



# 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](http://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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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

August 2004

Reference: B0400180

## All Providers

### September Statewide Workshops

#### General Information

Provider billing workshops include both Medical Assistance Program Billing instructions and a review of Medical Assistance Program billing procedures. The September statewide schedule includes specific classes for new Medical Assistance Program billers and specialty training for various provider types. The September 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](mailto: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 one week of making your reservation. If you do not receive a confirmation within one 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 Provider Claim Reports (PCRs), and UB-92 and CO1500 claim completion.

#### FQHC/RHC

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

#### Home Health

This class is for persons billing on the UB92 format. The class covers billing procedures, common billing issues and guidelines for Home Health providers.

**Hospice**

This class is for persons billing on the UB92 format. The class covers billing procedures, common billing issues and guidelines for Hospice providers.

**Hospital (Inpatient/Outpatient)**

This class is for persons billing on the UB92 format. The class covers billing procedures, common billing issues and guidelines specifically for Inpatient Hospital and Outpatient Hospital providers.

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

**Nursing Facility**

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

**Practitioners**

This class is for persons billing on the Colorado 1500 format. The class covers billing procedures, common billing issues and guidelines for these specific provider types:

- Ambulance
- Anesthesiologists
- ASC
- Family Planning
- Independent Labs
- Independent Radiologists
- Nurse Practitioner
- OB/GYN
- Occupational Therapist
- Physical Therapists
- Physician Assistant
- Physicians, Surgeons

<b>September Statewide Training Schedule</b>	
<b>Location</b>	<b>Class, Date and Time</b>
<b>Grand Junction</b> <b>Holiday Inn</b> 755 Horizon Drive Grand Junction, CO 81502 970-243-6790	<b>Beginning Training workshop for all providers</b> <b>Nursing Facility and Practitioner provider workshops</b> 09/14/04, Tuesday – 8:30-1:00 (Beginning Training) 09/14/04 - Tuesday – 2:00-4:00 (Nursing Facility and Practitioner)
<b>Durango</b> <b>Double Tree Hotel</b> 501 Camino Del Rio Durango, CO 81301 970-259-6580	<b>Beginning Training workshop for all providers</b> <b>RHC/FQHC provider workshop</b> 09/15/04 – Wednesday – 8:30-1:00 (Beginning Training) 09/15/04 – Wednesday – 2:00-3:30 (RHC/FQHC)
<b>Fort Collins</b> <b>University Park Holiday Inn</b> 425 West Prospect Road Fort Collins, CO 80526 970-482-2626	<b>Beginning Training workshop for all providers</b> <b>Practitioner and Hospice provider workshops</b> 09/20/04 – Monday – 8:30-1:00 (Beginning Training) 09/20/04 – Monday – 2:00-4:30 (Practitioner and Hospice)
<b>Greeley</b> <b>Best Western Regency Hotel</b> 701 8 <sup>th</sup> Street Greeley, CO 80631 970-353-8444	<b>Beginning Training workshop for all providers</b> <b>Nursing Facility provider workshop</b> 09/21/04 – Tuesday – 8:30-12:00 (Beginning Training) 09/21/04 – Tuesday – 2:00-3:30 (Nursing Facility)
<b>Pueblo</b> <b>Holiday Inn Pueblo</b> 4001 North Elizabeth Pueblo, CO 81008 719-543-8050	<b>Beginning Training workshop for all providers</b> <b>RHC/FQHC provider workshop</b> 09/22/04 – Wednesday – 8:30-1:00 (Beginning Training) 09/22/04 – Wednesday – 2:00-3:30 (RHC/FQHC)
<b>Colorado Springs</b> <b>Embassy Suites Hotel</b> 7290 Commerce Center Dr Colorado Springs, CO 80919 719-599-9100	<b>Beginning Training workshop for all providers</b> <b>Practitioner and Hospital provider workshops</b> 09/23/04 – Thursday – 8:30-12:00 (Beginning Training) 09/23/04 – Thursday – 2:00-4:30 (Practitioner and Hospital)

## ***Nurse Home Visitor Program Providers***

### **Billing on the CO1500/837P Format**

Nurse Home Visitor providers will only be reimbursed for 3 units of service, for procedure code G9006 or T1017 per month. If a provider bills more than 3 units of G9006 HD (or T1017 HD) on a single line, the entire claim line will deny. It will not cutback and pay for three units. For tracking purposes additional (visits) units should be entered on separate lines from the 3 units authorized by the Colorado Medical Assistance Program.

Providers should use place of service "12" - "Home" as the place of service for the Nurse Home Visitor Program claims.

