

# Medicaid Provider Rate Review Public Meeting

August 22, 2025  
9:00am - 2:00pm

Presented by: HCPF & GPS



**COLORADO**  
Department of Health Care  
Policy & Financing

# Call to Order & Attendance



# Agenda

- Welcome!
- Meeting Structure & Logistics
- Year 3 Services MPRRAC Recommendations & Fiscal Impacts
  - 20-minute lunch break around 11:30 am
  - Email feedback to [HCPF\\_RateReview@state.co.us](mailto:HCPF_RateReview@state.co.us)
- 2026 Sneak Peek
- Next Steps & Announcements
- Adjourn



# Housekeeping

- IMPORTANT: follow along in the appendices
- Committee Members only - add “MPRRAC Member” to your Zoom name
- Public Stakeholders - sign up to make public comment during your service
  - 2 minutes
- Identify yourself before speaking
- Do not share PHI
- Use Q&A feature for questions



# Disclaimer

- Dylan Marcy, HCPF Accessibility Technology Specialist

- [dylan.marcy@state.co.us](mailto:dylan.marcy@state.co.us)

- The PowerPoint presentation and Appendix for this meeting are in draft form and may be updated with new information up until the day of the meeting. Therefore, these materials did not have the time to undergo accessibility review before the meeting. New versions of these materials that have gone through a full ADA review will be posted on our website as soon as possible after the meeting.



# MPRRAC/ Department Roles

- MPRRAC is a legislatively appointed body that functions collaboratively with the Department; they are not Department staff.
- Rate Review staff is tasked with synthesizing actuarial analyses into digestible reports and works with other Department staff to develop recommendations for rate or policy changes, which are then agreed upon by the MPRRAC.
- These recommendations *may* result in future budget actions by the Department but rate changes must be approved and appropriated for by the Legislature.
- Review of services including analysis and recommendations does not guarantee rate changes, whether increases or decreases, or changes to reimbursement policy.

# Out of Scope for the MPRRAC

- The MPRRAC does NOT submit budget requests
  - While budget requests are submitted by staff of the Department, the process of budget request submission is independent of the Rate Review process.
- The MPRRAC does NOT have the authority to change rates without legislative approval and appropriation

# Rules of Governance

- Self-governance
- Maintain a respectful, safe environment for all
- One person speaks at a time
- Stay on mute unless engaging
- Tough on problems, easy on people
- Use the past only to describe a better future
- Come prepared - review materials in advance, gather & share input from your community, stakeholders, colleagues, etc.



# Meeting Minutes

## July 18 & July 25, 2025



# Meeting Structure

- March
  - Share preliminary data analysis results
- JULY (two meetings)
  - Discuss supplemental analyses (if applicable) and receive recommendations from committee
- AUGUST
  - Share refined MPRRAC recommendations and fiscal impact analysis
  - Approve the services under review for the next year
- NOVEMBER
  - Lessons learned and planning for 2026

# Meeting Purpose

- BY THE END OF TODAY:
  - HCPF will share fiscal impact analyses for MPRRAC recommendations
  - Opportunity to amend recommendations if necessary
  - Review 2026 Services
- NOVEMBER MEETING:
  - Lessons learned and planning
  - Review schedule for 2026

# Heads up!

## MPRRAC/ JBC Presentation

- MPRRAC to present to JBC on or before December 1<sup>st</sup>
  - Overview of:
    - provider rate review process
    - summary of services under review
    - strategies for responding to feedback
    - MPRRAC recommendations
    - and more
  - More details to come

# Reminders

- HCPF is not able to share draft report or HCPF recommendations
- MPRRAC recommendations will be taken into consideration when deciding HCPF's, as well as budget considerations
  - Any amendments to MPRRAC recommendations made today may not be included in HCPF recommendations
- Some analyses will be updated in the final report (based on provider/ SME/ MPRRAC feedback) but will not be reflected in today's presentation

# 2025 MPRRAC Recommendations



# Year 3 Services (2025)

| Service Category   | Service Subcategory               |
|--|-----------------------------------|
| Dialysis & Dialysis-Related Services   | Facility                          |
| Dialysis & Dialysis-Related Services   | Non-Facility                      |
| Dental for People with Intellectual and Developmental Disabilities (DIDD) Services | DIDD                              |
| Durable Medical Equipment (DME)  | Durable Medical Equipment         |
| Prosthetics, Orthotics, and Disposable Supplies (POS)                              | Prosthetics                       |
| Prosthetics, Orthotics, and Disposable Supplies (POS)                              | Orthotics                         |
| Prosthetics, Orthotics, and Disposable Supplies (POS)                              | Enteral Formula                   |
| Prosthetics, Orthotics, and Disposable Supplies (POS)                              | Other and Disposable Supplies     |
| Laboratory and Pathology Services  | Laboratory and Pathology Services |
| Outpatient PT/OT/ST  | PT                                |
| Outpatient PT/OT/ST  | OT                                |
| Outpatient PT/OT/ST  | ST                                |
| Specialty Care Services  | Specialty Care Services           |
| Early Intervention TCM   | Early Intervention                |
| Targeted Case Management (TCM)   | Case Management                   |
| Targeted Case Management (TCM)   | Transition Coordination           |
| Vision Services  | Vision Services                   |



