



Provider News & Resources

December 22, 2025 Issue 135

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Calendar Year (CY) 2026 Provider Enrollment Application Fee

The Medicare, Medicaid and [Children's Health Insurance Program \(CHIP\)](#) provider enrollment application fee for institutional providers is **\$750** For Calendar Year (CY) 2026, adjusted from the \$730 fee in 2025 for inflation, rounding up from \$749.71. This fee applies to new enrollments, revalidations and adding new locations, and is based on Consumer Price Index (CPI-U) increases.

Key Details:

- **Fee Amount:** \$750.
- **Effective Date:** For applications submitted in CY 2026 (January 1, 2026, to December 31, 2026).
- **Who Pays:** Institutional providers enrolling, revalidating, or adding a new Medicare practice location.

Outpatient Hospitals:

Resolved 12/17/25: Institutional Claims for Outpatient Hospital Services were Paying at an Incorrect Rate

Speech Therapy:

Resolved 12/04/25: Some Professional Claims for Speech Therapy Services are Denying for EOB 2305

SUD:

Resolved 12/16/25: Some Professional Claims for Substance Use Disorder (SUD) Continuum Services were Denying for Explanation of Benefits (EOB) 1082

Featured Resources:

[Provider Maintenance - Essential Safety Net Provider \(ESNP\) Quick Guide](#)

Provider Training:

Provider Training Opportunities in January

Upcoming Holidays:

Christmas Day - Thursday,
December 25, 2025

Day after Christmas - Friday,
December 26, 2025



Reminder: Update Address for Internal Revenue Service (IRS) Form 1099 in Provider Web Portal

Providers are encouraged to ensure the Internal Revenue Service (IRS) 1099 form mailing address on file with Health First Colorado is accurate and current prior to January 2026. Providers may add, view or modify the IRS 1099 form mailing address through the Provider Maintenance option in the [Provider Web Portal](#). A confirmation letter will be sent to all linked provider service locations when an update is completed.

The letter will contain:

- The provider service location ID
- Information about the user who completed the change
- Details of the address changes made (previous and new)

Note: The IRS 1099 form mailing address is linked to the associated tax ID. If multiple provider IDs share the same tax ID, and one provider changes the 1099 address, that address will change for all providers with that tax ID.

Visit the [Provider Maintenance Quick Guide](#) web page and view [Address Changes](#) for instructions on how to update an address in the Provider Web Portal.

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 the first week of January 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

- [Appendix X - HCPCS / NDC Crosswalk for Billing Physician-Administered Drugs](#)
- [Appendix Z - Hospital Specialty Drugs](#)
- [Federally Qualified Health Center and Rural Health Clinic](#)
- [Medical-Surgical](#)
- [Pharmacy](#)
- [School Health Services](#)

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

Fee Schedules

- [2025 Q1/Q2/Q3/Q4 PAD](#)
- [ACF Non-Denver \(effective January 1, 2026\)](#)
- [ACF Denver effective \(effective January 1, 2026\)](#)
- [SLP Non-Denver \(effective January 1, 2026\)](#)
- [SLP Denver \(effective January 1, 2026\)](#)

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

Resolved Known Issues

HCBS Providers

Resolved 12/1/25: 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 were denying 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.

Claims were reprocessed 12/11/25.

Issue resolved 12/1/25.

Outpatient Hospitals

Resolved 12/17/25: Institutional Claims for Outpatient Hospital Services were Paying at an Incorrect Rate

Institutional claims for outpatient hospital services with a Date of Service (DOS) of July 1, 2025 or later were paying at an incorrect rate due to the Enhanced Ambulatory Patient Grouper (EAPG) version in place.

Affected claims will be reprocessed.

Issue resolved 12/17/25.

Speech Therapy Providers

Resolved 12/04/25: Some Professional Claims for Speech Therapy Services were Denying for EOB 2305

Some Professional Claims for Speech Therapy services with a Date of Service (DOS) on or after 08/01/2025 and billed with Procedure Code 92526 with modifiers GN + 97 were denying for Explanation of Benefits (EOB) 2305 - "Occupational therapy and Physical therapy services limited to a maximum of 48 units per 366 days."

Affected claims were reprocessed 12/09/25.

Issue resolved 12/04/25.

SUD Providers

Resolved 12/16/25: Some Professional Claims for Substance Use Disorder (SUD) Continuum Services were 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 were denying for Explanation of Benefits (EOB) 1082 – “Billing Provider Type and/or Specialty is not allowable for the service billed.”

Issue resolved 12/16/25.

Featured Resources

[Provider Maintenance - Essential Safety Net Provider \(ESNP\) Quick Guide](#)

Refer to the Provider Maintenance Essential Safety Net Provider (ESNP) Quick Guide for steps on updating and maintaining ESNP status in a provider profile.

Provider Training

Provider Training Opportunities in January

Providers are encouraged to sign up for training on the [Provider Training web page](#).

Provider Enrollment

Provider enrollment training is designed for providers at various stages of the initial enrollment process with Health First Colorado. It provides an overview of the program and guidance on the provider application process, including enrollment types, common errors and enrollment with other entities. It also provides information on next steps after enrollment.

- [Provider Enrollment Training](#)
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- https://us02web.zoom.us/webinar/register/WN_7fwo75IRTkyGdAGR_OnSaA#/registration

Professional Beginner Billing Training

The beginner billing training sessions provide a high-level overview of member eligibility, claim submission, prior authorizations, [Department website](#) navigation, [Provider Web Portal](#) use and more.

- [Beginning Billing Training: Professional Claims \(CMS 1500\)](#)
- https://us02web.zoom.us/webinar/register/WN_O55yEaZvRqSCdOp0QJZjaA#/registration

Upcoming Holidays

Christmas Day - Thursday, December 25, 2025

State Offices, Acentra, AssureCare, DentaQuest, Gainwell Technologies and the Provider Services Call Center will be closed. 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 State Postal Service or providers' individual banks.

Day after Christmas - Friday, December 26, 2025

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