



Provider News & Resources

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Pediatric Behavioral Therapy

Providers are reminded that organizations with a tax ID must enroll as Provider Type 83 Behavioral Therapy Clinic.

Eligible individuals to affiliate with
Provider Type 83 are:

- Psychologist with a doctorate degree - Provider Type 37
- Licensed Behavioral Health Clinician - Provider Type 38
- Behavioral Therapist - Provider Type 84

All newly enrolled behavioral therapists must enroll as Provider Type 84 and affiliate to Provider Type 83 Behavioral Therapy Clinic.

Providers who enrolled prior to 2019 and are currently Provider Type 25 must re-enroll as Provider Type 83 during the revalidation process.

Featured Resource:
New Provider Enrollment Training

Updated Billing Manuals and Fee
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Resolved Known Issue:
Health First Colorado Fee Schedule

Upcoming Holidays:

**Labor Day -
Monday, September 2**

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

Providers may need to re-enroll as
Provider Type 83 sooner if a behavioral
therapist (Provider Type 84) is affiliating
with the group.

Ordering, Prescribing and Referring Reminder

Providers are reminded to include Ordering, Prescribing and Referring (OPR) providers on claims and to ensure OPR providers are currently enrolled with Health First Colorado (Colorado's Medicaid program). The National Provider Identifier (NPI) of the OPR provider must appear in field 17b on a CMS 1500 claim form. This field cannot be left blank, even if the rendering and the referring provider is the same individual. For providers billing on an institutional claim, enter the OPR in the attending field 76 on the UB-04 claim form.

Claims will deny for Explanation of Benefits (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" if the OPR provider is missing or not enrolled with Health First Colorado.

This affects the following provider types:

- Audiology
 - Durable Medical Equipment
 - Home Health
 - Laboratory Services
 - Pediatric Personal Care
 - Physical, Occupational and Speech Therapy
 - Private Duty Nursing
 - Radiology, Imaging Service
 - School Health Services
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Non-Emergent Medical Transportation (NEMT) Providers

Revalidating Enrollment with Health First Colorado

All Non-Emergent Medical Transportation (NEMT) providers *must* be revalidated with Health First Colorado (Colorado's Medicaid program) by September 30, 2024, regardless of the provider's original revalidation date.

Providers who are not revalidated by this date will have claims suspended for payment starting October 1, 2024, until their revalidation is completed.

To complete the revalidation, NEMT providers must have a valid credentialing certificate issued by Transdev Health Solutions (formerly IntelliRide).

Credentialing Program

Health First Colorado has updated the Non-Emergent Medical Transportation (NEMT) provider credentialing process. This includes two (2) steps:

1. Credentialing with Transdev Health Solutions (formerly IntelliRide)
2. Revalidating enrollment with Health First Colorado

Follow the instructions below to maintain enrollment as an NEMT provider.

Credentialing with Transdev Health Solutions (Formerly IntelliRide)

All NEMT providers must be credentialed to provide Health First Colorado services. This now includes all drivers and vehicles. Transdev Health Solutions manages driver and vehicle credentialing for all NEMT providers statewide.

Failure to complete this process will result in further action being taken in accordance with Section 25.5-4-301, C.R.S. and 10 C.C.R. 2505-10, Section 8.076.

1. To complete the Credentialing Request Form and License, visit the [Transdev Health Solutions provider website](#) and scroll down to the [link to apply for credentialing](#) (Step #1, Onboard).
 - a. Providers will receive an email that includes a username, password and link to sign up for software training.
2. Participate in a credentialing software (ProCredex) training session to learn how to use the software.
3. Visit [Platform ProCredEx](#) to upload the required driver and vehicle credentials.
 - a. Users must log in with the username and password given after they initially applied for credentialing.
4. Sign up for an in-person vehicle inspection. Vehicle inspections are required. Visit the [Transdev Health Solutions website](#) for a list of contacts, dates and times for inspections.

Transdev Health Solutions will review and provide a credential certificate once these steps are completed. This certificate **must** be submitted with the provider's Health First Colorado revalidation application.

Contact ProCredex Provider Support at Support@procredex.com for support with the credentialing process.

Important: Any new drivers and vehicles added to the business, at any time, must be approved before they can be used to transport Health First Colorado members. Credentials for new drivers and vehicles must be submitted through the credentialing software. Any driver or vehicle which fails credentialing is prohibited from being used to provide NEMT services to Health First Colorado members.

