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Did You Know?

The [Special Provider Bulletin - Healthcare Common Procedure Coding System \(HCPCS\) Updates for 2024 \(B2400504\)](#) has been published. The Colorado interChange is being updated with the 2024 HCPCS billing codes based on the Centers for Medicare & Medicaid Services (CMS) annual release of deletions, changes and additions.

Claims billed with a HCPCS 2024 procedure code may begin suspending for EOB 0000 - "This claim/service is pending for program review," beginning January 1, 2024.

All Providers

Revalidation Requirements for Billing Providers

Groups and facilities are encouraged to confirm that all individuals on a claim have been revalidated with Health First Colorado (Colorado's Medicaid program). Claims may suspend if an individual has not revalidated, even if the billing provider has revalidated. Billing providers are encouraged to review the Provider Revalidation Dates Spreadsheet located on the [Revalidation web page](#) under the [Revalidation Resources section](#) to confirm revalidation dates for all rendering or attending providers.

Groups are also encouraged to coordinate with all Ordering, Prescribing or Referring (OPR) providers to ensure that those provider IDs have also been revalidated. **All OPR providers indicated on a claim *must be actively enrolled as an individual* with Health First Colorado (42 CFR § 455.410(b)).**

New applications, revalidations and enrollment updates are currently being processed by the fiscal agent of the Department of Health Care Policy & Financing (the Department) within five (5) business days on average.

Providers may have claims suspend with one of the following reasons if an indicated provider is past their revalidation date:

Explanation of Benefits (EOB) Code	Description
7511	Billing provider has not completed revalidation.
7512	Rendering/Performing provider has not completed revalidation.
7513	Attending provider has not completed revalidation.
7514	Ordering, Referring, and Supervising provider has not completed revalidation.

Rendering and Attending Providers (EOBs 7512 and 7513)

Each individual within a group has a separate account for the Provider Web Portal that is different from the group or facility account and login credentials. Individuals, or their delegate(s), must revalidate using the account for the individual provider. Refer to the [Delegates - Provider Web Portal Quick Guide](#) for more information on managing delegates.

Steps to Revalidate an Individual Provider

1. Click **Register Now** on the [Provider Web Portal login page](#). (Do not log in with the group's user ID and password.)
2. Click **Provider**.
3. Enter the individual provider's National Provider Identifier (NPI) or Health First Colorado Provider ID and ZIP code.

A message will appear if an individual provider already has an account registered with the Provider Web Portal. Log in to that account to continue the revalidation process if there is an account already created.

Refer to the [Provider Web Portal Administrative Password Reset Process Quick Guide](#) if the user ID, password or challenge questions to the individual account are unknown. Refer to the [Provider Web Portal Registration Quick Guide](#) for more instructions on registering an account on the Provider Web Portal.

OPR Providers (EOB 7514)

Groups unable to revalidate on behalf of OPR providers are encouraged to contact these providers to ensure revalidation is complete. Visit the [Revalidation web page](#) to learn more about the provider revalidation process.

Ordering, Prescribing or Referring (OPR) Providers Enrollment Requirement

Providers are reminded to include Ordering, Prescribing or Referring (OPR) providers on claims and to ensure the OPR provider is currently enrolled with Health First Colorado.

The OPR field on the CMS 1500 professional claim form is 17b.

Claims with services requiring OPR providers will post Explanation of Benefits (EOB) 1997 - "The referring, ordering, prescribing or attending provider is missing or not enrolled. Please resubmit with a valid individual NPI in the attending field" if the OPR provider is not enrolled with Health First Colorado.

Professional claim services or items that require an OPR National Provider Identifier (NPI):

- Audiology Services
- Durable Medical Equipment (DME)/Supplies
- Laboratory Services
- Radiology Services
- Pediatric Personal Care Services
- Physical, Speech and Occupational Therapies

Refer to the program billing manuals on the [Billing Manuals web page](#) or visit the [Ordering, Prescribing and Referring Claim Identifier Project web page](#) for more information.

All Providers Who Utilize the ColoradoPAR Program

General Updates

What is the ColoradoPAR Program?

