



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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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

January 2007

Reference: B0700227

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All Providers

NPI: Get It. Share It. Use It.

Over 1 million National Provider Identifiers (NPIs) have been issued. Do you have yours?

If you are a health care provider who bills for Colorado Medical Assistance Programs, you need an NPI, pursuant to federal regulation 45CFR Part 162. As of December 23, 2006, **only five months remain** until the NPI compliance date. The implementation of the NPI is a complex process that



will impact all business functions pertaining to your practice, office or institution including: billing, reporting and payment. This is why providers are urged to get, share, and use their NPI **NOW** to avoid a **disruption in cash flow**.

The Centers for Medicare and Medicaid Services (CMS) continues to urge providers to include legacy identifiers on their NPI applications. This information is critical for health plans and health care clearinghouses in the development of crosswalks to aid in the transition to the NPI.

Sharing NPIs

Once providers have received their NPIs, they should share their NPIs with other providers with whom they do business and with health plans that request it. In fact, as outlined in current regulation, all providers must share their NPI with other providers, health plans, clearinghouses, and any entity that may need it for billing purposes – including designation of ordering or referring physician. Providers should also consider letting health plans, or institutions for whom they work, share their numbers for them.

NPIs are FREE!

Health care providers should know that getting an NPI is free. Providers do not need to pay an outside source to obtain an NPI. All CMS education on the NPI is also free. CMS does not charge for its education or materials.



Getting your NPI

Providers can apply for an NPI online at <https://nppes.cms.hhs.gov> or call the NPI enumerator to request a paper application at 1-800-465-3203.

NPI Questions

The Department of Health Care Policy and Financing's Provider Services Web Page has a new FAQ section for NPI! This is found at <http://www.chcpf.state.co.us/ACS/FAQ/Faq.asp>

Providers should remember that the NPI Enumerator can only answer/address the following types of questions/issues:

- Status of an application
- Forgotten/lost NPI
- Lost NPI notification letter
- Trouble accessing NPES (National Plan and Provider Enumeration System)
- Forgotten password/User ID
- The request of a paper application
- Clarification on information that is to be supplied in the NPI application

Providers needing this type of assistance may contact the enumerator at 1-800-465-3203.



Upcoming WEDI Events

WEDI has several NPI events scheduled in the upcoming month. Visit <http://www.wedi.org/npioi/index.shtml> to learn more about these events. Please note that there is a charge to participate in WEDI events.

Still Confused?

Not sure what an NPI is and how to get it, share it and use it? As always, more information and education on the NPI can be found at the CMS NPI page www.cms.hhs.gov/NationalProvidentStand on the CMS website. Providers can apply for an NPI online at <https://nppes.cms.hhs.gov> or call the NPI Enumerator to request a paper application at 1-800-465-3203.

Getting an NPI is free - not having one can be costly.

The Fiscal Agent is Collecting NPIs!

The fiscal agent (ACS) has started collecting NPI numbers. Please submit NPI information on the provider's letterhead with the corresponding Medicaid provider number and a signature of the person whose NPI number is listed (i.e. the doctor)

You may also use the Provider Update form located at:

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

Effective March 1, 2007, the fiscal agent will pend new provider applications without NPI numbers. The new enrolling providers will have 60 days to provide their NPI number. If the NPI number is not submitted within 60 days, the enrollment application will be denied.

If a provider does not know if they are required to have an NPI, they should contact the enumerator at 1-800-465-3203.



Web Portal Update

New Purge Functionality

Trading Partners who have a large number of portal claims and experience slowness during claim entry should consider setting up a purge process on their older claims. The new Purge Service was implemented in December 2006. This service will help to optimize the use of disk space and keep the portal running efficiently. A Trading Partner Administrator (TPA) has the authority to purge (delete) large numbers of their portal claims and PAR transactions based on the date of submission. The link for the Purge Service is called "Claims/PARs Purge" and is found under Administration on the left side of the page. Claims and PARs that are not deleted by the TPA will automatically purge every two years based on the date of submission. For additional information, please review the online Training, User Guide, and the Help feature.

