



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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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

**February 2004**

**Reference: B0400167**

## All Providers

### Provider Publications

The Colorado Medical Assistance Program has enhanced the system to allow providers to select the number of bulletins that they want to receive. Individual providers should request *one or zero* bulletins be sent to their mailing address. Groups should request the number of publications that they want to receive at their mailing address. In order to verify that the fiscal agent has the correct information on file; providers are asked to please complete and the attached Publications Address & Preference Update Information form. Please complete the form as soon as possible and fax to Provider Enrollment at 303-534-0439.

*Please Note: Providers who in the past specified either None, Electronic or Paper must also complete and submit the Publications Address & Preference Update Information form.*

### Website Update

Providers can now access Fiscal Agent Provider Services through the Department of Health Care Policy and Financing's newly remodeled website.

[www.chcpf.state.co.us](http://www.chcpf.state.co.us)

Click on the Provider Services tab on the menu at the top of the web page for the Fiscal Agent Medical Assistance Program Page. The Provider Services page contains:

- **Current Medical Assistance Program News**
- **Access to:**
  - ✓ What's New
  - ✓ EDI Support
  - ✓ Enrollment
  - ✓ Manuals
  - ✓ Billing Manuals
  - ✓ Bulletins
  - ✓ Forms
  - ✓ Training/Workshops
  - ✓ Updates
  - ✓ Physician News
  - ✓ Specifications
  - ✓ Software Downloads
  - ✓ FAQ
  - ✓ Related Links
  - ✓ Information

Providers will now be able to access all Medical Assistance Program information from the Department of Health Care Policy and Financing Site. Be sure to bookmark this site.

### Correction to January All Provider Bulletin

The January bulletin was incorrectly numbered B0300166. The correct bulletin number should be B0400166. We apologize for any inconvenience this may have caused.

### Provider Billing Manuals

The new Provider Manual sections are posted in the Billing Manuals section of the Provider Services section of the Department's website. Providers should download sections as needed. The manuals are updated quarterly.

## EDI Provider Enrollment

The fiscal agent has had to return a number of EDI Provider Enrollment forms because they were completed incorrectly or information was missing. Please take care when completing the application. The most common errors are:

1. Provider Authorization Form (page 10) is incomplete
2. Section 2 – Submission Method (page 5) is not selected
3. Individual vs Group provider numbers (page 5): If your provider number is based on your Social Security number, you are considered an Individual Provider. If your provider number is based on your Federal Tax Identification number, you are considered a Group Provider. If you bill on behalf of multiple billing providers, please read and follow the instructions on page 9.

## Additional Changes under HIPAA

### Revised Mapping of Procedure Codes

The Department of Health Care Policy & Financing has reviewed and made changes to a large number of CPT and HCPCS procedure codes. Some local procedure codes have been cross-walked to new national codes. The Department has modified the claims processing procedure code file for many previously mapped codes. Changes include identification elements (such as Place of Service codes) that allow claims to process correctly. Also for many national codes, the number of units has been increased to reflect the allowable unit differences between many local codes and corresponding national codes.

Providers should take special care when selecting national codes for billing. In the past, providers only had to submit a local procedure code to identify and be reimbursed for many services and products. HIPAA changes may now require providers to use a national procedure code plus additional identifying code modifiers. The modifiers are important for pricing billed procedure codes. It is the provider's responsibility to use the appropriate codes and modifiers.

Included with this bulletin are three HIPAA-related procedure code lists.

1. A revised mapping for Oxygen Services codes
2. A revised mapping for School Health Services codes, including newly established rates
3. A revised mapping for General Procedure codes

Oxygen providers should remember to use modifier RR when billing for rental products. Reimbursement for some services offered in the home may differ from those offered in the nursing facility. For oxygen in the nursing facilities, providers should use Place of Service codes 31, 32, or 54. Reimbursement for dually eligible Medicare / Medical Assistance Program clients may differ from that for Medical Assistance Program-only clients. Providers who bill for oxygen in the nursing facilities may continue to use the E (Exempt) Indicator function through WINASAP for dually eligible clients. This function allows direct billing to the Colorado Medical Assistance Program.

Waiver providers need to be sure to include the appropriate U-Series modifier to identify the specific waiver program for which services are billed. Many waiver services are identified by the U-modifiers *and* additional modifiers.

The new rates for School Health Services are retroactive to December 1, 2003. The Medical Assistance Program Fiscal Agent will adjust all previous claims for dates-of-service beginning December 1<sup>st</sup> to reflect these new rates. School providers should include Provider Type code 51 and Place of Service code 3 on their claims.

Any further revisions to the codes will be included in upcoming bulletins and posted on the Department's website:

[www.chcpf.state.co.us](http://www.chcpf.state.co.us)

## Provider Billing Issues

Did you know that if the provider incorrectly bills the Colorado Medical Assistance Program:

1. It is possible that the provider may not get paid in a timely manner, and
2. The provider could end up in an Accounts Receivable status showing that money is owed to the State?

This impacts the provider's taxes.

To ensure that payments are not delayed while corrections are made, below are some helpful tips to keep in mind when billing the Colorado Medical Assistance Program . . .

