



# Provider News & Resources

May 13, 2022 Issue 48

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Memorial Day -  
Monday, May 30

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

## Did You Know?

### Revalidation

The Provider Revalidation Dates Spreadsheet, listing all providers and their revalidation dates, is posted on the [Revalidation web page](#) under "Revalidation Resources". This information is updated weekly.

Providers are reminded to submit their revalidation applications by their listed due date. A revalidation application can be completed if the revalidation due date is within 6 months of the current date.

If providers are uncertain of the revalidation status, contact the [Provider Services Call Center](#) for assistance.

### Telemedicine Only: New Specialty Code 878

Specialty Code 878 is a new code that will be added to the Colorado interChange for Provider Types 16 (Clinic) and 25 (Non-Practitioner).

- **Telemedicine only** providers are to use Specialty Code 878.
- **Telemedicine and in-person** providers will continue to use the appropriate specialty code for their chosen provider type.

Providers choosing telemedicine can only have one specialty. The telemedicine specialty does not allow Primary Care Medical Provider (PCMP) enrollment with a Regional Accountable Entity (RAE).

More information will be provided in future communications.

## Reminder:

### Mailing Address for Paper Claims

Electronic claims format shall be required unless hard copy claims submittals are specifically prior authorized. [Requests](#) may be sent to Gainwell Technologies, P.O. Box 30, Denver, CO 80201-0030.

The following claims can be submitted on paper and processed for payment:

- Claims from providers who consistently submit five (5) claims or fewer per month (requires prior approval)

Paper claims mailed to a different address and/or mailed to the Department of Health Care Policy & Financing (the Department) may cause delays.

Refer to the [General Provider Information](#) Billing Manual under the [Paper Claims](#) section for additional information.

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## Reminder:

### Signatures on Paper Claims

Claims must be signed by the enrolled billing provider or by an authorized agent or representative designated by the enrolled billing provider. Each claim must bear the signature of the enrolled provider or the signature of a registered authorized agent. Stamped signatures are acceptable, typed in names are not.

The red-ink forms must be used for paper claims and cannot be photocopied. Use black ink to complete the forms.

- For CMS-1500 claim form, ensure box 31 is signed.
- For UB-04 claim forms, complete the [Institutional Provider Certification](#) form, ensure the form is signed and mail with the paper claim.

Paper claims mailed without the proper signatures will deny.

Refer to the [General Provider Information](#) Billing Manual under the [Authorized Signatures](#) and the [General Claim Completion Instruction](#) sections for additional information.

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## Vaccine Providers:

### **UPDATED** Expanded Coverage under the Emergency Medical Service (EMS) COVID-19 Only Benefit Plan

The Colorado interChange has been updated to allow for vaccine codes to be billed.

The **EMS COVID-19 Only** emergency benefit for uninsured Coloradans has been updated in compliance with the American Rescue Plan Act (ARPA) to include coverage of any service for COVID-related testing, treatments, and vaccines. This update impacts all claim types with dates of service on or after March 11, 2021.

Dates of service prior to March 11, 2021, should be processed according to the policy at that time which was limited to specific procedure codes. Refer to the newsletter, [Provider News & Resources Issue 17 - February 26, 2021](#).

Claims with dates of service on or after March 11, 2021, under this benefit plan must have one or more of the following diagnosis codes or a COVID-19 vaccine code present to identify the services as COVID-related or the claim will deny.

B94.8	B99.9	J12.82	J18.9
M35.81	M35.89	O98.5	R05
R06.02	R50.9	U07.0	U07.1
U09.9	Z11.52	Z11.59	Z13.9
Z20.818	Z20.822	Z20.828	Z86.16

Only the enumerated diagnosis codes and COVID-19 vaccines are covered under this benefit. The [COVID-19 Information for Health First Colorado and CHP+ Providers and Case Managers web page](#) has been updated accordingly.

Affected claims with dates of service on or after March 11, 2021, where the member is eligible for the EMS COVID-19 benefit, will be reprocessed. Providers may submit claims with these diagnosis codes or COVID-19 vaccine codes that were previously not covered for this benefit on or after March 11, 2021, but are now included in the new coverage criteria.

**Note:** Affected claims were reprocessed 5/13/22.

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### Provider Responsibility to Review Delegate Provider Web Portal Accounts

A delegate is a person who has been given access to perform certain Provider Web Portal functions on the provider's behalf. Providers are responsible to review the status of delegate accounts and the functions delegates are authorized to access in the Provider Web Portal.

A delegate's status and functions should be kept up to date in accordance with current job duties and employment status. **Only delegates with a valid, current business reason should have Provider Web Portal access.** A delegate account that has an outdated status presents a security risk to program integrity.

**Note:** Accounts that are inactive will be deactivated. Providers are reminded to log into the Provider Web Portal on a regular basis to prevent deactivation.

- Existing Accounts - deactivated after 90 days of inactivity
- New Accounts - deactivated after 60 days of inactivity

Visit the [Delegates Provider Web Portal Quick Guide web page](#) for more information on adding, linking and managing delegates.

Visit the [Delegates Access Definitions Provider Web Portal Quick Guide web page](#) for more information on delegate functions.

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### Recently Published Billing Manuals

- [Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs](#)
- [Ambulatory Surgery Centers \(ASC\)](#)
- [Dialysis](#)
- [Medical and Surgical Services](#)

## Home & Community-Based Services (HCBS) Known Issues

### Claims Denying for EOB 4758 - Billing Provider Type/Specialty Restriction on Procedure Coverage Rule

Some Home and Community-Based Services claims are denying for EOB 4758, "Billing Provider Type/Specialty Restriction on Procedure Coverage Rule." A claim may deny for EOB 4758 when the billing provider is not enrolled in the correct provider specialty for the service billed. Enrollment is a requirement for claims payment by Health First Colorado.

To confirm provider specialties or start the process necessary to update the provider specialties, contact the [Provider Services Call Center](#). For reference, a complete list of specialties for Home and Community-Based Services can be found on the [Home and Community-Based Services web page](#).

Once it is confirmed that a specialty needs to be added, providers will need to [add a specialty](#) via the [Provider Web Portal](#), with all applicable documentation attached.

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### Home and Community-Based Services (HCBS) Procedure Codes T2021 and S5165 and Option Modifiers for Explanation of Benefits (EOB) Codes 4758 and 1553

Some HCBS claims for procedure codes S5165 and T1021 with specific option modifiers of TU for Specialties 648 and 651 are not reimbursing for Explanation of Benefits (EOB) Codes 4758 - "the procedure code and modifier combination is not covered for the member's benefit plan" and 1553 - "the procedure code and modifier combination is not covered for the member's benefit plan."

A resolution to this issue is in process.

Affected claims will be reprocessed.

## HCBS Resolved Issue

**Resolved 5/6/2022:**

### HCBS Providers: Elderly, Blind, and Disabled Waiver (EBD) Claims Denying with Procedure Code S5130

Some Elderly, Blind, and Disabled Waiver (EBD) claims for procedure code S5130 billed with modifiers SC and U1 were denying for Explanation of Benefits (EOB) 1553 - The procedure code and modifier combination is not covered for the member's benefit plan.

Affected claims were reprocessed on 5/9/22.

Issue resolved 5/6/2022.

## Resolved Known Issue

### Resolved 4/29/2022: Inpatient Hospital Claims

Some inpatient hospital claims were incorrectly pricing which may have resulted in underpayments.

Affected claims were reprocessed on 5/6/22.

Issue resolved 4/29/22.

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