The ColoradoPAR Program is the third-party fee-for-service Utilization Management (UM) program managed by Acentra (formally Kepro). Visit the [ColoradoPAR: Health First Colorado Prior Authorization Request Program web page](#) for more information about the ColoradoPAR Program.

Name Change to Acentra Health

Acentra Health was founded when CNSI merged with Kepro in December 2022. Acentra utilizes Atrezzo®, a proprietary provider portal, for all Prior Authorization Request (PAR) submissions. The name change from Kepro, Inc., to Acentra Health Inc., is now captured in Atrezzo®. Note that nothing will change with any aspect of the ColoradoPAR Program or PAR submissions with this name change.

Acentra will continue to make updates to incorporate the new name into their email signatures, documents and processes.

Contact either the ColoradoPAR Program UM Team at HCPF_UM@state.co.us or Acentra Provider Relations at COProviderIssue@kepro.com with questions or for assistance.

Acentra Provider Training

Acentra offers PAR submission training in both web-based and recorded versions.

Benefit-specific training offers PAR submission information focused on the benefit. Acentra's February training will be for the Medical/Surgical benefit, which includes outpatient surgeries and out-of-state inpatient hospital stays. The training includes an overview of the Medical/Surgical benefit, followed by a Question & Answer (Q&A) session. All times listed are in Mountain Time (MT).

- [Medical/Surgical - February 14, 2024 - 8:30 a.m. MT](#)
- [Medical/Surgical - February 14, 2024 - 12:00 p.m. MT](#)
- [Medical/Surgical - February 14, 2024 - 3:00 p.m. MT](#)

PAR Submission training is **for all new users** to learn how to submit a PAR using the Atrezzo® Portal.

- [PAR Submission - February 28, 2024 - 8:30 a.m. MT](#)
- [PAR Submission - February 28, 2024 - 12:00 p.m. MT](#)

Contact COProviderIssue@kepro.com with questions or for assistance when registering for Acentra's provider PAR portal, Atrezzo®.

Durable Medical Equipment (DME) Providers

General Updates

Labor Units on Prior Authorization Requests (PARs)

The number of technicians included must be specified when requesting labor units on Prior Authorization Requests (PARs), specifically for enclosed/safety beds. For example, if 10 units are requested, the provider should include if all 10 units are for one (1) technician or if the request is for two (2) technicians at five (5) units each.

Cases may be pended for additional information if this information is not included.

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

Complex Rehabilitation Technology (CRT) Suppliers

Repair metrics are published in the Code of Colorado Regulations (CCR) for stakeholders that participated in establishing these metrics this past year. Providers should send the reports to HCPF_DME@state.co.us.

It is recommended that providers review the required metrics located in the [Code of Colorado Regulations](#) beginning page 447 (section 8.590.5.E) to track in addition to the reporting schedule.

Federally Qualified Health Care Center (FQHC) and Rural Health Clinic (RHC) Providers

Pharmacist-Administered COVID-19 Vaccinations

Separately enrolled pharmacies affiliated to Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) may bill the Department for COVID-19 vaccines and any other vaccines on the [Pharmacy Administration of Vaccines](#) code list outside of an encounter payment or cost report.

Pharmacies must administer the vaccine within the pharmacy and bill using guidelines in the [Immunization Billing Manual](#) to receive fee-for-service payments.

Home Health Providers

Extension of Temporary Suspension of Prior Authorization (PA) Requirements for Pediatric Long-Term Home Health (PLTHH)

A temporary suspension of Prior Authorization (PA) requirements for Pediatric Long-Term Home Health (PLTHH) was announced in February 2022, and it was communicated that the pause would expire in March 2024.

This pause is being extended through at least January 2025. This means that Prior Authorization Requests (PARs) will not resume before January 31, 2025, for all PLTHH services. This continued pause does *not* impact outpatient Physical Therapy (PT), Occupational Therapy (OT) or Supported Living Program (SLP) services.