# Year 3 Services (2025) (continued)

| Service Category   | Service Subcategory                  |
|--------------------|--------------------------------------|
| Physician Services | Allergy and Immunology               |
| Physician Services | Cardiology                           |
| Physician Services | Dermatology                          |
| Physician Services | ED and Hospital E&M                  |
| Physician Services | ENT                                  |
| Physician Services | Family Planning                      |
| Physician Services | Gastroenterology                     |
| Physician Services | Gynecology                           |
| Physician Services | Health Education                     |
| Physician Services | Medication Injections & Infusions    |
| Physician Services | Neuro/Psychological Testing Services |
| Physician Services | Neurology                            |
| Physician Services | Primary Care E&M                     |
| Physician Services | Radiology                            |
| Physician Services | Respiratory                          |
| Physician Services | Sleep Study                          |
| Physician Services | Vaccines Immunizations               |
| Physician Services | Vascular                             |

# Year 3 Services Overall Fiscal Impact

**MPRRAC Recommendation Fiscal Impact:**

**Total Funds: \$27,525,933**

**General Fund: \$10,178,858**



# Dialysis and Dialysis-related Services - Facility

- **MPRRAC Recommendation:**
  - Bring rates that are below 80% of the Medicare benchmark up to 80%. The rates are based on the rate area.

| MPRRAC Recommendations Fiscal Impact |              |
|--------------------------------------|--------------|
| Total Funds                          | General Fund |
| \$103,994                            | \$28,515     |

# Dialysis and Dialysis-related Services - Facility



## Comments

# Dialysis and Dialysis-related Services - Facility



## MPRRAC Discussion

# Dialysis and Dialysis-related Services - Non-Facility

- MPRRAC Recommendation:
  - Bring any codes below 80% of the Medicare benchmark up to 80%.
  - All other codes to remain as is.

| MPRRAC Recommendations Fiscal Impact |              |
|--------------------------------------|--------------|
| Total Funds                          | General Fund |
| \$2,588                              | \$710        |

# Dialysis and Dialysis-related Services - Non-Facility



## Comments

# Dialysis and Dialysis-related Services - Non-Facility



## MPRRAC Recommendations

# Dental for People with Intellectual and Developmental Disabilities (DIDD) Services

- DIDD vs. CO Medicaid State Plan:
  - Following a refinement in the age criteria applied to the Colorado Medicaid Dental State Plan data, HCPF has updated the comparison to accurately reflect adult-only coverage relevant to DIDD

| Category                                 | Number of Codes | Percent | Average Benchmark Ratio |
|--|-----------------|---------|-------------------------|
| Rate Higher Than CO Medicaid Dental Rate | 181             | 40.77%  | 177%                    |
| Rate Lower Than CO Medicaid Dental Rate  | 15              | 3.38%   | 88%                     |
| Rate Not Found in CO Medicaid Dental     | 221             | 49.77%  |                         |
| Excluded Codes                           | 27              | 6.08%   |                         |

# Dental for People with Intellectual and Developmental Disabilities (DIDD) Services

- MPRRAC Recommendation:
  - For the DIDD dental codes that are less than 100% of the Medicaid standard adult dental rate, raise to 150%.

| MPRRAC Recommendations Fiscal Impact | Total Funds | General Fund |
|--------------------------------------|-------------|--------------|
| Basic Services                       | \$685,310   | \$132,745    |
| Preventive                           | \$259,432   | \$50,252     |
| Non-Preventive                       | \$425,878   | \$82,493     |
| Major Services                       | \$0         | \$0          |
| Total                                | \$685,310   | \$132,745    |

