



# Provider News & Resources

October 14, 2024 Issue 102

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## **Did You Know?**

### **Keep Licenses Current**

Federal screening regulations found in [42 CFR § 455.412](#) require providers to maintain current licenses, without limitations, throughout the term of their agreement.

A license update is required when the license on file will soon be expiring. Update the license information in the [Provider Web Portal](#) to remain actively enrolled by clicking Provider Maintenance and following the steps under Provider Identification Changes.

A copy of the license showing the effective and end dates must be attached.

Refer to the [Provider Maintenance - Update License and Clinical Laboratory Improvement Amendments \(CLIA\) Quick Guide](#) located on the [Quick Guides web page](#) for more information.

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*Featured Resource:*

[October 2024 Provider Bulletin  
\(B2400514\)](#)

*Upcoming Holidays:*

**Veterans Day -  
Monday, November 11, 2024**

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

Gainwell Technologies  
and DentaQuest will be open.



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## **Provider Web Portal Address Panel Changes – Service Location Fields**

If an incorrect county or location code is entered in the service location section of the Addresses Panel during provider enrollment, maintenance or revalidation in the [Provider Web Portal](#) users will see a pop-up message stating that data has been corrected automatically.

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The location code field allows a user to designate their address as In State, Out of State or Border Town. Portal users may choose to manually override any of the automated data if needed.

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## **Revalidation Date Extension**

The revalidation deadline for Non-Emergent Medical Transportation (NEMT) providers has been extended from September 30, 2024, to November 30, 2024. This process can take several weeks to complete.

Providers must plan accordingly to be ahead of the deadline. The Department of Health Care Policy & Financing (the Department) is urging providers to begin this process immediately.

Refer to the [October 2024 Provider Bulletin \(B2400514\)](#) for more information on the revalidation and credentialing processes.

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## **Immunizations**

Immunizations for all Health First Colorado members are a benefit when recommended by the Advisory Committee on Immunization Practices (ACIP). All ACIP-recommended immunizations are a covered benefit, for all members, without cost-sharing. Seasonal influenza vaccine is a benefit for children and adults and is recommended for individuals who are six (6) months of age or older.

Health First Colorado members under 19 years of age are eligible to receive all immunizations available from the federal Vaccines for Children (VFC) Program at VFC-enrolled provider offices. Adult members 19 years of age and older may receive vaccines from any enrolled provider acting within the scope of their licensure. This includes enrolled pharmacies.

Health First Colorado covers vaccine counseling visits in which healthcare providers talk to families about the importance of vaccination. Health First Colorado also covers and will reimburse for stand-alone vaccine counseling visits. Providers should not bill for the vaccine counseling code and the vaccine administration code on the same date of service

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when vaccine administration codes are inclusive of counseling.

Refer to the [Immunizations Billing Manual](#) for further vaccine billing guidance.

Contact Christina Winship at [Christina.Winship@state.co.us](mailto:Christina.Winship@state.co.us) with any Vaccine Policy questions. Contact the [Provider Services Call Center](#) for assistance with claims and billing.

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## Recently Updated Billing Manuals and Fee Schedules

### Billing Manuals

- [Appendix X - HCPCS/NDC Crosswalk for Billing Physician-Administered Drugs](#)
- [Appendix Z: Hospital Specialty Drugs](#)
- [Inpatient/Outpatient \(IP/OP\)](#)
- [Pharmacy](#)
- [Screening, Brief Intervention and Referral to Treatment \(SBIRT\) Program](#)

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

### Fee Schedules

- [Health First Colorado July 2024 Fee Schedule](#)

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

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## Known Issues

### Short-Term Behavioral Health Service Information and Speech Therapy Units Currently Unavailable in Provider Web Portal

Some providers using the Provider Web Portal may not see information in the Limit Details section when checking remaining service units for Short-Term Behavioral Health services and Speech Therapy units.

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A resolution to this issue is expected to be completed this week.

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### **Clinic Practitioners (Provider Type 16):**

#### **Claims for Procedure Code J3301 Denying Explanation of Benefits (EOB) 7827**

Claims for procedure code J3301 are denying for EOB 7827 - "Unlisted procedure code should not be used when a more descriptive procedure code representing the service provided is available."

A resolution to this issue is in process.

Affected claims will be reprocessed.

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#### **Knee Arthroscopy/Surgery Procedure Code 29877 Paying Incorrect Amount**

Claims billed with procedure code 29877 (Knee Arthroscopy/Surgery) are paying at an incorrect rate. The rate of \$511.57 listed in the fee schedule is correct. The Colorado interChange will be updated to reflect this rate.

A resolution to this issue is in process.

Affected claims will be reprocessed.

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**Resolved Known Issues**

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## **Ambulatory Surgical Centers (ASC):**

### **Resolved 09/24/24: Correction Rate Schedule**

Some groupers for Ambulatory Surgical Centers (ASC) were reflecting the incorrect rates for dates of service July 1, 2024, and later.

Affected claims were reprocessed on 10/01/24.

Providers must adjust to receive the correct reimbursement if claims for dates of services on or after July 1, 2024, were billed with a lesser submitted charge, as the lower of billed charges payment logic applies.

A list of ASC codes and respective groups was posted on the [Provider Rates and Fee Schedule web page](#) under the [ASC Rate Schedule](#) section.

Issue resolved 09/24/24.

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## **Clinic Practitioners (Provider Type 16):**

### **Resolved 10/02/24: Some Claims for Procedure Code 83986 Denying Explanation of Benefits (EOB) 7827**

Some claims for procedure code 83986 were denying for EOB 7827 - "Unlisted procedure code should not be used when a more descriptive procedure code representing the service provided is available."

Providers are instructed to resubmit denied claims.

Issue resolved 10/02/24.

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