



Medical Assistance Program Bulletin

Colorado Title XIX

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Medical Assistance Program
Fiscal Agent Information
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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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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

October 2004

Reference: B0400182

All Providers

File and Report Service Update

The implementation date for the Provider Web Portal File and Report Service is now scheduled for October 1, 2004. The File and Report Service replaces the BBS/MEVSNET for electronic reports. The current BBS/MEVSNET will remain functional for 60 days after the implementation of the File and Report Service.



When BBS/MEVSNET is no longer available, providers must retrieve their reports through the Provider Web Portal File and Report Service.

2005 HCPCS

The Centers for Medicare & Medicaid Services (CMS) updates and releases HCPCS annually. The 2005 HCPCS contains existing, new, revised, and discontinued HCPCS codes for 2005. The Colorado Medical Assistance Program will use these codes for processing claims for services on or after January 1, 2005.

As of January 1, 2005, providers will no longer have a 90-day grace period for billing discontinued HCPCS codes. Providers will be notified when the 2005 HCPCS publication is available in the Provider Services section of the Department's website.

Dialysis Providers

Correction to Dialysis Specialty section, page S-69

The field number on the UB-92 for Patient Status should be 22, not 16 as listed in the current manual section. Please make this correction in your manual. We apologize for any inconvenience this may have caused. Please see the correct field label below:

Field Label	Completion Requirement
22. Stat (Patient Status)	Required Dialysis must use code 01.

Hospital Providers

New Version of the Grouper

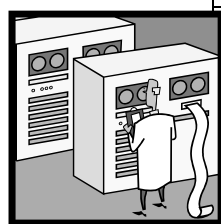
In December 2004, DRG Grouper 22 will be installed in the Medical Assistance Program's claims processing system and will be effective retroactively to October 1, 2004. The following versions of the Center for Medicare and Medicaid Services (CMS) Grouper will be used to process Medical Assistance Program inpatient hospital claims:



Discharge Date	Grouper
On or after October 1, 2004	Version 22.0
October 1, 2003 to September 30, 2004	Version 21.0
October 1, 2002 to September 30, 2003	Version 20.0
October 1, 2001 to September 30, 2002	Version 19.0
December 1, 2000 to September 30, 2001	Version 18.0

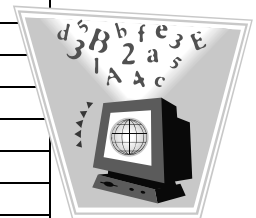
Claims with dates of service on or after October 1, 2004, using the following DRGs will suspend on October 1, 2004. The suspended claims will be processed when DRG Grouper 22 is installed. In an upcoming bulletin, changes to the relative weights, average length of stay, and trim points will be published. Changes will be effective October 1, 2004.

DRG	Description
01	Craniotomy Age >17 Except For Trauma
02	Craniotomy For Trauma Age >17
07	Periph & Cranial Nerve & Other Nerv Syst Proc With CC



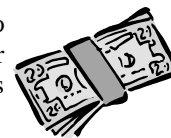
DRG	Description
08	Periph & Cranial Nerve & Other Nerv Syst Proc W/O CC
34	Other Disorders Of Nervous System With CC
35	Other Disorders Of Nervous System W/O CC
68	Otitis Media & Uri Age >17 With CC
69	Otitis Media & Uri Age >17 W/O CC
70	Otitis Media & Uri Age 0-17
88	Chronic Obstructive Pulmonary Disease
103	Heart Transplant
104	Cardiac Valve & Other Maj Cardiothoracic Proc w/ Card Cath
105	Cardiac Valve & Other Maj Cardiothoracic Proc w/o Card Cath
115	Perm Cardiac Pacemaker Implant With Ami, Heart Failure Or Shock
116	Other Cardiac Pacemaker Implantation
120	Other Circulatory System O.R. Procedures
121	Circulatory Disorders With Ami & C.V. Comp. Disch. Alive
130	Peripheral Vascular Disorders With CC
131	Peripheral Vascular Disorders W/O CC
146	Rectal Resection With CC
147	Rectal Resection W/O CC
148	Major Small & Large Bowel Procedures With CC
149	Major Small & Large Bowel Procedures W/O CC
154	Stomach, Esophageal & Duodenal Procedures Age >17 With CC
155	Stomach, Esophageal & Duodenal Procedures Age >17 W/O CC
156	Stomach, Esophageal & Duodenal Procedures Age 0-17
157	Anal And Stomal Procedures With CC
158	Anal And Stomal Procedures W/O CC
185	Dental & Oral Dis. Exc Extractions & Restorations, Age >17
186	Dental & Oral Dis. Exc Extractions & Restorations, Age 0-17
187	Dental Extractions & Restorations
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
201	Other Hepatobiliary Or Pancreas O.R. Procedures
205	Disorders Of Liver Exc Malig, Cirr, Alc Hepa With CC
206	Disorders Of Liver Exc Malig, Cirr, Alc Hepa W/O CC
210	Hip & Femur Procedures Except Major Joint Age >17 With CC
211	Hip & Femur Procedures Except Major Joint Age >17 W/O CC
212	Hip & Femur Procedures Except Major Joint Age 0-17
213	Amputations For Musculoskeletal System & Conn. Tissue Disorders
216	Biopsies Of Musculoskeletal System & Connective Tissue
218	Lower Extrem & Humer Proc Exc Hip, Foot, Femur Age >17 With CC
219	Lower Extrem & Humer Proc Exc Hip, Foot, Femur Age >17 W/O CC
220	Lower Extrem & Humer Proc Exc Hip, Foot, Femur Age 0-17
223	Major Shoulder/Elbow Proc Or Other Upper Extremity Proc With CC
224	Shoulder, Elbow Or Forearm Proc Exc Major Joint Proc W/O CC
233	Other Musculoskelet Sys & Conn Tiss O.R. Proc With CC
234	Other Musculoskelet Sys & Conn Tiss O.R. Proc W/O CC
256	Other Musculoskeletal System & Connective Tissue Diagnoses
263	Skin-Grafts And/Or Debrid Ulcer Or Cellulitis With CC
264	Skin-Grafts And/Or Debrid Ulcer Or Cellulitis W/O CC
271	Skin Ulcers
283	Minor Skin Disorders With CC
284	Minor Skin Disorders W/O CC
288	O.R. Procedures For Obesity
299	Inborn Errors Of Metabolism
300	Endocrine Disorders With CC
301	Endocrine Disorders W/O CC
315	Other Kidney & Urinary Tract O.R. Procedures

