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## Did You Know?

Claims for some provider types are suspending or denying if a valid referring National Provider Identifier (NPI) is not listed. Visit the [Ordering, Prescribing and Referring Claim Identifier Project web page](#) for more information and links to learning sessions.

## All Providers

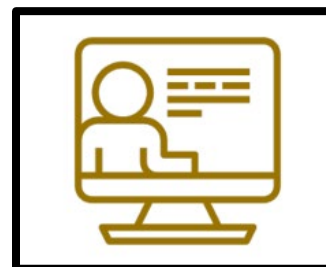
### Extension for Community Health Outcomes (ECHO) Colorado – Online Distance Learning with the University of Colorado School of Medicine

Extension for Community Health Outcomes (ECHO) Colorado uses interactive learning and case-based sharing to connect health professionals with experts and peers at the University of Colorado's School of Medicine. ECHO Colorado is part of the Peer Mentored Care Collaborative (PMCC) mission to leverage the knowledge and experience of geographically diverse communities for workforce development and improved health for all.

The ECHO series uses Zoom to disseminate curated medical knowledge around a clinical or public health-related topic to frontline providers and to promote best practices to reduce disparities in health equity. The goal is to equip providers with the tools and confidence to treat patients with unfamiliar conditions within the scope of their practice and to keep care local by supporting providers in their communities. The ECHO series is free, and many sessions offer continuing education credit.

An example of an ECHO offering is *Newcomer Health*, which educates participants on how to provide services and support to refugees, immigrants and migrants in Colorado. This series was well attended in 2023 with 395 participants from across Colorado and the nation. Topics for 2024 include the following:

- Clinical considerations for Haitian newcomers
- Hepatitis A and C in pediatrics
- Care coordination for specialty care needs
- Dermatologic considerations for newcomers
- And more topics



#### ECHO in 2024

- Autism: Core Concepts for Primary Care
- Colorado Updates in Public Health: COVID and Beyond
- Pediatric Suicide Prevention: A Practical Care Pathway for Primary Care
- Benefits of Screening for Early Type 1 Diabetes
- Adolescent Reproductive Health for Nurses and Health Professionals

Visit the [ECHO Colorado Register Now web page](#) for a list of upcoming ECHO presentations.

[Sign up](#) to receive email notification of upcoming ECHOs.

Health First Colorado (Colorado's Medicaid program) encourages providers to enroll and participate in ECHO.

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## New Additional Search Options Available

Health First Colorado members using the [Find a Doctor web page](#) now have greater search options due to a new Additional Provider Search Options section in the [Provider Web Portal](#). This new section is available for all providers beginning April 18, 2024, on the Other Information panel and displays for enrollment, provider maintenance and revalidation. The section contains five (5) optional subsections:

1. **Community Association:** All providers may specify any community associations
2. **Cultural Competency:** All providers may specify any cultural competencies
3. **Preferred Name:** All providers may specify a preferred name that is different than the legal or doing-business-as name

**Note:** The following subsections are visible for Long-Term Services and Supports (LTSS) providers only.

4. **Alternate Provider Addresses:** LTSS providers may specify up to three (3) alternate phone numbers and addresses
5. **Servicing Counties:** LTSS providers may specify the counties in which they serve for each enrolled specialty

Refer to the Provider Enrollment Manual located on the [Provider Enrollment web page](#) under the Enrollment Resources section and the Provider Revalidation Manual located on the [Revalidation web page](#) under the Revalidation Resources section for more information.

Refer to the [Provider Maintenance - Provider Web Portal Quick Guide](#) and the [Revalidation Quick Guide](#) located on the [Quick Guides web page](#) for instructions on completing the Other Information panel.

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## **All Providers Who Utilize the ColoradoPAR Program**

### **General Updates**

#### **What is the ColoradoPAR Program?**

The ColoradoPAR Program is the third-party fee-for-service Utilization Management (UM) program administered by Acentra Health, Inc. (formally Kepro). Visit the [Colorado Prior Authorization Request Program web page](#) for more information about the ColoradoPAR Program.

#### **Acentra Provider Training**

Acentra will provide Occupational and Physical Therapy (OT/PT) benefit specific training and Prior Authorization Request (PAR) Submission training in the month of May.

- [OT/PT - May 8, 2024, 8:30 a.m. MT](#)
- [OT/PT - May 8, 2024, 12:00 p.m. MT](#)
- [OT/PT - May 8, 2024, 3:00 p.m. MT](#)

PAR Submission training is for **all new users** on how to submit a PAR using Acentra's provider PAR portal, Atrezzo®.

