



Provider News & Resources

April 22, 2024 Issue 91

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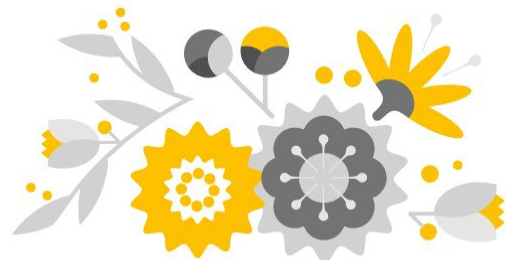
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Did You Know?

Provider Disenrollment Due to Missing Revalidation

Providers are reminded of the requirement to revalidate in the program at least every five (5) years to remain an active provider. Providers are contacted via email with instructions six (6) months before the revalidation deadline.

Providers who have failed to revalidate with a revalidation date in 2023 will be disenrolled beginning May 1, 2024.



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Featured Resources:

[April 2024 Provider Bulletin \(B2400507\)](#)

Home and Community-Based Services (HCBS) Program Aid Code Changes for Member Eligibility

Home and Community-Based Services (HCBS) providers may now see Universal Aid Code "MH" associated with some Waiver Benefit Plans for eligible members when they check a member's eligibility in the [Provider Web Portal](#).

The new MH Universal Aid Code replaces 13 prior aid codes, beginning March 1, 2024. Waiver Benefit Plans for eligible members may be missing from their Benefits Details list due to a known delay by the counties in determining the benefit plans.

Submitters may see Universal Aid Code "MH" associated with some Waiver Benefit Plans for eligible members. The MH Universal Aid Code will appear in the 834 Benefit Enrollment and Maintenance Transaction, 2000 REF02 segment, where REF01 is "17." It will also be shown in the 2110C EB05 segment of the 271 Health Care Eligibility Benefit Response, located at the end of the plan coverage description. Waiver Benefit Plans for eligible members may be missing from a member Benefits Details list due to a known delay by the counties in determining the benefit plans.

Providers may refer to the [Benefit Plan & Program Aid Code Acronyms Provider Web Portal Quick Guide](#) for benefit plan and program aid code acronyms.

Immunization Providers: Code 90611 Now a Covered Benefit

Effective for dates of service on or after April 1, 2024, Common Procedural Terminology (CPT) code 90611 is a covered benefit for members 18 and up.

The rates and age range for Immunizations are reflected on the [Immunizations Fee Schedule](#). Claims previously submitted will be reprocessed.

Coverage and rates are the same for members of Child Health Plan *Plus* (CHP+).

Contact Christina Winship at Christina.Winship@state.co.us with any vaccine policy questions. Contact the [Provider Services Call Center](#) for assistance with claims and billing.

Laboratory Service Providers: Sexually Transmitted Infections (STI) Testing is a Covered Benefit

Providers are reminded that STI laboratory testing is a covered benefit without limitations under Health First Colorado (Colorado's Medicaid program).

Refer to the [Laboratory Services Billing Manual](#) for more information.

Contact Sarah Kaslow at Sarah.Kaslow@state.co.us with any questions.

Long-Term Services and Supports (LTSS) Provider Webinar Announcement

A presentation to Long-Term Services and Supports (LTSS) providers will be hosted on **April 25, 2024, from 10:00 a.m. - 11:00 a.m. MT.**

This presentation will provide information on the work being done to stabilize the LTSS system during several concurrent changes (Public Health Emergency [PHE] Unwind, the new Care and Case Management [CCM] IT system, Case Management Redesign) and the impacts on provider payments.

Note: Questions about specific member issues will not be addressed at this webinar. If experiencing an issue specific to a member, complete the [Health First Colorado and Child Health Plan *Plus* Grievance Form](#). Issues will be addressed as quickly as possible.

[Register in advance for this webinar.](#)

Public Health Order – Syphilis Testing During Pregnancy

The Colorado Department of Public Health and Environment (CDPHE) has issued a statewide [Public Health Order 24-01](#) to address the increased need to expand access and to identify recommended measures for syphilis testing during pregnancy. CDPHE reports that cases of congenital syphilis have tripled in the United States and more than quadrupled in Colorado over the past five (5) years.

