



COLORADO
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Provider Revalidation Dates Spreadsheet

The [Provider Revalidation Dates Spreadsheet](#) is updated and posted once a week on the [Revalidation web page](#). Providers must revalidate every five (5) years and the revalidation date is listed for all Health First Colorado (Colorado's Medicaid program) providers. The information on the spreadsheet can be used to verify active enrollment for any billing, rendering and Ordering, Prescribing and Referring (OPR) provider.

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All Providers: Pregnancy-Related Services Stakeholder Engagement Meeting

Stakeholders are invited to learn about upcoming changes that expand access to abortion services as a family-planning-related service for Health First Colorado and Child Health Plan *Plus* (CHP+) members in alignment with [Senate Bill 25-183](#). There will be time for policy questions and clarification.

[Senate Bill 25-183](#) complies with [Colorado Constitutional Amendment 79](#), passed by voters in 2024. It expands the definition of "family-planning-related services" to include abortion care, allows payment for these services under Health First Colorado and ensures that abortion care is available to pregnant individuals enrolled in CHP+.

Meeting Date and Time: September 18, 2025, 12:30 to 2:00 p.m. Mountain Time
Intended Audiences: perinatal health care providers, members, advocacy groups, other impacted communities

Registration and Location: The meeting will be virtual via Zoom. [Register](#) in advance or

at the start of the webinar. A unique link to join the meeting will be received after registering. It is tied to registration and will not work for anyone else.

The meeting recording will be posted to the [Senate Bill 25-183- Pregnancy-Related Services Stakeholder Engagement Meeting web page](#).

Meeting Accommodation and Language Access Notice

Meeting audio will be provided in English and Spanish.

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 the meeting organizer Ryan Lazo at hcpf_stakeholders@state.co.us or the or the Civil Rights Officer at hcpf504ada@state.co.us at least one (1) week prior to the meeting to make arrangements.

Proyecto de ley del senado 25-183 - Servicios relacionados con el embarazo Reunión de participación de interesados

El departamento de política sanitaria y financiación de Colorado (HCPF, por sus siglas en inglés) lo invita a aprender sobre los próximos cambios que amplía el acceso a los servicios de aborto como un servicio relacionado con la planificación familiar para los miembros de Health First Colorado y Child Health Plan *Plus* (CHP+), en cumplimiento con el proyecto de ley del [senado 25-183](#). Habrá tiempo para preguntas sobre la política y aclaraciones.

El proyecto de ley del [senado 25-183](#) cumple con la enmienda constitucional 79 de Colorado, aprobada por los votantes en 2024. Esto amplía la definición de "servicios relacionados con la planificación familiar" para incluir la atención del aborto, permite el pago por estos servicios bajo Health First Colorado y garantiza que la atención del aborto esté disponible para las personas embarazadas inscritas en CHP+.

Fecha y hora de la reunión: 18 de septiembre de 2025, de 12:30 p. m. a 2:00 p. m.

- **Público al que va dirigido:** proveedores de atención sanitaria perinatal, miembros, grupos de defensa y otras comunidades afectadas.

Registro y ubicación: La reunión se realizará de manera virtual a través de Zoom. [Regístrese](#) con anticipación o al comienzo del seminario web. Una vez que se registre, recibirá un enlace único para unirse a la reunión. Este está vinculado a su registro y no funcionará para otras personas.

Si no puede asistir, la grabación de la reunión será publicada en el [sitio web de la reunión](#) después de la reunión.

Aviso sobre adaptaciones para la reunión y acceso lingüístico:

El audio de la reunión se proporcionará en inglés y español.

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 organizador de reuniones Ryan Lazo a hcpf_stakeholders@state.co.us o con el oficial de derechos civiles a hcpf504ada@state.co.us al menos una (1) semana antes de la reunión para hacer los arreglos necesarios.

Bicillin® L-A Recall Guidance, Shortage and Alternative Medications

The Colorado Department of Public Health and Environment (CDPHE), Office of Sexually Transmitted Infections/Human Immunodeficiency Virus (STI/HIV) has released new guidance related to the [voluntary recall by King Pharmaceuticals LLC](#) (a subsidiary of Pfizer) of Bicillin® L-A (Penicillin G Benzathine Injectable Suspension), used to treat syphilis. The Food and Drug Administration (FDA) has issued a drug shortage alert related to this medication.