Changes in the Security Certificate

In January 2007, we will be installing a new Security Certificate that will eliminate the display of the Security Alert. This will reduce the time to display the Login page after clicking "Secured Sites." In the meantime, continue to select the choice in the Security Alert that will allow you to proceed to the website and Login page.



Portal Tips

Searching for Clients during Claim Entry

Trading Partners with more than 200 clients in their portal database must use the "Search" button to retrieve client data during claim entry. Entering most of the Client State ID in the State ID field and clicking the "Search" button should improve the retrieval time.

Tab Selection at the Bottom of Each Claim Page

In December 2006, we will be modifying each claim page to include Claim Tabs at the bottom of the page. This will reduce vertical scrolling during claim entry.

835 Electronic Remittance Advice Transaction

The 835 electronic transaction contains information related to payees, payers, dollar amounts and payments.

The 835 electronic transaction is available and has recently been upgraded. Please contact EDI at 1-800-987-6721 with questions.

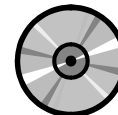


Free Weight Loss Guidance to Eastern Plains Clients

Colorado Medical Assistance providers in 16 counties on Colorado's Eastern Plains can now refer their patients to a free, bilingual, telephone counseling weight-loss program. The program was developed by National Jewish Medical and Research Center, Kaiser Permanente and the Colorado Physical Activity and Nutrition Program at the Colorado Department of Public Health and Environment. This program, called "Get Fit Colorado," was developed through funding from Amendment 35, the "Tobacco Tax" bill. For more information, go to <http://www.cdph.state.co.us/> and read the August 31, 2006 press release. You can also call National Jewish Medical and Research Center at 303-398-1032 or have your patients call 1-888-229-2804.

2007 HCPCS Codes

In December 2006, the 2007 Practitioner, Radiology and Laboratory, Vision and Supply HCPCS, the 2007 Dental ADA codes, the 2007 ASC codes and the 2007 Immunization bulletins should be posted in the Provider Services Bulletins section of the Department's website at http://www.chcpf.state.co.us/ACS/Provider_Services/Bulletins/Bulletins.asp. Providers who do not have an email address on file with the fiscal agent will receive a CD containing these bulletins in mid-January 2007.



Martin Luther King, Jr. Day Claims Processing Schedule

Due to the Martin Luther King, Jr. Day holiday on Monday, January 15, 2007, claim payments will be processed on Thursday, January 11, 2007. The processing cycle includes electronic claims accepted before 6:30 P.M. on Thursday.

Sign-up for EFT!

Was your paper check (warrant) delayed by the recent snow storm? To avoid future mail delays, sign up for Electronic Funds Transfer (EFT)! EFT is the safest, best, fastest and easiest way to receive Medical Assistance Program payments. The EFT form is located in the Provider Services Forms section of the Department's website at:

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

EFT permanently solves paper check (warrant) problems!

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

Did you know you can stop receiving paper bulletins and start receiving your Colorado Medical Assistance Program bulletins by email notification? Email notifications contain a link to the latest bulletin and allow 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 Inquiry/Update Provider Data option located at the main menu within the Web Portal.*



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

Home and Community Based Services (HCBS) Waiver Providers

New HCBS PAR Forms

The Prior Approval and Cost Containment form for Home and Community Based Services (HCBS) has been revised. The Prior Approval and Cost Containment form for the HCBS-BI waiver is now a separate form. HCBS-CWA, EBD, CHCBS, CDCE, MI and PLWA waiver services are on a second Prior Approval and Cost Containment form.

Beginning April 1, 2007, providers must use the new Prior Approval and Cost Containment forms. The old form will no longer be valid. The revised forms are available in the Provider Services Forms section at:

http://www.chcpf.state.co.us/ACS/Provider_Services/Forms/Forms.asp and are included with this bulletin.

Hospital Providers

Hospital Claims for BHO Non-Covered Services

When billing for hospital services for Medicaid clients with mental health principle diagnoses, remember to bill the appropriate Behavioral Health Organization (BHO) based on the client's enrollment. For more information regarding mental health billing, including BHO-covered diagnoses and services, refer to the Medical Assistance Program Provider Billing Manual, Specialty Manuals, and Appendix V.