## ***Physical & Occupational Therapy Providers***

### **Correction to Physical & Occupational Therapy Codes article in the July bulletin (B0400179)**

*Physical & Occupational Therapy Codes that are not a benefit during the first 24 units of service are denoted by an asterisk (\*).*

Codes marked with an \* are not considered a Medical Assistance Program benefit and will not be reimbursed during the first 24 units of physical and/or occupational therapy services. A prior authorization request may be submitted for approval for these services after the first 24 therapy units have been utilized. A current assessment (60 days or less) of the client's medical status must accompany the PAR request.

<b>Procedure Codes</b>	<b>Reimbursement</b>	<b>Maximum # UNITS</b>	<b>Provider Modifier</b>
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	<i>By Report</i>	<i>BR</i>	<i>GP/GO</i>
97703	\$ 15.75	1	GP/GO
97750	\$ 19.95	4	GP/GO
* 97799	<i>By Report</i>	<i>BR</i>	<i>GP/GO</i>
** 97755	\$ 19.95	4	GP/GO

\*\* Added code \* Not reimbursed during the first 24 units

## ***Speech Therapy Providers***

### **Updated Speech Therapy Procedure Codes & Rates**

Effective July 1, 2004, the Speech Therapy codes that are marked with an asterisk (\*) have been end-dated. Speech Therapy codes that are marked with a double asterisk (\*\*) have been added.

<b>Procedure Codes</b>	<b>Reimbursement</b>	<b>Maximum # UNITS</b>
92506	\$ 30.88	1
92507	\$ 56.70	1
92508	\$ 9.46	1
92526	\$ 23.10	1
96110	\$ 34.33	1
97112	\$ 10.50	4
97532	\$ 19.74	2
92597	\$ 55.83	1
** 92605	\$ 30.88	1
** 92606	\$ 56.70	1
** 92611	\$ 30.88	1
** 92520	\$ 56.70	1
* 92525	<i>Not billable, Effective July 1, 2004</i>	0
* 99201	<i>Not billable, Effective July 1, 2004</i>	0
* 99211	<i>Not billable Effective July 1, 2004</i>	0

\*\* Added code \* Deleted code

## ***Providers Billing on the 837I X-12N Format***

### **Institutional Providers**

When there are multiple payers on a claim, institutional providers billing on the 837I X-12N format should remember that the Colorado Medical Assistance Program is always the Payer of Last Resort. When 837I X-12N claims are accepted by the Colorado Medical Assistance Program claims processing system, the system looks at the first payer entry. Medicare (when applicable) or the first third party payer (other) is mapped to the second payer position. Third party payers (usually third party commercial payers) are mapped to the third position. 837I X-12N billers need to make sure that they use the appropriate value codes. Use Value Codes B1, B2, and B3 for Medicare or (the other) second party payer. Use Value Codes C1, C2, and C3 for the third payer.

This policy only applies to Institutional Providers billing claims with multiple payers in 837I X-12N format.

### **Inpatient and Outpatient Providers**

#### **Bundling of Related Inpatient and Outpatient Hospital Claims**

*This is a correction to the November 2003 Provider Bulletin, reference #B0300164.*

“Bundling” describes a single reimbursement package for related services. Medical Assistance Program reimbursement for inpatient hospital care includes associated outpatient services provided in a 24-hour period immediately prior to the hospital admission. An outpatient claim will be denied if it should have been bundled into an inpatient admission. If the hospital provider disagrees with the denial, the provider may submit the claim to the fiscal agent (ACS) for reconsideration. A medical professional will review the claims and determine whether or not the claims are related.

### ***Practitioner Providers***

#### **Pharmacy Changes**

##### Atypical Antipsychotics

Effective July 21, 2004, the Department will no longer require prior authorization for more than one tablet of any strength of Abilify, Risperdal or Zyprexa for patients 18 years old and younger. The system changes that must be made to implement this policy change will not be completed by the policy change effective date. Until the system changes are completed, providers may call the Pharmacy Help Desk and receive a prior authorization for any patient who is 18 years old and younger. No letter of medical necessity is required. The atypical antipsychotic prior authorization requirements are not changing for patients who are 19 years old and older. The prior authorization criteria are posted at [http://www.chcpf.state.co.us/ACS/Pdf\\_Bin/appen0304.pdf](http://www.chcpf.state.co.us/ACS/Pdf_Bin/appen0304.pdf).

The Department will continue to review the use of these medications in pediatric and adolescent patients. The Department plans to create a panel of practitioners specializing in child psychiatry to review such use and make recommendations to the Department regarding the appropriate uses of atypical antipsychotics. Providers interested in participating on this panel should contact Cathy Traugott at 303-866-2468. The Department intends to audit those providers who prescribe these medications to pediatric and adolescent patients for drug utilization purposes.

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***