This extension impacts the following:

Pediatric Long-Term Home Health Benefit	Billing Code	Secondary Billing Code	PAR Requirement
PLTHH Certified Nursing Assistant (CNA) Services	Revenue Code 571 (Basic)	Revenue Code 579 (Extended)	PAR Paused
Physical Therapy (Pediatric Only)	Revenue Code 0421 (PLTHH only)		PAR Paused
Occupational Therapy (Pediatric Only)	Revenue Code 0431 (PLTHH only)		PAR Paused

Pediatric Long-Term Home Health Benefit	Billing Code	Secondary Billing Code	PAR Requirement
Speech Language Pathology (Pediatric Only)	Revenue Code 0441 (PLTHH only)		PAR Paused
Registered Nurse (RN)/Licensed Practical Nurse (LPN) Standard Visit (Pediatric Only)	Revenue Code 0551		PAR Paused
RN Brief 1st of Day (Pediatric Only)	Revenue Code 0590		PAR Paused
RN Brief 2nd or > (Pediatric Only)	Revenue Code 0599		PAR Paused

Providers should continue to provide and bill for only medically necessary and ordered services in accordance with state law. Failure to comply with medical necessity and benefit limitations in the regulations noted below may result in compliance monitoring. This could include prospective and post-payment reviews of claims and recovery of any identified overpayment in accordance with state law.

The PAR suspension refers to pediatric PAs only. Adult Long-Term Home Health still requires PA.

Rule Requirements to Provider Services

- [10 Code of Colorado Regulations \(CCR\) 2505-10, Section 8.520](#)
- [10 CCR 2505-10, Section 8.520.5.C.](#)
- [10 CCR 2505-10, Section 8.520.5.A](#) (Nursing Services) (Revenue Codes: 0551, 0590 and 0599)
- [10 CCR 2505-10, Section 8.076](#) (Program Integrity)

Stakeholder Engagement Before the Resumption of PARs

Working with providers and stakeholders is a commitment of the Department, and provider training opportunities will be offered before the PAR requirement is resumed for the above services. Release dates for stakeholder engagement opportunities should be communicated beginning in Spring 2024.

All interested stakeholders, including providers, are encouraged to submit PLTHH-related topics for Stakeholder Engagement Meetings ahead of time. Visit the [Long-Term Home Health Stakeholder Engagement Suggestions Form](#) to submit a topic for discussion.

Refer to [Informational Memo \(IM\) 23-044](#) for more information.

Contact HCPF_UM@state.co.us with questions regarding prior authorization. Contact HomeHealth@state.co.us with policy-related questions.

Hospital Providers

General Updates

All Hospital Providers

Hospital Stakeholder Engagement Meetings

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

- The next Hospital Stakeholder Engagement Meeting is set for Friday, March 1, 2024, from 9:00 a.m. to 11:00 a.m. Mountain Time and will be hosted virtually.

Visit the [Hospital Stakeholder Engagement Meeting web page](#) for more details, meeting schedules and past meeting materials. **Calendar Year 2024 meeting dates have been posted.**

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

Inpatient Hospital Specialty Drug Policy



Some Physician-Administered Drugs (PADs) will pay based on a percentage of actual acquisition cost submitted and not the applicable All-Patient Refined Diagnosis Related Groups (APR-DRGs) when administered in the inpatient hospital setting, effective January 1, 2024. Implementation of this payment update is pending approval of the related State Plan Amendment with Centers for Medicare & Medicaid Services (CMS).

Additional policy guidance will follow, and all information will be posted on the [Physician-Administered Drugs web page](#). Refer to the [Physician-Administered Drugs \(PAD\) Billing Manual](#) and the [Inpatient/Outpatient \(IP/OP\) Billing Manual](#) for billing requirements and policy guidance.

Refer to [Appendix Z: Hospital Specialty Drugs](#) for PADs included in this policy that require approval of a member-specific prior authorization before administration.

Contact HCPF_PAD@state.co.us with questions.

Inpatient Hospital Base Rates Fiscal Year (FY) 23-24 Update

CMS has extended the review of the Inpatient FY 23-24 rates by issuing a Request for Additional Information (RAI). This can extend the review for up to an additional 90 days with each response. Approval is anticipated to be granted by the end of the first quarter of calendar year 2024.

