



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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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

December 2004

Reference: B0400184

All Providers

HIPAA Compliant Batch Submissions

Effective February 1, 2005, the Colorado Medical Assistance Program will only accept HIPAA compliant transactions.

The Medical Assistance Program claims processing system will reject all National Standard Format (NSF) claims that are submitted via batch. If you have not completed your testing, please contact EDI Support at 1-800-987-6721.

Client Eligibility

Client Eligibility should be checked prior to every Medical Assistance Program client visit to verify eligibility and determine if the client is enrolled in an HMO/PCP/MHASA group. Providers should also check for third party coverage. Verify Eligibility through one of the following:

- CMERS
- FaxBack
- Transaction 270 through web portal or batch

If the client's eligibility cannot be verified through any of these methods *and* you have a letter on State letterhead stating client eligibility for the date of service, you may use the letter as eligibility verification.

Reminder:

Please check your records for accuracy of the address for the Department of Health Care Policy and Financing. As of May 2003 the physical and mailing address is:

1570 Grant Street
Denver, CO 80203-1818

Fiscal Agent and State Offices Will Be Closed

Please note that the Fiscal Agent and State offices will be closed on Friday, December 24, 2004 and will re-open on Monday December 27, 2004. Fiscal Agent and State offices also will be closed on Friday, December 31, 2004 and re-open on Monday, January 3, 2005.

Christmas Holiday Schedule

Due to the Christmas holiday observance on Friday, December 24, 2004, claim payments will be processed on Thursday, December 23, 2004. The processing cycle includes electronic claims accepted before 6:30 P.M. on Thursday. Receipt of warrants and EFT will be delayed.

2005 Holiday Processing Schedule

Standard processing

The Colorado Medical Assistance Program processes claim payments every Friday evening. The weekly Claim Report identifies claims that have been submitted for processing during the week.

Each week, Medical Assistance Program payment information is reported to the Colorado Financial Reporting System (COFRS) and Medical Assistance Program warrants (paper checks) and Electronic Funds Transfers (EFT) are processed.

Electronic Provider Claim Reports (PCRs) may be retrieved on Monday morning of the week following payment processing.

Paper PCRs for EFT payments are mailed on Wednesday of the week following payment processing. Paper PCRs with accompanying warrants are mailed on Thursday of the week after payment processing.

Holiday processing

For some State and Federal holidays, payment processing dates are changed to avoid payment delays. When the holiday falls on a Monday or Friday, claim payments are processed on Thursday instead of Friday. The processing cycle includes electronic claims accepted before 6:30 P.M. on Thursday.

The following schedule shows the holiday processing cycles for 2005.

Holiday Processing Date	Holiday
Thursday 12/30/2004	New Year's Day (Observed) – Friday - 12/31/2004
Thursday 01/13/2005	Martin Luther King Jr. Day – Monday - 01/17/2005
Thursday 02/17/2005	Presidents' Day – Monday 02/21/2005
Thursday 05/26/2005	Memorial Day – Monday 05/30/2005
Friday 07/01/2005	Independence Day – Monday 07/04/2005
Thursday 09/01/2005	Labor Day – Monday 09/05/2005
Thursday 10/06/2005	Columbus Day – Monday 10/10/2005
Thursday 12/22/2005	Christmas Day (Observed) – Monday - 12/26/2005
Thursday 12/29/2005	New Year's Day (Observed) – Monday - 01/02/2006

The following holidays will affect the receipt of warrants or EFT:
Independence Day – Monday, 07/04/2005
Veterans' Day – Friday, 11/11/2005

Please retain this holiday processing schedule for reference for 2005

January 2005

Denver Beginning Provider Workshop Schedule

General Information

Provider billing workshops include both Medical Assistance Program Billing instructions and a review of Medical Assistance Program billing procedures. There are specific classes for new billers to the Medical Assistance Program.

Who Should Attend?

New and experienced receptionists, front desk personnel, admission personnel, office managers, billing services, and other billers should attend the appropriate workshops.

Do I need Reservations?

Yes, reservations are necessary for *all workshops*. We are currently requesting reservations for both Statewide and Denver workshops to be able to provide adequate space in all workshops.

Email reservations to: workshop.reservations@acs-inc.com

or

Call Medical Assistance Program Provider Services to make reservations.

1-800-237-0757 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 (1) week of making your reservation. If you do not receive a confirmation within one (1) week, please contact Provider Services and talk to a Provider Relations Representative.

