



Provider News & Resources

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Upcoming Holidays:

Christmas Day - Saturday, December 25 (Observed Friday, December 24)

New Year's Day - Saturday, January 1 (Observed Friday, December 31)

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

Did You Know?

Provider Web Portal Password Reset



All delegate accounts in the [Provider Web Portal](#) can be reset by the administrator within the provider organization. Users with a delegate status must refer to the administrator for a password reset. The [Provider Services Call Center](#) can only reset administrative passwords once the request is submitted in writing.

Refer to the [Administrative Password Reset Process document](#) on the [Quick Guides web page](#) for step-by-step instructions.

The administrative account gives the user full access to the functionality available within the Provider Web Portal. Providers may have one account administrator assigned.

Reminder: Update Address for Internal Revenue Service (IRS) Form 1099 in Provider Web Portal

Providers are encouraged to ensure the IRS 1099 form mailing address on file with Health First Colorado is accurate and current prior to January 2022. Providers may add, view or modify the IRS 1099 form mailing address through the Provider Maintenance option in the Provider Web Portal. A confirmation letter will be sent to all linked provider service locations when an update is completed. The letter will contain:

- The provider service location ID
- The user information who completed the change
- The details of the address changes made (previous and new)

Note: The IRS 1099 form mailing address is linked to the associated tax ID. If multiple provider IDs share the same tax ID, and one provider changes the 1099 address, that address will change for all providers with that tax ID.

Visit the [Provider Maintenance – Provider Web Portal Quick Guide web page](#) and view [Address Changes](#) for instructions to update an address in the Provider Web Portal.



Reminder: New Diagnosis, CPT and HCPCS Codes and Health First Colorado Billing

Not all new diagnosis codes, CPT codes and HCPCS codes are immediately billable through Health First Colorado when released from Centers for Medicare and Medicaid Services (CMS). Providers are reminded to check the [Provider Rates & Fee Schedule web page](#) before billing, to ensure the codes are a covered benefit. All codes must be reviewed for medical necessity, prior authorization coverage standards and rates before the codes are reimbursable. Codes must then be loaded into the Colorado interChange.

New Procedure Code 90677 for Adult Pneumococcal Vaccine

Procedure code 90677 for the adult pneumococcal vaccine has been added to the Immunization and [Health First Colorado Fee Schedules](#). The Colorado interChange is being updated to accept claims for dates of service on or after October 1, 2021, billed with this new procedure code. More information will be provided in future communications.

Pharmacy Providers

Reminder: Update Fax Numbers

Pharmacy providers are encouraged to ensure their fax numbers are accurate and current to receive important pharmacy fax blasts. Many pharmacies either do not have a fax number on file or have a corporate fax number on record.

Visit the [Provider Maintenance - Provider Web Portal Quick Guide web page](#) for more information on updating the fax number.

Recently Published Billing Manuals

- [Appendix R - Remittance Advice Messages](#) - Updated the description of Explanation of Benefits (EOB) Code 2391.
- [Appendix X - HCPCS / NDC Crosswalk for Billing Physician-Administered Drugs](#)

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

Known Issues

Home & Community-Based Services (HCBS) In Home Support Services (IHSS) Claims for T1019 Paid at Incorrect Rate

Some IHSS claims subject to the Denver Minimum Wage Rate for procedure code T1019 billed with U1, HR and KX modifiers for dates of service on or after 7/1/2021 are being underpaid.

Providers are reminded that for the Denver Minimum Wage Rate the county of residence is based on information recorded on the member's profile in the Colorado Benefits Management System (CBMS), which is then transmitted to the Colorado interChange.

A resolution to this issue is in process. Only claims billed at the higher, increased rate will be

reprocessed. Claims billed at the original rate without the increase will need to be adjusted by the provider with an adjusted billed amount.

Resolved Issues

Resolved 11/18/21

Physician-Administered Drug (PAD) Claims for Multiple Procedure Codes Denying for Explanation of Benefits (EOB) 1381

Some Physician-Administered Drug (PAD) claims for the listed procedure codes with dates of service on or after 10/1/2021 are denying for EOB 1381 – “No billing rule for procedure.”

J0517	J0585	J0586	J0587
J0588	J0897	J1300	J1459
J1556	J1557	J1561	J1566
J1568	J1569	J1572	J1599
J1745	J2182	J2323	J2350
J2357	J2786	J3380	

Affected claims were reprocessed 12/3/21.

Issue resolved 11/18/21.

Resolved 11/16/21

Home & Community-Based Services (HCBS) Residential Habilitation Claims for T2016 Paid at Incorrect Rate

Some HCBS Residential Habilitation claims subject to the Denver Minimum Wage Rate for procedure code T2016 were paid at the incorrect rate. Please reference the information listed below:

- Individual Residential Services and Supports (IRSS) - T2016 claims billed with the U3, TG and 22 modifier combination were paid at an incorrect rate of \$238.37 due to a recent update. The correct rate is \$283.87.
- Individual Residential Services and Supports/Host Home (IRSS/HH) – T2016 claims billed with the U3, TG and TT modifier combination were paid at an incorrect rate of \$72.97 due to a recent update. The correct rate is \$205.97.

Providers are reminded that for the Denver Minimum Wage Rate the county of residence is based on information recorded on the member’s profile in the Colorado Benefits Management System (CBMS), which is then transmitted to the Colorado interChange.

Affected claims were reprocessed 11/19/21 and 11/23/21.

Issue resolved 11/16/21.

Resolved 10/20/21

2022 CMS Diagnosis Code Release - M5450 and R053 Diagnosis-Related Claim Denials

The Colorado interChange has been updated with diagnosis codes listed in the most recent release from Centers for Medicare and Medicaid Services (CMS). This update included diagnosis codes M5450

and R053. Providers were seeing multiple, diagnosis-related claim denials prior to the update.

Providers are reminded that not all new diagnosis codes are immediately billable through Health First Colorado when initially released by CMS. All codes must be reviewed for medical necessity, prior authorization coverage standards and rates before the codes are reimbursable.

Affected claims were reprocessed 12/1/21.

Issue resolved 10/20/21.

Please do not reply to this email; this address is not monitored.