Additional provider communications on this topic will be published when the rates are approved and when claims with the last service date of July 1, 2023, and later are re-priced.

Hospital Back-Up Program

The Hospital Back-Up (HBU) Program is a long-term care program that provides hospital-level care in a Skilled Nursing Facility (SNF) setting. Members who no longer need acute care in a hospital but require 24-hour monitoring and life-sustaining technology for complex medical conditions may apply to receive long-term care in an HBU-certified facility. Refer to the [Colorado Code of Regulations 10 CCR 2505 - 10.8470.1-3](#) for more information.

Contact Angela Silva at Angela.Silva@state.co.us with questions about program oversight. Contact Amanda Villalobos at Amanda.Villalobos@state.co.us with questions about rates or billing. Contact Richard Clark at Richard.Clark@state.co.us with Medicaid Cost Report questions.

Hospital Specialty Drugs Policy: Medications List Update

Approved hospital specialty drugs carved out from either the All-Patient Refined Diagnosis Related Group (APR-DRG) or the Enhanced Ambulatory Patient Group (EAPG) payment methodology fall under the Hospital Specialty Drugs Policy. Besponsa® (inotuzumab ozogamicin) has been added to the list of approved outpatient hospital specialty drugs carveout policy, effective November 22, 2023. Refer to [Appendix Z: Hospital Specialty Drugs List](#) for the entire list of specialty drugs subject to this policy.

Member-specific Prior Authorization Requests (PARs) must be submitted directly to the Department and approved prior to administration of the specialty drug. Visit the [Physician Administered Drugs \(PAD\) web page](#) under the Hospital Specialty Drug Policy drop-down for resources, including Appendix Z, coverage standards, request forms and submission requirements.

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

Contact HCPF_PAD@state.co.us with additional questions.

Immunization Providers

Immunization Rate Update

The following Current Procedural Terminology (CPT) codes have new rates effective July 1, 2023.

CPT Code	New Rate Effective July 1, 2023
90384	\$130.77
90385	\$59.52
90460	\$20.75

CPT Code	New Rate Effective July 1, 2023
90471	\$20.75
90472	\$12.05
90473	\$20.75
90474	\$12.05
90649	\$180.83
90650	\$180.83
90654	\$21.21
90656	\$18.50
90658	\$17.01
90733	\$130.73
90736	\$223.41

Refer to the [Immunization Rate Schedule](#) located on the [Provider Rates and Fee Schedule web page](#) for new rates. Claims with a date of service of July 1, 2023, or later will be reprocessed. Claims submitted at the previous lower rate must be adjusted to receive the higher rate.

Contact Christina Winship at Christina.Winship@state.co.us with any questions.

Immunization Updates and Reminders

Nirsevimab is a covered benefit for members under two (2) years of age, effective August 3, 2023, without cost-sharing. This monoclonal antibody is for the prevention of Respiratory Syncytial Virus (RSV) lower respiratory tract disease in:

- Neonates and infants born during or entering their first RSV season.
- Children up to 24 months of age who remain vulnerable to severe RSV disease through their second RSV season.



The following Current Procedural Terminology (CPT) codes should be used on nirsevimab claims: 90380 and 90381, as well as *either* 96380 *or* 96381 administration code. Do not report immunization administration codes 90461-90462 or 90471-90472 for the injection of nirsevimab. CPT codes 96380 and 96381 went into effect October 6, 2023. Providers may adjust and resubmit claims with a date of service of October 6, 2023, or later.

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

Refer to the [Immunization Rate Schedule](#) located on the [Provider Rates and Fee Schedule web page](#) for rates.

Providers must enroll in the Vaccines for Children (VFC) program to receive this product and reimbursement for administering it to Health First Colorado members. Members may not receive palivizumab after receiving nirsevimab in the same season.

Contact Christina Winship at Christina.Winship@state.co.us with any questions.

Novavax COVID-19 Vaccines

The rate for Current Procedural Terminology (CPT) code 91304 is \$148.20 for members 19 and older effective October 3, 2023. Refer to the [Immunization Rate Schedule](#) located on the [Provider Rates and Fee Schedule web page](#) for new rates.

