



# Provider News & Resources

November 22, 2021 | Issue 37

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## Reminder

### Health First Colorado Enrollment

Providers are reminded that the Affordable Care Act (ACA) requires physicians and other eligible practitioners to enroll in Health First Colorado (Colorado's Medicaid program). This applies to all rendering, attending, and ordering, prescribing and referring (OPR) providers.

All National Provider Identifiers (NPIs) listed on a claim must be enrolled with Health First Colorado.

## Recently Published Billing Manuals

- [Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs](#)
- [Medical and Surgical Services](#)
- [Pharmacy](#)

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

## Upcoming Holidays

**Thanksgiving Day**  
Thursday, November 25

State Offices, the ColoradoPAR Program, Gainwell Technologies and DentaQuest will be closed.

**Day after Thanksgiving**  
Friday, November 26

State Offices and the ColoradoPAR Program will be closed.

Gainwell Technologies and DentaQuest will be open.



## Resolved Issues

Resolved 11/18/21

Physician-Administered Drug (PAD) Claims for Multiple Procedure Codes Denying for

## Explanation of Benefits (EOB) 1381

Some Physician-Administered Drug (PAD) claims for the listed procedure codes with dates of service on or after 10/1/2021 are denying for EOB 1381 – “No billing rule for procedure.”

J0517	J0585	J0586	J0587
J0588	J0897	J1300	J1459
J1556	J1557	J1561	J1566
J1568	J1569	J1572	J1599
J1745	J2182	J2323	J2350
J2357	J2786	J3380	

Affected claims will be reprocessed.

Issue resolved 11/18/21.

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### Resolved 11/16/21

#### Home & Community-Based Services (HCBS) Residential Habilitation Claims for T2016 Paid at Incorrect Rate

Some HCBS Residential Habilitation claims subject to the Denver Minimum Wage Rate for procedure code T2016 were paid at the incorrect rate. Please reference the information listed below:

- Individual Residential Services and Supports (IRSS) - T2016 claims billed with the U3, TG and 22 modifier combination were paid at an incorrect rate of \$238.37 due to a recent update. The correct rate is \$283.87.
- Individual Residential Services and Supports/Host Home (IRSS/HH) – T2016 claims billed with the U3, TG and TT modifier combination were paid at an incorrect rate of \$72.97 due to a recent update. The correct rate is \$205.97.

Providers are reminded that for the Denver Minimum Wage Rate the county of residence is based on information recorded on the member’s profile in the Colorado Benefits Management System (CBMS), which is then transmitted to the Colorado interChange.

The majority of affected claims were reprocessed 11/19/21. Additional claims will be reprocessed in the coming weeks.

Issue resolved 11/16/21.

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### Resolved 11/10/21

#### Upcoming Colorado interChange Update to Add Multiple Procedures Codes to Free-Standing Birth Centers (FSBC) Billing

The Colorado interChange was updated for procedure codes 82247, 86769, 87491, 88720, 90471, 90715, 96127 and 97022 to be eligible and billable by free-standing birth centers (FSBC). Previously, FSBC claims billed from date of services (DOS) 11/09/2019 through 11/09/2021 for these codes were denying for Explanation of Benefits (EOB) 0182 - Billing Provider Type and/or Specialty is not allowable for the service billed.

Affected claims were reprocessed on 11/19/21.

Issue resolved 11/10/21.

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### Resolved 10/20/21

#### 2022 CMS Diagnosis Code Release - M5450 and R053 Diagnosis-Related Claim Denials

The Colorado interChange has been updated with diagnosis codes listed in the most recent release from Centers for Medicare and Medicaid Services (CMS). This update included **diagnosis codes M5450 and R053**. Providers were seeing multiple, diagnosis-related claim denials prior to the update.

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.

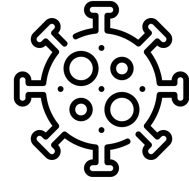
Affected claims that denied in error will be reprocessed over the coming weeks.

Issue resolved 10/20/21.

## COVID-19: News and Updates

### **CMS Issues Emergency Regulation Requiring COVID-19 Vaccine for Health Care Workers**

The Centers for Medicare & Medicaid Services (CMS) issued an emergency regulation on November 4, 2021, requiring staff at health care facilities that participate in the Medicare and Medicaid programs to be fully vaccinated against COVID-19 prior to providing any type of care by December 5, 2021.



Any individual that may perform duties at any site of care where other staff or patients are present must be fully vaccinated by January 4, 2022, to be in compliance; routine testing cannot be substituted for receiving the vaccine.

The goal of the regulation is to ensure that providers and recipients of health care services remain protected amid the spread of the highly contagious Delta variant. CMS is currently holding stakeholder calls with detailed explanation of the interim rule.

Refer to the November 7, 2021, document [Omnibus COVID-19 Health Care Staff Vaccination Interim Final Rule with Comment](#) for more information.

Visit the [Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination website](#) for more information on the interim rule.

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### **COVID-19 Response for Prior Authorization Requests (PARs) submitted to Keystone Peer Review Organization (Kepro)**

Changes have been made to Prior Authorization Request (PAR) requirements and PAR processes for several Fee-For-Service Health First Colorado benefits to help facilitate hospital responses to the current COVID-19 surge.

Refer to the [November 16, 2021, email](#) for more information.

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### **Colorado interChange Update for Home and Community-Based Services (HCBS) American Rescue Plan Act (ARPA) Rates**

Effective November 1, 2021, the Colorado interChange was updated with a temporary rate increase for some Home and Community-Based Services (HCBS) waiver benefits in response to the COVID-19 public health emergency.

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

Visit the [Provider News web page](#) under the What's New section for more information.

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### **Home & Community-Based Services (HCBS) American Rescue Plan Act (ARPA) Rates & Billing for Alternative Care Facility (ACF) and**

## Supportive Living Program (SLP) Providers

Pursuant to [Operational Memo \(OM\) 21-072](#), a temporary rate increase using the federal American Rescue Plan Act (ARPA) funding has been applied retroactively to some Home and Community-Based Services (HCBS) waiver benefits. This funding is part of an effort to leverage the HCBS ARPA funds to stabilize and increase the direct care workforce. The purpose of this funding is to support hiring and retention efforts.

Refer to the [November 19, 2021 email](#) for more information.

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### Monoclonal Antibodies

COVID-19 monoclonal antibodies can help prevent severe illness for some people who get infected with COVID-19. The FDA has authorized these antibody treatments for emergency use and they are covered under Health First Colorado (Colorado's Medicaid program).

The treatments are available to people who have tested positive for COVID-19, have mild to moderate symptoms, and who are at high risk of developing severe illness.

Refer to the [November 16, 2021, email](#) for more information.

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### Colorado interChange Update for New Pediatric COVID Vaccine Procedure Codes

Effective November 17, 2021, the Colorado interChange was updated with three new pediatric COVID vaccine procedure codes: 0071A, 0072A and 91307.

These codes are billable for dates of service on or after November 2, 2021.

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