



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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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

November 2005

Reference: B0500201

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All Providers

Web Portal Update

Providers may now submit Eligibility Inquiries, Claim Status Inquiries, Batch Eligibility, Prior Authorization Request (PAR) and Response for Medical, Dental, Supply and Home Health PARs, PAR Inquiry, and Professional, Dental and Institutional claims. Enhancement services available 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.
3. **Provider Inquiry/Update** for updating provider information in the Medical Assistance Program Provider File (e.g., address, phone number, email address)
4. **A Claim Activity Tracing Report** for reporting your trading partner's claims submitted through the Portal. This report displays the TCN, Date Submitted, Claim Status and Total Charges.
5. **View and download** from the File and Report System (FRS) the submitted HIPAA transaction in the ASCII X12N format.
6. **Data Migration** of claim, provider, and code data from WINASAP.
7. **Frequently Asked Questions (FAQs)** in the main portal menu

In the near future we plan to offer enhanced functionality to update and modify detail lines in the claims and PAR data entry.

Reminder: Providers should use the Web Portal HELP button on each screen, the Tutorial and the FAQs for help with data entry and navigating the screens.

Portal FAQ of the Week:

How do I correct error code 2138?

“Error code 2138 – Billing Provider must be loaded in the Portal Database. Please review User Guide for additional help”

The billing provider must be entered in your portal provider data maintenance because the transaction requires additional data from the provider file for a valid submission. Billing provider records must have the “Billing” box checked and the address is required. Provider maintenance can be accessed through the portal menu or during claim data entry by entering the provider ID in the Billing Provider field and clicking on the field tag hyperlink.



Professional (837P) Coding

Medicare Non-Covered Services:

Modifier –GY, Item or services statutorily excluded or does not meet the Medicare benefit.

When a service is not a Medicare benefit or Medicare law specifically excludes it, providers may use procedure code modifier GY and bill the Medical Assistance Program. Previously, WINASAP users entered an “E” in the Medicare Indicator field.

This indicator field is no longer available for Web Portal users. However, if Medicare has paid or denied the service, users must enter all the Medicare information including the Medicare HIC number, payment related information, and the Medicare paid or denied EOB date. A copy of the Medicare denial or Medicare publication showing that the service is not covered must be provided upon request.

Third Party Liability (TPL)/Other Insurance Non-Covered Services:

When a service is known to be a non-benefit of another insurance policy (TPL), providers may submit the non-benefit service to the Medical Assistance Program by entering all the required information on the Insurance tab. Include the subscriber’s name, relationship to insured, insurance company name, member ID, and indicate a zero paid amount with no date in the Insurance Paid/Denied field. When other insurance has paid or denied the service then the Insurance Paid/Denied Date is required. A copy of the insurance denial or the publication showing that the service is not covered on the policy must be provided upon request.



WINASAP/NECS Ends November 5, 2005

The Web Portal completely replaces NECS and WINASAP software on November 5, 2005. NECS and WINASAP will be officially turned off on November 5, 2005. To apply for Web Portal access, complete the Provider EDI Enrollment and Agreement form at: http://www.chcpf.state.co.us/ACS/Pdf_Bin/Revised_EDI_Provider_Enroll_Form.pdf

Or if you are already enrolled with EDI, complete the Provider EDI Update form found at http://www.chcpf.state.co.us/ACS/Pdf_Bin/Enrollment/Revised_EDI_Update_form.pdf.

FAQs

The Provider Services FAQ section of the Department’s website will be updated in November and will include financial FAQs. Remember to check the website at: <http://www.chcpf.state.co.us/ACS/FAQ/Faq.asp> for the new and updated information.

Telephone Number for HCPF Finance Section

Effective November 1, 2005, the telephone number for the HCPF Finance section will no longer be a working number. Providers wishing to contact the Finance section must do so by email at: HCPFAR@hcpf.state.co.us.

Veterans’ Day Holiday

Due the Veterans’ Day holiday on Friday, November 11, 2005, the receipt of warrants and EFT will be delayed at least one day.

Dirty Claims vs. Clean Claims

Paper claims with remarks written in the comments section are batched as ‘Dirty’ claims and are not subject to the Department requirement for billing claims electronically. The comment must contain information necessary for the proper processing and payment of the claim. If the comment does not contain necessary processing information, the claim is batched as a ‘Clean’ claim. Comments referring to the inability to send claims electronically do not meet the criteria, and the claim will be processed as ‘Clean’. These claims are subject to the Department’s rule for electronic claims submission and are denied with the message ‘Electronic Filing Required’.

