



COLORADO
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Did You Know?

Reminder: Provider License Status

Providers are reminded to verify the status of their license on file with Health First Colorado (Colorado's Medicaid program). Some claims are currently being denied for Explanation of Benefits (EOB) 3385 – "Provider license not active on date of service." Licenses can be manually updated through the [Provider Web Portal](#) by doing a provider maintenance request. Providers are urged to check the status of individual provider licenses on file and update as needed. Providers must resubmit any previously denied claims once license updates are completed.

Revalidation and Enrollment

Providers should not re-enroll if the revalidation deadline was missed. The link for revalidation remains on the [Provider Web Portal](#) account associated with the provider for six (6) months after the revalidation date. If the revalidation link is no longer available, contact the [Provider Services Call Center](#) for next steps. Providers should not create duplicate enrollment records.

Laboratory Services Claims were
Paid at an Incorrect Rate

Featured Resources:

[Provider Maintenance Quick Guide](#)
[Provider Revalidation Quick Guide](#)
[Provider Revalidation Manual](#)



The Department of Health Care Policy & Financing (HCPF) Website Maintenance Outage

The [HCPF website](#) will undergo scheduled maintenance beginning Wednesday, July 16, 2025, at 7:00 p.m. MT and ending by July 17, 2025, at 7:00 a.m. MT.

The site will be partially unavailable during this time and forms such as the Field Representative Request and the Administrative Password Reset will be non-functional.

This will not affect the [Provider Web Portal](#).

Reminder: Load Letters

The purpose of the load letter is to allow providers to submit claims outside of the timely filing period if the member was not eligible on the date of service but was retroactively enrolled. Load letters will only be granted for cases where the member's eligibility was backdated.

The load letter is not intended to provide proof of eligibility.

The Load Letter Request Form is available under the Claim Forms and Attachments drop-down list on the [Provider Forms web page](#). All load letter requests should be faxed to the Department of Health Care Policy & Financing (the Department) at 303-866-2082 or sent via encrypted email to LoadLetterRequests@hcpf.state.co.us with the subject line "Load Letter Request." Do not use the member's State ID in the subject line.

Requests are not necessary if the date of service is within 365 days.

Requests will not be granted if the member has commercial insurance (third-party liability) as primary. All claims where the member has commercial insurance must be paid within 365 days.

Providers have 60 days from the date of the load letter to submit the claim with the attached form for review by the fiscal agent when a load letter is issued by the Department. Claims should be submitted via the [Provider Web Portal](#) and not on paper.

Refer to the [General Provider Information Manual](#), located on the [Billing Manuals web page](#) under the General Provider Information drop-down for all other questions related to timely filing.



Recently Updated Billing Manuals and Fee Schedules

Billing Manuals

- [Appendix X - HCPCS/NDC Crosswalk for Billing Physician-Administered Drugs](#)
- [Appendix Z – Hospital Specialty Drugs](#)
- [Community First Choice \(CFC\)](#)
- [Home and Community-Based Services \(HCBS\) - Adult - Brain Injury \(BI\), Community Mental Health Supports \(CMHS\) and Elderly, Blind and Disabled \(EBD\)](#)
- [HCBS - Complementary and Integrative Health \(CIH\)](#)
- [HCBS - Children's Home and Community Based Services \(CHCBS\) and Children with Complex Health Needs \(CwCHN\)](#)
- [HCBS - Denver Minimum Wage Appendix](#)
- [HCBS - Persons with Intellectual and/or Developmental Disabilities Waiver Programs & Targeted Case Management for Home and Community-Based Services Waiver Programs](#)
- [Speech Therapy](#)
- [Vision Care and Eyewear](#)

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

Fee Schedules

- [Ambulatory Surgery Center \(ASC\)](#)
- [Behavioral Health Fee-for-Service](#)
- [Child Health Plan Plus \(CHP+\)](#)
- [Child Health Plan Plus \(CHP+\) Behavioral Health Fee-for-Service](#)
- [Child Health Plan Plus \(CHP+\) FY 2025 - 2026 Immunization](#)
- [Clinical Diagnostic Laboratory Test, Upper Payment Limit \(CDL-UPL\)](#)
- [Community First Choice Rates Effective 7/1/2025](#)
- [Dialysis](#)
- [Durable Medical Equipment - Upper Payment Limit](#)
- [Health First Colorado](#)
- [Immunizations](#)
- [Integrated Care](#)
- [Physician Administered Drugs \(PADs\)](#)
- [Transportation \(EMT, NEMT\)](#)

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

Known Issues

Clarification for Substance Use Disorder (SUD) Continuum Providers: Ending Specialty Type 64/477

Providers are currently unable to remove a Specialty Type via a maintenance request. Once all SUD Continuum providers have added the necessary American Society of Addiction Medicine (ASAM) level of care Specialty Type(s), the 477 Specialty Type will be end-dated in the system.

Providers should ensure that PT 64 enrollments include a Specialty Type for each ASAM level of care endorsement on BHA licenses as soon as possible. Submit a maintenance request through the [Provider Web Portal](#) to add a Specialty Type to the PT 64 enrollment. The [Provider Maintenance Quick Guide](#) explains how to submit a maintenance request.

The list of ASAM level of care Specialty Types can be referenced on the [Find Your Provider Type web page](#) under Substance Use Disorder (SUD) Continuum.

Specialty Type 477 is not associated with an ASAM level of care and is therefore being discontinued. It is not possible for a provider to remove a Specialty Type via a maintenance request. Once all SUD Continuum providers have added the necessary ASAM level of care Specialty Type(s), the 477 Specialty Type will be end-dated in the system.

The Department will not deny claims with Dates of Service (DOS) on or after June 30, 2025, when billed by Provider Specialty Type 64/477. Claims are anticipated to start denying in 2026 if providers do not comply.

Contact HCPF_SUDBenefits@state.co.us with any questions.

Some Claims Billed with Procedure Code J0578 are Being Paid at an Incorrect Rate

Some claims billed with a Date of Service (DOS) on or after 7/1/25 with procedure code J0578 are being paid at a lower rate.

Affected claims will be reprocessed.

A resolution is in process.

Some Home & Community Based Services (HCBS) Claims are Denying when Billed Using Code S5130 U2

Some Home & Community Based Services (HCBS) claims are denying when billed using code S5130 U2 for Dates of Service (DOS) on or after 7/1/25.

Affected claims will be reprocessed.

A resolution is in process.

Resolved Known Issues

Resolved 7/11/25: Temporary Disenrollment for Some Substance Use Disorder (SUD) Continuum Providers

Some providers who did not add a new specialty may have had a brief interruption in service in the [Provider Web Portal](#).

Issue Resolved 7/11/25.

Resolved 7/11/25: Non-Emergent Medical Transportation (NEMT) Claims were Denying for Explanation of Benefits (EOB) 1040

Non-Emergent Medical Transportation (NEMT) claims submitted on or after 7/1/2025 were denying for Explanation of Benefits (EOB) 1040 - "A billing provider contract could not be assigned to this claim."

Affected claims were reprocessed 7/11/25.

Issue resolved 7/11/25.

Resolved 7/9/25: Some Laboratory Services Claims were Paid at an Incorrect Rate

Some Laboratory Services claims with a Date of Service (DOS) on or after 7/1/25 were paid at a higher rate.

For more information regarding rates, refer to the Clinical Diagnostic Laboratory Test, Upper Payment Limit section of the [Provider Rates and Fee Schedule web page](#).

Affected claims were reprocessed 7/11/25.

Issue resolved 7/9/25.

Please do not reply to this email; this address is not monitored.
