



Automated Medical Payments

Medicaid Bulletin Colorado Title XIX

Fiscal Agent



600 Seventeenth Street
Suite 600 North
Denver, CO 80202

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

coloradomedicaid.consultec-inc.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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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: All providers

October 2000

Reference: B000079

Contents

Fiscal Agent's new web address.....	1
Bulletin corrections.....	1
Provider manual appendix update information.....	1
Supply HCPCS correction.....	2

Fiscal agent's new web address

The Colorado Medicaid fiscal agent has a new web address. To obtain publications, provider manuals, forms, updates, and interactive software, go to:

coloradomedicaid.consultec-inc.com

Correction to ASC bulletin B000075

Please correct procedure code 67108 in Group 5 on page 8. The correct procedure code is **67109**. We apologize for any inconvenience that this error may have caused.

Correction to Grouper bulletin reference number

The reference number on the Grouper bulletin that was sent to hospital providers earlier this month is incorrect. The correct Reference number at the top of the bulletin should be **B0000078** not B9900078. Please make this correction. We apologize for any inconvenience that this error may have caused.

Provider manual revisions/addition

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

Replace:	Dated:	With:	Dated:
Appendix A State and Fiscal Agent Addresses & Telephone Numbers	10/98	Appendix A State and Fiscal Agent Addresses & Telephone Numbers	10/00
Appendix C Program/Services and Authorizing Agent	01/99	Appendix C Program/Services and Authorizing Agent	10/00
Appendix D Colorado Departments of Social Services	08/99	Appendix D Colorado Departments of Social Services	10/00
Appendix E State/County Fax Numbers and E-mail Addresses	10/98	Appendix E State/County Fax Numbers and E-mail Addresses	10/00
Remittance statement message/explanations Appendix page 3	10/98	Remittance statement message/explanations Appendix page 3	10/00

Add:	Dated:
Appendix Q – Mental Health Capitation Program Covered Codes	10/00

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:

coloradomedicaid.consultec-inc.com

Supply HCPCS replacement pages

Please replace following pages in the Supply HCPCS:

Replace:	Dated:	With:	Dated:
Pages 13 and 14	05/00	Pages 13 and 14	05/00 and 10/00
Pages 15 and 16	05/00	Pages 15 and 16	10/00 and 05/00

The COMMENTS column has been corrected on pages 14 and 15.

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

Medicaid Provider Services
303-534-0146 or 1-800-237-0757 (Toll free Colorado)

Appendix A

State of Colorado

Colorado Department of Health Care Policy and Financing

1575 Sherman Street
Denver, CO 80203-1714

Medical Services

Primary Care Physician (PCP) Program	303-866-3513
Medicaid Customer Service Information Line	303-866-3513
Toll Free	1-800-221-3943
TDD/TTY	303-866-3305

Colorado Division of
Administration Hearings
1120 Lincoln Street, Suite 1400
Denver, CO 80203
303-866-3221

Colorado Department of Human Services
Division for Developmental Disabilities
3824 West Princeton Circle
Denver, CO 80236
303-762-4550

Web Site
www.chcpf.state.co.us

Colorado Medicaid Program Fiscal Agent



600 Seventeenth Street, Suite 600 North
Denver, CO 80202

Telephone Numbers

Medicaid Provider Services	303-534-0146
Colorado Toll Free	1-800-237-0757
Fax	303-534-0439
Prior Authorization Assistance	303-534-0279
Colorado Toll Free	1-800-237-7647
Electronic Data Interchange (EDI) Support Unit	1-800-987-6721
Prescription Drug Card System (PDCS) Pharmacy Support	1-800-365-4944
Fax	1-877-614-1078
Colorado Medicaid Eligibility Response System (CMERS)	303-534-3500
Colorado Toll Free	1-800-237-0044
Fax-Back Eligibility	1-800-493-0920

Mailing Addresses

Paper Claims & Prior Authorization Requests

PO Box 30
Denver, CO 80201-0030

Correspondence & Adjustment Requests

PO Box 90
Denver, CO 80201-0090

Provider Form Requests & Provider Enrollment

PO Box 1100
Denver, CO 80201-1100

Web Site
coloradomedicaid.consultec-inc.com

Appendix C

Program/Services and Authorizing Agent

The following list is a reference for identifying the agent authorized to perform prior authorization or peer review functions for the Colorado Medicaid Program. Specific questions regarding prior authorization or peer review should be directed to the Medicaid Fiscal Agent.

