



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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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

September 2006

Reference: B0600217

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All Providers

Title VI, Civil Rights Act - Reminder



Providers who receive *any* federal funds through programs such as the Medical Assistance Program, Medicare, CHAMPUS, etc., must provide oral interpretation services (excluding a patient's family members) to *all* limited English proficient patients in their practice, including those for whom you do not receive federal funds. Limited English proficient patients are patients who do not speak English as their primary language. Examples of oral interpretation services include oral interpretation services, bilingual staff, telephone interpreter lines, written language services and community volunteers. Written materials must be translated and provided to limited English proficient patients if the practice comprises of 10% or 3,000 limited English proficient patients, whichever is less. If you have questions, contact the Office of Civil Rights at 1-888-848-5306.

Have you applied for your National Provider Identifier? There are only 9 months left!

The deadline date is May 23, 2007.

- The Medical Assistance Program will inform you when to start using your NPI on your submitted claims
- As of May 23, 2007 only the NPI will be allowed as the sole identifier on claims

NPI help is available at:

- www.cms.hhs.gov/NationalProvIdentStand/
- <https://nppes.cms.hhs.gov>
- Or by calling the Enumerator at:
1-800-465-3203 (TTY 1-800-692-2326).

Colorado Medical Assistance Program Enrollment Application Workshop

On Wednesday, November 1, 2006, from 9:00 AM until 3:00 PM, the fiscal agent will conduct a special workshop on the importance of correctly completing the Colorado Medical Assistance Program Provider Application.



Newly enrolling providers, persons with the responsibility for enrolling providers within their groups, association representatives and anyone who wants to better understand the Colorado Medical Assistance Program enrollment requirements should attend. The workshop focuses on M.D. and D.O. provider applications.

The workshop is located at:

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

Seating for this special workshop is limited and reservations are required.

**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**

Please go to http://www.chcpf.state.co.us/ACS/Enrollment/new_providers.asp and click on your provider type. Please download and print your enrollment documents and bring them with you to the workshop.

Provider Enrollment Applications

The fiscal agent is currently holding all Medical Assistance Program provider enrollment applications submitted on and after August 1, 2006 and has disabled the download of applications from the website. The State is revising the application to comply with HB-1023 (U.S. citizenship verification). As soon as the revisions are complete, the fiscal agent will process the applications and the application will again be available from the Provider Services Enrollment section of the website.

Information for Colorado Access Providers

PARs



When PARs for dates of service on or after September 1, 2006 are transferred from Colorado Access to the fiscal agent (ACS), the provider will receive a confirmation letter stating that the PAR has been transferred. New PARs submitted on or after September 1, 2006 must follow Medical Assistance Program PAR requirements, as stated in the Specialty Billing Information section of the Billing Manuals:

http://www.chcpf.state.co.us/ACS/Pdf_Bin/Specialty_Manuals_080106.pdf

PAR authorizing agencies and services are listed in Appendices B and C of the Billing Manuals:

http://www.chcpf.state.co.us/ACS/Pdf_Bin/Appendices_0806.pdf

Pharmacy

An emergency prescription supply will be allowed over Labor Day Weekend while awaiting a new pharmacy PAR. No pharmacy PARs will be transferred from Colorado Access to ACS. New pharmacy PARs will be required. The numbers for the Prescription Drug Card System (PDCS) are: Pharmacy Support 1-800-365-4944; Fax 1-888-772-9696

Eligibility

Providers are reminded to verify client eligibility through the Web Portal, FaxBack or CMERS (1-800-237-0044). Please do not call the fiscal agent to verify client eligibility.

Medical Assistance Program Provider Services Call Center

Effective September 11, 2006, the fiscal agent will combine the Call Center and the PAR Call Center. By combining the two call centers, the fiscal agent will be able to provide comprehensive customer service for all providers from one department. The combined staff will be able to answer both your billing and PAR questions.

