



Provider News & Resources

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In This Issue:

Did You Know? Keeping Claims within Timely Filing

High Risk Level for Newly Enrolling Skilled Nursing Facility (SNF) and Hospice Providers

Reminder: Non-Emergent Medical Transportation Revalidation

Recently Updated Billing Manuals and Fee Schedules

Known Issues:

Institutional Claims Billed with Revenue Code 900 are Denying for EOBs 2028, 2030 or 2031

Provider Web Portal Registration Instruction Letters

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

Some Providers May Not See

Did You Know? Keeping Claims within Timely Filing

Providers are able to keep claims within timely filing by resubmitting every 60 days after the initial timely filing period of 365 days from the date of service (DOS). The previous Internal Control Number (ICN) must be referenced on the claim if the claim is over 365 days. Providers may resubmit within 60 days with the previous ICN if an adjustment is done by the fiscal agent. Visit the [Frequently Asked Questions \(FAQs\) and Billing Resources web page](#) and click the Timely Filing drop-down menu for more information.

Additional Taxonomies During Maintenance

Resolved Known Issues:

Resolved 8/28/25: Professional Claims for Obstetrical Care were Denying for EOB 6503

Resolved 9/4/25: Rates Updated for Hospice Claims Effective October 11, 2024 (FFY 24-25)

Resolved 9/5/25: Outpatient Claims Billed with Hospital Specialty Drug Appendix Z Codes without Modifier SE Were Denying Incorrectly for EOB 6505

Meetings and Training Announcements:

All Providers: Pregnancy-Related Services Stakeholder Engagement Meeting

Provider Training for September - Billing Training



High Risk Level for Newly Enrolling Skilled Nursing Facility (SNF) and Hospice Providers

The Enrollment Risk Level for newly enrolling Skilled Nursing Facilities (SNFs) and Hospice providers will be set to High Risk Level beginning September 4, 2025. Fingerprinting background checks are required for High Risk Level providers. Refer to the [Enrollment FAQ section](#) of the [Provider Enrollment web page](#) for information regarding the fingerprint process.

The revalidation risk level for SNF will elevate to Moderate risk and Hospice will remain at moderate risk level.

Reminder: Non-Emergent Medical Transportation Revalidation

Non-Emergent Medical Transportation (NEMT) providers who have not yet revalidated are encouraged to revalidate as soon as possible to avoid disenrollment. Refer to the [Revalidation Quick Guide](#) for information on how to revalidate.

Refer to the [Frequently Asked Questions for Transportation Providers section](#) of the [Non-Emergent Medical Transportation web page](#) for information about credentialing.

Recently Updated Billing Manuals and Fee Schedules

Billing Manuals

- [Appendix X - HCPCS / NDC Crosswalk for Billing Physician-Administered Drugs](#)
- [Appendix Z – Hospital Specialty Drug List](#)
- [Durable Medical Equipment, Prosthetics, Orthotics and Supplies \(DMEPOS\)](#)
- [Federally Qualified Health Center and Rural Health Clinic Billing Manuals](#)

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

Fee Schedules

- [HCBS Rate Schedule - 7/1/2025 EBD, CMHS, BI, CIH Rate Schedule](#)
- [Health First Colorado Fee Schedule](#)
- [Hospice Fee Schedule FY 2024-2025](#)
- [Immunization Rate Schedule FY 2025-2026](#)
- [Integrated Care Fee Schedule FY 2025-2026](#)

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



Known Issues

Institutional Claims Billed with Revenue Code 900 are Denying for Explanation of Benefits (EOBs) 2028, 2030 or 2031

Institutional claims with a Date of Service (DOS) on or after 1/1/25 that are billed with Revenue Code 900 are denying for the following Explanation of Benefits (EOBs): EOB 2028

– “Behavioral Health Revenue 900 Requires Behavioral Health Procedure;” EOB 2030 – “Client Services Covered by PIHP” and EOB 2031 – “Client Services Covered by RMHP.” EOBs 2030 and 2031 are exclusive to claims for members that are enrolled in Prepaid Inpatient Health Plan (PIHP) and Rocky Mountain Health Plan (RMHP).

A resolution is in process.

Affected claims will be reprocessed.

Provider Web Portal Registration Instruction Letters

Many providers received a letter on 9/3/25 containing registration instructions for creating a Provider Web Portal account. If the Provider Web Portal account is already created, please disregard the letter.

Providers that need to create a [Provider Web Portal](#) account for the first time may follow the directions to complete this action. We apologize for any confusion.

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.

Some Providers May Not See Additional Taxonomies During Maintenance

Some providers that have additional taxonomies may not see the taxonomies listed in the Additional Taxonomies section of the Specialty and Contact Information Changes panel when completing a Maintenance Request in the [Provider Web Portal](#).

No action is needed from providers.

A resolution is in process.

Resolved Known Issues

Resolved 8/28/25: Professional Claims for Obstetrical Care were Denying for Explanation of Benefits (EOB) 6503 "Maternity - Multiple Baby Deliveries"

Professional claims for Obstetrical Care with a Date of Service (DOS) on or after July 1, 2023, were denying for Explanation of Benefits (EOB) 6503 "Maternity - Multiple Baby Deliveries" when the claim was billed with the procedure code 59409 and a modifier of 59 and when the claim had a history detail of procedure code 59400 and a modifier of GC.

Affected claims were reprocessed 9/2/25.

Issue resolved 8/28/25.

Resolved 9/3/25: Rates Updated for Hospice Claims Effective October 11, 2024 (FFY 24-25)

The [FFY 24-25 Hospice Fee Schedule](#) was posted under the Hospice section on the [Provider Rates and Fee Schedule web page](#) and claims reimbursement will reflect these rates for Dates of Services (DOS) effective October 11, 2024 through September 30, 2025.

Affected claims were reprocessed on 9/4/25.

Issue resolved 9/3/25.

Resolved 9/5/25: Outpatient Claims Billed with Hospital Specialty Drug Appendix Z Codes without Modifier SE Were Denying Incorrectly for EOB 6505

Institutional Outpatient Claims Billed with Hospital Specialty Drug Appendix Z Codes J9229, Q2054, J0567, Q2056, J9348, J1413, Q2042, J2326, Q2053, J1303, J0218, Q2041, J3399, J7352, J0225, J9286, J3393, J3394 without Modifier SE Were Denying Incorrectly for Explanation of Benefits (EOB) 6505 - "Paid Inpatient Claim Not Found for Specialty Drugs."

Affected claims were reprocessed on 9/5/25.

Issue resolved 9/5/25.

Meetings and Training Announcements

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 p.m. to 2:00 p.m. MT

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. MT

- **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.

Provider Training for September - Billing Training

Intermediate billing training covers claims processing and remittance advice via the [Provider Web Portal](#) and batch, secondary billing with commercial insurance and Medicare, attachment requirements, timely filing, suspended claims, adjustments and voids, reconsiderations and resubmissions and more. This training is a general training for all provider types.

- [Intermediate Billing Training](#): Thursday, September 18, 2025 at 1:00 p.m. - 3:00 p.m. MT

Beginner billing training sessions provide a high-level overview of member eligibility, claim submission, prior authorizations, Department's website navigation, Provider Web Portal use and more.

- [Beginner Billing Training: Professional Claims \(CMS 1500\)](#): Tuesday, September 23, 2025 at 9:00 a.m. - 11:30 a.m. MT
- [Beginner Billing Training: Institutional Claims \(UB-04\)](#): Thursday, September 25, 2025 at 1:00 p.m. - 3:30 p.m. MT

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

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