COLORADO
Department of Health Care Policy & Financing

Minutes of the Medicaid Provider Rate Review Quarterly Public Meeting

Virtual meeting:

August 22, 2025, from 9:00 a.m. – 2:00 p.m.

A recording of the 8/22 meeting is available at this link

Meeting Materials

1. Call to Order and Attendance

Ian Goldstein, MPRRAC Vice Chair, called the meeting to order at 9:06a.m. 7 of the 7 members were eventually present and participating remotely. Megan Adamson joined at 10:10AM due to Zoom connectivity issues.

A. Members on Zoom/Phone

Megan Adamson, MD, family physician from Lafayette Colorado (Chair)
Ian Goldstein, MD, MPH, CEO of Soar Autism Center (Vice Chair)
Terri Walter, MSN, RN, HopeWest, Hospice & Palliative Care
Vennita Jenkins, MBA, CEO Senior Housing Options, Inc.
Christopher Maestas, GM, AMI-Wellness Home Health
Kate Leslie, LCSW, Medicaid Mental Health provider
Tim Diesnt, CEO, Ute Pass Regional Health Service District

B. Department Staff Participants and Facilitators

HCPF: Michelle LaPlante, Kevin Martin, Lingling Nie, Hannah Hyland, Wei Deng, Siyu Zhang, David McFarland-Porter, Kevin Anderson, Alaina Kelley, Alex Weichselbaum, Amanda Villalobos, Christopher Lane, Devinne, Gina Robinson, Greta Moser, Melanie Reece, Sahara Karki, Tyler Collinson, Ivy Beville, Victoria Martinez, Amy Dickinson
Facilitators: Brian Pool and Agustín Leone from Government Performance Solutions, Inc. (GPS)

C. Other Participants

52 total participants were present at 9:16AM.

2. Meeting Overview

Michelle LaPlante, Kevin Martin and Brian Pool (GPS) gave an overview of (slides 3-8 & 10-13) The Agenda, Housekeeping, Disclaimer, MPRRAC/Department Roles, Out of Scope for the MPRRAC, Rules of Governance, Meeting Structure, Meeting Purpose, MPRRAC/JBC Presentation and Reminders.

3. Meeting Minutes

Motion: Megan Adamson requested a correction to the July 25 meeting minutes, clarifying that a comment regarding surgical services was incorrectly attributed to Section 12.7 (Gastroenterology) and should instead be attributed to Section 12.8 (Gynecology). Ian Goldstein motioned to approve

the minutes pending this correction, and Terri Walter seconded the motion.
Vote: The committee unanimously approved the amended minutes.

4. 2025 Services Analyses

Brian Pool facilitated the discussion of the 2025 MPRRAC recommendations, beginning with the overall fiscal impact. If all recommendations are adopted, the total impact is estimated at $27.5 million, including $10.2 million from the General Fund.

Discussion: Christopher Maestas asked whether the fiscal impact for 2025 is higher or lower than in previous years. Lingling Nie provided a comparison of total and General Fund impacts for MPRRAC recommendations across three years: 2023: $144 million total; $39.7 million General Fund, 2024: $585 million total; $286.5 million General Fund, 2025: $27.5 million total; $10.2 million General Fund. The significantly lower fiscal impact in 2025 was attributed to the smaller number and type of services reviewed compared to prior years.