# DIDD Services

- **MPRRAC Item:**
  - Highest utilized DIDD codes compared to Dental Medicaid State Plan  
(Appendix H includes comparison details for all DIDD codes)

| DIDD Top 10 Procedure Codes by Utilization |                 |  |             |                        |           |                         |                           |                          |
|--|-----------------|--|-------------|------------------------|-----------|-------------------------|---------------------------|--------------------------|
| Rank                                       | Code + Modifier | Service Description                          | Utilization | % of Total Utilization | DIDD Rate | CO Medicaid Dental Rate | Rate-only Benchmark Ratio | Repriced Benchmark Ratio |
| 1  | D0120*          | Periodic Oral Evaluation                     | 4345        | 14.91%                 | \$48.57   | \$38.35                 | 126.65%                   | 130.43%                  |
| 2  | D1110           | Prophylaxis Adult                            | 3655        | 12.55%                 | \$90.76   | \$97.50                 | 93.09%                    | 92.43%                   |
| 3  | D1206           | Topical Fluoride Varnish                     | 2244        | 7.70%                  | \$37.71   | \$41.96                 | 89.87%                    | 88.59%                   |
| 4  | D0230           | Intraoral Periapical-Each Additional         | 1714        | 5.88%                  | \$22.20   | \$13.21                 | 168.05%                   | 185.95%                  |
| 5  | D0274           | Bitewings, Four Images                       | 1708        | 5.86%                  | \$60.44   | \$31.20                 | 193.72%                   | 213.13%                  |
| 6  | D0220           | Intraoral Periapical First                   | 1576        | 5.41%                  | \$26.56   | \$13.21                 | 201.06%                   | 231.79%                  |
| 7  | D4910           | Periodontal Maintenance                      | 1205        | 4.14%                  | \$131.97  | \$149.01                | 88.56%                    | 87.84%                   |
| 8  | D4342           | Periodontal Scaling 1 to 3 Teeth             | 1139        | 3.91%                  | \$172.78  | \$189.68                | 91.09%                    | 90.45%                   |
| 9  | D7140*          | Extraction Erupted Tooth/Exposed Root        | 846         | 2.90%                  | \$158.26  | \$109.07                | 145.10%                   | 159.51%                  |
| 10   | D2392*          | Resin Based Composite Two Surfaces Posterior | 836         | 2.87%                  | \$209.09  | \$140.59                | 148.72%                   | 166.71%                  |

# Dental for People with Intellectual and Developmental Disabilities (DIDD) Services

- Additional fiscal impact if the rates for the three high-utilization codes—currently above State Plan rates but below 150%—are increased to 150%:

| Additional Fiscal Impact |              |
|--------------------------|--------------|
| Total Funds              | General Fund |
| \$44,932                 | \$8,703      |

# Dental for People with Intellectual and Developmental Disabilities



## Comments

# Dental for People with Intellectual and Developmental Disabilities



## MPRRAC Discussion

# Durable Medical Equipment (DME)

- MPRRAC Recommendation:
  - 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.

| MPRRAC Recommendations Fiscal Impact | Total Funds | General Fund |
|--------------------------------------|-------------|--------------|
| Codes with Benchmark Ratios          | \$894,340   | \$245,228    |
| Codes without Benchmark Ratios       | \$145,509   | \$39,899     |
| Total                                | \$1,039,849 | \$285,127    |

# Durable Medical Equipment (DME)



## Comments

# Durable Medical Equipment (DME)



## MPRRAC Discussion

# Prosthetics, Orthotics and Disposable Supplies (POS) - Prosthetics

- MPRRAC Recommendation:
  - Bring any codes below 80% of the Medicare benchmark up to 80%.
  - All other codes to remain as is.

| MPRRAC Recommendations Fiscal Impact |              |
|--------------------------------------|--------------|
| Total Funds                          | General Fund |
| \$564,395                            | \$154,757    |

# POS - Prosthetics



## Comments

# POS - Prosthetics



## MPRRAC Discussion

# Prosthetics, Orthotics and Disposable Supplies (POS) - Orthotics

- MPRRAC Recommendation:
  - 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.

| MPRRAC Recommendations Fiscal Impact | Total Funds        | General Fund     |
|--------------------------------------|--------------------|------------------|
| Codes with Benchmark Ratios          | \$1,067,224        | \$292,633        |
| Codes without Benchmark Ratios       | \$0*               | \$0*             |
| <b>Total</b>                         | <b>\$1,067,224</b> | <b>\$292,633</b> |

\*All codes without a benchmark had no valid FY 24 utilization, so the fiscal impact of that recommendation is \$0.

# POS - Orthotics



## Comments

# POS - Orthotics



## MPRRAC Discussion

# Prosthetics, Orthotics and Disposable Supplies (POS) - Enteral Formula

- MPRRAC Recommendation:
  - All rates to remain the same.

| MPRRAC Recommendations Fiscal Impact |              |
|--------------------------------------|--------------|
| Total Funds                          | General Fund |
| \$0                                  | \$0          |

# POS - Enteral Formula



## Comments

# POS - Enteral Formula



## MPRRAC Discussion

# Prosthetics, Orthotics and Disposable Supplies (POS) - Other and Disposable Supplies

- MPRRAC Recommendation:
  - 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.