When submitting a denied BHO inpatient or outpatient claim to the Medical Assistance Program fiscal agent, you must attach the BHO's Explanation of Benefits (EOB) indicating the reason for denial. Claims submitted without the BHO's EOB will be denied.



New Version of the Grouper

The Department is in the process of completing the testing of the new Version 24.0 DRG Grouper and anticipates installing the new DRG grouper on January 9, 2007. Upon implementation, the suspended Medicare cross-over claims and claims suspended due to DRG grouping edits will be released. These claims will process through the DRG grouper that corresponds to the dates of service on the claim.

Additionally, approximately one week after the new Version 24.0 DRG Grouper is installed, **all inpatient hospital claims paid October 1, 2006 or later will be reprocessed.** Please refer to the October and December 2006 bulletins for more information on the inpatient claim reprocessing.

Relative weights, average lengths of stay, and trim points for new or changed DRGs are listed on the following table..

DRG	DESCRIPTION	WEIGHT	ALOS	TRIM
174	GI HEMORRHAGE W CC	0.8076	3.2	12
175	GI HEMORRHAGE W/O CC	0.4554	2.0	7
182	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	0.6162	2.8	10
183	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC	0.4587	1.9	7
184	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE 0-17	0.4860	2.5	9
188	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE > 17 W CC	0.8568	3.6	13
189	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE > 17 W/O CC	0.4638	2.0	7
190	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE 0-17	0.4970	2.0	7
303	KIDNEY, URETER & MAJOR BLADDER PROC FOR NEOPLASM	1.8446	5.3	21
304	KIDNEY, URETER & MAJOR BLADDER PROC FOR NON-NEOPL W CC	2.1899	6.9	28
305	KIDNEY, URETER & MAJOR BLADDER PROC FOR NON-NEOPL W/O CC	1.0757	2.5	10
308	MINOR BLADDER PROCEDURES W CC	1.3604	4.4	18
309	MINOR BLADDER PROC W/O CC	0.8420	1.4	6
395	RED BLOOD CELL DISORDERS AGE > 17	0.7901	3.6	15
396	RED BLOOD CELL DISORDERS AGE 0-17	0.6574	2.7	11
398	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	1.1130	4.8	20
399	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC	0.6647	2.8	11
533	EXTRACRANIAL PROCEDURES W CC	1.7435	4.3	16
534	EXTRACRANIAL PROCEDURES W/O CC	1.1195	2.0	7
560	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	1.8583	7.6	27
561	NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXCEPT VIRAL MENINGITIS	1.4195	6.9	24
562	SEIZURE AGE > 17 W CC	1.0048	3.9	16
563	SEIZURE AGE > 17 W/O CC	0.6107	2.5	11
564	HEADACHES AGE > 17	0.6583	2.7	11
565	RESPIRATORY SYS DIAG W VENT SUPPORT 96+ HOURS	5.6355	16.1	120
566	RESPIRATORY SYS DIAG W VENT SUPPORT <96 HOURS	2.5147	7.9	59

DRG	DESCRIPTION	WEIGHT	ALOS	TRIM
567	STOMACH, ESOPHAGEAL & DUODENAL PROC AGE > 17 W CC W MAJ GI DX	5.0449	14.8	60
568	STOMACH, ESOPHAGEAL & DUODENAL PROC AGE > 17 W CC W/O MAJ GI DX	3.2524	10.6	43
569	MAJOR SMALL & LARGE BOWEL PROC W CC W MAJOR GI DX	5.1135	15.7	72
570	MAJOR SMALL & LARGE BOWEL PROC W CC W/O MAJOR GI DX	3.1768	10.8	50
571	MAJOR ESOPHAGEAL DISORDERS	0.8728	3.2	12
572	MAJOR GASTROINTESTINAL DISORDERS AND PERITONEAL INFECT	1.0494	4.8	18
573	MAJOR BLADDER PROCEDURES	3.1239	9.3	37
574	MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAG	1.2559	5.0	20
575	SEPTICEMIA W MV 96+ HOURS AGE > 17	5.1479	12.7	47
576	SEPTICEMIA W/O MV 96+ HOURS AGE > 17	1.3828	5.7	21
577	CAROTID ARTERY STENT PROCEDURE	2.0114	2.7	10
578	INFECTIOUS & PARASITIC DISEASES W OR PROCEDURE	4.4508	13.2	51
579	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W OR PROC	2.6054	9.1	35

If you have any questions regarding this bulletin, please contact Marguerite Richardson, Medicaid Hospital Liaison, at 303-866-3839.

