Medical Assistance Program Bulletin

Colorado Title XIX

Fiscal Agent

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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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 **July 2004**
Reference: B0400179

All Providers

Web Portal Users

The provider web portal is now available for eligibility verification. All providers who have received their letter from the State with the necessary user names and passwords should login to the portal as soon as possible. The initial passwords are time sensitive and will suspend if they are not used by a specific date. Providers should send questions via e-mail to: comedicaidweb@hcpf.state.co.us.

July Workshop Reminder

Beginning Training for CO-1500/UB-92

Tuesday, 07/13/04 – from 9 AM to 3 PM
All Denver workshops are located at:
ACS
600 Seventeenth Street
Suite 600 N (6th Floor, North Tower)
Denver, CO 80202
Reservations are required

Please refer to the December 2003 Bulletin B0300165, for additional information.

Provider Address Changes

Address changes for certain provider types require State approval. The fiscal agent cannot change location addresses without State approval for the provider types listed below:

General Hospital (In State Only)	HCBS-BI
Mental Hospital	HCBS-MI
Skilled Nursing Facility	Community Mental Health Center
Intermediate Care Facility	HCBS-DD, HCBS-CHRP
Residential Treatment Center	Rural Health Clinic
MHASA	Devel Evaluation Clinic
Fed Qualified Health Center (FQHC)	Hospice
HCBS-EBD:	School Based Clinic-District
▪ Personal/Homemaker Care	School Based Clinic-School
▪ Alternative Care	Nursing Facility Oxygen Supplier
▪ Adult Day Services	Health Insurance Buy In (HIBI)

PCP Incentive Payment Reminder

As a result of the termination of the PCP incentive payments beginning July 1, 2004, physicians will no longer receive Provider Claim Reports listing all their clients. Client enrollment information is still available. Providers may access the PCP Roster List through BBS and MEVSNET and through the new HIPAA 834 Managed Care Enrollment transaction. For further information on these reports / transactions, please contact ACS EDI Gateway at 1-800-987-6721.

Dental Providers

Revised Dental Crown Placement Policy

Effective July 1, 2004 a Prior Authorization Request (PAR) will no longer be required to provide six (6) or more prefabricated crowns in a hospital-based setting.

However, the May 2004 Dental Crown Placement Policy that limits the placement of prefabricated crowns to five (5) per date of service in the office is still in effect. The total of five (5) per date of service includes any combination of these codes.

Codes limited to a total of five (5) per date of service	
D2930	Prefabricated stainless steel crown – primary tooth
D2931	Prefabricated stainless steel crown – permanent tooth
D2932	Prefabricated resin crown
D2933	Prefabricated stainless steel crown with resin window

If more than five (5) crowns are needed in an office setting, the additional crowns must be placed on a different date of service.

For additional information on the Department's Dental Hospitalization Policy, please see the July 2002 Medical Assistance Program Bulletin (B0200138).

DME & Supply Providers

On July 1, 2004, reimbursement for durable medical equipment and disposable supplies will be decreased by 1%. This reduction applies to all items that have an assigned fixed rate and to those items priced by invoice. The decrease is a result of recent budget cuts. The Department will continue to review DME and Supplies in an effort to appropriately manage the DME/Supply Program.

Non-Emergent Medical Transportation (NEMT) Providers

On July 1, 2004, the Medical Assistance Program NEMT will become an administrative cost. NEMT claims will no longer be paid as Medical Assistance Program Medical services. Please watch upcoming bulletins for more details.

Private Duty Nursing (PDN) Providers

PDN Rule Changes

On June 11, 2004, the Medical Services Board approved a revision to the Private Duty Nursing (PDN) rules. The rule reduces the maximum number of hours per day from the previous twenty (20) hour maximum to sixteen (16). Only clients under the Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program, aged 0 to 20 years, are eligible for more than 16 hours if medically necessary. PDN continues to be prior authorized through the Department's utilization review contractor, Dual Diagnosis Management. Effective with dates-of-service beginning July 1, 2004 and thereafter, you are required to place A1 in the condition codes section of the UB-92 claim form whenever more than 16 hours of service per day are provided to an EPSDT eligible client.

Failure to include the condition code will result in claim lines over 16 hours being denied. The Medical Assistance Program claims processing system will use edit resolutions to prevent payment for PDN claim lines over 16 hours for clients 21 years and over. Please remember to use the appropriate modifiers on all PDN claims. Use Revenue Codes 552, 559, 580, 581, 582 with Procedure Code T1000 and Modifiers TD, TE, and HQ as described in the Home Health and PDN Specialty Billing Manual.

Attention Pharmacy Providers

Please be advised that there are **no** Medical Assistance Program FFS pharmacy benefits for clients who are enrolled with a Medical Assistance Program PHP. Any drugs that are not covered by the PHP **cannot** be billed to the Colorado Medical Assistance Program.

Physical & Occupational Therapy Providers

Some Physical & Occupational Therapy Codes are not a benefit for the first 24 units of service

The following codes are not considered a Medical Assistance Program benefit. The Medical Assistance Program will not reimburse for these particular codes during the first 24 units of physical and/or occupational therapy services. If medically necessary, a prior authorization request may be submitted for approval for these services after the first 24 therapy units have been used. A current assessment (60 days or less) of the client's medical status must accompany the PAR request.

This is an update to the information published in Bulletin B0400177 (June 2004).

Procedure Codes	Reimbursement	Maximum # Units	Provider Modifier
97039	Manual price	4	GP/GO
97139	Manual price	4	GP/GO
97140	$12.60	4	GP/GO
97150	$10.50	2	GP/GO
97602	By Report	BR	GP/GO
97703	$15.76	1	GP/GO
97750	$19.96	4	GP/GO
97799	By Report	BR	GP/GO

Speech Therapy Providers

Updated Speech Therapy Procedure Codes & Rates

Procedure Codes	Reimbursement	Maximum # Units
92506	$30.88	1
92507	$56.70	1
92508	$ 9.46	1
92525	$43.99	1
92526	$23.10	1
** 96110	$34.33	1
** 97112	$10.50	4
** 97532	$19.74	2
** 92597	$55.83	1
* 99201	Not billable, Effective July 1, 2004	0
* 99211	Not billable Effective July 1, 2004	0

* Deleted code ** Added code

Note: When billing 97532 in conjunction with 92507 on the same date of service, **only one unit of 97532** can be billed.

A maximum of **four** speech therapy units is allowed per date of service. A Primary Care Physicians Referral is required for all speech therapy services. Speech therapy is not subject to Prior Authorization Requirements (PARs); however the State may perform speech therapy reviews for utilization control and quality control at any time.

This is an update to the information published in Bulletin B0400177 (June 2004).

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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 Provider Updates and News