



Provider News & Resources

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In This Issue:

All Providers

Reconsiderations and Appeals

EDI: File Naming Information for Providers that Use a Trading Partner

Claims for HCPCS 2026

Recently Updated Billing Manuals and Fee Schedules

Known Issues:

Case Managers:

Pre Prior Authorization (PPA)
Certification Dates in the Bridge

Immunization:

Resolved 12/23/25: Some Professional Claims for Immunization Procedure Codes were Denying for EOB 1030

Speech Therapy:

Resolved 12/23/25: Inaccurate Portal Display for Speech Therapy

Transportation:

Resolved 12/18/25: NEMT Claims for Rural County Members were Denying for EOB 5527

Featured Resources:

Monthly Provider Bulletin

Upcoming Holidays:

Reconsiderations and Appeals

An appeal is a formal legal process which is costly for the provider and the Department of Health Care Policy & Financing (the Department). Providers are encouraged to resubmit as a new claim instead of filing an appeal or reconsideration. Denied claims do not need to be sent as a request for reconsideration. Claims may be corrected and resubmitted electronically as a new claim.

The provider may receive assistance with their billing questions and policy concerns via the [Provider Services Call Center](#) who will work with the Department to find a resolution.



Electronic Data Interchange (EDI): File Naming Information for Providers that Use a Trading Partner

A Trading Partner is an entity that submits batch X12N transactions on behalf of a provider. To prevent any future delays in claims processing, the following information has been shared with Trading Partners/Submitters, and providers are encouraged to contact their Trading Partner to confirm they are using the new X12 File Naming Standards immediately.

Electronic Data Interchange (EDI) functionality, including batch processing and trading partner enrollment, will transition from the Medicaid Management Information System (MMIS) operated by Gainwell Technologies to a new module operated by Edifecs (a Cotiviti business).

Standardized file naming conventions for X12 files will be required as part of this transition. Trading Partners are encouraged to review the [X12 File Naming Standards Quick Guide web page](#) and start implementing the new file name structure immediately.

Implementation Timeline

Naming Standards should be utilized now. After January 7, 2026, Trading Partners will see new file names for response files. Trading Partners are encouraged to adopt the new File Naming Standards in advance.

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

Claims for Healthcare Common Procedure Coding System (HCPCS) 2026 Procedure Codes Suspending for Explanation of Benefits (EOB) 0000

Claims billed with a Healthcare Common Procedure Coding System (HCPCS) 2026 procedure code may begin suspending for EOB 0000 - "This claim/service is pending for program review," beginning January 1, 2026. The Colorado interChange is being updated with the 2026 HCPCS billing codes based on the Centers for Medicare & Medicaid Services (CMS) annual release of deletions, changes and additions.

Claims will be released from suspense once the update is complete. Providers are reminded to check the Provider Rates and 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.

Recently Updated Billing Manuals and Fee Schedules

Billing Manuals

- [Durable Medical Equipment, Prosthetics, Orthotics and Supplies \(DMEPOS\)](#)
- [Federally Qualified Health Center \(FQHC\) and Rural Health Clinic \(RHC\)](#)

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

Fee Schedules

- [2025-2026 Immunizations Fee Schedule](#)
- [Behavioral Health Fee-for-Service \(FFS\) Rates FY 25/26 Effective 10/1/2025](#)
- [Child Health Plan Plus FY 2025-2026 Fee Schedule](#)
- [Health First Colorado October 2025 Fee Schedule](#)
- [List of All ASC Codes and Respective Groupers](#)
- [October 2025 Outpatient Substance Abuse Fee Schedule](#)
- [Q1 2026 PAD Fee Schedule](#)

Visit the [Provider Rates and Fee Schedule web page](#) to locate all published fee schedules.

Known Issues

Case Managers

Pre Prior Authorization (PPA) Certification Dates in the Bridge out of Sync

Case Managers may encounter a message in the Bridge stating that the "PPA Cert Dates"

are out of sync with the matching Service Plan when saving a Waiver-to-Waiver Revision. Case Managers may use the following workaround to submit the PPA:

1. Modify the line item by end dating, then click Save.
2. Go to Base Information, change the end date and check limits. (A B049 error message to end date the Inventory of Needs will appear.)
3. Refresh the PPA and check limits. If there are no errors in the Message panel then submit the PPA.

A resolution is in process.

Immunization Providers

Resolved 12/23/25: Some Professional Claims for Immunization Procedure Codes were Denying for EOB 1030

Some professional claims billed with immunization procedure codes and a Date of Service (DOS) on or after 1/1/25 were denying for Explanation of Benefits (EOB) 1030 – “The place of service code is invalid for procedure code. Correct the place of service code. Refer to the Provider Manual or Help Screens for valid place of service codes.”

Affected claims were reprocessed 12/29/25.

Issue resolved 12/23/25.

Speech Therapy Providers

Resolved 12/23/25: Inaccurate Portal Display for Speech Therapy Units

The [Provider Web Portal](#) was displaying inaccurate units available for speech therapy services. Claims were being processed correctly but the totals displayed in the Provider Web Portal were inaccurate.

Providers may contact [Acentra](#) to begin the prior authorization process even if all units have not been utilized.

Issue resolved 12/23/25.

Transportation Providers

Resolved 12/18/25: Claims for Rural County Members were Denying for EOB 5527

Professional Non-Emergency Medical Transportation (NEMT) claims billed on behalf of members in rural counties were denying for Explanation of Benefits (EOB) 5527 – “Invalid or Missing Documentation for Non-Emergency Medical Transportation (NEMT) Service Limit” when the NEMT limit of 52 was exceeded.

Affected claims were reprocessed 12/19/25.

Issue was resolved 12/18/25.

Featured Resources

Monthly Provider Bulletin

[Health First Colorado \(Colorado's Medicaid Program\) News and Updates](#)

The Provider Bulletin is published monthly and covers topics of interest to providers and billing professionals.

Upcoming Holidays

Martin Luther King Jr. Day - Monday, January 19, 2026

State Offices, Acentra, AssureCare, DentaQuest and the Provider Services Call Center will be closed. Gainwell Technologies and Prime Therapeutics will be open. Capitation cycles may potentially be delayed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United States Postal Service or providers' individual banks.

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