

Medical Assistance Program Bulletin

Fiscal Agent



600 Seventeenth Street
Suite 600 North
Denver, CO 80202

Medical Assistance Program Provider Services 303-534-0146

Mailing Addresses

1-800-237-0757

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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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

September 2005

Reference: B0500198

Table of Contents

ALL PROVIDERS	
ALL PROVIDERS WEB PORTAL UPDATE	1
LABOR DAY HOLIDAY PROCESSING SCHEDULE	
New Address and Phone Numbers for the DOAH	2
New CFMC address	2
MALPRACTICE/LIABILITY REMINDER	2
REMINDER: OLD PROVIDER APPLICATIONS ARE OBSOLETE	2
SWITCH TO ELECTRONIC PUBLICATIONS NOTIFICATION!	2
TOOLKIT FOR HEALTHCARE PROFESSIONALS: MEDICARE PRESCRIPTION DRUG C	OVERAGE2
NURSING FACILITY PROVIDERS	
HCBS RESPITE CLIENTS IN NURSING FACILITIES	3
PHARMACY PROVIDERS	
Pharmacy Changes	
Practitioners	5
REIMBURSEMENT INCREASES	5
SUPPLY AND PHARMACY PROVIDERS	5
PAR Information Correction	5
SUMMER/FALL 2005 PROVIDER BILLING WORKSHOP SCHEDULE	6
PUBLICATION PREFERENCES FORM	TTACHMENT A

All Providers Web Portal Update



Currently providers can submit Eligibility Inquiries, Claim Status Inquiries, Batch Eligibility, Professional and Dental Claims through the portal.

Implementation of PAR Request/Response, PAR Inquiry, Institutional claims, and Data Migration has

been delayed. The State plans to implement these in September. Enhancement services that are available now include:

- 1. **Provider Specialty Lookup** for searching Medical Assistance Program Providers for referral purposes,
- 2. **Dashboard on the Main Menu page** for system and transaction status Information.

With the implementation of the Dashboard on the Web Portal home page, portal messages are available by clicking on the envelope on the right side of the page. Check for messages regularly to keep current on changes or alerts to problems in the portal.

The Web Portal will also offer:

- 1. Services for providers to update provider information in the Medical Assistance Program Provider File (e.g., address, phone number, email address) and
- 2. A transaction auditing feature for tracking transactions and viewing the transaction in the ASCII X12N format.

Please note that the Batch Eligibility response is returned in the FRS in the ASCII X12N format. The Department is looking into a functionality that will assist providers in formatting the response into a readable format.

Labor Day Holiday Processing Schedule

Due to the Labor Day holiday on Monday, September 5, 2005, claim payments will be processed on Thursday, September 1, 2005. The processing cycle includes electronic claims accepted before 6:00 P.M. Eastern Daylight Time on Thursday.



New Address and Phone Numbers for the DOAH

Effective June 17, 2005, the Denver office for the Division Of Administrative Hearings (DOAH) moved from the Chancery Building. All hearings scheduled on or after June 23, 2005 will take place at the new offices. The new DOAH address and telephone numbers are listed below.

New mailing address and phone numbers:



Division of Administrative Hearings 633 Seventeenth Street, Suite 1300 Denver, CO 80202 Phone: (303) 866-2000 FAX: (303) 866-5909

Hearings will take place in the courtrooms on the 14th floor in the new building; confirmations and hearing notices should indicate:

Division of Administrative Hearings 633 Seventeenth Street, 14th floor Denver, CO 80202

Parties appearing for hearings should go directly to the 14th floor and check-in with the security guard.

New CFMC address

On August 29, 2005, CFMC moved their offices to Englewood, CO. The new CFMC address is:

CFMC 23 Inverness Way East, Suite 100 Englewood, CO 80112-5708

All mail should be sent to the physical address above. CFMC will no longer use a P.O. Box for mail.

