

Automated Medical Payments

# Medicaid Bulletin Colorado Title XIX

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## **Medicaid Provider Services**

303-534-0146 1-800-237-0757

## Mailing Addresses

Claims & PARs P.O. Box 30 Denver, CO 80201-0030

Correspondence, Inquiries & Adjustments P.O Box 90 Denver, CO 80201-0090

Provider enrollment, Provider information, Changes, Signature authorization, and Claim requisitions P.O. Box 1100 Denver, CO 80201-1100

#### Medicaid Fiscal Agent Information on the Internet www.consultec-gcro.com

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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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.

# Distribution: Anesthesia providers

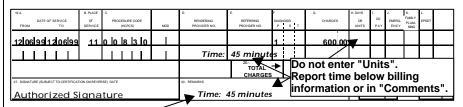
December 1999 Reference: B9900036

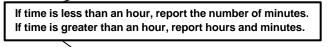
# Anesthesia reimbursement change

The State of Colorado has approved an increase in the conversion factor for Medicaid anesthesia claims. Effective for dates of service on and after November 1, 1999, the anesthesia conversion factor increased from \$11.94 to \$14.33.

Providers should continue to bill the appropriate anesthesia procedure code. Providers billing on paper claims should leave the Units field blank and report anesthesia time on the claim line immediately after the billing information or in the Comments field (30). Report time in minutes if less than an hour, or in hours and minutes if more than an hour.

#### **Examples:**





19 A. FROM	DATE OF SERVICE TO	B. PLACE OF SERVICE	C. PROCEDURE CODE (HCPCS)	MOD	D. RENDERING PROVIDER NO.	E. REFERRING PROVIDER NO.	F DIAGN P		G. CHARGES	H. DAYS OR UNITS	L 00 PAY	J. EMERG- ENCY	K. FAMILY PLAM- NING	L. EPSDT			
12 06	99120699	<u>11</u>	0 0 8 3 0				1		900.00								
					Time:	1 hr 15 mi	n			•							
						20 TOTAL CHARGES	∕ €		Do not enter "Units". Report time below billing								
	RE (SUBJECT TO CERTIFICAT							in "Comments".									

Electronic billers should complete the Units field **and** enter the anesthesia time.

Epidural anesthesia by a provider other than the delivering practitioner is a covered benefit. Document patient contact time on the claim. Paper claims for more than **180** minutes (**12** or more time units) of direct patient contact epidural time require an attached copy of the anesthesia record. Electronic claims may be submitted (no attachments), but documents verifying extended direct patient contact must be maintained and produced upon request.

Please direct questions about Medicaid billing or the information in this bulletin to Medicaid Provider Services at:

303-534-0146 or 1-800-237-0757 (toll free Colorado).