Old Age Pension Health and Medical Care Program

Please note: This article contains corrections to the OAP article published in the August 2005 Bulletin B0500197.

At its July 8, 2005 meeting, the Medical Services Board approved changes to the provider payments for the Old Age Pension Health and Medical Care Program. The OAP Health and Medical Care Program has also been known as the Modified Medical Plan, State Medical Program and OAP State Only Program.

Because the OAP Health and Medical Care Program is a state-funded program and not an entitlement, the authorized spending authority cannot be exceeded. The approved changes were established to allow the program to remain within the expected spending authority through the current State fiscal year.

The following provider payment rates are effective for dates of service on and after July 15, 2005 and will remain in effect until further notice:

- Inpatient hospital services reimbursed at 10% of the Medical Assistance Program rate
- Outpatient services (including services received in outpatient hospital settings, federal qualified health centers, rural health centers and dialysis centers) reimbursed at 62% of the Medical Assistance Program rate
- Practitioner services reimbursed at 100% of the Medical Assistance Program rate
- Emergency transportation services reimbursed at 100% of the Medical Assistance Program rate
- Home health services (including hospice services) and supplies reimbursed at 100% of the Medical Assistance Program rate



- Emergency dental services reimbursed at 100% of the Medical Assistance Program rate
- Laboratory and x-ray services reimbursed at 100% of the Medical Assistance Program rate
- Pharmacy services reimbursed at 100% of the Medical Assistance Program rate

Clients are eligible to apply for the Colorado Indigent Care Program (CICP) for benefits not covered by the OAP Health and Medical Care Program. Information on the CICP can be found on the Department's website at www.chcpf.state.co.us.

The Emergency Medical Services may cover life and death emergency hospital admissions for non-citizen OAP Health and Medical Care Program clients.

Please continue to verify client eligibility through CMERS, FAXBack or the Web Portal. Clients covered by the OAP Health and Medical Care Program are identified by the following message: "The client that you entered is enrolled in the OAP Health and Medical Care Program. NOT Medicaid eligible. Limited benefits. Payment may be reduced. No guarantee of covered services or payment amounts. More information: www.chcpf.state.co.us".

As a reminder, the current rules for the OAP Health and Medical Care Program include:

- Maximum client co-payment of \$300
- Co-payment amounts for services are the same as the co-payment amounts under the Medical Assistance Program
- There are no retroactive benefits (client can only be eligible from date of application). If claim overpayments are made in error, recoveries will be made retroactively.

More information concerning this program can be found on the Department's website: www.chcpf.state.co.us

For questions regarding these changes, please contact:

Chris Underwood, Manager, Safety Net Financing at 303-866-5177

Sign up for Electronic Bulletin Notification!



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.

Dental Providers

Dental Provider Certification Reminder

All ADA **paper** claims received by the fiscal agent on and after **November 1, 2005** without a signed Dental Provider Certification form attached will deny for "no signature on file" regardless of the dates of service. Providers are reminded that the Certification requires the *original signature* of the provider. The certification form is available in the Provider Services Forms section of the Department's website at: http://www.chcpf.state.co.us/ACS/Pdf_Bin/Dental_Cert.pdf.

Pharmacy Providers

Proton Pump Inhibitors

Effective November 1, 2005, some changes have been made to the prior authorization criteria that apply to Zegerid. 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.

Leukine, Neulasta and Neupogen

Also effective November 1, 2005, the following criteria will apply to Leukine, Neulasta and Neupogen:

Prior authorizations for NEULASTA will be approved for the following indication if the criterion is met:

Indication: To decrease the incidence of infection due to neutropenia in clients receiving myelosuppressive anti-cancer therapy.

- Criterion 1. CBC and platelet count obtained before chemotherapy is administered.

Prior authorizations will be approved for LEUKINE and NEUPOGEN for the following indications if the applicable criteria are met:

Indication: To decrease the incidence of infection due to severe neutropenia caused by myelosuppressive anti-cancer therapy.

- Criterion 1. Either the post nadir ANC is less than 10,000 cells/mm³ or the risk of neutropenia for the client is calculated to be greater than 20%
- Criterion 2. Routine CBC and platelet counts twice weekly

Indication: Use in patients undergoing bone marrow transplant and for use after bone marrow transplant.

- Criterion 1. Routine CBC and platelet counts at least three times weekly for filgrastim and two times weekly for sargramostim.



Indication: For patients undergoing peripheral blood progenitor cell collection and therapy.

- Criterion 1. Monitoring of neutrophil counts after four days of treatment.

Indication: For filgrastim only, for chronic administration to reduce the incidence and duration of clients with congenital neutropenia, cyclic neutropenia or idiopathic neutropenia.

