



Automated Medical Payments

Medicaid Bulletin

Colorado Title XIX

Fiscal Agent

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Medicaid Fiscal Agent Information on the Internet

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Medicaid bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medicaid Provider Services.

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Mandatory assignment for crossover claims – OBRA 1989

OBRA 1989 mandates that providers must be enrolled as Medicare providers *and* accept Medicare assignment in order to have claims for dually eligible clients processed by Medicaid.

If the provider does not accept Medicare assignment, automatic crossover does not occur and Medicaid will not pay crossover benefits. Providers cannot bill Medicaid clients for Medicaid-covered services, including Medicare benefit services.

If the provider has not accepted Medicare assignment in error or if Medicare processes the claim as unassigned in error, the provider may obtain the Medicare payment and processing information from the client and submit a crossover claim to Medicaid. By submitting a Medicaid crossover claim, the provider is deemed to have accepted Medicare assignment after-the-fact and must accept the combined Medicare and Medicaid payments as payment in full.

Federal penalties for fraudulent acts and false reporting

The Colorado Department of Health Care Policy & Financing wants to ensure that all Medicaid providers are notified annually of federal penalties for fraudulent acts and false reporting.

Accordingly, we are furnishing you with the full text of Section 1909 and Section 1128A of the Social Security Act, as noted below.

Penalties

Sec. 1909.¹ (a) Whoever -

(1) knowingly and willfully makes or causes to be made any false statement or representation of a material fact in any application for any benefit or payment under a State plan approved under this title,

(2) at any time knowingly and willfully makes or causes to be made any false statement or representation of a material fact for use in determining rights to such benefit or payment,

(3) having knowledge of the occurrence of any event affecting (A) his initial or continued right to any such benefit or payment, or (B) the initial or continued right to any such benefit or payment of any other individual in whose behalf he has applied for or is receiving such benefit or payment, conceals or fails to disclose such event with an intent fraudulently to secure such benefit or payment either in a greater amount or quantity than is due or when no such benefit or payment is authorized, or

(4) having made application to receive any such benefit or payment for the use and benefit of another and having received it, knowingly and willfully converts such benefit or payment or any part thereof to a use other than for the use and benefit of such other person, shall (i) in the case of such a statement, representation, concealment, failure, or conversion by any person in connection with the furnishing (by that person) of items or services for which payment is or may be made under this title, be guilty of a felony and upon conviction thereof fined not more than \$25,000 or imprisoned for not more than five years or both, or (ii) in the case of such a statement, representation, concealment, failure or conversion by any other person, be guilty of a misdemeanor and upon conviction thereof fined not more than \$10,000 or imprisoned for not more than one year, or both. In addition, in any case where an individual who is otherwise eligible for assistance under a State plan approved under this title is convicted of an offense under the preceding provisions of this subsection, the State may at its option (notwithstanding any other provision of this title or of such plan) limit, restrict, or suspend the eligibility of that individual or such period (not exceeding one year) as it deems appropriate; but the imposition of a limitation, restriction, or suspension with respect to the eligibility of any individual under this sentence shall not affect the eligibility of any other person for assistance under the plan, regardless of the relationship between that individual and such other person.

(b) (1) Whoever knowingly and willfully solicits or receives any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind

A) in return for referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under this title, or

(B) in return for purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under this title, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.

(2) Whoever knowingly and willfully offers or pays any remuneration (including any kickback, bribe or rebate) directly or indirectly, overtly or covertly, in cash or in kind to any person to induce such person-

(A) to refer an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under this title, or

(B) to purchase, lease, order, or arrange for or recommend purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under this title, shall be guilty of a felony and upon conviction thereof,

shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.

(3) Paragraphs (1) and (2) shall not apply to-

(A) a discount or other reduction in price obtained by a provider of services or other entity under this title if the reduction in price is properly disclosed and appropriately reflected in the costs claimed or charges made by the provider or entity under this title; and

(B) any amount paid by an employer to an employee (who has a bona fide employment relationship with such employer) for employment in the provision of covered items or services.

