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Did You Know?

Providers checking eligibility status do not need to have the member's ID to obtain eligibility information. If the member's ID is not known, the user can enter two of the following into the Provider Web Portal to obtain the member ID: Social Security Number (SSN), birth date, or member name.

Providers submitting claims **must** use the correct ID for the member. **Do not** use a 'made up' or 'dummy' member ID as it may be the ID of another member. Submitting the correct member ID ensures that claims are processed quickly and accurately. To verify the member ID, [look up the member in the Provider Web Portal](#) or contact the [Provider Services Call Center](#) for further assistance.

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

All Providers

National Correct Coding Initiative (NCCI) Notification of Quarterly Updates

Providers are encouraged to monitor [Centers for Medicare & Medicaid Services \(CMS\) website](#) for updates to NCCI rules and guidelines. Updates to the procedure-to-procedure (PTP) and medically unlikely edit (MUE) files are completed quarterly with the next file update available October 2021. For more information, visit the [CMS National Correct Coding Initiative Edits web page](#).

All Medication-Prescribing Providers

Prescription Drug Monitoring Program and Controlled Substances

Effective October 1, 2021, Medicaid providers permitted to prescribe controlled substances must query the Colorado Prescription Drug Monitoring Program (PDMP) before prescribing controlled substances to Medicaid members, in accordance with Section 5042 of the “Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and the Communities Act (SUPPORT Act)”.

The requirement to check the PDMP does not apply when a member:

- Is receiving the controlled substance in a hospital, skilled nursing facility, residential facility, or correctional facility
- Has been diagnosed with cancer and is experiencing cancer-related pain
- Is undergoing palliative care or hospice care
- Is experiencing post-surgical pain that, because of the nature of the procedure, is expected to last more than 14 days
- Is receiving treatment during a natural disaster or during an incident where mass casualties have taken place
- Has received only a single dose to relieve pain for a single test or procedure



Visit the [About the PDMP Program web page](#) for more information about the PDMP Program.

Clinics, Non-Physician Practitioners

Updates to Colorectal Cancer Screening Policy

Effective May 18, 2021, Health First Colorado (Colorado's Medicaid program) aligned the colorectal cancer screening policy with A and B level recommendations by the United States Preventative Services Task Force (USPSTF). The USPSTF expanded the recommended ages for colorectal cancer screening to 45 to 75 years (previously, it was 50 to 75 years).



The USPSTF recommendation applies to adults 45 years and older who do not have signs or symptoms of colorectal cancer and who are at average risk for colorectal cancer (i.e. no prior diagnosis of colorectal cancer, adenomatous polyps, or inflammatory bowel disease; no personal diagnosis or family history of known genetic disorders that predispose them to a high lifetime risk of colorectal cancer [such as Lynch syndrome or familial adenomatous

polyposis]).

Several recommended screening tests are available. Providers and members may consider a variety of factors in deciding which test may be the most appropriate.

The updated USPSTF recommendation can be found at the [Colorectal Cancer: Screening web page](#) under "Full Recommendation".

Contact Morgan Anderson at Morgan.Anderson@state.co.us with any questions.

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Providers

Fee-for-Service Prosthetic, Orthotic and Supplies Rate Rebalance Effective July 1, 2021

Fee-for-Service Prosthetic, Orthotic and Supplies services were reviewed through the Medicaid Provider Rate Review Advisory Committee ([MPRRAC](#)) in 2020. As a result of findings from the 2020 Medicaid Provider Rate Review Committee Recommendation Report and the subsequent budget request approved by the Joint Budget Committee, rates for fee-for-service prosthetic, orthotic and supplies codes were rebalanced to 80%-100% of the Medicare benchmark where available, and an average of other states' rates where no Medicare benchmark is available. Effective July 1, 2021, rates less than 80% of applicable benchmark rates were increased to 80% of the benchmark rate; rates greater than 100% of benchmark rates were reduced to 100% of the benchmark rate.

The following fee-for-service prosthetic, orthotic and supplies codes were impacted by rebalancing:

Prosthetic, Orthotic and Supplies Procedure Codes Impacted by Rebalancing							
A4217	A4637	A7013	L1090	L2320	L3300	L5629	L6110
A4221	A5054	A7015	L1200	L2330	L3310	L5630	L6205
A4222	A5055	A7018	L1210	L2340	L3332	L5631	L6250
A4235	A5056	A7028	L1220	L2350	L3350	L5632	L6300
A4253	A5057	A7030	L1240	L2360	L3360	L5636	L6320
A4258	A5063	A7031	L1250	L2370	L3370	L5637	L6615
A4259	A5071	A7032	L1260	L2385	L3380	L5643	L6616
A4310	A5114	A7033	L1270	L2390	L3400	L5645	L6624
A4314	A5120	A7034	L1280	L2395	L3650	L5647	L6628
A4315	A5131	A7035	L1290	L2397	L3660	L5649	L6629
A4320	A5503	A7036	L1300	L2405	L3710	L5650	L6635
A4322	A5504	A7037	L1620	L2492	L3730	L5651	L6655
A4326	A5505	A7038	L1650	L2510	L3740	L5652	L6660
A4331	A5506	A7039	L1686	L2525	L3806	L5654	L6665
A4338	A5507	A7045	L1690	L2530	L3808	L5655	L6670
A4340	A5512	A7046	L1810	L2540	L3809	L5658	L6675
A4344	A5513	A8000	L1812	L2570	L3900	L5665	L6676
A4351	A6196	A8001	L1820	L2620	L3906	L5666	L6680
A4352	A6204	A8003	L1830	L2622	L3908	L5668	L6682
A4354	A6209	L0120	L1832	L2624	L3915	L5670	L6684
A4357	A6210	L0140	L1833	L2628	L3918	L5676	L6686
A4358	A6212	L0150	L1836	L2630	L3924	L5678	L6687
A4362	A6216	L0160	L1843	L2750	L3925	L5684	L6688
A4363	A6217	L0172	L1844	L2755	L3929	L5685	L6689
A4364	A6222	L0174	L1845	L2760	L3931	L5694	L6691
A4369	A6223	L0180	L1848	L2780	L3960	L5695	L6703
A4385	A6224	L0190	L1850	L2785	L3980	L5696	L6704
A4389	A6229	L0200	L1851	L2795	L3981	L5698	L6706
A4390	A6235	L0450	L1852	L2800	L3982	L5700	L6708
A4395	A6237	L0457	L1902	L2810	L3984	L5701	L6713
A4397	A6238	L0467	L1904	L2820	L3995	L5704	L6721
A4399	A6240	L0621	L1906	L2830	L4002	L5705	L6890
A4400	A6243	L0625	L1930	L2840	L4110	L5785	L6935
A4402	A6248	L0626	L1940	L2850	L4130	L5812	L7007
A4411	A6257	L0627	L1945	L3000	L4350	L5814	L7009