Program/Services	Authorizing Agent
Bone densitometry	Colorado Foundation for Medical Care (CFMC)
Contact lenses, under age 20 and under	Fiscal Agent
Dental services	
Age 20 and under	Fiscal Agent
Inpatient/surgery hospital care, all ages	Fiscal Agent
Non-routine, age 21 and over	Fiscal Agent
Oral maxillofacial surgery, age 21 and over	Fiscal Agent
Durable Medical Equipment	Fiscal Agent
Exceptions: Age 20 and under orthotics	Colorado Foundation for Medical Care (CFMC)
Age 20 and under prosthetics	Colorado Foundation for Medical Care (CFMC)
High tech beds	Fiscal Agent
Power wheelchairs	Colorado Foundation for Medical Care (CFMC)
Repairs/Modifications	Fiscal Agent
Power scooters	Colorado Foundation for Medical Care (CFMC)
Repairs/Modifications	Fiscal Agent
EBI bone stimulator	Fiscal Agent
Home and Community Based Services	Health Care Policy & Financing
Brain Injury (HCBS-BI)	Brain Injury Coordinator
Developmentally Disabled (HCBS-DD)	Developmental Disabilities Services
Supported Living Services (HCBS-SLS)	Developmental Disabilities Services
Children’s Extensive Support (CES)	Developmental Disabilities Services
Children’s Habilitation Residential Program (CHRP)	Developmental Disabilities Services
Elderly, Blind, and Disabled (HCBS-EBD)	Fiscal Agent
Mental Illness (HCBS-MI)	Fiscal Agent
Persons Living With AIDS (HCBS-PLWA)	Fiscal Agent
Home Health Services	
Home Health Aid Pilot Program	Fiscal Agent
Private Duty Nursing (PDN)	Colorado Foundation for Medical Care (CFMC)
EPSDT	Colorado Foundation for Medical Care (CFMC)

Program/Services	Authorizing Agent
Long Term Care, Nursing facility	
Admissions	Colorado Foundation for Medical Care (CFMC)
Long Term Care diversion to HCBS	Colorado Foundation for Medical Care (CFMC)
Medical supplies	Fiscal Agent
Medical/Surgical services	Colorado Foundation for Medical Care (CFMC)
Oral surgery, age 20 and under	Fiscal Agent
Organ transplantation	Colorado Foundation for Medical Care (CFMC)
Orthoptic training	Fiscal Agent
Out-of-state	
Non-emergency surgical services	Colorado Foundation for Medical Care (CFMC)
Pharmacy	Fiscal Agent
Private duty nursing	Colorado Foundation for Medical Care (CFMC)
Prescription drugs	Prescription Drug Card System (PDCS)
Reconstructive surgery	Health Care Policy & Financing (HCP&F) Benefit Specialist
Residential Treatment Centers	Colorado Foundation for Medical Care (CFMC)
Second surgical opinion	Colorado Foundation for Medical Care (CFMC)
Transportation	Colorado Foundation for Medical Care (CFMC)

Appendix D

Colorado Departments of Social Services

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	80120-2069
4 Archuleta	970-264-2182	PO Box 240/449 San Juan Street	Pagosa Springs	81147
5 Baca	719-523-4131	772 Colorado Street	Springfield	81073
6 Bent	719-456-2620	PO Box 326/215 2 nd Street	Las Animas	81054
7 Boulder	303-441-1000	3400 Broadway	Boulder	80304
Broomfield	303-464-5735	One DesCombes Drive	Broomfield	80020
8 Chaffee	719-539-6627	PO Box 1007/641 West 3 rd Street	Salida	81201
9 Cheyenne	719-767-5629	PO Box 146/ 51 S. 1 st	Cheyenne Wells	80810
10 Clear Creek	303-567-3251, x 371	PO Box 2000/Courthouse	Georgetown	80444
11 Conejos	719-376-5455	PO Box 68/Courthouse	Conejos	81129
12 Costilla	719-672-4131	PO Box 249/123 Gasper Street	San Luis	81152
13 Crowley	719-267-3546	PO Box 186/601 Main	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 Street	Delta	81416
16 Denver	720-944-3666	1200 Federal	Denver	80204-3221
17 Dolores	970-677-2250	PO Box 485/420 North Main	Dove Creek	81324
18 Douglas	303-688-4825	101 Third Street	Castle Rock	80104
19 Eagle	970-328-8840	PO Box 660/500 Broadway Street	Eagle	81631
20 Elbert	719-541-2369	PO Box 6/325 Pueblo Avenue	Simla	80835
21 El Paso	719-636-0000	PO Box 2692 105 North Spruce	Colorado Springs Colorado Springs	80901 80905
22 Fremont	719-275-2318	172 Justice Center Road	Canon City	81212
23 Garfield	970-945-9191	PO Box 580 2014 Blake Avenue	Glenwood Springs Glenwood Springs	81602-0580 81602
24 Gilpin	303-582-5444	2960 Dory Hill Road, Ste 100	Blackhawk	80403-8780
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 Street	Walsenburg	81089
29 Jackson	970-723-4750	PO Box 204	Hot Sulphur Spgs	80451
30 Jefferson	303-271-1388	900 Jefferson County Pkwy	Golden	80401-6010
31 Kiowa	719-438-5541	PO Box 187/1305 Goff Street, Courthouse	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 Street	Leadville	80461
34 La Plata	970-382-6150	1060 East Second Avenue	Durango	81301
35 Larimer	970-498-6300	1501 Blue Spruce Drive	Fort Collins	80524-2000
36 Las Animas	719-846-2276	204 South Chestnut Street	Trinidad	81082
37 Lincoln	719-743-2404	PO Box 37/103 3 rd Avenue, Courthouse	Hugo	80821

