Provider Bulletin

Reference: B2200475

Feb. 2022

COLORADO
Department of Health Care
Policy & Financing

Did You Know?

Timely filing for Health First Colorado (Colorado's Medicaid program) claim submission is 365 **days from the date of service (DOS)**. Providers are responsible for ensuring that each claim filed with the fiscal agent appears on the Remittance Advice (RA) as paid, denied, or "in process." If claim information does not appear on the RA within 30 days of an electronic transmission or paper claim mailing, the provider is responsible for contacting the fiscal agent to determine the status of the claim and **resubmitting the claim if necessary.**

All Providers

Provider Maintenance Enrollment Profile Updates

Providers are reminded that only one enrollment update can be processed at a time. If providers need to make an additional update while a revalidation application is in process, contact the [Provider Services Call Center](#). Revalidation applications and updates are processed within five (5) business days on average.

Improve health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

Update to Provider Participation Rule Section 8.130

The Provider Participation rule, Section 8.130, has been updated effective January 10, 2022. Please review the updated rule which includes a change to the provider record retention requirement from six (6) years to seven (7) years. All records dated on or after January 10, 2016, must now be retained for seven (7) years.

Contact Sarah Geduldig at Sarah.Geduldig@state.co.us with any questions.

2022 Healthcare Common Procedure Coding (HCPCS) & Current Procedural Terminology (CPT) Procedure Code Release

The Centers for Medicare & Medicaid Services (CMS) released the deletions, changes and additions to the annual 2022 HCPCS and CPT procedure codes effective for dates of service on or after January 1, 2022.

As of January 1, 2022, claims billed with 2022 procedure codes may suspend. The Colorado interChange will be updated with the new billing codes, and suspended claims will be released.

A special issue of the Provider Bulletin was published in late January with the details.

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

Behavioral Health, Clinics, Non-Physician Practitioners

Fee-For-Service Behavioral Health Benefits

Behavioral health treatment is available under a number of Medicaid service categories, including hospital and clinic services, physician services, and services provided by a licensed professional such as a psychologist. Health First Colorado (Colorado's Medicaid program) members have their behavioral health services reimbursed through two delivery systems. Either the **Regional Accountable Entities (RAEs)** or the **Fee-For-Service (FFS)** delivery system will reimburse for behavioral health services depending on the circumstance.

Providers should submit behavioral health claims to Fee-For-Service through the Provider Web Portal when:

1. The member is not attributed to a RAE, or
2. The member is in the custody of the county (for some services), or
3. The ICD-10 diagnosis the member is receiving treatment for is not listed as covered by the RAE (per the USCS manual+), or

4. The member requires acute, short-term behavioral health services provided in the primary care setting.

Services denied by the RAE for lack of medical necessity cannot be billed to FFS.

Services denied by the RAE due to a non-covered diagnosis can have their services billed to the FFS program instead. Complete details on the Fee-For-Service Behavioral Health benefit are found in the Behavioral Health Fee-For-Service billing manual.

Contact Alex Weichselbaum Alex.Weichselbaum@state.co.us with questions.

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

At-Home Over-The-Counter COVID-19 Test Coverage

Effective January 15, 2022, Health First Colorado covers At-Home Over-The-Counter COVID-19 tests through the Durable Medical Equipment, Prosthetics, Orthotics & Supplies (DMEPOS) benefit. DMEPOS providers should use Healthcare Common Procedure Coding System (HCPCS) procedure code **E1399 with modifier U1** to bill for these products.

