Medical Assistance Program Bulletin

Colorado Title XIX

Fiscal Agent

A C S

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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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 **April 2005**

Reference: B0500193

Table of Contents

All Providers

Eligibility Verification with WINASAP

Effective Monday, May 2, 2005, providers will no longer be able to check eligibility using WINASAP software. The software eligibility function will not be available. Providers can verify eligibility by using the Web Portal, CMERS, and FaxBack. The WINASAP claims submission functionality will still be available for transmitting claims to the Medical Assistance Program claims processing system.

Medical Assistance Program Payment Error Rate Measurement (PERM) Project 2005

The Department again received a grant from the Centers for Medicare and Medicaid Services (CMS) to participate in a Medical Assistance Program PERM project. The goal of the project is to determine the error rate of Medical Assistance Program and Children's Basic Health Plan (CBHP) claims payments at a state and national level. The Improper Payments Information Act of 2002 (Public Law 107-300) directs each executive agency, in accordance with the Office of Management and Budget guidance, to:

- Review all of its programs and activities annually,
- Identify those that may be susceptible to significant improper payments,
- Estimate the annual amount of improper payments, and
- Submit those estimates to Congress before March 31 of the following applicable year.

The project will identify and calculate rates of improper payments including underpayments as well as overpayments.
Essential parts of the review portion of this project consist of review of a sample of CBHP and Medical Assistance Program claims for:

- Processing validation Review of the corresponding medical records
- Verifying eligibility

Beginning in March and April, the Department's contractor, Navigant Consulting Inc., will contact providers to obtain medical records for the services being reviewed.

We ask for your cooperation and timely response to the requests for medical records. Your cooperation will facilitate and expedite the review as well as minimize the need for repeated direct contacts to obtain records.

Any claims for which documentation is not received within the time limits specified shall be an overpayment subject to recovery regardless of whether or not services have been provided. The Department will seek recoupment of over-payments, regardless of the reason for overpayment. Requests will clearly indicate that the request is part of the PERM project. Results of the project will be shared via the Provider Bulletins when the study has been completed.

Thank you in advance for your cooperation. Questions regarding this project or the sample can be directed to the Project Director at 303-866-4844.

Payment Accuracy Measurement (PAM) Project results for 2004

- Under contract with the Department, Navigant Consulting Inc. reviewed 861 randomly selected fee-for-service paid claims for the months of October, November and December 2003, totaling a dollar value of $1,035,346. Payment accuracy was based on claims processing review, Medical record review and eligibility review. 201 errors were identified with a total dollar value of error at $88,321. Of those errors, 158 were overpayments, two were underpayments and 41 resulted in no payment error. There were 199 errors identified in the Medical Record Review, two from the Eligibility Review and none from the Processing Review.

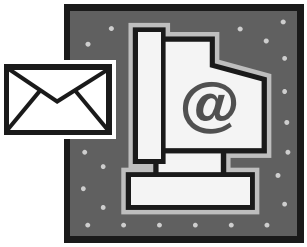
- Unsupported medical necessity errors accounted for fifty eight percent (58%) of 160 payment errors identified. They were due to either no or insufficient documentation being submitted, despite a minimum of two attempts and usually multiple attempts to request complete documentation. This accounted for 93 of the 160 payment errors identified.
- The table below represents the number and dollar amounts of cases reviewed, the number and dollar amounts of errors identified and payment accuracy rates based on the stratified provider types.

Strata	1	2	3	4	5	6	7
Summary Statistic	Hospital Inpatient	Long-Term Care	Individual Providers, Clinics	Pharmacy	Home & Comm. Based Services	Other Services and Supplies	PCCM
1. Total cases reviewed	119	276	244	107	83	30	2
2. Dollar value of cases reviewed	$555,473	$432,505	$16,354	$5,543	$23,338	$2,115	$18
3. Number of errors	5	67	62	31	24	11	1
4. Absolute dollar value of errors	$14,612	$64,318	$2,280	$1,425	$4,541	$1,135	$9
5. Overall dollar value accuracy rate	97%	85%	86%	74%	81%	46%	50%

Please direct questions regarding this project and/or results to the Project Director at 303-866-4844.

