COLORADO
Department of Health Care Policy & Financing

Provider News & Resources

November 24, 2025 Issue 132

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Home and Community-Based Services (HCBS) Providers

Specialties No Longer Tied to Taxonomies in the Provider Web Portal

Previously, providers could only add one (1) taxonomy per specialty in the Provider Web Portal. Providers are now able to add multiple applicable specialties regardless of associated taxonomies that may overlap. Refer to the Provider Maintenance web page or the Provider Revalidation Manual and/or Provider Revalidation Quick Guide on the Revalidation web page for further details.

Timely Filing Resubmission Instructions

Providers can keep claims within timely filing by resubmitting every 60 days after the initial timely filing period of 365 days from the date of service (DOS). Providers may resubmit within 60 days if an adjustment or recoupment is initiated by the fiscal agent, Gainwell Technologies or Health Management Systems, Inc. (HMS). Providers must reference the most recent Internal Control Number (ICN).

ESNP: Professional Claims Submitted by Some Providers with an ESNP Designation were Denying Incorrectly

All Providers: Some Provider Web Portal Users were Receiving an Error During Eligibility Verification

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SUD: Providers Were Unable to Add a "Unique Taxonomy"

Immunization: RSV Vaccine Claims were Denying Incorrectly

Featured Resources:

Update Electronic Funds Transfer (EFT) Information Quick Guide

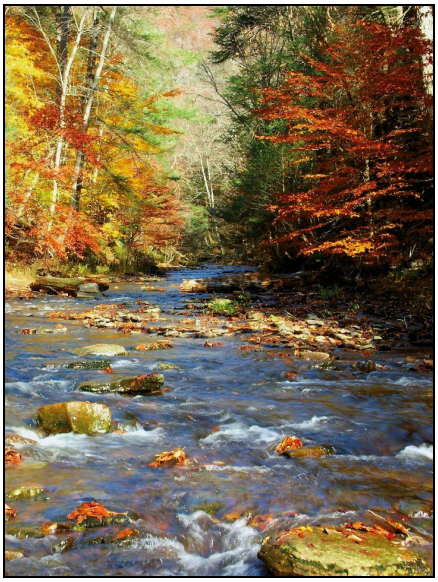
Upcoming Holidays:

Thanksgiving Day - Thursday, November 27, 2025

Day after Thanksgiving - Friday, November 28, 2025

Reconsiderations

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



Enrollment Type Changes

A new Enrollment Type Change Form located on the Provider Enrollment and Update Forms dropdown on the Provider Forms web page is available for providers who wish to update the enrollment type from Ordering, Prescribing and Referring (OPR) to Individual Within a Group (IWG) or Individual Within a Group (IWG) to a Billing Individual (BI). Individuals must have a current license (not a training license) and an affiliation to a group.
A Billing Individual requires EFT, W9, voided check and a letter from the provider with the banking information.
Refer to the Provider Enrollment and Update Forms dropdown and the Updating an Electronic Funds Transfer (EFT) Provider Web Portal Quick Guide for more information.

Provider types such as a registered nurse to a nurse practitioner cannot use this form.

Qualified Residential Treatment Program (QRTP) and Psychiatric Residential Treatment Facility (PRTF) Providers

Reminder: Enhanced Standard Assessment

Effective November 15, 2025, all children and youth being considered for residential treatment (Qualified Residential Treatment Program [QRTP], Psychiatric Residential Treatment Facility [PRTF] or Out-of-State High-Intensity Residential Treatment [OSHIRT]) will be required to undergo an Enhanced Standardized Assessment (ESA) for initial Health First Colorado coverage authorization. This applies when residential services are to be reimbursed directly by the Department of Healthcare Policy & Financing (the Department). Continuing stay approval will also be required for periods of treatment longer than 30 days. As of November 15, 2025, any child already in an episode of care in a QRTP or a PRTF will receive an initial 30-day approval. OSHIRT reviews will continue their regular 30-day review cadence. Continued stay reviews will begin December 15, 2025, and occur every 30 days thereafter.

