Medical Assistance Program Bulletin

Colorado Title XIX

Fiscal Agent

A C S

600 Seventeenth Street
Suite 600 North
Denver, CO 80202

Medical Assistance Program
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 Program
Fiscal Agent Information
on the Internet
www.chcpf.state.co.us

Click on the Provider Services tab at the top of the web page

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

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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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

Distribution: All providers **March 2004**

Reference: B0400168

All Providers

Electronic billing through the new Web Portal Application

WINASAP will remain available until the web portal is ready to send and receive electronic transactions. The 270 / 271 eligibility verification transactions will be implemented in the portal in late March 2004. Other transactions, including the 837 claim formats, will follow at a later date. The State will give providers at least 30 days notice prior to turning off WINASAP. Providers who plan to conduct any electronic business with the State must complete an enrollment packet with ACS EDI Gateway, the Colorado Medical Assistance Program electronic clearinghouse. The State will use the information from the enrollment process to register providers for portal access. The State will follow up and send the necessary User Names and Passwords to all providers who indicated an interest in the portal on their enrollment forms. To gain access to the portal, providers should follow the instructions below:

All enrollment forms are available at:
http://www.chcpf.state.co.us.

1. Select Provider Services,
2. Select Enrollment, and
3. Select either Providers *not yet enrolled* in the Colorado Medical Assistance Program or Providers *already enrolled* in the Colorado Medical Assistance Program to find and download the needed forms.

If you have any questions or need additional information on the EDI enrollment process, please contact:

EDI support at 1-800-987-6721.

Extension of Compliance Period for Batch Submitters

The State's contingency plan allowing batch claims submission using legacy systems ended February 14, 2004. All direct batch submitters were required to submit HIPAA compliant transactions on February 15, 2004. The State will extend the February 15, 2004 deadline for providers who work towards X12N transaction implementation allowing them to continue to submit batch claims in traditional formats. Providers should realize that this extension will be for a limited period and could be terminated at any time.

Providers who are working towards implementation, and who would like to request an extension of the compliance period, should submit a contingency plan to the Colorado Department of Health Care Policy & Financing. The plan should be brief, approximately one page in length. It should include:

1. The reasons the provider was not being able to send batch submissions in X12N format by February 15, 2004.
2. The steps that the provider is taking to become compliant.
3. The estimated date by which the provider expects to be ready to submit the X12N transactions in batch format.

This contingency plan should be sent via e-mail, to: **COMedicaidWeb@hcpf.state.co.us.**

Audiology Providers

Enrollment Policy New Audiology Providers

On March 1, 2004, the State begins enrollment for new audiologists who have **never** worked with the Health Care Program (HCP) for Children with Special Needs through the Colorado Department of Public Health and Environment. All new audiologists who are interested in providing Medical Assistance Program-covered benefits must enroll in the Colorado Medical Assistance Program. The new audiologists will have the ability to dispense hearing aids. To enroll, audiologist providers must:

- Register with the Department of Regulatory Agencies (DORA);
- Include a screen print from DORA verifying the registration;
- Attach a Certificate of Clinical Competency (CCC) from the American Speech/Language/Hearing Association (ASHA); and Be certified by the Colorado Department of Health Care Policy and Financing (HCPF) and meet the following criteria:
  - ✓ Master's or doctorate degree in audiology from an American Speech and Hearing Association (ASHA) accredited institution;
  - ✓ Registered as an Audiologist in Colorado;
  - ✓ Paid professional experience in working with the pediatric population, including a supervised clinical fellowship year.

New audiologists in the process of being certified by HCPF should not send any of the required credentialing information to the fiscal agent. Send all required certification information only to HCPF. New audiologists may bill all the procedure coding listed in the July 2003 bulletin B0300158 with the exception of V5011. V5011 is reserved only for Colorado Home Intervention Program (CHIP) providers. New audiologists interested in becoming a Medical Assistance Program Provider and who meet all of the criteria stated above must contact Sandra Jacquez to request a credentialing application for hearing aid dispensers. Sandra Jacquez can be reached at 303-866-6006 or by email at Sandra.Jacquez@state.co.us.

Correction to the November 2003 Bulletin
Enrollment Policy Clarification

The information below is a correction to Audiology and CHIP Providers Enrollment Policy Clarification on page 6 in November 2003 bulletin B0300164.

