



Provider News & Resources

December 19, 2022 Issue 59

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Authenticating When Contacting the Provider Services Call Center

An additional verification will soon be
required when a provider contacts the
[Provider Services Call Center](#).

The fiscal agent will require the caller to
provide an 8- to 10-digit Health First
Colorado (Colorado's Medicaid program)
ID and the National Provider Identification
(NPI) (if applicable) to release Health
Insurance Portability and Accountability
Act (HIPAA) protected information.

Refer to the [December 2022 Provider
Bulletin \(B2200487\)](#) for more information.

Reminder:

**Secure File Transfer Protocol
(FTP) Server was Moved**

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Upcoming Holidays:

**Christmas Day -
Monday, December 26, 2022**

**New Year's Day -
Monday, January 2, 2023**

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

(Affects All Batch Transactions)

The Secure File Transfer Protocol (FTP) server for all batch transactions was moved to a new URL on Wednesday, November 9, 2022. In addition, the previous FTP no longer redirects to the current URL.

Visit the [EDI Support web page](#) for more information or contact the [Provider Services Call Center](#).

Licensure Requirement for Behavioral Health Staff

Licensed Behavioral Health Clinicians (Provider Type 38) must hold one of the following licenses:

- Licensed Clinical Social Worker (LCSW),
 - Licensed Marriage and Family Therapist (LMFT),
 - Licensed Addiction Counselor (LAC)
 - Licensed Professional Counselor (LPC).
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Licensure "candidates", temporary license holders and Certified Addiction Counselors (CACs) cannot enroll in the Colorado interChange. Visit the [Information by Provider Type web page](#) for more information.

Provider Enrollment Updates Limited to One per Service Location

Providers are reminded that only one enrollment update can be processed at a time. If providers need to make an additional update while a revalidation application is in process, contact the [Provider Services Call Center](#).

Revalidation applications and updates are processed within five (5) business days on average.

Provider Enrollment Application Fee Amount for Calendar Year 2023

The Affordable Care Act (ACA) requires certain providers to remit an application fee. The Centers for Medicare and Medicaid Services (CMS) sets the fee annually. This fee is assessed at initial enrollment, revalidation, and change of ownership, as required, and is assessed in full for each service location enrolled in Health First Colorado.

Effective January 1, 2023, the Provider Enrollment Applications Fee has been set at \$688 for the 2023 calendar year.

Contact the [Provider Services Call Center](#) with any questions.

Physician-Administered Drug (PAD): Prior Authorization Update

Effective January 1, 2023, a select number of additional physician-administered drugs (PADs) listed below will be subject to prior authorization (PA) requirements. These codes are in addition to the PADs that have required prior authorization since January 18, 2022, and October 1, 2022.

Providers should ensure that any Health First Colorado member due to receive any of the

following PADs have an approved PA on file prior to administration.

All PAD PA procedures, clinical criteria and PADs subject to a PAR are listed on Appendix Y: Physician Administered Drug Medical Benefit Prior Authorization Procedures and Criteria drop-down located on the [Physician-Administered Drugs web page](#).

Visit the [ColoradoPAR: Health First Colorado Prior Authorization Request Program web page](#) and the [Physician-Administered Drugs web page](#) for additional information regarding PAD PA requirements.

Contact HCPF_PAD@state.co.us for PAD questions.

Drug Class	HCPCS	Drug Name
	J1602	Simponi (golimumab)
	J3357 J3358	Stelara (ustekinumab)
	J0129	Orencia (abatacept)
	J2356	Tezspire (Tezepelumab-ekko)
	J0224	Oxlumo (lumasiran)
Duchenne Muscular Dystrophy	J1427	Viltepso (viltolarsen)
	J1428	Exondys 51 (eteplirsen)
	J1429	Vyondys 53 (golodirsen)

Hospital and Durable Medical Equipment (DME) Providers:

Temporary Changes to Prior Authorization Request (PAR) Requirements

Temporary changes have been made to the ColoradoPAR Program Prior Authorization Request (PAR) requirements to help facilitate hospital responses related to the COVID-19 Public Health Emergency (PHE).

Refer to the [Temporary Changes to Prior Authorization Request \(PAR\) Requirements](#) email for more information on pediatric discharge next steps.

Visit the [ColoradoPAR: Health First Colorado Prior Authorization Request Program](#) web page for more information or other updates to the ColoradoPAR Program.

Contact Kepro at coproviderissue@kepro.com with questions regarding PAR submissions.

Contact hcpf_um@state.co.us with any questions for the Department regarding PARs.