- Criterion 1. CBC and platelet count obtained before treatment with filgrastim begins.
- Criterion 2. Routine CBC and platelet counts twice weekly during initial four weeks of therapy and during the two weeks following any dose adjustment.

Indication: To decrease the incidence of infection due to severe neutropenia in HIV/AIDS clients.

- Criterion 1. Evidence of neutropenic Infection exists or ANC is below 750 cells/mm³
- Criterion 2. ANC is maintained at Approximately 1,000 cells/mm³ by filgrastim adjustment
- Criterion 3. Routine CBC and platelet counts as needed.

Practitioners

Influenza Vaccine

Influenza vaccine is a benefit for all Medical Assistance Program clients who have full benefits. Valid CPT codes are as follows:

CPT Code	Valid Ages	Reimbursement for children (up to age 20)	Reimbursement for adults (age 21 and older)
90655	6 – 35 months	\$6.50 (\$2.00 for health departments)	Not a benefit
90656	3 years and above	\$6.50 (\$2.00 for health departments)	\$11.89
90657	6 – 35 months	\$6.50 (\$2.00 for health departments)	Not a benefit
90658	3 years and above	\$6.50 (\$2.00 for health departments)	\$11.89
90660	5 – 20 years	\$6.50 (\$2.00 for health departments)	Not a benefit

CPT codes 90465 – 90474 for vaccine administration are not a benefit. Please note that CPT code 90660, Influenza virus vaccine, live, for intranasal use (brand name FluMist) is not a benefit for adults aged 21 or older. For more information on FluMist, please see the Centers for Disease Control Vaccine Information Statement at:

<http://www.cdc.gov/nip/publications/VIS/vis-flulive.pdf>



For clients ages 0-20, influenza vaccine reimbursement is limited to an Administration, Recordkeeping and Tracking (ART) fee of \$6.50 for private practitioners and \$2.00 for public health agencies. Because influenza vaccine is available at no cost through the Vaccines for Children (VFC) and Infant Immunization programs, providers who choose to obtain vaccine from other suppliers may not request nor receive reimbursement in addition to the ART payment.

Free influenza vaccine is available through the VFC program and the Colorado Infant Immunization program for Medical Assistance Program-enrolled children (newborn through age 20) meeting any of the following criteria:

- Children aged 6 months through 23 months
- Children and adolescents aged 6 months through 18 years with chronic disorders of the pulmonary or cardiovascular systems, including asthma
- Children and adolescents aged 2 through 18 years who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications)
- Children and adolescents aged 2 through 18 years who are receiving long-term aspirin therapy and may therefore be at risk for developing Reye's Syndrome after influenza
- Children and adolescents aged 2 through 18 years who are residents of nursing homes and other chronic-care facilities that house persons of any age who have chronic medical conditions
- Adolescent females aged <19 years who will be pregnant during influenza season
- Children (6 months – 18 years) who have any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration
- Children and adolescents aged 2 years through 18 years who are household contacts or out-of-home caregivers of persons in the following high-risk groups:
 1. Children less than 2 years old
 2. Adults aged 50 years or older
 3. Persons with chronic disorders of the pulmonary or cardiovascular systems, including asthma
 4. Persons who have required regular medical follow-up or hospitalization during the preceding year for chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications or by HIV)

5. Children and adolescents ages 2 through 18 years who are receiving long-term aspirin therapy and may therefore be at risk for developing Reye syndrome after influenza
6. Residents of nursing homes and other chronic-care facilities that house persons of any age who have chronic medical conditions
7. Women who will be pregnant during influenza season
8. Persons who have any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration

For questions or additional information regarding the VFC program, please contact Rosemary Spence at 303-692-2798

Synagis Vaccine

Synagis (Palivizumab) vaccine is used to prevent serious lower respiratory tract disease caused by Respiratory Syncytial Virus (RSV) in pediatric patients at high risk for RSV disease. Synagis is administered by intramuscular injections, at 15 mg per kg of body weight, once a month during expected periods of RSV frequency in the community.

Synagis is a benefit of the Medical Assistance Program, and does not require Prior Authorization under the following circumstances:

- The client is under age 3 at the start of the current RSV season or at the time of the first injection for the current RSV season, with a chronic lung or respiratory condition, and was either full term or premature.
- The client was born prematurely, less than 28 weeks, and is under the age of 12 months at time of first injection, with or without a chronic lung or respiratory condition (e.g., ICD9 765.0).
- The client was born prematurely, 29-35 weeks, and is under the age of 6 months at time of first injection, with or without a chronic lung or respiratory condition (e.g., ICD9 765.1).



