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## Did You Know?

Providers are required to submit an initial claim within 365 days, even if the result is a denial. Providers must also resubmit claims every 60 days after the initial timely filing period (365 days from the date of service [DOS]) to keep the claim within the timely filing period. The previous Internal Control Number (ICN) must be referenced on the claim if the claim is over 365 days. Waiting for prior authorization or correspondence from the Department of Health Care Policy & Financing (the Department) or the fiscal agent is not an acceptable reason for late filing. Phone calls and other correspondence are not proof of timely filing. The claim must be submitted, even if the result is a denial.

Visit the [Timely Filing Frequently Asked Questions web page](#) for more information.

## All Providers

### Electronic Funds Transfer (EFT) Update

The EFT verification process for providers has been updated to avoid any fraudulent changes.

To expedite EFT changes and minimize disruptions to payments, providers are encouraged to ensure that the billing contact information and the billing address are correct.

Providers will receive a paper check in the interim while an EFT change is being processed. If a provider receives a paper check in the mail when payments are usually received via EFT, verify that the change has been authorized.

Contact the [Provider Services Call Center](#) if an EFT was submitted that was not authorized.

Refer to the [Updating Electronic Funds Transfer \(EFT\) Quick Guide](#) and the [Provider Maintenance Quick Guide](#) for more information.

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## **All Providers Who Submit Prior Authorizations (PARs) to the ColoradoPAR Program**

### **General Updates**

#### **Provider Survey Coming Soon**

A survey will be sent to obtain feedback for providers who submit PARs through the ColoradoPAR program using Atrezzo®. A link to complete the survey will be sent in the coming weeks. Details will be posted to the [ColoradoPAR program web page](#).



#### **Revisions to Servicing/Billing/Rendering Provider on Approved PARs**

When requesting a revision on an existing PAR to change the National Provider Identification (NPI), ensure that claims have not been billed for services on that PAR. Providers are advised to wait until the following day to submit claims after the PAR has been updated.

Contact [Kepro® Customer Service](#) at 720-689-6340 or send an email to [coproviderissue@kepro.com](mailto:coproviderissue@kepro.com) with any questions about revisions.

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## **Behavioral Health Providers**

### **Grant Program for Integrated Health**

[House Bill 22-1302](#) Integrated Behavioral Health Grant Program, a new grant program designed to support the expansion of integrated behavioral health programming in Colorado, is being launched. The program will provide short-term grant funding for providers starting a new program or expanding their existing programming.

The program's Request for Applications (RFA) will open on March 22, 2023. Before the release, prospective applicants are encouraged to visit the [Integrated Care web page](#). The web page features webinar recordings to help interested practices prepare and submit an application.

The RFA will close on April 26, 2023. Project award announcements will be made in June 2023.

Contact [hcpf\\_integratedcare@state.co.us](mailto:hcpf_integratedcare@state.co.us) with any questions.

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## **Durable Medical Equipment (DME) Providers**

### **Rate and Modifier Change to Procedure Code E0445**

A rate review has been completed due to the significant cost difference of tabletop pulse oximeters compared to fingertip models. A new methodology for these products has been implemented. Effective for dates of service on or after January 1, 2023, providers should use modifier U1 when billing for the fingertip devices and U2 for tabletop devices. This applies to claims for purchase, monthly rental and daily rental. The U2 rates will remain the same as the current procedure code E0445. Examples of both models with their rates can be found below.

<b>Fingertip Pulse Oximeter</b>	<b>Tabletop Pulse Oximeter</b>
E0445 U1 NU \$26.03	E0445 U2 NU \$788.64
E0445 U1 RR \$2.60	E0445 U2 RR \$592.05
E0445 U1 KR \$0.09	E0445 U2 KR \$397.22

Contact Eric Schmitz at [Eric.Schmitz@state.co.us](mailto:Eric.Schmitz@state.co.us) with questions related to rates.

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

### **Home Delivered Meals Expanded Benefit**

Effective April 1, 2023, the Home Delivered Meals benefit will be available for eligible members on the Elderly, Blind and Disabled (EBD), Community Mental Health Supports (CMHS), Brain Injury (BI), Complementary and Integrative Health (CIH), Developmental Disabilities (DD), and Supported Living Services (SLS) waivers.



Providers currently enrolled in Home Delivered Meals as part of the Transitions Services benefits (specialty 752) will be able to submit claims for the benefit. Qualifying members may receive up to two home delivered meals per day, for up to 30 days following discharge from a hospital. This benefit can be accessed no more than two times during a member's certification period.

Additional guidance and information regarding billing will be provided.