Prosthetic, Orthotic and Supplies Procedure Codes Impacted by Rebalancing							
A4412	A6258	L0628	L1950	L3002	L4360	L5828	L7259
A4422	A6402	L0630	L1960	L3010	L4361	L5840	L8000
A4427	A6411	L0631	L1970	L3020	L4370	L5845	L8030
A4450	A6442	L0632	L1990	L3030	L4387	L5850	L8300
A4452	A6443	L0635	L2020	L3031	L4396	L5910	L8310
A4456	A6446	L0636	L2036	L3040	L4631	L5920	L8400
A4461	A6450	L0637	L2037	L3050	L5000	L5940	L8410
A4481	A6457	L0638	L2040	L3060	L5010	L5950	L8415
A4483	A6504	L0640	L2070	L3100	L5020	L5960	L8417
A4556	A6506	L0641	L2112	L3150	L5050	L5962	L8420
A4557	A6507	L0642	L2114	L3160	L5100	L5964	L8430
A4562	A6509	L0643	L2134	L3215	L5160	L5970	L8435
A4565	A6531	L0648	L2184	L3216	L5210	L5972	L8440
A4595	A6532	L0650	L2192	L3217	L5301	L5976	L8460
A4604	A6545	L0710	L2200	L3219	L5312	L5979	L8465
A4605	A7000	L0976	L2210	L3221	L5331	L5980	L8470
A4614	A7001	L0984	L2220	L3222	L5540	L5981	L8480
A4616	A7002	L1010	L2250	L3224	L5590	L5984	L8485
A4617	A7003	L1020	L2260	L3230	L5611	L5986	L8500
A4623	A7004	L1030	L2265	L3250	L5618	L5987	L8501
A4624	A7005	L1040	L2270	L3254	L5620	L5988	L8624
A4625	A7006	L1050	L2275	L3257	L5622	L6020	L8629
A4628	A7010	L1060	L2280	L3260	L5624	L6026	
A4629	A7012	L1080	L2300	L3265	L5626	L6100	

All rates for fee-for service prosthetic, orthotic and supplies codes can be found on the [Health First Colorado Fee Schedule](#) available on the [Provider Rates and Fee Schedule web page](#). All prosthetic, orthotic and supplies rates also received the across-the board 2.5% increase, effective July 1, 2021, whether they were included in the rebalance or not.

Contact Jeff Laskey at Jeff.Laskey@state.co.us and Victoria Martinez at Victoria.L.Martinez@state.co.us with any questions.

Home and Community-Based Services (HCBS) Providers

Upcoming Changes to Telehealth in Waivers Postponed

Since April 2020, specific HCBS waiver benefits have been allowed to be provided using telehealth. Reference [Operational Memo \(OM\) 20 - 046](#) for details.

HCBS waiver providers have been instructed to bill with a “Place of Service” indicator “2” when using Telehealth for service delivery. Reference [Operational Memo \(OM\) 20 - 090 for details](#).

Telehealth will be implemented as a permanent service delivery option for specific HCBS waiver services post COVID-19. In the [July 2021 Provider Bulletin \(B2100465\)](#), it was indicated there would be changes to billing procedures for HCBS waiver services when using Telehealth associated with this permanent service delivery option; however, this change is delayed until further notice.

Telehealth is still an allowable service delivery option under the authority of the Public Health Emergency Appendix K approval. HCBS waiver providers should continue to reference the linked Operational Memos in this bulletin for continued billing guidance.

Home and Community-Based Services (HCBS) Case Managers

Opportunity to Provide Input on HCBS Case Management Redesign

Two virtual listening sessions for Home and Community-Based Services (HCBS) case management staff will be hosted as part of the Case Management Redesign initiatives for HCBS waivers to gather information and feedback on current and future definitions of quality case management. Please register for ONE of the following sessions:

Tuesday, October 5, 2021 from 11:00 a.m.-1:00 p.m. MT

Registration Link: https://zoom.us/webinar/register/WN_ZcQJon4SRbaDOBvW-2znTw

or

Wednesday, October 6, 2021 from 3:00 p.m.-5:00 p.m. MT

Registration Link: https://zoom.us/webinar/register/WN_epj2nr89QleHf_wT0uU2TA

Department staff will provide a brief presentation in each meeting on efforts to redesign the case management system. Case managers will then participate in small randomized group discussions. The feedback received during these listening sessions will be collated into themes and used in decision making on key policy areas for Case Management Redesign.

If unable to attend one of the dates listed above, a survey has been created to gather information and feedback on current and future definitions of quality case management from all HCBS stakeholders (including members, providers and case managers) as part of the case management redesign initiatives for HCBS waivers.



[This survey will be open to all stakeholders until October 15, 2021.](#)

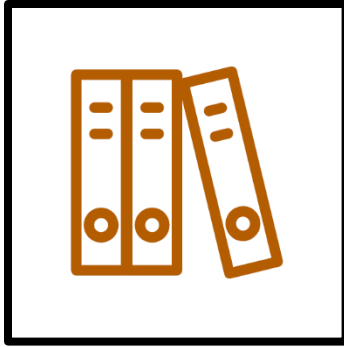
Contact Katy Barnett at Katy.Barnett@state.co.us or 303-866-3035 for more information.

Home and Community-Based Services (HCBS) Home Modification Providers

Updates to Billing Procedure for Home Modification Second Unit

Effective August 1, 2021, changes to the Home Modification provider billing procedure were implemented that require the documents listed below to be submitted to the Department of Local Affairs, Department of Housing (DOLA/DOH) prior to the second Home Modification unit to be released for billing.

1. Signed lien waivers for all labor and materials, including lien waivers from sub-contractors
2. Required permits
3. One-year written warranty on materials and labor
4. Documentation in the Member's file that the Home Modification has been completed satisfactorily through:
 - a. Receipt of inspection report approving work from the state, county, or local building, plumbing, or electrical inspector, **or**
 - b. Approval by the Participant, guardian, representative or other designee, **or**
 - c. Approval by the homeowner or property manager, **or**
 - d. A final on-site inspection report by DOH or its designated inspector, **or**
 - e. DOH acceptance of photographs taken both before and after the Home Accessibility Adaptation



Visit the [2021 Memo Series web page](#) to review [Operational Memo 21-053](#) for more information surrounding the updated procedure.

For more information surrounding provider reimbursement requirements for home modifications, review the corresponding regulation for the below waivers:

[Elderly, Blind and Disabled Home Modification Regulation- 8.493.6](#)

[Supported Living Services Home Accessibility Adaptation Reimbursement Regulation- 8.500.94.B.6.f](#)

[Children's Extensive Supports Home Accessibility Adaptation Reimbursement Regulation- 8.503.40.A.5.f](#)

Contact Danielle Krause (Department of Health Care Policy & Financing) at Danielle.Krause@state.co.us or Naomi Hubert (Department of Housing) at Naomi.Hubert@state.co.us for any additional information.

Hospital Providers

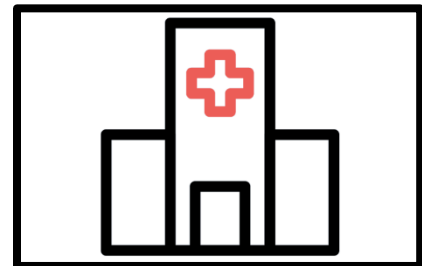
General Updates

All Hospital Providers

Hospital Stakeholder Engagement Meetings

Bi-monthly Hospital Engagement meetings will continue to be hosted to discuss current issues regarding payment reform and operational processing. [Sign up to receive the Hospital Stakeholder Engagement Meeting newsletters.](#)

- The All-Hospital Engagement meeting is scheduled for [Friday, September 10, 2021, from 1:00 p.m. - 4:00 p.m. MT](#) and will be hosted virtually.



