



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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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

October 2001

Reference: B0100113

Long Term Home Health Prior Authorization

This bulletin contains the following helpful hints and references for Long Term Home Health PARs:

1. FAQ's about the PAR process
2. Fiscal agent's PAR assistance telephone numbers
3. Most frequent reasons for pended and denied PARs
4. Websites
5. Outdated and obsolete form
6. Hospice news
7. EPSDT Extraordinary Home Health
8. Private Duty Nursing staffing requirements for Home Health Agencies
9. Attachments:
 - PAR form examples
 - ✓ PAR completed by HHA
 - ✓ PAR approved by SEP
 - ✓ PAR approved by fiscal agent

1. The PAR process - FAQ's

We have received many telephone calls since the implementation of the LTHH PAR process. Here are the most frequently asked questions and the answers.

Q- What date do I put on the PAR form if the HCBS certification end date is close to the next 485 from date?

A- If the HCFA-485 *from date* is within 10 - 20 days of the HCBS certification *end date*,

1. The PAR can cover the from date through the HCBS certification end date, and
2. Another PAR should be completed for the next HCFA-485 certification date through the next HCBS certification end date.
3. Eventually the PARs will all be for one year's time.

Q- What do I do if the PAR is completely denied? Will the services already provided be covered?

A- If your PAR is denied for medical necessity after you have already provided services, submit a revised PAR with the appropriate number of units for the dates the services were provided. Allow up to 15 days for the client to be notified of the reduced number of services. Submit the old PAR and denial letter. Do not bill the services until you receive an approval for the units provided. If the client appeals, services will continue through the appeals process, and another revision will be necessary.

Q- How long do I make the PAR period for Non-SEP clients?

A- PARs are approved for one year. Do not submit PARs that only cover the HCFA-485 certification period.

[Note: All PARs for Non-SEP clients submitted to the fiscal agent require the HCFA-485, summaries, therapy information - the same as for SEP client PARs—see Volume 8.527.11.B.4 for PAR requirements]

Q- Do I need an OT or PT evaluation for Home Modification? Do I need a PAR?

A- The SEP considers home modifications for HCBS clients and verifies the client's involvement in other HH services. If there is no LTHH service in place, the OT or PT evaluation visit may be billed as Acute HH with the correct codes. If the client also receives other LTHH services, a PAR is needed. The SEP will approve 1-2 units using the LTHH codes. If there is a need for on-going therapy, the provider must revise the number of services. Orders with enough information to determine the amount, frequency, duration, and goals for therapy must accompany the revised PAR.

Q- If an agency doesn't provide PCP services, but only skilled services, how will I know if this is a SEP client?

A- Call the SEP for *all* LTHH clients, current and new, to determine if they are a SEP client. [With HCBS, or HCA]. The SEP can give you the HCBS certification end date, the date you need to put on your PAR.

Q- Do Children's HCBS (Model 200) clients need a PAR?

A- Yes, all Medicaid Long Term Home Health services must be prior authorized. Send Children's HCBS (Model 200) PARs to ACS for processing.

Q- If there are orders for only PRN RN on the HCFA-485, what do we authorize?

A- Orders for **only** PRN visits for skilled nursing should not be written on a 485 form. The Medicaid program expects that a skill is needed for each LTHH visit. If the orders are written for only PRN RN to cover 'in case of injury or illness' reasons, when those instances occur, the HHA should not request PRN visits on the LTHH PAR, and the HHA should bill Acute HH.

Q- How do I know if the CNA units on the 485 are basic or extended units?

A- When billing for any CNA extended units, the HHA must submit additional information to justify the request. This may be in the form of a CNA assignment sheet listing times of visits. The HHA may also submit an addendum listing times for visits and tasks to be accomplished during visits. Some agencies add this information to the orders on the 485 by listing AM and PM and the duties completed on these visits. It is up to the HHA to send sufficient documentation to the authorizing agent determine necessity. Documentation should include approximate length of the visits and tasks.

Q- How do I close a PAR when the HH agency discharges a client from LTHH to either an Assisted Living Facility or a Nursing Facility?

A- A client might need HH services in an assisted living facility. The client's residence is considered an assisted living facility.

The PAR should be closed when the client is discharged to a hospital or NF.

