



# Provider News & Resources

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## *Upcoming Holidays:*

**Veteran's Day - Thursday, November 11** State Offices, Gainwell Technologies, the ColoradoPAR Program and DentaQuest will be closed.



## Reminder:

### Submission Methods for Claim Adjustments, Refunds, Voids and Attachments

Providers are advised to submit all claims electronically, **including adjustments and refunds.**

For information on how to process adjustments and voids via the Provider Web Portal, visit the [Provider Web Portal Quick Guide - Copy, Adjust, or Void a Claim](#).

Providers may only submit on paper if less than five (5) claims per month are submitted and approval has been given.

Refunds should be submitted in the form of an adjustment or a void, either via batch or the Provider Web Portal. The recoupment amount will be displayed on the Remittance Advice (RA).

**Note:** *Paper checks should not be sent for refunds*

Contact the [Provider Services Call Center](#) with any questions.

## Extension of Public Health Emergency (PHE)

Health and Human Services Secretary Xavier Becerra has [formally extended the Public Health Emergency \(PHE\)](#). The PHE can be extended for up to 90 days at a time.

This extension started October 18, 2021, and would end, unless extended again, on January 16, 2022.

## Did You Know?

Not all new diagnosis codes, CPT codes and HCPCS codes are immediately billable through Health First Colorado when released from Centers for Medicare and Medicaid Services (CMS).

Providers are reminded to check the [Provider Rates & Fee Schedule web page](#) before billing, to ensure the codes are a covered benefit.



All codes must be reviewed for medical necessity, prior authorization coverage standards and rates before the codes are reimbursable. Codes must then be loaded into the Colorado interChange.

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## Reconsiderations and Appeals

Denied claims do not need to be sent as a request for reconsideration. A denied claim should be corrected and resubmitted electronically as a new claim.

Resubmissions should not be sent on paper, even if the claim has surpassed the 365-day timely filing period or if the claim has previously denied.

Contact the [Provider Services Call Center](#) with questions on how to correct denied claims, timely filing or other billing and policy concerns regarding a formal appeal.

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## Child Health Plan *Plus* (CHP+) Specialty Drug Guidance

Effective July 1, 2021 for services meeting the criteria of a select list of Specialty Drugs, providers and facilities must submit a request for authorization to the Member's Managed Care Organization prior to administration of the Specialty Drug.

Refer to the [Child Health Plan Plus Specialty Drug Guidance](#) document on the [Provider Rate and Fee Schedule web page](#) under the section titled, Child Health Plan Plus Fee-for-Service (FFS) Rates.

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## Qualified Residential Treatment Program (QRTP) or Residential Child Care Facility (RCCF) Providers:

### Becoming an Instate Qualified Residential Treatment Program (QRTP)

The QRTP process was updated on September 8, 2021.

Refer to the October 7, 2021 email, [Becoming a QRTP/Transitioning from an RCCF](#), for more information.

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## Home Health Providers:

### Prior Authorization Request (PAR) Requirement Re-start Information

Prior authorization request (PAR) requirements were suspended for Private Duty Nursing (PDN) and Pediatric Long-Term Home Health (PLTHH) on July 1, 2020. A phased in implementation of PDN and PLTHH PAR requirements will resume beginning on November 1, 2021.

Refer to the [email](#) sent on October 20, 2021, for additional information.

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## Home and Community-Based Services (HCBS) Providers:



### Rate Increase

Rates for some HCBS waiver benefits were temporarily increased in response to the COVID-19 public health emergency. The Home and Community-Based Services (HCBS) American Rescue Plan Act (ARPA) funds hiring and retention to stabilize and increase the direct care workforce.

A 2.11% rate increase will be applied to impacted services retroactively to April 1, 2021 and will be in effect through March 31, 2022.

- All corresponding rates for the applicable time frames can be accessed on the Fee Schedules. Please note:

- April 1, 2021 - June 30, 2021 has a 2.11% increase applied
- July 1, 2021 forward rates received a 2.5% across the board increase, then the 2.11% increase was applied.

Please review the corresponding [Fee Schedules](#) to determine the appropriate rate to bill.

Providers should refer to [Operational Memo Number OM 21-071](#) for more information on impacted services, billing instructions, and the total percentage increase for each service.

Contact the [Provider Services Call Center](#) with any billing questions.

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## Physician-Administered Drugs (PADs) Providers:

### Prior Authorization Update

**Note:** The PAD email address was incorrect in the previously published October bulletin. The email address has been corrected in the bulletin.

All other PAD questions can be directed to [HCPF\\_PAD@state.co.us](mailto:HCPF_PAD@state.co.us). Refer to the [October 2021 Provider Bulletin \(B21000457\)](#) to review the article.

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### Featured Quick Guide:

#### Administrative Password Reset Process

The administrative account gives the user full access to the functionality available within the Provider Web Portal. Providers may have one account admin on the administrative account.

Refer to the [Administrative Password Reset Process](#) on the [Quick Guides web page](#) for step-by-step instructions.

**Note:** The temporary password must be typed into the Password field of the Provider Web Portal. The temporary password cannot be copied and pasted.

Visit the [Quick Guides web page](#) to locate all published Provider Web Portal Quick Guides.

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### Recently Published Billing Manuals

- [Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs](#)
- [Hospice](#)
- [Outpatient Behavioral Health Fee-for-Service \(FFS\)](#)
- [Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\)](#)
- [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\)](#)
- [Speech Therapy](#)

Visit the [Billing Manuals web page](#) to locate all published manuals.

## Known Issues

### 2022 CMS Diagnosis Code Release & Diagnosis-Related Claim Denials

The Colorado interChange is being updated with diagnosis codes listed in the most recent release from Centers for Medicare and Medicaid Services (CMS). This update will include **diagnosis codes M5450 and R053**.

Providers may see multiple, diagnosis-related claim denials until the update is complete. Providers are reminded, that not all new diagnosis codes are immediately billable through Health First Colorado when initially released by CMS. All codes must be reviewed for medical necessity, prior authorization coverage standards and rates before the codes are reimbursable.

A resolution to this issue is in process. Affected claims that denied in error will be reprocessed.

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*Please do not reply to this email; this address is not monitored.*

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