| MPRRAC Recommendations Fiscal Impact | Total Funds | General Fund |
|--------------------------------------|-------------|--------------|
| Codes with Benchmark Ratios          | \$2,746,609 | \$753,120    |
| Codes without Benchmark Ratios       | \$147,804   | \$40,528     |
| Total                                | \$2,894,413 | \$793,648    |

# POS - Other and Disposable Supplies



## Comments

# POS - Other and Disposable Supplies



## MPRRAC Discussion

# Laboratory and Pathology Services

- MPRRAC Recommendation:
  - 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.

| Procedure Code | Description             | January 2025 Medicare Rate | MPRRAC Recommended Rate |
|----------------|-------------------------|----------------------------|-------------------------|
| 81415          | Exome sequence analysis | \$4,780                    | \$3,824                 |
| 81416          | Exome sequence analysis | \$12,000                   | \$9,600                 |

# Laboratory and Pathology Services



## Comments

# Laboratory and Pathology Services



## MPRRAC Discussion

# Outpatient Physical Therapy, Occupational Therapy, Speech Therapy (PT/OT/ST) - Outpatient PT

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

| MPRRAC Recommendations Fiscal Impact | Total Funds | General Fund |
|--------------------------------------|-------------|--------------|
| Codes with Benchmark Ratios          | \$363,079   | \$181,540    |
| Codes without Benchmark Ratios       | \$8         | \$4          |
| Total                                | \$363,088   | \$181,544    |

# Outpatient PT



# Comments

# Outpatient PT



## MPRRAC Discussion

# Outpatient Physical Therapy, Occupational Therapy, Speech Therapy (PT/OT/ST) - Outpatient OT

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

| MPRRAC Recommendations Fiscal Impact |              |
|--------------------------------------|--------------|
| Total Funds                          | General Fund |
| \$1,150,651                          | \$575,326    |

# Outpatient OT



## Comments

# Outpatient OT



## MPRRAC Discussion

# Outpatient Physical Therapy, Occupational Therapy, Speech Therapy (PT/OT/ST) - Outpatient ST

- MPRRAC Recommendation:
  - 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).



# Outpatient Physical Therapy, Occupational Therapy, Speech Therapy (PT/OT/ST) - Outpatient ST (continued)

| MPRRAC Recommendations Fiscal Impact |              |
|--------------------------------------|--------------|
| Total Funds                          | General Fund |
| \$1,950,074                          | \$975,037    |

# Outpatient ST



# Comments

# Outpatient ST



## MPRRAC Discussion

# Specialty Care Services

- MPRRAC Recommendation:
  - Bring any codes below 80% of the Medicare benchmark up to 80%.
  - All other codes to remain as is.

| MPRRAC Recommendations Fiscal Impact |              |
|--------------------------------------|--------------|
| Total Funds                          | General Fund |
| \$295                                | \$81         |

# Specialty Care Services



## Comments

# Specialty Care Services



## MPRRAC Discussion

# Early Intervention Targeted Case Management (TCM) Services

- MPRRAC Recommendation:
  - Bring code T1017 TL to 80%.

| MPRRAC Recommendations Fiscal Impact |              |
|--------------------------------------|--------------|
| Total Funds                          | General Fund |
| \$660,902                            | \$330,451    |

# Early Intervention TCM Services



## Comments

# Early Intervention TCM Services



## MPRRAC Discussion

# Targeted Case Management (TCM) - Case Management

- **MPRRAC Recommendation:**
  - Raise the monthly TCM rate to 100% of the benchmark.
  - For codes without benchmark rates, increase of 3% to account for inflation.
- **Important Notice given rate increase effective on July 2025:**
  - T2023HI (TCM-Per Member, Per Month) received a 5% rate increase; T2024 (Monitoring Visits) and A0170 (Rural Add On) received a 1.6% rate increase
  - The benchmark ratio based on the July 2025 rates is 91.48% compared to 87.25% based on the July 2024 rates, with a 33.8% decrease in GF impact.

| MPRRAC Recommendations<br>Fiscal Impact | Total Funds<br>(July 2024 Rate) | General Fund<br>(July 2024 Rate) | Total Funds<br>(July 2025 Rate) | General Fund<br>(July 2025 Rate) |
|---|---------------------------------|----------------------------------|---------------------------------|----------------------------------|
| Codes with Benchmark<br>Ratios          | \$7,545,524                     | \$3,772,762                      | \$5,038,887                     | \$2,519,443                      |
| Codes without Benchmark<br>Ratios       | \$277,078                       | \$113,539                        | \$105,733                       | \$52,867                         |
| <b>Total</b>                            | <b>\$7,772,602</b>              | <b>3,886,301</b>                 | <b>\$5,144,620</b>              | <b>\$2,572,310</b>               |

