



Provider News & Resources

January 13, 2025 Issue 108

In This Issue:

Did You Know? Revalidation Update

Claims for Healthcare Common
Procedure Coding System (HCPCS)
2025 Procedure Codes Suspending
for Explanation of Benefits (EOB)
0000

2025 Medicare Part A and Part B
Deductible Amounts

Intermediate Billing Training

Non-Emergent Medical
Transportation (NEMT) Recorded
Training

Non-Emergent Medical
Transportation (NEMT) Providers
Meeting

Provider Services Call Center
Transition Coming This Spring

Did You Know? Revalidation Update

Claims are being denied effective January 1, 2025, for providers who have not revalidated.

Providers must resubmit any denied claims if the revalidation is completed after the due date. The Provider Revalidation Dates spreadsheet, listing all providers and their revalidation dates, is posted on the [Revalidation web page](#) under "Revalidation Resources." Providers are reminded to submit their revalidation applications by their listed due date. New applications, revalidations and enrollment updates are currently being processed by the Department of Health Care Policy & Financing's (the Department's) fiscal agent within five (5) business days on average.

Enrollment Reminder for Community
Mental Health Center Providers

Recently Updated Billing Manuals
and Fee Schedules

Resolved Known Issues

Physician Services/Clinics:
Resolved Known Issue: Incorrect
Rate on Fee Schedule for Procedure
Code 20680

DME Supply Providers:
Resolved Known Issue: Inaccurate
Rates in Durable Medical Equipment,
Prosthetics, Orthotics and Supplies
(DMEPOS) Manual

Home and Community-Based
Services Providers:
Resolved Known Issue: Denied
HCBS Services Claims Were
Reprocessed on 12/31/24

Featured Resources:

Internal Control Number (ICN)
Information Sheet

Fingerprinting Enrollment Frequently
Asked Questions (FAQ)

Upcoming Holidays:

**Martin Luther King Jr. Day -
Monday, January 20, 2025**
State Offices, DentaQuest,



Claims for Healthcare Common Procedure Coding System (HCPCS) 2025 Procedure Codes Suspending for Explanation of Benefits (EOB) 0000

Claims billed with a HCPCS 2025
procedure code may begin suspending for
EOB 0000 - "This claim/service is pending
for program review," beginning January 1,
2025. The Colorado interChange is being
updated with the 2025 HCPCS billing
codes based on the Centers for Medicare
& Medicaid Services (CMS) annual release
of deletions, changes and additions.

Claims will be released from suspense
once the update is complete.

Providers are reminded to check the
[Provider Rates and 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.

AssureCare and the ColoradoPAR Program will be closed.

2025 Medicare Part A and Part B Deductible Amounts

The Medicare annual deductible amounts have changed for 2025. Medicare Part A increased from \$1,632 to \$1,676. Medicare Part B increased from \$240 to \$257. The Colorado interChange has been updated with these new deductible amounts for claims with dates of service on or after January 1, 2025.

Intermediate Billing Training

Providers are encouraged to sign up for the next instructor-led [Intermediate Billing Training from 9:00 a.m. to 10:30 a.m. MT on January 23, 2025](#).

Intermediate Billing training covers claims processing and remittance advice via the Provider Web Portal and batch, secondary billing with commercial insurance and Medicare, attachment requirements, timely filing, suspended claims, adjustments and voids, reconsiderations and resubmissions and more. This training is for all provider types.

Providers are encouraged to view all training opportunities by visiting the [Provider Training web page](#).

Non-Emergent Medical Transportation (NEMT) Recorded Training

An audiovisual presentation of the provider training already available for Non-Emergent Medical Transportation (NEMT) providers is now offered on the [Provider Training web page](#).