1. **Dialysis and Dialysis-Related Services**
   - **1.1 Dialysis Facility**
     - **MPRRAC Recommendations:** Bring rates that are below 80% of the Medicare benchmark up to 80%. The rates are based on the rate area.
     - **Fiscal Impact:** Total Funds = $103, 994 | General Fund = $28,515
     - **Public Comment:** Wendy Schrag from Fresenius Medical Care emphasized that three key codes: 821 (hemodialysis and home hemodialysis training), 841 (continuous ambulatory peritoneal dialysis and training), and 851 (continuous cycling peritoneal dialysis and training) are the most frequently billed in dialysis settings and remain under-reimbursed. She shared an annual loss of approximately $17,000 per patient across 214 Medicaid patients and requested further consideration to increase reimbursement for these specific codes.
       - **Procedural Question:** Ian Goldstein raised a procedural question about continuing the meeting without Megan Adamson present. Brian Pool confirmed that a quorum was present and that it was appropriate to proceed.
     - **MPRRAC Discussion:** Terri Walter expressed that it would be difficult to make a recommendation without revisiting the individual dialysis codes. Ian Goldstein agreed and noted that this type of discussion should have occurred during the July meeting. He recommended moving forward with the existing July recommendation and revisiting the issue in a future cycle. Vennita Jenkins, Christopher Maestas, and Tim Dienst all voiced agreement.
       - There was consensus to proceed with the recommendations from the July MPRRAC meeting.
   - **1.2 Dialysis Non-Facility**
     - **MPRRAC Recommendations:** Bring any codes below 80% of the Medicare benchmark up to 80%. All other codes remain as is.
     - **Fiscal Impact:** Total Funds = $2,588 | General Fund = $710
     - **Public Comment:** No public comment.
     - **MPRRAC Discussion:** No additional comments or amendments were offered by MPRRAC members during the discussion. There was consensus to proceed with the recommendations from the July MPRRAC meeting.
2. **DIDD Dental Services**
   - **MPRRAC Recommendations:** For the DIDD dental codes that are less than 100% of the Medicaid standard adult dental rate, raise to 150%. There will be additional fiscal impact if

the rates for the three high-utilization codes—currently above State Plan rates but below 150%—are increased to 150%.

- **Fiscal Impact (Raise to 150%):** Total Funds = $685,310 | General Fund = $132,745
- **Additional Fiscal Impact for 3 High Utilization Codes (if raised to 150%):** Total Funds = $44,932 | General Fund = $8,703
- **Public Comment:** Lauren Harvey, Director of Government Relations for the Colorado Dental Association, highlighted several frequently used and under-reimbursed codes: D1110, D1206, D4910, D4342, and D4341 and requested continued consideration to increase their reimbursement. She also flagged missing anesthesia codes (D9219, D9222, D9223) from the DIDD fee schedule, noting these procedures often require additional time due to underlying medical complexities. Lauren referenced CIVHC's new public dashboard as a resource for reviewing Colorado dental fees and payment data.
  - **HCPF Response:** Lingling Nie acknowledged the comments and requested that Lauren submit the referenced codes via email. She noted that many of the highlighted codes were already included in the July recommendation to be raised to 150% of the benchmark.
- **MPRRAC Discussion:** Ian Goldstein proposed augmenting the existing July recommendation by raising all codes below 100% of benchmark to 150% and also including the three additional highly utilized codes highlighted in blue on slide 26. Terri Walter and Christopher Maestas voiced support. No dissenting opinions were raised.
  - There was consensus to proceed with the recommendations from the July MPRRAC meeting.

3. **Durable Medical Equipment (DME)**
   - **MPRRAC Recommendations:** Bring any codes below 80% up to 80%. Leave any codes above 80% where they are. For codes without benchmark rates, increase of 3% to account for inflation.
   - **Total Fiscal Impact (both codes with and without Benchmark Ratios):** Total Funds = $1,039,849 | General Fund = $285,127
   - **Public Comment:** No public comment.
   - **MPRRAC Discussion:** No additional comments or amendments were offered by MPRRAC members during the discussion. There was consensus to proceed with the recommendations from the July MPRRAC meeting.
4. **Prosthetics, Orthotics and Disposable Supplies (POS)**

4.1 Prosthetics:

- **MPRRAC Recommendations:** Bring any codes below 80% of the Medicare benchmark up to 80%. All other codes remain as is.
- **Fiscal Impact:** Total Funds = $564,395 | General Fund = $154,757
- **Public Comment:** No public comment.
- **MPRRAC Discussion:** No additional comments or amendments were offered by MPRRAC members during the discussion. There was consensus to proceed with the recommendations from the July MPRRAC meeting.

4.2 Orthotics:

- **MPRRAC Recommendations:** Bring any codes below 80% of the Medicare benchmark up to 80%. Leave any codes above 80% where they are. For codes without benchmark rates, increase of 3% to account for inflation.
- **Total Fiscal Impact (both codes with and without Benchmark Ratios):** Total Funds = $1,067,224 | General Fund = $292,633.
- **Public Comment:** No public comment.
- **MPRRAC Discussion:** No additional comments or amendments were offered by MPRRAC members during the discussion. There was consensus to proceed with the recommendations

from the July MPRRAC meeting.