2007 Denver & Statewide 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 types of providers. The schedule for Spring and Winter 2007 workshops follows. The workshops begin in January and continue through November.



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 in order to provide adequate space in 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

Beginning Training – CO1500/837P, and UB92/837I

This class is for new billers to the Colorado Medical Assistance Program. The class covers in-depth information on resources, eligibility, timely filing, reconciling your remittance statements and claim completion for the UB-92 and the CO1500.

Audiology

This class is for billers using the CO1500/837P format for audiology services. The class covers billing procedures, common billing issues and guidelines specifically for Audiologists.

Dental

The class is for billers using the ADA/837D claim format. The class covers billing procedures, claim formats, common billing issues and guidelines specifically for the following provider types:



Dentists, Dental Hygienists (In January 2007 the class will concentrate on Billing on the ADA/837D format including the Dental Provider Certification requirement)

(This is not the class for Nursing Facilities or FQHC/RHCs – or Nursing Facilities – please refer to the Nursing Facility and FQHC/RHC Classes)

Dialysis

This class is for billers who bill for Dialysis services on the UB92/837I and/or CO1500/837P claim format. The class covers billing procedures, common billing issues and guidelines specifically for dialysis providers.

(This is not the class for Hospitals – please refer to Hospital Class)

FQHC/RHC

This class is for billers using the UB92/837I and CO1500/837P format. The class covers billing procedures, Encounter Payments, common billing issues and guidelines specifically for FQHC/RHC providers.



HCBS

This class is for billers using the CO1500/837P claim format for the following services: adult day care, non-medical transportation, home electronics, home modifications and personal care. The class covers billing procedures, common billing issues and guidelines specifically for the following provider types:

HCBS – EBD	HCBS – CMW
HCBS – MI	HCBS – BI
HCBS – PLWA	

Home Health

This class is for billers using the UB92/837I format. The class covers billing procedures, common billing issues and guidelines specifically for Home Health providers.

Hospice

This class is for billers using the UB92/837I format. The class covers billing procedures, common billing issues and guidelines specifically for Hospice providers.

Hospital



This class is for billers using the UB92/837I format. The class covers billing procedures, common billing issues and guidelines specifically for:

In-patient Hospital, Out-patient Hospital

(This is not the class for FQHC/RHC – please refer to FQHC/RHC Class)

Indian Health Service – IHS (Spring Statewide 2007 Only)

This class is for billers using the CO1500/837P and/or UB92/837I IHS format. The class covers billing procedures, common billing issues and guidelines specifically for IHS providers.

Nursing Facility

This class is for billers using the UB92/837I claim format. The class covers billing procedures, common billing issues, PETI, Medicare Crossovers and guidelines specifically for Nursing Facility providers.

Obstetrical Care

This class is for billers using the CO1500/837P format for OB/GYN. The class covers billing procedures, common billing issues and guidelines specifically for Obstetrics.



Occupational, Physical and Speech Therapy

This class is for billers using the CO1500/837P format for therapies. The class covers billing procedures, common billing issues and guidelines specifically for Occupational, Physical and Speech Therapists providers.

Pharmacy

This class is for billers using the Pharmacy claim format/Point of Sale and/or UCF Format. The class covers billing procedures, common billing issues and guidelines specifically for Pharmacies.



(This is not the class for DME/ Supply Providers – please refer to DME/ Supply Provider Class)

Practitioner

This class is for providers using the CO1500/837P format. The class covers billing procedures, common billing issues and guidelines specifically for the following provider types:

- Ambulance
- Anesthesiologists
- ASC
- Family Planning
- Independent Labs
- Independent Radiologists
- Nurse Practitioner
- Physician Assistant
- Physicians, Surgeons

PRTF

This class is for billers using the UB92/837I claim format. The class covers billing procedures, common billing issues and guidelines specifically for PRTF providers.

