COLORADO
Department of Health Care Policy & Financing

Provider News & Resources

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Did You Know? Reporting for Medicare Replacement Plans

Medicare replacement plans must be reported as "Medicare" on claims, and not as "third-party liability (TPL)." Refer to the Entering Other Insurance or Medicare Crossover Information Quick Guide for more information. Health First Colorado (Colorado's Medicaid program) should always be the payer of last resort.

Providers cannot bill members for co-pays or deductibles assessed by third-party resources. Providers cannot bill members for the difference between commercial health insurance payments and the billed charges when Health First Colorado does not make an additional payment.

Claims for Physical or Occupational Therapy Procedures were Denying for Invalid Referring Provider

HCBS: Resolved 11/20/25: Claims Billed with Procedure Code T1017 were Denying for Explanation of Benefits (EOBs) 2030 and 2031

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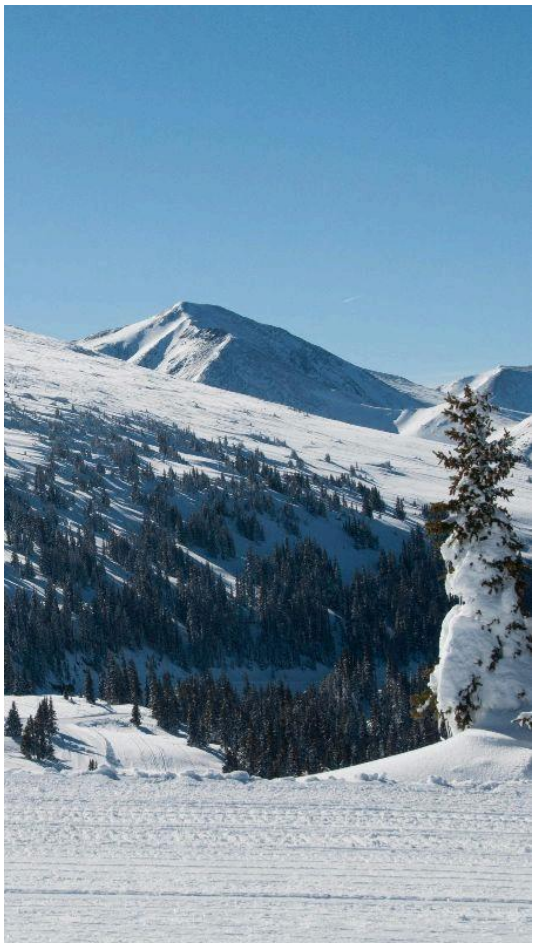

Reminder: Update Address for Internal Revenue Service (IRS) Form 1099 in Provider Web Portal

Providers are encouraged to ensure the Internal Revenue Service (IRS) 1099 form mailing address on file with Health First Colorado is accurate and current prior to January 2026. 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
- Information about the user who completed the change
- 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 Quick Guide web page and view Address Changes for instructions on how to update an address in the Provider Web Portal.

Reconsiderations and Appeals

An appeal is a formal legal process which is costly for the provider and the Department of Health Care Policy & Financing (the Department). Providers are encouraged to resubmit as a new claim instead of filing an appeal or reconsideration. Denied claims do not need to be sent as a request for reconsideration. Claims may be corrected and resubmitted electronically as a new claim.

The provider may receive assistance with their billing questions and policy concerns via the Provider Services Call Center who will work with the Department to find a resolution.

Electronic Data Interchange (EDI): File Naming Information for Providers that Use a Trading Partner

A Trading Partner is an entity that submits batch X12N transactions on behalf of a provider. To prevent any future delays in claims processing, the following information has been shared with Trading Partners/Submitters, and providers are encouraged to contact their Trading Partner to confirm they are using the new X12 File Naming Standards immediately.

Electronic Data Interchange (EDI) functionality, including batch processing and trading partner enrollment, will transition from the Medicaid Management Information System (MMIS) operated by Gainwell Technologies to a new module operated by Edifecs (A Cotiviti business).

Standardized file naming conventions for X12 files will be required as part of this transition. Trading Partners are encouraged to review the X12 File Naming Standards Quick Guide web page **and start implementing the new file name structure immediately.**

Implementation Timeline

Naming Standards should be utilized now. After the first week of January 2026, Trading Partners will see new file names for response files. Trading Partners are encouraged to adopt the new File Naming Standards in advance.

Contact the Provider Services Call Center with any questions.

Durable Medical Equipment (DME)/Supply Providers

Pharmacy and Durable Medical Equipment, Prosthetics, Orthotics & Supplies (DMEPOS) Continuous Glucose Monitors (CGMs): Medicare Alignment Updates

Effective November 1, 2025, Continuous Glucose Monitors (CGMs) may be billed as a pharmacy claim or as a professional claim. The CGM reimbursement rate shall be Wholesale Acquisition Cost (WAC) plus 10 percent. Refer to the CGM section of the DMEPOS Billing Manual for more information.

CGM products that do not have an NDC or Wholesale Acquisition Cost (WAC) must be submitted as a professional claim and will require Questionnaire 20 to be submitted with the prior authorization request (PAR) and to the claim. Questionnaire 20 can be found on the Provider Forms web page.

Claims will deny for "No NDC" if Questionnaire 20 is not attached to the claim.