If you need to close a PAR:

Example: If a HH agency sends a discharge summary, forward the original PAR to the fiscal agent with *REVISION* written across the top, put in an end date (change the end date), and check the NF patient status discharge box. Include a short note at the bottom of the PAR explaining why the PAR should be closed. When the fiscal agent receives this revision, the PAR is closed and any remaining units are deducted. No further LTHH claims will be processed for this client until another PAR is submitted.

If the client changes HH agencies, this process is not necessary. The first HH agency should send a copy of the current PAR to the second HH agency showing what has been approved. The second HH agency may determine that the client needs additional services. They should submit a **revised** PAR including the originally approved number of units and services, and the requested additional units to either the SEP or the fiscal agent depending on the client.

2. Telephone Assistance at ACS

PAR Assistance	Provider Services
1-800-237-7647	1-800-237-0757
303-534-0279	03-534-0146

3. Common Reasons why LTHH PARs are pended, returned, or denied

- Incorrect PAR form (do not use Home Health Aide Pilot PAR form, or anything other than the Long Term Home Health PAR)
- No HCFA 485 submitted with PAR
- No justification for extended HHA units listed on the PAR (skills and length of time)
- No therapy documentation for modality, amount, duration, frequency or goals
- ID number does not match client or provider ID on file
- PAR dates are entered for one certification period (60 days) rather than one year, or the SEP HCBS certification end date.
- Mathematical errors. Too many weeks, months or days in a year.
- No response to return to provider letter from the fiscal agent for pended PAR [If no response after 30 days, PAR is denied]
- SEPs did not complete Box 16 on the LTHH PAR – the fiscal agent only enters information on the PAR. If there is no A, D, or P in Box 16, claims are pended and do not pay.

- 'REVISION' not written at the top of the PAR form for PAR revisions - The fiscal agent must know what to do when the PAR is received. Remember to fill in the PAR including all the previously requested and approved services and units, adding in the additional units. Don't forget the documentation, such as a physician's order.
- PAR was faxed *and* mailed - **Faxing *and* mailing** PAR forms causes a duplication problem for the fiscal agent and the SEPs. Please do one or the other, but not both. Please **mail** PARs to the fiscal agent.
- Rate amounts were entered on lines with no units requested - **Do not** enter rate amounts when there are no requested units. The lines are entered, and then the PAR is delayed when the lines have to be inactivated.
- LTHH PAR was sent to the wrong authorizing agent - **LTHH PARS can only be authorized by Single Entry Points or the fiscal agent**. Do **not** send LTHH PARs to any other case management agency. CCB case managers, CES case managers, and Mental Health case managers cannot process these PARS.

4. Web Sites:

- Social Security Act
ssa.gov/OP_Home/ssact/comp.idx.htm (title 18 and 19)
ssa.gov/regulations/index.htm
- CFR's (Code of Federal Regulations)
www.access.gpo.gov/cgi-bin/cfrassemble.cgi?title=200042 - Then select Title 42, volume 2, 430 to end, then 484, Home Health Services
- State Statutes
Co Home Page
www.state.co.us - Click on the Legislature button on the left; select Colorado Revised Statutes
- Colorado State Staff Manual Volume 8 [Medicaid Rules]
www.state.co.us - Click on State Agencies; select Health Care Policy & Financing; and Departmental Reference Materials; bottom of the page is Staff Manual Volume 8. Home Health is at 8.520 to 8.530; Private Duty nursing is located in 8.540 to 8.549.14; Hospice is in 8.550 to 8.550.92.
- Cahaba GBA
www.iamedicare.com for Medicare information related to billing rules.
- **ACS/Consultec web site for Medicaid information** related to billing information.
<http://coloradomedicaid.consultec-inc.com>
Contains provider manuals, forms, bulletins, and newsletters in electronic format
- Of Interest:
www.Myhomehealth.com
www.nhpc.org

5. Outdated and obsolete form

Please do not use the "Colorado Medicaid Home Health Notice" form, #615-82-33-2708. This form is obsolete and is no longer in stock. Please discard this form. Notify clients of reduced services, or discontinued services by written notice, for example a letter on company letterhead. Include dates, and the specific services that are being reduced or discontinued. The notice to clients must be documented as either hand delivered or sent certified mail, and must be provided fifteen (15) days prior to service cessation. It remains your responsibility to assist the client in obtaining services from another source, or to refer the client to the County Department of Social Services. When a client or the Division of Administrative Hearings notifies your agency of an appeal in process, you must continue the same level service until the State agency makes a final decision.