Claims with a date of service of October 3, 2023, or later will be reprocessed. Claims submitted at the previous lower rate must be adjusted to receive the higher rate.

Contact Christina Winship at Christina.Winship@state.co.us with any questions.

Pharmacy Providers

Over-the-Counter Nicotine Replacement Therapy

Over-the-Counter (OTC) and prescription nicotine replacement therapies are eligible for coverage when prescribed by Health First Colorado enrolled providers. This includes OTC nicotine gum (up to 200 units per fill), nicotine patches (up to 30 patches per 30 days), nicotine lozenges (up to 288 units per fill) and prescription Nicotrol®.

The pharmacy should find a Medicaid Drug Rebate-participating product for the member if the pharmacy bills Health First Colorado for a nicotine replacement therapy product and receives the denial message “70: product/service not covered.”



Contact the [Magellan Rx Management Pharmacy Call Center](#) at 1-800-424-5725 for further technical assistance related to finding a covered nicotine replacement therapy product.

As a reminder, per [10 CCR 2505-10 8.012.2.C.](#), providers are prohibited from collecting or attempting to collect payment from members for covered items or services (e.g., nicotine replacement therapies).

Contact Korri Conilogue at Korri.Conilogue@state.co.us with questions.

Pharmacist-Administered Vaccines

All Health First Colorado members are eligible to receive rabies vaccinations by an enrolled pharmacist at a Health First Colorado-enrolled pharmacy, effective January 1, 2024. Claims must be billed using Current Procedural Terminology (CPT) code 90675. Refer to the [Immunization Rate Schedule](#) located on the [Provider Rates and Fee Schedule web page](#) for rates.

Contact Christina Winship at Christina.Winship@state.co.us with any questions.

Pharmacy Providers, All Medication Prescribers

Prescriber Tool Alternative Payment Model

The Prescriber Tool Alternative Payment Model (APM) program officially kicked off its first program year in October 2023. The survey to qualify for an incentive payment opened on January 29, 2024, and will close on March 31, 2024. **This survey must be accessed through practice-facing dashboards, which will be available during this time.** Survey completion is required to qualify for a payment.

The Prescriber Tool APM is a risk-free program to support provider and practice organization engagement with the Prescriber Tool, specifically the Real-Time Benefits Inquiry module. Practices that participate will be eligible to receive an incentive payment to share in pharmacy cost savings. This program is pending approval from the Centers for Medicare & Medicaid Services (CMS).

Visit the [Prescriber Tool APM web page](#) for more information.

Contact HCPF_PharmacyAPM@state.co.us for more information.

Updates to Preferred Drug List

Changes were made to the [Preferred Drug List \(PDL\)](#) “Respiratory Agents” drug class due to limited availability of some brand name medications including brand Flovent hydrofluoroalkane (HFA) and Advair Diskus.

Generic Fluticasone HFA is covered for members 12 years of age and under with no prior authorization required, effective January 5, 2024. Generic Fluticasone HFA will continue to require non-preferred prior authorization for all other age groups. Brand Flovent HFA will remain a preferred option.

AirDuo® RespiClick® is preferred, effective January 1, 2024. Advair Diskus will also remain a preferred option.

Refer to the table below for a listing of medication options within this drug class.

PDL Drug Class Respiratory Agents	Preferred	Non-Preferred
Inhaled Corticosteroids	<ul style="list-style-type: none"> • Budesonide nebulas • Arnuity Ellipta • Asmanex[®] HFA • Asmanex[®] Twisthaler[®] • Flovent Diskus • Flovent HFA • Pulmicort Flexhaler[™] 	<ul style="list-style-type: none"> • Pulmicort Respules[®] • Alvesco[®] • ArmonAir Digihaler • Fluticasone HFA (<i>covered without prior authorization for members ≤ 12 years of age, effective 1/5/24</i>) • QVAR RediHaler[®]
Inhaled Corticosteroid Combinations	<ul style="list-style-type: none"> • Advair Diskus • Advair HFA • AirDuo[®] RespiClick[®] • Dulera[®] • Symbicort[®] • Trelegy Ellipta 	<ul style="list-style-type: none"> • AirDuo[®] Digihaler[®] • Breo Ellipta • Budesonide/formoterol (generic Symbicort[®]) • Fluticasone/salmeterol (generic AirDuo[®]/Advair Diskus) • Fluticasone/salmeterol HFA (generic Advair HFA) • Fluticasone/vilanterol (generic Breo Ellipta) • Wixela Inhub[®]