Primary Care Physician Providers – Challenge to Current Providers

Colorado Access has announced the closure of its Medicaid HMO health plan, Access Health Plan (AHP), effective August 31, 2006. This closure affects **only** the Colorado Access Medicaid HMO for physical health. Colorado Access continues to provide physical health services through the Child Health Plan Program (CHP+) and mental health coverage to metro-area Medical Assistance Program clients under a separate contract (Access Behavioral Health). The more than 64,000 Medical Assistance Program clients enrolled with the Colorado Access HMO have received letters informing them of this change. The same letter also asked clients to choose a new health plan from their options of:

- Medical Assistance Program fee for service (Basic/Straight Medical Assistance Program),
- Primary Care Physician Program (PCPP) or
- Any other Medical Assistance Program health plan in their area.

To promote continuity of care and best preserve the medical home for these clients, the Department of Health Care Policy and Financing is requesting PCPP physicians and clinics to open PCPP panels that are closed or increase PCPP panel size limits.

If you are a provider with a **closed** panel, please consider opening your panel from August 15, 2006 to September 30, 2006, allowing your current Colorado Access clients and others to select your practice as their medical home.

If you are a provider with an **open** panel, please consider increasing your panel size to allow your current Colorado Access clients and others to select your practice as their medical home.

Please include the maximum number of clients to enroll in your practice during this time. This is important to allow the fiscal agent, ACS, to make the appropriate changes.



To update your PCPP panel, use the following ACS form located at:

http://www.chcpf.state.co.us/HCPF/Pdf_Bin/Provider_Enrollment_Update.pdf

To view your PCPP client roster or make changes to the web portal provider file, use the following ACS form located at:

http://www.chcpf.state.co.us/ACS/Enrollment/existing_providers.asp

Your provider profile has been mailed to you. Please take a moment and send us your response. The Department appreciates your continued support of the Primary Care Physician Program.

You may fax a **completed** form(s) to:

Gloria G. Johnson
Colorado Department Health Care Policy and Financing
303-866-3552

Old Age Pension Health and Medical Care Program

At their August 11, 2006 meeting, the Medical Services Board approved changes to the provider payments for the Old Age Pension (OAP) 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 spending authority through the current State fiscal year.



The following provider payment rates are effective for dates of service on or after **September 1, 2006** 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 40% of the Medical Assistance Program rate
- Practitioner services reimbursed at 40% of the Medical Assistance Program rate
- Emergency transportation services reimbursed at 40% of the Medical Assistance Program rate
- Home health services (including hospice services) and supplies reimbursed at 40% of the Medical Assistance Program rate
- Emergency dental services reimbursed at 40% of the Medical Assistance Program rate
- Laboratory and x-ray services reimbursed at 40% of the Medical Assistance Program rate
- Medical Supply services reimbursed at 40% of the Medical Assistance Program rate

The following provider payment rate will be effective for dates of service on or after **November 1, 2006** and will remain in effect until further notice:

Pharmacy Services reimbursed at 70% of the Medical Assistance Program rate, such that pharmacy services are reimbursed using the Medical Assistance Program methodology set forth in C.C.R. 2505-10, Section 8.850 except that the following pricing methodologies shall be substituted for those listed in Section 8.850:

1. Average Wholesale Price (AWP) minus 39.45% for brand name drugs instead of AWP minus 13.5%
2. AWP minus 54.5% for generic drugs instead of AWP minus 35.0%

OAP Health and Medical Care Program clients are eligible to apply for the Colorado Indigent Care Program (CICP).

Information on the CICP can be found on the Department's website at www.chcpf.state.co.us.

The Emergency Medical Services to Aliens Program 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 have 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:

Greg Tanner, Manager, Safety Net Financing at 303-866-5177

Web Portal Update

Monthly Portal Tips

Modifications to Transactions

Changes to the Medical, Dental, and Supply PAR transactions to allow 25 detail lines and all miscellaneous procedure codes should be implemented in September or early October.

Help distinguishing Claim Validation and Reject Errors and Where to get help



Validation errors are displayed to the user when the transaction data is incorrect or incomplete. A page will be displayed to the user indicating Data Validation errors. The Data Validation Errors display consists of the following three columns:

- **Service Line #:** A Service Line # of 0 indicates that the error exists on a tab other than Detail Line Items. If the error is related to a detail line item, the Service Line # will be a linked field (underlined) and clicking on it will take you to the tab that contains the error.
- **Code:** This field displays the error code that will assist the Help Desk if you call with questions.
- **Description:** This field displays a short description of the error.

