



Automated Medical Payments

Medicaid Bulletin

Colorado Title XIX
CONSULTEC

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Medicaid Provider Services

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Mailing Addresses

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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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

19A	DATE OF SERVICE	B. PLACE OF SERVICE	C. PROCEDURE CODE (HCPCS)	MOD	D. RENDERING PROVIDER NO.	E. REFERRING PROVIDER NO.	F. DIAGNOSIS	G. CHARGES	H. DAYS OR UNITS	I. CO PAY	J. EMERG. ENCY	K. FAMILY PLAN. NKG	L. EPSDT
12/06/99	12/06/99	11	010181310				1	600.00					
								Time: 45 minutes					
								TOTAL CHARGES		Do not enter "Units". Report time below billing information or in "Comments".			
37. SIGNATURE (SUBJECT TO CERTIFICATION ON REVERSE) DATE								30. REMARKS					
Authorized Signature								Time: 45 minutes					

If time is less than an hour, report the number of minutes.
If time is greater than an hour, report hours and minutes.

19A	DATE OF SERVICE	B. PLACE OF SERVICE	C. PROCEDURE CODE (HCPCS)	MOD	D. RENDERING PROVIDER NO.	E. REFERRING PROVIDER NO.	F. DIAGNOSIS	G. CHARGES	H. DAYS OR UNITS	I. CO PAY	J. EMERG. ENCY	K. FAMILY PLAN. NKG	L. EPSDT
12/06/99	12/06/99	11	010181310				1	900.00					
								Time: 1 hr 15 min					
								TOTAL CHARGES		Do not enter "Units". Report time below billing information or in "Comments".			
37. SIGNATURE (SUBJECT TO CERTIFICATION ON REVERSE) DATE								30. REMARKS					
Authorized Signature								Time: 1 hr 15 min					

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).