Reminder: Maintenance medications, including respiratory agents, may be filled for up to a 100-day supply. Refer to the [Pharmacy Billing Manual](#) for more information.

Refer to the [Preferred Drug List \(PDL\)](#) located on the [Pharmacy Resources web page](#) for additional information or prior authorization criteria for all preferred and non-preferred medications.

Contact the [Magellan Rx Management Pharmacy Call Center](#) at 1-800-424-5725 with questions regarding rejected pharmacy claims or prior authorization.

Physician Services Providers

Colorado Medicaid eConsult Update

Colorado Medicaid eConsult is officially live and operational. Health First Colorado providers can now access a secure, statewide electronic consultation platform for free through [Colorado Medicaid eConsult](#).

Colorado Medicaid eConsult aims to improve access to specialty care for members. The platform is designed to assist participating providers in the management of member healthcare needs with the electronic clinical guidance of specialty providers. It is an

alternative to the traditional curbside consultation between providers and reduces unnecessary face-to-face visits for members.

Interested providers may contact the eConsult vendor Safety Net Connect (SNC) at ColoradoSupport@safetynetconnect.com to enroll as a participating provider or to learn more about the platform. Providers may also contact HCPF_eConsult@state.co.us or visit the [eConsult Platform](#) website for more information.

Reimbursement for eConsults

Any eConsults that meet the criteria in the [Telemedicine Billing Manual](#) will be a covered benefit for dates of service beginning February 1, 2024.

Providers can utilize the Department's eConsult platform or a third-party eConsult platform that meets the Department's criteria.

Treating practitioners can bill this service using Procedure Code 99451.
Consulting practitioners can bill this service using Procedure Code 99452.

Treating Practitioner Reimbursement:

- The rate for eConsults for treating practitioners is \$17 per eConsult completed.
- All practitioners rendering services should continue to submit claims for completed eConsults and for fee-for-service reimbursement.



Consulting Practitioner Reimbursement:

- The rate for eConsults for consulting practitioners is \$35 per eConsult completed.
 - Consulting practitioners that use the Department's eConsult platform will be paid by the Safety Net Connect subcontractor, ConferMED.
 - Consulting practitioners that use an approved eConsult platform should continue to submit claims for completed eConsults to the Colorado interChange for fee-for-service reimbursement.

Refer to the [Telemedicine Billing Manual](#) and the [Code of Colorado Regulations \(1- CCR 2505-10, Section 8.095\)](#) for more information.

Contact Naomi Mendoza at Naomi.Mendoza@state.co.us for more information on publications.

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

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

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

Contact Janelle Gonzalez at Janelle.Gonzalez@state.co.us with questions.

Speech Therapy Providers

Change of Provider for Prior Authorization Requests (PARs)

Speech therapy providers are reminded that, in circumstances where a member requires assessment by a different provider that is not indicated on the Prior Authorization Request (PAR) and the PAR is still active, the PAR must be closed by the original requesting provider before a new PAR may be submitted.

Visit the [Provider Forms web page](#) under the Prior Authorization Request (PAR) Forms drop-down to access the Change of Provider Form. Members and providers are encouraged to fill out the information to the best of their ability. The Change of Provider Form is intended to ensure the member agrees with the change and is actively moving to another provider.

Contact the ColoradoPAR Program Utilization Management (UM) Team at HCPF_UM@state.co.us with any PAR questions. Contact Devinne Parsons at Devinne.Parsons@state.co.us with any speech therapy policy-related questions.

