Automated Medical Payments

Medicaid Bulletin

Colorado Title XIX

Fiscal Agent

A C S

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

http://coloradomedicaid.acs-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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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 **February 2003**

Reference: B0300147

Contents

Corrections to Bulletin B0200144

The correct date for bulletin B0200144 is December 2002.

Intermediate classes

We recommend that you attend one or more of our workshops before attending an intermediate class. If you feel that your experience qualifies you to be exempt from the beginning class, please let us know why when you make your reservations.

Because so much information is covered in the Beginning classes, we strongly encourage providers who take the Beginning Class to wait at least one month before taking the Intermediate Class

Please fax any specific questions that you would like to go over during the workshop to Provider Representatives 303-534-0439.

Home Health ***Denver***

This program is for billers that bill on the UB92 format. This class will discuss billing procedures, common billing issues and guidelines for home health providers.

03/21/03 **Fri** 1:00 – 2:00 pm

This is a date correction for this home health workshop.

Hospice ***Denver***

This program is for billers that bill on the UB92 format. This class will discuss billing procedures, common billing issues and guidelines for hospice providers.

03/17/03 **Mon** **11:00 – 12:00 am**

This workshop was omitted from bulletin B0200144.

Clarification to Bulletin B0200146

The Dental Program Updates & Revisions bulletin (B0200146) states that claims and PARs will be denied for deleted codes beginning January 3, 2003. This does not apply to claims with approved PARs on file with the fiscal agent. If claims are submitted using deleted codes and there is an approved PAR with the deleted codes on file with the fiscal agent, the claims will *not* be denied.

Community Health Plan of the Rockies (CHPR) Providers

The State has cancelled CHPR's Medicaid contract as of January 31, 2003. As of February 1, 2003, all CHPR clients will be moved to a Medicaid fee-for- service status *Please note*: if you are a Medicaid participating provider you can continue to see your clients. If you are providing a service to a CHPR client that requires a Prior Authorization Request (PAR) i.e. DME, supplies, pharmacy etc, the State will issue transitional guidelines in the next provider bulletin. Please continue to serve these clients under your current PAR until March 14, 2003. Medication PARs are not included in this extension and *do require* a PAR at the time of service.

Beginning March 14, 2003, all PARs must be submitted to Colorado Medicaid on a Medicaid PAR form. If you are new to the Medicaid PAR process, please use the sources listed below to help complete PARs. The PAR information is located on the fiscal agent's web site:

http://coloradomedicaid@acs-inc.com.

The following documents are located on the web site:

1. PAR form - under Provider Services, Forms.
2. Instructions for completing the PAR form - under Provider Services, Manuals, Specialty, Supply/DME.
3. Supply/DME codes, PAR requirements and related questionnaires– under Provider Services, Bulletins, B0200121 (02/02). The 2003 Bulletin should be published and mailed within the next month.

PAR information is also available by calling the fiscal agent's PAR section at:

303-534-0279 or
1-800-237-7647 toll free Colorado

Additional PAR information will be published soon.

February Medicaid Authorization Cards (MACs) may be incorrect!

There is a possibility that some clients will present February MACs showing Community Health Plan of the Rockies (CHPR) as their HMO. This is *not* correct. Clients with MACs showing CHPR as an HMO are now Fee for Service Medicaid eligible clients. They no longer have CHPR. Please check WINASAP, CMERS or the Faxback eligibility to verify the client's status. ***Thank you***.

Future MACs

Soon Medicaid cards will not list the client's HMO on the Medicaid Authorization Card (MAC). Providers must check CMERS, Faxback eligibility or WINASAP to verify the client's Medicaid eligibility and enrollment.

CMERS	303-534-3500 Denver Metro; or 1-800-237-0044 Toll free Colorado
Faxback	1-800-493-0920 Toll free
WINASAP	Free interactive software – Contact EDI Support 1-800-987-6721

Health Management Systems TPL Provider Relations

Effective immediately, the address and telephone number for Health Management Systems TPL Provider Relations (for Medicare and other Retractions) is changed to the following:

Colorado Provider Relations Department -- 2003-0045
HMS/Third Party Liability Service Center
1140 Empire Central Drive, Suite 450
Dallas, Texas 75247-4316

Phone: 1-877-266-1073

Fax: 1-214-905-2064

New Home Health Rule

Changes have been made to the reimbursement language for Home Health Services at 10 CCR 2505-10 Section 8.528.13.A. The revised language follows:

"Payment for Home Health services, other than nursing visits, shall be the lower of the billed charges or the maximum unit rate of reimbursement and in accordance with available funding.

For nursing visits the payment shall be the lower of the billed charges, the maximum unit rate of reimbursement or prior authorized charges, and in accordance with available funding. Prior authorized charges for stable clients requiring daily visits shall not exceed $50.00 for the first brief nursing visit of the day and $35.00 for the second or subsequent brief nursing visit of the day."

Single Entry Point agencies and the home health agency will determine a "brief" nursing visit. Please use the following Revenue Codes. Enter the code, number of units requested, and the reimbursement amount on the prior authorization request.

Revenue code description and reimbursement per unit

Code	Description	Amount	Date
590	First brief nursing visit	$50.00	Date of service
599	Second or subsequent brief nursing visit	$35.00	Date of service

PCP Rule Change

Primary Care Physicians (PCPs) may now take their patients with them when they leave a Prepaid Health Plan/Health Maintenance Organization (PHP/HMO) and become a Medicaid PCP.

