All Providers

Client Billing for Medical Assistance Program Services

The Colorado Medical Assistance Program and fiscal agent representatives frequently address questions as to what can be billed to Medical Assistance Program clients. Please share this information with your billing offices and use the following questions (Q) and answers (A) as a guide for determining whether Medical Assistance Program clients can be billed for services rendered.

Q: Can Medical Assistance Program clients be charged for services covered by the Medical Assistance Program?

A: *No.*
Participating providers agree to accept the Medical Assistance Program payment as payment in full for benefit services rendered. Required Medical Assistance Program deductibles, co-insurance or co-payments and those specific to specialty areas of practice are described in the Billing Information section of the Billing Manual.

Q: What if the Medical Assistance Program payment does not cover all of my costs. Can I charge the difference to the client?

A: *No.*
All providers submitting medical services claims to the Medical Assistance Program certify that, "I accept as payment in full, payment made under the Medical Assistance Program, and certify that no supplemental charges have been, or will be billed to the patient, except for those non-covered items or services, if any, which are not reimbursable under the Medical Assistance Act."

Q: What if I no longer want to be a Medical Assistance Program provider. Can I bill the Medical Assistance Program clients for my services?

A: *No.*
Clients may not be billed if the failure to obtain Colorado Medical Assistance Program payment is caused by the provider's failure to comply with Colorado Medical Assistance Program billing procedures.

Constraints against billing Colorado Medical Assistance Program clients for benefit services apply whether or not Colorado Medical Assistance Program makes or has made payment and whether or not the provider participates in the Colorado Medical Assistance Program.

Q: Can I use a collection agency or execute a lien against assets to get payment from Medical Assistance Program clients?

A: *No.*
Collection agencies cannot submit Colorado Medical Assistance Program claims for payment and cannot collect payment from Colorado Medical Assistance Program-eligible clients.

Providers may not assert a lien – including a hospital lien – on any money, settlement, recovery, or judgment paid to the client or to the client's estate as the result of a personal injury lawsuit. Colorado law prohibits providers from billing Medical Assistance Program clients or the estates of deceased Medical Assistance Program clients for Medical Assistance Program benefit services.

Q: Can I bill Medical Assistance Program clients for missed appointments?

A: *No.*

Providers may not bill the Colorado Medical Assistance Program clients for missed appointments, telephone calls, completion of claim submission forms, or medication refill approvals.

Primary care physicians participating in a managed care program may dismiss an enrolled client from their practice for cause at any time. The primary care physician shall give no less than 45 days notice to both the Department and the client. Cause shall be defined as any of the following:

- *The client misses multiple scheduled appointments*
- *The client fails to follow the recommended treatment plan or medical instructions.*
- *The primary care physician cannot provide the level of care necessary to meet the client's needs.*
- *The client and /or client's family is abusive to provider and/or staff in compliance with 42 CFR 438.56(a)(2).*
- *The physician moves out of the service area.*
- *Other reasons satisfactory to the Department.*

Q: Can I bill Medical Assistance Program clients for services not covered by the Medical Assistance Program?

A: *Yes.*

Before providing services that will not be covered by the Colorado Medical Assistance Program, providers shall have the client sign an acknowledgment of financial responsibility. Only if a written agreement is developed, clients have the following responsibilities:

- *If the service is not a covered benefit of the Colorado Medical Assistance Program, clients may be billed for the service.*
- *Clients are responsible for Colorado Medical Assistance Program co-payment. By federal law, providers may not refuse services if the client cannot pay co-payment when services are rendered. Clients may be billed for unpaid co-payment. Providers may apply standard collection policies if the client fails to satisfy co-payment obligations.*
- *Clients in nursing facilities are responsible for patient payment when under Medicare A (skilled nursing) coverage. If the patient payment amount exceeds the Medicare A co-insurance due, the difference is refunded to the client.*
- *Colorado Medical Assistance Program clients enrolled in a Colorado Medical Assistance Program Managed Care Program must follow the rules of the Prepaid Health Plan (PHP). Clients who insist upon obtaining care outside of the PHP network may be charged for non-covered services.*
- *Colorado Medical Assistance Program clients enrolled in the Primary Care Physician (PCP) Program are required to follow PCP Program rules. Non-emergency care in a setting that is not authorized by the primary care physician is not a benefit of the Colorado Medical Assistance Program. Clients who insist upon obtaining non-emergency care in an emergency or urgent care setting without PCP authorization may be charged for the cost of those services.*
- *Colorado Medical Assistance Program clients who have commercial insurance coverage that requires them to obtain services through a provider network must obtain all available services through the network. Clients who insist upon obtaining non-managed-care covered services outside the network may be charged for such services.*

Refer to the following sites for questions concerning charging Medical Assistance Program clients for services rendered.

