COLORADO
Department of Health Care Policy & Financing

Provider News & Resources

February 9, 2026 Issue 138

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All Providers

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Did You Know? Appeals and Reconsiderations

An appeal is defined by the Department of Health Care Policy & Financing (the Department) as a legal proceeding.

Providers may instead submit a reconsideration; however, resubmitting the claim as a reconsideration without making any changes may have the same result.

Providers are encouraged to contact the Provider Services Call Center first if a claim is denied so the agent can identify changes that need to be on a resubmission or adjustment.

Call center agents can coordinate with the Department for any policy inquiries or changes on behalf of the provider. Providers can resubmit the corrected claim as a brand-new claim, not a reconsideration or appeal.

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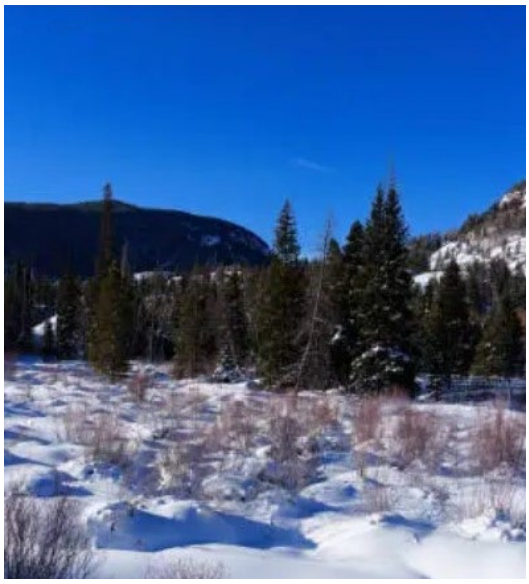

Claims for Healthcare Common Procedure Coding System (HCPCS) 2026 Procedure Codes Suspending for Explanation of Benefits (EOB) 0000

Claims billed with a Healthcare Common Procedure Coding System (HCPCS) 2026 procedure code are suspending for EOB 0000 - "This claim/service is pending for program review" effective January 1, 2026. The Colorado interChange is being updated with the 2026 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.

Behavioral Health

Billing Guidance for Neurological/Psychological Testing

Effective January 14, 2026, psychological evaluation and testing services performed for the diagnosis of Autism Spectrum Disorder (ASD) must be billed Fee-for-Service (FFS) to Gainwell Technologies via the Provider Web Portal or via batch, and not to the Regional Account Entities (RAEs).

The following CPT codes are applicable to ASD psychological testing:

- 90887
- 96116
- 96121
- 96130
- 96131
- 96132
- 96133
- 96136
- 96137
- 96138
- 96139
- 96146

To ensure correct payment under FFS, providers **must use the SC modifier** when billing these codes:

- Claims billed **with the SC modifier** will process under FFS.
- Claims billed **without the SC modifier** will deny for EOB 2029 - "The Services Must Be Billed to the Members RAE" if the claim is denied.

Claims that were billed under the previous process will need to be **resubmitted**.

A Neuro/Psychological Testing Policy was published allowing certain psychological testing services to be billed FFS regardless of diagnosis. This policy recognized that the referring diagnosis may differ from the established diagnosis.

CPT codes were reimbursed in FFS **without** an SC modifier previously. However, in mid-January, the Medicaid Management Information System (MMIS) started enforcing the use of the SC modifier, **regardless of diagnosis**.

The Department of Health Care Policy and Financing sincerely apologizes for any confusion for providers and thanks providers who reached out to us. We recognize that we did not provide the proper amount of communication on this policy, and we hope this update helps address the claim denials. We are committed to improving the provider's experience.

Contact the Provider Services Call Center with any questions. Office hours are held regularly for providers attend.

Pharmacy Providers

Fee-For-Service (FFS) Pharmacy Benefit Manager (PBM) Change

Effective at 12:00 a.m. MT, April 1, 2026, Health First Colorado Fee-For-Service (FFS) claims processing and prior authorization review will be transitioned from the current processor, Prime Therapeutics, to MedImpact Healthcare Systems, Inc.

Note: There are no changes to the Bank Identification Number (BIN), Processor Control Number (PCN) and Group which will result in a seamless transition at the pharmacy.

