



Automated Medical Payments

# Medical Assistance Program Bulletin

## Colorado Title XIX

Fiscal Agent



600 Seventeenth Street  
Suite 600 North  
Denver, CO 80202

### Medical Assistance 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

Medical Assistance Fiscal Agent Information  
on the Internet

<http://coloradomedicaid.acs-inc.com>

Medical Assistance bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medical Assistance 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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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 Medical Assistance Provider Services.

Distribution: All providers

November 2003

Reference: B0300164

## All Providers

### HIPAA Update

#### Colorado Medical Assistance Program Assures Business Continuity

To achieve a successful implementation of the new federal Health Insurance Portability and Accountability Act (HIPAA) transaction and code sets regulation, and assure there is no interruption to provider payment or client access to care, the Colorado Department of Health Care Policy and Financing has instructed its fiscal agent, **Affiliated Computer Services (ACS)**, under its contingency plan, to continue to accept existing claim formats in addition to HIPAA compliant transactions. The WINASAP program utilized by many providers around the state will remain in operation until all providers can be transitioned to the new web portal application currently under construction.

According to a July 24, 2003 guidance issued by the U.S. Department of Health and Human Services (HHS), payers will not be penalized for accepting existing transactions during a transition period as part of their contingency plan provided they can demonstrate good faith efforts in working with their providers to facilitate compliance.

Providers will be able to use current eligibility verification, claim submission, and authorization review methods for a period of time after October 16, 2003. Those providers currently billing electronically are encouraged to continue using their existing processes as opposed to reverting to paper. Claims or other transactions submitted in the new HIPAA compliant formats will be accepted and processed within the thirty-day payment requirement. Providers who continue to submit in their current format will follow the Friday adjudication cycle.

Please check the fiscal agent's website at <http://coloradomedicaid.acs-inc.com> for Companion Guides and the most up-to-date information regarding implementation.

### Correction to the Co-Pay Article in Bulletin # B0300157 (June 2003)

**Page 2: Copayment exempt clients and services should read:**

- Clients who are ages 18 and under.
- Clients who are in the maternity cycle
- Clients in a nursing facility
- OAP SO clients who have met their copay maximum of \$300.00

*Medical Assistance Program clients who have satisfied the maximum copayment obligation prior to June 30, 2003 are responsible for copayments for services received on or after September 16, 2003. There is no longer a copayment maximum for Medical Assistance Program eligible clients.*

### Updated Provider Manual

The Colorado Medical Assistance Program fiscal agent is in the process of updating the Provider Manual. The revised manual is formatted differently, is divided into five sections and contains HIPAA billing information.

1. General Provider Information
2. Appendices
3. Billing Information
4. Pharmacy
5. Specialty Billing Information

The new manual sections are listed next to the current manual headings on the fiscal agent's website (<http://coloradomedicaid.acs-inc.com/>) in the Provider Services section under Billing Manuals. The sections are updated and replaced periodically. Please review and download the manual sections as needed.

## Provider Enrollment Reminder

Providers are reminded that all *affiliation requests* submitted to the fiscal agent must include an affiliation effective date. Without an affiliation effective date, the fiscal agent is unable to process these requests. If the request does not include the affiliation effective date, the fiscal agent will return the request to the provider for the required date.

## Electronic Provider Enrollment Procedures

Electronic enrollment procedures are included at the end of this bulletin (Attachment B) and are also available in the Enrollment section on the fiscal agent's website: <http://coloradomedicaid.acs-inc.com/>. The new electronic enrollment process was developed to comply with HIPAA requirements.

## CO1500/UB92 Beginning Provider Training - Denver

This program is for new billers to the Colorado Medical Assistance Program. Class will consist of in-depth information on resources, eligibility, timely filing, reconciling your remittance statements, claim completion for the UB-92 and CO1500.

Tuesday	November 11, 2003	9:00 AM – 3:00 PM
Tuesday	November 18, 2003	9:00 AM – 3:00 PM

All Denver workshops are located at:

ACS  
600 Seventeenth Street  
Suite 600 N (6<sup>th</sup> Floor, North Tower)  
Denver, CO 80202

## Reservations

Reservations are required for all workshops. Review the workshop schedule to find the date and time of the workshop that is convenient for you.

Email reservations to: [workshop.reservations@acs-inc.com](mailto:workshop.reservations@acs-inc.com)  
or

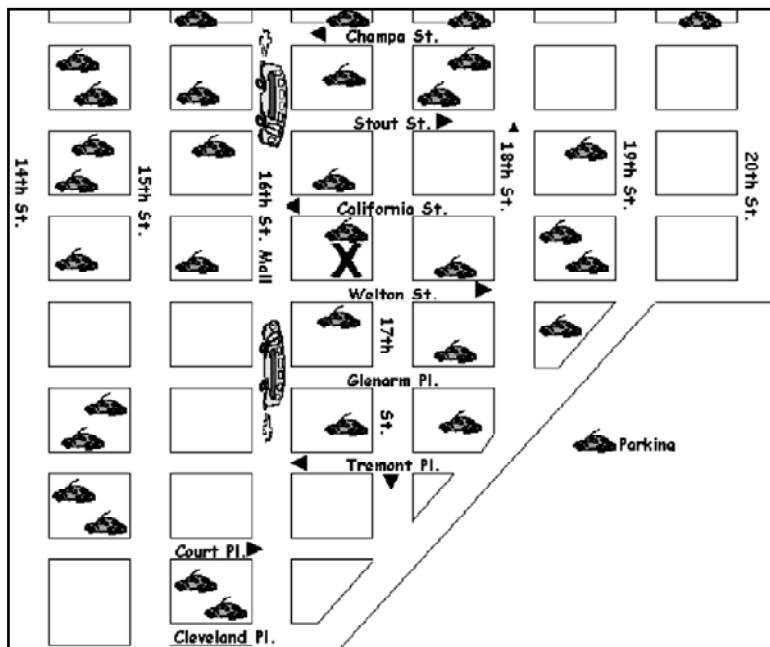
Call Medical Assistance Program Provider Services to make reservations.  
1-800-237-0757 or 303-534-0146

Press "4" to make workshop reservations. You will be transferred to a voice mailbox where you should leave the following information:

- ✓ Medical Assistance Program provider billing number
- ✓ The date and time of the workshop
- ✓ The number of people attending
- ✓ Contact name, address and phone number

Without all of the requested information, your reservation cannot be processed successfully.

If you do not receive a confirmation from the Medical Assistance Program Provider Services within one week of making your reservation, please call Provider Services and talk to a Provider Services Representative.



