COLORADO
Department of Health Care Policy & Financing

Provider News & Resources

October 20, 2025 Issue 129

In This Issue:

Known Issues:

Resolved Known Issues:

Non-Emergent Medical Transportation (NEMT) Moratorium for New Enrollments

The moratorium of six (6) months for new Non-Emergent Medical Transportation (NEMT) provider enrollments approved by the Centers for Medicare & Medicaid Services (CMS) has been extended and will be in effect until at least March 31, 2026.

Pharmacy and All Medication Prescribers
Prescriber Tool Update

The Prescriber Tool is a powerful resource available directly within many Electronic Health Record (EHR) system workflows, giving providers seamless access to vital member pharmacy benefit information. This tool has integrated features such as e-prescribing, Real-Time Benefits Inquiry (RTBI) and electronic prior authorizations to deliver transparency and efficiency at

Rate

Resolved 10/1/25: Some Providers Were Not Seeing Additional Taxonomies During Maintenance

Resolved 9/25/25: Clinics Billing for Hospital Observations on Professional Claims Forms (CMS1500) were Denying Incorrectly for EOB 0182

Featured Resources:

Timely Filing: Frequently Asked Questions (FAQs) and Billing Resources Web Page

Viewing Prior Authorizations in the Portal Quick Guide

Meeting Announcements:

Intermediate Billing Training

Upcoming Holidays:

Veteran's Day - Tuesday, November 11, 2025

the point of care. Providers can make faster, more informed decisions with instant access to medication coverage details and lower-cost therapeutic alternatives, improving care while managing rising pharmaceutical costs.

Key Benefits Include:

- EHR Integration: The Prescriber Tool is accessible in most EHRs within the provider workflow, making it easily accessible during patient visits.
- Real-Time Pharmacy Benefit Information: Gain immediate access to member-specific benefits, including cost-effective therapeutic alternatives and coverage details.
- Faster Prior Authorizations: Submit and manage prior authorizations electronically and efficiently.
- System Upgrade Coming: Beginning in February 2026, the new Pharmacy Benefit Management System will expand access to the tool by integrating with more EHR systems.

Visit the Prescriber Tool Project web page for more information.

Recently Updated Billing Manuals and Fee Schedules

Billing Manuals

- Appendix X - CO HCPCS XWALK 20251015-BQ
- 340B Policy and Procedure
- Inpatient/Outpatient (IP/OP)
- Laboratory Services
- Lactation Support Services
- Non-Emergent Medical Transportation (NEMT)
- Pharmacy

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

Fee Schedules

- Behavioral Health Fee for Service FY 25/26 effective 7/1/2025
- Behavioral Health Fee for Service FY 25/26 effective 10/1/2025
- Fiscal Year 2025-2026 Hospice Fee Schedule

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

Known Issues

Durable Medical Equipment Providers Professional Claims for Supply Providers with Certain Procedure Codes and a Modifier of BO are Denying

Professional claims with a Date of Service (DOS) on or after 3/1/2025 are denying for Explanation of Benefits (EOB) 7802 – "The non-payment modifier is not appropriate with the billed procedure code" when billed with the following procedure codes and a modifier of BO: B4102, B4103, B4104, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4162 and B9999. Claims were denying when billed with procedure codes B4160 and B4161 and a modifier of BO.

Affected claims will be reprocessed.

Issue resolved for procedure codes B4160 and B4161 10/1/25. A resolution is in process for all other procedure codes.

Resolved Known Issues

Durable Medical Equipment Providers
Resolved 9/29/25: Professional Claims Submitted by Durable Medical Equipment (DME)/Supply Providers for Specific Procedure Codes were Denying for EOB 7826

Professional claims with Durable Medical Equipment (DME)/Supply procedure codes E1032, E1033 and E1034 and a Date of Service (DOS) on or after 4/1/25 were denying for Explanation of Benefits (EOB) 7826 - "Procedure code is not allowed to be submitted more than once per date of service."

Affected claims were reprocessed 10/6/25.

Issue resolved 9/29/25.

Durable Medical Equipment Providers
Resolved 9/16/25: Some Professional Claims for Durable Medical Equipment (DME)/Supply Providers were Paid at an Incorrect Rate

Some professional claims were paid at an incorrect rate for procedure code A9286. Claims are now being paid at the correct rate, and the fee schedule has been corrected.

The rates are as follows:

- Claims with a Date of Service (DOS) prior to 7/1/25: $0.03
- Claims with a DOS between 7/1/25 and 9/30/25: $0.04
- Claims with a DOS on or after 10/1/25: $0.03

Affected claims were reprocessed 9/26/25.

Issue resolved 9/16/25.

All Providers

Resolved 10/1/25: Some Providers Were Not Seeing Additional Taxonomies During Maintenance

Some providers that have additional taxonomies were not seeing the taxonomies listed in the Additional Taxonomies section of the Specialty and Contact Information Changes panel when completing a Maintenance Request in the Provider Web Portal.

No action is needed from providers.

Issue resolved 10/1/25.

Physician Services/Clinics

Resolved 9/25/25: Clinics Billing for Hospital Observations on Professional Claims Forms (CMS1500) were Denying Incorrectly for EOB 0182 - "Billing Provider Type and/or Specialty is not allowable for the service billed"

Claims billed by clinics for Hospital Observation with procedure code 99221 for clinic services with Date of Service (DOS) on or after 7/1/24 were denying incorrectly for Explanation of Benefits (EOB) EOB 0182 - "Billing Provider Type and/or Specialty is not allowable for the service billed."

Affected claims were reprocessed on 10/7/25.

Issue resolved 9/25/25.

Featured Resources

How Does Timely Filing Apply to Adjustments and Voids?

Timely filing applies if the claim is an adjustment to request additional reimbursement.

Timely filing does not apply if the claim is an adjustment and the provider is returning money or if the provider is requesting an adjustment that does not change the reimbursement amount. Refer to Timely Filing available on the Frequently Asked Questions (FAQs) and Billing Resources web page for more information.

Viewing Prior Authorizations in the Portal Quick Guide

Registered providers and their delegates can view Prior Authorizations (PAs) in the Provider Web Portal even if the provider ID is not listed on the PA. Refer to the Viewing Prior Authorizations in the Portal Quick Guide available on the Quick Guides web page for more information.

Meeting Announcements

Intermediate Billing Training

Intermediate Billing training covers claims processing and remittance advice via the Provider Web Portal and batch, secondary billing with commercial insurance and Medicare, attachment requirements, timely filing, suspended claims, adjustments and voids, reconsiderations and resubmissions and more. This training is a general training for all provider types.

Participants may register now to attend.

Upcoming Holidays

Veteran's Day - Tuesday, November 11, 2025

State Offices, Acentra, AssureCare and the Provider Services Call Center will be closed. 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. DentaQuest, Gainwell Technologies and Prime Therapeutics will be open.