1. **Code of Federal Regulations:**

   Title 42 Section 447.15 - Acceptance of State payment as payment in full.
   http://www.gpoaccess.gov/cfr/index.html

2. **Colorado Revised Statutes:**

   26-4-403 - Recoveries–overpayments–penalties–interest–adjustments–liens.
   http://198.187.128.12/colorado/lpext.dll?f=templates&fn=fs-main.htm&2.0.com
   26-4-518 - Payments by third parties–co-payments by clients–review–appeal.
   http://198.187.128.12/colorado/lpext.dll?f=templates&fn=fs-main.htm&2.0.com

3. **Colorado Code of Regulations (State Rules Concerning the Medical Assistance Program):**
   10 CCR 2505-10, 8.000 et seq.
   10 CCR 2505-10, section 8.012
   10 CCR 2505-10, section 8.205.4.I
   http://www.chcpf.state.co.us/HCPF/StateRules/index.asp

4. **Colorado Medical Assistance Program Provider Participation Agreement, Page 2 Item G.**
   http://www.chcpf.state.co.us/HCPF/Pdf_Bin/Enrollmentapp.pdf

5. **Colorado Medical Assistance Program General Information and Requirements Manual, Pages 19-20**
   http://www.chcpf.state.co.us/HCPF/Pdf_Bin/MasterGenFinalrev.pdf

6. **Medical Assistance Program Bulletin #B9900020, July 1999**
   http://www.chcpf.state.co.us/HCPF/Pdf_Bin/provrespons.PDF

Changes to Edit 0275

Changes were made to the Medical Assistance Program claims processing system to prevent payment for claims for clients who are not Medical Assistance Program eligible for every date of service on the claim. Any claim type, including Inpatient, Outpatient, Nursing Facility, Home Health, Practitioners, Dental and Capitations will deny with edit 0275, "Client not eligible for Medical Assistance Program services." If the client is not Medical Assistance Program eligible for all dates of service billed on the claim the entire claim will deny. It is the provider's responsibility to rebill only for the dates the client is eligible. Providers should verify eligibility each time the client is seen.

Payments for incorrectly processed claims with a paid date on or after May 1, 2001 will be recovered. The recovery will occur at the end of May 2004. Providers will be notified of the recovery via a provider message at the beginning of the Provider Claims Report.

May 2004 Statewide
Provider Billing Workshop Schedule

General Information
Provider billing workshops include both Medical Assistance Program Billing instructions and a review of Medical Assistance Program billing procedures. The May statewide schedule includes specific classes for new Medical Assistance Program billers and specialty training for different provider types. The May 2004 workshop schedule is listed below.
These workshops do _not_ include in-depth training for the Web Portal.

Who Should Attend?
New and experienced receptionists, front desk personnel, admission personnel, office managers, billing services, and other billing staff should attend the appropriate workshops.

Do I need Reservations?
Yes, reservations are necessary for *all workshops*. We require reservations in order to provide adequate space for all workshop participants.

Email reservations to: workshop.reservations@acs-inc.com
or
Call Medical Assistance Program Provider Services to make reservations.
1-800-237-0757 (toll free Colorado) or 303-534-0146

Press "4" to make your workshop reservation. This transfers you to a voice mail where you must leave the following information:
➢ Medical Assistance Program provider billing number
➢ The date and time of the workshop
➢ The number of people attending and their names
➢ Contact name, address and phone number

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

Your confirmation will be mailed to you within 1 week of making your reservation. If you do not receive a confirmation within 1 week please contact Provider Services and talk to a Provider Relations Representative.

Class Descriptions

Beginning Training

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

FQHC/RHC

This class is for billers who bill on the UB92 format. The class covers billing procedures, common billing issues and guidelines for FQHC/RHC providers.