### Driving directions:

Take Interstate 25 to Exit 210 A – Colfax. Go East  
Take Colfax 0.8 miles to Welton – seventh light. Go North  
Take Welton 0.4 miles to 16th Street – Third light.  
ACS is located in the Dominion Plaza, on the west side of Welton, between 16th and 17th Streets.

### Parking:

Parking is not provided and is limited in the Downtown Denver area. Providers attending workshops are urged to carpool and arrive early to secure parking or use public transportation. Commercial parking lots are available throughout the downtown area and the daily rates range from approximately \$5 - \$10.

## ***Pharmacy Providers***

### **Correction to the Drug Class Future Prior Authorization Notifications website in Bulletin # B0300163 (September 2003)**

If you are interested and have comments on a drug being considered for prior authorization please go to:  
[http://www.chcpf.state.co.us/Pharmacy/drug\\_list.html](http://www.chcpf.state.co.us/Pharmacy/drug_list.html)

## ***Primary Care Physicians***

### **PCP Incentive Payments**

To ensure compliance with the new federal regulations requiring enhanced contracts with PCPs, the PCP incentive payments for care coordination to PCP clients will be delayed because the PCP contracts have not been finalized by the State. Once all the contracts have been completely executed, the incentive payments will resume.

## ***Long Term Home Health, Private Duty Nursing, EPSDT Extraordinary HH Providers***

### **New PAR Form**

There is a new Medical Assistance Program Prior Authorization Request (PAR) form for Long Term Home Health, Private Duty Nursing, EPSDT Extraordinary HH providers. Providers should begin using the new form on October 31, 2003. The Colorado Medical Assistance Program will continue to accept the old forms through December 31, 2003. Effective January 1, 2004, all providers must use the new form. The new form is available on the fiscal agent's website:

<http://coloradomedicaid.acs-inc.com/>

and from the fiscal agent. A copy of the form and instructions are included with this bulletin.

## ***Hospital Providers***

### **Definition of "Related" as it Applies to Bundling**

"Bundling" describes a single reimbursement package for related services. Services are related when there is an exact match to the fifth digit level of the ICD-9-CM diagnosis codes assigned to both the outpatient services and the inpatient stay.

### **Substance Abuse Treatment Policy and Billing Clarification**

#### **Substance Abuse Treatment Policy**

The State's substance abuse treatment policy (M-001.03) states that the Colorado Medical Assistance Program allows coverage for:

- Medically necessary detoxification in the inpatient hospital setting, and
- Medically necessary rehabilitative treatment in the inpatient or outpatient hospital setting.

The requirement that both be medically necessary means that services must be supplied to a client who has medical difficulties (co-morbidities) that can be attributed to, or are exacerbated by, the client's chemical dependency. These medical problems may include, but are not limited to:

- |                   |             |
|-------------------|-------------|
| ▪ Kidney failure  | ▪ Diabetes  |
| ▪ Liver disorders | ▪ Gastritis |

Claims for services must include diagnoses that identify the related concurrent co-morbidity and alcohol dependence (303.00 – 303.93) or drug dependence (304.00 – 304.93) diagnosis codes.

To meet the State's billing policy for substance abuse treatment, the following changes have been made.

#### **Inpatient Substance Abuse Treatment**

Use diagnosis codes for **DRG 521**, Alcohol/Drug Abuse or Dependence with Concurrent Co-morbidity (CC), for all ages, to bill inpatient substance abuse treatment.

**DRG 522**, Alcohol/Drug Abuse or Dependence without CC, with Rehabilitation, will be end-dated on September 30, 2003.

**DRG 522** does not reflect the State's policy on substance abuse treatment because it does not include concurrent co-morbidity. Use diagnosis codes for **DRG 523**, Alcohol/Drug Abuse or Dependence without CC, without Rehabilitation, *for detoxification only*. DRG 523 is only a benefit when used for detoxification only.

#### **Outpatient Substance Abuse Treatment**

Revenue codes 0 - 944 for drug rehabilitation and 0 - 945 for alcohol rehabilitation will be end-dated on September 30, 2003. These codes do not support the State's policy for substance abuse treatment.

### New Version of the Grouper

By February 2004, DRG Grouper 21 will be installed in the Medical Assistance Program claims processing system. The new version of the grouper will be effective retroactively to October 1, 2003. The following versions of the Center for Medicare and Medicaid Services (CMS) Grouper will be used to process Medical Assistance Program inpatient hospital claims:

Discharge Date	Grouper
On or after October 1, 2003	Version 21.0
October 1, 2002 to September 30, 2003	Version 20.0
October 1, 2001 to September 30, 2002	Version 19.0
December 1, 2000 to September 30, 2001	Version 18.0
January 1, 1990 to November 30, 2000	Version 17.0

Claims with dates of service on or after October 1, 2003, using the following DRGs will suspend from October 1, 2003 through December 31, 2003. The claims will be processed when the grouper version 21.0 is implemented on January 01, 2004. Changes to the relative weights, average length of stay, and trim points will be published in an upcoming bulletin. The changes are effective October 1, 2003.

DRG	Description
01	Craniotomy Age >17 Except for Trauma
02	Craniotomy for Trauma Age >17
03	Craniotomy Age 0-17
04	Spinal Procedures
05	Extracranial Vascular Procedures
06	Carpal Tunnel Release
23	Nontraumatic Stupor & Coma
34	Other Disorders of Nervous System with CC
35	Other Disorders of Nervous System W/O CC
110	Major Cardiovascular Procedures with CC
111	Major Cardiovascular Procedures W/O CC
170	Other Digestive System O.R. Procedures W/O CC
171	Other Digestive System O.R. Procedures W/O CC
188	Other Digestive System Diagnoses Age >17 with CC
189	Other Digestive System Diagnoses Age >17 W/O CC
190	Other Digestive System Diagnoses Age 0-17
230	Local Excision & Removal of Int Fix Devices Of Hip & Femur
231	Local Excision & Removal of Int Fix Devices Except Hip & Femur
256	Other Musculoskeletal System & Connective Tissue Diagnoses
400	Lymphoma Or Leukemia with Major O.R. Procedure
401	Lymphoma & Non-Acute Leukemia with Other O.R. Proc with CC
402	Lymphoma & Non-Acute Leukemia with Other O.R. Procedure W/O CC
429	Organic Disturbances & Mental Retardation
465	Aftercare With History of Malignancy as Secondary Dx
467	Other Factors Influencing Health Status
468	Extensive O.R. Procedure Unrelated to Princ Diagnosis
476	Prostatic O.R. Procedure Unrelated to Princ Diagnosis
477	Non-Extensive O.R. Procedure Unrelate to Princ Diagnosis
478	Other Vascular Procedures with CC
479	Other Vascular Procedures W/O CC
492	Chemotherapy With Acute Leukemia as Secondary Dx
497	Spinal Fusion Except Cervical with CC
498	Spinal Fusion Except Cervical without CC
514	Cardiac Defibrillator Implant with Cardiac Catheterization
515	Cardiac Defibrillator Implant without Cardiac Catheterization
519	Cervical Spinal Fusion with CC
520	Cervical Spinal Fusion without CC

Grouper Version 21 also contains changes for DRGs 387 and 389. DRG 387 is regrouped to Colorado specific DRGs 801, 802, 803, 804, 805, and 810. Claims with dates of service on or after October 01, 2003 for these DRGs will continue to pay using coding from Grouper Version 20 until Grouper Version 21 is implemented.

