

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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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

& Osteopaths

Reference: B0100102

**June 2001** 

## Benefit criteria change

Effective June 1, 2001 the benefit criteria for D5A Fat Absorption Decreasing Agents changed. Claims must meet the following prior authorization criteria:

Drug	Criteria
D5A Fat Absorption Decreasing Agents	<ul> <li>✓ Client must have a Body Mass Index (BMI) greater than or equal to 30.</li> </ul>
	✓ Client must have at least one of the following diseases: diabetes, hypertension, hyperlipidemia, or obstructive sleep apnea.
	✓ Initial prior authorization will be for 3 months if the drug is tolerated.
	✓ Client must have minimum loss of 3% of body weight per month to receive additional prior authorizations.
	✓ Each additional prior authorization will be limited to 6 months.
	✓ Prior authorizations will be denied if the client has a diagnosis of anorexia nervosa or bulimia-type eating disorders.

To obtain a prior authorization or if you have any questions, please contact PDCS Pharmacy Support at:

1-800-365-4944.