COLORADO
Department of Health Care Policy & Financing

Provider News & Resources

June 16, 2025 Issue 119

In This Issue:

Known Issues:

Reminder: Timely Filing

Providers are required to submit claims within 365 days to keep claims within timely filing. If the claim is past 365 days, a resubmission is required within 60 days and must contain the previous internal control number (ICN).

Correspondence with the fiscal agent is not proof of timely filing. The claim must be submitted, even if the result is a denial.

Reminder: Provider Revalidation

Child Health Plan Plus (CHP+) and Health First Colorado (Colorado's Medicaid program) providers must revalidate in the program at least every five (5) years to continue as a provider. Organization Health Care Providers are required to

Therapy Units

Featured Resources:

Ordering, Prescribing and Referring Claim Identifier Project web page

Provider Revalidation Date Spreadsheet

Upcoming Holiday:

Juneteenth
Thursday, June 19, 2025

State Offices, AssureCare, DentaQuest and Optum will be closed.

Acentra, Gainwell Technologies and Prime Therapeutics will be open.

obtain and use a unique National Provider Identifier (NPI) for each service location and provider type enrolled. The Provider Revalidation Dates Spreadsheet is updated once a week on the Revalidation web page and can be used for billing, rendering and Ordering, Prescribing, and Referring (OPR). This spreadsheet contains the following information:

- Revalidation Date
- Provider ID
- National Provider Identifier (NPI)
- Name
- Provider Type

For revalidation, much of the information needed will be pre-populated, and providers should verify that the information is still valid. Required fields that are not pre-populated must be completed. Once the revalidation application has been approved, information that cannot be updated in the revalidation application may be updated through the Provider Maintenance option of the Provider Web Portal.

For more information, refer to the Provider Web Portal Quick Guide: Revalidation and the Provider Revalidation Manual on the Revalidation web page.

New Procedure Codes Implemented in the International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10 PCS)

The Centers for Medicare & Medicaid Services (CMS) implemented 50 new procedure

codes into the International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10 PCS) on April 1, 2025, resulting in end-dating closed codes and adding new ICD-10 PCS codes.

Institutional Claims, with Dates of Services from April 1, 2025 through June 10, 2025, were denying for "ICD Procedure Code not on file or invalid".

Denied Institutional Claims with the new ICD-10 PCS codes were reprocessed on June 13, 2025. Claims with new ICD-10 PCS codes effective April 1, 2025 will no longer deny for these EOBs.

Regional Accountable Entities (RAEs) Region Count Consolidation and Reduction

Effective July 1, 2025, the number of state Regional Accountable Entities (RAEs) will be reduced from seven (7) regions to four (4) regions. The newly designated regions are designed to support the natural utilization patterns and care relationships between members and providers and account for the geographic barriers within the state that can impact access to services.

Members were notified about the changes to their Primary Care Medical Provider (PCMP). RAE ID fields on the Admission, Discharge and Transfer (ADT) in the Provider Web Portal will display the current RAE enrollment beginning July 1, 2025:

Region 1: Rocky Mountain Health Plans
  Note: Rocky Mountain Health Plans will continue to operate the PRIME MCO in nine (9) counties across Region 1.
Region 2: NHP
Region 3: Colorado Community Health Alliance
Region 4: Colorado Access
  Denver County: Denver Health Medicaid Choice will continue to operate the DHMCO in Denver County.

The RAEs will continue to maintain a statewide network of behavioral health providers to support members in receiving needed care. RAEs will collaborate with one another and coordinate care for members, even if the member requires care outside of their region.

Refer to the Preparing for Accountable Care Collaborative Phase III web page for more information.

Help Shape the Future of Health First Colorado: Apply to Join the Medical Care Advisory Committee (MCAC)

The Department is now recruiting for the Medical Care Advisory Committee.

In 2024, the Centers for Medicare and Medicaid Services updated federal requirements (42 CFR 431.12) directing states to establish and operate a public Medicaid Advisory Committee.

This new committee will play an important role in improving quality of care, advancing health equity and strengthening Medicaid services across Colorado.

Individuals are being sought with relevant experience in health care or advocacy who:

- Serve or represent Health First Colorado members
- Have demonstrated leadership or expertise in their field
- Are open to diverse viewpoints
- Have a desire to improve Medicaid services for all members

Applications are open from May 12, 2025 to July 1, 2025.

Learn more about the committee and eligibility requirements on the Medical Care Advisory Committee website.

Individuals are encouraged to apply or share this opportunity with others who may be interested.

Recently Updated Billing Manuals and Fee Schedules

Billing Manuals

- Appendix Z - Hospital Specialty Drugs
- Lactation Support Services
- Pharmacist Services Billing Manual
- Telemedicine and eConsult Billing Manual

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

Fee Schedules

- FY 2025-26 Home Health
- FY 2025-26 Private Duty Nursing
- FY 2025-26 Targeted Case Management

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

Known Issues

Inaccurate Portal Display for Speech Therapy Units

The Provider Web Portal is displaying inaccurate units available for speech therapy services. Claims are being processed correctly but the totals displayed in the Provider Web Portal are inaccurate.

Providers may contact Acentra to begin the prior authorization process even if all units have not been utilized.

A resolution is in process.