Note that providers cannot appeal CGM reimbursement rates or submit rate inquiries. Contact hcpf_Colorado.SMAC@state.co.us with any general questions regarding pharmacy rates.

Transportation Providers

Out-of-State Non-Emergent Medical Transportation (NEMT) Authorization

The process for the Non-Emergent Medical Transportation (NEMT) Out-of-State Travel Request Form will transition from the Department to Transdev Health Solutions.

Training is being offered on December 16, 2025, at 9:00 a.m. MT on accessing and completing the new form. Share the meeting information below with staff or anyone who will complete the Out-of-State NEMT form to prepare for this change. There will be a question and answer session.

When: December 16, 2025, 9:00 a.m. Mountain Time

Where: Virtually - meet.google.com/ray-oews-eoa

Recently Updated Billing Manuals and Fee Schedules

Billing Manuals

- Appendix X - CO_HCPCS_XWALK

- Laboratory Services
- Managed Care Encounters Reporting Guide
- Telemedicine and eConsult
- Wheelchair Benefit Coverage Policy

Visit the Billing Manuals web page to locate all published manuals.

Fee Schedules

- ACF Non-Denver (effective January 1, 2026)
- ACF Denver effective (effective January 1, 2026)
- CwCHN, CHCBS, CHRP (effective January 1, 2026)
- DD, SLS, CES (effective January 1, 2026)
- EBD, CMHS, BI, CIH (effective January 1, 2026)
- SLP Non-Denver (effective January 1, 2026)
- SLP Denver (effective January 1, 2026)

Visit the Provider Rates and Fee Schedule web page to locate all published fee schedules.

Known Issues

Durable Medical Equipment (DME)/Supply Providers

Some CGM Claims May be Paying at an Unexpected Rate

Some professional claims for Continuous Glucose Monitors (CGMs) may be paying at an unexpected rate when billed with procedure codes A4239, A9277 or E2103 and modifiers.

A resolution is in process.

CGM products that do not have an NDC or Wholesale Acquisition Cost (WAC) must be submitted as a professional claim and will require Questionnaire 20 to be submitted with the prior authorization request (PAR) and to the claim. Questionnaire 20 can be found on the Provider Forms web page.

Note: Claims will deny for Explanation of Benefits (EOB) 1355 - "National Drug Code (NDC) is required" if Questionnaire 20 is not attached to the claim.

Non-Emergency Medical Transportation (NEMT) Providers

Claims for Rural County Members are Denying for EOB 5527 Providers

Some Professional Non-Emergency Medical Transportation (NEMT) claims billed on behalf of members in rural counties are denying or suspending for Explanation of Benefits (EOB)

5527 – "Invalid or Missing Documentation for Non-Emergency Medical Transportation (NEMT) Service Limit" when the NEMT limit of 52 is exceeded.

Affected claims will be reprocessed, however, claims must have correct documentation in order to be paid.

A resolution is in process.

Resolved Known Issues

Therapy Providers

Resolved 11/17/25: Some Claims for Physical or Occupational Therapy Procedures were Denying for Invalid Referring Provider

Professional claims for Physical Therapy/Occupational Therapy (PT/OT) services with a Date of Service (DOS) on or after 7/1/2024 and billed by Certified Nurse Midwives (CNMs) were denying for Explanation of Benefits (EOB) 1997 – "The referring, ordering, prescribing or attending provider is missing or not enrolled. Please resubmit with a valid individual NPI in the attending or referring field."

Affected claims were reprocessed 12/2/25.

Issue resolved 11/17/25.

Home and Community-Based Services (HCBS) Providers

Resolved 11/20/25: Claims Billed with Procedure Code T1017 were Denying for Explanation of Benefits (EOBs) 2030 and 2031

Professional claims billed with procedure code T1017 and received on or after 9/5/2025 were denying for Explanation of Benefits (EOB) 2030 – "The Services Must Be Billed to Denver Health Medicaid Choice Plan" or EOB 2031 – "The Services Must Be Billed to Rocky Mountain Health Plan Prime."

Affected claims were reprocessed 11/25/25.

Issue resolved 11/20/25.

Featured Resources

Provider Maintenance Quick Guide
Refer to the Provider Maintenance Quick Guide for information about making changes in the Provider Web Portal, including address changes. Refer to the article "Reminder: Update Address for Internal Revenue Service (IRS) Form 1099 in Provider Web Portal" for additional details.

X12 File Naming Standards Quick Guide
Refer to the X12 File Naming Standards Quick Guide for information about the new file name structure used by Trading Partners. Refer to the article "Electronic Data Interchange (EDI): File Naming Information for Providers that Use a Trading Partner" for additional details.

Provider Training

Provider Training Opportunities in January

Providers are encouraged to sign up for training on the Provider Training web page.

Provider Enrollment
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, including enrollment types, common errors and enrollment with other entities. It also provides information on next steps after enrollment.

- Provider Enrollment Training
- https://us02web.zoom.us/webinar/register/WN_7fwo75lRTkyGdAGR_OnSaA#/registration

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

- Beginning Billing Training: Professional Claims (CMS 1500)
- https://us02web.zoom.us/webinar/register/WN_O55yEaZvRqSCdOp0QJZjaA#/registration