County & No.	Phone	Mailing/Physical Address	Town	Zip Code
38 Logan	970-522-2194	PO Box 1746/508 South 10 th Avenue, Suite 2	Sterling	80751
39 Mesa	970-241-8480	PO Box 20000-5035/ 2952 North Avenue	Grand Junction	81502-5035
40 Mineral	719-657-3381	PO Box 40/1015 6 th Street	Del Norte	81132
41 Moffat	970-824-8282	595 Breeze Street	Craig	81625
42 Montezuma	970-565-3769	109 West Main, Room 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 Street, Admin Bldg	Fort Morgan	80701
45 Otero	719-383-3100	PO Box 494/3 rd and Colorado, Courthouse	La Junta	81050
46 Ouray	970-325-4437	PO Box M, 541 4 th Street	Ouray	81427
47 Park	719-836-4139	PO Box 1193	Bailey	80421
48 Phillips	970-854-2280	246 South Interocean	Holyoke	80734
49 Pitkin	970-920-5350	0405 Castle Creek Road, #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 Street	Pueblo	81003
52 Rio Blanco	970-878-5011	PO Box 688/345 Market Street	Meeker	81641
53 Rio Grande	719-657-3381	PO Box 40/1015 6 th Street	Del Norte	81132
54 Routt	970-879-1540	PO Box 772790/136 6 th Street	Steamboat Sprgs	80477
55 Saguache	719-655-2537	PO Box 215/605 Christy Avenue	Saguache	81149
56 San Juan	970-387-5631	1557 Greene Street	Silverton	81433
57 San Miguel	970-728-4411	PO Box 96/333 West Colorado Avenue	Telluride	81435
58 Sedgwick	970-474-3397	PO Box 27/106 West 1 st	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 Highway 24	Woodland Park	80866-9033
61 Washington	970-345-2238 888-844-2238 toll free	875 East 1 st Street	Akron	80720
62 Weld	970-352-1551 800-927-1551 toll free	PO Box A/315 North 11 th Avenue	Greeley	80631
63 Yuma	970-332-4877	340 S. Birch Street	Wray	80758-1814

Dial Direct from Denver

Clear Creek	303-534-5777	Park	303-980-1836
Grand	303-572-3821	Summit	303-573-5887