Contact the [Provider Services Call Center](#) with questions regarding provider enrollment.

## **Hospital Providers**

### **Co-Pay Change**

The inpatient hospital co-pay has changed to \$25 per elective admission effective for dates of service beginning December 14, 2022, and dates of submission February 2, 2023, or after. This is being done to align with federal regulation 42 CFR 447.52(b)(1), which limits co-pay amounts. Emergency admissions and deliveries are exempt from co-pay.

Contact Cameron Amirfathi at [Cameron.Amirfathi@state.co.us](mailto:Cameron.Amirfathi@state.co.us) with any questions regarding the policy.

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### **General Updates**

#### **All Hospital Providers**

##### **Inpatient Hospital Base Rate Methodology Draft**

Hospitals are strongly encouraged to visit the [Inpatient Hospital Payment web page](#) to review the new base rate methodology document [Draft Inpatient Rate Model November 2022 Stakeholder Review](#). The methodology is 99% finished with only slight adjustments expected if during roll-out, some changes are necessary or some portion of the model is determined to not work as expected. The new methodology is currently being characterized in the Code of Colorado Regulations, and the methodology for the Colorado State Plan will follow. That [new language](#), along with the response to stakeholder feedback, will be previewed during the next Hospital Stakeholder Meeting scheduled for March 3, 2023, from 9:00 a.m. to 11:00 a.m. MT.

Contact [Diana Lambe](#), [Andrew Abalos](#), and [Kevin Martin](#) with any input or questions on the model or the draft verbiage in the Code of Colorado Regulations.

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

Bi-monthly Hospital Engagement meetings will continue to be hosted to discuss current issues regarding payment reform and operational processing. Visit the [Hospital Stakeholder Engagement Meetings web page](#) for more details, meeting schedules and past meeting materials. Calendar year 2023 meetings have been posted.

The next Hospital Engagement meeting is scheduled for Friday, March 3, 2023, from 9:00 a.m. to 11:00 a.m. MT and will be hosted virtually.

Contact Tyler Samora at [Tyler.Samora@state.co.us](mailto: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.

##### **Rural Health Clinics (RHCs)**

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



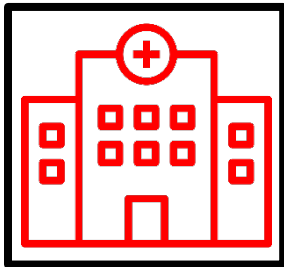
The next RHC Engagement meeting is scheduled for Thursday, March 2, 2023, from 12:30 p.m. to 1:00 p.m. MT and will be hosted virtually. The meetings are held on Zoom.

Visit the [RHC Meetings web page](#) for more details, meeting schedules and past meeting materials.

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

### **Specialty Hospitals (Distinct Part Units)**

A long-standing billing policy requires that services performed within a Distinct Part Unit (DPU) should be billed on a single claim in combination with any services that were performed within the main facility. Claims payment calculation will be made in accordance with the rules governing payment calculation for the main facility.



This payment policy is being reassessed for rehabilitation, long-term acute care and spine and brain injury hospitals, but there is no timeline for any resulting proposed policy changes to take effect. When this investigation has adequately progressed, the Department will send further communications regarding scheduling a meeting to discuss this with the specialty hospital stakeholder community.

Contact Andrew Abalos at [Andrew.Abalos@state.co.us](mailto:Andrew.Abalos@state.co.us) for details regarding claims payment calculation for specialty hospitals.

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## **Inpatient Hospital Review Program (IHRP) 2.0**

The IHRP was suspended in April 2020, as a result of the COVID-19 pandemic and Public Health Emergency (PHE) impact on hospitals. The planning stages of relaunching IHRP, now referenced as IHRP 2.0, are currently in effect.

IHRP 2.0 is a redesigned, focused program whose primary goal is to help hospitals coordinate with the appropriate Regional Accountable Entity (RAE) for efficient and effective discharge planning and care coordination. The program will focus on inpatient admission reviews for a small set of surgical procedures and post-admission clinical reviews for care coordination purposes.

Visit the [Inpatient Hospital Review Program \(IHRP\) 2.0 web page](#) for additional information about IHRP 2.0. Contact the ColoradoPAR program Utilization Management (UM) Team at [hcpf\\_um@state.co.us](mailto:hcpf_um@state.co.us) or Kepro® Provider Relations at [coproviderissue@kepro.com](mailto:coproviderissue@kepro.com) with any questions.