DRG	Description
387	See DRGs 801-810
389	Full Term Neonate with Major Problems
801	Neonates < 1,000 Grams
802	Neonates, 1,000 - 1,499 Grams
803	Neonates, 1500 - 1,999 Grams
804	Neonates, > 2,000 Grams with Rds
805	Neonates > 2,000 Grams, Premature W/ Major Problems
810	Neonate, Low Birth weight Dx, Over 28 D. Old at Admission

### Rehabilitation DRG Billing Instructions Reminder

Effective January 1, 1997, the Colorado Medical Assistance Program changed its reimbursement methodology for inpatient rehabilitation services. The changes included regrouping the single rehabilitation DRG 462 into 11 new DRGs. When submitting a claim, use the principal diagnoses codes for DRG 462 and then the additional diagnoses codes that specify the type of rehabilitation. The table below lists the rehab DRGs and diagnosis codes except for head injuries. Watch for head injury billing information in future bulletins.

DRG	Description	Diagnosis Codes
863	Rehab, Spinal Injury, C1-C4	806.00-806.04, 806.10-806.14, 952.00-952.04
864	Rehab, Spinal Injury, C5-C7	806.05-806.09, 806.15-806.19, 952.05-952.09, 953.0
865	Rehab, Spinal Injury, T1-T12	806.20-806.39, 952.10-952.19, 963.1
866	Rehab, Spinal Injury, Lumbar Sacral	806.4, 806.5, 806.60-806.62, 806.69-806.72, 806.79, 806.8, 806.9, 952.2-952.4, 953.2, 953.3, 953.5
867	Rehab, Cerebrovascular Disorder, Stroke	430, 431, 432.0, 432.1, 432.9, 433.00, 433.01, 433.10, 433.11, 433.20, 433.21, 433.30, 433.31, 433.80, 433.81, 433.90, 433.91, 434.00, 434.01, 434.10, 434.11, 434.90, 434.91, 435.0-435.2, 435.8, 435.9, 436, 437.0, 437.1, 437.3, 437.8, 437.9, 438.0-438.9, 784.3
868	Rehab, Other Neurological Disorder	046.0-046.3, 046.8, 046.9, 084.0, 084.1, 084.82, 084.85, 084.89, 084.9, 321, 330.0-330.3, 330.8-331.4, 331.7, 331.89, 331.9-332.1, 333.0, 333.4-333.7, 333.90, 333.99, 334.0-334.4, 334.8-335.0, 335.10, 335.11, 335.19-335.24, 335.29, 335.8-336.0, 340, 341.0, 341.1, 341.8, 341.9, 342.00-342.02, 342.10-342.12, 342.80-342.82, 342.90-342.92, 348.3, 348.8, 348.9, 349.89, 349.9, 358.0, 358.1, 379.45
869	Rehab, Ventilator	490, 491.0, 491.1, 491.20, 491.21, 491.8-492.0, 492.8, 493.00, 493.01, 493.10, 493.11, 493.20, 493.21, 493.91, 493.92, 494, 495.0-495.9, 498, 500-505, 506.0-506.4, 506.9-507.1, 507.8, 508.0, 508.1, 508.8, 508.9, 510.0, 510.9-511.1, 511.8-512.1, 512.8, 513.0, 513.1, 514, 515, 516.0-516.3, 516.8, 516.9, 517.1, 517.2, 517.8, 518.0-518.5, 518.81, 518.82, 518.89, 519.0-519.4, 519.8, 519.9
871	Rehab, Not Elsewhere Classified	V52.8, V52.9, V57.1, V57.21, V57.22, V57.3, V57.89, V57.9

## ***Audiology and CHIP Providers***

### **Enrollment Policy Clarification**

The Colorado Department of Public Health and Environment administered covered hearing benefits for the Colorado Medical Assistance Program until July 1, 2003. On July 1, 2003 the covered hearing benefits were transferred back to the Department of Health Care Policy and Financing. Because this is the first year that the Department is directly administering hearing benefits since 1979, a policy decision was made to limit enrollment to audiologists who had worked with the Health Care Program (HCP) for Children with Special Needs through the Colorado Department of Public Health and Environment to include the following:

#### **Enrollment Procedures for Audiologists and Colorado Home Intervention Program (CHIP) Providers**

1. **All Audiologists wanting to provide Medical Assistance Program-covered benefits must enroll in the Colorado Medical Assistance Program. To enroll providers must:**
  - Register with the Department of Regulatory Agencies (DORA);
  - Include a screen print from DORA that verifies their registration;
  - Attach a Certificate of Clinical Competency (CCC) from the American Speech/Language/Hearing Association (ASHA); and
  - Send the completed **Medical Assistance Program Provider Enrollment Application** to the Colorado Medical Assistance Program fiscal agent, ACS.
2. **Audiologists who worked with HCP and want to dispense hearing aids:**
  - Must have been certified by HCP, which includes:
    - ✓ Master's degree in audiology from the American Speech/Language/Hearing Association (ASHA) accredited institution;
    - ✓ Registered with DORA as an Audiologist; and
    - ✓ Paid professional experience in working with the pediatric population, including a supervised clinical fellowship year.
  - Must have worked with HCP during this last year.
  - Must have a Certificate of Clinical Competency (CCC) from ASHA.
3. **Audiologists, Speech/Language Pathologists and Teachers of the Deaf and Hard of Hearing who have worked as a CHIP facilitator/provider:**
  - Must be certified by HCP and must meet one or more of the following criteria:
    - ✓ Master's degree + CCC in Audiology;
    - ✓ Master's degree + 5 years experience working with deaf/hard-of-hearing children;
    - ✓ Master's + Clinical Fellowship Year in process;
    - ✓ Master's or Bachelor's degree + Certification from the Colorado Department of Education; or
    - ✓ Master's or Bachelor's degree + supervision by the Colorado Hearing Resource (CO-Hear) Regional Coordinators.
  - Must have completed CHIP training

Audiologists in the process of being certified by HCP should **not** send any of the required HCP certification (i.e., MA in Audiology) information to the fiscal agent. Send all required certification information only to HCP.