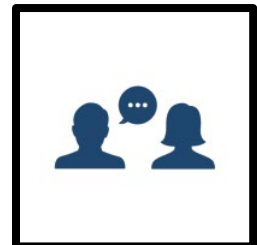
Therapy Providers

Changes to Billing Under Early Intervention (EI)

The use of TL modifiers is **required**, effective December 1, 2023, if billing for services rendered to a child participating in the Early Intervention (EI) Colorado program for services associated with an Individualized Family Service Plan (IFSP).

Ensure that the modifiers are being used and that any third-party billing systems have the TL modifiers built into them.

Refer to the [Physical and Occupational Therapy](#) and [Speech Therapy](#) billing manuals located on the [Billing Manuals web page](#) for more information on the TL modifiers. The example below is from the [General Benefit Policies section](#) of the Speech Therapy Billing Manual.



Health First Colorado recognizes that outpatient speech therapy ordered in conjunction with an approved IFSP for EI may not necessarily have an ordering provider. Under this circumstance alone, the rendering provider must use their own National Provider Identifier (NPI) number as the Ordering, Prescribing or Referring (OPR) NPI number.

- El outpatient speech therapy claims must have Modifier TL attached on the procedure line item for Health First Colorado to identify that the services rendered were associated with an approved IFSP.
 - Any claim with Modifier TL attached must be for a service ordered by an approved IFSP.
 - The claim is subject to recovery if the OPR NPI on the claim is that of the rendering provider and the claim does not have Modifier TL attached.

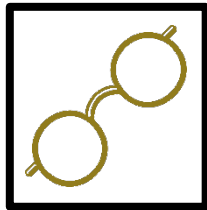
These changes became effective December 1, 2023. Contact the [Provider Services Call Center](#) with questions related to billing.

Contact Devinne Parsons at Devinne.Parsons@state.co.us with any outpatient speech therapy questions.

Vision Providers

Requirements for Eyewear

Eyeglasses and contacts must have a valid prescription from a qualifying provider. Providers must maintain prescriptions and other member records in accordance with [10 CCR 2505-10 8.130.2 Maintenance of Records](#).



Refer to the [Vision Care and Eyewear Billing Manual](#) and the Code of Colorado Regulations Vision Services Rules located at [10 CCR 2505-10 8.203](#) for other requirements.

Contact Christina Winship at Christina.Winship@state.co.us with any questions.

Provider Beginner Billing Training Sessions

February 2024 Schedule

Providers are invited to sign up for an upcoming beginner billing training webinar. Two (2) trainings focused on billing Health First Colorado are offered each month:

1. Professional claims (CMS-1500)
2. Institutional claims (UB-04)

Click “[Which Training Do I Need?](#)” on the [Provider Training web page](#) to find trainings aligned to provider type. All sessions are held via webinar on Zoom, and registration links for the next month are shown in the calendar below.

Visit the [Provider Training web page](#) under the Billing Training - Resources drop-down section to preview training materials.

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

Who Should Attend?

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

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

Please note that these sessions offer guidance for billing Health First Colorado only.

Providers are encouraged to contact the Regional Accountable Entities (RAEs), Child Health Plan *Plus* (CHP+) and Medicare for billing training specific to those organizations. Training for the new Care and Case Management (CCM) system also will not be covered in beginner billing training sessions. CCM-specific training and resources can be found on the [Care and Case Management System web page](#).

Live Webinar Registration

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

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

February 2024				
Monday	Tuesday	Wednesday	Thursday	Friday
			1	2
5	6	7	8 Beginner Billing Training: Professional Claims (CMS-1500) - Thursday, February 8, 2024, 9:00 a.m. - 11:30 a.m. MT	9
12	13	14	15	16
19	20	21	22 Beginner Billing Training: Institutional Claims (UB-04) - Thursday, February 22, 2024, 9:00 a.m. - 11:30 a.m. MT	23
26	27	28	29	

Upcoming Holidays

Holiday	Closures
Presidents Day Monday, February 19	State Offices, Gainwell Technologies and AssureCare will be closed. Capitation cycles may potentially be delayed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks. DentaQuest and the ColoradoPAR Program will be open.

Gainwell Technologies Contacts

Provider Services Call Center

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