



Provider News & Resources

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Featured Resources:

[June 2022 Provider Bulletin \(B2200479\)](#)

Upcoming Holidays:

Juneteenth - Sunday, June 19 (Observed June 20)

State Offices and the ColoradoPAR Program will be closed.

DentaQuest and Gainwell Technologies will be open.

Did You Know? Enrollment Requirements

Providers must have enrollment and revalidation requirements completed to continue to receive claim payments when the Public Health Emergency (PHE) ends.

Application fees, fingerprinting, and site visits are required for enrollment for some provider types. If any of these requirements were waived for the PHE, providers are encouraged to check the enrollment status and requirements by contacting the [Provider Services Call Center](#).

Breast Pump Coverage Expansion

Access to alternative methods of nutrition for infants and children is being expanded to better support new parents who wish to breastfeed, potentially reducing demand for limited formula supplies. Effective for dates of service June 8, 2022 or later, Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) providers may bill Health First Colorado as the primary payer for manual and or electric breastfeeding pumps.

The Women, Infant, and Children (WIC) program was previously the primary payer of breast pumps for Health First Colorado members. Health First Colorado only covered pumps under specific circumstances related to infant hospitalization of at least 54 days. This limited coverage policy ended on June 7, 2022.

Benefit Criteria:

- The rate for procedure code E0603 for electric breast pumps is \$133.30.
- The rate for procedure code E0602 for manual breast pumps is \$20.47.
- Prior authorization requests (PARs) are not required.
- Pregnant members may receive a pump as early as the 28th week of pregnancy.
- Postpartum members may receive a pump at any time.
- As is required for all DMEPOS, a prescription from a physician, physician assistant, or nurse practitioner is needed.
- Claims will not be denied based on the diagnosis code used. However, diagnosis code Z39.1 is

appropriate.

- The Colorado interChange is currently being updated to allow for these changes. A follow-up communication will be sent when the codes are available for claim submission.

Contact Haylee Rodgers at Haylee.Rodgers@state.co.us for questions on this policy.

Enrollment License Requirement and License Panel Updates

Current Health First Colorado providers that are required to maintain a license as part of their enrollment will receive a letter from the Department when the primary license is approaching expiration or has reached its expiration date.

Providers are reminded that Health First Colorado enrollment may be inactivated if the provider's license, certification, or accreditation has expired or is subject to conditions or restrictions.

Refer to the [May 2022 Provider Bulletin \(B2200478\)](#) for more information.

Family Planning Expansion

Effective July 1, 2022, several changes will occur related to the family planning benefit, including:

- Coverage of family planning for Health First Colorado (Colorado's Medicaid program) members regardless of their immigration or citizenship status.
- Coverage of family planning and family planning-related services for individuals with a higher income than the standard Medicaid limit (between 133%-260% of the federal poverty level [FPL]).
- Access to a 12-month supply of contraceptives for everyone on Medicaid regardless of their immigration or citizenship status.

Refer to the [June 2022 Provider Bulletin \(B2200479\)](#) for more information.

Post-Partum Coverage Extended to 12 Months for Child Health Plan Plus (CHP+) and Health First Colorado Members

The Colorado interChange is being updated in accordance with [Senate Bill \(SB\) 21-194](#) to extend postpartum medical benefits coverage from 60 days to 12 months to persons who qualified for benefits while pregnant. Per the American Rescue Plan Act (ARPA), CHP+ must implement the same 12-month extension implemented for Medicaid.

The [Obstetrical Care Billing Manual](#) will be updated with more information on this policy.

Refer to the [May 2022 Provider Bulletin \(B2200478\)](#) for more information.

Recently Published Billing Manuals

- [Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs](#)
- [Federally Qualified Health Center/Rural Health Center \(FQHC/RHC\)](#)

- [Outpatient Behavioral Health Fee-for-Service](#)
- [Outpatient Imaging and Radiology](#)
- [Pharmacy Services](#)
- [Speech Therapy](#)

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

Resolved Issues

Resolved 5/26/22:

Home and Community Based Services (HCBS) Procedure Codes T2025 for Explanation of Benefits (EOB) Codes 4758 and 1553

Some HCBS claims for procedure code T2025 with specific option modifiers of U8 and SE for Specialty 702 are not reimbursing for Explanation of Benefits (EOB) Codes 1553 - "The procedure code and modifier combination is not covered for the member's benefit" and 4758 - "Billing Provider Type/Specialty Restriction on Procedure Coverage Rule."

Affected claims were reprocessed on 5/26/22.

Issue resolved 5/26/22.

Resolved 5/25/22:

Claims with TW Modifier Denying for Explanation of Benefits (EOB) 7814 and 7816

Some claims with procedure codes K0001 through K0898 may have denied with EOBs 7814 or 7816 "This service is not payable for the same date of service as another service included on the current or history claim per National Correct Coding Initiative" when the modifier TW was present.

Issue resolved 5/25/22.

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