



Provider News & Resources

January 3, 2022 | Issue 40

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Featured Resources:
[January 2022 Provider
Bulletin \(B2200472\)](#)

Upcoming Holidays:

**Martin Luther King Jr. Day -
Monday, January 17**

State Offices and the
ColoradoPAR Program will be
closed.

DentalQuest and Gainwell
Technologies will be open.

Provider Revalidation Update



The Department understands provider focus has been on member care throughout the Public Health Emergency. However, providers are reminded of the requirement to submit revalidation applications according to their scheduled due date. **Revalidation applications are currently being processed within five (5) business days on average.**

Claims are currently not being denied or suspended if revalidation has not been completed. However, providers are strongly encouraged to submit their revalidation application by the scheduled due date.

Visit the [Revalidation web page](#) and download the Provider Revalidation Spreadsheet to verify the next revalidation due date. Providers will also be contacted via email approximately six (6) months prior to their revalidation deadline with further instructions on submitting a Revalidation application.

Providers are reminded that only one update can be processed at a time. If providers need to make an additional update while a revalidation application is in process, contact the [Provider Services Call Center](#).

2022 Provider Enrollment Application Fee

The Affordable Care Act (ACA) requires certain providers to remit an application fee.



Effective January 1, 2022, the Provider Enrollment Application Fee has been set at \$631 for the 2022 calendar year.

Visit the [Provider Enrollment web page](#) for more information under the Enrollment News and Updates section.

Recently Published Billing Manuals

- [Ambulatory Surgery Centers \(ASC\)](#)

- [Appendix O - EAPG Inpatient Only List](#)
- [Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs](#)
- [Appendix Y - Physician Administered Drug Medical Benefit Prior Authorization Procedures and Criteria](#)
- [Dialysis](#)
- [General Provider Information](#)
- [HCBS - Adult - Spinal Cord Injury \(SCI\)](#)
- [HCBS - Adult - BI, CMHS, and EBD](#)
- [HCBS - IDD](#)
- [Qualified Residential Treatment Program \(Q RTP\)](#)

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

Known Issues

Claims for HCPCS 2022 Procedure Codes Suspending for Explanation of Benefits (EOB) 0000

Effective January 1, 2022, claims billed with a HCPCS 2022 procedure code may begin suspending for EOB 0000 - "This claim/service is pending for program review." The Colorado interChange is being updated with the 2022 HCPCS billing codes based on the Centers for Medicare & Medicaid Services (CMS) annual release of deletions, changes and additions.

A special issue of the Provider Bulletin is expected for publication in mid or late January with the details. Claims will be released from suspense once the update is complete.

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.

Resolved Issues

Resolved 12/23/21

Home & Community-Based Services (HCBS) Respite Care Providers (Specialties 675 & 676)

Respite Care Claims for S5151 Paying Incorrectly with Explanation of Benefits (EOB) 2391

Some Home & Community-Based Services (HCBS) Respite Care claims for procedure code S5151 received and processed on or after December 1, 2021, were paying incorrectly with Explanation of Benefits (EOB) 2391 - "BH Per Diem benefit is limited to 1 per day."

Affected claims will be reprocessed for the additional units billed.

Resolved 12/23/21.

Resolved 11/1/21

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

Effective 11/1/21, 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 will be applied to impacted services retroactively to 4/1/21 and will be in effect through 3/31/22.

Some of the affected HCBS provider claims that have an increase due to the American Rescue Plan Act (ARPA) were reprocessed on 12/10/21 and 12/17/21. The remaining affected claims will be reprocessed in the next few weeks. Only claims that were billed with the higher rate can be reprocessed. Providers are instructed to submit an adjustment with an adjusted billed amount for claims billed at the original lower rate without the increase. Refer to the [December 2021 Provider Bulletin \(B2100471\)](#) for more information on the reprocessing effort.

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.

Issue resolved 11/1/21.

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