



Provider News & Resources

April 10, 2023 Issue 66

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Did You Know?

Provider Web Portal URL

The [Provider Web Portal](#) has moved!

Providers are reminded to update the existing bookmarks with the new URL.

Reminder:

New Diagnosis or Procedure Codes

Providers are reminded that not all new diagnosis or procedure codes are immediately billable through Health First Colorado (Colorado's Medicaid Program) when released by Centers for Medicare & Medicaid Services (CMS).

All codes must be reviewed for medical necessity, prior authorization coverage

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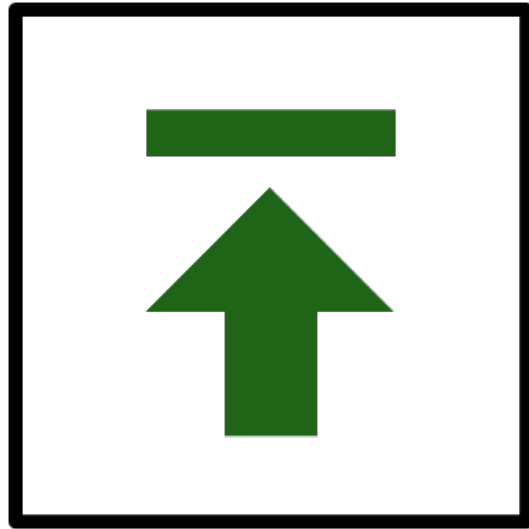
Featured Resources:

[April 2023 Provider Bulletin
\(B2300493\)](#)

[Special Provider Bulletin - Obstetrics
and Maternity Healthcare \(B2300492
- 03/23\)](#)

standards and rates before the codes are
reimbursable.

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



Enrollment License Requirements and License Panel Updates

Current Health First Colorado providers that are required to maintain a license as part of their enrollment will receive a letter from the Department when the primary license is approaching expiration or has reached its expiration date.

Providers are reminded that Health First Colorado enrollment may be inactivated if the provider's license, certification, or accreditation has expired or is subject to conditions or restrictions.

Refer to the [May 2022 Provider Bulletin \(B2200478\)](#) for more information.

Opioid Treatment Providers: Take-Home Buprenorphine

Effective May 1, 2023, opioid treatment providers (OTPs) may dispense up to a seven-day supply of take-home oral buprenorphine and buprenorphine combination products to a Health First Colorado (Colorado's Medicaid program) member as outlined within this policy.

Policy will allow for up to a seven-day, take-home supply of oral buprenorphine and buprenorphine combination physician-administered drugs (PADs) to be billed through the medical benefit via standard buy-and-bill processes when an OTP:

- Obtains the appropriate DEA registration
- Has authority based on the rules and regulations set forth by the State of Colorado
- Follows all guidelines set forth by the Substance Abuse and Mental Health Services Administration (SAMHSA)

Refer to the email, [Opioid Treatment Providers: Take-Home Buprenorphine - 04-03-2023](#), for more information.

Critical Incident Reporting for Residential Providers

Residential Child Care Facilities, Qualified Residential Treatment Providers, Psychiatric Residential Treatment Facilities

Critical Incident Reporting is required for all pediatric residential providers. This includes providers who are enrolled as Residential Childcare Facilities (RCCFs), Qualified Residential Treatment Providers (QRTPs) and Psychiatric Residential Treatment Facilities (PRTFs).

Examples of Critical Incidents

- Death
 - Damage to or theft of member's property
 - Abuse, neglect, exploitation
 - Medication management
 - Criminal activity
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- Missing person
- Serious injury or illness of member
- Unsafe housing or displacement
- Other high-risk Issues

The Critical Incident Report form for QRTP and PRTF providers is located on the [Provider Forms web page](#) under the drop-down Critical Incident Reporting System Forms.