Appendix E

State/County Fax Numbers and E-mail Addresses

Agency	Fax Number	E-mail Address
Colorado Dept of HCP&F	303-866-4411	
Adams County	303-227-2106	acdss1@CONCENTRIC.NET
Alamosa County	719-589-9794	lhenders@FONE.NET
Arapahoe County	303-795-4861	bfield@CO.ARAPAHOE.CO.US
Archuleta County	970-264-2186	erlinda.gonzalez@state.co.us
Baca County	719-523-4820	persnml@IGUANA.RURALNET.NET
Bent County	719-456-2945	bentcdss@RIA.NET
Boulder County	303-441-1289	chiss@CO.BOULDER.CO.US
Broomfield		kbeye@cibroomfield.co.us
Chaffee County	719-539-6430	nellie@CHAFFEEEE.NET
Cheyenne County	719-767-5101	foxstone@RIA.NET
Clear Creek County	303-679-2443	krichards@CO.CLEAR-CREEK.CO.US
Conejos County	719-376-2389	ricardo.expinoza@state.co.us
Costilla County	719-672-4141	alfredo.chavez@state.co.us
Crowley County	719-267-4072	robert.keenan@state.co.us
Custer County	719-783-2885	laura.lockhart@state.co.us
Delta County	970-874-2068	clemoine@deltacounty.com
Denver County	720-944-3096	chris.veasey@dhs.co.denver.co.us
Dolores County	970-677-2815	dcsasav@FONE.NET
Douglas County	303-688-0292	dchhs@DOUGLAS.CO.US
Eagle County	970-328-6227	forinash@VAIL.NET
Elbert County	719-541-9505	charles.hawker@state.co.us
El Paso County	719-444-5598	david_berns@CO.EL-PASO.CO.US
Fremont County	719-275-5206	fremcse@RMI.NET
Garfield County	970-928-0465	gcdss@aol.com
Gilpin County	303-582-5798	patrick.carr@state.co.us
Grand County	970-725-3696	duane.flessner@state.co.us
Gunnison County	970-641-3738	asocservs@gunnison.co.us
Hinsdale County	970-641-3738	socservs@gunnison.co.us
Huerfano County	719-738-2549	hcdss@RMI.COM
Jackson County	970-723-4706	duane.flessner@STATE.CO.US
Jefferson County	303-271-4444	tgreen@CO.JEFFERSON.CO.US

Agency	Fax Number	E-mail Address
Kiowa County	719-438-5370	foxstone@ria.net
Kit Carson County	719-346-8066	kccss@ria.net
La Plata County	970-274-2208	thompsonjf@CO.LAPLATA.CO.US
Lake County	719-486-4164	ozzello@AMIGO.NET
Larimer County	970-498-7987	rileyge@CO.LARIMER.CO.US
Las Animas County	719-846-4269	da1boss@ACTIVEMATRIX.NET
Lincoln County	719-743-2879	lnctydss@IGUANA.RURALNET.NET
Logan County	970-521-0853	logandss@henge.com
Mesa County	970-248-2702	papto@MCDSS.CO.GOV
Mineral County	719-657-4013	
Moffat County	970-824-9552	peer@CMN.NET
Montezuma County	970-565-8526	mcdss1@hubwest.com
Montrose County	970-249-3402	marys@ocinet.net
Morgan County	970-542-3544	marilyn.neihart@state.co.us
Otero County	719-383-3150	oteroha@IGUANA.RURALNET.NET
Ouray County	970-325-4438	gerstle@telluride.colorado.net
Park County	719-836-0508	cheryl.daigneaut@state.co.us
Phillips County	970-854-3637	debcolusa@netscape.net
Pitkin County	970-920-5360	katej@CI.ASPEN.CO.US
Prowers County	719-336-7198	persnml@IGUANA.RURALNET.NET
Pueblo County	719-583-6377	dolivas@PUEBLO.ORG
Rio Blanco County	970-878-5796	bonnie.ruckman@state.co.us
Rio Grande County	719-657-4013	
Routt County	970-870-5260	bwhite@YAMPA.COM
Saguache County	719-655-0206	sagdss@AMIGO.NET
San Juan County		thompsonjf@CO.LAPLATA.CO.US
San Miguel County	970-728-4412	gerstle@TELLURIDE.COLORADO.NET
Sedgwick County	970-474-9881	sedgdhs@henge.com
Summit County	970-668-4115	sueg@CO.SUMMIT.CO.US
Teller County	719-687-0429	telcodss@MAIL.IEX.NET
Washington County	970-345-2237	wcdhs@sosinc.net
Weld County	970-353-5215	kgriego@CO.WELD.CO.US
Yuma County	970-332-4978	mtwestfall@PLAINS.NET