TRCCF

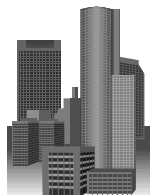
This class is for billers using the UB92/837I claim format. The class covers billing procedures, common billing issues and guidelines specifically for TRCCF providers.

Supply/DME

This class is for billers using the CO1500/837P claim format. The class covers billing procedures, common billing issues and guidelines specifically for Supply/DME providers.

Transportation

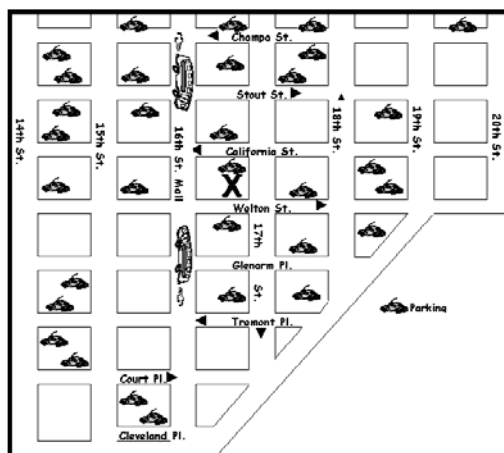
This class is for emergency transportation providers billing on the CO1500/837P and/or UB92/837I format. The class covers billing procedures, common billing issues and guidelines specifically for Transportation providers.



Denver Location

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
9:00am – 3:00pm**

Beginning Training CO-1500/837P

- 01/16/07 – Tuesday
- 02/06/07 – Tuesday
- 03/13/07 – Tuesday
- 04/17/07 – Tuesday
- 06/19/07 – Tuesday
- 07/10/07 – Tuesday
- 08/14/07 – Tuesday
- 10/09/07 – Tuesday
- 11/13/07 – Tuesday



Beginning Training UB-92/ 837I

- 01/17/07 – Wednesday
- 02/07/07 – Wednesday
- 03/14/07 – Wednesday
- 04/19/07 – Thursday
- 06/21/07 – Thursday
- 07/12/07 – Thursday
- 08/16/07 – Thursday
- 10/11/07 – Thursday
- 11/15/07 – Thursday

Denver Specialty Training Schedule

Audiology

- 03/19/07 – Monday, 10:00am-11:30am
- 10/15/07 – Monday, 10:00am-11:30am

Dental

- 01/26/07 – Friday, 9:00am-11:00am
- 03/29/07 – Thursday, 10:00am-12:00pm
- 07/20/07 – Friday, 9:00am-11:00am
- 10/25/07 – Thursday, 10:00am-12:00pm

Dialysis

- 03/28/07 – Wednesday, 3:00pm-4:00pm

- 10/24/07 – Wednesday, 3:00pm-4:00pm

FQHC/RHC

- 03/29/07 – Thursday, 1:00pm-3:00pm
- 10/25/07 – Thursday, 1:00pm-3:00pm

HCBS CO-1500/837P

- 03/21/07 – Wednesday, 10:00am-12:00pm
- 10/17/07 – Wednesday, 10:00am-12:00pm

HCBS UB-92/ 837I

- 03/21/07 – Wednesday, 1:00pm-3:00pm
- 10/17/07 – Wednesday, 1:00pm-3:00pm

Home Health

03/20/07 – Tuesday, 11:45am-1:00pm
 10/16/07 – Tuesday, 11:45am-1:00pm

Hospice

03/22/07 – Thursday, 9:30am-10:30am
 10/18/07 – Thursday, 9:30am-10:30am

Hospital

03/22/07 – Thursday, 11:00am-2:00pm
 10/18/07 – Thursday, 11:00am-2:00pm

Nursing Facility

03/20/07 – Tuesday, 9:00am-11:15am
 10/16/07 – Tuesday, 9:00am-11:15am

Obstetrical Care

03/27/07 – Tuesday, 3:30pm-4:30pm

Physical/ Occupational and Speech Therapy

03/27/07 – Tuesday, 9:00am-11:00am
 10/23/07 – Tuesday, 9:00am-11:00am

Pharmacy

03/28/07 – Wednesday, 9:00am-11:00am
 10/24/07 – Wednesday, 9:00am-11:00am

Practitioner

03/27/07 – Tuesday, 1:00pm-3:00pm
 10/23/07 – Tuesday, 1:00pm-3:00pm

Supply/DME

03/28/07 – Wednesday, 12:30pm-2:30pm
 10/24/07 – Wednesday, 12:30pm-2:30pm

Transportation

03/19/07 – Monday, 2:00pm-4:00pm
 10/15/07 – Monday, 2:00pm-4:00pm

2007 Statewide Locations

Alamosa (September 2007)