- [PAR Submission - May 22, 2024, 8:30 a.m. MT](#)
- [PAR Submission - May 22, 2024, 12:00 p.m. MT](#)

Contact Acentra Provider Relations at [COProviderIssue@kepro.com](mailto:COProviderIssue@kepro.com) with questions or for assistance when registering for Atrezzo®.

#### **Name Transition to Acentra Health**

Providers will notice in the Atrezzo® provider PAR portal that the vendor's name has transitioned from Kepro to Acentra Health. Nothing has changed with any aspects of PAR submission.

Contact the ColoradoPAR Program UM Team at [HCPF\\_UM@state.co.us](mailto:HCPF_UM@state.co.us) or Acentra Provider Relations at [COProviderIssue@kepro.com](mailto:COProviderIssue@kepro.com) with questions or for assistance.

### Provider Satisfaction Survey

The [ColoradoPAR Provider Survey](#) is opening for all providers that work with Acentra Health or use the Atrezzo® provider portal. The survey opens May 6, 2024, and will remain available until June 7, 2024. This is an opportunity to provide feedback regarding Acentra Health services in processing PARs, customer service, provider education and timeliness. An email with the link to the survey is anticipated to be sent on May 6, 2024.

### Reminders for Successful PAR Submission Modification Requests

All providers that submit modification requests should do so in a timely manner. Acentra cannot make modifications (including, but not limited to, reallocations) to an expired PAR.

### Change of Provider Forms

The Change of Provider Form must accompany the new PAR form when a member has a current and active PAR with another provider. The Change of Provider Form must be filled out in its entirety and requires the member or caregiver to initial all changes if modified once the member or caregiver has signed the Change of Provider Form.

Visit the [Provider Forms web page](#) under the Prior Authorization Request (PAR) Forms drop-down menu to locate the Change of Provider Form.

**COLORADO**  
Department of Health Care  
Policy & Financing

**Health First Colorado Change of Provider Form**  
This form must accompany the new Prior Authorization Request (PAR) Form when a member has a current and active PAR with another provider.

**Member Information**

|                |                                |
|----------------|--------------------------------|
| Member Name:   | Health First Colorado ID#:     |
| Date of Birth: | Current PAR Number (if known): |

**Previous Provider Information**

|       |                      |
|-------|----------------------|
| Name: | Last Day of Service: |
|-------|----------------------|

**New Provider Information**

|                               |                     |
|-------------------------------|---------------------|
| Name:                         | Provider ID#:       |
| Member Start Date of Service: | Provider Signature: |

This notice is to inform you that I, \_\_\_\_\_ (Member's name) have changed providers effective: \_\_\_\_\_ (Date) I am changing from provider: \_\_\_\_\_ (Provider's name) to provider: \_\_\_\_\_ (New provider's name)

The following services/equipment will be affected by this change:

### Amending a Provider Order

Submitted orders must be signed by the Medical Doctor (MD), the Doctor of Osteopathic Medicine (DO) or the Nurse Practitioner (NP). **Any alterations to that order must be initialed by the prescriber to be valid.**

Contact Acentra Provider Relations at [COProviderIssue@kepro.com](mailto:COProviderIssue@kepro.com) or Acentra Customer Service at 720-689-6340 with any questions or for assistance with amending a provider's order.

## Durable Medical Equipment (DME) Providers

### myAIRVO™ Accessories

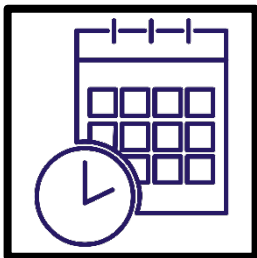
Current policies have been reviewed and updated for the following Fisher & Paykel myAIRVO™ accessories when used with equipment that is not myAIRVO™. These criteria will be published in the [Durable Medical Equipment, Prosthetics, Orthotics and Supplies \(DMEPOS\) Billing Manual](#).