Edit	Remittance Statement/Denial Messages and Explanations	AMP Reject
0235	The 8 th occurrence code or date is missing. Enter the occurrence code/date. Refer to the UB-92 Provider Manual or Help Screens for valid codes.	Yes
0237	The client has Medicare. Charges must be billed to Medicare before billing Medicaid. Complete the Medicare payment information fields on the claim and retain a copy of the explanation of benefits.	Yes
0243	The 8 th occurrence code is invalid. Correct the occurrence code. Refer to the UB-92 Provider Manual or Help Screens for valid codes.	Yes
0248	The birth date does not match client's State ID number. Correct the birth date/State ID number. If billing for newborn care with the mother's State ID number, use modifier -XN or note this in comments.	Yes
0250	The client's State ID number is not on file. Check for missing/reversed numbers and/or illegible/incorrect letter prefix. Enter the client's State ID number as it appears on the eligibility inquiry.	Yes
0262	The client has other insurance. Bill the charges to the other insurance before billing Medicaid. Complete the other insurance payment information fields on the claim and retain a copy of the explanation of benefits.	Yes
0263	The client has other insurance. Bill the charges to the other insurance before billing Medicaid. Complete the other insurance payment information fields on the claim and retain a copy of the explanation of benefits.	Yes
0271	The client is ineligible on the date of service. Check the eligibility inquiry and verify the date of service.	Yes
0272	The admit date on the claim is prior to the client's date of birth. Verify date of birth and/or client's State ID number.	Yes
0273	The claim DRG indicates newborn. Client is not considered a newborn. Verify birth date and/or DRG.	Yes
0275	The major program code is invalid for the claim date of service. Correct the program code/date of service. Refer to the Provider Manual or Help Screens for valid codes.	No
0276	The special program code is invalid for the procedure. Correct the special program code/procedure code. Refer to the Provider Manual or Help Screens for valid codes.	Yes
0282	The 2 nd condition code is invalid. Correct the condition code. Refer to the UB-92 Provider Manual or Help Screens for valid codes.	Yes
0286	The Medicare paid date is missing. Enter the Medicare paid date from the Medicare explanation of benefits and retain the explanation of benefits.	Yes
0287	The other provider number is not on file. Verify the 8-digit Medicaid provider number of the other provider.	No
0288	The referring provider number is not on file. Verify the 8-digit Medicaid provider number of the referring provider.	Yes
0289	The supervising provider number is not on file. Verify the 8-digit Medicaid provider number of the supervising provider.	Yes
0300	The billing provider number is not on file. Verify the 8-digit Medicaid provider number of the billing provider.	Yes
0301	The provider is not authorized to provide this service or is billing on incorrect claim form	Yes
0302	The attending provider number is not on file. Verify the 8-digit Medicaid provider number of the attending provider.	Yes
0303	The attending provider number is missing or invalid. Enter/Correct the 8-digit Medicaid provider number of the attending provider.	Yes
0305	The type of bill is missing or invalid. Enter/Correct the type of bill. Refer to the UB-92 Provider Manual or Help Screens for valid values.	Yes
0308	The services must be billed to the HMO/PHP listed on the eligibility inquiry.	Yes
0309	The provider is not eligible to bill this claim type. Rebill the charges on the correct claim format.	Yes
0313	The service is not within the scope of the provider's licensure/certification or services are billed on the incorrect claim format.	
0320	The service is not within the scope of the provider's certification or services are billed on the incorrect claim format.	No
0321	The emergency indicator is invalid. Correct the emergency indicator. Refer to the Provider Manual or Help Screens for valid indicators.	
0322	The EPSDT indicator is invalid. Correct the EPSDT indicator. Refer to the Provider Manual or Help Screens for valid indicators.	No
0332	The ICD-9-CM diagnosis code is missing. Enter the ICD-9-CM diagnosis code.	Yes
0347	The revenue code is not on file. Refer to the current revenue code table for valid codes.	Yes
0361	The tooth number is missing. Enter the tooth number.	Yes
0362	The tooth surface is missing. Enter the tooth surface.	Yes
0363	The 1 st modifier is invalid for procedure code. Read the procedure description. Refer to the Provider Manual, Help Screens, CPT or HCPCS listing for valid modifiers.	Yes
0364	The tooth number is invalid for procedure code. Refer to the Provider Manual and current Dental HCPCS listing for procedure billing instructions.	Yes
0365	The place of service code is invalid for procedure code. Correct the place of service code. Refer to the Provider Manual or Help Screens for valid place of service codes.	Yes
0366	The rendering provider's specialty is invalid for the procedure code. The procedure is not within the scope of the provider's specialty.	No