Home Health

This class is for billers who bill on the UB92 format. The class covers billing procedures, common billing issues and guidelines for home health providers.

Hospital

This class is for billers who bill on the UB92 format. The class covers billing procedures, common billing issues and guidelines for In-patient Hospital and Out-patient Hospital providers.

*(This class is **not** for FQHC/RHC providers – please refer to the FQHC/RHC class description.)*

Nursing Facility

This class is for billers who bill on the UB92 claim format. The class covers billing procedures, common billing issues, PETI, Medicare Crossovers and guidelines for Nursing Facility providers.

Supply/DME

This class is for billers who bill on the CO1500 claim format. The class covers billing procedures, common billing issues and guidelines for Supply/DME providers.

Transportation

This class is for billers who bill on the CO1500. The class covers billing procedures, common billing issues and guidelines for transportation providers.

Statewide Training Schedule	
Location	**Class, Date and Time**
Fort Collins University Park Holiday Inn 425 West Prospect Road Fort Collins, CO 80526 970-482-2626	**Beginning Training workshop for all providers** **Supply/DME and Hospital provider workshops** 05/10/04, Monday – 8:30-1:00 (Beginning Training) 05/10/04 - Monday – 2:00-4:00 (Supply and Hospital)
Greeley Best Western Ramkota Inn 701 8th Street Greeley, CO 80631 970-353-8444	**Beginning Training workshop for all providers** **Transportation and Nursing Facility provider workshops** 05/11/04 – Tuesday – 8:30-1:00 (Beginning Training) 05/11/04 – Tuesday – 2:00-4:00 (Transportation and Nursing Facility)
Grand Junction Holiday Inn 755 Horizon Drive Grand Junction, CO 81502 970-243-6790	**Beginning Training workshop for all providers** **Supply/DME and Nursing Facility provider workshops** 05/13/04 – Thursday – 8:30-1:00 (Beginning Training) 05/13/04 – Thursday – 2:00-4:00 (Supply and Nursing Facility)
Pueblo Holiday Inn Pueblo 4001 North Elizabeth Pueblo, CO 81008 719-543-8050	**Beginning Training workshop for all providers** **RHC/FQHC provider workshop** 05/18/04 – Tuesday – 8:30-1:00 (Beginning Training) 05/18/04 – Tuesday – 2:00-3:30 (RHC/FQHC)
Colorado Springs Embassy Suites Hotel 7290 Commerce Center Dr Colorado Springs, CO 80919 719-599-9100	**Beginning Training workshop for all providers** **Supply/DME and Home Health provider workshops** 05/19/04 – Wednesday – 8:30-1:00 (Beginning Training) 05/19/04 – Wednesday – 2:00-4:00 (Supply and Home Health)

Dental Providers

Correction to Bulletin B0200146

Code D9230 on page 10 of the bulletin is incorrect. The correct codes are D2110 - D2999. We apologize for any inconvenience this may have caused.

Nursing Facility Providers

New Version of the Nursing Facility Specialty Manual

The Nursing Facility section of the Specialty Billing Information has been revised. The December 2003 version was missing some of the changes related to the new HIPAA coding. Additional changes were made to bring the manual up-to-date with current Colorado Medical Assistance Program rules and processes. The changes include:

1. Description of the current prior authorization process, reflecting the roles of the Single Entry Point (SEP) and Statewide Utilization Review Contractor.
2. Deletion of programmatic leave days, since these are a type of non-medical leave days and covered by the non-medical leave days definitions and edits.
3. A clearer definition of how patient payment is calculated for a partial month.
4. Update of the Nursing Facility Post Eligibility Treatment of Income (PETI) process and criteria.

Paper claim examples were also updated. The examples with leave days and excessive leave days now contain the new revenue codes required by HIPAA. The Medicare B crossover example now contains a valid revenue code, rather than the invalid revenue code 169 that was used in the past.

Non-Emergent Transportation Providers

Non-Emergent Medical Transportation (NEMT) Rule

On March 12, 2004, the Medical Services Board of the Colorado Department of Health Care Policy and Financing (HCPF) passed emergency rule 04-02-19-A, Revisions to Medical Assistance Program Non-Emergent Medical Transportation. HCPF revised the Non-Emergent Medical Transportation (NEMT) rule to comply with the recently amended State Plan. The revision allows for the reimbursement of personal vehicle mileage and bus fare without prior approval from the State Designated Entity (SDE). The NEMT rule becomes effective April 1, 2004.