The online Frequently Asked Questions (FAQs) in the Main Menu, along with the portal User Guide, Help, and Training can assist the user in resolving data validation errors. For additional help please contact the Help Desk at 1-888-538-4275 or by email at HelpDesk.HCG.central.us@cgi.com

Reject errors result from a successful submission of the claim but claim data errors prevent the claim from being processed by the Medical Assistance Program Management Information System. The Reject page is displayed following the message "Processing your request. Please Wait".

For assistance with these types of errors, search the Provider Services Billing Manuals section of the Department's website..

Click on the Provider Services button  located in the gray bar at the top of each portal page.

For additional assistance please call Provider Services at 303-534-0146 or 1-800-237-0757.

Pop-Up Blockers

If you are experiencing issues with blank windows opening, pages that do not load properly, or "Error on Page" alerts, they may be related to your pop-up blocker software settings. Pop-Up Blocker issues may be caused by **Browsers** themselves or by 3rd party **Toolbars** installed on desktop PCs like **Yahoo Toolbar**, **MSN Toolbar** or **Google Toolbar**. Some toolbars may redirect your browser to a search page when you try to log into the portal. To disable third-party toolbars in Internet Explorer, from the **View** menu, select **Toolbars**, and then click to clear any third-party toolbars. To turn off the Pop-up blocker in **Internet Explorer**, click Tools, then Pop-Up blocker.

Portal Main Menu

Please note there is a vertical scrollbar on the right side of the menu located on the main portal page. This scrollbar allows you to see all of the menu items. If items appear to be missing in the menu, it may indicate that the scrollbar is not being used.

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



Would you like to stop receiving paper bulletins? You may start receiving your Colorado Medical Assistance Program bulletins by email notification. Email notifications contain a link to the latest bulletin and allows providers to 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 their information through the Web Portal.*

Providers may also complete and submit the attached Publication Preferences form (Attachment A). 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.

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 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 PROVIDERS

Definition of Concurrent Medical Condition

Bulletin B0600211, page 3 – Treatment of Oral Cavity Conditions for Adult Clients

The Medical Services Board recently approved rules regarding the treatment of oral cavity conditions for adult clients. Services for clients age 21 and older are limited to emergency treatment for oral cavity conditions **or** treatment for clients with allowable concurrent medical conditions. *Concurrent medical condition means a pre-existing medically-diagnosed state that can be exacerbated by a condition present in the oral cavity.*

Dental reimbursement rate increase

Footnote 26 of HB 06-1385 authorized a 3.25% reimbursement rate increase for dental procedure codes. The increase was effective July 1, 2006. The increased reimbursement rates were loaded into the claims processing system prior to the effective date. All dates of service on or after July 1, 2006 have been paid at the increased rate. The revised reimbursement rates are listed below.



Revised Dental Fee Schedule Effective 7/1/2006

Procedure Code	Payment Amount Effective 7/1/06		Procedure Code	Payment Amount Effective 7/1/06
D0120	\$ 17.55		D0160	\$ 35.11
D0140	\$ 23.75		D0170	\$ 17.55
D0150	\$ 26.85		D0272	\$ 16.52