- A **“rendering” provider** is the Individual who actually provided the service to the client. A Group or Clinic cannot be a rendering provider.
- If the provider is affiliated with one or more groups or other health care organizations:
  - The **Individual is the Rendering** provider and the **Group is the billing provider**.
  - If the provider works for a group and bills using the rendering provider number as the billing provider, there **will** be income tax issues for the provider.
  - The provider cannot fix the incorrectly submitted claim. State staff must make the correction. This delays payments to the group.

If the provider bills incorrectly, the error is corrected and the provider makes the same mistake *again*, the provider is required to repeat the correction process. There are no exceptions. Each time the provider bills incorrectly the provider must wait for State notification, follow the instructions and wait for all corrections to be processed. The correction process is lengthy and time consuming for all parties involved.

- Remittance Advices (RAs), Remittance Statements (RSs), and Explanation Of Benefits (EOBs) are now called **Provider Claim Reports (PCRs)**. PCRs detail Medical Assistance Program payments by client and dates of service. PCRs may be downloaded each week from [www.mevsnet.com](http://www.mevsnet.com) (some circumstances may result in the PCR being mailed weekly). To download your PCR each week from [mevsnet.com](http://mevsnet.com), you must be enrolled. Call EDI at 1-800-987-6721 to enroll and receive your password. **Providers should retain PCRs for their records.**

## ***HCBS Waiver Providers***

### **New HCBS Waiver Prior Authorization Form**

The HCBS Waiver prior authorization form has been revised to reflect the national HCPCS codes now used to bill for waiver services. The form combines prior authorization requests for EBD, MI, PLWA, and BI waivers. This form *does not* replace the Brain Injury waiver program Approval and Cost Containment form that lists all the services available through the waiver. It does replace the prior authorization form used for services that need approval entered into the Medical Assistance Program processing system to pay claims. These services include Transitional Living, Assistive Technology, Non-medical Transportation, Home Modifications, and the six counseling services that require authorization after billing the maximum number of hours or units. The new form also includes instructions. The form and instructions can be found in the Forms section of the Provider Services section of the Department's website. Please print or download the form from the website. The two-page NCR form will no longer be printed. Examples of the form and instructions are included in this bulletin. Effective March 1, 2004, the old HCBS PAR forms will no longer be accepted.

### **Updates to the Waiver Specialty Manuals**

The Brain Injury Specialty Manual and the EBD MI PLWA Specialty Manual have been updated. Both are available in the Billing Manuals section of the Provider Services section of the Department's website.

## ***Hospital Providers***

### **New Version of the Grouper**

In February 2004, DRG Grouper 21 will be installed in the Medical Assistance Program claims processing system and will be effective retroactively to October 1, 2003. Claims with dates of service on or after October 1, 2003, using the following DRGs will be processed when the grouper version 21.0 is implemented during the first week of February.

<b>DRG</b>	<b>DESCRIPTION</b>
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

DRG	DESCRIPTION
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

Relative weights, average lengths of stay, and trim points for new or changed DRGs are shown below.

DRG	DESCRIPTION	WEIGHT	ALOS	TRIM
01	Craniotomy Age >17 Except For Trauma	4.9358	12.7	51
02	Craniotomy For Trauma Age >17	2.8439	6.2	25
04	Spinal Procedures	0	0	0
05	Extracranial Vascular Procedures	0	0	0
231	Local Excision & Removal Of Int Fix Devices Except Hip & Femur	0	0	0
400	Lymphoma Or Leukemia With Major O.R. Procedure	0	0	0
514	Cardiac Defibrillator Implant with Cardiac Catheterization	0	0	0
528	Intracranial Vascular Proc w PDX Hemorrhage	9.8487	20.3	82
529	Ventricular Shunt Procedures w CC	3.0730	9.5	38
530	Ventricular Shunt Procedures w/o CC	1.6391	4.2	17
531	Spinal Procedures w CC	3.4812	10.2	56
532	Spinal Procedures w/o CC	1.6502	4.1	23
533	Extracranial Procdures w CC	1.7807	4.4	16
534	Extracranial Procdures w/o CC	1.1476	2.1	8
535	Cardiac Defib Implant w Cardiac Cath w AMI/HF/Shock	9.1543	15.5	71
536	Cardiac Defib Implant w Cardiac Cath w/o AMI/HF/Shock	7.0458	8.2	37
537	Local Excis & Removal of Int Fix Dev Except Hip & Remur w CC	1.7298	6.1	47
538	Local Excis & Removal of Int Fix Dev Except Hip & Remur w/o CC	0.9435	2.5	20
539	Lymphoma & Leukemia w Major or Procedure w CC	3.9289	10.6	46
540	Lymphoma & Leukemia w Major or Procedure w/o CC	1.3105	3.8	16

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 for these DRGs will pay using coding from Grouper Version 21 once the new grouper is implemented

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 (toll free Colorado)

*Remember to check the State's website at:*  
<http://www.chcpf.state.co.us/HIPAA/hipaaindex.htm>  
For HIPAA updates!