Visit the [Hospital Stakeholder Engagement Meeting web page](#) for more details, meeting schedules and past meeting materials. **Calendar Year 2021 meetings have been posted.**

Rural Health Clinics

Rural Health Clinic Engagement Meeting

Bi-monthly Rural Health Clinic Engagement meetings will continue to be hosted to discuss current issues regarding payment reform and operational processing.

- The next Rural Health Clinic Engagement meeting is scheduled for [Thursday, September 9, 2021, from 12:30 p.m. to 1:30 p.m. MT](#) and will be hosted virtually on Zoom.

Visit the [Rural Health Clinic Engagement Meeting web page](#) for more details, meeting schedules and past meeting materials. **Calendar Year 2021 meetings have been posted.**

Contact Erin Johnson at Erink.Johnson@state.co.us with any questions or topics to be discussed at future meetings. Advanced notice will provide the Rates team time to bring additional Department of Health Care Policy & Financing (the Department) personnel to the meetings to address different concerns.

Inpatient and Outpatient Supplemental Payment Adjustment Factors

Below are the inpatient and outpatient Healthcare Affordability and Sustainability supplemental payment adjustment factors by hospital for federal fiscal year (FFY) 2020-21. The inpatient supplemental payment equals fee-for-service (FFS) patient days multiplied by an inpatient dollar adjustment factor. The outpatient supplemental payment equals estimated outpatient costs multiplied by an outpatient percent adjustment factor. The inpatient and outpatient adjustment factors are listed in the table below.

Hospital	Inpatient Dollar Adjustment Factor	Outpatient Percent Adjustment Factor
University of Colorado Hospital	\$765.00	47.50%
Arkansas Valley Regional Medical Center	\$970.00	84.00%
Aspen Valley Hospital	\$970.00	84.00%
Delta County Memorial Hospital	\$970.00	84.00%
Denver Health Medical Center	\$295.00	13.00%
East Morgan County Hospital	\$970.00	84.00%
Estes Park Health	\$970.00	84.00%
Grand River Health	\$970.00	84.00%
Gunnison Valley Health	\$970.00	84.00%
Haxtun Health	\$970.00	84.00%
Heart of the Rockies Regional Medical Center	\$970.00	84.00%
Keefe Memorial Hospital	\$970.00	84.00%
Kit Carson County Memorial Hospital	\$970.00	84.00%
Middle Park Medical Center	\$970.00	84.00%
Lincoln Community Hospital	\$970.00	84.00%
Melissa Memorial Hospital	\$970.00	84.00%
Memorial Hospital	\$900.00	14.00%
The Memorial Hospital at Craig	\$970.00	84.00%

Hospital	Inpatient Dollar Adjustment Factor	Outpatient Percent Adjustment Factor
Montrose Memorial Hospital	\$970.00	84.00%
North Colorado Medical Center	\$997.00	32.25%
Pagosa Springs Medical Center	\$970.00	84.00%
Pioneers Medical Center	\$970.00	84.00%
Poudre Valley Hospital	\$900.00	14.00%
Prowers Medical Center	\$970.00	84.00%
Rangely District Hospital	\$970.00	84.00%
Sedgwick County Health Center	\$970.00	84.00%
Southeast Colorado Hospital	\$970.00	84.00%
Southwest Health System	\$970.00	84.00%
Spanish Peaks Regional Health Center	\$970.00	84.00%
St. Vincent Hospital	\$970.00	84.00%
Weisbrod Memorial County Hospital	\$970.00	84.00%
Wray Community District Hospital	\$970.00	84.00%
Yuma District Hospital	\$970.00	84.00%
Animas Surgical Hospital	\$1,100.00	84.00%
Avista Adventist Hospital	\$1,350.00	89.25%
Foothills Hospital	\$1,435.00	95.00%
Castle Rock Adventist Hospital	\$997.00	32.25%
St. Thomas More Hospital	\$1,100.00	84.00%
Children's Hospital Anschutz	\$465.00	11.25%
St. Joseph Hospital	\$1,350.00	89.25%
Colorado Plains Medical Center	\$1,100.00	84.00%
Community Hospital	\$1,435.00	95.00%
Conejos County Hospital	\$1,100.00	84.00%
Craig Hospital	\$28.00	28.00%
Good Samaritan Medical Center	\$997.00	32.25%
Lutheran Medical Center	\$1,350.00	89.25%
Colorado Canyons Hospital and Medical Center	\$1,100.00	84.00%
Rehabilitation Hospital of Littleton	\$28.00	28.00%
Kindred Hospital - Aurora	\$28.00	28.00%

Hospital	Inpatient Dollar Adjustment Factor	Outpatient Percent Adjustment Factor
Kindred Hospital - Denver	\$28.00	28.00%
PAM Specialty Hospital of Denver	\$28.00	28.00%
Littleton Adventist Hospital	\$1,350.00	89.25%
Longmont United Hospital	\$997.00	32.25%
McKee Medical Center	\$997.00	32.25%
Medical Center of the Rockies	\$997.00	32.25%
Mercy Regional Medical Center	\$1,100.00	84.00%
Mt. San Rafael Hospital	\$1,100.00	84.00%
National Jewish Health	\$997.00	32.25%
North Suburban Medical Center	\$997.00	32.25%
Northern Colorado Long Term Acute Hospital	\$28.00	28.00%
Northern Colorado Rehabilitation Hospital	\$28.00	28.00%
Parker Adventist Hospital	\$1,350.00	89.25%
Parkview Medical Center	\$1,435.00	95.00%
Penrose-St. Francis Health Services	\$1,350.00	89.25%
Pikes Peak Regional Hospital	\$1,100.00	84.00%
Platte Valley Medical Center	\$997.00	32.25%
Porter Adventist Hospital	\$997.00	32.25%
OrthoColorado Hospital	\$997.00	32.25%
Rehabilitation Hospital of Colorado Springs	\$28.00	28.00%
Rio Grande Hospital	\$1,100.00	84.00%
Rose Medical Center	\$1,350.00	89.25%
San Luis Valley Health Regional Medical Center	\$1,100.00	84.00%
Sky Ridge Medical Center	\$1,350.00	89.25%
Spalding Rehabilitation Hospital	\$28.00	28.00%
St. Anthony Hospital	\$997.00	32.25%
St. Anthony North Health Campus	\$997.00	32.25%
St. Anthony Summit Medical Center	\$1,100.00	84.00%
Presbyterian-St. Luke's Medical Center	\$1,350.00	89.25%
St. Mary-Corwin Medical Center	\$997.00	32.25%
St. Mary's Medical Center	\$1,350.00	89.25%