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

Colorado Springs

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

Durango (New address for 2007)

Mercy Medical Center
 1010 Three Springs Blvd.
 Durango, CO 81301
 970-247-4311

Fort Collins

Hilton Fort Collins
 425 West Prospect Road
 Fort Collins, CO 80526
 970-482-2626

Grand Junction (New location for 2007)

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

Greeley

Best Western Regency
 701 8th Street
 Greeley, CO 80631
 970-353-8444

Pueblo (New location for 2007)

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



Statewide Beginning Billing Schedule

Beginning Billing CO-1500/UB-92

Spring 2007

Colorado Springs – Thursday, 05/24/07 (8:30am-1:30pm)
Durango – Monday, 05/21/07 (9:00am-1:30pm)
Ft. Collins – Tuesday, 05/08/07 (9:00am-1:30pm)
Greeley – Thursday, 05/17/07 (9:00am-1:30pm)
Grand Junction – Tuesday, 05/15/07 (8:30am-1:30pm)
Pueblo – Wednesday, 05/23/07 (8:30am-1:30pm)

Fall 2007

Alamosa – Tuesday, 09/18/07 (8:30am-12:30pm)
Colorado Springs – Thursday, 09/20/07 (8:30am-1:00pm)
Fort Collins – Tuesday, 09/25/07 (9:00am-1:30pm)
Grand Junction – Thursday, 09/13/07 (8:30am-1:00pm)
Greeley – Thursday, 09/27/07 (9:00am-1:30pm)
Pueblo – Wednesday, 09/19/07 (8:30am-1:00pm)

Statewide Specialty Training Schedule

Spring 2007

Hospital

Durango – Monday, 05/21/07 (2:00pm-3:30pm)

Indian Health Service

Durango – Monday, 05/21/07 (3:30pm-5:00pm)

Nursing Facility

Fort Collins – Tuesday, 05/08/07 (2:00pm-4:00pm)

Nursing Facility

Grand Junction – Tuesday, 05/15/07 (2:00pm-4:00pm)

Nursing Facility

Colorado Springs – Thursday, 05/24/07 (2:00pm-4:00pm)

Obstetrical Care

Greeley – Thursday, 05/17/07 (2:00pm-3:30pm)

Practitioner

Fort Collins – Tuesday, 05/08/07 (2:00pm-4:00pm)

Practitioner

Grand Junction – Tuesday, 05/15/07 (2:00pm-4:00pm)

Practitioner

Colorado Springs – Thursday, 05/24/07 (2:00pm-4:00pm)

RHC/FQHC

Pueblo – Wednesday, 05/23/07 (2:00pm-3:30pm)

Fall 2007**Home Health/ Private Duty Nursing**

Alamosa – Tuesday, 09/18/07 (1:00pm-4:00pm)

Hospital

Grand Junction – Thursday, 09/13/07 (2:00pm-4:00pm)

Nursing Facility

Colorado Springs – Thursday, 09/20/07 (2:00pm-4:00pm)

Hospital

Greeley – Thursday, 09/27/07 (2:00pm-4:00pm)

Practitioner

Grand Junction – Thursday, 09/13/07 (2:00pm-4:00pm)

Practitioner

Alamosa – Tuesday, 09/18/07 (1:00pm-4:00pm)

Practitioner

Colorado Springs – Thursday, 09/20/07 (2:00pm-4:00pm)

Practitioner

Greeley – Thursday, 09/27/07 (2:00pm-4:00pm)

PRTF

Fort Collins – Tuesday, 09/25/07 (2:00pm-4:00pm)

RHC/FQHC

Pueblo – Wednesday, 09/19/07 (2:00pm-3:30pm)

TRCCF

Fort Collins – Tuesday, 09/25/07 (2:00pm-4:00pm)

Colorado Medical Assistance Program Enrollment Application Workshop

The fiscal agent will conduct four Provider Enrollment Application workshops during the 2007 calendar year. The workshop focuses on the importance of correctly completing the Colorado Medical Assistance Program Provider Enrollment 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. All workshops are located at:

ACS

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

Seating for these workshops is limited and reservations are required.

