



Provider News & Resources

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In This Issue:

Did You Know? Revalidation

Updated Billing Manuals

Verify Member Eligibility

PRTF and QRTP Service Providers:
Residential Provider Survey

Reminder: Sign Up for Provider
Email Communications

DME Providers:
Resolved Known Issue: Professional
Claims for DME Wheelchair Repair
Services Denying EOB 1997

Hospital Providers:
Resolved Known Issue: Institutional
Claims with Diagnosis Codes F840,
F842, F845 Denying EOB 2029

Featured Resource:

[June 2024 Provider Bulletin
\(B2400509\)](#)

Upcoming Holiday:

**Juneteenth -
Wednesday, June 19, 2024**

Did You Know? Revalidation

Revalidation is a federal mandate from the Centers for Medicare & Medicaid Services (CMS) with which the State of Colorado must comply.

All Provider IDs, including billing, attending, rendering and referring, must be actively enrolled and revalidated with Health First Colorado (Colorado's Medicaid program) for claims to be paid, per rule [42 CFR § 455.410\(b\)](#).

Visit the [Revalidation web page](#) for more information.

Recently Updated Billing Manuals

- [340B Policy and Procedures](#)
- [Appendix X - HCPCS/NDC Crosswalk for Billing Physician-Administered Drugs](#)
- [Gender-Affirming Care](#)
- [Vision Care and Eyewear](#)

State Offices, DentaQuest, AssureCare and the ColoradoPAR Program will be closed.

Gainwell Technologies will be open.

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

Verify Member Eligibility

Providers are reminded to follow these guidelines:

- Are responsible for using any means necessary to determine eligibility.
- May not bill the member if eligibility was not determined.
- May not bill a member if the member did not present an ID card or notify the provider at the time of service.
- Must not rely solely on the member to provide eligibility information but must verify through batch submissions or the [Provider Web Portal](#).
- Are responsible for verifying eligibility within 365 days of the date of service to ensure the claim is submitted within the timely filing guidelines.

Visit the [Policy Statement: Billing Health First Colorado Members for Services web page](#) for more information.

Residential Treatment Service Providers

Residential Provider Survey

Psychiatric Residential Treatment Facility (PRTF) and Qualified Residential Treatment Program (QRTP) services for youth in the custody of Colorado Department of Human Services will be covered under the Behavioral Health capitation and reimbursed by the Regional Accountable Entities (RAEs) effective July 1, 2025.

This change helps ensure that all children will access services in the same way, preventing equity concerns and perverse incentives to place children in child welfare. Residential services for children for diagnoses not covered by the RAE, such as Intellectual and/or Developmental Disabilities (IDD) and Autism Spectrum Disorder (ASD), must still be billed to the Department under the fee-for-service model. Moving residential behavioral health services for youth in child welfare custody under the capitation will better align with the Standardized Child and Youth Benefit that is being developed for Accountable Care Collaborative (ACC) Phase III.

Feedback from providers regarding the support, guidance and information necessary to facilitate a seamless transition for everyone involved is valued as the transition plan is being developed.

Providers are requested to take a few moments to complete the [Residential Provider Survey](#) which will serve as an initial step in fostering dialogue. Responses are due by June 21, 2024.

There will be further opportunities for questions and feedback.

Reminder: Sign Up for Provider Email Communications

Recipients of this email are already signed up to receive Provider Bulletins, newsletters and general announcements. To receive emails specific to provider type, [sign up by selecting the email list\(s\) that best apply](#).

Keeping provider contact information up to date in the Provider Web Portal will help to ensure that providers receive emails specific to their organization's claims. The email address associated with the mailing address in the Provider Web Portal will be used for provider communications.

Refer to the [Provider Maintenance Quick Guide](#) for instructions on how to access and update the email address on file.

Looking for a recent newsletter or email? Newsletters and many of the emails sent to providers are posted on the [Provider News web page](#).

Resolved Issues

Durable Medical Equipment (DME) Providers:

Resolved 05/23/24: Some Professional Claims for Durable Medical Equipment (DME) Wheelchair Repair Services with Modifier RB Denying for Explanation of Benefits (EOB) 1997

Some professional claims for DME wheelchair repair services with modifier RB were denying incorrectly for EOB 1997 - "The referring, ordering, prescribing or attending provider is missing or not enrolled. Please resubmit with a valid individual National Provider Identifier (NPI) in the attending field."

Affected claims were reprocessed on 05/29/24.

Issue resolved 05/23/24.

Hospital Providers:

Resolved 05/23/24: Some Institutional Claims with Diagnosis Codes F840, F842, F845 with Date of Service 01/01/24 or after were Denying Explanation of Benefits (EOB) 2029

Some institutional claims with diagnosis codes F840, F842, F845 for date of service 01/01/24 or after were denying incorrectly for EOB 2029 - "The Services Must Be Billed to The Members RAE."

Affected claims were reprocessed on 05/30/24.

Issue resolved 05/23/24.