Hospital	Inpatient Dollar Adjustment Factor	Outpatient Percent Adjustment Factor
Sterling Regional MedCenter	\$1,100.00	84.00%
Swedish Medical Center	\$1,350.00	89.25%
The Medical Center of Aurora	\$1,350.00	89.25%
Vail Health Hospital	\$1,100.00	84.00%
Valley View Hospital	\$1,100.00	84.00%
Vibra Hospital of Denver	\$28.00	28.00%
Yampa Valley Medical Center	\$1,100.00	84.00%
Banner Fort Collins Medical Center	\$997.00	32.25%
Broomfield Hospital	\$997.00	32.25%
Longs Peak Hospital	\$997.00	32.25%
Grandview Hospital	\$997.00	32.25%
Vibra Rehabilitation Hospital	\$28.00	28.00%
Greeley Hospital	\$997.00	32.25%
Highlands Ranch Hospital	\$1,350.00	89.25%
Children's Hospital Colorado Springs	\$465.00	11.25%

Disproportionate Share Hospital (DSH) Supplemental Payment Adjustment Groups

There are several hospitals groups included in the FFY 2020-21 DSH supplemental payment calculation. Hospitals meeting the requirements of a designated hospital group receive a percent of their FFY 2020-21 DSH limit as their FFY 2020-21 DSH supplemental payment. The hospital groups, the requirements for a hospital to be included in a hospital group, and the percent of the DSH limit paid through the DSH supplemental payment are listed below.

Hospital Group	Requirements	% of DSH Limit
High Colorado Indigent Care Program (CICP) Cost	CICP write-off cost greater than 1,000% of average statewide CICP write-off cost.	88.00%
Critical Access	Critical Access Hospital	96.00%
Small Independent Metro	Not owned/operated by a healthcare system, within a metropolitan statistical area, and having less than 2,000 Medicaid patient days	88.00%

Contact Jeff Wittreich at Jeff.Wittreich@state.co.us with any questions or concerns.

Hospitals, Freestanding Birth Centers, Physician Services, Clinics, Hospitals, Women's Services

The Emergent Add-A-Baby Request Process

The Add-A-Baby process was implemented to offer medical providers an alternative way to add a newborn(s) to an eligible mother's medical assistance case **only** if there is a need for intensive medical care. Mothers must be eligible for medical assistance at the time of the baby's birth for an emergent request.

Emergent requests from medical providers are accepted and processed for newborns that need intensive medical care for:

- Border
- Synagis
- Neonatal Intensive Care Unit (NICU)

Emergent requests can only be submitted through the [Health First Colorado Add-A-Baby Emergent Request Form](#). This form can be found by entering "Add a Baby" in the [Department website's](#) search bar, located towards the top right of any Department web page. *This link is for medical providers only. Requests submitted by non-medical providers or by the parent will not be processed.*

PLEASE NOTE: Do not fax the outdated paper "Medicaid Add-A-Baby Request Form", as it will not be processed.



Helpful Tips for Providers:

- Before submitting a request, verify with the parent(s) that they have not submitted newborn information to the county or through PEAK or the Health First Colorado App to add the baby.
- Let the parent(s) know a request has been submitted to add the newborn and not to add the newborn again through PEAK or the Health First Colorado App or through the county.
- If a request has already been submitted by the parent to the county or through PEAK or the Health First Colorado App, do not submit another emergent request. Submitting another request will cause a delay in approval of benefits and a delay of provider payments.
- Make sure to review the request form for accuracy before submitting the request.
- Do not use this form to get a member ID for the newborn. Providers can get the member ID through the [Provider Web Portal](#).
- Providers can verify a newborn's eligibility through the Provider Web Portal by searching with two of the following: name, Social Security Number (SSN), Date of Birth (DOB). This information can be found on the Eligibility verification section in the Provider Web Portal (see [Verifying Member Eligibility Quick Guide web page](#)).

Non-Emergent Requests

Providers are requested to work directly with the parent's county Department of Human Services or Medical Assistance (MA) sites when a request is needed to add non-emergent newborns for mothers eligible for medical assistance. Parents can also contact their county Department of Human Services or can add the newborn through [PEAK](#) or the [Health First Colorado App](#).

Email hcpf_add-a-baby@state.co.us for more information on how to submit an Emergent Add-A-Baby Request.

Hospitals, Clinics, Physician Services

COVID-19 Monoclonal Antibody Infusions

Monoclonal antibody products to treat Coronavirus disease 2019 (COVID-19) help the body fight the virus or slow the virus's growth. Beginning March 11, 2021, Health First Colorado covers these treatments without member cost sharing when used as authorized or approved by the Food and Drug Administration (FDA).

The following investigational monoclonal antibody therapies are available under FDA emergency use authorization (EUA):

- Casirivimab and imdevimab, administered together (EUA issued November 21, 2020, updated June 3, 2021, [factsheet](#))
- Bamlanivimab and etesevimab, administered together (EUA issued February 9, 2021, [factsheet](#))
- Sotrovimab (EUA issued May 26, 2021, [factsheet](#))
- Tocilizumab (EUA issued June 24, 2021, [factsheet](#))

The FDA authorized the use of these monoclonal antibody therapies to treat mild-to-moderate COVID-19 in adults and pediatric patients when both of these apply:

- The patient has a positive COVID-19 test result
- The patient is at high risk for progressing to severe COVID-19, hospitalization, or both

Health care providers may administer these monoclonal antibody therapies only in settings where they have both of these:

- Immediate access to medications to treat a severe infusion reaction, such as anaphylaxis
- The ability to activate the emergency medical system (EMS)

The following table may be used as a procedure code reference during the applicable EUA.

COVID-19 Monoclonal Antibody Therapy Treatment Administration Methods Billing:

Product	EUA Effective & Revocation Date(s)	Specific Code	Administration Code
Eli Lilly and Company's Antibody Bamlanivimab (LY-CoV555)	November 10, 2020 - April 16, 2021 Note: On April 16, 2021, the FDA revoked the EUA for bamlanivimab when administered alone.	Q0239 Long descriptor: Injection, bamlanivimab-xxxx, 700 mg Short descriptor: Bamlanivimab-xxxx	M0239 Long descriptor: Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring Short descriptor: Bamlanivimab-xxxx infusion
Regeneron's Antibody casirivimab and imdevimab (REGN-COV2) (ZIP) (ZIP)	November 21, 2020 - TBD	Q0243 Long descriptor: Injection, casirivimab and imdevimab, 2400 mg Short descriptor: Casirivimab and imdevimab Q0244 (Code effective 6/3/2021 and reflects updated dosing regimen) Long descriptor: Injection, casirivimab and imdevimab, 1200 mg Short descriptor: Casirivi and imdevi 1200 mg	M0243 Long descriptor: Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring Short descriptor: Casirivi and imdevi inj
Regeneron's Antibody casirivimab and imdevimab (REGN-COV2) (ZIP)	November 21, 2020 - TBD Note: While the product EUA was issued on November 21, 2020, this administration code is effective May 6, 2021	Q0243 Long descriptor: Injection, casirivimab and imdevimab, 2400 mg Short descriptor: Casirivimab and imdevimab Q0244 (Code effective 6/3/2021 and reflects updated dosing regimen) Long descriptor: Injection, casirivimab and imdevimab, 1200 mg Short descriptor: Casirivi and imdevi 1200 mg	M0244 Long descriptor: Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency ¹