## Pharmacies and All Medication Prescribing Providers

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

Changes will be made for the following PDL classes, effective April 1, 2023:

PDL Drug Class	Moved to Preferred	Moved to Non-Preferred
Non-Opioid Analgesia Agents, Topical	Lidocaine 5% patches (effective February 6, 2023)	
NSAIDs, Oral	Naproxen suspension ( <i>Acella manufacturer</i> )	
Anticonvulsants, Oral	<ul style="list-style-type: none"> <li>• Lamictal tablet dose pack</li> <li>• Lamotrigine ER tablets</li> <li>• Clobazam suspension</li> <li>• Lacosamide tablets and solution</li> </ul>	<ul style="list-style-type: none"> <li>• Lamictal ODT tablets</li> <li>• Lamictal XR tablets</li> </ul>
Tricyclic Antidepressants	Clomipramine capsules	Nortriptyline solution
Anti-Parkinson's Agents	Rasagiline mesylate tablets	Amantadine tablets
Atypical Antipsychotics-Oral and Topical	<ul style="list-style-type: none"> <li>• Saphris SL tablets</li> <li>• Paliperidone ER tablets</li> </ul>	
Calcitonin Gene-Related Peptide Inhibitors (CGRPis)	<ul style="list-style-type: none"> <li>• Emgality 120 mg/ml pen and syringe</li> </ul>	
Neurocognitive Disorder Agents	Memantine ER capsules	
Sedative Hypnotics (Non-Benzodiazepines)	Ramelteon 8 mg tablet	
Skeletal Muscle Relaxants	Cyclobenzaprine 7.5 mg tablets	
Stimulants and Related Agents	Daytrana patches	
Triptans, Ditans, and Other Migraine Treatments, Oral and Non-Oral	<ul style="list-style-type: none"> <li>• Zolmitriptan tablets</li> <li>• Imitrex injection kit</li> </ul>	
Multiple Sclerosis Agents Disease Modifying and Symptom Management	<ul style="list-style-type: none"> <li>• Dalfampridine ER tablets</li> <li>• Copaxone 40 mg/ml syringe</li> </ul>	
Ophthalmics, Allergy	<ul style="list-style-type: none"> <li>• Olopatadine 0.1% OTC drops (twice daily)</li> <li>• Lastacaft 0.25% (OTC) drops</li> </ul>	<ul style="list-style-type: none"> <li>• Olopatadine 0.1%-0.2% (Rx) eye drops</li> <li>• Lastacaft 0.25% (Rx) drops</li> </ul>
Ophthalmics, Anti-Inflammatories	Nevanac 0.1% drops	Ilevro 0.3% drops

PDL Drug Class	Moved to Preferred	Moved to Non-Preferred
Ophthalmics, Glaucoma		<ul style="list-style-type: none"> <li>Vuity 1.25% eye drop</li> <li>Dorzolamide-Timolol/PF 2%-0.5% (Akorn Manufacturer)</li> </ul>
PDL Drug Class	Moved from Appendix P to Preferred	Moved from Appendix P to Non-Preferred
Sedative Hypnotics (Non-Benzodiazepines)		<ul style="list-style-type: none"> <li>Silenor tablets</li> <li>Doxepin tablets</li> <li>Hetlioz LQ liquid</li> <li>Hetlioz capsules</li> <li>Tasimelteon capsules</li> </ul>
Triptans, Ditans, and Other Migraine Treatments, Oral and Non-Oral	Migranal nasal spray	<ul style="list-style-type: none"> <li>Dihydroergotamine mesylate nasal spray and injection</li> <li>Trudhesa nasal spray</li> </ul>
Ophthalmics, Immunomodulators		Tyrvaya 0.03 mg nasal spray

No changes will be made for the following PDL classes:

PDL Drug Class	PDL Drug Class
Non-Opioid Analgesia Agents, Oral	Short-acting and Long-acting Opioids and Fentanyl preparation
Newer Generation Antidepressants	Monoamine Oxidase Inhibitors (MAOIs)
Benzodiazepines (Non-Sedative Hypnotics)	Anxiolytics, Non-Benzodiazepine
Lithium Agents	NSAIDs, Topical
Sedative Hypnotics (Benzodiazepines)	Benzodiazepines (Non-Sedative Hypnotic)

## **Pharmacy Providers and Physician-Administered Drug (PAD) Providers**

### **Update: COVID-19 Monoclonal Antibody Injection Evusheld**

On January 26, 2023, the U.S. Food and Drug Administration (FDA) revised the Emergency Use Authorization (EUA) for the investigational monoclonal antibody COVID-19 therapy Evusheld (tixagevimab co-packaged with cilgavimab).