Procedure Code	Payment Amount Effective 7/1/06		Procedure Code	Payment Amount Effective 7/1/06
D0274	\$ 23.75		D2382	Deleted
D0277	\$ 32.01		D2385	Deleted
D0290	\$ 19.62		D2386	Deleted
D0310	MP*		D2387	Deleted
D0210	\$ 49.56		D2388	Deleted
D0220	\$ 10.33		D2391	\$ 54.72
D0230	\$ 7.23		D2392	\$ 70.21
D0240	\$ 15.49		D2393	\$ 85.70
D0250	\$ 18.59		D2394	\$ 96.02
D0260	\$ 18.59		D2751	\$ 394.42
D0270	\$ 7.23		D2791	\$ 362.41
D0320	\$ 249.87		D2910	\$ 27.88
D0321	MP*		D2920	\$ 38.20
D0322	\$ 74.34		D2930	\$ 98.09
D0330	\$ 44.40		D2931	\$ 113.58
D0340	\$ 36.14		D2932	\$ 98.09
D0350	\$ 21.68		D2933	\$ 136.29
D0415	MP*		D2940	\$ 38.20
D0425	MP*		D2950	\$ 94.99
D0460	\$14.46		D2951	\$ 23.75
D0470	\$ 35.11		D2952	\$ 141.45
D0472	MP*		D2953	\$ 67.11
D0473	MP*		D2954	\$ 114.61
D0474	MP*		D2955	\$ 27.88
D0480	MP*		D2957	\$ 41.30
D0501	Deleted		D2970	\$ 68.15
D0502	MP*		D2980	MP*
D0999	MP*		D2999	MP*
D1110	\$ 38.20		D3110	\$ 32.01
D1120	\$ 26.85		D3120	\$ 27.88
D1201	\$ 40.27		D3220	\$ 61.95
D1203	\$ 13.42		D3221	\$ 98.09
D1204	\$ 13.42		D3240	\$ 93.96
D1205	\$ 51.63		D3310	\$ 250.90
D1330	\$ 7.23		D3320	\$ 303.56
D1351	\$ 18.59		D3330	\$ 379.96
D1510	\$ 107.38		D3331	MP*
D1515	\$ 153.84		D3332	MP*
D1520	\$ 119.77		D3333	MP*
D1525	\$ 165.20		D3346	\$ 259.16
D1550	\$ 19.62		D3347	\$ 314.91
D2110	Deleted		D3348	\$ 391.32
D2120	Deleted		D3351	\$ 172.43
D2130	Deleted		D3352	\$ 73.31
D2131	Deleted		D3353	\$ 130.10
D2140	\$ 45.43		D3410	\$ 226.12
D2150	\$ 56.79		D3421	\$ 295.30
D2160	\$ 68.15		D3425	\$ 336.60
D2161	\$ 80.54		D3426	\$ 118.74
D2330	\$ 57.82		D3430	\$ 76.41
D2331	\$ 73.31		D3450	\$ 227.15
D2332	\$ 89.83		D3460	MP*
D2335	\$ 109.45		D3470	MP*
D2336	\$ 72.28		D3910	\$ 29.94
D2337	\$ 94.99		D3920	\$ 161.07
D2380	Deleted		D3950	\$ 52.66
D2381	Deleted		D3999	MP*

MP* = Manually Priced

Procedure Code	Payment Amount Effective 7/1/06		Procedure Code	Payment Amount Effective 7/1/06
D4210	\$ 195.14		D5811	\$ 262.26
D4211	\$ 70.21		D5820	\$ 171.40
D4220	Deleted		D5821	\$ 171.40
D4240	\$ 279.81		D5850	\$ 36.14
D4245	MP*		D5851	\$ 36.14
D4249	\$ 304.59		D5860	MP*
D4260	\$ 348.99		D5861	MP*
D4263	MP*		D5862	MP*
D4264	MP*		D5867	MP*
D4266	MP*		D5875	MP*
D4267	MP*		D5899	MP*
D4268	MP*		D5911	MP*
D4270	MP*		D5912	MP*
D4271	\$ 351.05		D5913	MP*
D4273	MP*		D5914	MP*
D4274	MP*		D5915	MP*
D4320	\$ 100.15		D5916	MP*
D4321	\$ 133.19		D5919	MP*
D4341	\$ 96.02		D5922	MP*
D4355	\$ 62.98		D5923	MP*
D4381	\$ 73.31		D5924	MP*
D4910	Deleted		D5925	MP*
D4999	MP*		D5926	MP*
D5110	\$ 606.08		D5927	MP*
D5120	\$ 607.11		D5928	MP*
D5130	\$ 643.25		D5929	MP*
D5140	\$ 646.35		D5931	MP*
D5211	\$ 426.42		D5932	MP*
D5212	\$ 426.42		D5933	MP*
D5213	\$ 637.05		D5934	MP*
D5214	\$ 637.05		D5935	MP*
D5281	\$ 432.62		D5936	MP*
D5410	\$ 25.81		D5937	MP*
D5411	\$ 23.75		D5951	MP*
D5421	\$ 24.78		D5952	MP*
D5422	\$ 23.75		D5953	MP*
D5510	\$ 73.31		D5954	MP*
D5520	\$ 58.85		D5955	MP*
D5610	\$ 66.08		D5958	MP*
D5620	\$ 92.93		D5959	MP*
D5630	\$ 81.57		D5960	MP*
D5640	\$ 56.79		D5982	MP*
D5650	\$ 69.18		D5983	MP*
D5660	\$ 86.73		D5984	MP*
D5710	\$ 203.40		D5985	MP*
D5711	\$ 184.82		D5986	MP*
D5720	\$ 187.92		D5987	MP*
D5721	\$ 187.92		D5988	MP*
D5730	\$ 113.58		D5999	MP*
D5731	\$ 113.58		D6010	\$ 647.38
D5740	\$ 91.89		D6020	\$ 282.91
D5741	\$ 91.89		D6040	MP*
D5750	\$ 169.33		D6050	MP*
D5751	\$ 169.33		D6055	MP*
D5760	\$ 148.68		D6056	MP*
D5761	\$ 148.68		D6057	MP*
D5810	\$ 262.26		D6060	MP*