# TCM - Case Management Services



## Comments

# TCM - Case Management Services



## MPRRAC Discussion

# Targeted Case Management (TCM) - Transition Coordination

- MPRRAC Recommendation:
  - Rates to remain the same.

| MPRRAC Recommendations Fiscal Impact |              |
|--------------------------------------|--------------|
| Total Funds                          | General Fund |
| \$0                                  | \$0          |

# TCM - Transition Coordination Services



## Comments

# TCM - Transition Coordination Services



## MPRRAC Discussion

# Vision Services

- Update on preventive care code list: Adding 92015 (DETERMINE REFRACTIVE STATE) and 92060 (SENSORIMOTOR EXAMINATION) for kids under age of 8.
- MPRRAC Recommendation:
  - 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.

| MPRRAC Recommendations Fiscal Impact | Total Funds        | General Fund     |
|--------------------------------------|--------------------|------------------|
| Codes with Benchmark Ratios          | \$3,265,772        | \$895,475        |
| Codes without Benchmark Ratios       | \$2,961            | \$812            |
| <b>Total</b>                         | <b>\$3,268,733</b> | <b>\$896,287</b> |

# Vision Services



# Comments

# Vision Services



## MPRRAC Discussion

# Physician Services



# Physician Services

| Physician Services Subcategories (18) |
|---------------------------------------|
| Allergy and Immunology                |
| Cardiology                            |
| Dermatology                           |
| ED and Hospital E&M                   |
| ENT                                   |
| Family Planning                       |
| Gastroenterology                      |
| Gynecology                            |
| Health Education                      |
| Medication Injections & Infusions     |
| Neuro/Psychological Testing Services  |
| Neurology                             |
| Primary Care E&M                      |
| Radiology                             |
| Respiratory                           |
| Sleep Study                           |
| Vaccines Immunizations                |
| Vascular                              |

# Physician Services - Allergy and Immunology Services

- MPRRAC Recommendation:
  - Bring any codes below 80% of the benchmark up to 80%.

| MPRRAC Recommendations Fiscal Impact |              |
|--------------------------------------|--------------|
| Total Funds                          | General Fund |
| \$21,470                             | \$5,887      |

# Physician Services - Allergy and Immunology Services



## Comments

# Physician Services - Allergy and Immunology Services



## MPRRAC Discussion

# Physician Services - Cardiology

- MPRRAC Recommendation:
  - 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.

| MPRRAC Recommendations Fiscal Impact |              |
|--------------------------------------|--------------|
| Total Funds                          | General Fund |
| \$194,302                            | \$53,278     |

# Physician Services - Cardiology Services



## Comments

# Physician Services - Cardiology Services



## MPRRAC Discussion

# Physician Services - Dermatology

- MPRRAC Recommendation:
  - Bring any codes below 80% of the Medicare benchmark rate up to 80%, regardless of utilization.

| MPRRAC Recommendations Fiscal Impact |              |
|--------------------------------------|--------------|
| Total Funds                          | General Fund |
| \$65,597                             | \$17,987     |

# Physician Services - Dermatology Services



## Comments

# Physician Services - Dermatology Services



## MPRRAC Discussion

# Physician Services - ED and Hospital E&M

- MPRRAC Recommendation:
  - Bring any codes below 80% of the benchmark up to 80%.
  - For codes without benchmark rates, increase of 3% to account for inflation.

| MPRRAC Recommendations Fiscal Impact | Total Funds      | General Fund    |
|--------------------------------------|------------------|-----------------|
| Codes with Benchmark Ratios          | \$278,536        | \$76,374        |
| Codes without Benchmark Ratios       | \$2              | \$0.57          |
| <b>Total</b>                         | <b>\$278,538</b> | <b>\$76,375</b> |

# Physician Services - ED and Hospital E&M



## Comments

# Physician Services - ED and Hospital E&M



## MPRRAC Discussion

# Physician Services - ENT Services

- MPRRAC Recommendation:
  - 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.

| MPRRAC Recommendations Fiscal Impact | Total Funds     | General Fund    |
|--------------------------------------|-----------------|-----------------|
| Codes with Benchmark Ratios          | \$79,326        | \$21,751        |
| Codes without Benchmark Ratios       | \$72            | \$20            |
| <b>Total</b>                         | <b>\$79,398</b> | <b>\$21,771</b> |

# Physician Services - ENT Services



## Comments

# Physician Services - ENT Services



## MPRRAC Discussion

# Physician Services - Family Planning

- MPRRAC Recommendation:
  - 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

| MPRRAC Recommendations Fiscal Impact |              |
|--------------------------------------|--------------|
| Total Funds                          | General Fund |
| \$229,334                            | \$62,884     |