- A. Fisher & Paykel's **Optiflow™ + Tracheostomy Interface** (A9999) can be approved if *all* the following conditions are met:
1. Member has a tracheostomy.
  2. Documentation such as a letter of medical necessity from a medical provider (Medical Doctor [MD], Doctor of Osteopathic Medicine [DO], Nurse Practitioner [NP] or Physician Assistant [PA]) details why the standard humidification supplies are inadequate to meet the member's humidification requirements.
  3. No more than two (2) units per month have been requested.
    - Only two units per month will be approved if more than two units per month are requested.
- B. Fisher & Paykel's **Refillable Water Reservoir** (A9999) can be approved if *all* the following conditions are met:
1. Member has a tracheostomy.
  2. Member requires invasive ventilation.
  3. No more than two (2) units per month have been requested.
    - Only two units per month will be approved if more than two units per month are requested.
- C. Fisher & Paykel's **Refillable Water Reservoir** (A9999) can be approved if *all* the following conditions are met:
1. Member requires non-invasive ventilation (e.g., BiPAP or CPAP).
  2. Member does *not* have paid caregiver during the hours of non-invasive ventilation.
  3. No more than two (2) units per month have been requested.
    - Only two units per month will be approved if more than two units per month are requested.

### Continuous Glucose Monitor (CGM) Coverage

Refer to the [Durable Medical Equipment, Prosthetics, Orthotics and Supplies \(DMEPOS\) Billing Manual](#) for CGM criteria with adherence to the member's regimen and treatment plan.

Providers must adhere to the following criteria:



- The treating practitioner must have an in-person or telehealth visit with the member to assess adherence to their CGM regimen and diabetes treatment plan every six (6) months following the initial prescription of the CGM.
- Providers must document what education and counseling occurred with the member to improve adherence for the next six (6) months in cases where adherence has not been optimal.

Contact [HCPF\\_UM@state.co.us](mailto:HCPF_UM@state.co.us) and [Haylee.Rodgers@state.co.us](mailto:Haylee.Rodgers@state.co.us) with questions.

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

### Program Aid Code Changes for Member Eligibility

Home and Community-Based Services (HCBS) providers may see Universal Aid Code MH associated with some waiver benefit plans for eligible members when checking a member's eligibility in the [Provider Web Portal](#).

The new MH universal aid code replaces 13 prior aid codes, beginning March 1, 2024. Waiver benefit plans for eligible members may be missing from their Benefits Details list due to a known delay by the counties in determining the benefit plans.

Refer to the [Benefit Plan & Program Aid Code Acronyms Provider Web Portal Quick Guide](#) for benefit plan and program aid code acronyms.



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### Ensure Account Information is Up To Date

Home and Community-Based Services (HCBS) providers are required to maintain Health First Colorado accounts through the [Provider Web Portal](#), which includes verifying the following:

- Legal name
- Contact name
- Email address
- Phone number
- All addresses (e.g., services, mailing, billing)

Contact information on the Provider Web Portal is used to send emails and letters to update providers on changes, issues, Health First Colorado audit notifications and more. Inaccurate contact information may have adverse effects on the provider's account.

Refer to the Provider Participation Agreement, located on the [Provider Forms web page](#) under the Provider Enrollment & Update Forms drop-down menu. This agreement states that providers shall comply with all applicable provisions of the Social Security Act and other applicable federal and state statutes, regulations and published official guidance, such as provider billing manuals, provider bulletins, memo series and fee schedules, as amended from time to time.

Visit the [Quick Guides web page](#) to review the following Provider Web Portal quick guides:

- [Provider Maintenance](#) - Update contact information.
- [Provider Maintenance - Update License and CLIA Quick Guide](#) - Upload renewed licenses to ensure accounts remain active with Health First Colorado.
- [Disenrollment Quick Guide](#) - Disenroll as required when provider's Health First Colorado participation ends.
- [Change of Ownership Enrollment Application Quick Guide](#) - Create new accounts as required if providers change the Tax ID Number (TIN).
- [Revalidation Quick Guide](#) - Revalidate at least every five (5) years.

Refer to the August 2021 Provider Bulletin (B2100466), located on the [Bulletins web page](#), for more information about change of ownership.

Refer to the Department of Health Care Policy & Financing (the Department) [Operational Memo 24-001](#) for HCBS provider enrollment process changes.

Use the following links to sign up for communications from the Office of Community Living (OCL) or the Department:

- [Sign up for OCL Newsletters](#)
- [Sign up for Department Newsletters](#)

Contact the [Provider Services Call Center](#) with any questions.

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## **Hospice Providers**

### **Removal of Electronic Visit Verification (EVV) From Hospice**

Hospice providers will no longer be required to comply with the August 3, 2020, mandate for providers delivering Electronic Visit Verification (EVV)-appropriate services in the home and community to submit EVV records, effective for service dates of July 1, 2024, and later. The use of EVV for any hospice services will not be enforced, and steps are being taken to remove hospice provider access to the EVV system.

