



Provider News & Resources

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Upcoming Holidays:

Memorial Day - Monday, May 31 - State Offices, the ColoradoPAR Program, DentaQuest and Gainwell Technologies will be closed.

The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks.



New Funding Opportunity Aims to Support Equitable Vaccine Access in Colorado

Eight Colorado foundations have come together to fund on-the-ground efforts to connect Coloradans who live daily without access to critical services and opportunities due to race and/or their socioeconomic status with access to COVID-19 vaccines and information.

Together We Protect - Colorado's COVID-19 Vaccine Equity Fund, will support Colorado community-based organizations, working in partnership with state-contracted vaccine providers, to provide culturally relevant and localized outreach, information and support to ensure communities who face systemic barriers have access to the COVID-19 vaccine. Grants ranging from \$10,000 - \$100,000 will be awarded to applicants from across Colorado.

Together We Protect is a partnership of [Immunize Colorado](#) and the [Colorado Vaccine Equity Taskforce](#), which will provide on-the-ground technical assistance and support to community-based organization grantees. [Learn more](#) about this opportunity, including funding criteria and how to apply.

A [webinar](#) is available for additional information.

Updated: Fee Schedule

The Health First Colorado fee schedule has been posted which includes procedure code S0199.

Visit the [Provider Rates and Fee Schedule web page](#) for more information.

Provider Services Call Center Menu

Update:

Enter the MCD ID or National Provider Identifier (NPI)



Beginning April 15, 2021, providers contacting the [Provider Services Call Center](#) may be prompted to enter their 8-digit MCD ID or 10-digit National Provider Identifier (NPI) after pressing option 2 to speak to an agent and selecting a subsequent menu option.

Providers may reference the [Provider Services Call Center](#)

Load Letter Process

Providers must check member eligibility and submit claims within 365 days or a [Load Letter Request Form](#) will not be granted. Claims must be submitted even if the result is a denial.

The purpose of the load letter is to allow providers to submit claims outside of the timely filing period if the member was retroactively enrolled. Load letters will only be granted for cases where the member's eligibility was backdated.

Load letter requests are not necessary if the date of service is within 365 days. Requests will not be granted if the member has commercial insurance (third party liability) as primary. All claims where the member has commercial insurance must be paid within 365 days.

Refer to the [Timely Filing Guidelines](#) on the [General Provider Information Manual web page](#). Refer to the [December 2019 Provider Bulletin \(B1900440\)](#) bulletin for more information.

Colorado COVID-19 Vaccine Phase 2

Colorado moved into Phase 2 of vaccine distribution on April 2, 2021, which opens COVID-19 vaccine eligibility to the general public. This includes members that are 16 and older.

One in four Coloradans are enrolled with Health First Colorado (Colorado's Medicaid program) or Child Health Plan *Plus* (CHP+). Providers are encouraged to inform members of vaccine [availability sites](#). Co-pays should not be collected so there is no cost to members. [Transportation](#) may be available to members. Members may [contact the assigned Regional Accountability Entity \(RAE\)](#) or [Managed Care Organization \(MCO\)](#) with questions regarding where to get the vaccine.

[Managed Care Organizations](#) and [Health First Colorado will reimburse providers for members' COVID vaccines](#). Providers must [enroll in the State's vaccine program](#) to be able to offer the vaccine to members and be enrolled as a Health First Colorado Provider.

Refer to the to the Colorado Department of Public Health & Environment for information on [vaccine safety](#). More information on vaccination phases for staff is available on the [COVID-19 Vaccine web page](#). Find more information on how to answer members' questions on the [COVID-19 Vaccine Frequently Asked Questions web page](#).

Provider Responsibility to Review Delegate Provider Web Portal Accounts



A delegate is a person who has been given access to perform certain Provider Web Portal functions on the provider's behalf. Providers are responsible to review the status of delegate accounts and the functions delegates are authorized to access in the Provider Web Portal.

A delegate's status and functions should be kept up to date in accordance with current job duties and employment status. **Only delegates with a valid, current business reason should have Provider Web Portal access.** A delegate account that has an outdated status presents a security risk to program integrity.

Visit the [Delegates Provider Web Portal Quick Guide web page](#) for more information on adding, linking and managing delegates. Visit the [Delegates Access Definitions Provider Web Portal Quick Guide web page](#) for more information on delegate functions.

Recently Published Billing Manuals

- [Appendix D - Programs, Services and Authorizing Agencies](#)
- [Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs](#)

- [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\)](#)
- [Telemedicine](#)

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

Resolved Issues

Resolved 3/27/21

Home & Community Based Services (HCBS) Waiver Claims for T2031 with UA & TU Modifiers Denying for EOB 1010 and 0101

Some HCBS waiver claims for procedure code T2031 billed with the UA and TU modifiers (enhanced rate for COVID-19) with dates of service on or after 1/1/21 were denying for EOB 1010 – “This is a duplicate item that was previously processed and paid” or EOB 0101 – “This is a duplicate service.” The Colorado interChange was allowing one line item to process for payment but denying the other line item as a duplicate.

Providers are encouraged not to reprocess or resubmit claims. Affected claims with dates of service from 1/1/21 – 3/31/21 were reprocessed by the fiscal agent on 4/2/21.

Providers should refer to [Operational Memo Number OM 21-009](#) for more information on how to bill the impacted services, including the total percentage increase for each service.

Issue resolved 3/27/21.

Resolved 3/31/21

Transportation Claims for A0427 & A0429 with 77 Modifier Denying for Explanation of Benefits (EOB) 7802

Some transportation claims for procedure codes A0427 and A0429 for dates of service on or after 10/1/20 billed with the 77 modifier were denying for Explanation of Benefits (EOB) 7802 - “The non-payment modifier is not appropriate with the billed procedure code.”

Claims were reprocessed 4/5/21.

Issue resolved 3/31/21.

Resolved 4/1/21

Hospital Emergency Department Claims Denying for Explanation of Benefits (EOB) 2029

Some hospital emergency department claims billed with a non-Substance Use Disorder primary diagnosis and revenue code 906 were previously denying for EOB 2029 – “The services must be billed to the members RAE.” These claims will now process for payment through Fee for Service.

More information will be provided in future communications. For more information on billing SUD Benefits, refer to the [Ensuring a Full Continuum of SUD Benefits web page](#)

Issue resolved 4/1/21.

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