



Provider News & Resources

January 9, 2023 Issue 60

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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.

COVID-19 Pediatric Bivalent Boosters

Effective December 8, 2022, Common Procedural Terminology (CPT) Codes

2023 Procedure Codes Suspending
for EOB 0000

Resolved Known Issue: HCBS
Providers: IHSS Claims for H0038

Featured Resources:

[January 2023 Provider Bulletin
\(B2300488\)](#)

Upcoming Holidays:

**Martin Luther King, Jr. Day -
Monday, January 16, 2023**

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

91316, 91317, 0173A, and 0164A are
available for pediatric COVID-19 bivalent
boosters. The age range for 91317 and
0173A is 6 months through 4 years. The
age range for 91316 and 0164A is 6
months through 5 years.

The rates for these codes are reflected on
the [Immunizations Fee Schedule](#).

Contact Christina Winship at
Christina.Winship@state.co.us with
questions.

Hospital Providers: Inpatient Hospital Review Program Survey

[Senate Bill 18-266](#) requires Health First Colorado (Colorado's Medicaid Program) to implement an evidence-based hospital review program to ensure appropriate utilization of hospital services. This was the Inpatient Hospital Review Program (IHRP) 1.0, which was suspended in April 2020 due to the pandemic.

A new version of IHRP, now referenced as IHRP 2.0, is in the planning stages. IHRP 2.0 is a redesigned, focused program whose primary goal is to help hospitals coordinate with the appropriate Regional Accountable Entity (RAE) for efficient and effective discharge planning and care coordination.

Providers who took part in IHRP 1.0 or who plan to take part in IHRP 2.0 are encouraged to fill out the [Kepto-Health First Colorado IHRP 2.0 Provider Survey](#). This survey will be available until midnight, January 22, 2023.

Visit the [IHRP 2.0 web page](#) for additional information on IHRP 2.0.

Contact hcpf_um@state.co.us with any questions regarding IHRP 2.0 including participating in the Joint Operating Committee stakeholder meetings.

Flu Vaccine Code Configuration Correction

Common Procedural Terminology (CPT) Codes 90694 and 90653 were incorrectly denying for covered provider types and places of service. Effective for dates of service of January 1, 2021, and later, all accepted provider types and places of services were added to CPT codes 90694 and 90653.

Effective January 1, 2021, the age range for CPT 90674 is 6 months and up.

The rates for these codes are reflected on the [Immunizations Fee Schedule](#). Claims previously submitted will be reprocessed and do not need to be resubmitted.

Contact Christina Winship at Christina.Winship@state.co.us with questions.

Recently Updated Billing Manuals

- [Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs](#)
- [Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\)](#)
- [General Provider Information](#)
- [Immunization Benefits](#)
- [Medical and Surgical Services](#)
- [Pediatric Behavioral Therapy](#)
- [Pharmacy](#)
- [Qualified Residential Treatment Program \(QRTP\)](#)

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

Known Issues

Non-Emergent Medical Transportation (NEMT) Claims With Procedure Codes and Modifier 76 Are Denying for Explanation of Benefits (EOB) 7817

Some claims for NEMT with procedure codes A0425, A0120, A0100, A0130, A0434, A0090, A0110, A0200, A0428, S0209, A0180, A0433, A0426, A0080, A0190, A0210, A0021, A0430, T2001, A0422, A0140, T2005, T2049, with modifier 76, for multiple trips, are denying for EOB 7817 "payment modifier is not appropriate with the procedure code billed."

A resolution to this issue is in process.

Some claims have been reprocessed.

Non-Emergent Medical Transportation (NEMT) Claims With Procedure Code A0427 and Modifier 76 Are Denying for Explanation of Benefits (EOB) 7817

Some claims for NEMT with procedure code A0427 and using modifier 76 are denying for Explanation of Benefits (EOB) 7817 - "The payment modifier is not appropriate with the procedure code billed.

A resolution to this issue is in process.

Claims will be reprocessed.

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.

Resolved Issues

Resolved 12/28/22

Home & Community-Based Services (HCBS) In Home Support Services (IHSS) Claims for H0038 with the U5 Modifier Paid at Incorrect Rate

Some IHSS claims for procedure code H0038 billed with the U5 modifier for dates of service on or after 1/1/2022 were being paid at an incorrect rate. The rate for Health Maintenance Services, outside Denver County on the Children's Home and Community Based Services waiver was decreased in error during the month of December 2022.

Affected claims will be reprocessed.

Issue resolved 12/28/22.
