



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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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

July 2006

Reference: B0600215

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All Providers

Web Portal Update

New functionalities planned for July



PAR Requests- State ID and Client Name will display on each page of the PAR request during data entry. An “Add New PAR” button will be available on the PAR response. Clicking on this button will take the user to the PAR entry page.

Postponed

Purge Functionality - The Purge functionality will allow trading partners to delete large number of claims and PARs. We continue to work on this functionality and will provide an update in the next bulletin.

NPI – National Provider Identifier

The National Provider Identifier is a federally required identifier for Medical Assistance Program claims. When applying for the National Provider Identifier, all health care providers will need to collect all the necessary information before the application process. This can be done by going to these websites:

987...

The CMS webpage at www.cms.hhs.gov/NationalProvIdentStand/ NPI application information can also be found at the NPPES web site at: <https://nppes.cms.hhs.gov>,

Or by calling the Enumerator at 1-800-465-3203 (TTY 1-800-692-2326).

The Department of Health and Human Services made recommendations concerning the NPI. Only Health Care Organizations are affected by the subpart concept. These subparts will need to be defined before the application process. This will indicate how you will be billing the Medical Assistance Program. For example, every location may require its own NPI number. It may even require that you apply for a second NPI. Please visit this website for more information regarding subparts.

This site contains the NPI fact sheet on subparts.

www.cms.hhs.gov/NationalProvIdentStand/downloads/npi_fs_subparts_032106.pdf

When applying for your NPI, CMS urges you to include all of your current provider identifiers. If reporting with a Medical Assistance Program number, include the associated State name. This information is critical to aid in the transition to the NPI.

Where to Report Medicaid or CHP+ Issues Due to CBMS

Effective July 1, 2006, all clients and applicants who are experiencing Medicaid or CHP+ problems because of CBMS that cannot be resolved by the county or medical assistance site are being directed to call the Department's Customer Service at **1-800-221-3943** or for the Denver Metro Area, **303-866-3513**. The former Emergency Call Center number will no longer work for medical cases.

The dedicated Emergency Processing Unit that was established on December 30, 2004 to handle emergency recipient and applicant calls will cease its operations after June 30, 2006. The Department will no longer be required to resolve those calls within the five days. Effective July 1, 2006, calls that cannot be resolved by Customer Service will be transferred to the Eligibility Operations Section to be addressed in an expeditious manner.

Timely Filing and Requests for Reconsideration Reminders

All Medical Assistance Program claims **must** be filed (received by the fiscal agent) within 120 days of the date of service in order to receive payment.

If the claim has been denied, rejected or returned, the claim must be re-filed with the fiscal agent within 60 days of the adverse action.

If the client has Medicare Coverage ...

All Medical Assistance Program claims must be filed (received by the fiscal agent) within 120 days of the Medicare Paid date or within 60 days of the Medicare Denied date.

If the client has commercial insurance ...

All Medical Assistance Program claims must be filed (received by the fiscal agent) within 365 days of the commercial insurance Paid date or Denied date.

If the Commercial Insurance hasn't processed the claim and it is nearing the 365 day cut off:

- File the claim to Medical Assistance Program to receive a denial or rejection.
- Continue filing in compliance with the 60 day rule until insurance info is available.
- File within 60 days from date of notification.



Remember ...

- Timely filing is determined by the **date of receipt**, not by the postmark.
- PARs are **not** proof of timely filing.
- Certified mail is **not** proof of timely filing.

Requests for Reconsideration and the Sixty-Day Rule

Providers must exhaust all authorized fiscal agent rebilling and adjustment procedures before filing a Request for Reconsideration with the fiscal agent.

- Requests for Reconsideration must be filed in writing with the fiscal agent within 60 days of the last adverse action, if initial timely filing has expired.
- Copies of all Provider Claim Reports, electronic claim rejections, and/or correspondence documenting compliance with timely filing and sixty-day rule requirements must be submitted with the completed Request for Reconsideration form.