Hospice providers should continue to submit EVV with claims for services provided until July 1, 2024. EVV Santrax (STX) accounts for hospice providers will be inactivated after July 1, 2024, and hospice providers will no longer be able to collect EVV utilizing the state EVV solution or to submit EVV to the state's data aggregator from a provider-choice EVV solution.

These EVV policy and system changes do not impact billing practices for hospice providers. The EVV claim edit will no longer generate Explanation of Benefit (EOB) 3054 - "EVV Record Required and Not Found" on the Remittance Advice (RA).

Other billing requirements remain in effect. Oversight for hospice providers will be maintained through existing mechanisms, which include the following:

- Centers for Medicare & Medicaid Services (CMS) yearly audits per the Payment Integrity Information Act (2019)
- Payment Error Rate Measurement (PERM) audits
- Post-payment review
- Ordering, Prescribing and Referring (OPR) mandate to which hospice providers are required to adhere

Stakeholder engagement sessions will be hosted in the coming months regarding the OPR mandate, with time during those sessions for questions regarding the removal of the EVV requirement for hospice.

Contact Devinne Parsons at [Devinne.Parsons@state.co.us](mailto:Devinne.Parsons@state.co.us) with questions about hospice policy. Contact [HCPF\\_EVV@state.co.us](mailto:HCPF_EVV@state.co.us) with questions about EVV.

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## Hospital Providers

### General Updates

#### All Hospital Providers

##### Hospital Stakeholder Engagement Meetings

Bi-monthly Hospital Stakeholder Engagement meetings will continue to be hosted to discuss current topics regarding ongoing rate reform efforts and operational concerns. [Sign up](#) to receive the Hospital Stakeholder Engagement Meeting newsletters.

- The next Hospital Stakeholder Engagement meeting is set for **Friday, May 3, 2024, from 9:00 a.m. to 11:00 a.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 2024 meeting dates have been posted.**

Contact Della Phan at [Della.Phan@state.co.us](mailto:Della.Phan@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 personnel to the meetings to address different concerns.

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### Hospital Specialty Drugs Policy: Medications List Update

Approved hospital specialty drugs which are carved out from either the All-Patient Refined Diagnosis Related Group (APR-DRG) or the Enhanced Ambulatory Patient Group (EAPG) payment methodology fall under the Hospital Specialty Drugs Policy.



Columvi™ (glofitamab-gxbm) (Healthcare Common Procedure Coding System [HCPCS] code J9286) and Amvuttra® (vutrisiran) (HCPCS code J0225) have been added to the approved Hospital Specialty Drugs List effective February 14, 2024, and April 3, 2024, respectively. Refer to [Appendix Z: Hospital Specialty Drugs List](#) for the entire list of specialty drugs subject to this policy.

Member-specific Prior Authorization Requests (PARs) must be submitted directly to the Department and approved prior to administration of the specialty drug. Resources, including Appendix Z, coverage standards, request forms and submission requirements, are listed on the [Physician Administered Drug web page](#) under the Hospital Specialty Drugs Policy drop-down menu.

Refer to the [Physician-Administered Drugs \(PAD\) Billing Manual](#) and the [Inpatient/Outpatient \(IP/OP\) Billing Manual](#) or visit the [PAD web page](#) for additional policy information.

Contact [HCPF\\_PAD@state.co.us](mailto:HCPF_PAD@state.co.us) with additional questions.



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## **Immunization Providers**

### **Code 90611 Now a Covered Benefit**

Common Procedural Terminology (CPT) code 90611 is a covered benefit for members 18 and up, effective for dates of service on or after April 1, 2024.

Refer to the [Immunizations Fee Schedule](#) for the rates and age ranges for immunizations. Claims previously submitted will be reprocessed.

Coverage and rates are the same for members of Child Health Plan *Plus* (CHP+).

Contact Christina Winship at [Christina.Winship@state.co.us](mailto:Christina.Winship@state.co.us) with any vaccine policy questions. Contact the [Provider Services Call Center](#) for assistance with claims and billing.

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## **Laboratory Service Providers**

### **Sexually Transmitted Infections (STI) Testing is Covered Benefit**

Providers are reminded that Sexually Transmitted Infections (STI) laboratory testing is a covered benefit without limitations under Health First Colorado.