# Physician Services - Family Planning Services



## Comments

# Physician Services - Family Planning Services



## MPRRAC Discussion

# Physician Services - Gastroenterology

- MPRRAC Recommendation:
  - Bring any codes below 80% of benchmark up to 80%.

| MPRRAC Recommendations Fiscal Impact |              |
|--------------------------------------|--------------|
| Total Funds                          | General Fund |
| \$174                                | \$48         |

# Physician Services - Gastroenterology



## Comments

# Physician Services - Gastroenterology



## MPRRAC Discussion

# Physician Services - Gynecology

- MPRRAC Recommendation:
  - Bring any codes below 80% of benchmark up to 80%.
  - For codes without benchmark rates, increase of 3% to account for inflation.

| MPRRAC Recommendations Fiscal Impact | Total Funds | General Fund |
|--------------------------------------|-------------|--------------|
| Codes with Benchmark Ratios          | \$65        | \$18         |
| Codes without Benchmark Ratios       | \$33        | \$9          |
| <b>Total</b>                         | <b>\$98</b> | <b>\$27</b>  |

# Physician Services - Gynecology



## Comments

# Physician Services - Gynecology



## MPRRAC Discussion

# Physician Services - Health Education

- MPRRAC Recommendation:
  - Leave codes with a benchmark as is.
  - For codes without benchmark rates, increase of 3% to account for inflation.

| MPRRAC Recommendations Fiscal Impact | Total Funds    | General Fund |
|--------------------------------------|----------------|--------------|
| Codes with Benchmark Ratios          | \$0            | \$0          |
| Codes without Benchmark Ratios       | \$1,409        | \$386        |
| <b>Total</b>                         | <b>\$1,409</b> | <b>\$386</b> |

# Physician Services - Health Education



## Comments

# Physician Services - Health Education



## MPRRAC Discussion

# Physician Services - Medication Injections and Infusions

- MPRRAC Recommendation:
  - 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.

| MPRRAC Recommendations Fiscal Impact | Total Funds | General Fund |
|--------------------------------------|-------------|--------------|
| Codes with Benchmark Ratios          | -\$34,143   | -\$9,362     |
| Codes without Benchmark Ratios       | \$0*        | \$0*         |
| Total                                | -\$34,143   | -\$9,362     |

\*All codes without a benchmark had no valid FY 24 utilization, so the fiscal impact of that recommendation is \$0.

# Physician Services - Medication Injections and Infusions



## Comments

# Physician Services - Medication Injections and Infusions



## MPRRAC Discussion

# Physician Services - Neuro/Psychological Testing Services

- MPRRAC Recommendation:
  - 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%.

# Physician Services - Neuro/Psychological Testing Services (continued)

| MRRAC Recommendations Fiscal Impact | Total Funds        | General Fund       |
|-------------------------------------|--------------------|--------------------|
| Codes with Benchmark Ratios         | \$3,195,886        | \$876,312          |
| Codes without Benchmark Ratios      | \$622,205          | \$170,609          |
| <b>Total</b>                        | <b>\$3,818,091</b> | <b>\$1,046,921</b> |

# Physician Services - Neuro/Psychological Testing Services



## Comments

# Physician Services - Neuro/Psychological Testing Services



## MPRRAC Discussion

# Physician Services - Neurology

- MPRRAC Recommendation:
  - 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.

| MPRRAC Recommendations Fiscal Impact |              |
|--------------------------------------|--------------|
| Total Funds                          | General Fund |
| \$113,980                            | \$31,253     |

# Physician Services - Neurology



## Comments

# Physician Services - Neurology



## MPRRAC Discussion

# Physician Services - Primary Care E&M

- MPRRAC Recommendation:
  - 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.

| MPRRAC Recommendations Fiscal Impact | Total Funds      | General Fund     |
|--------------------------------------|------------------|------------------|
| Codes with Benchmark Ratios          | \$969,559        | \$265,853        |
| Codes without Benchmark Ratios       | \$93             | \$26             |
| <b>Total</b>                         | <b>\$969,652</b> | <b>\$265,879</b> |

# Physician Services - Primary Care E&M

- MPRRAC Item #1:
  - Look into telehealth premiums and re-evaluate for parity.
- From HCPF:
  - The GT modifier adds \$5 for the codes listed in the Telemedicine Billing Manual\* and the transmission fee is noted in SPA\*\*.
  - We have no issue with removing it, but we would need to work with stakeholders in removing it and amending the SPA.

\* Billing manual is located under: <https://hcpf.colorado.gov/telemedicine-manual#modGT>

\*\* SPA is located in shared Google folder



# Physician Services - Primary Care and Evaluation and E&M

- MPRRAC Item #2:
  - For codes with benchmark ratios, use code G2211 as a marker to identify services being offered in primary care settings, to incentivize or enhance those payments.
- From HCPF:
  - The Department does not recommend coverage for G2211:
    - The budget cannot support the impact.
    - It overlaps with what the RAEs do.
    - See document “Recommendation G2211 Services\_eClearance final.pdf” for details (in shared Google folder).