Request for Reconsideration forms are available in the Provider Services section of the Department's website at:

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

24 Hour Nurse Hotline

FIRSTHELP™ 1-800-283-3221



Did you know that the Medical Assistance Program offers this free service to all of its Primary Care Physician Program and Fee-For-Service clients? Whenever a client is hurt or sick, please encourage him or her to call FirstHelp prior to seeking treatment. This can help reduce unnecessary emergency room and office visits and allow providers more time to spend with those who truly need medical attention. By promoting this nurse hotline to your Medical Assistance Program patients, it enables a FirstHelp RN to assess the client's condition and direct his or her care appropriately. This service is available after hours too! For more information, or to request promotional materials, please call Christy Hunter at 303-866-2086.

Denver Health Medicaid Choice

Please update the member services telephone number for the HMO, Denver Health Medicaid Choice, to 720-956-2116. This number replaces 720-956-2100.

It's Time to Sign-up for Electronic Bulletin Notification!

Are you receiving your Colorado Medical Assistance Program by email notification? Or are you still receiving paper bulletins? Email notifications contain a link to the latest bulletin and providers receive bulletin information up to a week sooner than bulletins sent by mail. Medical Assistance Program enrolled providers who do not have their email on file with the fiscal agent should complete and submit the attached Publication Preferences 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 promptly completing and submitting the Publication Preferences form.



Please Remember: Providers may have **only one** email address on file with the fiscal agent. The person receiving the email notification should forward the email to all additional people needing the updated information.

DENTAL AND ORTHODONTIA PROVIDERS

Rate Increases

Effective July 1, 2006, the maximum allowable reimbursement for all covered dental and orthodontia HCPCS codes will be increased by 3.25%.

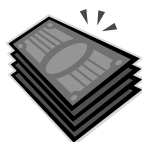
DME AND SUPPLY PROVIDERS

Durable Medical Equipment and Supply Reimbursement Changes

Effective July 1, 2006, the maximum allowable reimbursement for durable medical equipment and supply HCPCS codes will be updated as follows:

Codes paid on a fee for service basis

All covered procedure codes currently paid on a fee for service basis will receive a 3.25% rate increase effective July 1, 2006.



Codes paid by invoice

All covered procedure codes currently paid on a "by invoice" basis will continue to be reimbursed as described on pages 3 and 4 of Provider Bulletin B0500206 for services rendered on or before June 30, 2006. For services rendered on or after July 1, 2006, the Medical Assistance Program allowed handling fee will be increased to 20% of the acquisition cost.

EMERGENCY TRANSPORTATION PROVIDERS

Rate Increase

Effective July 1, 2006, the maximum allowable reimbursement for all covered emergency transportation CMS codes will be increased by 3.25%.

HCBS-BI Providers

Change in Claims for Personal Emergency Response Systems (PERS)

With the Home and Community Based Services for Persons with Brain Injury (HCBS-BI) Waiver

Effective for dates of service July 1, 2006 and beyond, Personal Emergency Response Systems (PERS) must be billed using procedure codes S5160 and S5161 along with the U6 modifier for HCBS-BI clients.

Previously, these services were billed using procedure code T2029, Assistive Technology, for HCBS-BI clients. Use procedure code S5160 for installation/purchase costs, and procedure code S5161 for the monthly monitoring costs. These services require prior authorization.



Nursing Facility Providers

PARs for Changes in Ownership

Following are the requirements for Prior Authorization Requests (PARs) for nursing facilities involved in a change of ownership. These requirements are also documented on the website of the State Utilization Review Contractor, Dual Diagnosis Management (DDM); go to:

www.dd-management.com

Select User Tools/PAR/5615 Payment Process Education/PAR Questions & Answers.