Electronic Publications Notification

The development of the provider email notification system for new bulletins and website updates is in the pilot stage. The Department and the fiscal agent plan to begin email notifications with a link to the new or updated website document beginning with the May provider bulletin. Currently enrolled providers who do not have their email on file should complete the attached form (Attachment D). *Providers are responsible for ensuring that the fiscal agent has their current publications email address on file. The Colorado Medical Assistance Program is not responsible for undeliverable notifications due to incorrect email addresses.* Please fax or mail the completed form to the fiscal agent at the fax number/address on the form. We appreciate your prompt completion of the form. *An email example is located on the next page of this bulletin.*



Email Example

Untitled - Message (HTML)

File Edit View Insert Format Tools Actions Help

Send Attach as Adobe PDF Normal Times New Roman 12

To...

Cc...

Subject: MEDICAID PUBLICATIONS

Dear Medical Assistance Program Provider:

Since you have elected to receive publication notifications by email, we are pleased to send you this link to our most recent publication. Website links will be emailed to you as new publications become available and when website documents are updated.

Simply click on the link below and you will be taken directly to the latest publication.

http://www.chcpf.state.co.us/ACS/Pdf_Bin/B0500192.pdf

Please continue to check the Provider Services section of the Department's website at: http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp for Medical Assistance Program news and updates.

Thank you,
The Colorado Medical Assistance Program

** PLEASE DO NOT REPLY TO THIS EMAIL. THIS EMAIL WAS AUTOMATICALLY GENERATED FROM AN UNMONITORED ADDRESS.*

Home Health Providers

Acute Home Health - A letter from the Department, dated February 15, 2005, explained the requirements for the Acute Home Health benefits. The letter is included in this bulletin for reference. Questions have arisen about number 5 on page 2 which states "The required interval between Acute Home Health episodes is ten calendar days." This is a change from the previous requirement for a 60-day break between Acute Home Health episodes.

Long Term Home Health (LTHH) – For adults 18 years old and older, send the completed Prior Authorization Request (PAR) to the Single Entry Point Agency in the client's county of residence. For children age 0-17years old, send the completed PAR to ACS, the Medical Assistance Program fiscal agent.

A ***complete*** PAR includes:

1. Completed appropriately, including the "specify order" column.
2. The plan of treatment, or the CMS – 485 form with all sections completed. Units requested on the PAR form must match the CMS – 485 orders.
3. Other documentation to support your request. For example: a physician's order, nursing summary, CNA assignment sheet, therapy evaluation and goals.
4. When requesting regular RN visits for clients with a Diabetes Mellitus diagnosis, include enough information to justify regular nursing visits for insulin injections. Brief nursing visits may be approved if the client is stable. This information may be blood sugar logs for the previous month showing fluctuations outside the ordered range or recent physician orders demonstrating changes in diabetes medication.
5. Requests for regular RN visits for obtaining a client's blood glucose level once a week or once a day must be documented in the same manner.
6. Requests for PRN nursing visits require documentation of need. Include events in your nursing or clinical summary portion of the CMS-485, 486 or 487 to support the need for more visits than the routinely ordered care.
   Single Entry Point (SEP) agencies have been approving LTHH PARs for three years. During this time, SEP case managers have been in close contact with providers in order to approve LTHH PARs appropriately. SEP case managers and nurses have provided training and technical support to providers on the LTHH PAR process. This training and technical support has proven to be an ineffective use of SEP staff time. Effective July 1, 2005, SEP agencies will "pend" and return incomplete PARs to providers with a cover sheet indicating what is incorrect on the PAR and/or what required information is missing. If the original PAR is incomplete and returned to the provider, the corrected PAR will not be considered if it is not returned within the 10 day grace period permitted by rule. Once the SEP receives the completed PAR, the case manager will begin the review process that includes 10 business days to assess the client for long term care eligibility.