See the Medicaid Staff Manual Volume 8 at 8.058.12; 8.530.10.A & B.

6. Hospice News

Announcing a revised **Hospice Provider Manual** available on-line at <http://coloradomedicaid.consultec-inc.com> under Specialty Manuals. Please note that the manual has been revised to reflect the current regulations.

No PAR is needed for Hospice clients in the Nursing Facility. The Nursing Facility (NF) room and board payment is made to the Hospice provider and passed through to the Nursing Facility. It is the NF responsibility to give the Hospice the appropriate rate to be billed. Medicaid will pay 95% of the usual NF daily rate to the Hospice. Follow the instructions in the Hospice Manual for billing.

You may copy or download manuals from the fiscal agent's web site. Replacement manuals also are available from the fiscal agent for a fee. To order a replacement manual, contact Provider Services for cost and ordering information.

7. EPSDT Extraordinary Home Health

Colorado Foundation for Medical Care (CFMC) is the professional review organization for the EPSDT Extraordinary Home Health prior authorization process. PARs sent to CFMC must include:

- Place of service
- HHA times in and out
- Separate HHA Basic units and Extended units on the PAR
- HHA care plan and daily assignment sheets including:
 - ✓ Length of time for assigned tasks **or**
 - ✓ An hour by hour schedule of client needs

8. Private Duty Nursing Staffing Requirements for Home Health Agencies

Answers to recent questions and issues about PDN program staff requirements:

- Nurses are appropriately licensed to practice nursing in Colorado
- Agencies provide appropriate nursing skills orientation and on-going in-service education to meet their clients' specific needs
- Nurses have current cardiopulmonary resuscitation (CPR) instruction and certification
- Nurses are experienced in providing care to technology dependent persons
 - ✓ Tracheostomy
 - ✓ Ventilator
 - ✓ Continuous Positive Airway Pressure (C-PAP)
 - ✓ Combinations of the above with:
 - Oxygen
 - Intravenous infusions, TPN
 - Tube feedings
- Nurses working with children have Pediatric knowledge and experience
- Nurses have appropriate documented skills for client care
- Agencies have the available nursing personnel to meet the client staffing needs or are willing to contract with a supplemental Medicaid certified home health agency to meet the client staffing needs
- Agency designates a case coordinator to:
 - ✓ Assist with hospital discharge planning
 - ✓ Assesses the home
 - ✓ Submit the PDN application
 - ✓ Refer the client for eligibility determination if needed
 - ✓ Ensure the PARs are submitted prior to the start of care
 - ✓ Provide overall coordination of home services and service providers
 - ✓ Involve the client/family in the plan for home care
 - ✓ Empower the client/family to reach maximum independence by encouraging and building on strengths and assist with finding other resources
 - ✓ Communicate with the attending physician
 - ✓ Make regular on-site visits to monitor safety and quality of home care
 - ✓ Ensure that complete and current care plans and nursing charts are in the client's home
 - ✓ Communicate with other case managers as needed regarding service planning and coordination

Correction to Bulletin B0100100, May 2001

The address on page 1 for submitting PARs for Non-SEP clients is incorrect. The correct address is on the back of the Long Term Home Health PAR form.

**ACS
PO Box 30
Denver, CO 80201-0030**

We apologize for any inconvenience that this may have caused.

Please direct questions about Medicaid billing or this bulletin to:

**Medicaid Provider Services
(303) 534-0146
1-800-237-0757**

Example of PAR approved by Fiscal Agent

Colorado Medicaid Long Term Home Health Prior Authorization Request (PAR) Form

PAR/Invoice/Agency Number B48924 5. Birth Date (MM/DD/CCYY) 09/13/1936

1. Client State ID Number Y000000 2. Client Name (Last, First, Middle Initial) Smith, John J. 3. County Number 16 4. Sex [X] Male [] Female

6. Service Start Date (MM/DD/CCYY) 07/16/2001 7. Service End Date (MM/DD/CCYY) 07/15/2002 8. Client Address (Street, City, State, ZIP Code) 222 North Street, Denver, CO 80202 9. Client Phone Number (303) 555-1212

Table with 7 columns: 10. Services Requested, 11. Revenue Code, 12. # Units Requested, 13. Unit Rate, 14. # Units, 15. Total \$, 16. Approved/Pended/Denied. Includes rows for Nursing, Home Health Aide - Basic Units, Home Health Aide - Extended Units, Physical Therapy, Occupational Therapy, Speech Therapy, and a Total row.