Please note:

- Member co-pays are not required.
- Prior Authorization is not required.
- Test coverage is limited to 15 units of service per month per member.
- Span-billing is permitted for monthly allowance. See the DMEPOS billing manual for details.
- One unit of service is equal to one individual test. If a package includes two tests, the provider should bill for two units of service.
- Providers must bill Health First Colorado the same amount as the retail price on a per-test basis. For example, if the provider sells a two-test pack for $14, they would bill two units of service at $7 each to Health First Colorado.
- A prescription is necessary to receive reimbursement, as is required for all DMEPOS. However, the Public Readiness and Emergency Preparedness Act allows for pharmacists to order these tests.
- Providers must use the National Provider Identifier (NPI) of the ordering provider, such as the pharmacist, on all claims.
- All claims for tests should also be billed to Gainwell Technologies Fee-For-Service (FFS), including for members enrolled in the Denver Health and Rocky Mountain Health Plan managed care networks.

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

General Updates

Temporary Coding Policy Change

Effective December 1, 2021, the Pricing, Data Analysis and Coding (PDAC) correct coding for basic Durable Medical Equipment (DME) wheelchair codes on prior authorization requests is temporarily being waived to accommodate the current supply chain delays. The specific product being provided to the member must still match the prescription from the ordering provider; however, if at the time of delivery, the make and model in stock matches a different Healthcare Common Procedure Coding System (HCPCS) code than what was requested and approved by Keystone Peer Review Organization (Kepro), an exception can be made.

Note: This will only be allowable when the code that was approved and billed is reimbursed at a lesser rate than what was provided to the member.

Update to Early and Periodic Screening, Diagnostic, & Treatment (EPSDT) Wipes

Effective December 1, 2021, medically necessary wipes under procedure code A9286 will no longer require a prior authorization request.

Billing Manual Updates

The DMEPOS Billing and Coding Manuals have been updated to reflect these and other changes. Additional policy clarifications include medical necessity review for member safety and the addition of covered HCPCS listings which were previously not in the manual.

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

Ordering, Prescribing, Referring (OPR) Requirements for Durable Medical Equipment

Effective July 1, 2022, the Department of Health Care Policy & Finance (the Department) will enforce the federal requirement 42 CFR § 455.440 that claims for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) contain the National Provider Identifier (NPI) of the provider who ordered the item, and that the NPI is actively enrolled with Health First Colorado.

Providers are instructed to place the NPI of the ordering provider into the following locations for professional claim submission:

- Paper claims use field 17.b
- Electronic submissions use loop 2420e with qualifier DK

DMEPOS claims can be ordered by either a physician, physician assistant or nurse practitioner. The ordering provider must also be actively enrolled with Health First Colorado. If these conditions are not met the claim will be denied.

Providers should refer to the [Ordering, Prescribing, Referring (OPR) Claim Identifier Project web page](#) for further information. Providers may contact the [Provider Services Call Center](#) for specific assistance with claim submission.

Federally Qualified Health Center (FQHC)

Encounter Rate "Carve-Out" – Remdesivir, an Antiviral Medication for COVID-19

The Centers for Medicare & Medicaid Services (CMS) created the new HCPCS code J0248 for VEKLURY (remdesivir) antiviral medication when administered in outpatient settings, following the recent statement from the [National Institutes for Health (NIH) COVID-19 Treatment Guidelines Panel](#) regarding therapies for the COVID-19 Omicron variant. Effective January 14, 2022, Health First Colorado updated Rule 8.700.

Federally Qualified Health Centers (FQHCs) will be directly reimbursed at the fee schedule rate for the COVID-19 therapy, remdesivir. FQHCs are a significant provider in Colorado and provide services to underserved areas and populations. Expanding reimbursement for this COVID-19 therapy will help FQHCs battle the COVID-19 pandemic. Current reimbursement rates are listed below but refer to the latest Fee Schedule for future rate updates on the [Provider Rates & Fee Schedule web page](#).

COVID-19 Antiviral Medication, Remdesivir, Methods Fee-for-Service Billing:

Code	HCPCS Short Descriptor	Labeler Name	Additional Information	Effective December 23, 2021, Fee-For-Service Rates
J0248	Short descriptor: Inj, remdesivir, 1 mg	VEKLURY	[Remdesivir FDA label](#)	$5.20 per HCPCS unit

In addition to the product code J0248, providers should use administration Common Procedural Terminology (CPT) code 96365 and if needed use CPT 96366. The administration codes are not carved out of the FQHC encounter rate and should be billed at the encounter rate.