Oxygen Services									
Revised Mapping - January 2004									
Former Code	Description	Reimbursement	New Code for Medicaid-Only Clients	Description	Reimbursement	New Code For Dually Eligible Medicare/Medicaid Clients	Reimbursement	Comments	Explanation of Pricing
X0400	OXYGEN CONTENTS, GASEOUS, PER CU FT, RE	\$0.07	S8120	OXYGEN CONTENTS, GASEOUS, 1 UNIT EQUALS 1 CUBIC FOOT	\$0.07	S8120		After Medicare Payment, Colo Medicaid will Pay Based on Lower-of-Logic	
X0410	OXYGEN CONTENTS, PER POUND, RENTED EQUIP	\$0.78	S8121	OXYGEN CONTENTS, LIQUID, 1 UNIT EQUALS 1 POUND	\$0.78	S8121		After Medicare Payment, Colo Medicaid will Pay Based on Lower-of-Logic	
X0416	OZ REFILL FOR PORT GAS SYST; UP TO 23 LBS	\$8.24	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS (FOR USE ONLY WITH PORTABLE GASEOUS SYSTEMS)	\$8.24	E0443		After Medicare Payment, Colo Medicaid will Pay Based on Lower-of-Logic	
X0425	STAT GASEOUS O/2 SYST; RENTAL W/O CONTEN	\$38.00	E0425 + RR Modifier	STATIONARY COMPRESSED GAS SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, MASK	\$38.00	E0424 + RR Modifier		After Medicare Payment, Colo Medicaid will Pay Based on Lower-of-Logic	Providers Must Include RR Modifier for both E0425 and E0424.
X0440	STAT LIQ O/2 SYST; RENTAL W/O CONTENTS	\$42.75	E0440 + RR Modifier	STATIONARY LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES USE OF RESERVOIR, CONTENTS INDICATOR, REGULATOR	\$42.75	E0439 + RR Modifier		After Medicare Payment, Colo Medicaid will Pay Based on Lower-of-Logic	Providers Must Include RR Modifier for both E0440 and E0439.

Oxygen Services									
Revised Mapping - January 2004									
Former Code	Description	Reimbursement	New Code for Medicaid-Only Clients	Description	Reimbursement	New Code For Dually Eligible Medicare/Medicaid Clients	Reimbursement	Comments	Explanation of Pricing
X2035	OXYGEN EQUIP, MISC	By-Invoice	E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	By-Invoice	E1399	After Medicare Payment, Colo Medicaid will Pay Based on Lower-of-Logic		
X2400	O2 CONTENTS, GASEOUS, PER CUBIC FOOT-NH	\$0.07	S8120	OXYGEN CONTENTS, GASEOUS, 1 UNIT EQUALS 1 CUBIC FOOT	\$0.07	S8120	After Medicare Payment, Colo Medicaid will Pay Based on Lower-of-Logic		
X2410	O2 CONTENTS, LIQUID, PER POUND-NH PATIEN	\$0.78	S8121	OXYGEN CONTENTS, LIQUID, 1 UNIT EQUALS 1 POUND	\$0.78	S8121	After Medicare Payment, Colo Medicaid will Pay Based on Lower-of-Logic		
X2416	O2 REFILL FOR PORT GAS SYSTEM TO 23CU NH	\$6.81	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS (FOR USE ONLY WITH PORTABLE GASEOUS SYSTEMS	\$8.24 - Home \$6.81 - Nur Facility	E0443	After Medicare Payment, Colo Medicaid will Pay Based on Lower-of-Logic		E0443 will pay at \$8.24 for home. It will pay at \$6.81 in the nursing facility based upon POS codes 31, 32, 54.
X2425	STAT COMP GAS SYSTEM - NH PATIENT	\$33.25	E0425 + RR Modifier	STATIONARY COMPRESSED GAS SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER,	\$38.00 - Home \$33.25 - Nur Facility	E0424 + RR Modifier	After Medicare Payment, Colo Medicaid will Pay Based on Lower-of-Logic	Providers Must Include RR Modifier for both E0425 and E0424.	Pricing of \$33.25 for nursing facility clients based on POS Codes 31,32,54
X2430	PORT GAS O2 SYSTEM - NH PATIENT	\$26.60	E0430 + RR Modifier	PORTABLE GASEOUS OXYGEN SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER,	\$26.60	E0430 + RR Modifier	After Medicare Payment, Colo Medicaid will Pay Based on Lower-of-Logic	Providers Must Include RR Modifier for E0430	Pricing of \$26.60 based on POS Codes 31,32,or 54