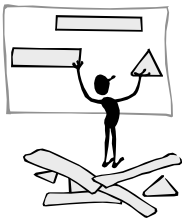
If the returned PAR is not received within 10 business days from the start date on the PAR form, reimbursement for the intervening days will be denied. The denial will reduce the number of units approved on the PAR form and change the PAR start date to match the date of receipt. If the returned PAR is not corrected and returned to the SEP within 30 calendar days, it will be denied and sent to ACS for entry into the claims processing system.

Home Health Agencies are responsible for tracking their submitted PARs. Please contact the approving authority (SEP or ACS) if you have not received an approved 'dummy PAR', a pended PAR, or a denied PAR within10 business days of submission. The Department approved form that SEP agencies will use to return pended PARs is included in this bulletin.

Physicians

Attention Medical Assistance Program Physicians

This is a reminder to all Medical Assistance Program physicians to keep the fiscal agent, ACS informed of any changes to your medical practice, billing information or location including address, telephone, etc.



- If you have made changes to your medical practice, please send **all** changes to:

ACS Provider Services
PO Box 1100
Denver, Colorado 803201-1100

- If you have questions, please call Medical Assistance Program Provider Services at:

Metro Denver: 303-534-0146
Toll free Colorado: 1-800-237-0757

Keeping your contact and billing information up-to-date assures:

- Better claims processing, and
- Better access to care for Medical Assistance Program clients.

Thank you!

Prescription Questions

Physicians and pharmacists having questions about prescriptions and drug prior authorizations should call the Prescription Drug Card System (PDCS) Pharmacy Support at: 1-800-365-4944

Pharmacy Providers

Mapping Rx number to Claim Payment Information

Changes are underway to map the pharmacy Rx number to Claim Payment Information, Loop 2100, CLP – Claim Level, CLP01 of the 835 transaction. These changes will be made on or before June 30, 2005. Watch for updates on this implementation which will be posted on the "What's New" section of the website and on Provider Claim Reports.

Phase III

As published on the Department's website in March, effective March 1, the following pharmaceuticals require a prior authorization. The criteria for approval of a prior authorization and the length of approval are also included.

Drug Name	Prior Authorization Criteria	Length of Prior Authorization
Accolate	Drug must be prescribed for the prophylaxis and chronic treatment of asthma. **Client must have failed on an inhaled steroid before a PA will be granted. The PA criteria will apply to clients who are 21 years old and older. Clients under 21 years of age will not need to obtain a PA.**	1 year
Singulair	Drug must be prescribed for the prophylaxis and chronic treatment of asthma or for the relief of symptoms of seasonal allergic rhinitis. **Client must have failed on an inhaled steroid before a PA will be granted. The PA criteria will apply to clients who are 21 years old and older. Clients under 21 years of age will not need to obtain a PA.**	1 year

Drug Name	Prior Authorization Criteria	Length of Prior Authorization
Bactroban Nasal Cream Ointment	**Bactroban Cream** (mupirocin calcium cream) must be prescribed for the treatment of secondarily infected traumatic skin lesions (up to 10 cm in length or 100 cm^2 in total area) caused by susceptible strains of Staphylococcus aureus and Streptococcus pyogenes. **Bactroban Nasal Ointment** (mupirocin calcium) must be prescribed for the eradication of nasal colonization with methicillin-resistant Staphylococcus aureus in adult patients and health care workers as part of a comprehensive infection control program to reduce the risk of infection among patients at high risk of methicillin-resistant S. aureus infection during institutional outbreaks of infections with this pathogen. **Bactroban Ointment (mupirocin ointment) does not require a prior authorization.**	1 year

Palladone

Effective April 4, 2005, prescriptions for Palladone will require prior authorization. The criteria for approval are as follows:

Drug Name	Prior Authorization Criteria	Length of Prior Authorization
Palladone	Palladone: Patient must be opioid tolerant and must be 18 years old or older. Prior authorization will be approved for once daily dosing. PRN dosing or multi-day dosing schedules will not be approved.	1 Year

Proton Pump Inhibitors

Also, effective April 4, 2005, the Department's prior authorization criteria will clarify that prior authorization requests for Nexium and Prevacid may be approved for risk reduction of NSAID-associated gastric ulcers when the applicable criteria is met. This indication will be considered a non-complicated diagnosis under the Department's criteria and prior authorizations will be approved according to those criteria. For this diagnosis, Nexium may be approved only if Prevacid is contraindicated for the client. In addition for this diagnosis, Nexium may be approved for 20mg or 40mg daily and Prevacid may be approved for 15mg or 30mg daily.