For a client whose Medical Assistance Program eligibility was established at the time of the change of ownership:

- a. If the PAR was in the MMIS system at the time of the change of ownership, the nursing facility is not required to take any action. Nursing facility receipt of a PAR notification letter indicates that the PAR is in the MMIS system. A PAR with the new provider number will be automatically generated and a new PAR notification letter will be sent to the nursing facility.
- b. If the nursing facility received a PAR certification page from DDM but the PAR is not yet in the MMIS system, the nursing facility should contact the fiscal agent (ACS) at 303-534-0146 or 800-237-0757 and ask for PAR support.

- c. If the nursing facility has not yet received a PAR certification page from DDM, the nursing facility should follow the procedure below.

For a client who was Medical Assistance Program-pending at the time of the change of ownership:

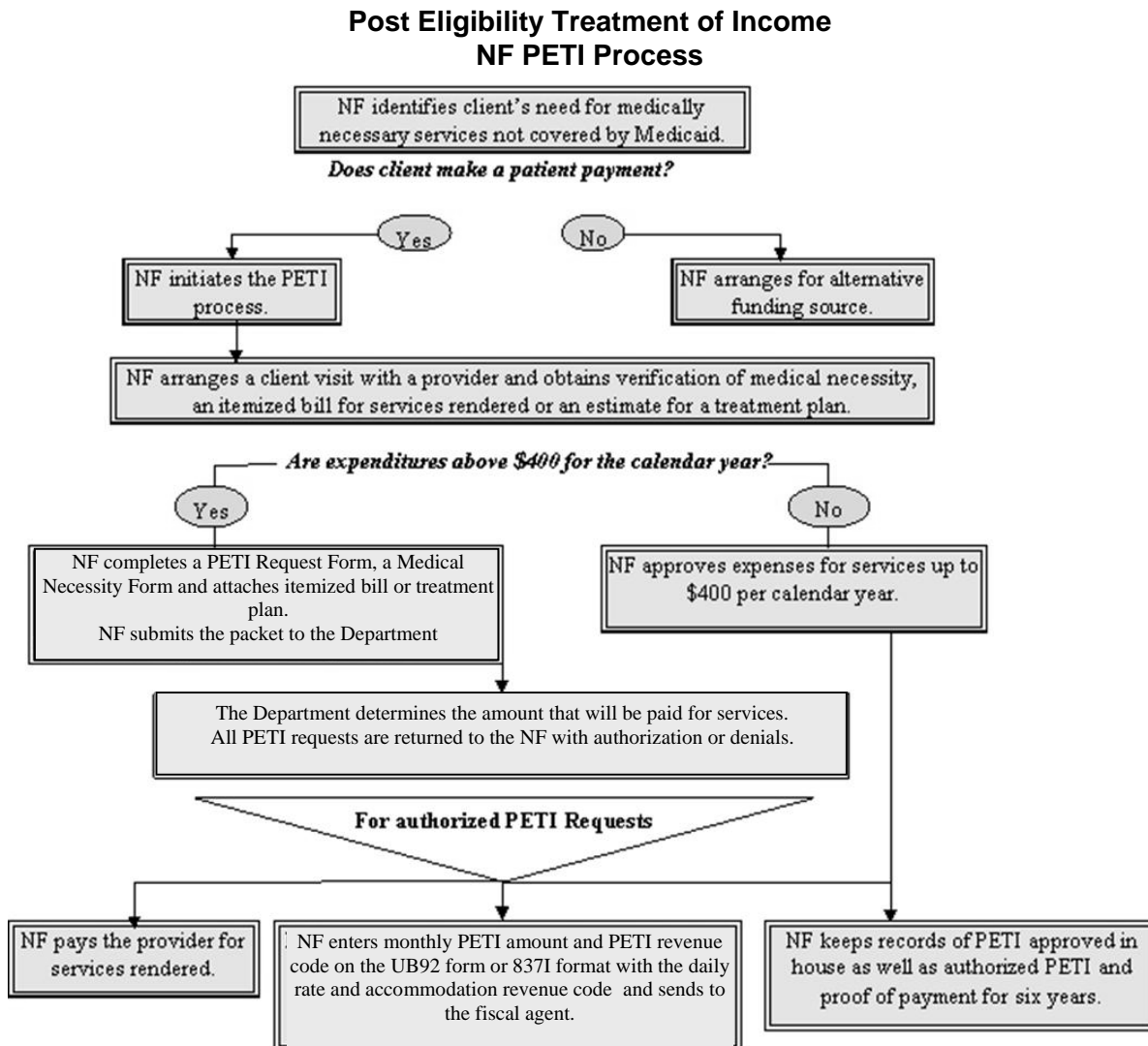
- a. If the effective date for the client’s Medical Assistance Program eligibility is after the change in ownership, no special action is required. The PAR certification page and the PAR notification letter will have the new provider number.
- b. If the Medical Assistance Program eligibility was effective prior to the change of ownership, the nursing facility shall include on the PAR request fax cover sheet: the date of the change of ownership, the old provider number, and the new provider number. DDM will issue two PARs. The first PAR for the old provider number shall be effective from the Medical Assistance Program eligibility date until the change of ownership date. The second PAR for the new provider number shall be effective from the change of ownership date through the certification end date on the ULTC 100.2