Prior authorization is required for:

1. Children ages 3 or older at the start of each RSV season, or
2. Children who do not meet the above criteria but whose physician believes that they medically require the vaccine.

The client's risk is increased due to one or more of the following conditions, as recommended by the American Academy of Pediatrics:

- Body Mass <5kg
- Congenital Heart Disease
- Low Socioeconomic Status
- T-cell immunodeficiency
- Passive smoke exposure
- Birth within 6 months before onset of RSV season
- Day care attendance
- Two or more individuals sharing a bedroom
- School age siblings
- Multiple births

Prior Authorization Requests (PARs) should be sent to:

PARs,
P.O. Box 30
Denver, CO 80201-0030.

For questions, providers may contact the fiscal agent's prior authorization line at
303-534-0279 or 1-800-237-7647

A prior authorization is required for Synagis vaccine administered at home. The prior authorization request must be called in to PDCS at 1-800-365-4944. When the prior authorization is approved, the pharmacy should bill the Medical Assistance Program electronically at point of sale. The client may pick up the prescription at the pharmacy.

Providers administering Synagis in the office must furnish the vaccine and must use CPT code 90378 to bill Synagis vaccine on the CO 1500 or 837 professional claim form. Bill one unit per 50mg vial; limit 6 units per day. Providers may not ask clients to obtain the vaccine from a pharmacy and bring it to the practitioner's office for administration. Outpatient hospitals should bill using the appropriate revenue code.

Coding for Labor and Delivery Benefits for Non-Citizens

“Non-Citizens are limited to care and services necessary to treat emergency conditions, including labor and delivery.” Normal labor and delivery is a covered benefit for non-citizens who are eligible for emergency medical services. Billing for labor and delivery services provided to non-citizens can be accomplished one of two ways:



Type of Admission – Emergency Services

OR

Type of Admission – Labor and Delivery Services

Type of Admission – Emergency Services and utilizing the emergency indicator denotes services rendered are emergency related.

Type of Admission – Labor and Delivery Services indicates labor and delivery. Billing under this admission type is allowed for non-citizens when using the following codes:

Code	Description	Code	Description
59409	Vaginal delivery only	59514	Cesarean delivery only
59412	External cephalic version	59525	Subtotal or total hysterectomy
59414	Delivery of placenta (separate procedure)	59612	Vaginal delivery

The Colorado Medical Assistance Program for non-citizens does not include follow up, post partum care or costs associated with sterilization. The following codes have been eliminated: 59410, 59515, 59614 and 59622 as billable codes for non-citizens.

Anesthesia for non-citizens continues to be a benefit when billed using diagnosis codes indicating pregnancy.

DENVER NOVEMBER 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 November 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 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.

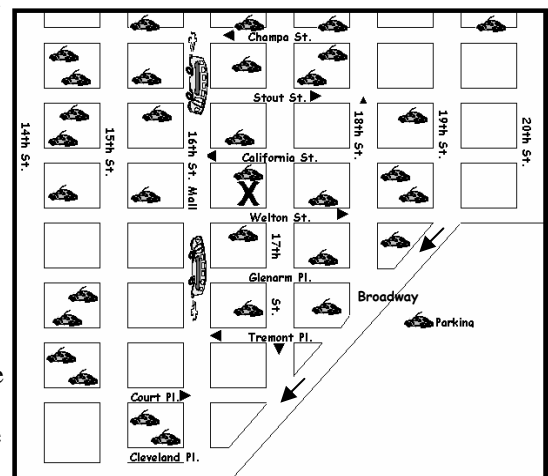
ACS is located in the Dominion Plaza, on the west side of Welton, between 16th and 17th Streets.

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



**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)**



***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/Provider_Services/provider_services.asp

Please complete the following information:

Provider Name: _____	Medical Assistance Program Provider Number: _____
Contact Name: _____	Telephone Number: () _____
Address: _____	
<small>Street/PO Box</small>	<small>State Zip Code</small>

Provider Publications Email Address: _____

- Publications Media:** *Email notification with link to publication*
 (Please check one) *Another provider will receive email notification on my behalf. I understand that I am responsible for obtaining the notification from this provider and that I will **not** receive an email notification from the Colorado Medical Assistance Program.*
 *None (I understand that I am responsible for retrieving publications from the website and that I will **not** receive an email notification from the Colorado Medical Assistance Program).*

<small>Authorized Signature</small>	<small>Date</small>
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Please complete all of the above information and

Fax to:	or	Mail to:
Medical Assistance Program Provider Enrollment 303-534-0439		Medical Assistance Program Provider Enrollment PO Box 1100 Denver, CO 80201-1100