Malpractice/Liability Reminder



All Colorado Medical Assistance Program providers and applicants must furnish proof of malpractice/general liability insurance. Malpractice/general liability insurance is mandatory for Medical Assistance Program providers under current State and Federal laws. Providers without proof of malpractice/general liability insurance cannot participate in the Colorado Medical Assistance Program.

Reminder: Old Provider Applications Are Obsolete

Effective September 01, 2005, the Colorado Medical Assistance Program will only accept provider enrollment applications with a revision date of July 2005 or later. The fiscal agent will not process older versions of the enrollment application and will return them to the providers. The new version of the enrollment application is located at:



http://www.chcpf.state.co.us/ACS/Pdf Bin/Enrollment/Enrollment Application.pdf

Switch to Electronic Publication Notifications!



The Department and the fiscal agent have implemented a provider email notification system for new bulletins and website updates. Email notifications contain a link to the new or updated website document. 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 and submission of the form.

Toolkit for Healthcare Professionals: Medicare Prescription Drug Coverage

CMS has released the Toolkit for Healthcare Professionals: Medicare Prescription Drug Coverage. To access the toolkit and other educational resources, visit the drug coverage information webpage (Medlearn) for physicians and other healthcare professionals, http://www.cms.hhs.gov/medlearn/drugcoverage.asp or enter the following direct link into your web address window.



The Toolkit for Healthcare Professionals: Medicare Prescription Drug Coverage (adobe pdf 860Kb) includes downloadable educational materials specifically for physicians and other healthcare professionals and their staff to learn the basics about Medicare Prescription Drug Coverage. It also includes materials for distribution to their Medicare patients. The kit contains reproducible artwork, a letter from the CMS Administrator, a fact sheet (English and Spanish), a brochure, an article, and a list of other resources.

Physicians and other healthcare professionals and their staff, partner organizations, social workers, financial counselors, and discharge planners will find this toolkit a valuable informational resource for people with Medicare. You may add your logo and business information to these materials and copy them as needed.

Webpage and Listserv Information



- State MMA Webpage http://www.cms.hhs.gov/medicarereform/states/
- To subscribe to this listsery, go to http://www.cms.hhs.gov/mailinglists. Enter your information, then select the appropriate list serve "MMA_States" and choose subscribe
- To unsubscribe from this listsery, go to http://www.cms.hhs.gov/mailinglists. Enter your information, then select the appropriate list serve "MMA_States" and choose unsubscribe

Nursing Facility Providers

HCBS Respite Clients in Nursing Facilities

Pre-Admission Screening and Resident Review (PASRR) is not required for HCBS clients who enter a nursing facility for respite. When an HCBS respite client in a nursing facility converts to a nursing facility client, a pre-admission PASRR screening is required. The Single Entry Point (SEP) agency is required to complete the PASRR Level I screening for these clients. If there is a likelihood of mental illness or developmental disability, the SEP submits the Level I screening to the Statewide Utilization Review Contractor (SURC). The SURC refers the client for Level II evaluation as appropriate. The nursing facility cannot refer the client to the mental health center or the Division for Developmental Disabilities.



Pharmacy Providers

Pharmacy Changes

Promethazine:

Effective September 1, 2005, a prior authorization will be required for promethazine for clients under the age of two. The criteria are described below:

Drug	Prior Authorization Criteria	Length of Prior Authorization
Promethazine, all routes of administration, for clients under the age of two	According to the FDA black box warning-Children under the age of 2 should not use promethazine. Promethazine is contraindicated in such patients because of the potential for fatal respiratory depression.	1 year

Proton Pump Inhibitors:



Also effective September 1, 2005, Zegerid is added to the prior authorization criteria for proton pump inhibitors. Please go to the Department's website at:

http://www.chcpf.state.co.us/HCPF/Pharmacy/phmindex.asp for details regarding the criteria and for the updated proton pump inhibitor prior authorization form.

In addition, effective September 1, 2005, clients can receive 90 days of Prevacid Solutabs with once daily dosing without a prior authorization (in the same way clients may receive Prevacid capsules or suspension). After 90 days a prior authorization is required.

