



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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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

June 2005

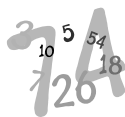
Reference: B0500195

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All Providers

National Provider Identifier Activities Begin in 2005



The Centers for Medicare & Medicaid Services (CMS) is pleased to announce the new identifier for standard electronic health care transactions.

The National Provider Identifier (NPI) is a single provider identifier that replaces all the different provider identifiers that are currently used for each health plan with which providers do business. This identifier is a requirement of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and must be used for most HIPAA covered entities. These include health plans, health care clearinghouses, and health care providers that conduct electronic transactions for which the Secretary has adopted a standard (i.e., standard transactions).

Information about the NPI is available at www.cms.hhs.gov/hipaa/hipaa2.

This site contains Frequently Asked Questions and other information related to the NPI and other HIPAA standards.

Beginning May 23, 2005, up-to-date information about the NPI, such as when and how to apply is available on the NPPES web site at <https://nppes.cms.hhs.gov>, or you may call the Enumerator at 1-800-465-3203 or TTY 1-800-692-2326.

Remittance Advice Report Name Change

The 077016 Remittance Advice Report name has been changed to 077016 *Provider Claim Report*. Old reports may still be accessed from 077016 Remittance Advice Report.

WINASAP Update

As of May 2, 2005, providers have been able to bill the 837 Professional and Dental claims through the web portal. The 278 (PAR), PAR Inquiry, and 837 Institutional transactions should be available in June.

WINASAP software will be inactivated 30 days after these transactions are implemented. We anticipate that the WINASAP software will no longer be available for any transactions as of August 1, 2005.



The ability to verify eligibility through WINASAP was eliminated on May 2, 2005.

The provider trading partner administrators are encouraged to log-on to the web portal and set up user access for these services as they become available. On-line Training, User Guides and Help Guides are available to assist portal users in the data entry and transaction submissions.

Independence Day Holiday Claim Processing

For the Independence Day holiday on Monday, July 4, 2005, claim payments will be processed on Friday July 1, 2005. The processing cycle includes electronic claims accepted before 6:30 P.M. on Friday. Providers should expect a one business day delay in receiving payments.

Sign-up for Electronic Publications Notification!

The Department and the fiscal agent are establishing a provider email notification system for new bulletins and website updates. Email notifications with a link to the new or updated website document will soon be available. Medical Assistance Program enrolled providers who do not have their email on file with the fiscal agent should complete the attached form (Attachment A). *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. Thank you for your prompt completion of the form.



Alternative Care Facility Providers

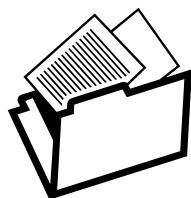
Alternative Care Facility Change Of Ownership (CHOW) (Medical Assistance Program Certified Assisted Living Residence)

When an Alternative Care Facility goes through a change of ownership, significant Medical Assistance Program certification problems occur if the following procedures are not completed before the change. All Medical Assistance Program requirements must be in place prior to the date of a change of ownership of a certified Alternative Care Facility. Licensure and Medical Assistance Program certification of an Assisted Living facility are two separate processes that may or may not be completed simultaneously. If Medical Assistance Program certification is not completed at the same time as a licensure, Medical Assistance Program payments cannot be processed for Medical Assistance Program clients. New owners **cannot** use the previous owner's provider number. Medical Assistance Program Provider numbers are owner specific and are tied to Federal Tax IDs.



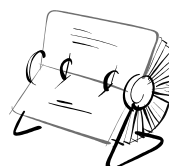
When a facility plans a change of ownership:

1. The Department of Public Health and Environment must be notified 30 days prior to the effective date of the change of ownership.
2. The new owner/operator must register for the next ACF Orientation Training, which is conducted twice a year. Please call Dixi Gloystein at 303-866-5908 to register.
3. The ACF application must be completed and submitted to the Department of Public Health and Environment (DPHE) and to the Department of Health Care Policy & Financing (the Department) prior to the change of ownership. The application is available in the ACF orientation training package.
4. DPHE schedules the required health and life safety code surveys, and notifies the Department of Compliance with all program requirements. The Department will notify the owner of the effective date of Medical Assistance Program certification. (As soon as a Medical Assistance Program Provider Number is issued, the facility may bill for Medical Assistance Program clients from that date forward.)
 - Additional Medical Assistance Program requirements include:
 - ✓ Proof of liability insurance in the amount of at least \$600,000.
 - ✓ Staff to client ratios of 1:10 during the day, and 1:15 during the evening. Secured facilities must have a staff to client ration of 1:8 at all times.
 - ✓ Written advanced directives policy and the clients' documented directives on file.
5. The Department will request a Medical Assistance Program provider application from the fiscal agent (ACS).
6. When the application is approved, the Department will issue a Medical Assistance Program provider number through the fiscal agent. Medical Assistance Program claims cannot be submitted until the provider number is issued and an approved Prior Authorization Request (PAR) is on file for the client.