Product	EUA Effective & Revocation Date(s)	Specific Code	Administration Code
			Short descriptor: Casirivi and imdevi inj hm
Eli Lilly and Company's Antibody Bamlanivimab and Etesevimab, (ZIP)	February 9, 2021 - TBD	Q0245 Long descriptor: Injection, bamlanivimab and etesevimab, 2100 mg Short descriptor: Bamlanivimab and etesevima	M0245 Long descriptor: Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring Short descriptor: Bamlan and etesev infusion
Eli Lilly and Company's Antibody Bamlanivimab and Etesevimab, (ZIP)	February 9, 2021 (reissued on February 25, 2021) - TBD Note: While the product EUA was issued on February 9, 2021, this administration code is effective May 6, 2021	Q0245 Long descriptor: Injection, bamlanivimab and etesevimab, 2100 mg Short descriptor: Bamlanivimab and etesevima	M0246 Long descriptor: Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency ¹ Short descriptor: Bamlan and etesev infus home
GlaxoSmithKline's Antibody Sotrovimab	May 26, 2021 - TBD	Q0247 Long descriptor: Injection, sotrovimab, 500 mg Short descriptor: Sotrovimab	M0247 Long descriptor: Intravenous infusion, sotrovimab, includes infusion and post administration monitoring Short descriptor: Sotrovimab infusion
GlaxoSmithKline's Antibody Sotrovimab	May 26, 2021 - TBD	Q0247 Long descriptor: Injection, sotrovimab, 500 mg Short descriptor: Sotrovimab	M0248 Long descriptor: Intravenous infusion, sotrovimab, includes infusion and post administration

Product	EUA Effective & Revocation Date(s)	Specific Code	Administration Code
			monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency ¹ Short descriptor: Sotrovimab inf, home admin
Genentech's Antibody Tocilizumab	June 24, 2021 - TBD	Q0249 ² Long descriptor: Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg Short descriptor: Tocilizumab for COVID-19	M0249 Long descriptor: Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose Short descriptor: Adm Tocilizu COVID-19 1st
Genentech's Antibody Tocilizumab	June 24, 2021 - TBD	Q0249 ² Long descriptor: Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal	M0250 Long descriptor: Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or

Product	EUA Effective & Revocation Date(s)	Specific Code	Administration Code
		membrane oxygenation (ECMO) only, 1 mg Short descriptor: Tocilizumab for COVID-19	extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose Short descriptor: Adm Tocilizu COVID-19 2nd

Providers should only bill Health First Colorado for the administration procedure codes and should not include the monoclonal antibody-specific procedure codes on the claim when doses are provided without charge from the Federal government. If codes are billed for the monoclonal antibody(ies), the line(s) may pay at zero or be denied. This information is subject to change dependent on the COVID-19 public health emergency declaration.

If a Health First Colorado member is attributed to Denver Health Medicaid Choice or Rocky Mountain Health Plan PRIME, the monoclonal antibody infusion administration codes and the applicable drug code(s) only should be billed to the managed care organization.

Current reimbursement rates can be found on the [Provider Rates & Fee Schedule web page](#).

Contact Felecia.Gephart@state.co.us or Morgan.Anderson@state.co.us with any questions.

Pediatric Personal Care Providers, Home Health Providers

Updated Training for the Personal Care Assessment Tool

The Personal Care Assessment Tool (PCAT) training has been updated. This training is required for providers who wish to provide Pediatric Personal Care services. The training can be found at the [PCAT Training registration web page](#). After registering and completing the training, please notify Christina Winship at Christina.Winship@state.co.us to receive a certificate of completion.

Contact Christina Winship, benefit manager, at Christina.Winship@state.co.us for questions or further information.

Pharmacies and All Medication-Prescribing Providers

Health First Colorado Announcement of Preferred Products

The following drug classes and preferred agents will become effective October 1, 2021.

Anticonvulsants, Oral

Preferred products: Carbamazepine (all generic formulations with exception of suspension), Carbatrol, Clobazam tablet, Clonazepam, Depakote sprinkle/tablet, Dilantin 30 mg capsules, Dilantin suspension, Divalproex, Ethosuximide, Felbatol (BNR), Lamictal dispersible tablet, Lamotrigine IR tablet/chewable/dispersible tablet, Levetiracetam, Oxcarbazepine, Phenobarbital, Phenytek, Phenytoin, Primidone, Tegretol suspension (BNR), Tegretol tablet, Tegretol XR tablet, Topamax sprinkle capsule, Topiramate IR tablet/sprinkle capsule, Trileptal suspension, Valproic Acid, Zonisamide



Stimulants and Other ADHD Agents

Preferred products: Adderall XR (BNR), Amphetamine Salts IR, Armodafinil, Atomoxetine, Concerta (BNR), Dexmethylphenidate ER/IR, Guanfacine ER, Methylphenidate IR (generic Ritalin IR), Modafinil, Vyvanse capsule

Bone Resorption Suppression & Related Agents

Preferred products: Alendronate solution/tablets, Ibandronate tablet

Estrogen Agents, Injectable

Preferred products: Delestrogen (BNR), Depo-Estradiol

Estrogen Agents, Oral/Transdermal

Preferred products: Climara (BNR), Estradiol tablet, Minivelle (BNR), Vivelle-Dot (BNR)

Diabetes Management Agents - Amylin

Preferred products: No preferred products

Diabetes Management Agents - Biguanides

Preferred products: Metformin 500mg, 850mg, 1000mg tablets, Metformin ER tablet (generic Glucophage XR)

Diabetes Management Agents - DPP4 Inhibitors & Combinations

Preferred products: Janumet, Janumet XR, Januvia, Tradjenta

Diabetes Management Agents - GLP-1 Analogues

Preferred products: Byetta, Bydureon kit/pen, Trulicity, Victoza

Diabetes Management Agents - Hypoglycemic Combinations, Other

No preferred products

Diabetes Management Agents - Insulins

Preferred products: Humalog cartridge/pen/vial, Humalog Junior, Humalog Mix, Humulin N/R vial (OTC), Humulin 500 pen/vial, Humulin 70/30 (OTC), Lantus, Levemir, Novolin N/R (OTC) flexpen, Novolog cartridge/pen/vial, Novolog Mix

Diabetes Management Agents - Meglitinides & Combinations

Preferred products: No preferred products

Diabetes Management Agents - SGLT-2 Inhibitors & Combinations

Preferred products: Farxiga, Invokamet, Invokamet XR, Invokana, Jardiance, Xigduo XR

Diabetes Management Agents - Thiazolidinediones (TZDs) & Combinations

Preferred products: Pioglitazone

Glucagon, Self-Administered

Preferred products: Glucagen Kit, Glucagon Kit (*NovoNordisk & Eli Lilly only*), Gvoke

GI Motility Agents, Chronic

Preferred products: Amitiza (BNR), Linzess, Movantik

Anticoagulants - Oral & Parenteral

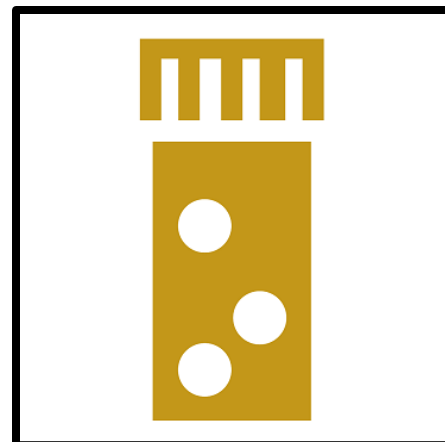
Preferred products: Eliquis, Enoxaparin, Pradaxa, Warfarin, Xarelto