#### **Enrollment Options for Audiologists**

1. If an audiologist is employed by a facility (i.e., The Children's Hospital, University Health Sciences Center, Denver Health and Hospital Authority, etc.), and the facility has a clinic provider number, bill the services on the Colorado 1500 with the facility/clinic as the billing provider and the audiologist as the rendering provider.
2. If the audiologist is employed by a physician group or clinic that bills on the CO 1500, the audiologist must be enrolled with the Colorado Medical Assistance Program and bill as a "rendering provider" on the CO 1500.
3. If the audiologist is an independent provider, the audiologist must be enrolled with the Colorado Medical Assistance Program and bill on the CO 1500 as the "billing and rendering provider."

#### **Colorado Home Intervention Program (CHIP)**

1. CHIP is available for children from birth to age three who have hearing loss (audiologically and otologically confirmed) that may contribute to delays in communication and/or developmental skills. CHIP providers/facilitators provide parents with guidance and techniques to stimulate communication skill development for the child within the home setting.
2. CHIP providers/facilitators include Audiologists, Speech Language Pathologists/Therapists and Teachers of the Deaf and Hard of Hearing. CHIP providers are trained by CHIP and certified by HCP through the Colorado Department of Public Health and Environment to provide this specialized service. The benefits provided by CHIP facilitators are billed with procedure code V5011 (fitting/ orientation/checking of hearing aids). Only CHIP providers are trained and certified to bill this code.

3. Audiologists should enroll with the Colorado Medical Assistance Program as Audiologists, and Speech Language Pathologists should enroll as Speech Therapists. Teachers of the Deaf and Hard of Hearing should enroll as Audiologists until an appropriate provider type can be identified for them. Teachers of the Deaf and Hard of Hearing should bill using the V5011 code with an **HR modifier** to differentiate them from Audiologists. The State will monitor the billing activity of these two professionals closely to ensure appropriate billing.

### Hearing Aid Batteries

Providers should bill hearing aid batteries once a month with one unit for batteries. Please do not bill by invoice. The battery allowance is 48 per year per hearing aid.

### Medical Assistance Program Audiology Prior Authorization Requests (PARs)

<i>If the clinic is requesting a PAR, enter:</i>		<i>If an independent audiologist is requesting a PAR, enter:</i>	
<b>Completion Information</b>	<b>PAR Field</b>	<b>Completion Information</b>	<b>PAR Field</b>
The audiologist's name and address	24	The audiologist's name and address	25
The clinic's name and address	25	The audiologist's signature	26
The audiologist's signature	26	The audiologist's provider number	28
The audiologist's provider number (this means that the audiologists must be enrolled)	28	The audiologist's provider number	29
The clinic's provider number	29		

### ***Providers Billing Nutritional Training***

#### **Nutritional Training**

If a Medical Assistance Program client requires nutritional training, the provider must use the appropriate evaluation and management procedure code. Education/training, including dietary, may be provided in an outpatient hospital setting, and billed on the UB-92 using revenue code 942. The Colorado Medical Assistance Program does not allow benefits for nutritional training using any of the procedure codes listed below.

*The Colorado Medical Assistance Program no longer allows benefits for nutritional training using any of the procedure codes listed below:*

97802

97803

97804

G0108

G0109

### ***Supply Providers***

#### **Replacement for Appendix D in Bulletin B0300153 (03/03) 2003 Supply HCPCS**

In October 2002, State staff made significant changes regarding the classification of enteral and oral formulas in Appendix D of the Medical Assistance Program Bulletin, B0300153. When the annual HCPCS Medical Assistance Program Bulletin was published in March 2003 the amended Appendix D was inadvertently deleted and replaced with the previous Appendix D. Please discard the incorrect Appendix D in the March 2003 Medical Assistance Program Bulletin with the corrected one that follows.

Please direct questions about Medical Assistance Program billing or the information in this bulletin to  
 Medical Assistance Program Provider Services at:  
 303-534-0146 or 1-800-237-0757 (Colorado toll free)

PRODUCT NAME	MANUFACTURER	CATEGORY	HCPCS CODE
Accupepha	Nutrica-NV-Verenigde	III	B4153
Acerflex	SHS	IV	B4154
Advera	Ross/Abbott Lab.	IV	B4154
Alimentum Protein Hydrolysate Formula with Iron	Ross/Abbott Lab.	V	B4155
Alitraq	Ross/Abbott Lab.	IV	B4154
AminAid	McGraw	IV	B4154
AMTF	Nyer Nutritional Systems	I	B4150
AMTF Diabetic	Nyer Nutritional Systems	I	B4150
AMTF High Cal 2.0	Nyer Nutritional Systems	II	B4152
AMTF High Protein	Nyer Nutritional Systems	I	B4150
AMTF Pediatric	Nyer Nutritional Systems	I	B4150
AMTF Pulmonary	Nyer Nutritional Systems	II	B4152
AMTF Renal	Nyer Nutritional Systems	IV	B4154
AMTF Renal 2.0	Nyer Nutritional Systems	II	B4152
AMTF Trauma	Nyer Nutritional Systems	IV	B4154
<b>Analog formulas</b> Analog XP Analog MSUD Analog XPHEN, TYR Analog XPTM Analog XMTVI Analog XMET Analog XLYS, TRY Analog XLEU	SHS	IV	B4154
AgriMent	National Nutrition Inc.	V	B4155
Balanced- The Total Nutritional Drink (Instant Meal Replacement Drink)	American Natural Snacks	I	B4150
Balanced- The Total Nutritional Drink (Ready to Drink Meal)	American Natural Snacks	I	B4150
Boost	Mead Johnson	I	B4150
Boost Breeze	Mead Johnson	V	B4155
Boost High Protein	Mead Johnson	I	B4150
Boost Plus	Mead Johnson	II	B4152
Boost with Fiber	Mead Johnson	I	B4150
Calcilo XD	Ross/Abbott Lab.	IV	B4154
Casec	Mead Johnson	V	B4155
Choice DM	Mead Johnson	IV	B4154
Citroetin	Novartis Nutrition	IV	B4154
Compleat-B	Novartis Nutrition	I	B4151
Compleat-B Modified	Novartis Nutrition	I	B4151
Complete Pediatric	Novartis Nutrition	I	B4151
Comply	Mead Johnson	II	B4152
Criticare HN	Mead Johnson	III	B4153
Crucial Complete Elemental Diet	Nestle Clinical Nutrition	III	B4153
Cyclinex-1	Ross/Abbott Lab.	III	B4153
Cyclinex-2	Ross/Abbott Lab.	III	B4153
Deliver 2.0	Mead Johnson	II	B4152
Diabetisource	Novartis Nutrition	IV	B4154
Diabetisource AC	Novartis Nutrition	IV	B4154
Duocal (Super Soluble)	SHS	V	B4155
Egg/Pro Powder	Nutra/Balance	V	B4155
EleCare	Ross/Abbott Lab.	V	B4155
Elementra	Clintec	V	B4155