4.3 Enteral Formula (New):

- **MPRRAC Recommendations:** All rates to remain the same.
- **Fiscal Impact:** Total Funds = $0 | General Fund = $0
- **Public Comment:** Jim Melancon, representing Aveanna Healthcare, thanked the MPRRAC for its recommendation to maintain current reimbursement rates for enteral formula. He urged HCPF to adopt the MPRRAC's recommendation in their final report.
- **MPRRAC Discussion:** No additional comments or amendments were offered by MPRRAC members during the discussion. There was consensus to proceed with the recommendations from the July MPRRAC meeting.

4.4 Other and Disposable Supplies

- **MPRRAC Recommendations:** Bring any codes below 80% of the Medicare benchmark up to 80%. Leave any codes above 80% where they are. For codes without benchmark rates, increase of 3% to account for inflation.
- **Total Fiscal Impact (both codes with and without Benchmark Ratios):** Total Funds = $2,894,413 | General Fund = $793,648.
- **Public Comment:** Jim Melancon, from Aveanna Healthcare, expressed appreciation for MPRRAC's recommendation, noting its importance for many of the codes in this category, particularly those related to the provision of enteral nutrition therapy services. He highlighted challenges providers face, such as tariffs on supplies, and urged HCPF to adopt MPRRAC's recommendation in the final report.
- **MPRRAC Discussion:** No additional comments or amendments were offered by MPRRAC members during the discussion. There was consensus to proceed with the recommendations from the July MPRRAC meeting.

5. Laboratory and Pathology Services

- **MPRRAC Recommendations:** For codes without benchmark rates, increase of 3% to account for inflation. Recommended fiscal impact is $0 because all codes without a benchmark had no valid FY 24 utilization. Policy Recommendation: Pay for 81415 and 81416 and set their rates at 80% of the Medicare benchmark.
- **Fiscal Impact (81415):** January 2025 Medicare Rate = $4,780, MPRRAC Recommended Rate = $3,824
- **Fiscal Impact (81416):** January 2025 Medicare Rate = $12,000, MPRRAC Recommended Rate = $9,600
- **Public Comment:** No public comment.
- **MPRRAC Discussion:** Kim Preston (HCPF) explained that any new code must go through a formal benefit determination process before it can be added as a reimbursable service. This process includes evaluating whether similar services are already covered and estimating the fiscal impact without retrospective utilization data, since these are brand-new codes. HCPF will prepare a slide for the November meeting to educate MPRRAC members on this process.
  - Ian Goldstein clarified that this procedural context should not affect the current recommendation. Kim agreed, stating the explanation was provided for awareness only.
  - There was consensus to proceed with the recommendations from the July MPRRAC meeting.

6. Outpatient PT/OT/ST

6.1 Physical Therapy

- **MPRRAC Recommendations:** Increase codes 97530 and 97533 to 100% of the benchmark. For codes without benchmark rates, increase of 3% to account for inflation.

- **Total Fiscal Impact (both codes with and without Benchmark Ratios):** Total Funds = $363,088 | General Fund = $188,544.
- **Public Comment:** Christopher Edmundson (American Physical Therapy Association) thanked the Committee for increasing select physical therapy (PT) codes and submitting an inflation adjustment. He reiterated that the exclusion of exercise as preventive care is an oversight, emphasizing that evidence strongly supports exercise as a form of preventive healthcare. He urged MPRRAC to reconsider this classification, noting that while short-term costs may rise, long-term health outcomes and cost savings would justify the investment.
- **MPRRAC Discussion:** Ian Goldstein asked HCPF for clarification on how PT codes were classified as non-preventive. Siyu Zhang (HCPF) explained that while APTA submitted recommendations, there are discrepancies between external and internal coding classifications that are still being reconciled. HCPF will follow up with a complete response once resolved. Lingling Nie added that the Department follows CMS guidance, which classifies PT and occupational therapy as rehabilitative rather than preventive services. However, the Department welcomes continued dialogue with the provider community.
  - Mr. Edmundson emphasized the long-term cost-saving benefits of recognizing exercise as preventive care. Lingling encouraged him to share supporting research with the Department.
  - Terri Walter noted that many exercise-related codes are already at or above 150% of the benchmark and motioned to maintain the July recommendation. Christopher Maestas agreed, and Siyu Zhang confirmed the overall PT benchmark ratio is currently above 100%.
  - There was consensus to proceed with the recommendations from the July MPRRAC meeting.