Upcoming Informational Sessions: To facilitate information exchange and answer questions, MedImpact will hold an informational session via Microsoft Teams on March 2, 2026, from 9:00 a.m. to 10:00 a.m. Mountain Time to facilitate information exchange and answer questions. Join by accessing the link below or dial in by phone.
Join the Meeting
Meeting ID: 211 658 154 148 2
Passcode: v7xL3dw6

Dial in by phone
+1 858-252-2734, 594960382# United States, Del Mar
Find a local number
Phone conference ID: 594 960 382#

Recently Updated Billing Manuals and Fee Schedules

Billing Manuals

- Appendix X - HCPCS/NDC Crosswalk for Billing Physician-Administered Drugs
- Laboratory Services
- Lactation Support Services
- Medical-Surgical

- Obstetrical Care
- Physical and Occupational Therapy
- Prenatal Plus Program Outpatient - Fee-For-Service
- Reproductive Health Care
- Speech Therapy

Visit the Billing Manuals web page to locate all published manuals.

Fee Schedules

- October 2025 Health First Colorado Fee Schedule
- January 2026 CwCHN, CHCBS, CHRP Fee Schedule

Visit the Provider Rates and Fee Schedule web page to locate all published fee schedules.

Known Issues

Women's Health

Some Professional or Institutional Claims for Elective Abortion or Non-Viable Pregnancy are Denying for EOB 5972

Professional or institutional claims with a date of service (DOS) on or after 1/1/2026 for procedure codes associated with elective abortion or non-viable pregnancy and billed with ancillary services are denying for EOB 5972 - "The abortion service is not a benefit of the Colorado Medicaid Program."

Affected claims will be reprocessed.

A resolution is in process.

Case Managers

Resolved 1/15/26: Pre Prior Authorization (PPA) Certification Dates in the Bridge were out of Sync

Case Managers encountered a message in the Bridge stating that the "PPA Cert Dates" are

out of sync with the matching Service Plan when saving a Waiver-to-Waiver Revision.

Issue resolved 1/15/26.

Hospitals

Resolved 12/17/25: Institutional Claims for Outpatient Hospital Services were Paying at an Incorrect Rate

Institutional claims for outpatient hospital services with a Date of Service (DOS) of July 1, 2025 or later were paying at an incorrect rate due to the Enhanced Ambulatory Patient Grouper (EAPG) version in place.

Affected claims were reprocessed 1/23/26.

Issue resolved 12/17/25.

Featured Resources

Monthly Provider Bulletin

Health First Colorado (Colorado's Medicaid Program) News and Updates

The Provider Bulletin is published monthly and covers topics of interest to providers and billing professionals. Visit the Bulletins web page for other recent Provider Bulletins.

Provider Enrollment Manual

For all providers, having the required enrollment information for the provider and enrollment type prior to beginning the application expedites the enrollment process. Enrollment requirements vary depending on the provider type and enrollment type.

Reference the Provider Enrollment Manual and the Provider Enrollment web page for more information.

Provider Trainings

Provider Training Opportunities in February

Providers are invited to sign up for provider training sessions. All sessions are held via webinar on Zoom, and registration links are shown below. The availability of training sessions varies monthly. Descriptions of available training sessions, calendar registration links, and training-specific slide decks are available on the Provider Training web page.

Provider Enrollment Training
Register for this session: Tuesday, February 10, 2026, at 11:00 a.m. - 1:00 p.m. MT

Provider enrollment training gives an overview of the Health First Colorado program and guidance on the provider application process including enrollment types, common errors and enrollment with other entities (e.g., DentaQuest, Regional Accountable Entities [RAEs], Health First Colorado vendors). It also provides information on next steps after enrollment.

Member Eligibility Training
Register for this session: Wednesday, February 11, 2026, at 1:00 p.m. - 2:30 p.m. MT

This focused micro-training details important aspects of member eligibility from the provider's perspective including eligibility verification, detailed eligibility types, member billing, and using the Provider Web Portal to access this critical information.

Upcoming Holiday

Presidents' Day – Monday, February 16, 2026

State Offices and the Provider Services Call Center will be closed. Acentra, AssureCare, DentaQuest, Gainwell Technologies and Prime Therapeutics will be open. Capitation cycles may potentially be delayed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks.