



# Provider News & Resources

February 14, 2025 Issue 109

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## **Did You Know?**

### **Missed Revalidation Date**

Providers who miss their revalidation date (as indicated on the Provider Revalidation spreadsheet on the [Revalidation web page](#)) can revalidate up to six (6) months after their date via the link on the [Provider Web Portal](#) and should not start a new enrollment application.

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## **Healthcare Common Procedural Coding System (HCPCS) Codes for 2025**

Claims billed with a HCPCS 2025 procedure code have begun 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.

Recently Updated Billing Manuals and Fee Schedules

All Provider Types:

Resolved Known Issue: Some Sandata Provider Electronic Visit Verification (EVV) Portals may not have been functioning as expected, and claims may have been impacted.

Home & Community-Based Services (HCBS):

Resolved Known Issue: Some HCBS Services Claims Were Denied Incorrectly

***Featured Resources:***

[February 2025 Provider Bulletin \(B2500519\)](#)

[Special Newsletter - Revalidation](#)

[Special Bulletin – Non-Emergent Medical Transportation \(NEMT\) \(B2400515\)](#)

***Upcoming Holidays:***

**President's Day - Monday, February 17, 2025**

State Offices and AssureCare will be closed.

DentaQuest and the ColoradoPAR Program will remain open.

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.

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## **Members Requiring Non-Emergent Medical Transportation (NEMT) Services**

Members who require non-emergent medical transportation to and from medical appointments in the Denver area can call Transdev Health Solutions at (303) 398-2155 or (720) 279-3830 to schedule a ride. Members outside the Denver area can contact a provider from the [Non-Emergent Medical Transportation \(NEMT\) Service Area list](#).

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## Load Letters

The purpose of the load letter is to allow providers to submit claims outside of the timely filing period if the member was not eligible on the date of service but was retroactively enrolled. Load letters will only be granted for cases where the member's eligibility was backdated.

The load letter is not intended to provide proof of eligibility.

The Load Letter Request Form is available under the Claim Forms and Attachments drop-down list on the [Provider Forms web page](#). All load letter requests should be faxed to the Department of Health Care Policy & Financing (the Department) at 303-866-2082 or sent via encrypted email to [LoadLetterRequests@hcpf.state.co.us](mailto:LoadLetterRequests@hcpf.state.co.us) with the subject line "Load Letter Request." Do not use the member's State ID in the subject line.

Requests are not necessary if the date of service is within 365 days.

Requests will not be granted if the member has commercial insurance (third-party liability) as primary. All claims where the member has commercial insurance must be paid within 365 days.

Providers have 60 days from the date of the load letter to submit the claim with the attached form for review by the fiscal agent when a load letter is issued by the Department. Claims should be submitted via the [Provider Web Portal](#) and not on paper. Refer to the [General Provider Information Manual](#), located on the [Billing Manuals web page](#) under the General Provider Information drop-down for all other questions related to timely filing.

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## Important Update Regarding Handling Exception Acknowledgments for Providers Using Provider Choice Systems For Electronic Visit Verification (EVV)

Visits with exceptions requiring acknowledgment must submit the exception along with all required visit data. If an exception is considered "fixable" and does not allow acknowledgment, the visit will be rejected and must be corrected before resubmission.

Ensure submissions comply with these requirements to avoid rejected visits. Contact the Sandata Electronic Visit Verification (EVV) Help Desk support team at 1-855-871-8780, email [COCustomerCare@sandata.com](mailto:COCustomerCare@sandata.com) or visit the [Submit a Request](#) link on the [Sandata website](#).

Refer to the [EVV Newsletters and Resources web page](#) under the [Provider Choice Resources section](#) for the Colorado HCPF Provider Choice EVV - Companion Guide (Addendum) to Alternate EVV System Specification - Feb 2025.

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## **Stakeholder Meeting: County Administration Rules**

Beginning in December 2024, the Department of Health Care Policy & Financing (the Department) began to solicit input on the County Administration Rules. The Department's County Administration rules govern the Medical Assistance fiscal and programmatic operations of the county departments of human/social services (counties). These rules set standards for fiscal and program compliance, customer service, non-discrimination and accessibility and more. These rules do not apply to eligibility determinations or actions taken in the eligibility determination system.

Providers, advocates, members and the general public are encouraged to provide feedback on the [suggested changes to the rules](#). Interested parties can provide feedback by providing [written comments](#) or by participating in a stakeholder meeting. A full list of stakeholder meetings, a copy of the suggested changes to rules, and the comment form can be found on the [County Rulemaking web page](#).

### **County Administrative Rule Overview**

Thursday, February 27, 2025

9:00 a.m. - 11:00 a.m. MT

[Zoom Link / Recording](#)

### **Topic - To Be Determined**

Thursday, March 20, 2025

9:00 a.m. - 11:00 a.m. MT

[Zoom Link / Recording](#)

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## **Home and Community-Based Services (HCBS): Working Adults with Disabilities Stakeholder Meeting Announcement and Invitation**

The Health First Colorado Buy-In Program for Working Adults with Disabilities allows adults with a qualifying disability to "buy into" Health First Colorado (Colorado's Medicaid program). Members who work and earn too much to qualify for Health First Colorado may qualify for the Buy-In Program. Interested stakeholders are invited to one of two virtual stakeholder meetings to learn about updates being made to the Working Adults with Disabilities Buy-In Program effective July 1, 2025.