6.2 Occupational Therapy

- **MPRRAC Recommendations:** Increase codes 97530 and 97533 to 100% of the benchmark. For codes without benchmark rates, increase of 3% to account for inflation.
- **Fiscal Impact:** Total Funds = $1,150,651 | General Fund = $575,326.
- **Public Comment:** No public comment.
- **MPRRAC Discussion:** No additional comments or amendments were offered by MPRRAC members during the discussion. There was consensus to proceed with the recommendations from the July MPRRAC meeting.

6.3 Speech Therapy

- **MPRRAC Recommendations:** Bring codes 92507, 92508, 92526 and 92609 up to 100%.
  - Match 92507 + GT's (and all rates with GT modifier) rate with 92507 (no premium for the GT modifier -paid as the regular rate, even with a modifier).
  - Policy Recommendation #1: Look into and evaluate rates between Home Health and outpatient Speech Therapy, acknowledging that home health rates account for drive time and mileage to and from, but determine whether magnitude of difference exceeds what would be appropriate.
  - Policy Recommendation #2: Evaluate the rate structure between ST and OT/PT to ensure fairness. (e.g., some PT/OT codes are allowable to bill in 15-minute increments while ST's most used code 92507 can only bill for each service visit, so if a ST session takes a long time to finish, then for same amount of service time PT/OT can be reimbursed more than ST).
- **Fiscal Impact:** Total Funds = $1,950,074 | General Fund = $975,037.
- **Public Comment:** No public comment.
- **MPRRAC Discussion:** Ian Goldstein noted that Speech Therapy was covered at length in the July meeting. No other additional comments were offered by MPRRAC members during the discussion. There was consensus to proceed with the recommendations from the July

MPRRAC meeting.

7. **Specialty Care Services:**
    - **MPRRAC Recommendations:** Bring any codes below 80% of the Medicare benchmark up to 80%. All other codes remain as is.
    - **Fiscal Impact:** Total Funds = $295 | General Fund = $81.
    - **Public Comment:** No public comment.
    - **MPRRAC Discussion:** No additional comments or amendments were offered by MPRRAC members during the discussion. There was consensus to proceed with the recommendations from the July MPRRAC meeting.
8. **Early Intervention TCM Services:**
    - **MPRRAC Recommendations:** Bring code T1017 TL to 80%.
    - **Fiscal Impact:** Total Funds = $660,902 | General Fund = $330,451.
    - **Public Comment:** No public comment.
    - **MPRRAC Discussion:** Terri Walter noted a higher percentage increase. No other comments or amendments were offered by MPRRAC members during the discussion. There was consensus to proceed with the recommendations from the July MPRRAC meeting.
9. **Targeted Case Management (TCM):**
    - **MPRRAC Recommendations:** Raise the monthly TCM rate to 100% of the benchmark. For codes without benchmark rates, increase of 3% to account for inflation.
    - **Total Fiscal Impact using July 2024 Rate (both codes with and without Benchmark Ratios):** Total Funds = $7,772,602 | General Fund = $3,886,301.
    - **Total Fiscal Impact using July 2025 Rate (both codes with and without Benchmark Ratios):** Total Funds = $5,144,620 | General Fund = $2,572,310.
    - **Public Comment:** No public comment.
    - **MPRRAC Discussion:**
        - David McFarland Porter (HCPF) provided additional context on the TCM rate recommendation, noting that a recent 5% targeted rate increase for code T2023HI, related to the Community First Choice (CFC) program, impacts the benchmark calculation. Lingling Nie (HCPF) shared a document outlining the relationship between TCM services and the CFC program, which will be uploaded to the shared folder for members to review post-meeting.
        - Ian Goldstein suggested maintaining the July recommendation of 100% of benchmark but clarified that the benchmark itself should be updated to reflect the July 2025 rate, which incorporates the 5% targeted increase. This adjustment prevents a "double bump" in funding due to the rate increase already being accounted for in the benchmark. Terri Walter seconded this approach, emphasizing the value of the service. Other MPRRAC members voiced their support.
        - There was consensus to proceed with the recommendations from the July MPRRAC meeting.
10. **Transition Coordination Services**
    - **MPRRAC Recommendations:** Rates to remain the same.
    - **Fiscal Impact:** Total Funds = $0 | General Fund = $0.
    - **Public Comment:** No public comment.
    - **MPRRAC Discussion:** No additional comments or amendments were offered by MPRRAC members during the discussion. There was consensus to proceed with the recommendations from the July MPRRAC meeting.
11. **Vision Services**
    - **MPRRAC Recommendations:** Bring any codes below 80% of the Medicare benchmark up to 80%. Leave any codes above 80% where they are. For codes without benchmark rates, increase of 3% to account for inflation.

- **Total Fiscal Impact (both codes with and without Benchmark Ratios):** Total Funds = $3,268,733 | General Fund = $896,287.
- **Public Comment:** No public comment.
- **MPRRAC Discussion:** No additional comments or amendments were offered by MPRRAC members during the discussion. There was consensus to proceed with the recommendations from the July MPRRAC meeting.

12. **Allergy and Immunology**
    - **MPRRAC Recommendations:** Bring any codes below 80% of the benchmark up to 80%.
    - **Fiscal Impact:** Total Funds = $21,470 | General Fund = $5,887.
    - **Public Comment:** No public comment.
    - **MPRRAC Discussion:** No additional comments or amendments were offered by MPRRAC members during the discussion. There was consensus to proceed with the recommendations from the July MPRRAC meeting.
13. **Cardiology**
    - **MPRRAC Recommendations:** Bring any codes below 80% of the benchmark rate up to 80%. Any codes that are above 140% and compared to Medicare should be brought down to 100%. For codes without benchmark rates, increase of 3% to account for inflation.
    - **Fiscal Impact:** Total Funds = $194,302 | General Fund = $53,278.
    - **Public Comment:** No public comment.
    - **MPRRAC Discussion:** No additional comments or amendments were offered by MPRRAC members during the discussion. There was consensus to proceed with the recommendations from the July MPRRAC meeting.
14. **Dermatology**
    - **MPRRAC Recommendations:** Bring any codes below 80% of the Medicare benchmark rate up to 80%, regardless of utilization.
    - **Fiscal Impact:** Total Funds = $65,597 | General Fund = $17,987.
    - **Public Comment:** No public comment.
    - **MPRRAC Discussion:** No additional comments or amendments were offered by MPRRAC members during the discussion. There was consensus to proceed with the recommendations from the July MPRRAC meeting.
15. **ED and Hospital Evaluation and Management**
    - **MPRRAC Recommendations:** Bring any codes below 80% of the benchmark up to 80%. For codes without benchmark rates, increase of 3% to account for inflation.
    - **Fiscal Impact:** Total Funds = $278,538 | General Fund = $76,375.
    - **Public Comment:** No public comment.
    - **MPRRAC Discussion:** No additional comments or amendments were offered by MPRRAC members during the discussion. There was consensus to proceed with the recommendations from the July MPRRAC meeting.
16. **Ear, Nose and Throat (ENT)**
    - **MPRRAC Recommendations:** Bring any codes below 80% of benchmark up to 80%. Any codes that are above 140% and compared to Medicare should be brought down to 100%. For codes without benchmark rates, increase of 3% to account for inflation.
    - **Total Fiscal Impact (both codes with and without Benchmark Ratios):** Total Funds = $79,398 | General Fund = $21,771.
    - **Public Comment:** No public comment.
    - **MPRRAC Discussion:** No additional comments or amendments were offered by MPRRAC members during the discussion. There was consensus to proceed with the recommendations from the July MPRRAC meeting.
17. **Family Planning**
    - **MPRRAC Recommendations:** Bring any codes below 80% of benchmark up to 80%.

Raise code 58300 (INSERT INTRAUTERINE DEVICE) to 100%. We also increased code 58301(REMOVE INTRAUTERINE DEVICE) to 100% for equity.

- **Fiscal Impact:** Total Funds = $229,334 | General Fund = $62,884.
- **Public Comment:** No public comment.
- **MPRRAC Discussion:** No additional comments or amendments were offered by MPRRAC members during the discussion. There was consensus to proceed with the recommendations from the July MPRRAC meeting.