The rules will be updated under 8.700 of the [Department's rules and regulations](#).

Contact Morgan Anderson at Morgan.Anderson@state.co.us or Erin Johnson at Erink.Johnson@state.co.us with any questions.

Federally Qualified Healthcare Centers (FQHC), Rural Health Clinics (RHC), Indian Health Services (IHS), Physician Services

Geriatric Loan Repayment Program Implemented

As a result of Senate Bill 21-158, the Primary Care Office at Colorado Department of Public Health and Environment (CDPHE) successfully implemented the Geriatric Loan Repayment Program, including marketing, outreach and communications to eligible clinicians. In September 2021, one eligible clinician applied for the program and was awarded by the Colorado Health Service Corps Advisory committee in their December 2021 meeting. Additional outreach is planned for the next application cycle which is scheduled to open March 2022.

Visit the Colorado Health Service Corps website or contact the program at cdphe_chsc@state.co.us for more information on this program.

Home & Community-Based Service (HCBS), Home Health, Private Duty Nursing (PDN) and Outpatient Therapy Providers

Electronic Visit Verification (EVV) Denials

Electronic Visit Verification (EVV) is a technology solution which verifies that home or community-based service visits occur. Refer to the EVV Types of Service – Service Code Inclusion Section located in the EVV Program Manual to determine if an agency requires EVV.

Effective February 1, 2022, all claims requiring the use of EVV will encounter a pre-payment review. Claims without necessary EVV records may deny with Explanation of Benefits (EOB) 3054 "EVV Record Required and Not Found".

If a denial is received for missing EVV:

1. Check for missing records in Sandata and submit a manual entry, if needed.

2. Check for incomplete or unverified visits in Sandata and adjust records, if needed.

When the above step(s) have been completed:

1. Wait 24 hours for the visit to transmit to the Department.

2. After 24 hours, visits are available for matching and can be re-billed or adjusted.

It is recommended to review the [Best Practices for Recording and Billing with Electronic Visit Verification (EVV) document](#) for more details.

Note: Providers using a Provider Choice System will need to make adjustments or manual entries in their third-party vendor system and re-transmit this data to Sandata.

If there is a valid and verified visit which should have matched to the claim, contact the [Provider Services Call Center](#) with the internal claim number (ICN Number) and visit number (Visit ID) for resolution.

For assistance with creating a visit, editing a visit, or help with viewing verified visits, contact Sandata Technologies by phone at 855-871-8780 or email cocustomercare@sandata.com. Contact the Gainwell Technologies by calling the [Provider Services Call Center](#) for assistance with claim denials.

Contact EVV@state.co.us for questions related to EVV.
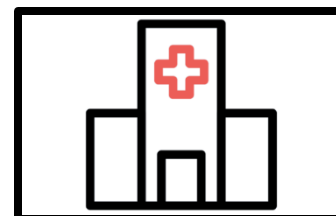
Hospital Providers

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, March 4, 2022, from 9:00 a.m. - 12:00 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.**

Update to Version 3.16 of Enhanced Ambulatory Patient Grouping (EAPG) Methodology

The Department has been collaborating with its vendors and hospital stakeholders over the last year preparing for the implementation of a new version of the EAPG (3.16) methodology which calculates payment for outpatient hospital services. This new version of EAPGs was implemented effective January 1, 2022, and requires both Medical Services Board and State Plan authority for implementation. The base rate methodology for maintaining revenue neutrality among hospitals and their groups, which was shared in the November Stakeholder Meeting, and the relative weights Colorado intends to use for EAPG payments have been posted to the [Outpatient Hospital Payment web page](#) for review.