NEMT providers are reminded that there are several resources available with enrollment and billing guidelines specifically for NEMT services:

- [Non-Emergent Medical Transportation \(NEMT\) Billing Manual](#)
 - [Non-Emergent Medical Transportation \(NEMT\) Specialty Billing Training](#)
 - [Special Bulletin published in November 2024](#)
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Non-Emergent Medical Transportation (NEMT) Providers Meeting

NEMT providers are invited to a virtual stakeholder meeting to learn more about moving to a statewide broker model.

Staff from the Department of Health Care Policy & Financing (the Department) will review the reasons for and benefits of the proposal. Attendees are invited to listen, learn, ask questions and provide feedback.

Meeting date and time: Monday, January 27, 2025, 9:30 to 11:30 a.m. MT

Registration and location: The meeting will be virtual via Zoom. [Register in advance for the meeting.](#)

A recording will be shared afterward and posted to the [NEMT web page](#) for those who cannot attend.

Meeting Accommodation and Language Access Notice: Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Notify Patrick Potyondy at HCPF_Stakeholders@state.co.us at least one (1) week prior to the meeting to make arrangements.

Las ayudas y servicios auxiliares para individuos con discapacidades y servicios de idiomas para individuos cuyo idioma materno no sea inglés pueden estar disponibles por solicitud.

Comuníquese con Patrick Potyondy a HCPF_Stakeholders@state.co.us al menos una (1) semana antes de la reunión para hacer los arreglos necesarios.

Contact Patrick Potyondy at HCPF_Stakeholders@state.co.us for more information.

Provider Services Call Center Transition Coming This Spring

The Department of Health Care Policy & Financing (the Department) announced in the [December Provider Bulletin](#) that beginning in Spring 2025, management of the [Provider Services Call Center](#) module will transition from Gainwell Technologies (Gainwell) to OptumInsight (Optum).

What does this mean?

Gainwell currently manages the Provider Services Call Center and assists providers with claims submission and billing questions, member eligibility, provider enrollment assistance and the [Provider Web Portal](#).

This vendor change will only apply to the Provider Services Call Center that providers call for the above inquiries. The Care and Case Management (CCM), Dental, Pharmacy and Electronic Visit Verification (EVV) call centers will not change. Visit the [Provider Contacts web page](#) for a complete list of assistance resources.

Gainwell's contract to provide the Provider Services Call Center ends Spring 2025, and the Department has selected Optum to take over as the new vendor for the Provider Services Call Center.

More information will be shared about changes that providers should be aware of as the transition approaches. Some changes will include:

- A new phone number
- Ability to avoid waiting on hold by having an agent call back in order of the queue
- Ability to provide valuable feedback about a call during an after-call survey

Will the Provider Web Portal or Colorado interChange system change?

No, Gainwell will continue as the vendor managing the Colorado interChange and Provider Web Portal. Gainwell and Optum will work together to ensure high quality service to providers' questions and concerns.

Why is the Provider Services Call Center vendor changing?

The Department is required by state and federal regulations to solicit competitive bid packages from vendors on a regular basis.

The Department believes this transition will enhance customer service options and capabilities for providers and is committed to minimizing disruptions and keeping providers informed as the transition nears. Visit the [Colorado Medicaid Enterprise Solutions \(CMES\) Transition web page](#) for more information.

Enrollment Reminder for Community Mental Health Center Providers

The Community Mental Health Center provider type is not available for revalidation. Community Mental Health Center providers may join the Comprehensive Safety Net Provider type if applicable. Provider types cannot be changed during revalidation but require a new enrollment application.

Providers are encouraged to visit the [Provider Enrollment web page](#) to begin the Comprehensive Safety Net Provider type enrollment process.