17. Client's Case Status [X] (1) New Admit [] (2) Ongoing [] (3) Re-Admit

18. Client's Living Arrangements [X] (1) Client's Home or Home of Relative/Other Person [] (2) Alternative Care Facility [] (3) Foster Care (For Children or Adults) [] (4) Other Group Home [] (5) Other - Please Explain:

19. EPSDT Request [] Yes [X] No

20. Primary Diagnosis Code from ICD-9-CM 344.1

21. Referral Codes and Discharge Codes - Check "R" before Referral Code on Admits or Re-Admits. Check "D" before Discharge Codes for Discharges - Do not use for ongoing cases. Lists codes (01) through (27) for Alternative Care Facility, Adult Foster Care, etc.

22. Primary Care Physician (PCP) Name Dr. Jones

23. PCP Phone Number (303) 222-1234

24. PCP Provider Number 09876543

25. Home Health Agency Name and Address Any Home Health Agency 111 R Street Denver, CO 80202

26. Home Health Agency Phone Number (303) 222-4321

27. Home Health Agency Signature Mary A. Agency

28. Date Signed 07/01/01

29. Home Health Agency Provider Number 33333333

Authorizing Agency Representative Signature - Please print name next to Signature Jane B. Nurse, RN Jane B. Nurse, RN

SEP ID #

Date 07/16/01

30. Narrative statement of reason(s) for all denied unit(s)

Denials are based on the following Medicaid Regulation(s):

Example of PAR approved by SEP

Colorado Medicaid
Long Term Home Health
Prior Authorization Request (PAR) Form

PAR/Invoice/Agency Number

1. Client State ID Number: Y000000
2. Client Name (Last, First, Middle Initial): Smith, John J.
3. County Number: 16
4. Sex: [X] Male [] Female
5. Birth Date (MM/DD/CCYY): 09/13/1936
6. Service Start Date (MM/DD/CCYY): 07/16/2001
7. Service End Date (MM/DD/CCYY): 07/15/2002
8. Client Address (Street, City, State, ZIP Code): 222 North Street, Denver, CO 80202
9. Client Phone Number: (303) 555-1212

Table with 7 columns: 10. Services Requested, 11. Revenue Code, 12. # Units Requested, 13. Unit Rate, 14. # Units, 15. Total \$, 16. Approved/Pended/Denied. Includes rows for Nursing, Home Health Aide - Basic Units, Home Health Aide - Extended Units, Physical Therapy, Occupational Therapy, and Speech Therapy. Total: \$38,208.96

17. Client's Case Status: [X] (1) New Admit, [] (2) Ongoing, [] (3) Re-Admit
18. Client's Living Arrangements: [X] (1) Client's Home or Home of Relative/Other Person, [] (2) Alternative Care Facility, [] (3) Foster Care (For Children or Adults), [] (4) Other Group Home, [] (5) Other - Please Explain:

19. EPSDT Request: [] Yes [X] No
20. Primary Diagnosis Code from ICD-9-CM: 344.1

21. Referral Codes and Discharge Codes - Check "R" before Referral Code on Admits or Re-Admits. Check "D" before Discharge Codes for Discharges - Do not use for ongoing cases. Lists codes (01) through (27) for Alternative Care Facility, Adult Foster Care, etc.