Refer to the [Laboratory Services Billing Manual](#) for more information.

Contact Sarah Kaslow at [Sarah.Kaslow@state.co.us](mailto:Sarah.Kaslow@state.co.us) with any questions.

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## **Nursing Facility, Alternate Care Facility Providers**

### **Ensure Account Information is Up To Date**

Long-Term Care (LTC) facility providers are required to maintain Health First Colorado accounts through the [Provider Web Portal](#), which includes verifying the following:

- Legal name
- Contact name
- Email address
- Phone number
- All addresses (e.g., services, mailing, billing)

Contact information on the Provider Web Portal is used to send emails and letters to update providers on changes, issues, Health First Colorado audit notifications and more. Inaccurate contact information may have adverse effects on the provider's account.

Refer to the Provider Participation Agreement, located on the [Provider Forms web page](#) under the Provider Enrollment & Update Forms drop-down menu. This agreement states that

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providers shall comply with all applicable provisions of the Social Security Act and other applicable federal and state statutes, regulations and published official guidance, such as provider billing manuals, provider bulletins, memo series and fee schedules, as amended from time to time.

LTC facilities include Nursing Facilities (NF), Intermediate Care Facilities (ICF) and Alternate Care Facilities (ACF).

Visit the [Quick Guides web page](#) to review the following Provider Web Portal quick guides:

- [Provider Maintenance](#) - Update contact information.
- [Provider Maintenance - Update License and CLIA Quick Guide](#) - Upload renewed licenses to ensure accounts remain active with Health First Colorado.
- [Disenrollment Quick Guide](#) - Disenroll as required when provider's Health First Colorado participation ends.
- [Change of Ownership Enrollment Application Quick Guide](#) - Create new accounts as required if providers change the Tax ID Number (TIN).
- [Revalidation Quick Guide](#) - Revalidate at least every five (5) years.

Refer to the August 2021 Provider Bulletin (B2100466), located on the [Bulletins web page](#), for more information about change of ownership.

Use the following links to sign up for communications from the Office of Community Living (OCL) or the Department:

- [Sign up for OCL Newsletters](#)
- [Sign up for Department Newsletters](#)

Contact the [Provider Services Call Center](#) with any questions.

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## **Physician Services Providers**

### **Colorado Medicaid eConsult Update**

Health First Colorado providers may utilize a secure and free statewide electronic consultation platform accessible through [Colorado Medicaid eConsult](#). Communication is exchanged electronically between Primary Care Medical Providers (PCMPs) and specialists through eConsults, frequently eliminating the need for in-person specialty care appointments. Safety Net Connect (SNC) serves as the vendor partner for the Department.



SNC will host an informational webinar about the platform on the first Friday of the month from 12:15 p.m. to 1:00 p.m. MT. Interested providers can attend to gain insights into the platform, the specialty network and how to participate.

[Register for a Colorado Medicaid eConsult Program Overview Webinar.](#)

### Available Specialties for Clinical Guidance

| Adult Specialties Available (20)  | Pediatric Specialties Available (13)  |
|---|---|
| <ul style="list-style-type: none"> <li>• Addiction Medicine</li> <li>• Allergy/Immunology</li> <li>• Cardiology</li> <li>• Dermatology</li> <li>• Endocrinology</li> <li>• Gastroenterology</li> <li>• Hematology/Medical Oncology</li> <li>• Hepatology</li> <li>• Infectious Disease</li> <li>• Nephrology</li> <li>• Neurology</li> <li>• Obstetrics and Gynecology (OB/GYN)</li> <li>• Orthopedics</li> <li>• Otolaryngology/Ear, Nose and Throat (ENT)</li> <li>• Pain Medicine</li> <li>• Physical Medicine/Rehab</li> <li>• Psychiatry</li> <li>• Pulmonology/Sleep Medicine</li> <li>• Rheumatology</li> <li>• Urology</li> </ul> | <ul style="list-style-type: none"> <li>• Allergy/Immunology</li> <li>• Cardiology</li> <li>• Dermatology</li> <li>• Developmental Pediatrics</li> <li>• Endocrinology</li> <li>• Hematology/Oncology</li> <li>• Infectious Disease</li> <li>• Neurology</li> <li>• Orthopedics</li> <li>• Otolaryngology/ENT</li> <li>• Psychiatry</li> <li>• Pulmonology</li> <li>• Urology</li> </ul> |

SNC is actively recruiting and training Colorado providers. Contact SNC at [ColoradoSupport@safetynetconnect.com](mailto:ColoradoSupport@safetynetconnect.com) to learn how to participate.