(C) Whoever knowingly and willfully makes or causes to be made, or induces or seeks to induce the making of, any false statement or representation of a material fact with respect to the conditions or operation of any institution or facility in order that such institution or facility may qualify (either upon initial certification or upon recertification) as a hospital, skilled nursing facility, intermediate care facility, or home health agency (as those terms are employed in this title) shall be guilty of a felony and upon conviction thereof shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.

(D) Whoever knowingly and willfully

(1) charges, for any service provided to a patient under a State plan approved under this title, money or other consideration at a rate in excess of the rates established by the State, or

(2) charges, solicits, accepts, or receives in addition to any amount otherwise required to be paid under a State plan approved under this title, any gift, money, donation, or other consideration (other than a charitable, religious, or philanthropic contribution from an organization or from a person unrelated to the patient)

(A) as a precondition of admitting a patient to a hospital, skilled nursing facility, or intermediate care facility, or

(B) as a requirement for the patient's continued stay in such a facility, when the cost of the services provided therein to the patient is paid for (in whole or in part) under the State plan,

shall be guilty of a felony and upon conviction thereof shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.

Civil Monetary Penalties

The Civil Monetary Penalties Law authorized the Federal government to recoup overpayments and/or to pursue monetary recoveries. The full text of Section 1128A is cited below.

Section 1128A²

(a) Any person (including an organization, agency, or other entity) that--

"(1) presents or causes to be presented to an officer, employee, or agent of the United States, or of any department or agency thereof, or of any State agency (as defined in subsection (i) (1), a claim (as defined in subsection (i) (2) that the Secretary determines is for a medical or other item or service--

"(A) that the person knows or has reason to know was not provided as claimed, or

"(B) payment for which may not be made under the program under which such claim was made, pursuant to a determination by the Secretary under section 1128, 1160(b), or 1862(d), or pursuant to a determination by the Secretary under section 1866(b)(2) with respect to which the Secretary has initiated termination proceedings; or

"(2) presents or causes to be presented to any person a request for payment which is in violation of the terms of (A) an assignment under section 1842(b) (3) (B) (ii), or (B) an agreement with a State agency not to charge a person for an item or service in excess of the amount permitted to be charged, or (C) an agreement to be a participating physician or supplier under section 1842(h)(1).

shall be subject, in addition to any other penalties that may be prescribed by law, to a civil money penalty of not more than \$2,000 for each item or service. In addition, such a person shall be subject to an assessment of not more than twice the amount claimed for each such item or service in lieu of damages sustained by the United States or a State agency because of such claim.

(h) For the purposes of this subsection:

(1) The term "State agency" means the agency established or designated to administer or supervise the administration of the State plan under Title XIX of this Act or designated or administer the State's program under Title V of this Act.

(2) The term "claim" means an application submitted by--

(A) a provider of services or other person, agency, or organization that furnished an item or service under Title XVIII of this Act, or

(B) a person, agency or organization that furnishes an item or service for which medical assistance is provided under Title XIX of this Act, or

(C) a person, agency or organization that provides an item or service for which payment is made under Title V of this Act or from an allotment to a State under such title, to the United States or a State agency, or agent thereof, for payment for health care services under Title XVIII or XIX of this Act or for any item or service under Title V of this Act.

(3) The term "item of service" includes (A) any particular item, device, medical supply, or service claimed to have been provided to a patient and listed in an itemized claim for payment, and (B) in the case of a claim based on costs, an entry in the cost report, book of account or other documents supporting such claim.

(4) The term "agency of the United States" includes any contractor acting as a fiscal intermediary, carrier, or fiscal agent or any other claims processing agent for a health insurance or medical services program under Title XVIII or XIX of this Act.

¹Section 1909 was amended in its entirety by sec. 4 (b) of Public Law 95-142.

²Section 1128A of the Social Security Act, as added to Pub.L. No. 97-35, section 2105, State. 789 (1981), and amended by Pub.L. No. 97-248, section 136(b) (26), 96 State. 380 (1982). Codified at 42 USC. 1320a-7a.

Provider manual revision

Effective with the distribution of this appendix, the following pages should be replaced in the provider manual:

Replace:	Dated:	With:	Dated:
Appendix D – Colorado Departments of Social Services	10/98	Appendix D – Colorado Departments of Social Services	08/99

Please read and review the attached pages carefully and update the provider manual.

