy provider, based on an evaluation completed outside of the school setting, which is based on medical necessity.*

- If requesting re-review with the same dates of service, Kepro can do so with just the attestation in the case.
- If requesting *new* dates, updated documentation needs to be submitted. Reference the original case ID when submitting and uploading all documentation to the new case, including documentation to support the new date span being requested.

- If making any other changes to the PAR (additional codes, units or modifiers), updated documentation needs to be submitted. Reference the original case ID when submitted and upload all documentation to the new case, including documentation to support the new date span being requested.
- Kepro cannot process requests where the total date span on a single case/review will exceed 365 days as this would cause an error preventing transmission to Gainwell Technologies.

Contact Kepro at [coproviderissue@kepro.com](mailto:coproviderissue@kepro.com) for more information on how to properly re-submit these cases. Contact [hcpf\\_benefitsupport@state.co.us](mailto:hcpf_benefitsupport@state.co.us) with questions regarding this change.

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## **Speech Therapy Providers**

### **Outpatient Speech Therapy for Gender-Affirming Care**

Outpatient speech therapy for gender-affirming care is a covered benefit for Health First Colorado members. The [Outpatient Speech Therapy](#) billing manual has been updated to include this covered benefit.

Contact Devinne Parsons at [Devinne.Parsons@state.co.us](mailto:Devinne.Parsons@state.co.us) with questions regarding outpatient speech therapy policy.

Contact Christopher Lane at [Christopher.Lane@state.co.us](mailto:Christopher.Lane@state.co.us) with questions regarding gender-affirming care policy.

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### **Outpatient Speech Therapy Prior Authorizations Requests (PARs)**

Independent speech therapists and outpatient hospital-based therapy clinics providing outpatient speech therapy must submit and have approved Prior Authorization Requests (PARs) for medically necessary services from Kepro prior to rendering the services. Effective for dates of service on or after July 1, 2022, all outpatient speech therapy PARs will be approved for up to a 12-month period, not to exceed 365 days (depending on medical necessity determined by the authorizing agency). Visit the [ColoradoPAR: Health First Colorado Prior Authorization Request Program](#) web page for additional guidance and training regarding outpatient speech therapy PARs.



Contact [hcpf\\_UM@state.co.us](mailto:hcpf_UM@state.co.us) with any additional questions about the PAR process.

Contact Devinne Parsons at [Devinne.Parsons@state.co.us](mailto:Devinne.Parsons@state.co.us) with any questions regarding outpatient speech therapy policy.

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## **Therapy Providers**

### **Place of Service (POS) 10 Added to Telehealth**

Place of Service (POS) 10 has been added as an allowed telehealth POS code in the [Outpatient Speech Therapy Billing Manual](#).

POS code 02 or 10 should be used to report services delivered via telecommunication depending on the location of the member when receiving telehealth services.

POS 02 is used when the member is receiving telehealth service in a place that is **not** their home.

POS 10 is used when a member is receiving telehealth services when the member is located **in their home**.

Outpatient physical, occupational, and speech therapy services must have an interactive audio/visual connection with the member to be provided via telemedicine.

Contact Devinne Parsons at [Devinne.Parsons@state.co.us](mailto:Devinne.Parsons@state.co.us) with any questions regarding Outpatient Therapies policy.

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### **Targeted Rate Increase for Fiscal Year 2022-2023**



Outpatient physical and occupational therapies and speech therapy procedure codes and modifier combinations are receiving a targeted rate increase effective July 1, 2022, as approved by the Joint Budget Committee as a result of rate recommendations made in the [Medicaid Provider Rate Review Recommendation Report](#) in fiscal year 2020. Rates below the 80% benchmark as detailed in the [2020 Medicaid Provider Rate Review Analysis Report](#) will be increased to 80% of the benchmark. Rate information for all impacted procedure codes and modifier combinations is available on the [Provider Rates and Fee Schedule](#) web page.

Contact Victoria Martinez at [Victoria.L.Martinez@state.co.us](mailto:Victoria.L.Martinez@state.co.us) with additional questions.

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## **Women's Health, Physician Services, Clinics**

### **Post-Partum Coverage Extended to 12 Months for Child Health Plan Plus (CHP+) and Health First Colorado Members**

The Colorado interChange has been updated in accordance with [Senate Bill \(SB\) 21-194](#) to extend postpartum medical benefits coverage from 60 days to 12 months to persons who



qualified for benefits while pregnant. Per the American Rescue Plan Act (ARPA), CHP+ must implement the same 12-month extension implemented for Medicaid.

The [Obstetrical Care Billing Manual web page](#) will be updated with more information on this policy.

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## **Provider Billing Training Sessions**

### **July 2022 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. July's workshop calendar is shown below.

#### **Who Should Attend?**

Staff who submit claims, are new to billing Health First Colorado services, or 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 Beginner Billing Training: Professional Claims (CMS 1500) and Beginner 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 Provider 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.

## July 2022

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

**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](mailto: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

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Holiday	Closed Offices/Offices Open for Business
<b>Independence Day Monday, July 4</b>	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.

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