Appendix Q

Mental Health Capitation Program (MHCP) Covered Diagnosis Codes

Diagnosis	Diagnosis	Diagnosis	Diagnosis	Diagnosis	Diagnosis	Diagnosis	Diagnosis
*295	296.81	300	300.4	307.44	308.2	311	313.1
*295.0	296.82	300.0	300.5	307.45	308.3	312	313.2
*295.1	296.89	300.00	300.6	307.46	308.4	***312.0	313.21
*295.2	296.9	300.01	300.7	307.47	308.9		313.22
*295.3	296.90	300.02	300.8	307.48	309	***312.1	313.23
*295.4	296.99	300.09	300.81	307.49	309.0	***312.2	313.3
*295.5	297	300.1	300.89	307.5	309.1	312.3	313.8
*295.6	297.0	300.10	300.9	307.50	309.2	312.30	313.81
*295.7	297.1	300.11	307	307.51	309.21	312.31	313.82
*295.8	297.2	300.12	307.1	307.52	309.22	312.32	313.83
*295.9	297.3	300.13	307.2	307.53	309.23	312.33	313.89
296	297.4	300.14	307.20	307.54	309.24	312.34	313.9
**296.0	297.8	300.15	307.21	307.59	309.28	312.35	314
**296.1	297.9	300.16	307.22	307.6	309.29	312.39	314.0
**296.2	298	300.19	307.23	307.7	309.3	312.4	314.00
**296.3	298.0	300.2	307.3	307.8	309.4	312.8	314.01
**296.4	298.1	300.20	307.4	307.81	309.8	312.81	314.1
**296.5	298.2	300.21	307.40	307.89	309.81	312.82	314.2
**296.6	298.3	300.22	307.41	307.9	309.82	312.89	314.8
296.7	298.4	300.23	307.42	308	309.83	312.9	314.9
296.8	298.8	300.29	307.42	308.0	309.89	313	
296.80	298.9	300.3	307.43	308.1	309.9	313.0	

* The following fifth-digit subclassification is for use with category 295:

- | | | |
|---------------|--------------------------------------|-----------------------------------|
| 0 Unspecified | 2 Chronic | 4 Chronic with acute exacerbation |
| 1 Subchronic | 3 Subchronic with acute exacerbation | 5 In remission |

** The following fifth-digit subclassification is for use with categories 296.0 - 296.6:

- | | | |
|---------------|-------------------------------------------------|---------------------------------------|
| 0 Unspecified | 3 Severe, without mention of psychotic behavior | 5 In partial or unspecified remission |
| 1 Mild | | 6 In full remission |
| 2 Moderate | 4 Severe, specified as with psychotic behavior | |

*** The following fifth-digit subclassification is for use with categories 312.0 - 312.2:

- | | | | |
|---------------|--------|------------|----------|
| 0 Unspecified | 1 Mild | 2 Moderate | 3 Severe |
|---------------|--------|------------|----------|

MHCP Covered Procedure Codes

Procedure	Procedure	Procedure	Procedure	Procedure	Procedure	Procedure
90801	90845	90871	X0147	X0501	X0508	X0515
90820	90853	90899	X0170	X0504	X0509	X0516
90835	90855	96100	X0171	X0505	X0512	X0517
90841	90857	X0104	X0172	X0506	X0513	X0877
90843	90870	X0146	X0500	X0507	X0514	X0878

Note: CPT codes, descriptions, and 2 digit modifiers are copyright American Medical Association. All rights reserved.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL(\$)	COMMENTS
E1399	Miscellaneous durable medical equipment	Yes	BI	Per PAR	<u>Important, please note:</u> Use only for miscellaneous wheelchair equipment. Charges over \$35.00 require invoice. Rental benefit based upon attached manufacturer's invoice as a percentage of invoice cost. Copy of approved PAR must be attached to each submitted claim. Must be submitted on paper.
<u>Wheelchairs - "K" codes</u>					
Providers are instructed to submit the HCPCS code most closely describing the wheelchair or related equipment being requested on the Request for Prior Authorization form. The Department reserves the right to amend the coding for any approved item. See Appendix A for brand and models appropriate for each code. If a brand or model does not appear in Appendix A, follow Medicare procedures regarding weight and measurements to code appropriately.					
K0001	Standard wheelchair	Yes	571.73	50.00	See Appendix A.
K0002	Standard Hemi (low seat) wheelchair	Yes	BI	50.00	See Appendix A.
K0003	Lightweight wheelchair	Yes	BI	50.00	See Appendix A.
K0004	High strength, lightweight wheelchair	Yes	BI	55.00	See Appendix A.
K0005	Ultralightweight wheelchair	Yes	BI	55.00	See Appendix A.
K0006	Heavy duty wheelchair	Yes	BI	58.00	Patient greater than 200 lbs. See Appendix A.
K0007	Extra heavy duty wheelchair	Yes	BI	58.00	Patient greater than 300 lbs. See Appendix A.
K0008	Custom manual wheelchair/base	Yes	BI	n/a	See Appendix A.
K0009	Other manual wheelchair/base	Yes	BI	n/a	e.g., Tilt in Space. See Appendix A.
K0010	Standard - weight frame motorized/power wheelchair	Yes*	BI	135.00	See Appendix A.
K0011	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	Yes*	BI	135.00	See Appendix A.
K0012	Lightweight portable motorized/power wheelchair	Yes*	BI	135.00	See Appendix A.
K0013	Custom motorized/power wheelchair base	Yes*	BI	n/a	See Appendix A.
K0014	Other motorized/power wheelchair base	Yes*	BI	n/a	See Appendix A.
K0015	Detachable, non-adjustable height armrest, each	Yes	14.00	n/a	1 item = 1 armrest
K0016	Detachable, adjustable height armrest, complete assembly, each	Yes	BI	n/a	1 item = 1 armrest
K0017	Detachable, adjustable height armrest, base, each	Yes	BI	n/a	1 item = 1 armrest
K0018	Detachable, adjustable height armrest, upper portion each	Yes	BI	n/a	1 item = 1 armrest
K0019	Arm pad, each	Yes	14.00	n/a	For repair only. 1 item = 1 arm pad
K0020	Fixed, adjustable height armrest, pair	Yes	BI	n/a	1 item = 1 pair