Each Medicaid-enrolled provider receives a single copy of the provider manual. Copy the manual, manual updates, and bulletins as needed. Providers are responsible for making updated billing information available to billing personnel and billing services. All manuals and bulletins published by the fiscal agent are available from the fiscal agent's web site at:

WWW.CONSULTEC-GCRO.COM

Practitioner HCPCS replacement pages

Please replace following pages in the practitioner HCPCS:

Replace:	Dated:	With:	Dated:
Page 31	06/99	Page 31	06/99
Page 32	08/99	Page 32	08/99

The code ranges on page 32 have been corrected. The previously published CPT ranges of 92390-92392 and 92395-92396 cannot be used with modifier -XV to bill lens materials to the Colorado Medicaid program.

PAR criteria reference for physicians and pharmacists

The attached reference lists pharmaceuticals that require prior authorization. It includes the prior authorization criteria and basis for approval. This reference, dated 08/99, replaces the non-dated reference previously distributed.

This current reference was distributed to pharmacists with a previous bulletin.

Physicians should keep the reference with the provider manual.

Appendix D

Colorado Departments of Social Services, county codes, addresses, and phone numbers

County & No.	Phone	Mailing/Physical Address	Town	Zip Code
1 Adams	303-287-8831	7190 Colorado Blvd	Commerce City	80022
2 Alamosa	719-589-2581	PO Box 1310/610 State Street	Alamosa	81101
3 Arapahoe	303-795-4850	1690 West Littleton Blvd	Littleton	80120
4 Archuleta	970-264-2182	PO Box 240/449 San Juan St. Courthouse Annex	Pagosa Springs	81147
5 Baca	719-523-4131	772 Colorado St	Springfield	81073
6 Bent	719-456-2620	PO Box 326/215 2 nd St	Las Animas	81054
7 Boulder	303-441-1000	3400 Broadway	Boulder	80304
8 Chaffee	719-539-6627	PO Box 1007/641 West 3 rd	Salida	81201
9 Cheyenne	719-767-5629	PO Box 146/ 51 S. 1 st , Courthouse Basement	Cheyenne Wells	80810
10 Clear Creek	303-569-3251, x 365	PO Box 2000/405 Argentine, Courthouse	Georgetown	80444
11 Conejos	719-376-5455	PO Box 68/Courthouse	Conejos	81129
12 Costilla	719-672-4131	PO Box 249/123 Gasper St	San Luis	81152
13 Crowley	719-267-3546	PO Box 186/600 Main, Courthouse Annex	Ordway	81063
14 Custer	719-783-2371	PO Box 929/ 205 S. 6 th Street	Westcliffe	81252
15 Delta	970-874-2030	Courthouse Annex, 560 Dodge St	Delta	80204
16 Denver	720-944-3666	1200 Federal	Denver	80223
17 Dolores	970-677-2250	PO Box 485/409 North Main	Dove Creek	81324
18 Douglas	303-688-4825	101 3 rd Street	Castle Rock	80104
19 Eagle	970-328-8840	PO Box 660/500 Broadway St	Eagle	81631
20 Elbert	719-541-2369	PO Box 6/375 Pueblo Ave	Simla	80905
21 El Paso	719-636-0000	PO Box 2692/105 North Spruce	Colorado Springs	80905
22 Fremont	719-275-2318	172 Justice Center Road	Canon City	81212
23 Garfield	970-945-9191, x 1000	PO Box 580/2014 Blake Avenue	Glenwood Springs	81602
24 Gilpin	303-582-5444	2960 Dory Hill Road, Ste 100	Blackhawk	80403
25 Grand	970-725-3331	PO Box 204/620 Hemlock	Hot Sulphur Spgs	80451
26 Gunnison	970-641-3244	225 N. Pine Street, Suite A	Gunnison	81230
27 Hinsdale	970-641-3244	225 N. Pine Street, Suite A	Gunnison	81230
28 Huerfano	719-738-2810	121 West 6 th St	Walsenburg	81089
29 Jackson	970-723-4750	PO Box 338/Courthouse, 404 4 th St	Walden	80480
30 Jefferson	303-271-1388	900 Jefferson County Pkwy	Golden	80401-6010
31 Kiowa	719-438-5541	PO Box 187/1305 Goff St	Eads	81036
32 Kit Carson	719-346-8732	252 South 14 th Street	Burlington	80807
33 Lake	719-486-2088	PO Box 884/112 West 5 th	Leadville	80461