Refer to Operational Memo 25-032: Utilization Management and Assessment Requirements for Qualified Residential Treatment Providers (QRTP) and Psychiatric Residential Treatment Facilities (PRTF) for further information.

Refer to the ColoradoPAR Training web page for information about Utilization Management, Prior Authorization and Continuing Stay Reviews.

Contact Christina Winship at Christina.Winship@state.co.us with policy or enrollment questions.

Contact Acentra at coproviderregistration@acentra.com with questions regarding Utilization Management.

Vision Providers

Eyeglass Coverage

Eyeglasses coverage is limited to one (1) or two (2) single or multifocal vision clear plastic or polycarbonate lenses with one (1) frame. The Current Procedural Technology (CPT) codes of either V2020 or V2025 should be used in eyeglass frame claims.

Glasses coverage is limited to one (1) or two (2) single or multifocal vision clear plastic or polycarbonate lenses with one (1) frame every 24 months for members aged 21 and up. Eyeglasses for adult members are benefits following eye surgery only.

Coverage for members under 21 limited to one (1) or two (2) single or multifocal vision

clear plastic or polycarbonate lenses with one (1) frame when medically necessary. Replacement is a covered service when there is a change in prescription, a loss, or when repair exceeds the cost of replacement.

Rates can be found on the Provider Rates & Fee Schedule web page. Further vision services billing guidance can be found in the Vision Services Billing Manual.

Contact Christina Winship at Christina.Winship@state.co.us with any vision policy questions. Contact the Provider Services Call Center for assistance with claims and billing.

Laboratory Services Providers

Update on Billing Manual

The Laboratory Services Billing Manual will be updated in December to include specifications for the definitive drug testing coverage policy.

Contact Sarah.Kaslow@state.co.us with questions.

Recently Updated Billing Manuals and Fee Schedules

Billing Manuals

- Appendix R - Remittance Advice
- Appendix X - CO_HCPCS_XWALK
- Doula
- Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)
- Federally Qualified Health Center (FQHC) and Rural Health Clinics (RHC)
- Non-Emergent Medical Transportation (NEMT)
- Prenatal Plus Program Outpatient - Fee-For-Service

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

Fee Schedules

- Child Health Plan Plus (CHP+) Immunization Fee Schedule Fiscal Year 2025-2026
- EBD, CMHS, BI, CIH (effective October 1, 2025)
- DD, SLS, CES (effective October 1, 2025)
- Immunization Fee Schedule Fiscal Year 2025-2026
- Non-Emergent Medical Transportation (NEMT) Fiscal Year 2025-2026

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

Known Issues

Home and Community-Based Services (HCBS) Providers

Claims Billed with Procedure Code T1017 are Denying for Explanation of Benefits (EOBs) 2030 and 2031

Professional claims billed with procedure code T1017 and received on or after 9/5/2025 are denying for Explanation of Benefits (EOB) 2030 – "The Services Must Be Billed to Denver Health Medicaid Choice Plan" or EOB 2031 – "The Services Must Be Billed to Rocky Mountain Health Plan Prime."

Affected claims will be reprocessed.

A resolution is in process.

Home and Community-Based Services (HCBS) Providers

Prior Authorization Request (PAR) Must be on File

Professional claims for Home and Community-Based Services (HCBS) must have an approved Prior Authorization Request (PAR) on file. Extensions were granted to allow providers to get timely payment and continue delivering services to members. The grace period has ended and claims will deny for one of the following Explanation of Benefits (EOB) numbers if an approved matching PAR is not on file.

0192
0503
5110
0504

Providers should obtain PAR information from Case Managers. If the provider has the PAR number, additional information can be viewed in the Provider Web Portal.

