COLORADO
Department of Health Care Policy & Financing

Provider News & Resources

April 22, 2022 Issue 47

In This Issue:

Upcoming Holidays:

Memorial Day - Monday, May 30

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

Public Health Emergency (PHE) Extension

Health and Human Services Secretary Xavier Becerra has formally extended the Public Health Emergency (PHE). The PHE can be extended for up to 90 days at a time. This extension started April 16, 2022, and would end, unless extended again, on July 15, 2022.

Visit the Public Health Emergency Planning web page for more information.

Recently Published Billing Manuals

- Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs
- Gender-Affirming Care Services
- Medical and Surgical Services

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

Vaccine Providers:

Expanded Coverage under the Emergency Medical Service (EMS) COVID-19 Only Benefit Plan

The Colorado interChange will be updated in the coming weeks to allow for vaccine codes to be billed.

The **EMS COVID-19 Only** emergency benefit for uninsured Coloradans has been updated in compliance with the American Rescue Plan Act (ARPA) to include coverage of any service for COVID-related testing, treatments, and vaccines. This update impacts all claims types with dates of service on or after March 11, 2021.

Dates of service prior to March 11, 2021, should be processed according to the policy at that time which was limited to specific procedure codes. Refer to the newsletter, Provider News & Resources Issue 17 - February 26, 2021.

Claims with dates of service on or after March 11, 2021, under this benefit plan must have one or more of the following diagnosis codes **or** a COVID-19 vaccine code present to identify the services as COVID-related or the claim will deny.

B94.8	B99.9	J12.82	J18.9
M35.81	M35.89	O98.5	R05
R06.02	R50.9	U07.0	U07.1
U09.9	Z11.52	Z11.59	Z13.9
Z20.818	Z20.822	Z20.828	Z86.16

Only the enumerated diagnosis codes and COVID-19 vaccines are covered under this benefit. The COVID-19 Information for Health First Colorado and CHP+ Providers and Case Managers web page has been updated accordingly.

Affected claims with dates of service on or after March 11, 2021, where the member is eligible for the EMS COVID-19 benefit, will be reprocessed. Providers may submit claims with these diagnosis codes **or** COVID-19 vaccine codes that were previously not covered for this benefit on or after March 11, 2021, but are now included in the new coverage criteria.

Note: Claims will be suspended and processed on a weekly basis.

Behavioral Health Providers:

Updated Provider Enrollment and Claims Submission Policy

Effective May 1, 2022, practitioners who are eligible to enroll in Health First Colorado and have applied for credentials with a Regional Accountable Entity (RAE) may continue to submit claims under a supervising provider until they are contracted with a RAE.

Provider Types:

Federally Qualified Health Center (FQHC); Hospital - General; Non-Physician Practitioner (Group and Individual); Physician Services/Clinics; Rural Health Clinic (RHC); Vision Services

Avastin Used for Ophthalmology Treatment of Age-related Macular Degeneration (AMD)

Effective April 1, 2022, when treating a Health First Colorado member for Food and Drug Administration (FDA)-approved or compendia-supported ophthalmology treatment of age-related macular degeneration (AMD) with Avastin (bevacizumab), providers should utilize the following billing guidance as most appropriate:

Healthcare Common Procedure Coding System (HCPCS)	National Drug Code (NDC)	HCPCS Units	Unit of Measure	Effective Date
J7999	50242006001	1 per eye	mL	04/01/2022
J7999	50242006101	1 per eye	mL	04/01/2022
C9257	50242006001	1 per 0.25 mg	mL	02/26/2004
C9257	50242006101	1 per 0.25 mg	mL	02/26/2004

For Health First Colorado-only members, the Department of Health Care Policy & Financing (the Department) does not pay for wasted drug from single or multi-use vials; a provider must bill only for the amount of drug administered to the member. For members having both Health First Colorado and Medicare (dual-eligible), a provider may bill for wasted drug on a second line with the JW modifier on Medicare Part B Crossover claims.

For dates of service prior to April 1, 2022, providers should continue to bill for J9035 and the NDC of the drug administered to the member.

Any claims billed after April 1, 2022, must be billed according to the provided guidance in the table. Any claim billed otherwise should be resubmitted accordingly.

Contact HCPF_PAD@state.co.us with questions regarding this guidance.

Physician-Administered Drug (PAD) Prior Authorization Request (PAR) Policy Clarification for Third-Party Liability (TPL)

Providers must submit a PAR to Kepro for any PAD listed on Appendix Y when a member has additional TPL health insurance coverage other than Medicare. Kepro will process a PAR according to the criteria on Appendix Y and notify the provider of the determination per all PAD PAR policy and procedure requirements.

The requesting provider must submit a PAR to Kepro, regardless of the TPL PAR determination and must include:

- Any and all determination letters and clinical documentation
- A note of the approval or denial made by TPL

Any guidance regarding PAR requirements related to Coordination of Benefits (COB) received prior to May 1, 2022, will not be considered and all members with TPL will require a PAR.

Known Issues

Durable Medical Equipment, Prosthetics, Orthotics, & Supplies (DMEPOS)

Claims with TW Modifier Denying for Explanation of Benefits (EOB) 7814 and 7816

Some claims with procedure codes K0001 through K0898 may have been denied with EOBs 7814 or 7816 (This service is not payable for the same date of service as another service included on the current or history claim per National Correct Coding Initiative) when the modifier TW was present.

A resolution to this issue is in process.

Affected claims will be reprocessed.

Resolved Issues

Resolved 4/6/22

Provider Types:
Hospital - General and Community Clinics/Community Clinic Emergency Center (CC/CCEC)

Hospital Claims with Split Eligibility Interim Solution

Inpatient hospital claims with dates of service on or after July 1, 2018, were denying for the following Explanation of Benefits (EOB) codes when subject to All Patient Refined Diagnosis Related Groups (APR/DRG) payment where the member was not Medicaid-eligible for the entire inpatient hospital stay.

- EOB 2029 - The Services Must Be Billed to The Members RAE.
- EOB 2030 - The Services Must Be Billed to Denver Health Medicaid Choice Plan.
- EOB 2031 - The Services Must Be Billed to Rocky Mountain Health Plan Prime.

As an interim solution, impacted, denied claims were manually reprocessed according to the appropriate DRG pricing. Current claims should adjudicate and pay appropriately.