County & No.	Phone	Mailing/Physical Address	Town	Zip Code
34 La Plata	970-382-6150	1060 East 2 nd Avenue	Durango	81301
35 Larimer	970-498-6300	1501 Blue Spruce Dr	Fort Collins	80524
36 Las Animas	719-846-2276	204 South Chestnut St	Trinidad	81082
37 Lincoln	719-743-2404	PO Box 37/103 3 rd Street	Hugo	80821
38 Logan	970-522-2194	PO Box 1746/508 South 10 th Ave, Suite #2	Sterling	80751
39 Mesa	970-241-8480	PO Box 20,000, 2952 North Ave	Grand Junction	81502-5035
40 Mineral	719-657-3381	PO Box B/1015 6 th Ave.	Del Norte	81132
41 Moffat	970-824-8282	595 Breeze Street	Craig	81625
42 Montezuma	970-565-3769	109 West Main, #203	Cortez	81321
43 Montrose	970-249-3401	PO Box 216/107 South Cascade	Montrose	81402
44 Morgan	970-542-3530	PO Box 220/231 Ensign St	Fort Morgan	80701
45 Otero	719-383-3100	PO Box 494/13 West 3 rd	La Junta	81050
46 Ouray	(970) 325-4437	PO Box M, 541 4 th St	Ouray	81427
47 Park	719-836-2771, x 139	PO Box 968/824 Castello Ave.	Fairplay	80440
48 Phillips	970-854-2280	246 South Interocean	Holyoke	80734
49 Pitkin	970-920-5350	0405 Castle Creek Rd, Suite #8	Aspen	81611
50 Prowers	719-336-7486	PO Box 1157/1001 South Main	Lamar	81052
51 Pueblo	719-583-6160	212 West 12 th St	Pueblo	81003
52 Rio Blanco	970-878-5011	PO Box 688/555 Main St, #104	Meeker	81641
53 Rio Grande	719-657-3381	PO Box B/1015 6 th Ave.	Del Norte	81132
54 Routt	970-879-1540	PO Box 772790/136 6 th St	Steamboat Sprgs	80477
55 Saguache	719-655-2537	PO Box 215/605 Christy Ave	Saguache	81149
56 San Juan	970-387-5631	PO Box 376/ 1557 Greene	Silverton	81433
57 San Miguel	970-728-4411	PO Box 96/333 West Colorado Ave	Telluride	81435
58 Sedgwick	970-474-3397	PO Box 27/106 West First	Julesburg	80737
59 Summit	970-668-4100	PO Box 869/37 County Road 1005	Frisco	80443
60 Teller	719-687-3335	PO Box 9033/740 E. Highway 24	Woodland Park	80866-9033
61 Washington	970-345-2238	875 East 1 st Street	Akron	80720
62 Weld	970-352-1551	PO Box A/315 North 11 th Ave	Greeley	80632
63 Yuma	970-332-4877	340 S. Birch	Wray	80758

Q0185	Dermal and epidermal tissue, of human origin, with or without other bioengineered or processed elements, with metabolically active elements, per square centimeter	Yes	Effective 01/01/99.
Musculoskeletal			
L4350	Pneumatic ankle control splint	Yes	
L4360	Pneumatic walking splint	Yes	
L4370	Pneumatic full leg splint	Yes	
L4380	Pneumatic knee splint	Yes	
L8642	Hallux implant prosthesis	Yes	May be billed by ambulatory surgical center or surgeon.
Urinary			
L8603	Collagen implant, urinary tract, per 2.5 cc syringe	Yes	Bill on paper. Requires a report. Includes shipping & necessary supplies.
P9612	Catheterization for collection of specimen, single patient, all places of service	Yes	Effective 01/01/99.
X5510	Koch continent ileal reservoir/urinary (method other than specified in CPT)	Yes	
Male genital			
X5500	Prostatectomy, suprapubic, radical potency-saving	Yes	
Female genital			
X5565	Antepartum care per visit	Yes	Use when global OB billing is not appropriate. e.g., When antepartum care is rendered by more than one provider.
A4261	Cervical cap for contraceptive use	Yes	Effective 01/01/99.
A4560	Pessary	Yes	Bill on paper. Invoice required.
X2305	Intrauterine progesterone contraceptive	Yes	Progestasert. Report IUD insertion using CPT 58300. Bill usual and customary charge.
J7300	Intrauterine copper contraceptive	Yes	ParaGard. Report IUD insertion using 58300. Bill usual and customary charge.
X5580	Single vaginal delivery of multiple infants	Yes	Bill in addition to OB or delivery codes.
X5585	Single cesarean delivery of multiple infants	Yes	Bill in addition to OB or delivery codes.