Until State Plan Amendment approval for payment using this methodology, outpatient hospital claims will continue to process using version 3.10 of the EAPG methodology with base rates in effect immediately prior to January 1, 2022. All claims billed using Healthcare Common Procedural Coding System (HCPCS) codes effective January 1, 2022, will remain in suspense until Centers for Medicare & Medicaid Services (CMS) approval for this update is obtained.

For information regarding the update to version 3.16, please see the meeting notes contained on the Hospital Stakeholder Engagement Meeting web page.

Contact Andrew Abalos at Andrew.Abalos@state.co.us and Tyler Samora at Tyler.Samora@state.co.us with any questions regarding this update.

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, March 10, 2022, from 12:30 p.m. to 1:30 p.m. MT** and will be hosted virtually via 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 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.

Sign Up for the Hospital Discounted Care Newsletter

The new hospital discount program created under House Bill (HB) 21-1198 is in the process of implementation. This new program goes into effect June 1, 2022, and will impact **all general acute care and critical access hospitals, free standing emergency departments, and the health care professionals who work within those settings**.

A Stakeholder meeting will be held on February 16, 2022, from 9:00 a.m. to 11:00 a.m. MT to review draft policies for the new program. Information on rate setting will also be presented at the February 16 meeting. A read through of the draft rules will be held on March 1, 2022 from 9:00 a.m. to 11:00 a.m. MT. Stakeholders and other interested parties can sign up to attend these meetings on the Hospital Discounted Care web page.

The draft rules will be presented to the Medical Services Board at the March 11, 2022, meeting. To stay up to date with the implementation process and receive information on how to participate, sign up to receive the Hospital Discounted Care newsletter.

Visit the Hospital Discounted Care web page or contact HCPF_HospDiscountCare@state.co.us for more information.

Hospitals, Federally Qualified Health Clinic (FQHC), Rural Health Clinic (RHC), Physician Services, Home Health, Managed Care Plans, Nursing Facilities, Pharmacies

COVID-19 Monoclonal Antibodies and Other Therapeutics

The U.S. Food and Drug Administration (FDA) issued Emergency Use Authorizations (EUA) for an additional investigational monoclonal antibody COVID-19 therapy. On December 8, 2021, the EUA for Evusheld (tixagevimab co-packaged with cilgavimab) was approved for treatment of COVID-19 in certain adult and pediatric individuals.

When doses of any COVID-19 therapy are provided without charge from the federal government, providers should bill Health First Colorado for the administration procedure codes and may bill for the monoclonal antibody or other therapy specific procedure codes on the claim. If codes are billed for the monoclonal antibodies or other therapies, the lines may pay at zero or be denied. This information is subject to change dependent on the COVID-19 public health emergency declaration.

The use of Veklury (remdesivir) in outpatient settings will be covered effective December 23, 2021. When administered in an outpatient setting, all physician-administered drug (PAD) policies apply. The National Drug Code (NDC) of the drug administered to the Health First Colorado member must be billed on the line. Also, a HCPCS/NDC combination must be valid and listed on Appendix X to be reimbursable. No specific administration codes have been issued for remdesivir when administered in the outpatient setting as a COVID-19 therapy; therefore, providers must use the most appropriate procedure codes associated with the service(s) rendered.

Effective October 22, 2021, in accordance with the Centers for Medicaid and Medicare Services' (CMS) guidance, Health First Colorado covers certain COVID-19 therapeutics ordered and/or administered by pharmacists when used as authorized or approved by the Food and Drug Administration (FDA). Additional information and billing guidance for covered pharmacist services can be found in the Pharmacist Services Billing Manual.

The following table may be used as a procedure code reference for the duration of the declaration and only includes the most recent coverage additions to COVID-19 monoclonal antibodies and other COVID-19 therapeutics covered by the Department.

