COLORADO
Department of Health Care Policy & Financing

Provider News & Resources

March 17, 2025 Issue 111

In This Issue:

Featured Resources

March 2025 Provider Bulletin (B2500520)

Did You Know?
Members Requiring NEMT Services

Members who require Non-Emergent Medical Transportation (NEMT) to and from medical appointments in the Denver area can call Transdev Health Solutions at 1-303-398-2155 or 1-720-279-3830 to schedule a ride. Members outside the Denver area can contact a provider from the NEMT Service Area list.

- Providers are not allowed to request or accept payment from members.
- Member safety is the Department of Health Care Policy & Financing's (the Department's) top priority, and we will only do business with providers who follow state and federal rules.
- Health First Colorado (Colorado's Medicaid program) has more than 100 NEMT providers who are authorized to provide NEMT services.
- The Member Contact Center can help members find other transportation services.
- Members can call or go online to find a new provider:

Special Provider Bulletin - HCPCS Updates for 2025 (B2500521)

- Visit hcpf.colorado.gov/nemtlist .
- Call the Health First Colorado Member Contact Center at 1-800-221-3943 (State Relay: 711).

Reconsiderations and Appeals

Providers are reminded to correct and resubmit denied claims electronically as new claims. *Denied claims do not need to be sent as requests for reconsideration.* Reconsiderations are not all manually reviewed. Claims that do not meet the system criteria defined by the current policy will deny again even if a reconsideration is sent.

An appeal is a formal process involving attorneys, legal resources and the administrative courts. Providers that do not wish to file a formal appeal may contact the Provider Services Call Center to:

- Ask questions on how to correct denied claims.
- Discuss timely filing or other billing and policy concerns.
- Review denials regarding policy.

Stakeholder Meeting: County Administration Rules

Beginning in December 2024, the Department began to solicit input on the County Administration Rules. The Department's County Administration Rules govern the Medical Assistance fiscal and programmatic operations of the county departments of human and social services (counties). These rules set standards for fiscal and program compliance, customer service, non-discrimination, accessibility and more. These rules do not apply to eligibility determinations or actions taken in

the eligibility determination system.

Providers, advocates, members and the general public are encouraged to provide feedback on the suggested changes to the rules. Interested parties can provide feedback in the form of written comments or by participating in a stakeholder meeting. A full list of stakeholder meetings, a copy of suggested changes to the rules and the comment form can be found on the County Rulemaking web page.

Meeting date and time: March 20, 2025, 9:00 a.m. to 11:00 a.m. MT (Providers)

Registration and location: The meeting will be held virtually via Zoom. Register in advance.

Provider Call Center Transition

On May 1, 2025, Optum will officially take over management of the Provider Services Call Center.

- Optum is only taking over management of the Provider Services Call Center. Gainwell will continue as the vendor for the Colorado interChange and the Provider Web Portal.
- This vendor change will only apply to the Provider Services Call Center. The Care and Case Management (CCM), Dental, Pharmacy and Electronic Visit Verification (EVV) call centers will not change. Visit the Provider Contacts web page for a complete list of assistance resources.

This vendor transition will add enhancements to the Provider Services Call Center. Some of the changes include:

- Providers being offered an after-call survey to provide valuable feedback about their call.
- Providers being able to use their National Provider Identifier (NPI) or the Health First Colorado Provider ID.
- Providers being able to select a callback option to avoid waiting on hold. When this option is selected, an agent will call the provider back in the order the call was received.

Visit the Colorado Medicaid Enterprise Solutions (CMES) Transition web page for more information.

Vision Providers: Ordering, Prescribing and Referring (OPR) Claim Identifier Mandate

It is anticipated that effective April 1, 2025, Health First Colorado (Colorado's Medicaid program) will begin editing vision services claims for compliance with federal Ordering, Prescribing and Referring (OPR) regulations (42 CFR § 455.440).

The following providers are eligible to order, prescribe or refer vision services when enrolled with Health First Colorado and licensed by the Colorado Department of Regulatory Agencies (DORA) or the licensing agency of the state in which they do business: Optometrists, Ophthalmologists and Physicians.

The following providers are eligible to render vision services when enrolled with Health First Colorado and licensed by DORA or the licensing agency of the state in which they do business: Optometrists, Ophthalmologists and Opticians.

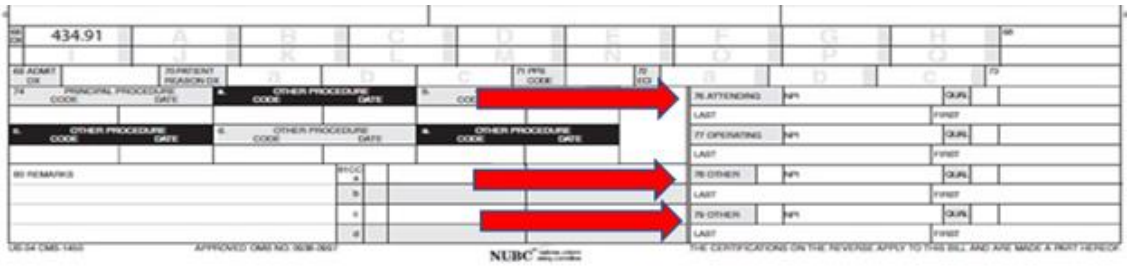
The OPR provider indicated on the claim must be actively enrolled with Health First Colorado (42 CFR § 455.410(b)). If the indicated provider is not actively enrolled the claim will be denied.

It is important for OPR providers to understand the implications of failing to enroll in Health First Colorado. The providers who render services to Health First Colorado members based on the order, prescription or referral from an OPR provider will not be reimbursed for such items or services unless the OPR provider is enrolled.