# Physician Services - Primary Care E&M Services



## Comments

# Physician Services - Primary Care E&M Services



## MPRRAC Discussion

# Physician Services - Radiology

- MPRRAC Recommendation:
  - 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.



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# Physician Services - Radiology (continued)

| MPRRAC Recommendations Fiscal Impact | Total Funds      | General Fund    |
|--------------------------------------|------------------|-----------------|
| Codes with Benchmark Ratios          | \$211,005        | \$57,858        |
| Preventive                           | \$0              | \$0             |
| Chest/Abdominal X-Ray                | \$0              | \$0             |
| Colon Cancer Screening               | \$3,089          | \$847           |
| Other                                | \$207,916        | \$57,011        |
| Codes without Benchmark Ratios       | \$3              | \$1             |
| <b>Total</b>                         | <b>\$211,008</b> | <b>\$57,859</b> |

# Physician Services - Radiology



## Comments

# Physician Services - Radiology



## MPRRAC Discussion

# Physician Services - Respiratory

- MPRRAC Recommendation:
  - 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.

| MPRRAC Recommendations Fiscal Impact |              |
|--------------------------------------|--------------|
| Total Funds                          | General Fund |
| -\$30,130                            | -\$8,262     |

# Physician Services - Respiratory (Continued)

- MPRRAC Item:
  - Why does code 94642 (AEROSOL INHALATION TREATMENT) have such a high benchmark ratio, compared to other states?
- From HCPF:
  - The rate was set back in 2010 and just adjusted with ATB's since.
  - No insight to how the rate was initially set.
  - Recommendation?

| Review Year | Benchmark Ratio | FY24 Utilization | CO Repriced AMT - TPL/Copayment |
|-------------|-----------------|------------------|---------------------------------|
| 2025        | 391.89%         | *                | \$822                           |
| 2022        | 325.9%          |                  |                                 |

\* To protect PHI, utilization number is not displayed here.

# Physician Services - Respiratory



## Comments

# Physician Services - Respiratory



## MPRRAC Discussion

# Physician Services - Sleep Study

- MPRRAC Recommendation:
  - 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.

| MPRRAC Recommendations Fiscal Impact |              |
|--------------------------------------|--------------|
| Total Funds                          | General Fund |
| -\$259,414                           | -\$71,131    |

# Physician Services - Sleep Study



## Comments

# Physician Services - Sleep Study



## MPRRAC Discussion

# Physician Services - Vaccines and Immunizations

- **MPRRAC Recommendation:**
  - 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.

| MPRRAC Recommendations Fiscal Impact | Total Funds      | General Fund    |
|--------------------------------------|------------------|-----------------|
| Codes with Benchmark Ratios          | \$342,164        | \$93,821        |
| Codes without Benchmark Ratios       | \$8              | \$2             |
| <b>Total</b>                         | <b>\$342,172</b> | <b>\$93,823</b> |

\* Increasing the rate for the additional vaccine administered codes would be a policy change.

# Physician Services - Vaccines and Immunizations



## Comments

# Physician Services - Vaccines and Immunizations



## MPRRAC Discussion

# Physician Services - Vascular

- MPRRAC Recommendation:
  - 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%.

| MPRRAC Recommendations Fiscal Impact |              |
|--------------------------------------|--------------|
| Total Funds                          | General Fund |
| \$279                                | \$76         |

# Physician Services - Vascular



## Comments

# Physician Services - Vascular



## MPRRAC Discussion

# Year 3 Overall Fiscal Impacts

| Service Category   | Service Subcategory               | Total Funds | General Fund |
|--|-----------------------------------|-------------|--------------|
| Dialysis & Dialysis-Related Services   | Facility                          | \$103,994   | \$28,515     |
| Dialysis & Dialysis-Related Services   | Non-Facility                      | \$2,588     | \$710        |
| Dental for People with Intellectual and Developmental Disabilities (DIDD) Services | DIDD                              | \$685,310   | \$132,745    |
| Durable Medical Equipment (DME)  | Durable Medical Equipment         | \$1,039,849 | \$285,127    |
| Prosthetics, Orthotics, and Disposable Supplies (POS)                              | Prosthetics                       | \$564,395   | \$154,757    |
| Prosthetics, Orthotics, and Disposable Supplies (POS)                              | Orthotics                         | \$1,067,224 | \$292,633    |
| Prosthetics, Orthotics, and Disposable Supplies (POS)                              | Enteral Formula                   | \$0         | \$0          |
| Prosthetics, Orthotics, and Disposable Supplies (POS)                              | Other and Disposable Supplies     | \$2,894,413 | \$793,648    |
| Laboratory and Pathology Services  | Laboratory and Pathology Services | \$0         | \$0          |
| Outpatient PT/OT/ST  | PT                                | \$363,088   | \$181,544    |
| Outpatient PT/OT/ST  | OT                                | \$1,150,651 | \$575,326    |
| Outpatient PT/OT/ST  | ST                                | \$1,950,074 | \$975,037    |
| Specialty Care Services  | Specialty Care Services           | \$295       | \$81         |
| Early Intervention TCM   | Early Intervention                | \$660,902   | \$330,451    |
| Targeted Case Management (TCM)   | Case Management                   | \$7,772,602 | \$3,886,301  |
| Targeted Case Management (TCM)   | Transition Coordination Services  | \$0         | \$0          |
| Vision Services  | Vision Services                   | \$3,268,733 | \$896,287    |