Oxygen Services									
Revised Mapping - January 2004									
Former Code	Description	Reimbursement	New Code for Medicaid-Only Clients	Description	Reimbursement	New Code For Dually Eligible Medicare/Medicaid Clients	Reimbursement	Comments	Explanation of Pricing
X2435	O2 SYSTEM, LIQUID, PORTABLE - NH PATIENT	\$77.90	E0435 + RR Modifier	PORTABLE LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES PORTABLE CONTAINER, SUPPLY	\$77.90	E0434 + RR Modifier	After Medicare Payment, Colo Medicaid will Pay Based on Lower-of-Logic	Providers Must Include RR Modifier for both E0435 and E0434	Pricing of \$77.90 for E0435 is based on POS Codes 31,32, 54
X2436	STATIONARY LIQUID O2; MULTIPLE NH PATIEN	By-Invoice	E0440 + TT Modifier + RR Modifier	STATIONARY LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES USE OF RESERVOIR, CONTENTS	Manually Priced	E0439 + TT Modifier + RR Modifier	After Medicare Payment, Colo Medicaid will Pay Based on Lower-of-Logic	Providers Must Include TT & RR Modifiers for both E0440 and E0439.	E0440 and E0439 will be manually priced when TT Modifier and POS Codes 31,32 or 54 are included
X2437	PORTABLE LIQUID SYST; W/O STATION RES-NH	\$54.15	E0435 + TT Modifier + RR Modifier	PORTABLE LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES PORTABLE CONTAINER, SUPPLY	\$54.15	E0434 + TT Modifier + RR Modifier	After Medicare Payment, Colo Medicaid will Pay Based on Lower-of-Logic	Providers Must Include TT & RR Modifiers for both E0434 and E0435.	Pricing of \$54.15 for E0435 is based on Modifier TT and POS Codes 31, 32, and 54.
X2440	O2 SYSTEM, LIQUID STATIONARY- NH PATIENT	\$23.75	E0440 + RR Modifier	STATIONARY LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES USE OF RESERVOIR, CONTENTS	\$23.75	E0439 + RR Modifier	After Medicare Payment, Colo Medicaid will Pay Based on Lower-of-Logic	Providers Must Include RR Modifier for both E0440 and E0439	Pricing of \$23.75 for E0440 is based on POS Codes 31, 32, or 54.
X2477	O2 CONCENTRATOR - NH PATIENT	\$0.23	E1390 + TT Modifier	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR	\$0.23	E1390 + TT Modifier	After Medicare Payment, Colo Medicaid will Pay Based on Lower-of-Logic	Providers Must Include TT Modifier	Pricing of \$0.23 for E1390 is based on Modifier TT and POS Codes 31, 32, or 54.
X2911	HUMIDIFIER BOTTLE DISPOSABLE	\$3.29	T5999	SUPPLY, NOT OTHERWISE SPECIFIED	Manually Priced	T5999	After Medicare Payment, Colo Medicaid will Pay Based on Lower-of-Logic		

**Oxygen Services**

**Revised Mapping - January 2004**

Former Code	Description	Reimbursement	New Code for Medicaid-Only Clients	Description	Reimbursement	New Code For Dually Eligible Medicare/Medicaid Clients	Reimbursement	Comments	Explanation of Pricing
X2985	CLEANING SOL FOR HOME RESP EQUIPMENT	\$9.23	T5999	SUPPLY, NOT OTHERWISE SPECIFIED	Manually Priced	T5999	After Medicare Payment, Colo Medicaid will Pay Based on Lower-of-Logic		
Y2185	OXYGEN-TANK TYPE B	\$3.56 - Rental	T5999 + RR Modifier	SUPPLY, NOT OTHERWISE SPECIFIED	Manually Priced	T5999 + RR Modifier	After Medicare Payment, Colo Medicaid will Pay Based on Lower-of-Logic		
Y2997	COMPRESSED AIR CYLINDER	\$4.04 - Rental	T5999 + RR Modifier	SUPPLY, NOT OTHERWISE SPECIFIED	Manually Priced	T5999 + RR Modifier	After Medicare Payment, Colo Medicaid will Pay Based on Lower-of-Logic		