Audiologists who worked with the Health Care Program for Children with Special Needs (HCP) and would like to dispense hearing aids:

- Must be certified/credentialed by the Colorado Department of Health Care Policy and Financing (HCPF) and must meet the following criteria:
  - ✓ Master's degree in audiology from an American Speech and Hearing Association (ASHA) accredited institution;
  - ✓ Registered with the Department of Regulatory Agencies (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 the past year.
- Must have a Certificate of Clinical Competency from (ASHA).

Dental Providers

Dental Policy Clarification

Medical Assistance Program providers cannot be enrolled and/or bill as both a physician and a dentist.

Physicians with an oral surgery or maxillofacial surgery medical specialty must:

- Use CPT medical codes to submit Medical Assistance Program claims;
- Bill on the Medical Assistance Program medical claim form;
- Follow Medical Assistance Program billing instructions;
- Follow medical multiple surgery billing instructions;
- Use medical procedure code modifiers if required; and
- Follow medical prior authorization requirements.

Oral surgeons with a specialty in oral surgery enrolled as dentists must:

- Use ADA dental procedure codes to submit Medical Assistance Program claims;
- Bill on the Medical Assistance Program approved ADA dental claim form;
- Follow Medical Assistance Program and dental billing instructions;
- Not use medical procedure code modifiers; and
- Follow Medical Assistance Program dental prior authorization requirements.

Dentists must enroll as dentists and must:

- Use ADA dental procedure codes to submit Medical Assistance Program claims;
- Bill on a Medical Assistance Program approved ADA dental claim form;
- Follow Medical Assistance Program and dental billing instructions;
- Not use medical procedure code modifiers; and
- Follow Medical Assistance Program dental prior authorization requirements.

Dentist with a dental Oral Surgery specialty must:

- Use ADA dental procedure codes to submit Medical Assistance Program claims;
- Bill on a Medical Assistance Program approved ADA dental claim form;
- Follow Medical Assistance Program and dental billing instructions;
- Not use medical procedure code modifiers; and
- Follow Medical Assistance Program dental prior authorization requirements.

Dentist with a dental Oral and Maxillofacial Surgery specialty must:

- Use ADA dental procedure codes to submit Medical Assistance Program claims;
- Bill on a Medical Assistance Program approved ADA dental claim form;
- Follow Medical Assistance Program and dental billing instructions;
- Not use medical procedure code modifiers; and
- Follow Medical Assistance Program dental prior authorization requirements.

EPSDT Providers

HIPAA Updates for Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Providers submitting claims electronically must use the 837-P

HIPAA billing changes affect providers who submit EPSDT electronic claims. Providers submitting claims electronically will use the 837 Professional Claim Transaction (**837-P)** for both periodic screening and other children's health care visits. The fiscal agent is now accepting electronic claims using the 837-P. There are two fields on the 837-P where the provider can identify EPSDT services:

1. Enter the identifying code **01 in the program indicator field** for EPSDT (Loop 2300, Segment CLM, Element CLM 12) for both a periodic screen and other children's health care visit; and
2. Enter "**Yes" in the service line** (Loop 2400, Segment SV1, Element SV111) if the visit is a referral from a periodic screen for further diagnosis and treatment.

EPSDT Claim Form will be replaced with the Colorado 1500

Professional claims submitted on the paper EPSDT claim form and the Colorado 1500 will not change. **However, providers who submit more than five claims per month are still required to submit claims electronically**.

Sometime this year, the Colorado 1500 paper claim form will replace the EPSDT paper claim form. Primary care providers who bill Medical Assistance Program fee-for-service use the EPSDT claim form for EPSDT periodic screens. The Colorado 1500 will be used for both the periodic screens and other child health visits. The State will track the EPSDT periodic screens by procedure and diagnosis codes. Other children's health care services will be billed as they are now on the 1500 using national standard codes.

Providers must identify visits that are a result of an EPSDT Screen referral

If a provider sees a child for further diagnosis or treatment resulting from an EPSDT periodic screen, the provider should enter:

1. **"Yes" in Box # L** on the Colorado 1500 or
2. "**Yes" in the service line** (Loop 2400, Segment SV1, Element SV111).

It is important to identify EPSDT services. All EPSDT services are reported on the Annual EPSDT Participation Report (416) to the Centers for Medicare and Medicaid Services (CMS) along with the number of EPSDT periodic screens.

If you have questions regarding these changes, please call Medical Assistance Program Provider Services at 303-534-0146 (Denver Metro area) or 1-800-237-0757 (Toll free Colorado).