MP* = Manually Priced

Procedure Code	Payment Amount Effective 7/1/06		Procedure Code	Payment Amount Effective 7/1/06
D6063	MP*		D7415	MP*
D6070	MP*		D7420	Deleted
D6073	MP*		D7430	Deleted
D6078	MP*		D7431	Deleted
D6079	MP*		D7440	MP*
D6080	MP*		D7441	MP*
D6090	MP*		D7450	\$ 198.24
D6095	MP*		D7451	\$ 239.54
D6100	MP*		D7460	\$ 130.10
D6199	MP*		D7461	\$ 280.84
D6211	\$ 362.41		D7465	\$ 65.05
D6241	\$ 394.42		D7471	\$ 193.08
D6251	Deleted		D7472	MP*
D6545	\$ 258.13		D7473	MP*
D6721	Deleted		D7480	\$ 99.12
D6751	\$ 394.42		D7485	MP*
D6791	\$ 362.41		D7490	MP*
D6920	MP*		D7510	\$ 55.76
D6930	\$ 53.69		D7520	\$ 93.96
D6940	MP*		D7530	\$ 67.11
D6950	MP*		D7540	MP*
D6970	\$ 141.45		D7550	\$ 41.30
D6971	MP*		D7560	MP*
D6972	\$ 114.61		D7610	MP*
D6973	\$ 94.99		D7620	MP*
D6975	MP*		D7630	MP*
D6976	\$ 67.11		D7640	MP*
D6977	\$ 41.30		D7650	MP*
D6980	MP*		D7660	MP*
D6999	MP*		D7670	\$ 288.07
D7110	\$ 54.72		D7671	MP*
D7120	\$ 50.59		D7680	MP*
D7130	\$ 66.08		D7710	MP*
D7140	\$ 51.63		D7720	MP*
D7210	\$ 96.02		D7730	MP*
D7220	\$ 110.48		D7740	MP*
D7230	\$ 137.32		D7750	MP*
D7240	\$ 162.10		D7760	MP*
D7250	\$ 106.35		D7770	MP*
D7260	\$ 221.99		D7771	MP*
D7261	MP*		D7780	MP*
D7270	\$ 109.45		D7810	MP*
D7272	MP*		D7820	MP*
D7280	\$ 182.75		D7830	MP*
D7281	MP*		D7840	MP*
D7285	\$ 120.80		D7850	MP*
D7286	\$ 92.93		D7852	MP*
D7290	\$ 111.51		D7854	MP*
D7310	\$ 70.21		D7856	MP*
D7320	\$ 130.10		D7858	MP*
D7340	\$ 91.89		D7860	MP*
D7350	MP*		D7865	MP*
D7410	\$ 79.50		D7870	MP*
D7411	\$ 118.74		D7871	MP*
D7412	MP*		D7872	MP*
D7413	MP*		D7873	MP*
D7414	MP*		D7874	MP*