Recently Updated Billing Manuals and Fee Schedules

Billing Manuals

- [Doula Billing Manual](#)
 - [Durable Medical Equipment, Prosthetics, Orthotics and Supplies \(DMEPOS\) Billing Manual](#)
 - [Federally Qualified Health Center and Rural Health Clinic Billing Manuals](#)
 - [Home and Community Based Services \(HCBS\) Brain Injury \(BI\), Community Mental Health Supports \(CMHS\) and Elderly, Blind and Disabled \(EBD\) Billing Manual](#)
 - [Home and Community Based Services \(HCBS\) Children's Habilitation Residential Program \(CHRP\) Waiver Program Billing Manual](#)
 - [Home and Community-Based Services Billing Manual: Children's Home and Community-Based Services \(CHCBS\), Children with Life Limiting Illness \(CLLI\) Billing Manual](#)
 - [Home and Community Based Services \(HCBS\) Complementary and Integrative Health \(CIH\) Billing Manual](#)
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- [Home and Community Based Services \(HCBS\) - Denver Minimum Wage Regional Pricing Appendix - New!](#)
- [Home and Community-Based Services \(HCBS\) for Persons with Intellectual and/or Developmental Disabilities Waiver Programs & Targeted Case Management for HCBS Waiver Programs Billing Manual](#)
- [Indian Health Services Billing Manual](#)
- [Laboratory Services Billing Manual](#)
- [Prenatal Plus Program Outpatient - Fee-For-Service Billing Manual](#)

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

Fee Schedules

- [Child Health Plan Plus Fee-for-Service \(FFS\) Rates](#)
- [Pharmacy Rate List - Clotting Factor Maximum Allowable Cost](#)
- [Physician-Administered Drug Fee Schedule - Quarter 1 2025](#)

Visit the [Provider Rates and Fee Schedule web page](#) to locate all published fee schedules.

Resolved Known Issues

Physician Services/Clinics:

Resolved 12/09/24: Incorrect Rate on Fee Schedule for Procedure Code 20680

The Health First Colorado July 2024 Fee Schedule posted on the [Provider Rates and Fee Schedules web page](#) contained incorrect rate information related to procedure code 20680. The rate information is correct in interChange. The Fee Schedule has been updated.

Issue resolved 12/09/24.

Durable Medical Equipment (DME) Supply Providers:

Resolved 12/17/24: Inaccurate Rates in Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Manual

The rates published for manually priced codes in the [Durable Medical Equipment, Prosthetics, Orthotics and Supplies \(DMEPOS\) manual](#) were incorrect. Claims are being processed at the correct rates. An updated manual has been published. If providers billed at the lower rate they may resubmit an adjustment for the increase.

The correct rates are:

SC Modifier (by Manufacturer's Suggested Retail Price [MSRP]) minus 13.78%

UB Modifier (by invoice) plus 24.06%

Issue resolved 12/17/24.

Home and Community-Based Services Providers:

Resolved 12/31/24: Denied HCBS Services Claims Were Reprocessed on 12/31/24

Some professional claims for HCBS services submitted between December 19, 2024 and December 31, 2024 were denied due to the member not having the correct benefit plan or eligibility at the time of the claim submission. Updates have been made to the impacted member's eligibility status and benefit plans.

Affected claims were reprocessed on December 31, 2024.

Issue resolved 12/31/24.

Featured Resources

Internal Control Number (ICN) Information Sheet

The [ICN Information Sheet](#) contains a guide to understanding the elements of an ICN, including that the first two (2) digits of an ICN indicate the region. The region informs how Health First Colorado received the claim.

Fingerprinting Enrollment Frequently Asked Questions (FAQ)

Some providers may be required to complete fingerprints for a new enrollment and an enrollment revalidation.

Individual providers or persons with five percent (5%) or more direct or indirect ownership interest in a high-risk provider type obtain their fingerprints from one of the approved sites found at [IdentoGO](#) or [Colorado Fingerprinting](#). Fingerprint cards are not accepted.

Providers are encouraged to learn about the fingerprinting requirements and process by visiting the Provider Enrollment web page (hcpf.colorado.gov > For Our Providers > Provider Enrollment) and scrolling down to [Enrollment FAQs](#).