Substance Use Disorder (SUD) Providers

Some Professional Claims for Substance Use Disorder (SUD) Continuum Services are Denying for Explanation of Benefits (EOB) 1082

Professional claims for Substance Use Disorder (SUD) Continuum services with procedure code H0010 and a modifier of HF are denying for Explanation of Benefits (EOB) 1082 – "Billing Provider Type and/or Specialty is not allowable for the service billed."

A resolution is in process.

Resolved Known Issues

Essential Safety Net Providers (ESNPs)

Resolved 11/6/25: Professional Claims Submitted by Some Providers with an Essential Safety Net Provider (ESNP) Designation were Denying Incorrectly

Professional claims submitted by some providers with an Essential Safety Net Providers (ESNP) designation for procedure codes: 90791, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 99245 with Dates of Services (DOS) on or after 7/1/24 were denying for Explanation of Benefits (EOB) 3530 – "There is no rate on file for the date of service. Charges cannot be processed."

Affected claims were reprocessed 11/10/25.

Issue resolved 11/6/25.

All Providers

Resolved 11/12/25: Some Provider Web Portal Users were Receiving an Error During Eligibility Verification

Some providers performing member Eligibility Verification in the Provider Web Portal received an error message when the search contains a date range. This occurred for members with multiple, non-overlapping aid code records within the date range searched. Providers searched by a single date instead of a date range to avoid this error message.

Issue resolved 11/12/25.

Home and Community-Based Services (HCBS) Providers

Resolved 11/13/25: Some Home and Community-Based Services (HCBS) Providers were Unable to Add Facility Identifications (IDs) for Specialties in the Provider Web Portal

Some Home and Community-Based Services (HCBS) providers were unable to add Facility IDs for specialties while completing Maintenance Updates in the Provider Web Portal. The Facility ID could not be added for a specialty that had a taxonomy matching another specialty for the provider.

Issue resolved 11/13/25.

Substance Use Disorder (SUD) Providers

Resolved 11/14/25: SUD Providers Were Unable to Add a "Unique Taxonomy"

Substance Use Disorder (SUD) providers were unable to add an "unique taxonomy" when adding "additional specialties" to a provider profile during maintenance.

Issue resolved 11/14/25.

Immunization Providers

Resolved 11/19/25: Administrative Codes on Some Professional Claims for the RSV Vaccine were Denying Incorrectly

Some professional claims with procedure code 90382 and a Date of Service (DOS) on or after 7/1/25 were denying for Explanation of Benefits (EOB) 2861 – "No Rate on File for the Date(s) of Service."

Professional claims with procedure code 96380 were denying for EOB 7800 – "The procedure code billed on claim is missing the primary/base service procedure(s)."

Affected claims were reprocessed 11/21/25.

Issue resolved 11/19/25.

Featured Resources

Electronic Funds Transfers (EFTs)

An Electronic Funds Transfer (EFT) is required for:

- All in-state and border provider groups, clinics and facilities
- Individual providers who are not affiliated with a group, excluding Physician Assistants and Non-Physician Practitioners (RNs)

A provider is required to submit an EFT document through provider enrollment on the Provider Web Portal. Once the update is submitted via the enrollment portal, a specialist will review the submission, process the update and establish EFT. Paper checks will be sent until EFT has been established.
Each time bank information changes, a new EFT document must be submitted. Reference the Update Electronic Funds Transfer (EFT) Information Quick Guide on the Quick Guides web page.

Upcoming Holidays

Thanksgiving Day - Thursday, November 27, 2025
State Offices, Acentra, AssureCare, DentaQuest, Gainwell Technologies and the Provider Services Call Center will be closed. Prime Therapeutics will be open.

Day after Thanksgiving - Friday, November 28, 2025
State Offices, Acentra and DentaQuest will be closed. AssureCare, Gainwell Technologies, Prime Therapeutics and the Provider Services Call Center 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 State Postal Service or providers' individual banks.

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