**SCHOOL HEALTH SERVICES PROGRAM  
REVISED RATE/CODE CROSSWALK - JANUARY 2004**

Local Code	Procedure	Common Code	Age Limit	Procedure Description	Modifier 1	Modifier 2	Unit Rate	Unit Paid Price (Federal Share 52.95%)
X0200	TARGETED CASE MANAGEMENT	T1017	22	TARGETED CASE MANAGEMENT, EACH 15 MINUTES			\$14.82	\$7.85
X0201	DX AND EVAL SVCS	T1001	20	NURSING ASSESSMENT / EVALUATION			\$12.57	\$6.66
X0201	DX AND EVAL SVCS	92506	20	SPEECH/HEARING EVALUATION			\$14.88	\$7.88
X0201	DX AND EVAL SVCS	96150	20	ASSESS MENTAL HEALTH/BEHAVE, INIT, COUNSELING, 15 MIN			\$11.34	\$6.00
X0202	DX AND EVAL SVCS	96151	20	REASSESS MENTAL HEALTH/ BEHAVE, 15 MIN			\$11.34	\$6.00
X0201	DX AND EVAL SVCS	96150	20	ASSESS MENTAL HEALTH/BEHAVE, INIT, SOCIAL WORK, 15 MIN	AJ		\$14.61	\$7.73
X0202	DX AND EVAL SVCS	96151	20	REASSESS MENTAL HEALTH/ BEHAVE, SOCIAL WORK, 15 MIN	AJ		\$14.61	\$7.73
X0201	DX AND EVAL SVCS	96150	20	ASSESS MENTAL HEALTH/BEHAVE, INIT, PSYCHOLOGY, 15 MIN	AH		\$16.61	\$8.80
X0202	DX AND EVAL SVCS	96151	20	REASSESS MENTAL HEALTH/ BEHAVE, SOCIAL WORK, 15 MIN	AH		\$16.61	\$8.80
X0201	DX AND EVAL SVCS	97001	20	PHYSICAL THERAPY EVAL			\$14.70	\$7.78
X0201	DX AND EVAL SVCS	97002	20	PHYSICAL THERAPY RE-EVAL			\$14.70	\$7.78
X0201	DX AND EVAL SVCS	97003	20	OCCUPATIONAL THERAPY EVAL			\$12.22	\$6.47
X0201	DX AND EVAL SVCS	97004	20	OCCUPATIONAL THERAPY RE-EVAL			\$12.22	\$6.47
X0202	HEALTH TECH ENCOUNTER	T1004	20	SERVICES OF A QUALIFIED NURSING AIDE, UP TO 15 MINUTES	52		\$5.25	\$2.78
X0202	HEALTH TECH ENCOUNTER	97110	20	PT ONE OR MORE AREAS EA 15 MIN	52		\$7.86	\$4.16
X0202	HEALTH TECH ENCOUNTER	97530	20	OT DYNAMIC ACT EACH 15 MIN	52		\$7.29	\$3.86
X0204	NURSING GROUP SESSION	T1002	20	RN SERVICES, UP TO 15 MINUTES	HQ		\$1.70	\$0.90
X0205	NURSING, INDIVIDUAL	T1002	20	RN SERVICES, UP TO 15 MINUTES			\$12.57	\$6.66
X0206	PHYSICAL THERAPY, INDIVIDUAL	97012	20	MECHANICAL TRACTION			\$14.70	\$7.78
X0206	PHYSICAL THERAPY, INDIVIDUAL	97014	20	ELECTRIC STIM.			\$14.70	\$7.78
X0206	PHYSICAL THERAPY, INDIVIDUAL	97016	20	VASOPNEUMATIC DEVICES			\$14.70	\$7.78
X0206	PHYSICAL THERAPY, INDIVIDUAL	97018	20	PARAFFIN BATH			\$14.70	\$7.78
X0206	PHYSICAL THERAPY, INDIVIDUAL	97020	20	MICRO WAVE THERAPY			\$14.70	\$7.78
X0206	PHYSICAL THERAPY, INDIVIDUAL	97022	20	WHIRLPOOL			\$14.70	\$7.78
X0206	PHYSICAL THERAPY, INDIVIDUAL	97024	20	DIATHERMY			\$14.70	\$7.78
X0206	PHYSICAL THERAPY, INDIVIDUAL	97026	20	INFRARED-PHYSICAL MEDICINE TREATMENT TO			\$14.70	\$7.78
X0206	PHYSICAL THERAPY, INDIVIDUAL	97028	20	ULTRAVIOLET PHYSICAL MEDICINE TREATMENT			\$14.70	\$7.78
X0206	PHYSICAL THERAPY, INDIVIDUAL	97032	20	APP MODALITY TO ONE OR MORE AREAS			\$14.70	\$7.78
X0206	PHYSICAL THERAPY, INDIVIDUAL	97033	20	APP IONTOPHORESIS EACH 15 MIN			\$14.70	\$7.78
X0206	PHYSICAL THERAPY, INDIVIDUAL	97034	20	APP CONTRAST BATHS EACH 15 MIN			\$14.70	\$7.78
X0206	PHYSICAL THERAPY, INDIVIDUAL	97035	20	APP ULTRASOUND EACH 15MIN			\$14.70	\$7.78
X0206	PHYSICAL THERAPY, INDIVIDUAL	97036	20	APP HUBBARD TANK EACH 15 MIN			\$14.70	\$7.78
X0206	PHYSICAL THERAPY, INDIVIDUAL	97039	20	UNLISTED MODALITY (SPECIFY)			\$14.70	\$7.78
X0206	PHYSICAL THERAPY, INDIVIDUAL	97110	20	PT ONE OR MORE AREAS EA 15 MIN			\$14.70	\$7.78
X0206	PHYSICAL THERAPY, INDIVIDUAL	97112	20	THERA-NEURO REED MOVEMENT, BALANCE			\$14.70	\$7.78