Please 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.

2007 Enrollment Application Workshop Schedule

Wednesday, 02/21/07 (9:00am-1:00pm)

Wednesday, 04/04/07 (9:00am-1:00pm)

Wednesday, 07/25/06 (9:00am-1:00pm)

Wednesday, 11/07/07 (9:00am-1:00pm)

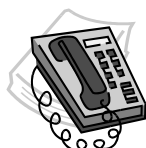
Please direct questions about Medical Assistance Program billing or the information in this bulletin to

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



**STATE OF COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
REQUEST FOR HCBS PRIOR APPROVAL AND COST CONTAINMENT FOR HCBS-BI**

PA Number being revised _____

REVISION? Yes No

1. CLIENT NAME		2. CLIENT ID NUMBER	3. SEX <input type="checkbox"/> M <input type="checkbox"/> F	4. BIRTH DATE : : : :
5. REQUESTING PROVIDER #	6. CLIENT'S COUNTY	7. CASE NUMBER (AGENCY USE)	8. DATES COVERED FROM : : : :	THROUGH : : : :

STATEMENT OF REQUESTED SERVICES

9. Description	10. Modifier	11. Max # Units	12. Cost Per Unit	13. Total \$ Authorized	14. Comments
S5102 Adult Day Services, U6					
T2029 Assistive Technology, per service, U6					
H0025 Behavioral Management, U6					
H2018 Day Treatment, U6					
S5161 Electronic Monitoring, U6					
S5160 Electronic Monitor Install/Purchase, U6					
S5165 Home Modifications, U6					
T2013 Independent Living Skills Training, U6					
H0004 Mental Health Counseling, Family, U6	HR				
H0004 Mental Health Counseling, Group, U6	HQ				
H0004 Mental Health Counseling, Individual, U6					
T2001 Non-Medical Transportation, U6					
T1019 Personal Care, U6					
T1019 Relative Personal Care, U6	HR				
H0045 Respite Care NF, U6					
S5150 Respite Care In Home, U6					
T1006 Substance Abuse Counseling, Family, U6					
H0047 Substance Abuse Counseling, Group, U6	HQ				
H0047 Substance Abuse Counseling-Individual, U6	HF				
T2033 Supported Living Program, U6					
T2016 Transitional Living, per day, U6					

15. TOTAL AUTHORIZED HCBS EXPENDITURES (SUM OF AMOUNTS IN COLUMN 13 ABOVE)	\$ _____															
16. PLUS TOTAL AUTHORIZED HOME HEALTH EXPENDITURES (SUM OF AUTHORIZED HOME HEALTH SERVICES DURING THE HCBS CARE PLAN PERIOD)	\$ _____															
17. EQUALS CLIENT'S MAXIMUM AUTHORIZED COST (HCBS EXPENDITURES + HOME HEALTH EXPENDITURES)	\$ _____															
18. NUMBER OF DAYS COVERED (FROM FIELD 8 ABOVE)	\$ _____															
19. AVERAGE COST PER DAY (Client's maximum authorized cost divided by number of days in the care plan period)	\$ _____															
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">A. Monthly State Cost Containment Amount</td> <td style="width:10%;">\$ _____</td> <td style="width:50%;"></td> </tr> <tr> <td>B. Minus Client's Monthly HCA Warrant Amount</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>C. Equals Client's Monthly Cost Containment</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>D. Divided by 30.42 days = Daily Cost Containment Ceiling</td> <td>\$ _____</td> <td></td> </tr> <tr> <td></td> <td>\$ _____</td> <td></td> </tr> </table>		A. Monthly State Cost Containment Amount	\$ _____		B. Minus Client's Monthly HCA Warrant Amount	\$ _____		C. Equals Client's Monthly Cost Containment	\$ _____		D. Divided by 30.42 days = Daily Cost Containment Ceiling	\$ _____			\$ _____	
A. Monthly State Cost Containment Amount	\$ _____															
B. Minus Client's Monthly HCA Warrant Amount	\$ _____															
C. Equals Client's Monthly Cost Containment	\$ _____															
D. Divided by 30.42 days = Daily Cost Containment Ceiling	\$ _____															
	\$ _____															