For more details about the prior authorization criteria, please refer to Appendix P, Colorado Medical Assistance Program Prior Authorization Procedures and Criteria, located at: http://www.chcpf.state.co.us/HCPF/Pharmacy/phmindex.asp.

The Department has changed the prior authorization request form for PPIs to include this diagnosis. The new form is attached to this Bulletin and may be printed from the Department's website at: http://www.chcpf.state.co.us/ACS/Pdf_Bin/PPI_PAR_Form_1104.pdf. Please begin using the new form.

Amphetamine/Desoxyn D-amphetamine/Dexedrine/Adderall/Adderall XR

Effective April 4, 2005, the criteria has been changed to delete the requirement for a prior history of previously authorized Dexedrine.

Growth Hormones

Effective April 4, 2005, the criteria for approval for clients 21 years of age or younger will include the following:

1. Growth failure in children born small for gestational age who fail to manifest catch-up growth by age 2 for Genotropin.
2. Idiopathic short stature (non-growth hormone-deficient short stature) defined by height Standard Deviation Score of ≤-2.25 and associated with growth rates unlikely to permit attainment of adult height in the normal range.

Prescription Questions

Pharmacists and physicians having questions about prescriptions and drug prior authorizations should call the Prescription Drug Card System (PDCS) Pharmacy Support at: 1-800-365-4944

Private Duty Nursing Providers

You are required to submit a discharge Prior Authorization Request (PAR) within five days of a client's death or discharge from your agency. The Private Duty Nursing regulations at 10 C.C.R. 2505-10, Section 8.548.10.J states:

"When a client is discharged prior to the end date of a PAR, a revised PAR shall be submitted, within five (5) working days of the discharge, to revise the end date and the number of service units."

Specialists and Outpatient Services

Referrals and Billing Reminder

- Verify client's eligibility and enrollment status at each visit. Clients enrolled with a primary care physician or an HMO often require a referral for services provided by specialty providers, skilled nursing facilities, and/or ambulatory surgery centers.
- Call the PCP or HMO to obtain a referral with the provider number or an authorization prior to rendering services. Some services require multiple referrals. An example is a procedure performed in an outpatient setting. A referral is needed for the rendering practitioners and a second referral is needed for the facility where the procedure is performed.

  No Referrals are needed for:

  - Anesthesia
  - EPSDT Dental Services
  - Family Planning
  - Laboratory and Radiology Services
  - Non-Emergency Transportation
  - Obstetrical Services
  - Pharmaceuticals
  - Psychiatric Care
  - Services provided to Child Abuse Victims
  - Vision Care

- Without the referring provider ID number, providers may experience denied or delayed payment for rendered services.
- Providers rendering services to clients referred from physicians other than the client's primary care provider, such as hospital staff, nursing facilities or emergency physicians are required to verify clients' enrollment status and the primary care provider.

Contact Medical Assistance Program Provider Services for claims assistance at 303-534-0146 in Denver or 1-800-237-0757 toll free Colorado.

May 2005 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. There are specific classes for new billers to the Medical Assistance Program and for specialty training for different provider types. The schedule for May 2005 workshops follows.

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 "**5**" 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 Descriptions

Please see bulletin B0500191, January 2005 for complete class descriptions.