Children's Habilitation Residential Program Waiver (CHRP) providers who are also enrolled as RCCFs should continue to use their designated forms and established processes to report Critical Incidents to the Case Management Agency. Contact hcpf_chrp@state.co.us with any questions related to CHRP Critical Incident reporting.

QRTP and PRTF providers: Contact Christina Winship at Christina.Winship@state.co.us with any questions and to submit completed forms.

Recently Updated Billing Manuals

- [Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs](#)
- [Ambulatory Surgery Centers \(ASC\)](#)
- [Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\)](#)
- [DME Healthcare Common Procedure Coding System \(HCPCS\)](#)
- [Pharmacist Services](#)

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

Known Issues

Hospital Inpatient Claims Denying Explanation of Benefits (EOB) 2303 - "Hospital Readmission too close to last discharge"

Some hospital inpatient claims submitted after 3/24/23 were denying and are now suspending for EOB 2303 - "Hospital Readmission too close to last discharge".

A resolution to this issue is in process.

Denied claims will be reprocessed. Claims in a suspended status will be released when the issue is resolved.

Claims Denying for Outpatient Speech Therapy, Physical Therapy and Occupational Therapy Provided via Telehealth for Explanation of Benefits (EOB) 3054 – “EVV Record Required and Not Found”

Claims submitted after April 1, 2023, for Electronic Visit Verification (EVV) Implementation for Outpatient Speech Therapy, Physical Therapy and Occupational Therapy providers are denying incorrectly for Explanation of Benefits (EOB) 3054 – “EVV Record Required and Not Found”.

A resolution to this issue is in process.

Affected claims will be reprocessed.

In the [December 2022 Provider Bulletin \(B2200487\)](#) located on the Bulletins web page, the Department stated that EVV would be required for outpatient therapies provided via telehealth beginning April 1, 2023. This change in policy has not occurred. The policy will continue with an exemption for EVV. Contact hcpf_evv@state.co.us with any EVV questions.

Some Durable Medical Equipment (DME) Supply Claims Paying at Incorrect Rate

Some DME claims with Procedure Codes, A4267, A4268, A4269, A4351, A4352, E1130, E1140, K0739 and K0740 are paying at the old default rate instead of the DME rural and non-rural rate.

A resolution to this issue is in process.

Affected claims will be reprocessed.

Resolved Issues

Resolved 04/05/23

Dental Rate Updates for New HCPCS Effective January 1, 2023

On January 1, 2023, the annual 2023 Healthcare Common Procedure Coding System (HCPCS) was implemented with deletions, changes and additions effective for dates of service on or after January 1, 2023. New dental codes effective January 1, 2023, have been retroactively implemented to coincide with these updates.

Claims billed with a dental HCPCS 2023 procedure code were suspending for EOB 0000 - "This claim/service is pending for program review". The Colorado interChange was updated on 04/04/23. Affected claims will be released.

Code descriptions are not contained in this bulletin. The descriptions are copyrighted by the American Medical Association (AMA). Providers should reference the 2023 HCPCS and Current Procedural Terminology (CPT) coding manuals for procedure code descriptions. These coding manuals may be purchased through the AMA and publishers such as OptumInsight.

New Procedure Codes

D0372	D0373	D0374	D0387	D0388
D0389	D0801	D0802	D0803	D0804
D1781	D1782	D1783	D4286	D6105
D6106	D6107	D6197	D7509	D7956
D7957				

Resolved 04/07/23

Home Health Claims Denying for Explanation of Benefits (EOB) 1331

Claims for Home Health using Private Duty Nurse (PDN) revenue codes 552, 559, 580, 581, and 582 were denying for EOB 1331 - "No billing rule for revenue code".

Affected claims will be reprocessed.

Issue resolved 4/7/23

Resolved 04/07/23

**Durable Medical Equipment (DME) Supply Claims
Paying at Incorrect Rate**

Some DME claims with dates of service after 7/1/22 were paying at the old default rate instead of the DME rural and non-rural rate.

Affected claims will be reprocessed.

Issue resolved 4/7/23