PCPs can only take their patients when they leave the PHP/HMO. Medicaid clients must be given the choice to stay with their PCP or stay with the HMO. Either the PCP or the HMO must notify clients by a letter approved by the State and the clients will have 30 days to make the change. Medicaid Provider Enrollment will open the PCP panel to allow enrollment of Medicaid clients requesting to go with their PCP. However, when the panel is open, additional clients who were not previous patients may also enroll with the PCP.

PHP/HMO Medicare Crossover Claims

When billing Medicare Prepaid Health Plan/Health Maintenance Organization (PHP/HMO) crossover claims, providers must enter the HMO's copay in the Medicare Coinsurance and Net Charge fields.

Example:

Total Charge	=	Amount billed to PHP/HMO
Medicare Paid	=	Amount Medicare PHP/HMO paid
Medicare Coins	=	Medicare PHP/HMO copay
Net Charge	=	Medicare PHP/HMO copay

Proton Pump Inhibitor Prior Authorization Criteria Update

There is an update to the Proton Pump Inhibitor prior authorization criteria. Aciphex 20mg tablets **once daily dosing** will no longer require a Prior Authorization (PA) for 90 days or less. This still requires a prior authorization *after* the 90-day acute dosing period.

All PPIs require a PA *except* for Aciphex 20mg tablets, Protonix 40mg tablets, or Prevacid 15mg/30mg (capsules or suspension form). Once daily dosing for these drugs, for 90 days or less, will be granted without a PA. A failed trial of Aciphex, Prevacid, Protonix acute dosage period is required for clients with non-complicated diagnoses unless contraindicated. If the above qualifications are met, a PA will be approved for 90 days from the first fill date for the requested PPI. After 90 days, clients must step down to a generic H2 Blocker therapy.

If requesting a dose greater than once a day for clients with complicated diagnoses, a PA will be approved for one year from the first fill date based on medical justification (no failed trial is required).

The PAR forms and bulletins are available on the fiscal agents web sit at: http://coloradomedicaid.acs-inc.com in the Provider Services section under Bulletins and Forms.

Payments for Medicaid Publications and Remittance Statements

Effective immediately, all payments for Medicaid Publications and Remittance Statements must either be made by check or money order and payable to **ACS**. No other form of payment will be accepted, *including* cash.

Any checks or money order not payable to ACS will be returned to the purchaser. Please be sure that your check or money order is completed correctly so your request will not be delayed. Thank you.

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)

Colorado Medicaid Prior Authorization Criteria for PPI & H2 Blocker

Proton Pump Inhibitor (PPI): Aciphex, Nexium, Omeparazole, Prevacid, Prilosec, Protonix

H2 Blockers: Axid, nizatidine, Pepcid, Zantac

Prescribing physician: Please send the completed request form to PDCS by mail, by fax or by phone.

Pharmacy Help Desk Toll Free: 1-800-365-4944

Pharmacy Help Desk Fax: 1-877-614-1078

Mail: 365 Northridge Road
Northridge Center 1, Suite 300
Atlanta, GA 30350

To be completed by physician

Physician Medicaid ID/License #: _____

Physician Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

Patient Information

Client Medicaid ID Number: _____

Patient Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Patient's Date of Birth: ____/____/____

Signature: _____ Date: _____

(By signature, the physician confirms the criteria information below is accurate and verifiable in patient records.)

Note: A PA is not required for Aciphex 20mg tablets, Protonix 40mg tablets or Prevacid 15mg/30mg (capsules or suspension) dosed at once a day for 90 days or less from the first fill date. A failed trial of Aciphex, Protonix or Prevacid is required **for non-complicated diagnoses** unless contraindicated. If these qualifications are met, a PA will be approved for 90 days from the first fill date for the requested PPI. After 90 days, clients must step down to generic H2 Blocker therapy. For doses greater than once daily dosing **for complicated diagnoses**, a PA will be approved for one year from the first fill date based on medical justification. No failed trial is required. **Prevacid suspension** is reserved for clients less than 12 years of age and clients who have difficulty swallowing. **Brand Name H2 Blockers** require a PA based on medical justification along with a Med Watch form. **Generic H2 Blockers do not require a PA except for nizatidine.**

Requested Drug	Dosage Form	Strength	Quantity	Directions for Use

Complicated Diagnosis:
(Prior Authorization approved for one year)

- ☐ Barrett's esophagitis*
- ☐ Zollinger-Ellison syndrome*
- ☐ GERD with erosive esophagitis*
- ☐ Pathological hypersecretory condition*
- ☐ Complicated duodenal or gastric ulcer*, (i.e.: active bleeding ulcer, gastric outlet obstruction)
- ☐ Other (specify): _____

Non-Complicated Diagnosis:
(Prior Authorization approved for 3 months)

- ☐ GERD - Grade _____
- ☐ Non-complicated Duodenal or gastric ulcer, acute or recurring
- ☐ Helicobacter pylori (PrevPac)* (approved for 14 days)

* Diagnosed by endoscopy, radiographic studies, biopsy, and/or lab values.

PPI or H2 Blocker Therapy (used in the past 3 months)

Date of Treatment	Strength	Quantity	Directions for Use

Medical Justification: Please attach a letter of medical necessity. _____