PRODUCT NAME	MANUFACTURER	CATEGORY	HCPCS CODE
EMF (Enzymatic Modular Food)	Medical Nutrition, Inc. (A Division of Gender Sciences, Inc.)	V	B4155
Enfamil	Mead Johnson	I	B4150
Enfamil A.R.	Mead Johnson	I	B4150
Enfamil EnfaCare	Mead Johnson	I	B4150
Enfamil Kindercal TF	Mead Johnson	I	B4150
Enfamil LactoFree	Mead Johnson	I	B4151
Enlive	Ross/Abbott Lab.	V	B4155
Ensure	Ross/Abbott Lab.	I	B4150
Ensure Fiber with FOS	Ross/Abbott Lab.	I	B4150
Ensure High Calcium	Ross/Abbott Lab.	I	B4150
Ensure HN	Ross/Abbott Lab.	I	B4150
Ensure HP	Ross/Abbott Lab.	I	B4150
Ensure Plus	Ross/Abbott Lab.	II	B4152
Ensure Plus HN	Ross/Abbott Lab.	II	B4152
Ensure Plus HN Ready-to-Hang	Ross/Abbott Lab.	II	B4152
Ensure Powder	Ross/Abbott Lab.	I	B4150
Ensure with Fiber	Ross/Abbott Lab.	I	B4150
Entera	Fresenius Medical	I	B4150
Entera Isotonic	Fresenius Medical	I	B4150
Entera Isotonic Fiber	Fresenius Medical	I	B4150
Entera OPD	Smash-Fresenius	IV	B4154
Enteralife HN	Corpac	I	B4150
Enteralife HN Fiber	Corpac	I	B4150
Enteralife HN-2	Corpac	I	B4150
Entrition 1.5	Nestle Clinical Nutrition	II	B4152
Entrition HN	Nestle Clinical Nutrition	I	B4150
EPULOR	VistaPharm	V	B4155
Essential ProPlus	NutriSOY	V	B4155
Essential Protein	NutriSOY	V	B4155
F.A.A. (Free Amino Acid Diet)	Nestle Clinical Nutrition	III	B4153
Fiber 7	ND Labs, Inc.		A9270
Fiberlan	Elan/Hechems	I	B4150
Fibersource	Novartis Nutrition	I	B4150
Fibersource HN	Novartis Nutrition	I	B4150
Fibrad	Ross/Abbott Lab.	V	B4155
Fortison	Nutrica-NV-Verenigde	I	B4150
Fulfil	Fresenius Medical	IV	B4154
Glucerna	Ross/Abbott Lab.	IV	B4154
Gluco-Pro	GalaGen, Inc.	IV	B4154
Glutamine Enriched Antioxidant Formula	Cambridge Nutraceuticals		A9270
Glutamine Immune Deficiency Formula	Cambridge Nutraceuticals		A9270
Glutamine Unsweetened Regular	Cambridge Nutraceuticals		A9270
Glutarex-1	Ross/Abbott Lab.	III	B4153
Glutarex-2	Ross/Abbott Lab.	III	B4153
Glutasorb	Hormel Health Labs	III	B4153
Glytrol	Clintec	I	B4150
Hearty Balance	Elan/Hechems	I	B4150
Hepatic-Aid	McGraw	IV	B4154
Hi ProCal	Diamond Crystal Specialty Foods	V	B4155
Hominex-1	Ross/Abbott Lab.	III	B4153
Hominex-2	Ross/Abbott Lab.	III	B4153
Immun-Aid	McGraw	IV	B4154

PRODUCT NAME	MANUFACTURER	CATEGORY	HCPCS CODE
Immunocal	Immunotec Research	V	B4155
Impact	Novartis Nutrition	IV	B4154
Impact 1.5	Novartis Nutrition	IV	B4154
IMPACT Glutamine	Novartis Nutrition	III	B4153
Impact with Fiber	Novartis Nutrition	IV	B4154
IntensiCal Ready-to-Hang	Mead Johnson	III	B4153
Introlite	Ross/Abbott Lab.	I	B4150
Isocal	Mead Johnson	I	B4150
Isocal HN	Mead Johnson	I	B4150
Isocal HN Plus	Mead Johnson	I	B4150
Isocal II	Mead Johnson	I	B4150
Isofiber	Fresenius Medical	I	B4150
Isolan	Elan/Hechems	I	B4150
Isomil	Ross/Abbott Lab.	I	B4150
Isosource	Novartis Nutrition	I	B4150
Isosource 1.5	Novartis Nutrition	II	B4152
Isosource HN	Novartis Nutrition	I	B4150
Isosource VHN	Novartis Nutrition	IV	B4154
Isotein	Novartis Nutrition	III	B4153
Isotera Isotonic	Fresenius Medical	II	B4152
I-Valex-1	Ross/Abbott Lab.	III	B4153
I-Valex-2	Ross/Abbott Lab.	IV	B4154
Jevity	Ross/Abbott Lab.	I	B4150
Jevity Plus	Ross/Abbott Lab.	I	B4150
Jevity RTH	Ross/Abbott Lab.	I	B4150
Juven with HMB	MTI BioTech, Inc.		A9270
KetoCal	SHS	I	B4151
Ketonex-1	Ross/Abbott Lab.	III	B4153
Ketonex-2	Ross/Abbott Lab.	III	B4153
Kindercal	Mead Johnson	VI	B4156
Kindercal with Fiber	Mead Johnson	III	B4153
Kindercal Lactose Free	Mead Johnson	I	B4151
Kindercal TF	Mead Johnson	VI	B4156
Kindercal TF Fiber	Mead Johnson	III	B4153
L-Emental	Hormel Health Labs	III	B4153
L-Emental Hepatic	Hormel Health Labs	IV	B4154
L-Emental Pediatric	Hormel Health Labs	V	B4155
L-Emental Plus	Nutrition Medical	IV	B4154
Lipisorb	Mead Johnson	IV	B4154
Magnacal	Mead Johnson	II	B4152
Magnacal Renal	Mead Johnson	IV	B4154
<b>Maxamaid Formulas</b> XP Maxamaid MSUD Maxamaid XPHEN, TYR Maxamaid XMTVI Maxamaid XMET Maxamaid XLYS, TRY Maxamaid XLEU Maxamaid	SHS	IV	B4154