Vehicle Inspections

All vehicles must be inspected regardless of the age of the current inspection. Providers must contact Transdev Health Solutions to schedule an inspection date and time.

Contact Transdev Health Solutions Provider Support at (833) 643-3010 or email Kristina.Harris@transdev.com or Berni.Lyons@transdev.com with questions.

Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST) Providers

Audit Limit Details Available During Eligibility Verification

Providers who perform eligibility verifications will see updated column header text and

verbiage in the Coverage Details panel of the Limit Details section in the [Provider Web Portal](#). Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST) providers may also check audit unit details for therapy services on member records. Refer to the following Quick Guides for additional information:

- [Verify Member Eligibility and Co-Pay](#)
 - [Verify Remaining Therapy Service Units](#)
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Immunization Providers

COVID-19 Rates

Effective for dates of service on or after October 1, 2024, COVID-19 vaccine administration will be reimbursed at the same rate as all other vaccine administration. The reimbursement rate for Current Procedural Terminology (CPT) code 90480 will change to \$21.17.

All vaccine reimbursement rates were updated effective July 1, 2024. The rates and age range for immunizations are reflected on the [Immunizations Fee Schedule](#).

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.

Home and Community-Based Services

Home and Community-Based Services (HCBS) providers are reminded to continue rendering previously authorized services to members even if the HCBS Benefit Plan or Prior Authorization Request (PAR) is no longer there. Providers should bill within timely filing guidelines for all services rendered. The Department will manually create the Benefit Plan and add it to the member's eligibility, and the claim will be reprocessed.

HCBS providers may see Universal Aid Code "MH" associated with some Waiver Benefit Plans for eligible members when checking a member's eligibility in the [Provider Web Portal](#). The MH Universal Aid Code replaces thirteen (13) prior aid codes effective 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. Some claims may be denied for EOB 4758 "Billing Provider Type/Specialty Restriction on Procedure Coverage Rule" due to a missing benefit plan in the member's eligibility record.

Members must show a benefit plan as well as the MH code for claims to process correctly. If the benefit plan is missing, HCBS providers may submit [a request via this form](#) to update a benefit plan.

HCBS providers should not contact the county or the case manager to update the benefit plan.

Intensive Behavioral Health Services Delivery Model

Feedback will be gathered from stakeholders interested in learning about the proposed Intensive Behavioral Health Services (IBHS) delivery model for Health First Colorado (Colorado's Medicaid program) members. The model will serve as a specific approach of providing intensive behavioral health services to children, youth and families. County agencies, providers, intermediaries and advocates are encouraged to provide feedback regarding the delivery of behavioral health services.

Stakeholders are encouraged to join one of the upcoming meetings. Visit the [IBHS web page](#) for the latest update and to [register](#) for a session.

Virtual meetings will be hosted every Friday throughout September 2024, for those providers unable to join the in-person sessions. More information will be updated on the [IBHS web page](#) when available.

Date of Death Claim Adjustments

A member's information can be updated after claims have already been processed. If notification of a member's date of death is updated in the system after claims have been paid, some providers could see a recoupment when the date of service (DOS) is after the member's date of death.

Providers will see new claims payment when the member's date of death was updated or removed after the claim was recouped. Affected claims will be processed and will only adjust claims with DOS less than 548 days (18 months).

Featured Resource: New Provider Enrollment Training

Providers who are in the enrollment process or planning to enroll are encouraged to review the [Provider Enrollment Training](#) presentation.

This presentation provides resource information such as provider types, enrollment types, application process and revalidation.

Visit the [Provider Training web page](#) to locate all provider training resources.

Recently Updated Billing Manuals and Fee Schedules

Billing Manuals

- [Appendix X - HCPCS/NDC Crosswalk for Billing Physician-Administered Drugs](#)
- [Appendix Z: Hospital Specialty Drugs](#)
- [Pediatric Behavioral Therapies](#)

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

Fee Schedules

- [Health First Colorado](#) January 2024
 - [Health First Colorado](#) July 2024
 - [Physician-Administered Drug \(PAD\)](#) Q1/Q2/Q3 2024
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- [Targeted Case Management](#) Fiscal Year 2024 - 2025

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

Resolved Known Issues

Health First Colorado Fee Schedule

The Health First Colorado Fee Schedule for July 2024 is now posted on the [Provider Rates and Fee Schedule web page](#).

The new rates for dates of service beginning July 1, 2024, have been loaded into the Colorado interChange. New claims submitted will reflect the new rates.

Communications will be sent when previous claims have been reprocessed.