**SCHOOL HEALTH SERVICES PROGRAM  
REVISED RATE/CODE CROSSWALK - JANUARY 2004**

Local Code	Procedure	Common Code	Age Limit	Procedure Description	Modifier 1	Modifier 2	Unit Rate	Unit Paid Price (Federal Share 52.95%)
X0206	PHYSICAL THERAPY, INDIVIDUAL	97113	20	THERA PROC 1 OR MORE AREAS AQUATIC			\$14.70	\$7.78
X0206	PHYSICAL THERAPY, INDIVIDUAL	97116	20	THERA PROC EA 15 MIN GAIT TRAINING			\$14.70	\$7.78
X0206	PHYSICAL THERAPY, INDIVIDUAL	97124	20	P T--- EACH 15 MIN MASSAGE			\$14.70	\$7.78
X0206	PHYSICAL THERAPY, INDIVIDUAL	97139	20	P T UNLISTED PROC EACH 15 MIN			\$14.70	\$7.78
X0206	PHYSICAL THERAPY, INDIVIDUAL	97140	20	MANUAL THERAPY			\$14.70	\$7.78
X0207	PHYSICAL THERAPY, GROUP	97150	20	THERA PROC GROUP			\$6.91	\$3.66
X0208	OCCUPATIONAL THERAPY, INDIVIDUAL	97530	20	OT DYNAMIC ACT EACH 15 MIN			\$12.22	\$6.47
X0208	OCCUPATIONAL THERAPY, INDIVIDUAL	97532	20	COGNITIVE SKILLS DEVELOPMENT			\$12.22	\$6.47
X0208	OCCUPATIONAL THERAPY, INDIVIDUAL	97533	20	SENSORY INTEGRATION			\$12.22	\$6.47
X0209	OCCUPATIONAL THERAPY, GROUP	97139	20	OT UNLISTED PROC EACH 15 MIN	HQ		\$4.16	\$2.20
X0210	AUDIOLOGY, INDIVIDUAL	V5299	20	HEARING SERVICE, MISCELLANEOUS			\$14.56	\$7.71
X0211	AUDIOLOGY, GROUP SESSION	V5299	20	HEARING SERVICE, MISCELLANEOUS	HQ		\$7.19	\$3.81
X0212	COUNSELING, INDIVIDUAL	H0004	20	BEHAVIORAL HEALTH COUNS AND THER, PER 15 MIN			\$11.34	\$6.00
X0213	COUNSELING, GROUP	H0004	20	BEHAVIORAL HEALTH COUNS AND THER, PER 15 MIN	HQ		\$4.48	\$2.37
X0214	SOCIAL WORK, INDIVIDUAL	H0004	20	BEHAVIORAL HEALTH COUNS AND THER, PER 15 MIN	AJ		\$14.61	\$7.73
X0215	SOCIAL WORK, GROUP	H0004	20	BEHAVIORAL HEALTH COUNS AND THER, PER 15 MIN	AJ	HQ	\$3.70	\$1.96
X0216	PSYCHOLOGY, INDIVIDUAL	H0004	20	BEHAVIORAL HEALTH COUNS AND THER, PER 15 MIN	AH		\$16.61	\$8.80
X0217	PSYCHOLOGY, GROUP	H0004	20	BEHAVIORAL HEALTH COUNS AND THER, PER 15 MIN	AH	HQ	\$4.97	\$2.63
X0218	SPEECH THERAPY, INDIVIDUAL	92507	20	TREAT SPEECH LANGUAGE, INDIV			\$14.88	\$7.88
X0219	SPEECH THERAPY, GROUP	92508	20	TREAT SPEECH LANGUAGE - GROUP			\$2.49	\$1.32
X0222	ORIENT/ MOBILITY SERVICES	97533	20	SENSORY INTEGRATION	52		\$16.20	\$8.58
X0228	IEP/ IFSP TRIENNAL REVIEW	T1017	22	TARGETED CASE MANAGEMENT, EACH 15 MINUTES	TL	TG	\$14.82	\$7.85
X0228	IEP/ IFSP TRIENNAL REVIEW	T1017	22	TARGETED CASE MANAGEMENT, EACH 15 MINUTES	TM	TG	\$14.82	\$7.85
X0229	504 PLAN DEVELOPMENT	T1017	22	TARGETED CASE MANAGEMENT, EACH 15 MINUTES			\$14.82	\$7.85
X0230	IEP/ IFSP ANNUAL REVIEW	T1017	22	TARGETED CASE MANAGEMENT, EACH 15 MINUTES	TM		\$14.82	\$7.85
X0230	IEP/ IFSP ANNUAL REVIEW	T1017	22	TARGETED CASE MANAGEMENT, EACH 15 MINUTES	TL		\$14.82	\$7.85
X0239	O/M GROUP SESSION	97533	20	SENSORY INTEGRATION	52	HQ	\$7.62	\$4.03
X0241	IEP/ IFSP DEVELOPMENT	T1017	22	TARGETED CASE MANAGEMENT, EACH 15 MINUTES	TL		\$14.82	\$7.85
X0241	IEP/ IFSP DEVELOPMENT	T1017	22	TARGETED CASE MANAGEMENT, EACH 15 MINUTES	TM		\$14.82	\$7.85
X0242	GROUP HEALTH TECH	T1004	20	SERVICES OF A QUALIFIED NURSING AIDE, UP TO 15 MINUTES	HQ	52	\$2.59	\$1.37
X0242	GROUP HEALTH TECH	97110	20	PT ONE OR MORE AREAS EA 15 MIN	HQ	52	\$3.88	\$2.05
X0242	GROUP HEALTH TECH	97530	20	OT DYNAMIC ACT EACH 15 MIN	HQ	52	\$3.43	\$1.81