Class Description

Beginning Training – CO1500 (837P) and UB92 (837I)

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

Denver Location

All Denver workshops are located at:

ACS
600 Seventeenth Street
Suite 600 N (6th Floor, North Tower)
Denver, CO 80202

Driving directions:

Take Interstate 25 to Exit 210 A – Colfax. Go East

Take Colfax 0.8 miles to Welton – seventh light. Go North

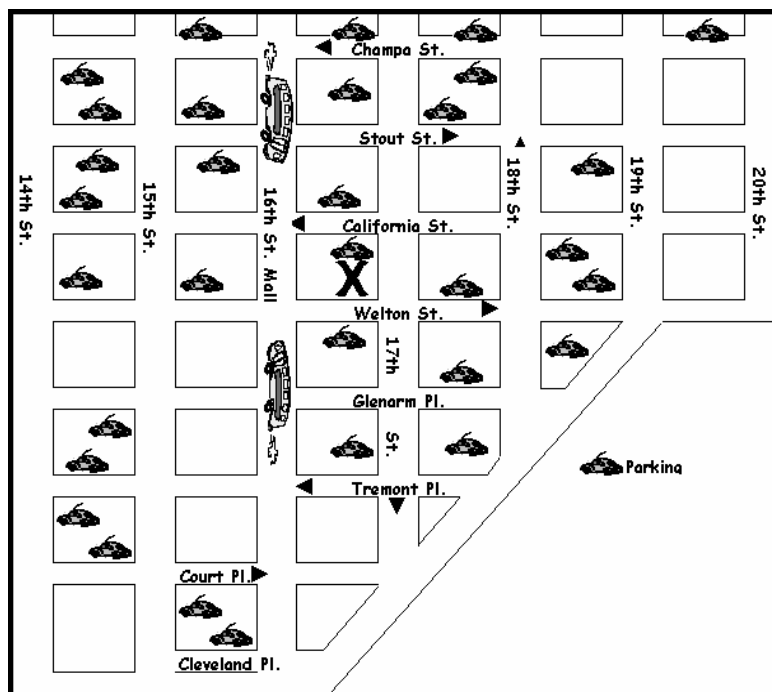
Take Welton 0.4 miles to 16th Street – Third light.

ACS is located in the Dominion Plaza, on the west side of Welton, between 16th and 17th Streets.

Parking:

Parking is not provided and is limited in the Downtown Denver area. Providers attending workshops are urged to carpool and arrive early to secure parking or use public transportation.

Commercial parking lots are available throughout the downtown area and the daily rates range from approximately \$5 - \$10.



January 2005 - Denver Beginning Billing Schedule 9:00 – 3:00

Beginning Training UB-92/ 837I
01/06/05 - Thursday

Beginning Training CO-1500/837P
01/07/05 – Friday

Audiologists

Prior Authorization Request for Hearing Aids

Only an audiologist can submit a Prior Authorization Request (PAR) for Hearing Aids. The audiologist submitting the PAR must have a provider specialty type of HCP or CHAP.

Hospital Providers

New Version of the Grouper

In December 2004, DRG Grouper 22 will be installed in the Medical Assistance Program claims processing system and will be effective retroactively to October 1, 2004. Claims with dates of service on or after October 1, 2004, using the following DRGs, will be processed in the December 17, 2004 financial cycle.

DRG	Description
01	Craniotomy Age >17 with CC
02	Craniotomy Age >17 without CC
07	Periph & Cranial Nerve & Other Nerv Syst Proc With CC
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

DRG	Description
300	Endocrine Disorders With CC
301	Endocrine Disorders W/O CC
315	Other Kidney & Urinary Tract O.R. Procedures
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
929	Organic Disturbances & Mental Retardation Age < 21
932	Other Mental Disorder Diagnoses Age < 21
936	Alc/Drug Depend W Rehab Age < 21

Relative weights, average lengths of stay, and trim points for new or changed DRGs are shown below.

DRG	Description	Weight	ALOS	Trim
01	Craniotomy Age >17 with CC	4.5481	11.7	47
02	Craniotomy Age >17 without CC	2.6553	5.4	22
483	Trac with Mech Vent 96+Hrs or PDS except Face, Mouth & Neck DX	No longer valid	No longer valid	No longer valid
541	Trac with Mech Vent 96+Hrs or PDX except Face, Mouth & Neck DX with Major OR	17.0039	35.4	183
542	Trac with Mech Vent 96+Hrs or PDX except Face, Mouth & Neck DX without Major OR	10.2055	26.2	136
543	Craniotomy with Implant of Chemo Agent or Acute Complex CNS PDX	6.0806	14.5	58

Grouper Version 22 also contains changes for DRGs 387 and 389. DRG 387 is regrouped to Colorado specific DRGs 801, 802, 803, 804, 805, and 810. Claims for these DRGs are being processed on an ongoing basis with Grouper Version 21.0 and will pay using coding from Grouper Version 22 once the new grouper is implemented.

Nursing Facility Providers

PETI Prior Authorization Request Forms

Please note the new address for submission of PETI Prior Authorization Request forms:

**NF PETI Program
Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203-1818**

Clarification of PAR Procedures

When the effective date on the AP-5615 from the county eligibility staff is not correct, providers cannot change the date. Providers shall notify the eligibility technician and request correction before submitting the PAR to Dual Diagnosis Management (DDM). Providers shall not change the certification date on the ULTC 100.2, but can request a change from the Single Entry Point.