The SDE may reimburse Medical Assistance Program clients for personal vehicle mileage at $0.30 per mile and bus fares by providing bus tokens, vouchers, or direct reimbursement for the actual fare. The SDE must ask the client to verify that he/she has exhausted all means of free transportation. If the client has done so, the SDE may proceed with the reimbursement process.

The SDE must receive documentation to verify the client attended a medical appointment. Documentation may include a dated and signed super bill, a discharge summary or other similar document. The documentation must verify the client's medical appointment.

Personal Mileage Reimbursement: The client must submit beginning and ending odometer readings, which the SDE should verify for accuracy. The trip must be the most direct route to and/or from the medical appointment with the closest qualified provider. The service must be a benefit of the Colorado Medical Assistance Program program. The SDE must also obtain the following information before reimbursement of personal mileage.

1. Name and address of vehicle owner
2. The policy number and name of the insurance carrier; and
3. Driver's license number and expiration date for the driver of the vehicle.

Bus Fare Reimbursement: For other than local city bus, the client must submit the ticket stub to the SDE for reimbursement of actual fare. This transportation should be to the closest qualified provider. The rendered service must be a benefit of the Colorado Medical Assistance Program program.

After the receipt of all the necessary documentation, the SDE should submit a claim for reimbursement to the State fiscal agent (Affiliated Computer Services, ACS). The SDE must bill personal mileage using one of the following procedure codes.

Code	Narrative	Rate	Trip Report	PAR	Comments
A0080	Non-emergency transportation, per mile – vehicle provided by volunteer (individual or organization), with no vested interest.	$0.30	Y	N	Effective 04/01/04. 1 unit=1 mile
A0090	Non-emergency transportation, per mile – vehicle provided by individual (family member, self, neighbor) with vested interest	$0.30	Y	N	Effective 04/01/04. 1 unit=1 mile

The SDE must bill bus fare using the following procedure code.

Code	Narrative	Rate	Trip Report	PAR	Comments
A0110	Non-emergency transportation and bus, intra- or interstate carrier.	UCC	Y	N	Effective 04/01/04. 1 unit=1 way trip. Other than local city bus, submit ticket stub for reimbursement.

If this information is incomplete or not current, the SDE may not reimburse for personal mileage or bus fare. Mobility Vehicle, Wheelchair Van and non-emergent Ambulance transport require physician certification and SDE approval as previously noted.

The SDE must maintain all documentation for a period of 6 years.

Information contained in this article supplements Medical Assistance Program Bulletin B0300159, July 2003, "Medical Transportation Providers."

For additional information, please access the State website to view Medical Assistance Program rule, 8.680, "Non-Emergent Medical Transportation" and HCPF Agency Letter, HCPF 04-006, or contact Brian Chadwick by telephone at 303-866-5622, or by email at brian.chadwick@state.co.us

Proper Use of QF and TK Modifiers for Transportation Providers
Oxygen provided to a Medical Assistance Program client during transport in a wheelchair van should be billed with procedure code A0130 (Non-Emergency Transportation: Wheelchair Van) + Modifier QF (Prescribed Amount of Oxygen).

Mobility van transport for multiple passengers should be billed with procedure code A0120 (Non-Emergency Transportation: Mini-Bus) + Modifier TK (Extra Patient or Passenger, Non-Ambulance)

Waiver Providers

Correction to Procedure Codes for Electronic Monitoring Systems
Electronic monitoring systems are a benefit under certain waiver programs (MI, PLWA, EBD, BI) for Colorado Medical Assistance Program clients. Providers should now bill for this product using procedure code S5160 (Emergency response system, installation and testing). Providers should be sure to include the appropriate U-Series modifier that identifies the client's particular waiver program.

Previously, local code X0129 (Installation of electronic monitoring) was used to bill for Electronic Monitoring Systems for Brain Injury Waiver (BI) clients. X0129 was initially mapped to S5610. This is incorrect. The correct code is S5160.

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 Department's website at: http://www.chcpf.state.co.us

For HIPAA updates and Provider News