Procedure Code	Long Description	Short Description	EUA Effective Date	EUA End Date
Q0220	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12	Tixagev and cilgav, 300mg	12/08/2021	TBD

Procedure Code	Long Description	Short Description	EUA Effective Date	EUA End Date
	years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 300 mg			
M0220	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration monitoring	Tixagev and cilgav inj	12/08/2021	TBD
M0221	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	Tixagev and cilgav inj hm	12/08/2021	TBD

Procedure Code	Long Description	Short Description	EUA Effective Date	EUA End Date
J0248	Injection, remdesivir, 1 mg	Inj, remdesivir, 1 mg	N/A	N/A

Note: Procedure code J0248 was issued by CMS and is effective as of December 23, 2021, for remdesivir when administered in outpatient settings. Links to Appendix X, the PAD Fee Schedule, and PAD Billing Manual can be found on the Physician-Administered Drugs resources web page.

Contact Felecia.Gephart@state.co.us with questions or concerns.

Pediatric Personal Care Providers

Pediatric Personal Care Rate Increase

Effective January 1, 2022, the rate for Common Procedural Terminology (CPT) code T1019 increased to $6.28 for Pediatric Personal Care services rendered within Denver County and $5.81 for services rendered outside of Denver County. Any claims with a date of service on or after January 1, 2022, billed at any amount below the 2022 rates, must be adjusted by the provider in order to receive the increased rate.

Please contact Christina Winship at Christina.Winship@state.co.us with any questions.

Pharmacy Providers

Pharmacy Billing Manual Update

The Pharmacy Billing Manual has been updated with two **Temporary COVID-19 Policy and Billing Changes** sections, effective October 22, 2021. The Zero Co-pay section was updated with additional COVID-19 diagnosis codes. A section related to Quantity Limits pertaining to COVID-19 was added.

Zero Co-pay

Health First Colorado is waiving co-pay amounts for medications related to COVID-19 when ICD-10 diagnosis code U07.1, U09.9, Z20.822, Z86.16, J12.82, Z11.52, B99.9, J18.9, Z13.9,

M35.81, M35.89, Z11.59, U07.1, B94.8, O98.5, Z20.818, Z20.828, R05, R06.02, or R50.9 is entered on the claim transmittal. Pharmacists should ensure that the diagnosis is documented on the electronic or hardcopy prescription. Note: the pharmacy may call the Pharmacy Support Center to request a zero co-pay if the medication is related to the treatment or prevention of COVID-19, or the treatment of a condition that may seriously complicate the treatment of COVID-19. Contact the Pharmacy Support Center with questions.

Quantity Limits

Pharmacies may call the Pharmacy Support Center to request a quantity limit override if the medication is related to the treatment or prevention of COVID-19, or the treatment of a condition that may seriously complicate the treatment of COVID-19.

Pharmacy, Physician Services

Upcoming Changes

Effective January 14, 2022, services provided by pharmacists pursuant to House Bill (HB) 21-1275 are covered benefits. Some procedure codes have been granted retroactive eligibility for billing prior to January 14, 2022 and may be reprocessed.

Providers of Pharmacist Services should refer to the Pharmacist Services Billing Manual for billing details.

Certain procedure codes are carved out from the two physical health managed care plans (Denver Health and Rocky Mountain Health Plans) until June 30, 2022. This means claims for Pharmacist Services for members attributed to either plan should be submitted fee-for-service for reimbursement. Providers are encouraged to enroll with Rocky Mountain Health Plans and Denver Health Plans, as these managed care organizations will become responsible for claim reimbursement for their members on July 1, 2022.

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

Physician-Administered Drugs (PADs) Providers

Prior Authorization (PA) Implementation

Health First Colorado has implemented a new utilization management (UM) program for the fee-for-service, physician-administered drug (PAD) benefit.

Effective **January 18, 2022**, a select number of PADs are subject to prior authorization (PA) requirements. See the table below for the list of twenty-four PAD Healthcare Common Procedural Coding System (HCPCS) codes subject to the new UM policy.