Ophthalmology

V2785 Processing, preserving & transporting corneal tissue Yes Bill on paper. Must attach eyebank invoice to claim.

Billing information

When modifier –XV is used with one of the procedures listed below, it indicates that the service is related to a prior eye surgery. The use of modifier –XV with the following procedures removes all prior authorization requirements for clients age 20 and under and allows surgery-related vision services for clients age 21 and over.

V2020-V2499 V2500-V2599 V2700-V2730 V2755- V2781 X0300-X0311 X3005-X3005 92340-92353

Prosthetics & Orthotics

Effective for service dates on or after July 1, 1998, prostheses and orthoses are a covered Medicaid benefit for the adult Medicaid population. The benefit includes such items as braces, artificial limbs, augmentative communication devices, and orthopedic shoes for diabetic clients. These items must be prescribed by the client's physician and prior authorized before services are rendered.

Vision eyewear

Billing & benefit information. Please review this information carefully before referencing CPT. Use CPT codes only if there is no HCFA or local code to appropriately describe the service performed.

The Colorado Medicaid Program provides benefit for medically necessary ophthalmological refractions as a component of general ophthalmological services (CPT codes 92002 - 92014). There is no additional or separate benefit for procedure code 92015 when billing a general ophthalmological examination for adults or children.

For children and adolescents, through the age of 20, determination of the refractive state only, using code 92015, is allowable as a partial vision screening. The code may not be billed with general ophthalmological examinations or other evaluation and management codes. Separate or "stand-alone" charges for refractions are not billable to Medicaid clients as non-benefit services.

Benefits for clients age 21 and over: Medically necessary eye examinations are benefits for Medicaid clients age 21 and over. Use CPT codes to submit claims for eye exams. Medically necessary glasses & contact lenses are benefits for clients over age 20 following eye surgery only & do not require prior authorization. Each procedure code must be billed with modifier -XV to identify surgery related eyewear.

Benefits for clients age 20 and under: The EPSDT Program provides the following vision benefits for clients age 20 and under:

- Standard eye glasses (one or two single or multifocal clear glass lenses with one standard frame). Medicaid provides payment for one standard frame.
- Glasses dispensed by an optician are a benefit when ordered by an ophthalmologist or optometrist.
- Replacement or repair of frames or lenses (standard eye glasses), not to exceed the cost of replacement.
- Contact lenses are a benefit if medically necessary & prior authorized, or when billed with modifier –XU to identify surgery-related services. Contact lens supplies & contact lens insurance are not benefits.
- Ocular prosthetics are a benefit if services are prior authorized. A statement of medical necessity must accompany the prior authorization request.
- There is no yearly maximum for eye exams or glasses.

Claims: Ophthalmologists, optometrists, and opticians bill on the Colorado 1500 practitioner claim format.

Colorado Medicaid Prior Authorization Criteria For Physicians and Pharmacists

Colorado Medicaid reimburses pharmacy providers for all pharmaceuticals that are manufactured by companies that have signed a rebate agreement with HCFA and are not in a restricted classification. There are some pharmaceuticals that require Prior Authorization. The following is a list of Prior Authorization Criteria for drugs requiring such authorization.

The basis for approval for Prior Authorization is FDA-approved indications or indications listed in HCFA approved compendia.