Staff from the Department of Health Care Policy & Financing (the Department) will present an overview at these meetings of the changes being made to how Health First Colorado members enroll into the Working Adults with Disabilities Buy-In Program. These changes will specifically impact Health First Colorado Members who also receive services through Home and Community-Based Services (HCBS) waivers. Attendees are invited to learn and ask questions about the upcoming changes.

These two meetings are identical and therefore attendees only need to choose the meeting date and time that best fits their schedule.

### **Meeting Dates and Times**

Thursday, February 20, 2025

11:00 a.m. to 12:00 p.m. MT

or

Thursday, March 13, 2025

1:00 to 2:00 p.m. MT

**Registration and Location:** These meetings will be virtual via Zoom. Register in advance for the meetings.

- [Register for the meeting on February 20, 2025](#)
- [Register for the meeting on March 13, 2025](#)

Attendees will receive a confirmation email after registering with information about joining the webinar.

A recording of the meeting may be requested by emailing Kyra Acuna at [HCPF\\_stakeholders@state.co.us](mailto:HCPF_stakeholders@state.co.us).

Refer to the [Health First Colorado Buy-In Program For Working Adults With Disabilities web page](#) for more information about the Health First Colorado Buy-In Program for Working Adults with Disabilities.

**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. Contact Kyra Acuna at [HCPF\\_stakeholders@state.co.us](mailto:HCPF_stakeholders@state.co.us) at least one week prior to the meeting to make arrangements.

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## **Bariatric Surgery Rule Revision – Upcoming Stakeholder Meeting on March 13, 2025**

The valuable feedback from everyone who participated in the first stakeholder meeting on January 23, 2025 is appreciated. Stakeholders are invited to join the second meeting in this series:

### **Stakeholder Meeting 2**

Thursday, March 13, 2025

9:30 a.m. – 12:30 p.m. MT

Location: Virtual via Zoom ([Register in advance](#))

During this meeting, staff from the Department of Health Care Policy & Financing will continue discussions on revising the bariatric surgery rule. Building on feedback from the January 23, 2025 meeting, staff will present refined language changes and facilitate further discussion on key areas of the rule. Stakeholders will have the opportunity to provide additional input and share any supporting documentation or research.

Attendees are encouraged to review the [current rule](#) and the [recording](#) of the January 23, 2025 meeting before participating.

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 [HCPF\\_Stakeholders@state.co.us](mailto:HCPF_Stakeholders@state.co.us) at least one 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 nosotros a [HCPF\\_Stakeholders@state.co.us](mailto:HCPF_Stakeholders@state.co.us) al menos una semana antes de la reunión para hacer los arreglos necesarios.

Contact [HCPF\\_Stakeholders@state.co.us](mailto:HCPF_Stakeholders@state.co.us) for more information.

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## Recently Updated Billing Manuals and Fee Schedules

### Billing Manuals

- [304B Policy and Procedures Billing Manual](#)
- [Appendix O – Enhanced Ambulatory Patient Groups \(EAPG\) Inpatient Only List](#)
- [Behavioral Health Secure Transportation \(BHST\) Billing Manual](#)
- [Early Intervention Billing Manual](#)
- [Federally Qualified Health Center and Rural Health Center Billing Manual](#)
- [Indian Health Services Billing Manual](#)
- [Laboratory Services Billing Manual](#)
- [Lactation Support Services Billing Manual](#)
- [Non-Emergent Medical Transportation \(NEMT\) Billing Manual](#)
- [Obstetrical Care Billing Manual](#)
- [Pharmacist Services Billing Manual](#)
- [Prenatal Plus Fee-For Service Billing Manual](#)
- [Telemedicine Billing Manual](#)

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



## Fee Schedules

- [Clinical Diagnostic Laboratories - Upper Payment Limit 2022-2024](#)
- [Clinical Diagnostic Laboratory Test, Upper Payment Limit](#)
- [Health First Colorado July 2024 Fee Schedule](#)
- [Immunization Rate](#)

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

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## Resolved Known Issues

### All Provider Types:

**Resolved 2/4/25: Some Sandata Provider Electronic Visit Verification (EVV) Portals may not have been functioning as expected, and claims may have been impacted.**

Some Sandata Provider EVV Portals may not have been functioning as expected. While caregivers may have still been able to record EVV with their mobile app and visit records could still be adjusted, providers may have been experiencing an inability to make manual EVV entries. This may have impacted EVV claims if providers attempted to bill claims without an EVV.

Issue resolved 2/4/25.



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## **Home & Community-Based Services (HCBS):**

### **Resolved 1/27/25: Some HCBS Services Claims Were Denied Incorrectly**

Some professional claims for HCBS services submitted between January 25, 2025 and January 27, 2025 were denied incorrectly. This was due to a member eligibility issue. Updates have been made to the impacted member's eligibility status and benefit plans. Providers are encouraged to re-check any member's eligibility which may have shown a benefit plan that had an end date.

Affected claims were reprocessed on January 28, 2025.

Issue resolved 1/27/25.

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