18. **Gastroenterology**
    - **MPRRAC Recommendations:** Bring any codes below 80% of benchmark up to 80%.
    - **Fiscal Impact:** Total Funds = $174 | General Fund = $48.
    - **Public Comment:** No public comment.
    - **MPRRAC Discussion:** No additional comments or amendments were offered by MPRRAC members during the discussion. There was consensus to proceed with the recommendations from the July MPRRAC meeting.
19. **Gynecology**
    - **MPRRAC Recommendations:** Bring any codes below 80% of benchmark up to 80%. For codes without benchmark rates, increase of 3% to account for inflation.
    - **Total Fiscal Impact (both codes with and without Benchmark Ratios):** Total Funds = $98 | General Fund = $27.
    - **Public Comment:** No public comment.
    - **MPRRAC Discussion:** No additional comments or amendments were offered by MPRRAC members during the discussion. There was consensus to proceed with the recommendations from the July MPRRAC meeting.
20. **Health Education**
    - **MPRRAC Recommendations:** Leave codes with a benchmark as is. For codes without benchmark rates, increase of 3% to account for inflation.
    - **Total Fiscal Impact (both codes with and without Benchmark Ratios):** Total Funds = $1,409 | General Fund = $386.
    - **Public Comment:** No public comment.
    - **MPRRAC Discussion:** No additional comments or amendments were offered by MPRRAC members during the discussion. There was consensus to proceed with the recommendations from the July MPRRAC meeting.
21. **Medication Injections and Infusions**
    - **MPRRAC Recommendations:** Bring any codes below 80% of benchmark up to 80%. Any codes that are above 140% and compared to Medicare should be brought down to 100%. For codes without benchmark rates, increase of 3% to account for inflation.
    - **Fiscal Impact: Total Fiscal Impact (both codes with and without Benchmark Ratios):** Total Funds = -$34,143 | General Fund = -$9,362.
    - **Public Comment:** No public comment.
    - **MPRRAC Discussion:** No additional comments or amendments were offered by MPRRAC members during the discussion. There was consensus to proceed with the recommendations from the July MPRRAC meeting.
22. **Neuro/Psychological Testing Services**
    - **MPRRAC Recommendations:** Raise any codes benchmarked to Medicare that are below 100% up to 100%. For certain evaluation and testing codes, align reimbursements between codes for the second hour (and beyond) with codes for first hour:
        - match 96131 to 96130
        - match 96133 to 96132
        - match 96137 to 96136
        - match 96139 to 96138

  - match 96113 to 96112
- Remove the disparity between corresponding codes with and without EP and GT modifiers:
  - match 96110EP to 96110.
  - match 96116GT to 96116.
- Increase G-Codes without benchmark ratios (G8431, G8510, and G8511) by 10%.
- **Total Fiscal Impact (both codes with and without Benchmark Ratios):** Total Funds = $3,818,091 | General Fund = $1,046,921.
- **Public Comment:** Elizabeth Freudenthal, representing Children's Hospital Colorado, expressed strong support for the July MPRRAC recommendations. She emphasized that:
  - Telehealth is critical for pediatric neuro/psychological testing, as it can provide clinically superior assessments due to increased comfort for children with autism in familiar home environments.
  - Codes without benchmarks remain significantly under-reimbursed despite the proposed 10% increase. She noted this still reflects approximately a 70% deficit and stressed that Medicare benchmarks are not appropriate for pediatric testing due to differences in service complexity and duration.
  - Codes with multiple units become more complex as assessments progress, making parity in payment rates for subsequent units reasonable. She urged MPRRAC to maintain the original recommendations and thanked the committee for their prior support.
- **MPRRAC Discussion:** Committee members deliberated on potential adjustments to the July recommendations:
  - Terri Walter questioned the magnitude of the increase given utilization trends but acknowledged she had not reviewed each code in detail.
  - Megan Adamson and Ian Goldstein clarified that the current Medicare-based structure undervalues pediatric testing, which tends to be longer and more complex than adult services. They considered a potential revision to second-hour payment rates from full parity (100%) to a near match (e.g., 95%, 90%) to reflect this nuance.
  - Wei Deng (HCPF) shared data showing that among the five relevant codes, three have current reimbursement rates for second-hour units between 75–80% of first-hour rates, and two fall between 40–60%.
  - Members discussed revising the 10% increase for codes without benchmarks to align with other categories where a 3% increase was applied.
- After considering these perspectives and the public comment, the committee reaffirmed their support for the original July recommendations.

23. Neurology

- **MPRRAC Recommendations:** Bring any codes below 80% of benchmark up to 80%. Any codes that are above 140% and compared to Medicare should be brought down to 100%. For codes without benchmark rates, increase of 3% to account for inflation.
- **Fiscal Impact:** Total Funds = $113,980 | General Fund = $31,253.
- **Public Comment:** Mike Hart representing Alliance Neurodiagnostics, expressed support for the recommendation to align reimbursement for ambulatory EEG monitoring with the Medicare benchmark. He emphasized the importance of this service for vulnerable populations who cannot easily access hospital-based Epilepsy Monitoring Units. Mr. Hart noted that current Medicaid rates are significantly below both the cost of delivering care and Medicare reimbursement levels. Without rate adjustments, patients may experience delayed diagnoses, increased emergency department utilization, and avoidable hospitalizations. He urged the committee to move forward with the recommendation. The primary codes referenced were 95700 and 95715.
- **MPRRAC Discussion:** No additional comments or amendments were offered by MPRRAC

members during the discussion. There was consensus to proceed with the recommendations from the July MPRRAC meeting.

24. **Primary Care Evaluation and Management**
    - **MPRRAC Recommendations:** Bring any codes below 80% of benchmark up to 80%. Bring preventative codes (specifically pediatric and adult well-checks) up to 100%. Bring codes related to cervical cancer, DXA scans, colon cancer screenings up to 100%. Leave the ones that are above 100% where they are. For codes without benchmark rates, increase of 3% to account for inflation.
    - **Total Fiscal Impact (both codes with and without Benchmark Ratios):** Total Funds = $969,652 | General Fund = $265,879.
    - **Public Comment:** No public comment.
    - **MPRRAC Discussion:** Megan Adamson reiterated her support for the existing recommendation to remove the additional premium for services delivered via telehealth.
        - Tim Dienst inquired about the inclusion of emergency physicians within this category. Megan clarified that hospital-based and emergency department Evaluation and Management (E/M) codes were assessed separately, where the codes discussed in this grouping pertain primarily to outpatient clinic settings. She also provided clarification regarding G2211, noting that this code is applicable to all outpatient E/M services, whether delivered in person or via telehealth.
        - Tim emphasized the importance of telehealth for providers in the field, sharing concerns that low reimbursement rates have resulted in the loss of telehealth providers, especially in rural and community-integrated care models.
        - Committee members affirmed their support for the original recommendation. No objections were raised, and the committee reached consensus to move forward with the previously approved July recommendation.
25. **Radiology**
    - **MPRRAC Recommendations:** Bring any codes below 80% of benchmark up to 80%. Any codes that are above 140% and compared to Medicare should be brought down to 100% EXCLUDING:
        - All chest X-ray, abdominal X-ray codes
        - Ultrasound abdominal aortic aneurysm screening codes.
    - Colon cancer screening codes: Bring codes related to cervical cancer, DEXA scans, colon cancer screenings up to 100% (Carried over from Primary Care E&M Recommendation.)
    - For codes without benchmark rates, increase of 3% to account for inflation.
    - **Total Fiscal Impact (both codes with and without Benchmark Ratios):** Total Funds = $211,008 | General Fund = $57,859.
    - **Public Comment:** No public comment.
    - **MPRRAC Discussion:** No additional comments or amendments were offered by MPRRAC members during the discussion. There was consensus to proceed with the recommendations from the July MPRRAC meeting.
26. **Respiratory**
    - **MPRRAC Recommendations:** Bring any codes below 80% of benchmark up to 80%. Any codes that are above 140% and compared to Medicare should be brought down to 100%. For codes without benchmark rates, increase of 3% to account for inflation.
    - **Fiscal Impact:** Total Funds = -$30,130 | General Fund = -$8,262.
    - **Public Comment:** No public comment.
    - **MPRRAC Discussion:** The committee revisited CPT code 94642 (Aerosol Inhalation Treatment), which had been set aside for further discussion.
        - Ian Goldstein observed that the fiscal impact of maintaining the current rate is minimal (approximately $800 total), and given the very low utilization, recommended leaving

the rate unchanged.
- Megan clarified the code may relate to a specific treatment for a condition and raised the idea of exploring comparable aerosol inhalation treatments to assess whether the 15-year-old rate still reflects current value. However, the committee agreed that no immediate change was warranted.
- Ian further noted that CPT 94642 is one of the only codes in the respiratory category that lacks a Medicare benchmark, which may contribute to its high benchmark ratio.
- There was consensus to proceed with the recommendations from the July MPRRAC meeting.