#### eConsult Reimbursement

Refer to the [Telemedicine Billing Manual](#) to learn about eConsult reimbursement.

#### Additional Information

Visit the [eConsult Platform web page](#) or contact the eConsult Team at [HCPF\\_eConsult@state.co.us](mailto:HCPF_eConsult@state.co.us) for more information.

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## Physicians, Clinic Providers

### Free Screening, Brief Intervention and Referral to Treatment (SBIRT) Training for Health First Colorado Providers

Free Screening, Brief Intervention and Referral to Treatment (SBIRT) training for Health First Colorado providers is delivered through partnership with Peer Assistance Services, Inc. (PAS). PAS has provided SBIRT training and support since 2006. The SBIRT program promotes prevention and early intervention efforts through in-person, online and virtual training; technical assistance; and hands-on SBIRT implementation.

Providers are required to participate in training about the implementation of evidence-based protocols for SBIRT in order to directly deliver screening and intervention services. Face-to-face trainings and consultations are available through various entities such as [SBIRT in Colorado](#), [Colorado Community Managed Care Network \(CCMCN\)](#) and the [Emergency Nurses Association \(ENA\)](#).

Visit the [SBIRT Training Calendar web page](#) to register for an upcoming training. The shared goal is to promote SBIRT as a standard of care throughout Colorado. Refer to the [SBIRT Program Billing Manual](#) to learn more about best billing practices.

Contact Janelle Gonzalez at [Janelle.Gonzalez@state.co.us](mailto:Janelle.Gonzalez@state.co.us) with questions.

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## **Physician-Administered Drugs (PAD) Providers**

### **Billing Guidance: Avastin® Used for Ophthalmology Treatment of Age-Related Macular Degeneration (AMD)**

Providers treating Health First Colorado members for Food and Drug Administration (FDA)-approved or compendia-supported ophthalmology treatment of Age-Related Macular Degeneration (AMD) with Avastin® (bevacizumab) should utilize the following billing guidance as most appropriate, effective April 1, 2022:

| Healthcare Common Procedure Coding System (HCPCS) | National Drug Code (NDC) | HCPCS Units   | Unit of Measure | Effective Date |
|---|--------------------------|---------------|-----------------|----------------|
| J7999   | 50242006001              | 1 per eye     | mL              | 04/01/2022     |
| J7999   | 50242006101              | 1 per eye     | mL              | 04/01/2022     |
| C9257   | 50242006001              | 1 per 0.25 mg | mL              | 02/26/2004     |
| C9257   | 50242006101              | 1 per 0.25 mg | mL              | 02/26/2004     |

Only one (1) claim line should be billed, with the appropriate HCPCS/NDC combination, HCPCS units and NDC units. The modifiers LT, RT or 50 may be appended on the line billed for the Current Procedural Terminology (CPT) code, indicating intravitreal injection, to indicate if the service was performed unilaterally or bilaterally.

Any claims billed for members with Medicare and Health First Colorado (dual-eligible) should follow the most appropriate guidance for billing the Part B Medicare Administrative Contractor (MAC).

Contact [HCPF\\_PAD@state.co.us](mailto:HCPF_PAD@state.co.us) with questions regarding this guidance.

## **Telemedicine Providers**

### **Telehealth Access Expansion**

The Colorado State Library and the Office of eHealth Innovation (OeHI) collaborated to fund 24 rural library branches to increase telehealth access for their communities by providing equipment and space for members to connect. These libraries will have dedicated private spaces within the buildings that patrons can reserve to connect virtually with a healthcare provider or participate in virtual wellness services.



These spaces will have the equipment and internet connectivity needed to support virtual services, and patrons can get assistance with the technology from library staff. Some libraries are also implementing “telehealth kits” so that patrons who have home connectivity can borrow the equipment to connect with a provider at home. The libraries funded range from Julesburg to Dolores and are looking for healthcare partners.

Visit the [Connect to Health website](#) for more information on this project and a full list of participating libraries.

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## **Therapy Providers**

### **Equine Movement as a Treatment Tool**

[House Bill \(HB\) 22-1068](#) provides coverage of outpatient speech therapy, physical therapy and occupational therapy using equine movement (hippotherapy) as a treatment tool and is anticipated to be implemented beginning July 1, 2024. Providers may bill using existing codes that are already open. Additional information regarding billing will be available in the coming months.