CDPHE recently published a [newsletter](#) providing information and guidance related to this medication shortage. The FDA identified acceptable alternative forms of penicillin (Extencilline and Lentocilin) for treating syphilis/congenital syphilis and the Centers for Disease Control and Prevention have provided guidance on the use of these alternative medications.

Both Extencilline and Lentocilin (HCPCS J0561) are identified as Health First Colorado-covered medications when billed with the appropriate, required national drug code (NDC) found in [Appendix X](#) under the HCPCS/NDC Crosswalk for Billing Physician-Administered Drugs.

Provider Training for August - Provider Enrollment and Billing with Other Payers

Provider Enrollment Training

Provider enrollment training is designed for providers at various stages of the initial enrollment process with Health First Colorado. It provides an overview of the program and guidance on the provider application process, enrollment types and common errors. It also provides information on next steps after enrollment.

[Provider Enrollment Training 8/19/25](#)

1:00 p.m. - 3:30 p.m. MT

Billing Training - Medicare and Third-Party Liability

This billing training addresses billing Medicare and third-party liability (TPL) (e.g., commercial and private insurance) as primary payers, including detailed information on Medicare lower-of pricing logic and timely filing guidelines. This training is not relevant to Home and Community-Based Services (HCBS) and Non-Emergent Medical Transportation (NEMT) providers.

[Billing Training: Medicare & Third-Party Liability 8/21/25](#)

1:00 p.m. - 2:30 p.m. MT

Click the training session(s) to register for the webinar. An automated response will confirm the reservation.



Reminder: 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 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.

What Information can be Updated During Revalidation?

The “[What information can be updated during revalidation?](#)” section of the [Revalidation web page](#) has been clarified to compare what provider information can be updated during Provider Revalidation versus what provider information can be updated through a Provider Maintenance Request.

Only one request is permitted for submission and review at a time. Providers should verify that all information in the enrollment profile is correct and up-to-date prior to revalidation.

Recently Updated Billing Manuals and Fee Schedules

Billing Manuals

- [Appendix Q - Revenue Code Table](#)
- [Appendix X - HCPCS/NDC Crosswalk for Billing Physician-Administered Drugs](#)
- [Medical-Surgical Billing Manual](#)
- [Physician-Administered Drugs \(PAD\) Billing Manual](#)
- [Telemedicine and eConsult Billing Manual](#)

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

Fee Schedules

- [Child Health Plan *Plus* \(CHP+\) FY 2025-2026](#)
- [Q1/Q2/Q3 PAD Fee Schedule](#)

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



Known Issues

Claims Billed with Revenue Code 911 or with Procedure Code H0019 are Denying for Explanation of Benefits (EOB) 2029

Professional claims billed by Psychiatric Residential Treatment Facility (PRTF) providers with revenue code 911 and professional claims billed by Qualified Residential Treatment Program (Q RTP) providers with procedure code H0019, with Dates of Services (DOS) on or after July 1, 2025, are denying incorrectly for EOB 2029 - "The services must be billed to the member's RAE."

Affected claims will be reprocessed.

A resolution is in process.

Some Professional Claims for Home and Community-Based Service (HCBS) Providers May Have Been Denied for Explanation of Benefits (EOB) 4758

Some Home and Community-Based Service Providers (HCBS) with an approved Prior Authorization (PA) for members eligible for Community First Colorado (CFC) Benefit Plan services may have had professional claims denied for Explanation of Benefits (EOB) 4758 – "Billing Provider Type/Specialty Restriction on Procedure Coverage Rule."

Providers may contact the member's Case Manager to determine if the CFC Benefit Plan should be added.

Resolved Known Issues

Resolved 8/6/25: Claims were Denying for Non-Emergent Medical Transportation Services with Code S0215

Non-Emergent Medical Transportation (NEMT) claims with a Date of Service (DOS) on or after July 1, 2025, were denying for EOB 7817 - "The payment modifier is not appropriate" when billing with modifiers 76 or 77 and a mileage code of S0215.

Affected claims were reprocessed on 8/7/25.

Issue resolved 8/6/25.

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