PRODUCT NAME	MANUFACTURER	CATEGORY	HCPCS CODE
<b>Maxamum Formulas</b> XP Maxamum MSUD Maxamum XMTVI Maxamum XMET Maxamum XLYS, TRY Maxamum XLEU Maxamum	SHS	IV	B4154
MCT Oil	Mead Johnson	V	B4155
Med Pass 2.0	Diamond Crystal Specialty Foods		A9270
Med Plus 2.0	Diamond Crystal Specialty Foods		A9270
Meritene	Sandoz	I	B4150
Microlipid	Mead Johnson	V	B4155
Moducal	Mead Johnson	V	B4155
Modulen IBD	Nestle Clinical Nutrition	IV	B4154
Naturite	UniSource	I	B4150
Naturite Plus	UniSource	II	B4152
Neocate Infant Formula	SHS	V	B4155
Neocate Junior	SHS	V	B4155
Neocate One + Liquid	SHS	V	B4155
Neocate One + Powder	SHS	V	B4155
Nepro	Ross/Abbott Lab.	IV	B4154
Nestle Additions Calorie and Protein Food Enhancer	Nestle Clinical Nutrition	V	B4155
Nestle VHC 2.25 Complete Very High Calorie Liquid Nutrition	Nestle Clinical Nutrition	II	B4152
Newtrition (Flavors)	Elan	I	B4150
Newtrition 1.5	Elan	II	B4152
Newtrition HN	Elan	I	B4150
Newtrition Isofiber	Elan	I	B4150
Newtrition Isotonic	Elan	I	B4150
Nitrolan (Nitro-Pro)	Hormel Health Labs	I	B4150
Nitro-Pro (Nitrolan)	Hormel Health Labs	I	B4150
Novasource 2.0	Novartis Nutrition	II	B4152
NovaSource Pulmonary	Novartis Nutrition	II	B4152
Novasource Renal	Novartis Nutrition	IV	B4154
NuBasics	Nestle Clinical Nutrition	I	B4150
NuBasics 2.0 Complete	Nestle Clinical Nutrition	II	B4152
NuBasics Juice Drink	Nestle Clinical Nutrition	V	B4155
NuBasics Plus	Nestle Clinical Nutrition	II	B4152
NuBasics VHP	Nestle Clinical Nutrition	I	B4150
NuBasics with Fiber	Nestle Clinical Nutrition	I	B4150
Nutramigen	Mead Johnson	V	B4155
Nutramine	Calwood Nutritionals Inc.		A9270
Nutramine T	Calwood Nutritionals Inc.		A9270
Nutrapak		I	B4150
Nutren 1.0	Clintec	I	B4150
Nutren 1.0 with Fiber	Clintec	I	B4150
Nutren 1.5	Clintec	II	B4152
Nutren 2.0	Clintec	II	B4152
Nutren Junior	Clintec	VI	B4156
Nutren Junior with Fiber	Clintec	III	B4153
Nutren VHP	Clintec	I	B4150
NutriAssist 1.5	Chronimed	II	B4152
Nutri-Drink	Furman Foods	I	B4150

PRODUCT NAME	MANUFACTURER	CATEGORY	HCPCS CODE
Nurti-Drink Plus	Furman Foods	II	B4152
Nutiflavor	Nyer Nutritional Sys.		A9270
NutriHep	Clintec	IV	B4154
Nutrilan	Clintec	I	B4150
NutriMod Protein Supplement	Go2 Pharmacy, Inc.	V	B4155
NutriRenal	Nestle Clinical Nutrition	IV	B4154
Nutrition	Nutrition Medical	I	B4150
Nutrition Plus	Nutrition Medical	II	B4152
Nutrivent	Clintec	IV	B4154
Optimental	Ross/Abbott Lab.	V	B4155
Original New Orleans Smoothee	ONOS Company		A9270
Osmolite	Ross/Abbott Lab.	I	B4150
Osmolite HN	Ross/Abbott Lab.	I	B4150
Osmolite HN Plus	Ross/Abbott Lab.	I	B4150
Oxepa	Ross/Abbott Lab.	IV	B4154
Pedialyte	Ross/Abbott Lab.	V	B4155
Pediasure	Ross/Abbott Lab.	VI	B4156
Pediasure with Fiber Enteral Formula	Ross/Abbott Lab.	III	B4153
Pepdite One +	SHS	III	B4153
Peptamen	Clintec	IV	B4154
Peptamen 1.5	Nestle Clinical Nutrition	III	B4153
Peptamen Complete Elemental Diet with FOS/Insulin	Nestle Clinical Nutrition	III	B4153
Peptamen Junior	Clintec	V	B4155
Peptamen VHP	Clintec	IV	B4154
Peptical	Chronimed	III	B4153
Perative	Ross/Abbott Lab.	IV	B4154
Periflex	SHS	IV	B4154
Phenex-1	Ross/Abbott Lab.	III	B4153
Phenex-2	Ross/Abbott Lab.	III	B4153
Phenex-2, Vanilla	Ross/Abbott Lab.	III	B4153
PhenylAde Amino Acid Bar	Applied Nutrition Corporation		A9270
PhenylAde MTE Amino Acid Blend	Applied Nutrition Corporation	V	B4155
Phenyl-Free 2	Mead Johnson	IV	B4154
Phenyl-Free 2HP	Mead Johnson	IV	B4154
Phlexy-10 Bars	SHS		A9270
Phlexy-10 Capsules	SHS		A9270
Phlexy-10 Drink Mix	SHS	V	B4155
Phlexy-Vits	SHS		A9270
PKU-Gel	Vitaflo Limited		A9270
Polycose	Ross/Abbott Lab.	V	B4155
Portagen	Mead Johnson	V	B4155
Precision HN	Novartis Nutrition	III	B4153
Precision Isotera	Novartis Nutrition	III	B4153
Precision LR Powder	Novartis Nutrition	VI	B4156
Pregestimil	Mead Johnson	V	B4155
ProBalance	Clintec	I	B4150
Procare	National Nutrition	V	B4155
ProCell Protein Supplement	Global Unlimited	V	B4155
Promix	Corpak	V	B4155
ProMod	Ross/Abbott Lab.	V	B4155
Promote	Ross/Abbott Lab.	I	B4150
Promote with Fiber	Ross/Abbott Lab.	I	B4150