Vitamin D products:

Effective August 3, 2005, prescription vitamin D products no longer require a prior authorization.

Epoetin: The prior authorization criteria for epoetin were revised in August. The criteria are now:

Drug	Drug Prior Authorization Criteria		
Epoetin (Procrit, Epogen, Aranesp)	Prior authorization is required for therapy with epoetin. Payment for epoetin therapy will be authorized only for cases that meet ALL of the following criteria:	One year	
Alaliesp)	Hematocrit of 33% or below or HGB of 11gm% or below for first time users.		
	For continued therapy, approval will be granted if hematocrit is less than or equal to 36%. When the HCT level exceeds 36%, a 90-day rolling average will be calculated using the current month's level and the level from the preceding 2 months and if the average is less than or equal to 36%, the PA will be approved.		
	➤ For clients living at an altitude above 6,000 ft* (determined by the location of the client's primary residence), the hematocrit level must be equal to or less than 39.5%. The prior authorization will be approved when all other existing criteria are met.		
	 These lab values are dated within 30 days of the prior authorization request. Where a patient has a required blood or red cell transfusion within the past month, the most recent HCT/HGB level before the transfusion may be used. Chemotherapy patients and radiotherapy patients must be currently or within the past 3 months receiving chemotherapy and/or radiotherapy. 		
	AIDS Patients concurrently on AZT must be currently or within the past 3 months receiving AZT therapy.		
	For Procrit and Epogen, approval will be granted for the following diagnoses (above levels must be met): Chemotherapy-induced anemia Radiotherapy-induced anemia Anemia associated with chronic renal failure Anemia in HIV infected patients on AZT Anemia associated with Hepatitis C Anemic surgery patients		
	For Aranesp, approval will be granted for the following diagnoses (above levels must be met): Chemotherapy-induced anemia		
	➤ Anemia associated with chronic renal failure If administrated during dialysis, it is not a pharmacy benefit. If administrated in clinic, outpatient setting or physician's office, the drug must be obtained for and billed by a physician on Colorado 1500-claim form.		
	*Altitude for any location in Colorado may be obtained from: http://www.colorado.com/region/default.asp		

Page 4 Reference #: B0500198

COX 2 Inhibitors:

Effective September 1, 2005, the criteria for Celebrex were updated to reflect the new FDA approved indication. The additional criteria are listed below:

COX2	FDA Approved Indication	Dose
Celebrex	Ankylosing spondylitis	200mg daily; after six weeks of 200mg daily dosing if the client's condition is unresponsive, 400mg daily may be approved.

Practitioners

Reimbursement Increases

During the 2005 legislative session, the Legislature authorized a reimbursement increase for several CPT procedure codes commonly billed by practitioners. Effective July 1, 2005 the maximum allowable reimbursement for the CPT codes listed below will be as follows:

Procedure Code	Maximum Allowable for Services Provided Prior to July 1, 2005	Maximum Allowable for Services Provided on or After July 1, 2005
99203	64.29	75.96
99204	95.48	107.41
99212	22.54	29.93
99213	39.56	41.75
99214	52.64	65.18
99215	84.48	94.53
99244	105.92	135.21
99391	40.15	62.97
99392	40.15	70.53

Some claims for these CPT codes for services provided on or after July 1, 2005 may already have been processed and reimbursed at the old rate. These claims will be adjusted and paid at the lower of billed charges or the new maximum allowable. Claims for services provided prior to July 1, 2005 will not be adjusted.

* * * Supply and Pharmacy Providers * * *

PAR Information Correction



On page 20 of bulletin B0400190 (Supply CMS codes), codes L8615, L8616, L8617, L8618, L8620, L8621 & L8622 were incorrectly listed as no PAR required. A PAR is required for each of these codes. A corrected listing is below. Bulletin B0400190 in Bulletins in the Provider Services section of the Department's website at

http://www.chcpf.state.co.us/ACS/Provider_Services/Bulletins/Bulletins.asp has also been updated to reflect these corrections. We apologize for any inconvenience this may have caused.