MP* = Manually Priced

Procedure Code	Payment Amount Effective 7/1/06		Procedure Code	Payment Amount Effective 7/1/06
D7875	MP*		D7997	MP*
D7876	MP*		D7999	MP*
D7877	MP*		D8010	Deleted
D7880	MP*		D8020	Deleted
D7899	MP*		D8030	Deleted
D7910	\$ 71.24		D8040	Deleted
D7911	MP*		D8050	\$ 826.00
D7912	MP*		D8060	\$ 1,032.50
D7920	MP*		D8070	\$ 2,478.00
D7940	MP*		D8080	\$ 2,787.75
D7941	MP*		D8090	\$ 3,097.50
D7942	MP*		D8210	\$ 231.28
D7943	MP*		D8220	\$ 256.06
D7944	MP*		D8660	\$ 25.81
D7945	MP*		D8691	MP*
D7946	MP*		D8692	\$ 129.06
D7947	MP*		D8999	MP*
D7948	MP*		D9110	\$ 46.46
D7949	MP*		D9220	\$ 185.85
D7950	MP*		D9221	\$ 45.43
D7955	MP*		D9230	\$ 20.65
D7960	MP*		D9241	\$ 146.62
D7970	MP*		D9242	\$ 33.04
D7971	MP*		D9248	\$ 35.11
D7972	MP*		D9310	\$ 34.07
D7980	MP*		D9410	\$ 55.76
D7981	MP*		D9420	\$ 55.76
D7982	MP*		D9911	\$ 25.81
D7983	MP*		D9940	\$ 197.21
D7990	MP*		D9951	\$ 60.92
D7991	MP*		D9952	\$ 205.47
D7995	MP*		D9971	MP*
D7996	MP*		D9999	MP*

MP* = Manually Priced

Hospital Providers

Hospital Back Up (HBU) Admission Procedure Update

Effective July 26, 2006, HBU applicants are required to meet the long term level of care (LTC) as determined by the appropriate Single Entry Point (SEP). This procedure will meet requirements outlined in 10 C.C.R.2505-10 Section 8.470.2, the Hospital Back Up rule.

This means that HBU applicants are no longer required to meet LTC/NF 30 day status before the actual admission date in the nursing facility. The State Utilization Review contractor will process the application of LTC eligible clients and will communicate pertinent review outcome to the SEP for issuance of a certification date.



Nursing Facility Providers

Nursing Facility Types of Bill

Nursing Facilities may only use Medical Assistance Program approved Types of Bill codes 22X and 62X. Nursing Facilities must use one of the following for the third digit.

Digit 3 - Frequency:

- 1 - Admit through Discharge claim
- 2 - Interim - First claim
- 3 - Interim - Continuous claim
- 4 - Interim - Last claim



Pharmacy Providers **Prior Authorization Forms**

Starting October 1, 2006, the Department of Health Care Policy and Financing (Department) will have a new prior authorization form to be used by providers for brand name requests. The Brand Name Request form is available on the Department's website at <http://www.chcpf.state.co.us/HCPF/Pharmacy/phminindex.asp>. Providers are required to use the new Brand Name Request form for all brand name requests. The MedWatch form or any other form will not be accepted after September 30, 2006. Please call the Prior Authorization Help Desk at: 1-800-365-4944 for questions regarding the Brand Name Request form.



September and October 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 September and October 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
10/12/06 – Thursday

Beginning Training UB-92/ 837I
10/11/06 – Wednesday

Denver Specialty Training Schedule

Dental
10/19/06 – Thursday - 8:30-10:30

FQHC/RHC
10/20/06 – Friday - 2:00-4:00

Dialysis
10/17/06 – Tuesday - 12:30-1:30

HCBS
10/16/06 – Monday - 2:00-4:00pm

Denver Specialty Training Schedule - continued**Home Health**

10/16/06 – Monday - 11:45-12:45

Hospice

10/16/06 – Monday - 10:30-11:30

Hospital

10/18/06 – Wednesday - 11:00-2:00

Obstetrical Care

10/17/06 – Tuesday - 2:00-4:00pm

Practitioners

10/17/06 – Tuesday - 8:30-10:30

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

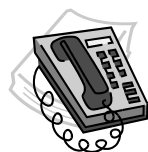
Please direct questions about Medical Assistance Program billing or the information in this bulletin to

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:

(Please check one)

- Email notification with link to publication*
- 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