22. Primary Care Physician (PCP) Name: Dr. Jones
23. PCP Phone Number: (303) 222-1234
24. PCP Provider Number: 09876543

25. Home Health Agency Name and Address: Any Home Health Agency 111 R Street Denver, CO 80202
26. Home Health Agency Phone Number: (303) 222-4321

27. Home Health Agency Signature: Mary A. Agency
28. Date Signed: 07/01/01
29. Home Health Agency Provider Number: 33333333

Authorizing Agency Representative Signature - Please print name next to Signature: Joe Repp, Case Manager Joe Repp
SEP ID #: 02349876
Date: 07/16/01

30. Narrative statement of reason(s) for all denied unit(s)
Denials are based on the following Medicaid Regulation(s):

**Colorado Medicaid
Long Term Home Health
Prior Authorization Request (PAR) Form**

PAR/Invoice/Agency Number

1. Client State ID Number Y000000	2. Client Name (Last, First, Middle Initial) Smith, John J.	3. County Number 16	4. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	5. Birth Date (MM/DD/CCYY) 09/13/1936
6. Service Start Date (MM/DD/CCYY) 07/16/2001	7. Service End Date (MM/DD/CCYY) 07/15/2002	8. Client Address (Street, City, State, ZIP Code) 222 North Street, Denver, CO 80202		9. Client Phone Number (303) 555-1212

Ask the SEP for HCBS end dates - up to 1 year. Assume for this PAR = 07/15/2002.

10. Services Requested	11. Revenue Code	12. # Units Requested	13. Unit Rate	For Authorizing Agent Use Only		
				14. # Units	15. Total \$	16. Approved/Pended/Denied
Nursing	551	18	71.42			
Home Health Aide - Basic Units	571	730	31.66			
Home Health Aide - Extended Units	579	1460	9.46			
Physical Therapy	421					
Occupational Therapy	431					
Speech Therapy	441					
Total:						

17. Client's Case Status <input checked="" type="checkbox"/> (1) New Admit <input type="checkbox"/> (2) Ongoing <input type="checkbox"/> (3) Re-Admit	18. Client's Living Arrangements <input checked="" type="checkbox"/> (1) Client's Home or Home of Relative/Other Person <input type="checkbox"/> (2) Alternative Care Facility <input type="checkbox"/> (3) Foster Care (For Children or Adults) <input type="checkbox"/> (4) Other Group Home <input type="checkbox"/> (5) Other - Please Explain:
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19. EPSDT Request <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20. Primary Diagnosis Code from ICD-9-CM 344.1
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21. Referral Codes and Discharge Codes - Check "R" before Referral Code on Admits or Re-Admits. Check "D" before Discharge Codes for Discharges - Do **not** use for ongoing cases

R D <input type="checkbox"/> (01) Alternative Care Facility <input type="checkbox"/> (02) Adult Foster Care <input type="checkbox"/> (03) Community Centered Board <input type="checkbox"/> (04) Supported Living Services <input type="checkbox"/> (05) Death <input type="checkbox"/> (06) Home Care Allowance <input type="checkbox"/> (07) HCBS/Brain Injury	R D <input type="checkbox"/> (08) HCBS/Developmentally Disabled <input type="checkbox"/> (09) HCBS/Elderly, Blind and Disabled <input type="checkbox"/> (10) HCBS/Mentally Ill <input type="checkbox"/> (11) HCBS/Persons Living With AIDS <input type="checkbox"/> (12) Hospice <input type="checkbox"/> (13) Hospital	R D <input type="checkbox"/> (14) Medicaid Home Health <input type="checkbox"/> (15) Medicare Home Health <input type="checkbox"/> (16) Mental Health Agency <input type="checkbox"/> (17) Moved Out of State <input type="checkbox"/> (19) Nursing Facility <input type="checkbox"/> (20) Other - Explain:	R D <input type="checkbox"/> (21) Personal Care Boarding Home <input type="checkbox"/> (22) Private Duty Nursing <input type="checkbox"/> (23) Self/Family <input type="checkbox"/> (24) Children's Medical Waiver <input type="checkbox"/> (25) Children's HCBS <input type="checkbox"/> (26) Children's Extensive Support <input checked="" type="checkbox"/> (27) Physician
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22. Primary Care Physician (PCP) Name Dr. Jones	23. PCP Phone Number (303) 222-1234	24. PCP Provider Number 09876543
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25. Home Health Agency Name and Address Any Home Health Agency 111 R Street Denver, CO 80202	26. Home Health Agency Phone Number (303) 222-4321
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27. Home Health Agency Signature Mary A. Agency	28. Date Signed 07/01/01	29. Home Health Agency Provider Number 33333333
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Authorizing Agency Representative Signature - Please <i>print</i> name next to Signature	SEP ID #	Date
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30. Narrative statement of reason(s) for all denied unit(s)	Denials are based on the following Medicaid Regulation(s):
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