PRODUCT NAME	MANUFACTURER	CATEGORY	HCPCS CODE
Propac	Sherwood Medical	V	B4155
Propac Plus	Sherwood Medical	V	B4155
ProPass Protein Supplement	Hormel Health Labs	V	B4155
Pro-Peptide	Hormel Health Labs	IV	B4154
Pro-Peptide for Kids	Hormel Health Labs	V	B4155
Pro-Petide VHN	Hormel Health Labs	IV	B4154
Pro-Phree	Ross/Abbott Lab.	V	B4155
Propimex-1	Ross/Abbott Lab.	III	B4153
Propimex-2	Ross/Abbott Lab.	III	B4153
ProSobee	Mead Johnson	I	B4151
ProSource Protein Supplement	National Nutrition Inc.	V	B4155
Pro-Stat	Medical Nutrition, Inc. (A Division of Gender Sciences, Inc.)	V	B4155
ProSure	Ross/Abbott Lab.	V	B4155
Protain XL	Mead Johnson	IV	B4154
ProtoRand Nutritional Supplement	Randall, Inc.		A9270
Provide	Fresenius Medical	IV	B4154
ProViMin	Ross/Abbott Lab.	V	B4155
Pulmocare	Ross/Abbott Lab.	IV	B4154
RCF (Ross Carbohydrate Free)	Ross/Abbott Lab.	V	B4155
Reabilan	Clintec	III	B4153
Reabilan HN	Clintec	IV	B4154
Rehydralyte	Ross/Abbott Lab.	V	B4155
Renalcal	Clintec	IV	B4154
Replete	Clintec	IV	B4154
Replete with Fiber	Clintec	IV	B4154
Resource Fruit Beverage	Sandoz	V	B4155
ReSource Arginaid	Novartis Nutrition	V	B4155
Resource Benefiber	Novartis Nutrition		A9270
Resource Beneprotein Instant Protein Powder	Novartis Nutrition	V	B4155
Resource Diabetic	Sandoz	I	B4150
Resource for Kids	Sandoz	I	B4150
ReSource GlutaSolve	Novartis Nutrition	V	B4155
ReSource Instant Protein Powder	Novartis Nutrition	V	B4155
ReSource Just for Kids	Novartis Nutrition	VI	B4156
ReSource Just For Kids with Fiber	Novartis Nutrition	III	B4153
ReSource Plus	Sandoz	II	B4152
ReSource Thicken Up	Novartis Nutrition	V	B4155
ReSource Thickened Juice	Novartis Nutrition	V	B4155
Respalar	Mead Johnson	II	B4152
Restore-X	Cambridge Nutraceuticals	V	B4155
Resurgex	Millennium Biotechnologies, Inc.	V	B4155
SandoSource Peptide	Sandoz	IV	B4154
Similac Neasure	Ross/Abbott Lab.	I	B4150
Similac PM 60/40	Ross/Abbott Lab.	IV	B4154
Similac with Iron	Ross/Abbott Lab.	I	B4150
SLD (Surgical Liquid Diet)	Ross/Abbott Lab.	IV	B4154
SoyPro	ND Labs	V	B4155
Stresstein	Sandoz	IV	B4154
Subdue	Mead Johnson	III	B4153
Subdue Plus	Mead Johnson	III	B4153
Subdue Ready-to-Hang	Mead Johnson	III	B4153
Sumacal	Sherwood Medical	V	B4155

PRODUCT NAME	MANUFACTURER	CATEGORY	HCPCS CODE
Suplena (Replena)	Ross/Abbott Lab.	IV	B4154
Susta II	Mead Johnson	I	B4150
Sustacal	Mead Johnson	I	B4150
Sustacal Basic	Mead Johnson	I	B4150
Sustacal Fiber	Mead Johnson	I	B4150
Sustacal HC	Mead Johnson	II	B4152
Sustacal Plus	Mead Johnson	II	B4152
Sysco Classic Lactose Free ProCal	Diamond Crystal Specialty Foods	V	B4155
Tarvil	SHS North America	IV	B4154
Thick-It	Millani	V	B4155
Tolerex	Sandoz	VI	B4156
Traumacal	Mead Johnson	IV	B4154
Travasorb Hepatic	Clintec	IV	B4154
Travasorb HN	Clintec	III	B4153
Travasorb MCT	Clintec	IV	B4154
Travasorb Renal	Clintec	IV	B4154
Travasorb STD Powder	Clintec	VI	B4156
Twocal HN	Ross/Abbott Lab.	II	B4152
Tyrex-1	Ross/Abbott Lab.	III	B4153
Tyrex-2	Ross/Abbott Lab.	III	B4153
Ultracal	Mead Johnson	I	B4150
Ultracal HN Plus	Mead Johnson	I	B4150
Ultralan	Elan/Hechems	II	B4152
UpCal D	Global Health Products, Inc.	V	B4155
Vital HN	Ross/Abbott Lab.	III	B4153
VitaMent	National Nutrition Inc.		A9270
Vivonex HN	Sandoz	III	B4153
Vivonex Pediatric	Sandoz	V	B4155
Vivonex Plus	Sandoz	IV	B4154
Vivonex RTF (Ready-to-Feed)	Novartis Nutrition	III	B4153
Vivonex STD Powder	Sandoz	VI	B4156
Vivonex T.E.N.	Sandoz	IV	B4154

# Medical Assistance Program Prior Authorization Request (PAR) Form

## For Long Term Home Health, Private Duty Nursing, EPSDT Extraordinary HH

Revision? Yes  No  Effective Date of Revision: \_\_\_\_\_ PAR Number being revised: \_\_\_\_\_  
Use original PAR number

**Please provide supporting documentation with this form. \* See instructions on the reverse side of form.**

Client Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Client Birth Date: \_\_\_\_\_ Client Medical Assistance Program ID #: \_\_\_\_\_ County Number: \_\_\_\_\_

