



Provider News & Resources

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Featured Resources:

[Provider Enrollment web page](#)

Provider Enrollment Application Fee Amount for Calendar Year 2024

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, 2024, the Provider Enrollment Applications Fee has been set at \$709 for the 2024 calendar year.

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

Provider Enrollment Revalidation

The flexibility that paused disenrollment for providers past their revalidation date during the COVID-19 Public Health Emergency (PHE) ended effective November 12, 2023. Providers with revalidation due dates of October 1, 2020, through November 11, 2023, have been given a post-PHE grace period to complete the revalidation process.

Those providers will also be sent another notification six (6) months prior to their revalidation date. Providers with revalidation due dates between October 1, 2020, through November 11, 2023, who had no claims activity in the last three (3) years should have revalidated by November 11, 2023.

Providers that do not complete the revalidation process by their revalidation due date will be subject to claims denial or disenrollment. Providers with revalidation applications that are 'in process' should have completed the process by November 11, 2023. Visit the [Revalidation web page](#) to learn more about the provider revalidation process and how to prepare.

Providers are encouraged to coordinate with any Ordering, Prescribing or Referring (OPR) providers to ensure the provider IDs have also been revalidated.

Updated Home and Community-Based Services (HCBS) Rate Schedules

Rate Schedules for Developmental Disabilities (DD), Supported Living Services (SLS), Children's Extensive Support (CES) and Elderly, Blind, and Disabled (EBD), Community Mental Health Supports (CMHS), Brain Injury (BI), and Complementary and Integrated Health (CIH) have been updated.

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

Pharmacy Providers

Reminder: Update Fax Numbers

Pharmacy providers are encouraged to ensure their fax numbers are accurate and current to receive important pharmacy fax blasts. Many pharmacies either do not have a fax number on file or have a corporate fax number on record.

Visit the [Provider Maintenance - Provider Web Portal Quick Guide web page](#) for more information on updating the fax number.

Recently Updated Billing Manuals

- [Appendix R - Remittance Advice \(RA\) Messages](#)
- [Appendix X: HCPCS / NDC Crosswalk for Billing Physician-Administered Drug](#)
- [Inpatient/Outpatient \(IP/OP\) Billing Manual](#)

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

Known Issues

Speech Therapy

Claims for Speech Therapy Denying for Non-Physician Practitioner Group Providers

Claims for Speech Therapy submitted after 11/15/23 for Non-Physician Practitioner Group providers are denying incorrectly for codes 92507, 92508, 92605, 92606, 92607, 92608, 92610, 92611 and 92614.

A resolution to this issue is in process.

Affected claims will be reprocessed.

Durable Medical Equipment

Some Professional Claims with DME Procedure Codes E2599, K0108 and T5999 are Denying for EOB 7577

Some professional claims with DME procedure codes E2599, K0108 and T5999 are denying for Explanation of Benefits (EOB 7577) - "CXT-S service is an unlisted procedure."

A resolution to this issue is in process.

Audiology

**Some Professional Claims with Procedure Code V5267
are Denying for EOB 7827**

Some professional claims with procedure code V5267 that were submitted after 07/01/23 are denying for Explanation of Benefits (EOB) 7827 - "Unlisted procedure code should not be used when a more descriptive procedure code representing the service provided is available."

A resolution to this issue is in process.

Women's Health

**Some Professional Claims with Procedure Code S0190 with a G7 Modifier
are Denying for EOB 7802**

Some professional claims with procedure code S0190 with a G7 modifier that were submitted after 1/1/22 are denying for Explanation of Benefits (EOB) 7802 - "The non-payment modifier is not appropriate with the billed procedure code."

A resolution to this issue is in process.