Providers will need to submit a PA request to the UM vendor, Keystone Peer Review Organization (Kepro), for any member receiving any of the PADs listed in the table below. Providers must also ensure that an approved PA is on file prior to PAD administration. There must be an approved PA on file for each of the PADs requiring a PA that a member receives.

All PAD PA procedures and clinical criteria can be found on Appendix Y: Physician Administered Drug Medical Benefit Prior Authorization Procedures and Criteria. Please note select exemptions from PA requirements (J2323 and J2350 as noted on Appendix Y) have already been placed and no additional information or PA submission is needed.

Providers will be required to follow all General Provider and PAD billing policies found in the Physician-Administered Drug (PAD) Billing Manual located on the Billing Manuals web page.

PAs may be submitted and will be processed via the Kepro PA portal. Kepro has available previously recorded trainings and frequently asked questions accessible via ColoradoPAR: Health First Colorado Prior Authorization Request Program.

Additional information and resources can be found on the Physician-Administered Drugs web page.

All other PAD questions can be directed to HCPF_PAD@state.co.us.

Drug Class	HCPCS	Drug Name
	J0172	Aduhelm
Bone Resorption Inhibitor Agents	J0897	Prolia
		Xgeva
Botulinum Toxin Agents	J0585	Botox
	J0586	Dysport
	J0587	Myobloc
	J0588	Xeomin
	J2786	Cinqair
	J3380	Entyvio
	J0517	Fasenra
Immune Globulin Agents	J1459	Privigen
	J1556	Bivigam
	J1557	Gammaplex
	J1561	Gammaked

Drug Class	HCPCS	Drug Name
		Gamunex
		Gamunex-C
	J1566	Gammagard S/D
	J1568	Octagam 5%, 10%
	J1569	Gammagard Liquid
	J1572	Flebogamma DIF
	J1599	Asceniv
		Panzyga
	J2182	Nucala
	J2350	Ocrevus
	J1745	Remicade
	J1300	Soliris
	J2323	Tysabri
	J2357	Xolair

Physician Services

Synagis® (Palivizumab) Vaccine Benefit UPDATE

Synagis® is used to prevent serious lower respiratory tract disease caused by Respiratory Syncytial Virus (RSV) in pediatric members at high risk for RSV disease. Synagis® is administered by intramuscular injections, at 15mg per kg of body weight, once a month during expected periods of RSV frequency in the community. Requests for Synagis® that do not meet the American Academy of Pediatrics (AAP) indications will be denied. Members may appeal this decision and must follow the normal member appeal process.

Time Spans

Effective August 17, 2021, Health First Colorado began accepting Prior Authorization Requests (PARs) for Synagis®.

The 2021-2022 Synagis® season began August 17, 2021 and will conclude April 15, 2022. Due to the atypical RSV activity currently seen across Colorado, the Synagis® season began earlier than in years prior. A maximum of eight (8) doses will be approved. This is 3 additional doses

over the usual five (5) permitted each season. The Department will continue to monitor RSV reporting and reassess Health First Colorado member needs based on CDC virology reporting and AAP guidance.

Area virology trend reporting is available on the [Centers for Disease Control and Prevention (CDC) website](#).

Providers should schedule the member's Synagis® doses accordingly.

Dosage

Due to the extended season, members may require additional doses. As a result, a member may receive a maximum of eight (8) doses, at a dosing interval of no fewer than 26 days between injections.

Coverage and Reimbursement, Prior Authorization Requests (PAR), and Billing Instructions can be found in the [Synagis® Special Bulletin.](#)

PARs Submitted to Kepro

Providers who have already received an approved PAR from Kepro for the initial 5 doses and need to add additional doses up to 3 doses, to their approved PAR, may submit a modification to the existing PAR to Kepro via the online PAR portal, Atrezzo.