Approved HCFA and Local Codes for Medicaid Billing - Supplies & Durable Medical Equipment

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL(\$)	COMMENTS
K0021	Anti-tipping device, each	Yes	32.00	n/a	1 item = 1 device
K0022	Reinforced back upholstery	Yes	60.00	n/a	1 item
K0023	Solid back insert, planar back, single density foam, attached with straps	Yes	65.00	n/a	1 item = 1 insert
K0024	Solid back insert, planar back, single density foam, with adjustable hook-on hardware	Yes	BI	n/a	1 item = 1 insert
K0025	Hook-on headrest extension	Yes	65.00	n/a	1 item = 1 extension
K0026	Back upholstery for ultralightweight or high strength lightweight wheelchair	Yes	50.00	n/a	1 item = 1 upholstery
K0027	Back upholstery for wheelchair type other than ultralightweight or high strength lightweight wheelchair	Yes	BI	n/a	1 item = 1 upholstery
K0028	Manual, fully reclining back	Yes	BI	26.45	1 item
K0029	Reinforced seat upholstery	Yes	60.00	n/a	1 item
K0030	Solid seat insert, planar seat, single density foam	Yes	65.00	n/a	1 item = 1 insert
X2105	Hook in solid seat insert	Yes	BI	n/a	1 item = 1 insert.
K0031	Safety belt/pelvic strap, each	Yes	29.00	n/a	1 item = 1 strap
K0032	Seat upholstery for ultralightweight or high strength lightweight wheelchair	Yes	BI	n/a	1 item = 1 upholstery
K0033	Seat upholstery for wheelchair type other than ultralightweight or high strength lightweight wheelchair	Yes	BI	n/a	1 item = 1 upholstery
K0034	Heel loop, each	Yes	15.00	n/a	1 item = 1 heel loop
K0035	Heel loop with ankle strap, each	Yes	15.00	n/a	1 item = 1 heel loop with ankle strap
K0036	Toe loop, each	Yes	15.00	n/a	1 item = 1 toe loop
K0037	High mount flip-up footrest, each	Yes	BI	n/a	1 item = 1 leg strap
K0038	Leg strap, each	Yes	22.00	n/a	1 item = 1 leg strap
K0039	Leg strap, H style, each	Yes	30.00	n/a	1 item = 1 leg strap
K0040	Adjustable angle footplate, each	Yes	BI	n/a	1 item = 1 footplate
K0041	Large size footplate, each	Yes	33.40	n/a	1 item = 1 footplate
K0042	Standard size footplate, each	Yes	33.40	n/a	1 item = 1 footplate
K0043	Footrest, lower extension tube, each	Yes	BI	n/a	For repair only.
K0044	Footrest, lower extension bracket, each	Yes	BI	n/a	For repair only.
K0045	Footrest, complete assembly	Yes	BI	n/a	
K0046	Elevating legrest, lower extension tube, each	Yes	BI	n/a	For repair only.
K0047	Elevating legrest, upper hanger bracket, each	Yes	BI	n/a	For repair only.