The FDA announced that Evusheld is not authorized for emergency use in the United States. Refer to the [FDA bulletin](#) for additional information regarding the announcement.



Due to Evusheld no longer being authorized for emergency use in the United States, Health First Colorado (Colorado's Medicaid Program) will no longer process or pay for claims when billed for Q0220, Q0221, M0220 and M0221. Effective January 26, 2023, all claims billed for Q0220, Q0221, M0220 and M0221 will be denied.

Contact Felecia Gephart at [Felecia.Gephart@state.co.us](mailto:Felecia.Gephart@state.co.us) with any questions or concerns.

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## **Physician-Administered Drug (PAD) Providers**

### **Ketamine Medically Accepted Indications**

According to Federal Rule, providers must ensure all PADs are being used for a medically accepted indication. A medically accepted indication means an indication which is approved by the U.S. Food and Drug Administration (FDA) or an indication which is supported by compendia identified in [Section 1927\(g\)\(1\)\(B\)\(i\)](#) of the Social Security Act.

Currently, major depressive disorder (MDD) is the only compendia supported behavioral health indication for ketamine. MDD is not an FDA approved indication of ketamine; however, intravenous infusion of ketamine for the treatment of MDD is currently supported by compendia.

All PAD billing policies outlined in the [PAD Billing Manual](#) and [Appendix X \(HCPCS/NDC Crosswalk for Billing PAD\)](#) apply to office administration of ketamine. Providers must bill the medical benefit for the National Drug Code (NDC) of the PAD administered to the Health First Colorado member, and the most appropriate HCPCS/NDC combination must be billed on the claim line.

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



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## **New Physician-Administered Drug (PAD) Healthcare Common Procedure Coding System (HCPCS) Updates**

On January 1, 2023, the Centers for Medicare & Medicaid Services (CMS) issued manufacturer-specific PAD HCPCS procedure codes. These approved HCPCS are added to the current PAD HCPCS which are specific to brand/generic and biosimilars.

Providers must bill for the National Drug Code (NDC) of the PAD administered to Health First Colorado members, as well as ensure the PAD claim line is billed for the most appropriate and applicable procedure code. All other PAD policies and procedures still apply.

The Medicaid Management Information System (MMIS), [Appendix X \(HCPCS/NDC Crosswalk for Billing PAD\)](#) and the [PAD Fee Schedule](#) are being updated to reflect all January 1, 2023, HCPCS additions and HCPCS/NDC changes.

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



## **Private Duty Nursing (PDN)**

### **Extension to Temporary Administrative Approval Process**

Effective February 3, 2023, the Department announced an extension to the temporary administrative approval process through April 2, 2023.

Refer to the Informational Memo (IM) 23-006, located on the [2023 Memo Series Communication web page](#) under “2023 Informational Memos”, for additional information about the temporary approval process and provider responsibilities during this time.

Contact [homehealth@state.co.us](mailto:homehealth@state.co.us) with questions.

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## **Therapy Providers**

### **Electronic Visit Verification (EVV) Implementation for Outpatient Speech Therapy, Physical Therapy and Occupational Therapy Provided via Telehealth**

Refer to the December 2022 Provider Bulletin (B2200487) located on the [Bulletins web page](#), where the Department stated that EVV would be required for outpatient therapies provided via telehealth beginning April 1, 2023. This change in policy will not occur. The policy will continue with the current exemption for EVV.

Contact [hcpf\\_evv@state.co.us](mailto:hcpf_evv@state.co.us) with any EVV questions.

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## **Provider Billing Training Sessions**

### **March and April 2023 Provider Billing Training Sessions**

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

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

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

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

the Beginning Billing Training: Institutional Claims (UB-04), available on the [Provider Training web page](#) under the Billing Training - Resources drop-down section.

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

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

### March 2023

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

## April 2023

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

**Live Webinar Registration**

Click the title of the desired training session in the calendar above to register for a webinar. 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, your name and contact information (email address and phone number), and the name and date of the webinar(s) to be attended. Allow up to two (2) to three (3) business days to receive a response.

**Upcoming Holidays**

Holiday	Closures
<b>Memorial Day Monday, May 29</b>	State Offices, Gainwell Technologies, DentaQuest and the ColoradoPAR program will be closed. Capitation cycles may potentially be delayed. The receipt of warrants and Electronic Funds Transfers (EFTs) may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks.

**Gainwell Technologies Contacts**

**Provider Services Call Center**

**1-844-235-2387**

**Gainwell Technologies Mailing Address**

**P.O. Box 30**

**Denver, CO 80201**