Effective April 25, 2024, this Public Health Order directs that medical providers offer testing at all healthcare facilities and that licensed medical professionals evaluate and treat pregnant individuals for any reason and offer syphilis testing (as directed by the Public Health Order) for all pregnant individuals, unless a documented syphilis test has already occurred which meets the needed testing requirement or if the patient declines testing.

Testing must be offered:

1. During the first trimester of pregnancy (1–12 weeks gestational age) or at the initial prenatal visit
2. During the third trimester of pregnancy (between 28–32 weeks gestational age)
3. At the time of delivery
4. When there is a fetal death after 20 weeks' gestation
5. When a pregnant patient presents at an emergency room or urgent care center, at the intervals or events described above (points 1–4)
6. At correctional facility (prisons, jails and juvenile detention centers) at the intervals or events described above (points 1–4)

The intent of this Public Health Order is to ensure that syphilis testing is offered by all Colorado healthcare providers including our Health First Colorado providers who offer care to pregnant Health First Colorado individuals.

Southern Colorado, Metro Denver, Western Slope Home and Community-Based Services (HCBS) Providers

Direct Care Workforce Stabilization Board Public Hearings

HCBS providers and staff members are invited to share experiences and suggestions to help inform recommendations for minimum direct care employment standards.

Suggestions will be shared with the Governor and legislature as required by [Senate Bill \(SB\) 23-261](#): Direct Care Workforce Stabilization Board Act.

These public meetings are available for both in-person and virtual attendance. Visit the [Direct Care Workforce web page](#) for the location and Zoom registration link. If unable to attend the meeting for your region, feel free to join another meeting.

Providers are encouraged to share this information with direct care workforce staff members.

- Pueblo - April 27, 2024, 1:00 p.m. - 3:00 p.m. MT
- Aurora - May 7, 2024, 5:30 p.m. - 7:30 p.m. MT
- Grand Junction - May 9, 2024, 5:30 p.m. - 7:00 p.m. MT

Recently Updated Billing Manuals

- [Appendix X - HCPCS/NDC Crosswalk for Billing Physician-Administered Drugs](#)
 - [Appendix Z - Hospital Specialty Drugs](#)
 - [Audiology Benefit Billing and Policy Manual](#)
 - [Durable Medical Equipment, Prosthetics, Orthotics and Supplies \(DMEPOS\) Billing Manual](#)
 - [HCBS - CHRP Waiver Program Billing Manual](#)
 - [HCBS for Persons with IDD Waiver Programs & Targeted Case Management for HCBS Waiver Programs](#)
 - [Physical and Occupational Therapy Billing Manual](#)
 - [Speech Therapy Billing Manual](#)
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Visit the [Billing Manuals web page](#) to locate all published manuals.

Known Issues

Some Speech Therapy Claims for Evaluation Services are Denying for Explanation of Benefits (EOB) 5551 - "Speech Therapy service limit of 12 sessions has been met."

Some speech therapy claims for evaluation services with first date of service (FDOS) on 1/1/2024 are denying incorrectly for the following codes:

92521	92597	92610	96105
92522	92605	92611	96111
92523	92606	92612	96112
92524	92607	92614	96113
92520	92608	92626	Q3014
	92627	V5011	

Affected claims will be reprocessed.

A resolution is in process.

Resolved Known Issues

Resolved 04/15/24: Some Physical Therapy and Occupational Therapy Claims for Procedure Codes 90911, 90912, 90913 were Denying for Explanation of Benefits (EOB) 2305

Some Physical Therapy and Occupational Therapy Claims for procedure codes 90911, 90912, 90913 were denying for Explanation of Benefits (EOB) 2305 - "Occupational therapy and Physical therapy services limited to a maximum of 48 units per 366 days."

Affected claims may be resubmitted by the provider.

Issue resolved 04/15/24.

Resolved 04/11/24: Some Claims for Behavioral Health Services with SC Modifier Were Denying Incorrectly for Explanation of Benefits (EOB) 2029

Some claims for behavioral health services with the SC modifier were denying incorrectly for (EOB) 2029 – “The Services Must Be Billed to the Members RAE.”

Affected claims were reprocessed 04/11/24.

Issue resolved 04/11/24.