HCBS Providers

Correction to February All Provider Bulletin

The article on the new HCBS Waiver Prior Approval and Cost Containment form contained an error. This form ***does*** replace the Brain Injury waiver program Prior Approval and Cost Containment form as well the Prior Approval and Cost Containment forms for the EBD, MI and PLWA. The form and instructions have been revised and are included with this bulletin. The new form will also be available in the Forms section of the Provider Services section of the State's website. We apologize for any inconvenience this may have caused.

HMO and Medical Assistance Program FFS Providers

HMO enrollment changes effective February 1

Clients can lose and re-gain eligibility in a short period of time, primarily because they forget to submit the necessary paperwork. In the past HMO clients remained in the HMO as long as eligibility was re-established within sixty days. Beginning in February clients will not be enrolled with the HMO during the time they are ineligible.

Previous enrollment example

02-01-04	Client is in an HMO
02-29-04	Client loses eligibility
02-29-04	Client is disenrolled from the HMO
04-15-04	Client regains eligibility retroactive to 03-01
04-15-04	Client is re-enrolled with the HMO as of 03-01

Beginning in February, clients who are enrolled in a managed care program (Health Maintenance Organization/Administrative Service Organization/ Primary Care Physician Program) and become ineligible will be placed in the straight Medical Assistance fee-for-service Program. The following example is typical:

February 1, 2004 example

02-01-04	Client enrolled in an HMO
02-29-04	Client loses eligibility
02-29-04	Client is disenrolled from the HMO
04-15-04	Client regains eligibility retroactive to 03-01
05-01-04	Client is re-enrolled with the HMO

In the second example, services provided between March 1 and April 30 should not be billed to the HMO because the client was not enrolled in an HMO. Services provided between March 1 and April 30 should be billed as fee-for-service because the client is eligible for the Medical Assistance Program. If the HMO is billed for services provided during this two-month period, the claim will be denied.

The HMOs requested this change because they were unable to manage the client during the "loss of eligibility" period, but were required to pay for any services provided during this time.

Be sure to check eligibility each time a client receives services to ensure that claims are submitted to the correct payer.

Medical Supply Providers

Policy Clarification and Coding Change for the Haberman Feeder

Haberman Feeders were developed as an alternative to nasal-gastric feeding for children who have difficulty sucking. Haberman Feeders are recommended for use with babies who have sucking and/or swallowing limitations related to the following:

Down's Syndrome	Cleft lip/palate
Pierre Robin Syndrome	Neurological dysfunction
Bronchopulmonary Dysplasis	Congenital Heart Disease
Genetic Disorders	Disorganized Sucking symptoms
Birth Asphyxiation	Brain Damage symptoms
Excessive air intake during feeding	Limited endurance for oral intake
High risk for aspiration	Oral and facial abnormalities
Poor rhythm in suck/swallow pattern	

Providers must submit a prior authorization request and receive approval before submitting a claim for the Haberman Feeder. Providers should bill using code **S8265**. Codes B9999 and A9900 are no longer valid.

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!

STATE OF COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

REQUEST FOR HCBS PRIOR APPROVAL AND COST CONTAINMENT

Check the appropriate waiver program and modifier: ☐ **BI**-U6, ☐ **EBD**-U1, ☐ **MI**-UA, ☐ **PLWA**-U2

REVISION? Yes ☐ No ☐ | PA Number being revised

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

1. CLIENT NAME	2. CLIENT ID NUMBER	3. SEX ☐ M ☐ 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 -U1, UA, U2) or (Indiv -U6)					
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					
V T2033 Supported Living Program, U6					

15. TOTAL AUTHORIZED HCBS EXPENDITURES (SUM OF AMOUNTS IN COLUMN 13 ABOVE)	$
16. PLUS TOTAL AUTHORIZED HOME HEALTH EXPENDITURES (SUM OF AUTHORIZED HOME HEALTH SERVICES DURING THE HCBS CARE PLAN PERIOD)	$
17. EQUALS CLIENT'S MAXIMUM AUTHORIZED COST (HCBS EXPENDITURES + HOME HEALTH EXPENDITURES)	$
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

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

PAR Completion Instructions

Complete this form for Prior Authorization Requests for **BI**, **EBD**, **MI**, **and PLWA**. Submit the PAR to the HCBS program's authorizing agent listed at the bottom of the instructions.

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

Check 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.
10. **Modifier**: Enter all applicable modifiers.
    Modifiers for BI Mental Health and Substance Abuse Counseling (N, O and P) 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

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**
Send to:	**Send to:**
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