DRG	Description
325	Kidney & Urinary Tract Signs & Symptoms Age >17 With CC
326	Kidney & Urinary Tract Signs & Symptoms Age >17 W/O CC
327	Kidney & Urinary Tract Signs & Symptoms Age 0-17
331	Other Kidney & Urinary Tract Diagnoses Age >17 With CC
332	Other Kidney & Urinary Tract Diagnoses Age >17 W/O CC
333	Other Kidney & Urinary Tract Diagnoses Age 0-17
358	Uterus & Adnexa Proc For Non-Malignancy With CC
359	Uterine & Adnexa Procedures For Non-Malignancy W/O CC
369	Menstrual & Other Female Reproductive System Disorders
406	Myeloprolif Disord Or Poorly Diff Neoplasm W Maj O.R. Proc. & CC
407	Myeloprolif Disord Or Poorly Diff Neopl W Maj O.R. Proc W/O CC
421	Viral Illness Age >17
422	Viral Illness & Fever Of Unknown Origin Age 0-17
429	Organic Disturbances & Mental Retardation
432	Other Mental Disorder Diagnoses
442	Other O.R. Procedures For Injuries With CC
443	Other O.R. Procedures For Injuries W/O CC
463	Signs & Symptoms With CC
464	Signs & Symptoms W/O CC
465	Aftercare With History Of Malignancy As Secondary Dx
466	Aftercare W/O History Of Malignancy As Secondary Dx
467	Other Factors Influencing Health Status
468	Extensive O.R. Procedure Unrelated To Princ Diagnosis
471	Bilateral Or Multiple Major Joint Procedures Of The Lower Ext.
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
480	Liver Transplant
481A	Bone Marrow Transplant - Allogenic
481U	Bone Marrow Transplant - Autologous
482	Tracheostomy With Mouth, Larynx, Pharynx Disorder
483	Trac with Mech Vent 96+Hrs or PDS except Face, Mouth & Neck DX
486	Other O.R. Procedures For Multiple Significant Trauma
495	Lung Transplant
496	Combined Anterior/Posterior Spinal Fusion
497	Spinal Fusion Except Cervical with CC
498	Spinal Fusion Except Cervical without CC
499	Back & Neck Procedures Except Spinal Fusion With CC
500	Back & Neck Procedures Except Spinal Fusion W/O CC
504	Extensive 3rd Degree Burns with Skin Graft
505	Extensive 3rd Degree Burns without Skin Graft
506	Full Thick Burn w/ Sk Graft or Inhal Inj w/ CC or Sig Tr
507	Full Thick Burn w/ Sk Graft or Inhal Inj w/o CC or Sig Tr
508	Full Thick Burn w/o Sk Graft or Inhal Inj w/ CC or Sig Tr
509	Full Thick Burn w/o Sk Graft or Inhal Inj w/o CC or Sig Tr
518	Percutaneous Cardiovascular Procedures without AMI, without Coronary Artery
519	Cervical Spinal Fusion with CC
520	Cervical Spinal Fusion without CC
525	Heart Assist System Implant
531	Spinal Procedures w CC
532	Spinal Procedures w/o CC
533	Extracranial Procdures w CC
534	Extracranial Procdures w/o CC
539	Lymphoma & Leukemia w Major or Procedure w CC
540	Lymphoma & Leukemia w Major or Procedure w/o CC



DRG	Description
929	Organic Disturbances & Mental Retardation Age < 21
932	Other Mental Disorder Diagnoses Age < 21
936	Alc/Drug Depend W Rehab Age < 21

Grouper Version 22 also contains changes for DRGs 387 and 389. DRGs 387 and 389 may be regrouped to Colorado specific DRGs 801, 802, 803, 804, 805, and 810. Claims for these DRGs with dates of service on or after October 01, 2004 will continue to pay using coding from Grouper Version 21 until Grouper Version 22 is implemented.