27. Sleep Study
- **MPRRAC Recommendations:** Bring any codes below 80% of benchmark up to 80%. Any unattended sleep study codes over 140% should be brought down to 140%. For codes without benchmark rates, increase of 3% to account for inflation.
- **Fiscal Impact:** Total Funds = -$259,414 | General Fund = -$71,131.
- **Public Comment:** No public comment.
- **MPRRAC Discussion:** No additional comments or amendments were offered by MPRRAC members during the discussion. There was consensus to proceed with the recommendations from the July MPRRAC meeting.

28. Vaccines and Immunizations
- **MPRRAC Recommendations:** Bring any codes below 80% of benchmark up to 80%. Increase codes (90460, 90471, 90473) to the regional-allowed maximum rate ($21.68)
  - 90472, 90474: Additional vaccine administered beyond the initial one are not included in this increase *
- For codes without benchmark rates, increase of 3% to account for inflation.
- **Total Fiscal Impact (both codes with and without Benchmark Ratios):** Total Funds = $342,172 | General Fund = $93,823.
- **Public Comment:** No public comment.
- **MPRRAC Discussion:** No additional comments or amendments were offered by MPRRAC members during the discussion. There was consensus to proceed with the recommendations from the July MPRRAC meeting.

29. Vascular
- **MPRRAC Recommendations:** Bring any codes below 80% of benchmark up to 80%. Any codes that are above 140% and compared to Medicare should be brought down to 100%.
- **Fiscal Impact:** Total Funds = $279 | General Fund = $76.
- **Public Comment:** No public comment.
- **MPRRAC Discussion:** No additional comments or amendments were offered by MPRRAC members during the discussion. There was consensus to proceed with the recommendations from the July MPRRAC meeting.

Questions and Feedback

There were 7 public comments made during the August 22, 2025, meeting.

5. Next Steps and Announcements

Sneak Peek: Year 1, Cycle 2 Services:
- Anesthesia, Ambulatory Surgical Centers (ASCs), Behavioral Health Services (FFS only), Maternity Services, Abortion Services, Pediatric Behavioral Therapy (PBT), Dental Services, Regular Medicaid Dental Services, Dental for People with Intellectual Developmental Disabilities, Surgeries: Cardiovascular System, Digestive System, Eye and Auditory System, Integumentary System, Musculoskeletal System, Respiratory System.

Planning for 2026:

- Surgery codes to be sent to MPRRAC soon via shared folder. Please review and come ready to discuss / edit/ approve in November meeting.
- **Discussion:** The committee discussed whether the DIDD services category should be reviewed again in 2026, despite having been reviewed in 2025. Lingling Nie acknowledged the dilemma of revisiting DIDD so soon but clarified that Dental services are due for review in 2026, and DIDD was unintentionally left off the review cycle alignment. She recommended reviewing both Dental and DIDD together next year.
- Ian Goldstein supported this approach, noting that although it may feel repetitive to review DIDD again, explicitly aligning both categories now will ensure they remain on the same three-year cycle moving forward. He emphasized the importance of syncing timelines to prevent confusion or oversight in future cycles.
- The committee agreed with the approach, and there was consensus to review both Dental and DIDD services in 2026 to align their review cycles going forward.

PBT/Dental Workgroups:

- Purpose - Interested providers will participate in benchmarking research. The research will be used to help **inform** the benchmark selection for the 2026 review. The research will be used to address any analysis issues that arise from differences in state/other benchmark policies.
- Ian Goldstein requested that the sessions be recorded for transparency. Lingling Nie and Kim Preston (HCPF) confirmed that the meetings will be recorded and summarized, with meeting summaries included as an appendix. All materials will be posted in the shared folder ahead of the March meeting for both committee and public access.

Start Brainstorming Areas for Improvement:

- November MPRRAC meeting is all about discussing ways to improve the process and plan for the future. Please come ready to share ideas regarding anything in this process.
- Ian Goldstein asked when the Vice Chair is elected. Michelle LaPlante responded that the election takes place during the November meeting.

Next Meeting is on Friday, November 14, 2025, from 9AM-2PM.

Contact information was also shared (see below):

Website https://hcpf.colorado.gov/rate-review-public-meetings

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6. August 22nd Meeting Adjourned at 11:19AM