Contact Devinne Parsons at [Devinne.Parsons@state.co.us](mailto:Devinne.Parsons@state.co.us) with outpatient therapy policy questions.

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## **Speech, Physical and Occupational Therapy Providers,** **Audiology Providers**

### **Ordering, Prescribing and Referring (OPR) Claim Identifier Mandate**

Speech Therapy (ST), Physical Therapy (PT), Occupational Therapy (OT) and Audiology providers are reminded to include the Ordering, Prescribing and Referring (OPR) providers

on claims and to ensure the OPR provider is currently enrolled with Health First Colorado (42 CFR § 455.410[b]).

The OPR field is located on the following:

- **CMS 1500 Professional Claim Form: Field 17b**
- **UB-04 Institutional Claim Form: Fields 76 (Attending Provider), 78 and 79 (Other ID)**

Claims with services requiring OPR providers 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. Claims are *not* currently set to deny for a missing OPR field.

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

The image shows a sample of the CMS 1500 Health Insurance Claim Form. The form is titled "HEALTH INSURANCE CLAIM FORM" and includes various fields for patient and insured information. A red arrow points to field 17b, labeled "NPI", which is located under the "NAME OF REFERRING PROVIDER OR OTHER SOURCE" section. The form also includes sections for insurance type, dates, and signatures.

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







Contact the Utilization Management (UM) Team at [HCPF\\_UM@state.co.us](mailto:HCPF_UM@state.co.us) with prior authorization questions and issues.

Contact Devinne Parsons at [Devinne.Parsons@state.co.us](mailto:Devinne.Parsons@state.co.us) with questions concerning policy.

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## Transportation Providers

### **Claim Editing for Non-Emergent Medical Transportation (NEMT) Providers**

A claim edit related to the policies found in program rules 10 C.C.R. 2505-10 8.014.4 has been implemented. Non-Emergent Medical Transportation (NEMT) must be provided to transport a member to the closest available provider qualified to offer the treatment service the member needs. The closest provider is defined as a provider within a 25-mile radius of the member's residence or the nearest provider if one is not practicing within a 25-mile radius of the member's residence.

Exceptions are allowed based on the following:

- The closest provider is not willing to accept the member.
- The member has complex medical conditions that restrict the closest medical provider from accepting the member.
- The member may use NEMT to their established treatment provider seen in their previous locale if the member has moved within three (3) months preceding an NEMT transport.
  - **Note:** The member and treatment provider must transfer care to the closest provider as defined in Section 2.014.4.B or determine transportation options other than NEMT during these three (3) months.

Any NEMT claim billed for procedure codes A0425 or S0209 will be suspended for review if the billed units of service exceed 52. Suspended claims will be denied if they do not have an attachment which meets the requirements as specified below. Reviewed claims will be denied if the attachment is not sufficient pursuant to these specifications.



Claims must have a document attached which contains the following information about the trip being billed:

- The pick-up address
- The destination address
- Date and time of the trip
- Member's name or identifier
- Confirmation that the driver verified the member's identity
- Confirmation by the member, escort or medical facility that the trip occurred

- The actual pick-up and drop-off times
- The driver's name
- Identification of the vehicle in which the trip was provided
- A rationale and certification from the member's treating medical provider as to why the member cannot be treated by the closest medical provider within 25 miles of the member's residence

Refer to program rules [10 C.C.R. 2505-10 8.000](#), 8.130.2 and 8.014.3.C for further details on NEMT and provider record maintenance. Each provider shall maintain legible, complete and accurate records necessary to establish that conditions of payment for Medical Assistance Program-covered goods and services have been met and to fully disclose the basis for the type, frequency, extent, duration and delivery of goods and services provided to Medical Assistance Program members, including but not limited to the following:

- Billings
- Prior Authorization Requests (PARs)
- All medical records, service reports and orders prescribing treatment plans
- Records of goods prescribed, ordered for or furnished to members as well as unaltered copies of original invoices for such items
- Records of all payments received from the Medical Assistance Program
- Records required elsewhere in Section 8.000 et seq.; the records shall be created at the time the goods or services are provided

Providers should use the new standardized Verification Form for Transportation Services More Than 25 Miles beginning May 1, 2024. Visit the [Non-Emergent Medical Transportation web page](#) to locate the form. NEMT providers have until May 31, 2024, to transition to the form. Any claims for trips 25 miles or more without this form attached will automatically be denied beginning June 1, 2024.