If you have any questions, please contact:

Dixi Gloystein, ACF Program Manager
Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203
303-866-5908 dixi.gloystein@state.co.us



DME/Supply Providers

Procedure codes B4102 and B4103



Effective June 1, 2005, procedure codes B4102 and B4103, dietary supplements, may be billed as follows:

Bill one unit = one can, regardless of the size of the can or number of calories in the can. If attaching a paper invoice for pricing purposes and billing unit on the invoice indicates 'cases' as units, enter the number of cans per case on the acquisition cost invoice.

Procedure codes K0630-K0649

Effective June 1, 2005, procedure codes K0630-K0649 may be billed for clients with one of the following diagnoses:

<i>Spinal Stenosis</i>		<i>Intervertebral Disc Disorder</i>		<i>Sprains / Strains</i>	
Lumbar Region	724.02	Degeneration of Disc		Lumbar	847.2
Thoracic Region	724.01	Lumbar	722.52	Thoracic	847.1
		Thoracic	722.51	Lumbosacral	846.0
<i>Sciatica</i>	724.3	Disc Disorder w/ Myelopathy		Sacrum	847.3
		Lumbar	722.73	Sacroiliac	846.1
<i>Fracture Vertebral Column w/o Cord Injury</i>		Thoracic	722.72		
		Displacement w/o Myelopathy		<i>Pain in Thoracic Spine</i>	724.1
Lumbar	805.4	Lumbar	722.10		
Thoracic	805.2	Thoracic	722.11	<i>Aftercare Following Surgery</i>	
Sacrum/Coccyx	805.6	Postlaminectomy Syndrome		Vertebrae	V54.27
Pathological	733.13	Lumbar	722.83	Vertebrae Traumatic	V54.17
		Thoracic	722.82		

Home Health Providers

Early Periodic Screening, Diagnosis and Treatment Extraordinary Home Health (EPSDT HH)

The Department of Health Care Policy and Financing's policy for utilization review of EPSDT HH has changed. Effective May 1, 2005, the initial and continued stay Prior Authorization Request (PAR) and continued stay review period is six (6) months. An analysis of the program determined that the clients in EPSDT HH have chronic medical problems with few changes over time to their PARs or physician's orders. The provider has the option to revise the PAR if the client's condition changes.

Please change your PAR dates from 60 days to six (6) months for the next PAR period. The remainder of the rules and PAR process are unchanged.



Home Health, Private Duty Nursing and Hospice providers

New provider Specialty Billing Manual sections are available on line in the Provider Services section of the Department's website, http://www.chcpf.state.co.us/ACS/Provider_Services/Billing_Manuals/Billing_Manuals.asp. Please review the appropriate Manual section to ensure that appropriate billing procedures are being followed.

Private Duty Nursing



New requests for Home Health Agency (HHA) Private Duty Nursing (PDN) must include foster care plans and private insurance Explanation Of Benefits (EOBs). Send all requests to Dual Diagnosis Management (DDM) for review. Foster care plans need only be submitted one time and may be obtained from either a foster parent or through the client's county Department of Human Services. HHAs should request EOBs to determine whether the client's private insurance benefit includes a partial year PDN benefit or an annual cap amount. If the private insurance does not cover PDN, obtain the insurance denial EOB and submit it to DDM. DDM is currently tracking several outstanding foster care plans and EOBs. Please ensure that these documents are provided in a timely fashion.

Pharmacy and Physician Providers

Beginning July 1, 2005 pharmacies will no longer be able to bill diaphragms as a pharmaceutical item. Pharmacies billing for diaphragms must submit electronic claims on the electronic Colorado 1500/837P format and paper claims must be submitted on the Colorado 1500 claim form.

Reminder: When submitting claims for medication packaged as a kit, use the proper quantity.

For example: Copaxone comes in a kit containing 30 vials. Bill a quantity of 1 to provide 30 vials to the client. Incorrect billing of medication could result in an overpayment.

Leukotriene Criteria

The leukotriene criteria have been amended to allow prior authorization approval:

1. If a client has tried and failed on an inhaled steroid/nasal steroid or
2. If a client is on an inhaled steroid/nasal steroid and the provider wants to prescribe a leukotriene as added therapy.

In addition, if a client was on a leukotriene as of March 1, 2005 and has been stabilized on the medication, a prior authorization will be approved for continued therapy.

Practitioners

Presumptive Eligibility for Pregnant Women

All prenatal Presumptive Eligibility (PE) spans ended September 30, 2004. Providers who treated pregnant women with little or no health insurance coverage were asked to refer those patients to their county social/human services office to apply for the Medical Assistance Program benefits.