Antiplatelet Agents

Preferred products: Aspirin/Dipyridamole, Brilinta, Cilostazol, Clopidogrel, Dipyridamole, Pentoxifylline, Prasugrel

Colony Stimulating Factors

Preferred products: Neupogen vial/syringe, Udenyca, Ziextenzo



Erythropoiesis Stimulating Agents

Preferred products: Retacrit

Newer Hereditary Angioedema Agents

Preferred products: Berinert, Haegarda, Icatibant

Ophthalmic Immunomodulators

Preferred products: Restasis unit dose

Overactive Bladder Agents

Preferred products: Gelnique gel packets, Myrbetriq, Oxybutynin, Solifenacin, Toviaz

Prenatal Vitamins

Preferred products: Complete Natal DHA tablet, M-Natal Plus tablet, Nestabs tablet, PNV 29-1 tablet, Prenatal Vitamin Plus Low Iron tablet, Preplus CA-FE 27 MG - FA 1mg tablet, SE-Natal 19 chewable tablet, Thrivite Rx tablet, Trinatal Rx 1 tablet, Vitafol gummies, VP-PNV-DHA softgel, Westab Plus tablet

Contraceptives, Topical

Preferred products: Annovera, Nuvaring (BNR), Xulane

Contraceptives, Oral

Preferred products:

Monophasic 28:

Altavera 28 0.15-30	Enskyce 28 0.15-30	Levora 28 0.15-30	Philith 28 0.4-35
Apri 28 0.15-30	Estarylla 28 0.25-35	Lillow 28 0.15-30	Pirmella 28 1-35
Aubra 28 0.1-20	Ethinodiol-Eth Estra 28 1-50	Low-Ogestrel 28 0.3-30	Portia 28 0.15-30
Aubra EQ-28 0.1-20	Falmina 28 0.1-20	Lutera 28 0.1-20	Previfem 28 0.25-35
Aviane 28 0.1-20	Femynor 28 0.25-35	Marlissa 28 0.15-30	Sprintec 28 0.25-35
Balziva 28 0.4-35	Isibloom 28 0.15-30	Mili 28 0.25-35	Sronyx 28 0.1-20
Cryelle 28 0.3-30	Juleber 28 0.15-30	Mono-Linyah 28 0.25-35	Syeda 28 3-30
Cyclafem 28 1-35	Kelnor 28 1-35	Necon 28 0.5-35	Vienna 28 0.1-20
Dasetta 28 1-35	Kurvelo 28 0.15-30	Norg-Ethin Estra 28 0.25-35	Vyfemla 28 0.4-35
Drospirenone-Eth Estradiol 28 0.3-30	Larissia 28 0.1-20	Nortrel 28 0.5-35	Wera 28 0.5-35

Drospirenone-Eth Estradiol- Levomefolate 28 3-20	Lessina 28 0.1-20	Nortrel 28 1-35	
Drospirenone-Eth Estradiol- Levomefolate 28 3-30	Levonor-Eth Estrad 28 0.1-20	Ocella 28 3-30	
Elinest 28 0.3-30	Levonor-Eth Estrad 28 0.15-30	Orsythia 28 1-20	

Monophasic 21:

Junel 21 1-20	Larin 21 1-20	Norethind-Eth Estrad 21 1-20
Junel 21 1.5-30	Larin 21 1.5-30	Nortrel 21 1-35

Biphasic:

Azurette 28	Desogest-Eth Estra 28	Lo Loestrin FE 28 1-10
Bekyree 28	Emoquette 28	Mircette 28
Cyred 28	Kariva 28	Viorele 28

Triphasic:

Alyacen 7-7-7 28	Levonest 28	Tri-Estarylla 28	Tri-Lo-Sprintec 28
Caziant 7-7-7 28	Levonor-Eth Estrad Triphasic 28	Tri Femynor 28	Tri-Previfem 28
Cyclafem 7-7-7 28	Norgestimate-Eth Estrad 0.18-0.215-0.25/0.025	Tri-Linyah 28	Tri-Sprintec 28
Dasetta 7-7-7 28	Norgestimate-Eth Estrad 0.18-0.215-0.25/0.035	Tri-Lo-Estarylla 28	Tri-Vylibra Lo 28
Enpresse 28	Pirmella 7-7-7	Tri-Lo-Marzia 28	Velivet 7-7-7 28

Extended Cycle:

Amethia 91 0.03 - 0.15 - 0.01	Iclevia 91 0.15- 30	Jolessa 91 0.15- 30	Levonorgest-Eth Estrad 91 0.1- 10-20	Levonorgest-Eth Estrad 91 0.15- 0.03-0.01
Ashlyna 91 0.15- 10-30	Introvale 91 0.15-30	Levonorgest-Eth Estrad 0.09-20	Levonorgest-Eth Estrad 91 0.15- 0.03	Setlakin 91 0.15-30

Continuous Cycle:

Aurovela FE 1-20	Hailey 1.5-30	Larin FE 1-20	Nikki 3-20
Aurovela FE 1.5-30	Hailey FE 1-20	Larin FE 24 1-20	Noreth-Eth Estrad-FE 24 1-20
Blisovi FE 1-20	Jasmiel 3-20	Larin FE 1.5-30	Noreth-Eth Estrad-FE 1-20
Blisovi FE 1.5-30	Junel FE 1-20	LoJaimiess 1-20	Tarina FE 24 1-20
Camrese Lo 1-20	Junel FE 1.5-30	Loryna 3-20	Tarina FE 1-20
Gianvi 3-20	Junel FE 24 1-20	Microgestin FE 1-20	Tarina FE 1-20 EQ

Progestin Only:

Camila 28 0.35	Errin 28 0.35	Jencycla 28 0.35	Lyza 28 0.35	Norlyda 28 0.35
Deblitane 28 0.35	Heather 28 0.35	Jolivette 28 0.35	Norethindrone 28 0.35	Sharobel 28 0.35

Dispense as Written (DAW) Codes Usage for Billing Brand Products due to Generic Drug Shortages and Brand Favored Products

Use DAW 8 for Multisource Brand Product when Marketplace Shortage of Generic Exists

When there is a marketplace shortage for a generic drug, Dispense as Written (DAW) 8 is allowed to be entered by the pharmacy on the claim at point of sale. This will allow the pharmacy to better indicate why they are billing for a brand product (when it is subject to the generic mandate) and generic substitution is permitted by the prescriber. The claim will bypass the DAW edit denial of 8K - DAW Code Value Not Supported. The claim is subject to other system edits.

Use DAW 9 for Multisource Brand Product when Brand Is Favored Over Generic

Pharmacy claims for brand medications/dosage forms included on the Brand Favored Product List will allow for payment with submission of DAW codes 1 or 9 on the incoming claim. PDL

products included in the list may also be subject to prior authorization criteria and coverage limitations listed for the product on the PDL.