Vision providers are reminded to include the OPR provider on claims and to ensure the OPR provider is currently enrolled with Health First Colorado. The OPR field on the CMS 1500 Professional claim form is 17b and in fields 76-79 on the UB-04 Institutional claim form. This field may be labeled as Referring Provider in the Provider Web Portal. Claims with services requiring OPR provider(s) will post Explanation of Benefits (EOB) 1997- "The referring, ordering, prescribing or attending provider is missing or not enrolled. Please resubmit with a valid individual National Provider Identifier (NPI) in the attending field," if the OPR provider is not enrolled with Health First Colorado.

Below is a visual example of the CMS 1500 Professional claim form with an indicator of where the NPI number should be populated:

UB-04 outpatient hospital claims would populate the required NPI in the attending provider field (#76) or the Other ID field (#78 or#79). The following is a visual example of where the OPR NPI must be populated:



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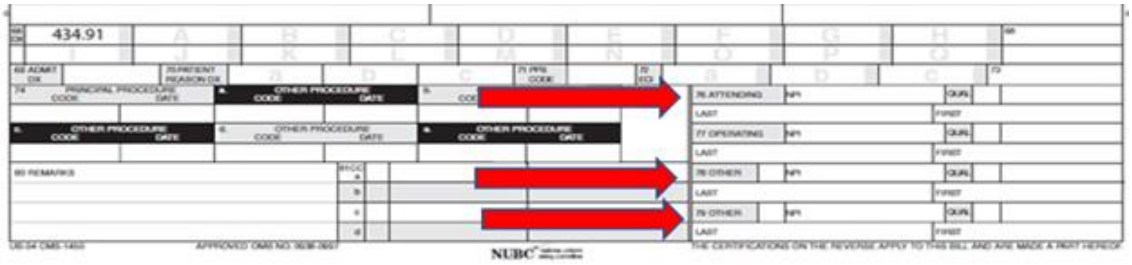

Claims are not currently set to "deny" for a missing OPR field. However, missing OPR NPIs will result in claim denials beginning April 1, 2025.

Providers are highly encouraged to sign up to receive Department communications.

Contact the Provider Services Call Center with questions about claim denials.

Policy questions should be directed to Christina Winship at Christina.Winship@state.co.us.

Refer to the Vision Care and Eyewear Billing Manual for more information on billing vision claims.

Refer to the Ordering, Prescribing, and Referring Claim Identifier Project web page for more information about OPR requirements.

Revalidation Reminder: Name Matching

Providers are reminded that the name submitted during revalidation must be identical across the Application Tracking Number (ATN), provider documentation (e.g., provider license) and verification databases (e.g., National Plan and Provider Enumeration System [NPPES]). ATNs will be denied if the name does not match across all documentation and verification databases. Providers needing to update a name must submit a maintenance request. The revalidation application should be submitted after confirming that the name matches.

Refer to the Revalidation web page for specific revalidation steps by provider type.

Recently Updated Billing Manuals and Fee Schedules

Billing Manuals

- Inpatient/Outpatient (IP/OP) Billing Manual
- Pharmacist Services Billing Manual
- Appendix X - HCPCS/NDC Crosswalk for Billing Physician-Administered Drugs

Visit the Billing Manuals web page to locate all published manuals.

Fee Schedules

- Behavioral Health Fee-for-Service Rates Fiscal Year 2025
- Clinical Diagnostic Laboratory Test, Upper Payment Limit
- Q1 2025 Physician-Administered Drug (PAD) Fee Schedule
- Nursing Facility PETI Vision Fee Schedule
- List of All ASC Codes and Respective Groupers

Visit the Provider Rates and Fee Schedule web page to locate all published fee schedules.

Known Issues

Lactation Support Services Providers

Claims billed with the Lactation Support Services procedure code S9443 are denying for Explanation of Benefits (EOB) 2022 – "A National Correct Coding Initiative (NCCI) Medically Unlikely Edit (MUE) that sets when the units of service are billed in excess of established standards for services that a member would receive on a single date of service for a given CPCS/CPT code."

Claims with the Lactation Support Services procedure code S9443 are being denied for EOB 2022 when multiple units of service are billed under procedure code S9443 on a single date of service.

A resolution is in process.

Resolved Known Issues

Pharmacy Providers

Resolved 3/14/2025: Some Professional Claims Billed by Pharmacy Providers were Denying for Explanation of Benefits (EOB) 1381 – "No Billing Rule for Procedure"

Some professional claims submitted beginning March 7, 2025, were denying incorrectly for EOB 1381 – "No Billing Rule for Procedure."

Claims will be reprocessed.

Issue resolved 3/14/2025.

Clinic – Practitioner Providers

Resolved 3/10/25: Some Professional Claims Billed with Procedure Code G0416 for Clinic Surgery Services were Paying Incorrectly when Billed with Modifier 26

Providers who submitted professional claims prior to February 15, 2024, for Clinic surgery services may have been overpaid due to a discrepancy in billing rules and codes. These claims were paying incorrect global rates even when the modifier for the professional component was present.

Affected claims were reprocessed on 3/10/25.

Issue resolved 3/10/25.

Home and Community-Based Services (HCBS) Providers

Resolved 2/27/25: In-Home Support Service (IHSS) Claims were Denying for Explanation of Benefits (EOB) 3054 – "EVV Record Required and Not Found"

IHSS claims submitted after January 1, 2025, for Electronic Visit Verification

(EVV) Implementation were denying incorrectly for Explanation of Benefits (EOB) 3054 – "EVV Record Required and Not Found."

Affected claims were reprocessed on 2/27/25.

Issue resolved 2/27/25.