Drug	Criteria	PAR Length
Acne Products	<p>Prior authorization is required for all topical tretinoin products. Additional examination will occur when the request is for a patient over 15 years of age.</p> <p>Payment for topical tretinoin therapy will be authorized for the following diagnoses: Skin cancer, Lamellar ichthyosis, and Darier's disease.</p> <p>These diagnoses do not require previous trials and therapy failure with other legend or non-legend anti-acne products regardless of age. Approval will be granted for lifetime use.</p> <p>Payment for topical tretinoin product therapy will be authorized for the diagnosis of preponderance of comedonal acne.</p> <p>This diagnosis does <u>not</u> require previous trial and therapy failure with other legend or non-legend anti-acne products regardless of age. Approval will be granted for an initial three-month period. If topical tretinoin therapy is effective after the initial approval period, prior authorization will be granted for a one-year period.</p> <p>The diagnosis of acne vulgaris requires previous trials and failures on antibiotic and/or topical treatments. If criteria are met, prior authorization will be granted for a one-year period.</p>	See criteria
Albumin	FDA approved indication	1 year
Anabolic Steroids Testosterone Patches	Wasting, AIDS Bone density fax to State FDA approved indication	1 year Send to State
Testosterone	Given in the home	1 year
Anorexients (diet pills)	None	None
Anti-Anemia Drugs	Anemia	Lifetime
Antihistamine with Decongestant	Diagnosis - Allergic Rhinitis or COPD	1 year
Aspirin	Regular Benefit	No PAR required
Blood Products	FDA approved indication	1 year
Botox	FDA approved indication Given in the home	1 year
Brand Name Medication	Fax PDCS a MedWatch form and then call PDCS for prior authorization	Lifetime
Caverject	Diagnosis of erectile dysfunction	1 year

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Drug	Criteria	PAR Length
	Limit of up to 6 doses per 30 day period	
Cough and Cold	Client < 21 yr. Regular benefit Client ≥ 21 year must have diagnosis of chronic condition	1 year
Depo Provera	FDA approved indication Given in the home	1 year
Dexedrine/Amphetamine	If under 6 years old or with history of or diagnosis of seizures, no prior use of Methylphenidate, Cylert, etc. necessary. If over 6 years old, need prior history of Dexedrine previously authorized in MMIS or documentation of methylphenidate or Cylert failure or at maximum dose. Need diagnosis of narcolepsy, senile depression also expectable. Prior authorization will <u>not</u> be granted for a diagnosis of obesity control	1 year
Edex	Erectile dysfunction Limit of up to 6 doses per 30 day period	1 year
Epoetin (Procrit, Epogen)	Prior authorization is required for therapy with epoetin. Payment for epoetin therapy will be authorized only for cases which meet the following criteria: a. Hematocrit is less than 30 percent b. Transferrin saturation is greater than 20 percent or ferritin levels greater than 100ng/ml. (Exceptions may be made if the patient is on aggressive oral iron therapy [dosed two or three times per day].) c. These lab values are dated within three months of the prior authorization request. d. There is no evidence of demonstrated GI bleeding. e. Patients concurrently on AZT have an endogenous serum erythropoetin level less than or equal to 500 mU/ml. If administered during dialysis not a pharmacy benefit, and already included in dialysis rate. If administered in clinic, outpatient setting or physician's office, obtained for and billed by physician on Colorado 1500 claim form.	1 year
Fluoride Preparations	Client < 21 yr., using well water or breast fed infant.	Until 21 years old
Filgrastim (Neupogen)	Prior authorization is required for therapy with filgrastim. Payment for filgrastim therapy will be authorized only for those cases which meet one of the following indication and satisfy each of the related criteria: <u>Indication:</u> To decrease the incidence of infection due to severe neutropenia caused by myelosuppressive anti-cancer therapy. ➤ Criterion 1. Post nadir ANC is less than 10,000 cells/mm ³ ➤ Criterion 2. Routine CMC and platelet counts twice weekly	1 year