Providers with approved PARs for Pediatric Long Term Home Health (PLTHH) that includes nursing visits for the purpose of Synagis® administration may also submit a modification request of up to 3 additional visits to their PLTHH PAR for additionally approved doses.

Providers may also contact Kepro for additional assistance at:

Kepro Customer Service: 720-689-6340

Kepro Provider Issue email: coproviderissue@kepro.com

For additional information about the ColoradoPAR program and Kepro please visit the [ColoradoPAR Program webpage](#). Email the Department's UM Team at hcpf_UM@state.co.us for questions about the PAR process, or for escalated concerns regarding Synagis® PARs submitted to Kepro.

Contact the benefits team at hcpf_benefitsupport@state.co.us with Home Health policy questions.

Contact Christina Winship at Christina.Winship@state.co.us with Synagis® Policy Questions.

Physician Services, Immunizations & Vaccines, All COVID-19 Vaccine Providers

COVID-19 Vaccine and Immunization Inventory Management Strategies for Healthcare Practices and Providers

The Centers for Disease Control and Prevention (CDC) has issued guidance around creating a culture of immunization in healthcare practices so providers and patients can vaccinate with confidence. Providers should follow clinical best practice for vaccination as well as best practices when managing inventory to maximize vaccination and minimize dose wastage.

Providers should not miss any opportunities to vaccinate every eligible person who presents at a vaccination site, even if it means puncturing a multidose vial to administer vaccine without having enough people available to receive each dose.

- Consider establishing and promoting standing vaccination days or half-days to increase likelihood of larger numbers of people presenting for vaccination on the same day.
- Vaccinate family members or friends who accompany patients to medical visits even if they are not established patients at the vaccinating practice.
- Continue outreach to employers or other community partners that have a large membership or network to arrange vaccination events.

As a contingency plan, vaccine providers should attempt to contact additional persons (e.g. from a waitlist or through personal contacts of persons being vaccinated) to use as many vaccine doses as possible. The more Americans who get vaccinated the fewer COVID-19 cases, hospitalizations, outbreaks and deaths that will occur.

The CDC remains committed to helping jurisdictions and sites manage inventory and creating additional strategies to minimize vaccine wastage, including increased use of walk-in clinics.

Visit the CDC's Immunization Strategies for Healthcare Practices and Providers web page for more information.

Physician Services, Telemedicine Providers

New/Modifications to the Place of Service (POS) Code for Telemedicine

Health First Colorado is aligning with Medicare and other payers for new and modified Place of Service (POS) codes for telemedicine. The POS code set provides the setting information necessary to pay claims correctly. The CMS POS Workgroup has revised the description of POS code 02 and created a new POS code 10 to meet the overall industry needs as follows:

1. **POS 02: Telemedicine Provided Other than in Patient's Home**

Descriptor: The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.

2. **POS 10: Telemedicine Provided in Patient's Home**

Descriptor: The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.

Contact Morgan Anderson at Morgan.Anderson@state.co.us with any questions.

Provider Billing Training Sessions

February and March 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. The current and following months' workshop calendars are shown below.

Who Should Attend?

Staff who submit claims, are new to billing Health First Colorado services, or 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.

February 2022

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

March 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	10 Beginner Billing Training: Professional Claims (CMS 1500) 9:00 a.m. – 11:30 a.m. MT	11	12
13	14	15	16	17	18	19
20	21	22	23	24 Beginner Billing Training: Institutional Claims (UB-04) 9:00 a.m. – 11:30 a.m. MT	25	26
27	28	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 with the subject line "Webinar Help." Include a description of the issue being experienced, name and contact information (email address and phone number), and the name and date of the webinar(s) to be attended. Allow up to 2-3 business days to receive a response.

Upcoming Holidays

Holiday	Closed Offices/Offices Open for Business
Presidents Day Monday, February 21	State Offices, the ColoradoPAR Program, Gainwell Technologies and DentaQuest 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

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1-844-235-2387

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