The AP-5615 may be used by providers to notify DDM of discharges and deaths. Only the discharge or death shall be listed in section IV of the AP-5615.

Pharmacy and Practitioner Providers

Colorado Medical Assistance Program Prior Authorization Form for Proton Pump Inhibitors

The revised Colorado Medical Assistance Program Prior Authorization Form and instructions for Proton Pump Inhibitors are on the following pages. Providers should begin using the revised form right away. Please copy the form as needed.

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

Colorado Medical Assistance Program Prior Authorization Form for Proton Pump Inhibitors

PPI: Aciphex, Nexium, Omeprazole, Prevacid, Prilosec (10mg & 40mg), Prilosec 20mg OTC, Protonix

Prescribing physician: Please send the completed request form to PDCS by mail or by fax.

Pharmacy Help Desk Toll Free: 1-800-365-4944

Mail: 365 Northridge Road
Northridge Center 1, Suite 400
Atlanta, GA 30350
Attention: Colorado DUR Desk

Pharmacy Help Desk Fax: 1-888-772-9696

Physician Information

Physician DEA #/License #: _____

Physician Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Client Information

Client Medical Assistance Program ID Number: _____

Client Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Client's Date of Birth: ____ / ____ / ____

Requested Drug	Dosage Form	Strength	Quantity	Directions for Use

Diagnosis

Complicated:

- Complicated duodenal or gastric ulcer*, (i.e.: active bleeding ulcer, gastric outlet obstruction)
- GERD with erosive esophagitis*
- Pediatric esophagitis*
- GERD w/risk of aspiration pneumonia in clients 65 years old or older or clients with Down Syndrome
- Hypersecretory conditions (e.g., Zollinger- Ellison syndrome)*
- Erosive or Ulcerative GERD*
- Barrett's esophagitis*
- Acid Pulmonary Syndrome/Recurrent Aspiration Syndrome*
- Other (specify)*: _____

* Diagnosed by:

- X-Ray Endoscopy Biopsy GI Specialist (name of specialist _____)
- Other _____

Date of test/diagnosis by GI specialist: _____

Non-Complicated:

- GERD
- Non-complicated duodenal or gastric ulcer, acute or recurring
- Other (specify): _____

Failed PPI or H2 Blocker Therapy

Failed Drug	Strength	Directions for Use	Treatment Dates

Helicobacter pylori:

- H. Pylori**
- **Diagnosed by: breath test blood test tissue test Date of test: _____

Medical Justification/Other Information: _____

Physician's signature

Date

(By signature, the physician confirms the criteria information above is accurate and verifiable in client records.)

Instructions

Please fill out the form completely and sign and date the form before submitting it for consideration. Indicate the client's diagnosis on the form and provide the indicated information required for that diagnosis. If there is any additional information that should be considered when reviewing the prior authorization request, please include that information in the "Medical Justification/Other Information" section.

PA Criteria

Clients can receive up to 90 days of therapy of Aciphex, Prevacid (capsules or suspension) or Protonix with once daily dosing without a prior authorization. After 90 days, a prior authorization is required for these drugs. All other drugs and dosing schedules require a prior authorization. In addition, for a non-complicated diagnosis, a Med Watch form must be submitted indicating that Aciphex, Prevacid (capsules and suspension), and Protonix are contraindicated before a client may receive Nexium, Omeprazole or Prilosec (10mg/40mg).

Non-Complicated Diagnoses: After 90 days of therapy, a client must step down to generic H2 Blocker therapy at high doses for eight weeks or the prescriber must document that the client has tried H2 Blockers at high doses in the past year and failed. Upon documentation of failure on high dose H2 Blockers and meeting any other applicable criteria, prior authorizations may be granted for six months. Notwithstanding the foregoing, prior authorizations for Prilosec 20mg OTC may be approved for 12 months without clients stepping down to H2 Blockers or documenting that those clients have failed on H2 Blocker therapy.

Complicated Diagnoses: Upon meeting all applicable criteria, prior authorizations will be granted for one year.

Diagnoses of Helicobacter Pylori: Prior authorizations for 14-day supplies of Aciphex, Nexium, Omeprazole, Prevacid, PrevPac or Prilosec (10mg or 40mg) will be granted for diagnoses of H. Pylori.

Children under the age of two: No prior authorization is required to fill prescriptions for clients under the age of two.

Prevacid Suspension will be reserved for clients less than 12 years of age and clients who have difficulty swallowing. Prior authorization will be denied for clients who have feeding tubes.

Feeding tubes: Regardless of diagnosis, clients with feeding tubes may receive Prevacid (capsules or solutabs) or Prilosec (10mg/40mg) /Prilosec OTC 20mg/omeprazole.

Additional details about the prior authorization criteria for PPIs may be found at the Colorado Department's website: <http://www.chcpf.state.co.us/HCPF/Pharmacy/phmindex.asp>