DRG	Description
387	See DRGs 801-810
389	Full Term Neonate With Major Problems
801	Neonates < 1,000 Grams
802	Neonates, 1,000 - 1,499 Grams
803	Neonates, 1500 - 1,999 Grams
804	Neonates, > 2,000 Grams With Rds
805	Neonates > 2,000 Grams, Premature W/ Major Problems
810	Neonate, Low Birthweight Dx, Over 28 D. Old At Admission

Non-Emergent Medical Transportation Providers

As of October 1, 2004, LogistiCare will manage the Non-Emergent Medical Transportation (NEMT) program for the eight counties previously working with Arapahoe County Transportation Services. The eight counties are Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, and Larimer. Transportation providers serving these counties should no longer directly bill the state for NEMT effective October 1, 2004. All NEMT services for these eight counties must be authorized, approved and arranged through LogistiCare. LogistiCare has been contacting transportation providers to discuss a direct working relationship with LogistiCare. If you are a transportation provider wanting to provide NEMT services in the eight counties listed, please contact LogistiCare via:



Ray Blanco
 Director of Network Development
 rayb@logisticare.com
 1-770-907-7596, extension 402 or 1-800-486-7647, extension 402

To learn more about this company, please visit their website at LogistiCare.com.

Pharmacy Providers

Durable Medical Equipment (DME)/Supply and Pharmacy Item Differences

Some providers have had questions about whether a particular item is billed as a pharmacy item or a DME/Supply item. The following are examples and billing procedures for DME/Supply items and pharmacy items. DME/Supply is billed on the CO-1500 or 837P format. With few exceptions, pharmacy claims are billed electronically through PDCS.

Insulin Syringes

DME:

Insulin syringes are a Colorado Medical Assistance Program benefit and do not require a prior authorization. Insulin syringes must be billed using HCPCS codes. *Bill insulin syringes on the CO-1500 or 837P format.*



Pharmacy:

Pre-filled insulin syringes provided by a pharmacist are a benefit of the Medical Assistance Program. *Bill pre-filled insulin syringes electronically through PDCS as medication using NDC codes.*

Enteral Nutrition Products

Supply:

Supplies and nutrients used for enteral feeding or food supplements are a benefit when prescribed by a physician and prior authorized. *Example:* Ensure – a nutritional supplement for maintaining or gaining weight for people with diabetes, cancer, or special nutritional needs. *Bill supplies and nutrients used for enteral feeding or food supplements on the CO-1500 or 837P format.*

Pharmacy:

Vitamin Preparations are a benefit for clients with a severe vitamin deficiency, and require a prior authorization. *Exception - pre-natal vitamins that require a Prior Authorization Type Code 4 to process.* Vitamin preparations can be provided by a pharmacist and submitted by the pharmacy using NDC codes. *Bill Vitamin Preparations electronically through PDCS as medication using NDC codes.*



Home Intravenous (IV) Equipment

DME/Supply:

Home Intravenous (IV) therapy is a benefit for administration of Total Parenteral Nutrition (TPN), antibiotics, maintenance of electrolyte balances, hydration, or other medications. Services must be prescribed by a physician and prior authorized. Bill home IV administration or equipment and supplies on the CO-1500 or 837P format.

Pharmacy:

Home IV therapy solutions must be provided by a pharmacist and submitted by the pharmacy using NDC codes. Bill Home IV therapy solutions electronically through PDCS as medication using NDC codes.

Pharmacy Changes

Effective October 7, 2004, the Department will no longer require prior authorization for proton pump inhibitors prescribed for patients under two years old.

The Department has also removed the prior authorization requirements for any strength of Abilify, Risperdal, or Zyprexa for patients 18 years old and younger. Effective October 7, 2004, providers will no longer have to call the Pharmacy Help Desk for prior authorizations for patients 18 years old and younger.

Additionally, the Department will allow patients 17 years old and younger to receive COX-2 inhibitors through the prior authorization process. Prior authorizations may be approved according to the following dosing guidelines for patients 17 years old and younger:



COX2	FDA Approved Indication	Dose
Vioxx	Pauciarticular and Polyarticular Course Juvenile Rheumatoid Arthritis	2 –11 years old and 10 - 41 kg = 0.6mg/kg up to 25 mg daily 2-11 years old and ≥ 42 kg = 25 mg daily 12-17 years old = 25 mg daily

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**