Visit the [Pharmacy Billing Manual web page](#) for more information on DAW8 and DAW9 codes.

Brand Name Medication Favored Over Equivalent Generic

The Department manages certain brand name products by favoring them over the generic equivalent non-preferred medications. The **Brand Favored Product List** is accessible from the [Pharmacy Resources web page](#).

Pharmacies may reach out to Magellan Rx Management Pharmacy Call Center at 1-800-424-5725 for assistance, if needed, available 24 hours a day, 7 days a week.

Pharmacy and Therapeutics (P&T) Committee Meeting

Tuesday, October 5, 2021

1:00-5:00 p.m. MT (to be held virtually online)

Visit the [Pharmacy and Therapeutics \(P&T\) Committee web page](#) for agenda and meeting information.

Preferred Drug List (PDL) classes that will be reviewed include the following:

- Non-Steroidal Anti-Inflammatories (NSAIDs) (Oral & Non-Oral)
- Antibiotics, Inhaled
- Anti-Herpetic Agents (Oral & Topical)
- Fluoroquinolones, Oral
- Hepatitis C Virus Treatments (Direct Acting Antivirals & Ribavirin Products)
- Human Immunodeficiency Virus Agents, Oral
- Pulmonary Arterial Hypertension Therapies (Phosphodiesterase Inhibitors, Endothelin Antagonists, Prostanoids, Guanylate Cyclase Stimulator)
- Newer Generation Antidepressants
- Monoamine Oxidase Inhibitors (MAOIs)
- Tricyclic Antidepressants (TCAs)
- Triptans and Other Migraine Agents (Oral & Non-Oral)
- Anti-Psoriatics (Oral & Topical)
- Topical Immunomodulators
- Topical Steroids (Low, Medium, High, & Very High Potency)
- Antiemetics (Oral & Non-Oral)
- H. Pylori Treatments
- Pancreatic Enzymes
- Proton Pump Inhibitors
- Non-Biologic Ulcerative Colitis Agents (Oral & Rectal)
- Immune Globulins
- Newer Generation Antihistamines
- Antihistamine/Decongestant Combinations



- Intranasal Rhinitis Agents
- Leukotriene Modifiers
- Methotrexate Products
- Targeted Immune Modulators
- Epinephrine Products
- Newer Hereditary Angioedema Agents
- Antihyperuricemics
- Respiratory Agents [(Anticholinergics & Combinations, Beta-2 Agonists (Short & Long), Corticosteroids & Combinations, Phosphodiesterase Inhibitors)]

Pharmacy Providers and Physician Services

Pharmacy & Therapeutics (P&T) Committee Open Positions



Applicants are being accepted for the following two open positions for the P&T Committee member term ending in December 2022:

- One physician who specializes in the practice of psychiatry
- One physician who specializes in the treatment of members with disabilities

Applicants are being accepted for the following six open positions for the P&T Committee member terms January 2022- December 2023:

- Pharmacist (2 positions)
- Specialty Physician (3 positions)
- Member Representative (1 position)

The actively practicing pharmacist, physician, or member representative shall serve two-year terms. Duties, membership and other term details can be found in the P&T Committee Policies and Procedures, accessible under “Our Members” on the [Pharmacy and Therapeutics \(P&T\) Committee web page](#).

If interested in serving or know someone who would be qualified, please submit/have them submit a CV along with a completed [Conflict of Interest form](#) by October 22, 2021, to:

Colorado Department of Health Care Policy and Financing
Attn: Brittany Schock, PharmD
Fax to 303-866-3590 or email Brittany.Schock@state.co.us

A CV is not required for the member representative position. A resume (or similar document) is acceptable.

Pharmacy Providers

Total Annual Prescription Volume (TAPV) Reminder and COVID-19 Vaccines

Myers and Stauffer has been contracted to conduct the TAPV survey of pharmacy providers. The prescription volume information submitted by most pharmacy types will be used to determine their dispensing fee for the 2022 calendar year.

- Pharmacies which meet the regulatory definition of a government or rural pharmacy will have their dispensing fee determined by their pharmacy type and will not be included in the TAPV surveying process (per 10CCR 2505-10, Sections 8.800.1 and 8.800.13).
- COVID-19 vaccinations may be excluded from the TAPV count, per guidance received from the Centers for Medicare and Medicaid Services (CMS). This exclusion will be granted for the September 1, 2020, through August 31, 2021, reporting volume timeframe only.



Myers and Stauffer will distribute the surveys to pharmacy providers starting October 1, 2021, and completed surveys must be returned to Myers and Stauffer by October 31, 2021. Pharmacy providers (other than government or rural pharmacies) which do not participate in the prescription volume survey will be placed in the lowest dispensing fee tier of \$9.31.

Completed surveys can be submitted to Myers and Stauffer via email at pharmacy@mslc.com, postal mail at 800 E. 96th Street, Suite 200, Indianapolis, IN 46240, or fax at (317) 566-3203. If a survey request is not received and the location does not qualify as a rural or government pharmacy, please contact the Myers and Stauffer Pharmacy Help Desk at 800-591-1183 or at pharmacy@mslc.com to request a survey form.

Total Annual Prescription Volume	Dispensing Fee
0 - 59,999 TAPV	\$13.40
60,000 - 89,999 TAPV	\$11.49
90,000 - 109,999 TAPV	\$10.25
110,000+ TAPV	\$9.31
Rural Pharmacy	\$14.14
Government Pharmacy	\$0.00

Contact Kristina Gould at Kristina.Gould@state.co.us with questions related to this guidance.

Physician-Administered Drugs (PAD) Providers

Prior Authorization (PA) Update

A select number of Physician-administered Drugs (PAD), listed below, will be subject to prior authorization (PA) requirements no earlier than **November 1, 2021**. When a specific implementation date is known, the Department will allot an appropriate amount of resources and time for proper messaging and training.

After implementation, providers should ensure that any Health First Colorado member due to receive any of the following PADs have an approved PA on file prior to administration.

Drug Class	HCPCS	Drug Name
Bone Resorption Inhibitor Agents	J0897	Prolia
		Xgeva
Immune Globulin Agents	J1459	Privigen
	J1556	Bivigam
	J1557	Gammaplex
	J1561	Gammaked
		Gamunex
		Gamunex-C
	J1566	Gammagard S/D
	J1568	Octagam 5%, 10%
	J1569	Gammagard Liquid
	J1572	Flebogamma DIF
	J1599	Asceniv
Panzyga		
Monoclonal Antibody Agents	J0517	Fasenra
	J1300	Soliris
	J1745	Remicade
	J2182	Nucala
	J2357	Xolair
	J2786	Cinqair

Drug Class	HCPCS	Drug Name
	J3380	Entyvio
Multiple Sclerosis Agents	J2323	Tysabri
	J2350	Ocrevus
Neuromuscular Agents	J0585	Botox
	J0586	Dysport
	J0587	Myobloc
	J0588	Xeomin

All PAD PA procedures and clinical criteria will be found on Appendix Y: Physician Administered Drug Medical Benefit Prior Authorization Procedures and Criteria when a specific date of implementation is available.