Drug	Criteria	PAR Length
Filgrastim (Neupogen) (Continued)	<p><u>Indication:</u> To decrease the incidence of infection due to severe neutropenia in AIDS patients on zidovudine therapy.</p> <ul style="list-style-type: none"> ➤ Criterion 1. Evidence of neutropenic infection exists or ANC is below 750 cells/mm⁵ ➤ Criterion 2. ANC is maintained at approximately 1,000 cells/mm³ by filgrastim adjustment ➤ Criterion 3. Routine CBC and platelet counts weekly <p>Have prescribed chemotherapy-approve</p>	1 year
Growth Hormone	<ol style="list-style-type: none"> 1. If patient has a diagnosis of Turner's Syndrome, approve 2. If this is the first request and the patient has been diagnosed with lack of endogenous growth hormone secretion and a growth rate <4.5cm/year, approve 3. If this is a continuation of therapy, approval will be granted if the patient exhibits a growth rate of 5cm/year or a doubling of the previous growth rate. 4. Epiphyses must be open. 5. Bone age 14-15 years or less in females and 15-16 years or less in males 6. Document if MRI had been performed to diagnose intracranial lesion or tumor 7. Wasting associated with AIDS <p>Client ≥21 years of age-</p> <p>Humatrope is indicated for replacement of endogenous somatotropin in adults with somatotropin deficiency syndrome who meet both of the following two Criteria:</p> <ul style="list-style-type: none"> ➤ <u>Criteria 1</u> <p><u>Adult Onset:</u> Patients who have somatotropin deficiency syndrome, either alone or with multiple hormone deficiencies (hypopituitarism), as a result of pituitary disease, hypothalamic disease, surgery, radiation therapy, or trauma</p> <p>Or</p> <p><u>Childhood Onset:</u> Patients who were growth hormone-deficient during childhood who have somatotropin deficiency syndrome confirmed as an adult before replacement therapy with Humatrope is started.</p> <ul style="list-style-type: none"> ➤ <u>Criteria 2</u> <p>Biochemical diagnosis of somatotropin deficiency syndrome by means of a negative response to standard growth hormone stimulation test (maximum peak < 5ng/ml when measured by RIA (polyclonal antibody) or < 2.5 ng/ml when measured by RIMA (monoclonal antibody).</p>	1 year
Lupron	<p>FDA approved indication</p> <p>Given in the home</p>	1 year

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Drug	Criteria	PAR Length
Lipids/Amino Acids	Client unable to use enteral products	1 year
Methadone	For pain only, not for treatment of narcotic addiction	1 year
Muse	Diagnosis of erectile dysfunction Limit of up to 6 doses per 30 day period	1 year

OTC Products	Medical necessity	1 year
Rebate Dispute Products	Medical necessity of specific product	1 year
Revia	Alcohol abuse, SIB	1 year
Respigam	FDA approved indication Given in the home	6 month
Sandostatin Octreotide	FDA approved indication	1 year
Sodium Chloride 3ml for Inhalation	A supply item and must be billed as supply unless the client is sight impaired, then a prior authorization required	1 year
Smoking Cessation	Must have documentation of enrollment in behavior modification program	90 days only, lifetime
Synagis	FDA approved indication Given in the home	6 month
Thrombolytic Enzymes	FDA approved indication	1 year
Vaccines Flu Hepatitis B Pneumonia	If administered in physician's office, must bill on Colorado 1500 form. If administered in a Residential Treatment Center or equivalent, must be prior authorized.	1 year
Viagra	1. Diagnosis of erectile dysfunction 2. If not currently using nitrate medications 3. Documentation of dosage adjustment for severe renal impairment, and concomitant use of potent cytochrome P450 3A4 inhibitors such as erythromycin, ketoconazole, and itraconazole. A starting dose of 25 mg should be considered for these patients.) 4. A limit of up to 6 tablets per 30 day period	1 year
Versed	FDA approved indication	1 year
Vitamin Prenatal Vitamin Folic Acid	Payment for vitamins will be authorized only for: ➤ Patients with a diagnosis of specific vitamin deficiency disease (ESRD, CRF, renal insufficiency or renal transplant) ➤ Patients under the age of 21 with a diagnosed disease which inhibits the nutrition absorption process as a secondary effect of the disease Regular Benefit for pregnant client (indicated on RX) and 90 days post-partum (dispensed in qty of 100)	1 year No PAR Required
Yohimbine	Impotence-give 30 day supply	1 year