**General Procedure Codes**

**Revised Mapping - January 2004**

Program	Local Code	Procedure	Previous Mapping of Procedure Code	New Mapping of Procedure Code	Procedure Description	Modifier 1	Modifier 2	Modifier 3	Modifier 4
MHS	X0104	CASE MANAGEMENT SERVICES - MH	90887	H0023	BEHAVIORAL HEALTH OUTREACH SERVICE (PLANNED APPR				
MHS	X0147	DAY / EVENING CARE LONG	H2012	H2013	PSYCHIATRIC HEALTH FACILITY SERVICE, PER DIEM				
Vision	X0300	POLYCARBONATE S/V; PLANO TO +/- 4.0	S0580	V2784	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS				
Vision	X0301	POLYCARBONATE S/V PLANO TO +/- SPHERE	S0580	V2784	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS				
Vision	X0302	POLYCARBONATE S/V PLANO TO +/- 4.0	S0580	V2784	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS				
Vision	X0303	POLYCARBONATE S/V PLANO TO +/- 4.0	S0580	V2784	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS				
Vision	X0304	POLYCARBONATE S/V PLANO TO +/- 4.25	S0580	V2784	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS				
Vision	X0305	POLYCARBONATE S/V PLANO TO +/- 4.0	S0580	V2784	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS				
Vision	X0306	POLYCARBONATE A/V PLANO TO +/- 4.25	S0580	V2784	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS				
Vision	X0307	POLYCARBONATE S/V; PLANO TO +/- 4.25	S0580	V2784	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS				
Vision	X0308	POLYCARBONATE S/V PLANO TO +/- 7.25	S0580	V2784	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS				
Vision	X0309	POLYCARBONATE S/V PLANO TO +/- 7.25	S0580	V2784	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS				
Vision	X0310	POLYCARBONATE S/V PLANO TO +/- 7.25	S0580	V2784	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS				
Vision	X0311	POLYCARBONATE S/V SPHERE OVER +/-	S0580	V2784	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS				

STATE OF COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING  
**REQUEST FOR HCBS PRIOR APPROVAL AND COST CONTAINMENT**  
*Circle the appropriate waiver program and modifier: BI-U6, EBD-U1, MI-UA, PLWA-U2*

PA Number being revised

REVISION? Yes  No

**FORM MUST BE COMPLETED IN BLACK BALLPOINT OR TYPEWRITER - PLEASE PRINT**

1. CLIENT NAME		2. CLIENT ID NUMBER	3. SEX <input type="checkbox"/> M <input type="checkbox"/> F	4. BIRTH DATE : : : :
5. REQUESTING PROVIDER #	6. CLIENT'S COUNTY	7. CASE NUMBER (AGENCY USE)	8. DATES COVERED FROM : : THROUGH : :	

**STATEMENT OF REQUESTED SERVICES**

9. Description	10. Modifier	11. Max # Units	12. Cost Per Unit	13. Total \$ Authorized	14. Comments
A S5105 Adult Day Care					
B T2001 Non-medical Transportation					
C S5130 Homemaker					
D T1019 Personal Care					
E T1019 Relative Personal Care	HR				
F S5165 Home Modifications					
G S5161 Electronic Monitoring					
H S5160 Elec Monitor Install/Purchase					
I T2031 Alternative Care Facility					
J H0045 Respite Care NF					
K T1005 Respite Care ACF or Individual, U6 only					
L T2016 Transitional Living, per day, U6					
M T2029 Assistive Technology, per service, U6					
N H0004 Mental Health Counseling, U6					
O T1006 Substance Abuse Counseling – Family, U6					
P T1011 Substance Abuse Counseling– Group/Indiv, U6					
Q T2013 Independent Living Skills Training, U6					
R H2018 Adult Day Treatment, U6					
S H0025 Behavioral Management, U6					
T S5140 Sup Adult Foster Care, U2					
U S5145 Sup Child Foster Care, U2					

15. TOTAL AUTHORIZED HCBS EXPENDITURES (SUM OF AMOUNTS IN COLUMN 13 ABOVE)		HCBS DAILY COST =	
16. PLUS TOTAL AUTHORIZED HOME HEALTH EXPENDITURES (SUM OF AUTHORIZED HOME HEALTH SERVICES DURING THE HCBS CARE PLAN PERIOD)		LT HOME HEALTH DAILY COST +	
17. EQUALS CLIENT'S MAXIMUM AUTHORIZED COST (HCBS EXPENDITURES + HOME HEALTH EXPENDITURES)		<b>TOTAL COST PER DAY =</b> (skilled + non-skilled)	

18. NUMBER OF DAYS COVERED (FROM FIELD 8 ABOVE) \_\_\_\_\_

19. AVERAGE COST PER DAY (Client's maximum authorized cost divided by number of days in the care plan period) \_\_\_\_\_ \$ \_\_\_\_\_

A. Monthly State Cost Containment Amount	\$	
B. Minus Client's Monthly Income	\$	
C. Minus Client's Monthly HCA Warrant Amount	\$	
D. Equals Client's Monthly Cost Containment	\$	
E. Divided by 30.42 days = Daily Cost Containment Ceiling	\$	

20. Immediately prior to HCBS enrollment, this client lived in a Nursing Facility  YES  NO

21. CASE MANAGER SIGNATURE	22. AGENCY	23. DATE
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**DO NOT WRITE BELOW - AUTHORIZING AGENT USE ONLY**

24. CASE PLAN:  Approved - Date \_\_\_\_\_  Denied - Date \_\_\_\_\_  Returned for Correction - Date \_\_\_\_\_

25. REGULATION(S) upon which Denial or Return is based:

26. AUTHORIZING AGENT SIGNATURE	27. DATE
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## PAR Completion Instructions

Complete this form for Prior Authorization Requests for **BI, EBD, MI, and PLWA**. Submit appropriate documentation to the SEP to support your request including detailed demographics, diagnosis, physician's orders, treatment plans, medications, etc.