Durable Medical Equipment (DME) Providers:

Temporary Change to Face-to-Face Encounter Requirements

Currently, durable medical equipment (DME) policy states that for continuous rental equipment, a face-to-face (F2F) encounter must be within 6 months of the prior authorization request (PAR) expiration date.

Effective for dates of service September 1, 2022, through April 1, 2023, F2F encounters may be within 12 months of the PAR expiration date. This temporary policy only applies to renewal requests for continuation of services on the procedure codes below, and accessories that may be needed for use of the equipment.

DME providers who have had a PAR denied by Kepro due to the F2F requirement may either request a reconsideration or resubmit a new request for approval if there is no overlap with approved authorization. **Note:** DME policy only allows PARs to be submitted retroactively for up to 90 days. DME suppliers who have had a PAR denied in the last 90 days due to the F2F requirement may resubmit these PARs for approval. The F2F policy has not changed for initial PAR requests. Refer to the [Durable Medical Equipment, Prosthetics, Orthotics and Supplies Billing Manual](#) for more information.

Ventilator and Bi-level Procedure codes included in this temporary policy:

- E0465
 - E0466
 - E0467
 - E0470
 - 471E0
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Contact Haylee.Rodgers@state.co.us with questions related to the policy above.

Contact coproviderissue@kepro.com with questions or for assistance with submitting PARs with Kepro.

Contact hcpf_UM@state.co.us with questions about PARs.

Information to Prepare for the End of the Public Health Emergency (PHE)

Public Health Emergency Overview

In January 2020, the U.S. Department of Health and Human Services (HHS) declared a Public Health Emergency (PHE) in response to the outbreak of COVID-19. Congress subsequently passed legislation that ensured anyone enrolled in Health First Colorado (Colorado's Medicaid program) was guaranteed to keep their health coverage during the PHE. This also applies to children and pregnant people covered by Child Health Plan *Plus* (CHP+).

Once the PHE ends, it will take the Department of Health Care Policy & Financing (the Department) 12 months (14 months including noticing) to complete the renewal process for each of the approximately 1.7 million people currently enrolled. It is essential that members pay attention to renewal notices and fill out the necessary forms to enable them to keep Health First Colorado and CHP+ coverage if still eligible. Visit the [Public Health Emergency Planning web page](#) for the latest information on PHE planning.

Health First Colorado Renewals Page

An informational web page for members has been added on the [Health First Colorado](#) website in preparation for renewals to start back up. Members can find general information about the renewal process and answers to frequently asked questions. This page is published in [English](#) and [Spanish](#).

Preparing for Renewals Partner Toolkit

A partner communications toolkit has been launched to aid in preparing for the end of the PHE - [Preparing for Renewals](#). This new toolkit includes a section on renewal process education that explains key terms and provides sample notices so partners can see exactly

what the member will see when they go through the renewal process. Both partners and members can view [short videos](#) in English and Spanish on key actions: updating an address, completing the renewal process and transitioning to other coverage if a member no longer qualifies.

Update Your Address Campaign

Continue to help spread the word to Health First Colorado and CHP+ members to update contact information. Many members have moved over the past few years and it is crucial to have correct addresses so that members get the information needed to keep or change coverage. Use the following resources to spread the word: [Update Your Address outreach materials \(available in the top 11 languages\)](#).

Partner Webinars

Quarterly informational sessions on preparing for the end of the COVID-19 Public Health Emergency will be hosted by the Department. These webinars are geared toward community partners such as advocacy organizations, providers, and community organizations who may provide other assistance to Health First Colorado or CHP+ members (housing, social services, etc).

When: January 25, 2023, 1:00 - 2:30 p.m. MT

Topic: PHE Unwind Webinar | Community Partners & Advocates

Register in advance for this webinar: [Zoom Registration](#).

Visit the [Public Health Emergency Planning web page](#) to view previous PHE Unwind community partner webinar presentations and recordings.

Recently Updated Billing Manuals

- [Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs](#)
 - [Appendix Z - Outpatient Hospital Specialty Drugs](#)
 - [Indian Health Services \(IHS\)](#)
 - [Pharmacist Services](#)
 - [Pharmacy](#)
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Visit the [Billing Manuals web page](#) to locate all published manuals.

Known Issues

Claims for HCPCS 2023 Procedure Codes Suspending for Explanation of Benefits (EOB) 0000

Effective January 1, 2023, claims billed with a HCPCS 2023 procedure code may begin suspending for EOB 0000 - "This claim/service is pending for program review." The Colorado interChange is being updated with the 2023 HCPCS billing codes based on the Centers for Medicare & Medicaid Services (CMS) annual release of deletions, changes and additions.

A special issue of the Provider Bulletin is expected for publication in mid or late January with the details. Claims will be released from suspense once the update is complete.

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.