Effective July 1, 2005, a new structure for PE will be implemented. Please watch for additional information in future Medical Assistance Program bulletins.

Revised Summer/Fall 2005 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 Summer and Fall 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 ensure that adequate space is available for 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 a complete list of class descriptions.

Locations Denver

All Denver workshops are located at:

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



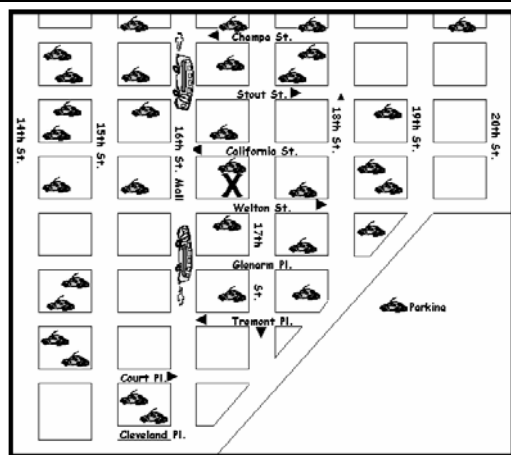
Driving directions:

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.

Denver Beginning Billing Schedule

9:00 – 3:00

(Unless Otherwise Noted)

Beginning Billing CO-1500/837P

06/07/05 – Tuesday
08/02/05 – Tuesday
11/08/05 – Tuesday

Beginning Billing UB-92/ 837I

06/09/05 – Thursday
08/04/05 – Thursday
11/10/05 – Thursday

Beginning Billing CO-1500, UB-92, ADA Format (837D, 837I & 837P)

07/06/05 – Wednesday, 8:30 am-2:30
10/13/05 - Thursday

Denver Specialty Training Schedule

Practitioners

10/18/05 – Tuesday, 8:30-11:30

Dental

10/20/05 – Thursday, 10:00-11:00

EPSDT

10/18/05 – Tuesday, 12:30-1:30

FQHC/RHC

10/21/05 – Friday, 2:00-4:00

HCBS

10/19/05 – Wednesday, 1:30-2:30

Home Health

07/06/05 – Wednesday, 2:30-3:30
(Providers with questions about the recent HH, PDN & EPSDT PDN changes should attend)
10/17/05 – Monday, 11:45-12:45

Hospice

10/17/05 – Monday, 10:30-11:30

Nursing Facility

10/17/05 – Monday, 8:30-10:30

Physical/ Occupational and Speech Therapy

10/21/05 – Friday, 11:00-1:00

Pharmacy

10/20/05 – Thursday, 1:00-2:00

RTC

10/18/05 – Tuesday, 2:00- 4:00

Supply/DME

10/19/05 – Wednesday, 8:30-10:30

Transportation

10/21/05 – Friday, 8:30-10:30

Statewide

Durango

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

Fort Collins

Hilton Fort Collins
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
8:30-1:00
(Unless Otherwise Noted)**

Beginning Billing CO-1500/UB-92

09/15/05 – Grand Junction – Thursday
09/19/05 – Durango – Monday, 9:00 am-1:30
09/26/05— Fort Collins—Monday, 9:00 am-1:30

09/27/05 – Greeley – Tuesday, 9:00 am-1:30
09/21/05 – Pueblo – Wednesday
09/22/05 – Colorado Springs – Thursday

Statewide Specialty Training Schedule

Beginning Billing CO-1500 and UB-92

09/15/05 – Grand Junction – Thursday, 8:30-1:00

Practitioner

09/15/05 – Grand Junction – Thursday, 2:00-4:00

Beginning Billing CO-1500 and UB-92

09/19/05 – Durango – Monday, 9:00-1:30

Hospital

09/19/05 – Durango – Monday, 2:00-4:00

Beginning Billing CO-1500 and UB-92

09/21/05 – Pueblo – Wednesday, 8:30-1:00

RHC/FQHC

09/21/05 – Pueblo – Wednesday, 2:00-3:30

Beginning Billing CO-1500 and UB-92

09/22/05 – Colorado Springs – Thursday, 8:30-1:00

Occupational Physical and Speech Therapies

09/22/05 – Colorado Springs – Thursday, 2:00-4:00

Beginning Billing CO-1500 and UB-92

09/26/05 – Fort Collins – Monday, 9:00-1:30

Occupational Physical and Speech Therapies

09/26/05 – Fort Collins – Monday, 2:00-4:00

Beginning Billing CO-1500 and UB-92

09/27/05 – Greeley – Tuesday, 9:00-1:30

Practitioner

09/27/05 – Greeley – Tuesday, 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***