Any non-payment issues related to provider numbers involved in a change of ownership should be directed first to the fiscal agent (ACS).

Updated Nursing Facility PETI Process – Flow Chart

Please note the following updated flow chart for the Nursing Facility PETI process. If additional information is needed, please refer to the Post Eligibility Treatment of Income rule 10 C.C.R. 2505-10, Section 8.482.33. A copy of the referenced rule can be accessed on line at:

http://www.chcpf.state.co.us/HCPF/Pdf_Bin/481-482ltcrecip.pdf



PETI forms are available on-line at:

http://www.chcpf.state.co.us/ACS/Provider_Services/Forms/Forms.

PHARMACY PROVIDERS

Pharmacy Changes

Effective July 1, 2006, the Medical Assistance Program will reinstate Edit 41 for claims for (Medicare/Medical Assistance Program) dual eligibles. In order to bill the Medical Assistance Program for Medicare Part D excluded prescription drugs, pharmacies must first bill Medicare prior to billing the Medical Assistance Program. OTC drugs are exempt from this requirement.



When billing the Medical Assistance Program with the 'Other Coverage Code' available values, one of the following codes is required for claims submitted for (Medicare/Medical Assistance Program) dual eligible clients:

- 2 - Other coverage exists and payment collected (must include other payor date and other payor amount)
- 3 - Other coverage exists - claim not covered (must include other payor date)
- 4 - Other coverage exists - payment not collected (must include other payor date)

Providers are encouraged to call the pharmacy help desk at 1-800-365-4944 with questions. Questions about the Medicare benefit should be directed to the Centers for Medicare and Medicaid Services at 1-800-MEDICARE (1-800-633-4227) or to the appropriate prescription drug plans.

PRACTITIONERS

Meningococcal Vaccine Prioritization

The Department of Health Care Policy and Financing will follow the recommendation of the Vaccines for Children Program (VFC) for Meningococcal vaccine prioritization:

“Due to exceptionally high demand for the vaccine, throughout the summer, the Centers for Disease Control and Prevention, in conjunction with the Advisory Committee on Immunization Practices (ACIP), American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), American College Health Association (ACHA) and Society for Adolescent Medicine (SAM), recommends that providers continue to vaccinate adolescents at high school entry and college freshmen living in dormitories.

Until supply improves, vaccination with Menactra vaccine in 11-12 year olds should be deferred.

Providers are urged to track those 11-12 year olds in whom vaccination was deferred so providers can recall them for vaccination once supply improves.”