Statewide Locations

Alamosa
Clarion of the Rio Grande Hotel
333 Santa Fe
Alamosa, CO 81101
719-589-5833

Durango
Mercy Medical Center
1800 East 3rd Avenue
Durango, CO 81301
970-247-4311

Fort Collins
University Park Holiday Inn
425 West Prospect Road
Fort Collins, CO 80526
970-482-2626

Greeley
Best Western Regency
701 8th Street
Greeley, CO 80631
970-353-8444

Pueblo
Ramada Inn and Conference Center
4001 North Elizabeth
Pueblo, CO 81008
719-543-8050

Colorado Springs
Embassy Suites Hotel
7290 Commerce Center Dr
Colorado Springs, CO 80919
719-599-9100

Grand Junction
Holiday Inn
755 Horizon Drive
Grand Junction, CO 81502
970-243-6790

Statewide Beginning Billing
8:30 am-1:00 pm
(Unless Otherwise Noted)
Beginning Training CO-1500/UB-92

05/12/05— Alamosa-- Thursday
05/16/05 – Ft. Collins Monday, 9:00 am-1:30 pm
05/24/05 – Greeley – Tuesday, 9:00 am-1:30 pm
05/10/05 – Grand Junction – Tuesday
05/17/05 – Pueblo – Tuesday
05/18/05 – Colorado Springs – Wednesday

Statewide Specialty Training

Reminder:
You must attend a Beginning Billing session for your claim type prior to attending a Specialty class. Beginning Billing provides the basic information on which the Specialty classes are based.

Home Health/ Private Duty Nursing
05/12/05 – Alamosa – Thursday, 2:00 pm-4:00 pm

Supply
05/12/05 – Alamosa – Thursday, 2:00 pm-4:00 pm

Occupational Physical and Speech Therapies
05/16/05 - Fort Collins – Monday, 2:00 pm-4:00 pm

RTC
05/16/05 - Fort Collins – Monday, 2:00 pm-4:00 pm

HCBS
05/24/05 – Greeley – Tuesday, 2:00-3:30

Hospital
05/10/05 – Grand Junction – Tuesday, 2:00-4:00

Practitioner
05/10/05 - Grand Junction – Tuesday, 2:00-4:00

RHC/FQHC
05/17/05 – Pueblo– Tuesday, 2:00-3:30

Occupational Physical and Speech Therapies
05/18/05 – Colorado Springs – Wednesday, 2:00-4:00

Hospital
05/18/05 – Colorado Springs – Wednesday, 2:00-4:00

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-800-237-0757 (Toll free Colorado)

Remember to check the Provider Services section of the Department's website at: http://www.chcpf.state.co.us for Provider Updates and News

February 15, 2005

Dear Home Health Agency Administrators:

This letter is to reiterate the home health requirements found at 10 C.C.R. 2505-10, Section 8.523.11.K.1.a. and b concerning Acute Home Health.

10 C.C.R. 2505-10, Section 8.523.11.K.1.a. and b. states:

1. Acute Home Health, which means Medicaid-reimbursed Home Health services that are:

   a. Provided for 60 calendar days; and

   b. Provided for the treatment of any of the acute conditions listed below. A condition is considered acute only until it is resolved or until 60 calendar days after onset, whichever comes first.

      1) Infections.

      2) New medical conditions such as, but not limited to, stroke, heart attack, cancer, injury, decubitus.

      3) Care related to post-surgical recovery.

      4) Post- hospital care provided as follow-up care for the condition that required hospitalization, including neonatal disorders.

      5) Exacerbation or severe instability of a chronic condition.

6) New diagnosis of a long term chronic condition, such as, but not limited to, diabetes.

      7) Complications of pregnancy.

Please keep the following information in mind when you admit Medicaid home health clients:

1. The reimbursable Acute Home Health episode is sixty consecutive calendar days regardless of discharges, hospitalizations, significant change in condition or medical necessity.

2. Acute Home Health claim denials shall result from billing in excess of 60 consecutive calendar days. (Edit 1435, Acute Home Health, over the 60-day limit)

3. Prior authorization for Long Term Home Health is required for continuing care beyond sixty calendar days.

4. Medicaid will not reimburse for Acute Home Health provided in lieu of Long Term Home Health to clients who do not qualify for Long Term Care. (See 10 C.C.R. 2505-10, Section 8.522.10)

5. The required interval between Acute Home Health episodes is ten calendar days.

To reduce the number of billing errors and denials, please ask the client if he or she has had recent home health services. If the previous home health agency does not inform you of the dates of service and whether the client was served under Acute Home Health or Long Term Home Health, you may call the fiscal intermediary, Affiliated Computer Services, for the information. The number to call is 303-534-0109, Extension 757.