Contact [HCPF\\_NEMT@state.co.us](mailto:HCPF_NEMT@state.co.us) with any questions.

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## **Women's Health Providers**

### **Newly Covered Provider Type**

Certified Professional Midwives/Direct Entry Midwives (CPM/DEMs) can now enroll as Health First Colorado providers for services provided in Freestanding Birth Centers effective April 18, 2024. Enrollment may be backdated to April 1, 2024, if all requirements are met.

Contact [HCPF\\_MaternalChildHealth@state.co.us](mailto:HCPF_MaternalChildHealth@state.co.us) with any questions.



## Provider Training Sessions

### May 2024 Schedule

Providers are invited to sign up for a provider training session. Trainings focused on billing Health First Colorado are offered:

- Beginner Billing: Professional Claims (CMS-1500)
- Beginner Billing: Institutional Claims (UB-04)
- Intermediate Billing: All Claims

All sessions are held via webinar on Zoom, and registration links are shown in the calendar below.

#### Beginner Billing Training

There are two (2) beginner billing trainings offered. One (1) is for providers that submit professional claims (CMS 1500), and the other is for providers that submit institutional claims (UB-04). These trainings are identical except for claim submission specifics.

Click "[Which Beginner Billing Training Do I Need?](#)" on the [Provider Training web page](#) to find training aligned to provider type.

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

#### Intermediate Billing Training

Intermediate billing training covers claims processing and Remittance Advice (RA) via the Provider Web Portal and batch, secondary billing with commercial insurance and Medicare, attachment requirements, timely filing, suspended claims, adjustments and voids, reconsiderations, resubmissions and more.

#### Provider-Specific Training



Provider-specific trainings cover topics unique to providers. Training for **Pediatric Behavioral Therapy** in May 2024 will cover provider enrollment, member eligibility, covered services, co-treatment, Prior Authorization Requests (PARs), codes and modifiers, claim submission and common denial reasons.

Visit the [Provider Training web page](#) under the Billing Training - Resources drop-down section to preview training materials.

#### Who Should Attend?

Staff who submit claims, are new to billing Health First Colorado services or who need a billing refresher course should consider attending one (1) or more of the provider training sessions.

**Note:** These sessions offer guidance for billing Health First Colorado only. Providers are encouraged to contact the Regional Accountable Entities (RAEs), Child Health Plan *Plus* (CHP+) and Medicare for billing training specific to those organizations. Training for the new Care and Case Management (CCM) system will not be covered in billing training sessions. Visit the [CCM System web page](#) for CCM-specific training and resources.

Refer to the Provider Web Portal Quick Guides located on the [Quick Guides web page](#) for more training materials on navigating the Provider Web Portal.

### Live Webinar Registration

Click the title of the desired provider training session in the calendar to register for a webinar. An automated response will confirm the reservation.

**Note:** Webinars may end early. Time has been allotted for questions at the end of each session.

| May 2024 |         |           |  |        |
|----------|---------|-----------|--|--------|
| Monday   | Tuesday | Wednesday | Thursday   | Friday |
|          |         | 1         | 2<br><a href="#">Beginner Billing Training: Institutional Claims (UB-04) - Thursday, May 2, 2024, 1:30 p.m. - 3:30 p.m. MT</a> | 3      |
| 6        | 7       | 8         | 9<br><a href="#">Intermediate Billing Training Thursday, May 9, 2024, 9:00 a.m. - 11:00 a.m. MT</a>                            | 10     |
| 13       | 14      | 15        | 16   | 17     |
| 20       | 21      | 22        | 23<br><a href="#">Billing Training: Pediatric Behavioral Therapy Thursday, May 23, 2024, 9:00 a.m. - 11:00 a.m. MT</a>         | 24     |
| 27       | 28      | 29        | 30   | 31     |

## Upcoming Holidays

| Holiday                                  | Closures   |
|--|--|
| <b>Memorial Day<br/>Monday, May 27</b>   | State Offices, Gainwell Technologies, DentaQuest, AssureCare 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.              |
| <b>Juneteenth<br/>Wednesday, June 19</b> | State Offices, DentaQuest, AssureCare 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. Gainwell Technologies will be open. |

## Gainwell Technologies Contacts

### Provider Services Call Center

1-844-235-2387

### Gainwell Technologies Mailing Address

P.O. Box 30  
Denver, CO 80201