Approved HCFA and Local Codes for Medicaid Billing - Supplies & Durable Medical Equipment

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL(\$)	COMMENTS
K0048	Elevating legrest, complete assembly	Yes	35.40	n/a	1 item = 1 legrest
K0049	Calf pad, each	Yes	20.00	n/a	1 item = 1 calf pad
K0050	Ratchet assembly	Yes	BI	n/a	For repair only.
K0051	Cam release assembly, footrest or legrest, each	Yes	BI	n/a	For repair only.
K0052	Swingaway, detachable footrests, each	Yes	BI	n/a	New or repair.
K0054	Seat width of 10", 11", 12", 15", 17", or 20" for a high strength, lightweight or ultralightweight wheelchair	Yes	243.18	n/a	
K0055	Seat depth of 15", 17", or 18" for a high strength, lightweight or ultralightweight wheelchair	Yes	243.18	n/a	
K0056	Seat height < 17" or equal to or greater than 21" for a high strength, lightweight, or ultralightweight wheelchair	Yes	326.40	n/a	
K0057	Seat width 19" or 20" for heavy duty or extra heavy duty chair	Yes	BI	n/a	
K0058	Seat depth 17" or 18" for motorized/power wheelchair	Yes	BI	n/a	
K0059	Plastic coated handrim, each	Yes	BI	n/a	
K0060	Steel handrim, each	Yes	BI	n/a	For repair only.
K0061	Aluminum handrim, each	Yes	BI	n/a	For repair only.
K0062	Handrim with 8-10 vertical or oblique projections, each	Yes	65.00	n/a	1 item = 1 handrim
K0063	Handrim with 12-16 vertical or oblique projections, each	Yes	70.00	n/a	
K0064	Zero pressure tube (flat free inserts), any size, each	Conditional	BI	n/a	PAR required for purchase but not required for repair.
K0065	Spoke protectors, each	Yes	BI	n/a	1 item = 1 spoke protector
K0066	Solid tire, any size, each	Conditional	65.00	n/a	PAR required for purchase but not required for repair.
K0067	Pneumatic tire, any size, each	Conditional	17.50	n/a	PAR required for purchase but not required for repair.
K0068	Pneumatic tire tube, each	Conditional	8.50	n/a	PAR required for purchase but not required for repair.
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, each	Conditional	46.00	n/a	PAR required for purchase but not required for repair.
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each	Conditional	82.00	n/a	PAR required for purchase but not required for repair. 1 item = 1 assembly.
K0071	Front caster assembly, complete, with pneumatic tire, each	Conditional	BI	n/a	PAR required for purchase but not required for repair. 1 item = 1 assembly.

Approved HCFA and Local Codes for Medicaid Billing - Supplies & Durable Medical Equipment

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL(\$)	COMMENTS
K0072	Front caster assembly, complete, with semi-pneumatic tire, each	Conditional	85.00	n/a	PAR required for purchase but not required for repair. 1 item = 1 assembly.
K0073	Caster pin lock, each	No	BI	n/a	1 item = 1 pin.
K0074	Pneumatic caster tire, any size, each	Conditional	15.00	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire.
K0075	Semi-pneumatic caster tire, any size, each	Conditional	15.00	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire.
K0076	Solid caster tire, any size, each	Conditional	BI	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire.
K0077	Front caster assembly, complete, with solid tire, each	Conditional	BI	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire.
K0078	Pneumatic caster tire tube, each	Conditional	BI	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire tube.
K0079	Wheel lock extension, pair	Yes	15.00	n/a	1 item = 1 pair
K0080	Anti-rollback device, pair	Yes	30.00	n/a	1 item = 1 device
K0081	Wheel lock assembly, complete, each	Yes	BI	n/a	For repair only.
K0082	22 NF deep cycle lead acid battery, each	Conditional	56.00	n/a	PAR required for purchase but not required for repair.
K0083	22 NF gel cell battery, each	Conditional	106.00	n/a	PAR required for purchase but not required for repair.
K0084	Group 24 deep cycle lead acid battery, each	Conditional	75.00	n/a	PAR required for purchase but not required for repair.
K0085	Group 24 gel cell battery, each	Conditional	131.00	n/a	PAR required for purchase but not required for repair.
K0086	U-1 lead acid battery, each	Conditional	56.00	n/a	PAR required for purchase but not required for repair.
K0087	U-1 gel cell battery, each	Conditional	75.00	n/a	PAR required for purchase but not required for repair.
K0088	Battery charger, lead acid or gel cell	Conditional	BI	n/a	PAR required for purchase but not required for repair. 1 item = 1 charger. Lead acid available only with repairs or replacement. If gel cell battery is being ordered with a new chair, order dual mode charger also.
K0089	Battery charger, dual mode	Conditional	BI	n/a	PAR required for purchase but not required for repair.