Should you have any questions, please contact me at (303) 866-4654 or janet.dauman@state.co.us.

Sincerely,

Janet L. Dauman, BSN
Program Administrator Home Health, Hospice, Private Duty Nursing

Return of **Pended Long Term Home Health** PAR

To: _____ Date: _____

From: _____ Phone: _____

RE: _____

The enclosed home health PAR has been **pended** by the Single Entry Point due to incomplete information. The item(s) checked indicate why the packet is being returned. ***Please resubmit the entire PAR packet with the requested information to the case manager listed above. Include this sheet with the re-submitted packet.*** You may submit an addendum to the plan of care, physician orders, nursing summary, home health aide care plans or assignment sheets, or other documents that are specific to the information being requested.

Please respond as soon as possible-units will be reduced if you have not returned a completed PAR within 10 days of the original PAR start date. The PAR will be denied and sent to ACS after 30 days if no new information has been received.

If you have questions about what is needed, please call your local Single Entry Point. Thank you.

1. _____ The Prior Authorization Request **(PAR)** form:
   - _____ Does not show the amount of units in **specify order column** (*8.527.11.A.3.a) (H2)*
   - _____ Units of service in **specify order column do not match** those on the plan of care **(CMS-485)**, specifically
     - _____ RN
     - _____ HHA *(8.527.11.A.3.a-e.)(H3)*
2. _____ **The plan of care** (CMS-485) or other documents **do not include:**
   - _____ supporting documentation to justify **revisions** or **increases** in services. *(8.527.11.A.4.e)(H24)*
   - _____ supporting documentation to **justify skilled tasks** on each **home health aide** visit. (*8.525.11.D.1-3, 8.528.12.B) (H7, H12, H13)*
   - _____ supporting documentation about services on each **aide** visit to justify **extended units**. (*8.527.11.A.3.b; 8.528.11.B,C; 8.528.12.B) (H16)*
   - _____ supporting documentation to support **PRN visits** *(8.527.11, A.3.b)* (H17)
   - _____ supporting documentation to support **pre-pouring medications**. *(8.527.11, A.3.d; 8.528.12.L)(H19)*
   - _____ supporting documentation to support current need for **ROM/ therapeutic exercise as the only skilled service**. *(8.527.11, A.3.c)(H18)*
3. _____ **Other -** (specify service, problem and State regulation) The SEP shall not send the PAR to the fiscal agent until the home health agency submits the formal, complete, written PAR. (8.527.11.A.2):

_____

_____

COMMENTS: _____

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

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

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

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 patients 65 years old or older or patients 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

Failed PPI or H2 Blocker Therapy

Failed Drug	Strength	Directions for Use	Treatment Dates

- ☐ Risk reduction of NSAID-Associated Gastric Ulcer
- ☐ Other: (specify):_____

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 patient records.)

Revised 4/05

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/omperazole.

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

Publication Preferences

Publication and Notification Preference

Medical Assistance Program updates and billing instructions are communicated through Medical Assistance Program publications. *An email notification with a link to the publication will be sent to providers when new bulletins, publication revisions and program updates are posted on the Provider Services Section of the Department's website. Providers are responsible for ensuring that the fiscal agent has their current publications email address on file. The Colorado Medical Assistance Program is not responsible for undeliverable notifications due to incorrect email addresses.*

All publications are available in the Provider Services section of the Department's website:

http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp

Please complete the following information:

Provider Name: _____ Medical Assistance Program Provider Number: _____

Contact Name: _____ Telephone Number: ( ) _____

Address: _____ (Street/PO Box) _____ (State) _____ (Zip Code)

Provider Publications Email Address: _____

Publications Media: *(Please check one)*

☐ *Email notification with link to publication*

☐ *None (I understand that I am responsible for retrieving publications from the website and that I will **not** receive an email notification).*

_____ (Authorized Signature) _____ (Date)

Please complete all of the above information and

Fax to:

Medical Assistance Program Provider Enrolment
303-534-0439

or Mail to:

Medical Assistance Program Provider Enrolment
PO Box 1100
Denver, CO 80201-1100