# Year 3 Fiscal Impacts (continued)

| Service Category   | Service Subcategory                  | Total Funds | General Fund |
|--------------------|--------------------------------------|-------------|--------------|
| Physician Services | Allergy and Immunology               | \$21,470    | \$5,887      |
| Physician Services | Cardiology                           | \$194,302   | \$53,278     |
| Physician Services | Dermatology                          | \$65,597    | \$17,987     |
| Physician Services | ED and Hospital E&M                  | \$278,538   | \$76,375     |
| Physician Services | ENT                                  | \$79,398    | \$21,771     |
| Physician Services | Family Planning                      | \$229,334   | \$62,884     |
| Physician Services | Gastroenterology                     | \$174       | \$48         |
| Physician Services | Gynecology                           | \$98        | \$27         |
| Physician Services | Health Education                     | \$1,409     | \$386        |
| Physician Services | Medication Injections & Infusions    | -\$34,143   | -\$9,362     |
| Physician Services | Neuro/Psychological Testing Services | \$3,818,091 | \$1,046,921  |
| Physician Services | Neurology                            | \$113,980   | \$31,253     |
| Physician Services | Primary Care E&M                     | \$969,652   | \$265,879    |
| Physician Services | Radiology                            | \$211,008   | \$57,859     |
| Physician Services | Respiratory                          | -\$30,130   | -\$8,262     |
| Physician Services | Sleep Study                          | -\$259,414  | -\$71,131    |
| Physician Services | Vaccines Immunizations               | \$342,172   | \$93,823     |
| Physician Services | Vascular                             | \$279       | \$76         |

# Sneak Peek: Year 1, Cycle 2 Services (2026)

| Service Categories  |
|---|
| Anesthesia  |
| Ambulatory Surgical Centers (ASCs)  |
| Behavioral Health Services (FFS only)   |
| Maternity Services  |
| Abortion Services   |
| Pediatric Behavioral Therapy (PBT)  |
| Dental Services   |
| <ul style="list-style-type: none"> <li>Regular Medicaid Dental Services</li> <li>Dental for People with Intellectual Developmental Disabilities (DIDD)</li> </ul>   |
| Surgeries   |
| <ul style="list-style-type: none"> <li>Cardiovascular System</li> <li>Digestive System</li> <li>Eye and Auditory System</li> <li>Integumentary System</li> <li>Musculoskeletal System</li> <li>Respiratory System</li> <li>Other</li> </ul> |

# 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
  - This prepwork will help alleviate having to re-do analyses after the March meeting
- Question: Should DIDD be reviewed in 2026 even though this service was reviewed in 2025?

# PBT / Dental Workgroups

- Who - Interested PBT and Dental Providers
  - Emails were sent to over 500 PBT providers and over 1,000 Dental providers in July 2025
  - 40 PBT providers currently enrolled
  - 18 Dental providers currently enrolled
- Why -
  - PBT and Dental categories do NOT have any codes that have Medicare benchmarks
  - Both categories had considerable stakeholder engagement in 2023, with particular interest in benchmarking
- 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



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# 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

# Next Steps

**NEXT MEETING:**  
**Friday, November 14, 2025**  
**9:00am - 2:00pm**

# Announcements

## MEETING MINUTES

- Sent to Chair and Vice Chair, then to committee
- Posted on website a week after the meeting

## WEBSITE

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

# Contact Info

## Rate Review Team

[HCPF\\_RateReview@state.co.us](mailto:HCPF_RateReview@state.co.us)

### Michelle LaPlante

Rate Review Stakeholder Relations Specialist

[michelle.laplante@state.co.us](mailto:michelle.laplante@state.co.us)

### Lingling Nie

Rates Review and Research Section Manager

[lingling.nie@state.co.us](mailto:lingling.nie@state.co.us)



# Thank you!