Keystone Peer Review Organization (Kepro) will offer various training sessions to providers within the coming months. Additional information will be sent via email, newsletters and monthly provider bulletins and posted to the [ColoradoPAR: Health First Colorado Prior Authorization Request Program](#) and [Physician Administered Drug Provider Resources web page](#).

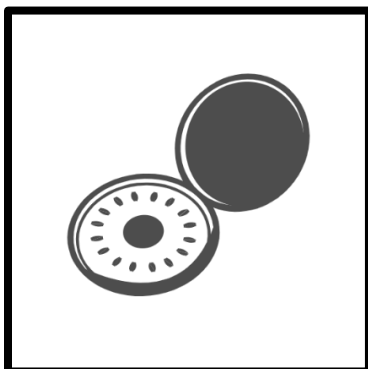
Email HCPCS_PAD@state.co.us with additional PAD questions.

Physician Services, Women's Health, Family Planning

Modification for Contraceptive Pill Billing (S4993)

Effective July 1, 2021, billing for the contraceptive pill utilizing the Healthcare Common Procedure Coding System (HCPCS) code S4993 has been modified and revised.

When the **intent** of prescribing or dispensing the contraceptive pill is to prevent or delay a pregnancy, the FP modifier **must** be included on the claim line. If more than one month of oral contraceptive pills (OCPs) are being prescribed or dispensed at the same time, sum the total number of OCP packets and include that summed number in the units box on the claim line (i.e. if a six month supply of OCPs is dispensed, list 6 units with S4993 and include the FP modifier on the claim line).



If the **intent** of prescribing or dispensing the contraceptive pill is **not** for pregnancy prevention, but rather for a different medical reason (such as for treatment of excess bleeding or for acne), then the FP modifier should **not** be included on the claim.

Additionally, in order to differentiate billing between the Emergency Contraceptive (EC) pills and other OCPs and to allow the inclusion of a National Drug Code (NDC) for a specific manufacturer's contraceptive pill product, a second modifier (U1) has been identified for use with the EC pills. This revised billing method, by including two modifiers (the FP modifier and the U1 modifier) on the affiliated EC claim line, should prevent future payment denials (previously identified as duplicative billing).

For billing contraceptive pills when the *intent* is to delay or prevent a pregnancy, bill:

- S4993 for OCPs with modifier FP, and include the NDC if available
- S4993 for ECs with modifiers FP and U1, and include the NDC if available

For billing contraceptive pills when the *intent* is for a medical service **other** than prevention of pregnancy, bill S4993 for OCPs **without** modifier FP, and include the NDC if available.

Contact the [Provider Services Call Center](#) at 1-844-235-2387 with questions.

Primary Care Medical Providers

No Rate Adjustments for Program Year 2020

There will be no rate adjustments to Primary Care Medical Providers (PCMPs) in the Alternative Payment Methodology Track 1 (APM 1) program based on calendar year 2020 data. It has been determined at this time that it would not be true to the intent of the program to adjust rates for Program Year 2020 due to the impacts of COVID on PCMPs. It is not believed that the data captured accurately reflects the quality of care provided due to the extenuating circumstances. In the interest of the stability of the primary care system in Colorado, any positive or negative impacts to a PCMPs revenue based on the APM are being delayed.

Notifications of what the rate change would have been will still be sent out as an example of what the reports will look like for future program years, as 2020 would have been the first pay-for-performance year of the APM. These notifications should arrive at least 30 days prior to the new rate change date for the Program Year on October 1, 2021. Rate changes will be effective from the October to September timeframe following any given program year.

Qualified Residential Treatment Programs

Initial Per Diem Rate

It is anticipated that effective October 1, 2021, an [initial per diem rate of \\$125](#) for Qualified Residential Treatment Programs (QRTP) will be established for facilities enrolled with Health First Colorado as a QRTP. This per diem rate will be billed using procedure code H0019. This rate is intended to cover medically necessary clinical services provided in these facilities.

More information regarding enrollment and billing will be made available in future communications.

Contact Christina Winship at Christina.Winship@state.co.us for additional policy questions.
Contact Victoria Martinez at Victoria.L.Martinez@state.co.us for additional rates questions.

Provider Billing Training Sessions

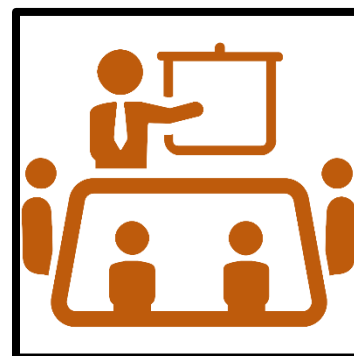
September and October 2021 Provider Billing Webinar-Only Training Sessions

Providers are invited to participate in training sessions for an overview of Health First Colorado billing instructions and procedures. The current and following months' workshop calendars are shown below.

Who Should Attend?

Staff who submit claims, are new to billing Health First Colorado services, or need a billing refresher course should consider attending one or more of the following provider training sessions.

The institutional claims (UB-04) and professional claims (CMS 1500) training sessions provide high-level overviews of claim submission, prior authorizations, navigating the [Department's website](#), using the [Provider Web Portal](#), and more. For a preview of the training materials used in these sessions, refer to the Beginner Billing Training: Professional Claims (CMS 1500) and Beginner Billing Training: Institutional Claims (UB-04) available on the [Provider Training web page](#) under the Billing Training - Resources drop-down section.



For more training materials on navigating the Provider Web Portal, refer to the Provider Web Portal Quick Guides available on the [Quick Guides web page](#).

Note: Trainings may end prior to 11:30 a.m. MT. Time has been allotted for questions at the end of each session.

September 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6 Labor Day	7	8	9 Beginner Billing Training: Professional Claims (CMS 1500) 9:00 a.m. - 11:30 a.m. MT	10	11
12	13	14	15	16	17	18
19	20	21	22	23 Beginner Billing Training: Institutional Claims (UB- 04) 9:00 a.m. - 11:30 a.m. MT	24	25
26	27	28	29	30		

October 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4 Frances Xavier Cabrini Day	5	6	7	8	9
10	11	12	13	14 Beginner Billing Training: Professional Claims (CMS 1500) 9:00 a.m. - 11:30 a.m. MT	15	16
17	18	19	20	21	22	23
24/31	25	26	27	28 Beginner Billing Training: Institutional Claims (UB- 04) 9:00 a.m. - 11:30 a.m. MT	29	30

Live Webinar Registration

Register for a live webinar by clicking the title of the desired training session in the calendar above and completing the webinar registration form. An automated response will confirm the reservation. For questions or issues regarding webinar registration, email co.training@gainwelltechnologies.com with the subject line "Webinar Help." Include a description of the issue being experienced, name and contact information (email address and phone number), and the name and date of the webinar(s) to be attended. Allow up to 2-3 business days to receive a response.

Upcoming Holidays

Holiday	Closed Offices/Offices Open for Business
Labor Day (observed) Monday, September 6	State Offices, DentaQuest, Gainwell Technologies and the ColoradoPAR Program 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.
Frances Xavier Cabrini Day Monday, October 4	State Offices 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. Gainwell Technologies, the ColoradoPAR Program and DentaQuest will be open.

Gainwell Technologies Contacts

Provider Services Call Center

1-844-235-2387

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