Please direct questions about Meningococcal vaccine prioritization to:

Rosemary Spence
VFC Program Coordinator,
Colorado Department of Public Health and Environment
303-692-2798
Rosemary.Spence@state.co.us

Reimbursement Increases

Effective July 1, 2006, the maximum allowable reimbursement for the following Evaluation & Management CPT codes will be increased as follows:

Code	Maximum Allowable Effective July 1, 2006	Code	Maximum Allowable Effective July 1, 2006
99202	\$47.43	99282	\$28.56
99203	\$83.27	99283	\$52.33
99204	\$117.74	99284	\$80.05
99212	\$32.82	99285	\$126.20
99213	\$45.75	99291	\$163.66
99214	\$71.46	99294	\$302.09
99215	\$103.60	99295	\$560.11
99223	\$124.18	99296	\$469.14
99232	\$45.84	99299	\$100.04
99233	\$63.87	99391	\$69.02
99238	\$54.15	99392	\$77.31
99243	\$82.71	99431	\$62.55
99244	\$148.20		

July, August and September 2006 – Denver and Statewide Provider Billing Workshops

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 specialty training for different provider types. The schedule for July, August and September 2006 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 B0500202, December 2005 or the 2006 Denver and Statewide Workshop Schedule in the Provider Services Training and Workshops section of the Department’s website at

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

for a complete list of class descriptions.

All Denver workshops are located at:

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

Denver Beginning Billing Schedule

9:00 – 3:00

Beginning Training CO-1500/837P

07/11/06 – Tuesday
08/22/06 – Tuesday

Beginning Training UB-92/ 837I

07/12/06 – Wednesday
08/24/06 – Thursday

Denver Specialty Training Schedule

Dental

07/14/06—Friday - 10:00-12:00

Supply/DME

08/16/06 – Wednesday - 11:00-1:00

Statewide

Alamosa (September 2006)

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

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 (New location for 2006)

The Pueblo Convention Center
320 Central Main Street
Pueblo, CO 81003
719-542-1100

Colorado Springs

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

Grand Junction (New location for 2006)

Hilton Hampton Inn Grand Junction
205 Main Street
Grand Junction, CO 81501
970-243-3222

Statewide Beginning Billing

Beginning Training CO-1500/UB-92

09/14/06 – Grand Junction – Thursday (8:30am-1:00)
09/19/06 – Alamosa – Tuesday (8:00am-12:30)
09/26/06— Fort Collins—Tuesday (9:00am-1:30)

09/28/06 – Greeley – Thursday (9:00am-1:30)
09/20/06 – Pueblo – Wednesday (8:30am-1:00)
09/21/06 – Colorado Springs – Thursday (8:30am-1:00)

Statewide Specialty Training

Home Health/ Private Duty Nursing

09/19/06 – Alamosa – Tuesday – 1:30-2:30

Practitioner

09/19/06 – Alamosa – Tuesday – 1:30-2:30

Hospital

09/14/06 – Grand Junction – Thursday – 2:00-4:00

Practitioner

09/14/06 – Grand Junction – Thursday – 2:00-4:00

RHC/FQHC

09/20/06 – Pueblo – Wednesday – 2:00-3:30

Hospital

09/21/06 – Colorado Springs – Thursday – 2:00-4:00

Practitioner

09/21/06 – Colorado Springs - Thursday – 2:00-4:00

Audiology

09/26/06 – Fort Collins – Tuesday – 2:00-4:00

Home Health

09/26/06– Fort Collins – Tuesday – 2:00-4:00

Nursing Facility

09/28/06 – Greeley – Thursday – 2:00-4:00

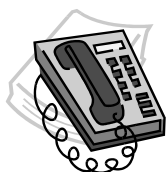
Please direct questions about Medical Assistance Program billing or the information in this bulletin to

Medical Assistance Program Provider Services at:
303-534-0146 or 1-800-237-0757 (Toll free Colorado)

*Remember to check the Provider Services section of
The Department's website at:*

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

For Provider News and Updates



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:** *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).*

 Authorized Signature

 Date

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