COCHLEAR EQUIPMENT & SUPPLIES					
CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L8615	Headset/headpiece for use with cochlear implant device, replacement	Yes	ВІ	n/a	Effective 01/01/05. <i>Updated 08/01/05</i>
L8616	Microphone for use with cochlear implant device, replacement	Yes	ВІ	n/a	Effective 01/01/05. <i>Updated 08/01/05</i>
L8617	Transmitting coil for use with cochlear implant device, replacement	Yes	ВІ	n/a	Effective 01/01/05. Updated 08/01/05
L8618	Transmitter cable for use with cochlear implant device, replacement	Yes	ВІ	n/a	Effective 01/01/05. Updated 08/01/05
L8619	Cochlear implant external speech processor, replacement	Yes*	ВІ	n/a	·
L8620	Lithium ion battery for use with cochlear implant device, replacement, each	Yes	ВІ	n/a	Effective 01/01/05. Updated 08/01/05

СОСН	LEAR EQUIPMENT & SUPPLIES				
CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L8621	Zinc air battery for use with cochlear implant device, replacement, each	Yes	ВІ	n/a	Effective 01/01/05. Updated 08/01/05
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each	Yes	ВІ	n/a	Effective 01/01/05. <i>Updated 08/01/05</i>

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

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.

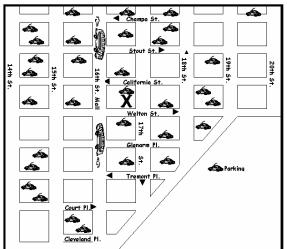
Your confirmation will be mailed to you within one (1) week of making your reservation. If you do not receive a confirmation within one (1) week, please contact Provider Services and talk to a Call Center agent.

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

11/08/05 - Tuesday

Beginning Billing UB-92/ 837I

11/10/05 - Thursday

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

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

10/17/05 - Monday, 11:45-12:45

Hospice

10/17/05 - Monday, 10:30-11:30

Hospital

10/19/05 - Wednesday, 11:00-12:00

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 (Date and Time Change)

10/20/05 - Thursday, 2:30-4:30

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

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

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

Statewide Specialty Training Schedule

Beginning Billing CO-1500 and UB-92

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

Practitioner

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

Beginning Billing CO-1500 and UB-92

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

Hospital

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

Beginning Billing CO-1500 and UB-92

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

RHC/FQHC

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

Beginning Billing CO-1500 and UB-92

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

Occupational Physical and Speech Therapies Colorado Springs – 09/22/05 – Thursday, 2:00-4:00

Beginning Billing CO-1500 and UB-92

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

Occupational Physical and Speech Therapies

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

Beginning Billing CO-1500 and UB-92

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

Practitioner

Greeley - 09/27/05 - 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

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/Provid	ler_Services/provider_serv	ices.asp	
Please complete the	e following information:			
Provider Name:		Medical Assistance Program Provider Num	ber:	
Contact Name:		Telephone Number: ()	
Address:	Street/PO Box		State	Zip Code
Provider Publications E	Email Address:			
Publications Media: (Please check one)	 ☐ Email notification with link to pub ☐ Another provider will receive enderesponsible for obtaining the notemail notification from the Color ☐ None (I understand that I am restant I will not receive an email not Program). 	mail notification on my behal tification from this provider a ado Medical Assistance Pro ponsible for retrieving public	and that I will no ogram. cations from the	ot receive an e website and
	Authorized Signature		Date	,
	Please complete all of the	above information and	1	
I	Fax to: or	Mai	il to:	
Medical Assistance	Program Provider Enrollment M	Medical Assistance Progr	am Provider	Enrollment

303-534-0439 PO Box 1100
Denver, CO 80201-1100

Revised 04/26/05

Reference #: B0500198 Attachment A