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

For 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

Circle the type of program (**BI-U6, EBD-U1, MI-UA, PLWA-U2**) at the top of the PAR form for which you are requesting services - **Required**

1. **Client Name – Required:** Enter the client's name.
2. **Client ID number – Required:** Enter the client's Medical Assistance Program ID number.
3. **Sex:** Check M or F.
4. **Birth Date – Required:** Enter the client's date of birth.
5. **Requesting Provider # - Required:** Enter the requesting provider's Medical Assistance Program provider number.
6. **Client's County – Required:** Enter the client's county of residence.
7. **Case Number:** Enter the agency's case number for this PAR.
8. **Dates Covered (From and Through) – Required:** Enter the PAR start date and PAR end date.
9. **Description:** List of approved procedure codes. are listed below.

Brain Injury Mental Health Counseling Codes and Modifiers		Brain Injury Substance Abuse Counseling Codes and Modifiers	
H0004, U6, HR	Mental Health Counseling, Family	T1006	Mental Health Counseling, Family
H0004, U6, HQ	Mental Health Counseling, Group	T1011, HQ	Mental Health Counseling, Group
H0004, U6	Mental Health Counseling, Individual	T1011, HF	Mental Health Counseling, Individual

10. **Modifier:** Enter all applicable modifiers.
11. **Max # Units:** Enter the number of units next to the services for which you are requesting reimbursement.
12. **Cost Per Unit:** Enter the cost per unit of service.
13. **Total # Authorized:** Enter the total amount authorized for the service.
14. **Comments:** Enter any additional useful information.
15. **Total Authorized HCBS Expenditures** (Sum of Amounts in Column 13): Enter the total of all amounts listed in column 13.
16. **Plus Total Authorized Home Health Expenditures** (Sum of Authorized Home Health Services during the HCBS Care Plan Period): Enter the total Authorized Home Health expenditures.
17. **Equals Client's Maximum Authorized Cost:** Enter the sum of the HCBS Expenditures + Home Health Expenditures.
18. **Number of Days Covered:** Enter the number of days covered from Field 8.
19. **Average Cost Per Day:** Enter the client's maximum authorized cost divided by number of days in the care plan period.
20. **Immediately prior to HCBS enrollment, this client lived in a Nursing Facility:** Check Yes or No.
21. **Case Manager Signature:** Enter the signature of the Case Manager.
22. **Agency:** Enter the name of the agency.
23. **Date:** Enter the date signed.

Do **not** enter anything below the shaded area "**DO NOT WRITE BELOW - AUTHORIZING AGENT USE ONLY**". This is for the authorizing agency use only.

### Send PARs to:

BI PARs	EBD, MI, PLWA PARs
<b>Send to:</b>	<b>Send to:</b>
The Department of Health Care Policy and Financing	ACS
Waiver Coordinator	PARs
1570 Grant Street	PO Box 30
Denver CO 80203-1714	Denver, CO 80201-0030

## Publications Address & Preference Update Information

Please complete the form below and fax it to Medical Assistance Program Provider Enrollment at:

303-534-0439 or

Call Medical Assistance Program Provider Services at:

303-534-0146 or 1-800-237-0757 (Colorado toll free)

Completing and faxing this form to Provider Enrollment will assure that the fiscal agent has the correct publication information on file.

*Thank you.*

Medical Assistance Program updates and billing instructions are communicated through Medical Assistance Program publications. If your publications are to be sent to a billing agent, you are responsible for obtaining information from the agent. Enrolled providers are responsible for reading and assuring an appropriate response to information in Medical Assistance Program publications.

Provider Name	Provider Number	
Street address, PO Box		
City	State	Zip
(            )	(            )	
Voice Telephone number	Fax Telephone number	

**Individual providers:** I expect to receive  one  zero Medical Assistance Program publications by mail.

**Group, clinic, or corporate providers:** I expect to receive \_\_\_\_\_ Medical Assistance Program publications by mail.

Provider e-mail address: \_\_\_\_\_

*Providers are responsible for ensuring that the fiscal agent has their current e-mail address on file. The Colorado Medical Assistance Program is not responsible for undeliverable notifications due to incorrect e-mail addresses.*

- Should e-mail notification become available, I would like to receive electronic messages as new Medical Assistance Program publications are posted in the Provider Services Section of the Department's website. If e-mail notification becomes available, I will retrieve all publications from the Provider Services Section of the Department's website. I understand that I will *not* receive any paper Medical Assistance Program publications by mail.
- Should e-mail notification become available, I would like to receive new Medical Assistance Program publications as attachments to emails from the fiscal agent. If e-mail notification becomes available, I understand that I will *not* receive any paper Medical Assistance Program publications by mail.
- I submit claims by (through) another provider who will receive Medical Assistance Program publications on my behalf. I understand that my provider number will *not* receive any paper Medical Assistance Program publications by mail.
- I expect to receive a paper copy of each Medical Assistance Program publication mailed to the address that I have entered above. (*No more than **one** copy will be mailed to individual providers.*)
- The group, clinic, or corporate provider will receive \_\_\_\_\_ Medical Assistance Program publications on behalf of other enrolled providers (rendering providers). Please indicate the provider numbers for whom publications are to be received (The enrolled, rendering provider numbers listed will *not* receive Medical Assistance Program publications by mail):


(If necessary, please attach additional pages.)

- If Medical Assistance Program publications become available on CDs or diskettes, I would prefer to receive publications on CDs or diskettes. When CDs or diskettes are available, I understand that I will *not* receive any paper Medical Assistance Program publications by mail.