PAR Start Date: \_\_\_\_\_ PAR End Date: \_\_\_\_\_

**Service(s) Requested**

Circle Appropriate Program Home Health/EPSDT HH	Specify Order	Units Requested	Place of Service (EPSDT)	Revenue Code	Unit Reimb Rate	Over Daily Max Amt (✓)	Units Authorized	Total Amount Authorized	Approved (A) Pended (P) Denied (D)
HH RN LPN				551	71.42				
Brief Nursing Visit-1				590	50.00				
Brief Nursing Visit- 2+				599	35.00				
CNA Basic				571	31.66				
CNA Extended				579	9.46				
PT -Only for EPSDT HH or Children 0-17 in LTHH				421	61.43				
OT- Only for EPSDT HH or Children 0-17 in LTHH				431	65.24				
ST- Only for EPSDT HH or Children 0-17 in LTHH				441	66.95				

	Specify Order	Units Requested	Revenue Code	Unit Reimb Rate	Units Authorized	Total Amount Authorized	Approved (A) Pended (P) Denied (D)
<b>Private Duty Nursing</b>							
PDN RN			552	29.20			
PDN LPN			559	21.02			
RN Group			580	21.95			
LPN Group			581	16.11			
RN/LPN Blended			582	20.97			

Requesting Agency & Representative Signature:	Provider ID:
SEP Agency ID, if appropriate:	Provider's Local Phone Number:
Narrative Information:	
Denial Reason Codes:	
Signature of Authorizing Party:	Date PAR processed:

## PAR Completion Instructions

Complete this form for Prior Authorization Requests for Private Duty Nursing, Long Term Home Health, and EPSDT Extraordinary Home Health. Submit appropriate documentation to support your request including detailed demographics, diagnosis, physician's orders, treatment plans, medications, etc.

Acceptable documentation includes a complete CMS-485 form, MD orders, and Admission paperwork for PDN and EPSDT HH.

Complete the Revision section at the top of the form *only* if you are revising a current approved PAR.

### **Remember**

For LTHH PAR revisions you must add the number of units being requested to the original number of units approved and include all services that were approved on the original PAR.

### **Complete the following fields**

Client Name - Required

Client Medical Assistance Program ID number - Required

County Number - Required

Date - Required

PAR start date - Required

PAR end date - Required

**Circle the type of program** (HH, EPSDT, PDN) for which you are requesting services.

**Enter the number of units** next to the services for which you are requesting reimbursement.

Do *not* enter anything to the right of the double vertical line. This is for the authorizing agency use only.

### **Complete the following**

Enter your agency name - Required

Sign your name - Required

Enter the Medical Assistance Program Provider ID number - Required

Enter the SEP provider ID - *Only as appropriate for revisions*. The SEP will complete this portion for all others when appropriate.

Narrative information - Home Health Agencies may use this field to explain the reasons for requested frequency, duration, medical necessity, or by SEP to explain reasons for denial or approval of a reduced amount, as needed.

### **Do not write in the following sections**

Denial Reason Codes - Authorizing agent use only.

Signature of Authorizing Party - Authorizing agent use only.

Date PAR processed - Authorizing agent use only.

Submit PARs and supporting documentation to the appropriate authorizing agent listed below.

<b>LTHH PARS</b>	<b>PDN PARS</b>	<b>EPSDT HH PARS</b>
Send to the SEP in the client's county of residence/or to the fiscal agent (ACS) if under 18 years old:	Send to:	Send to:
<b>PARs</b>	<b>Dual Diagnosis Management (DDM)</b>	<b>Colorado Foundation for Medical Care</b>
PO Box 30	220 Venture Circle	PO Box 17300
Denver, CO 80201-0030	Nashville, TN 37228	Denver, CO 80217-0300
	Fax: 877-431-9568	Fax:303-695-3377



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## Enrollment Procedures

### **All Providers who have a Colorado Medical Assistance Program Provider Number:**

All of those with a Colorado Medical Assistance Program Provider ID number (i.e., all those who have applied to become Colorado Medical Assistance Program providers) must submit a Provider Participation Agreement. This applies whether that provider intends to bill electronically or not. (These are not required by October 16)

### **Who must fill out the Submitter Enrollment Packet?**

All software vendors, billing agents, and clearinghouses must complete and return the entire Submitter Enrollment Packet.

Submitters will NOT be able to submit and/or retrieve on behalf of a provider without a signed Authorization on file with ACS.

### **Who must fill out the Provider Enrollment Packet?**

Any provider who wishes to submit/bill electronically, or who wishes to utilize WINASAP/State's Provider Web Portal to retrieve reports or to verify eligibility, must complete and submit the entire Provider Enrollment Packet. (That is, only those providers who complete an Enrollment Packet will be provided a Trading Partner ID, which is required to "open the door" to the system.)

### **If your group/clinic submits and/or retrieves on your behalf:**

Any group/clinic provider who will be submitting/retrieving on behalf of another provider must complete and submit the entire Provider Enrollment Packet, and must include a listing of all of those providers they will be billing on behalf of. Those providers must submit an Authorization Form granting the group/clinic provider permission to submit/retrieve on their behalf. It should be understood that if a group/clinic provider plans to submit and/or retrieve on behalf of other providers, once the door is opened with that Trading Partner ID they will have access to all claims and reports of those who have given Authorization.

### **If software vendors, billing agents, and clearinghouses will be submitting and/or retrieving on your behalf:**

Any provider who will be authorizing software vendors, billing agents, and clearinghouses to submit and/or retrieve on their behalf must have their software vendors, billing agents, and clearinghouses complete and submit the entire Submitter Enrollment Packet. The providers must submit an Authorization Form granting the software vendors, billing agents, and clearinghouses permission to submit/retrieve on their behalf. It should be understood that if software vendors, billing agents, and clearinghouses plan to submit and/or retrieve on behalf of other providers, once the door is opened with that Trading Partner ID they will have access to all claims and reports of those who have given Authorization.

### **What do new applicants need to receive?**

A provider who wishes to become a Colorado Medical Assistance Program provider must complete and return a Provider Application, Provider Enrollment Packet, and the Interim Form (until the State's Provider Web Portal becomes available).

### **What will the administrative process consist of?**

All material will be returned to the fiscal agent's Denver Office and maintained in a provider's file. The fiscal agent's staff will copy the EDI enrollment form and Interim form and provide to EDI Gateway.

EDI Gateway will keep a master list of those providers/submitters who have been given a Trading Partner ID and which billing providers have authorized them to submit/retrieve on their behalf. This list will be available to the State upon request.

During December 2003, fiscal agent personnel will conduct an audit to ensure all providers have submitted a Provider Participation Agreement. Those that haven't will be sent a reminder, and given a time limit for return.