20. Immediately prior to HCBS enrollment, this client lived in a Nursing Facility YES NO

21. CASE MANAGER SIGNATURE	22. AGENCY	23. DATE
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DO NOT WRITE BELOW - AUTHORIZING AGENT USE ONLY

24. CASE PLAN: Approved - Date _____ Denied - Date _____ Returned for Correction - Date _____

25. REGULATION(S) upon which Denial or Return is based: _____

26. AUTHORIZING AGENT SIGNATURE	27. DATE
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Brain Injury (BI) PAR Completion Instructions**FORM MUST BE COMPLETED IN BLACK BALLPOINT OR TYPEWRITER - PLEASE PRINT**

Complete this form for Prior Authorization Requests for **BI**. Submit the PAR to the HCBS program's authorizing agent listed at the bottom of the instructions.

Complete the Revision section at the top of the form **only** if you are revising a current approved PAR.

For PAR revisions you must add the number of units being requested to the original number of units approved and include all services that were approved on the original PAR.

Complete the following fields

1. **Client Name – Required:** Enter the client's name.
2. **Client ID number – Required:** Enter the client's Medical Assistance Program ID number.
3. **Sex:** Check M or F.
4. **Birth Date – Required:** Enter the client's date of birth.
5. **Requesting Provider # - Required:** Enter the requesting provider's Medical Assistance Program provider number.
6. **Client's County – Required:** Enter the client's county of residence.
7. **Case Number:** Enter the agency's case number for this PAR.
8. **Dates Covered (From and Through) – Required:** Enter the PAR start date and PAR end date.
9. **Description:** List of approved procedure codes.
10. **Modifier:** Enter all applicable modifiers.
11. **Max # Units:** Enter the number of units next to the services for which you are requesting reimbursement.
12. **Cost Per Unit:** Enter the cost per unit of service.
13. **Total # Authorized:** Enter the total amount authorized for the service.
14. **Comments:** Enter any additional useful information. For example, if a service is authorized for different dates than in Box 8, please include the HCPC and date span here.
15. **Total Authorized HCBS Expenditures :** Enter the total of all amounts listed in column 13.
16. **Plus Total Authorized Home Health Expenditures** (Sum of Authorized Home Health Services during the HCBS Care Plan Period): Enter the total Authorized Home Health expenditures.
17. **Equals Client's Maximum Authorized Cost:** Enter the sum of the HCBS Expenditures + Home Health Expenditures.
18. **Number of Days Covered:** Enter the number of days covered from Field 8.
19. **Average Cost Per Day:** Enter the client's maximum authorized cost divided by number of days in the care plan period.
20. **Immediately prior to HCBS enrollment, this client lived in a Nursing Facility:** Check Yes or No.
21. **Case Manager Signature:** Enter the signature of the Case Manager.
22. **Agency:** Enter the name of the agency.
23. **Date:** Enter the date signed.

Do **not** enter anything below the shaded area "**DO NOT WRITE BELOW - AUTHORIZING AGENT USE ONLY**". This is for the authorizing agency use only.

Send only New, CSRs and Revised PARs to:

Send BI PARs to:
ACS PARS PO Box 30 Denver CO 80201-0030

STATE OF COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
REQUEST FOR HCBS PRIOR APPROVAL AND COST CONTAINMENT

Check the appropriate waiver program with modifier:

CWA-UL, EBD-U1, CHCBS-U5, CDCE-UC, MI-UA, PLWA-U2

PA Number being revised

REVISION? Yes No

1. CLIENT NAME		2. CLIENT ID NUMBER	3. SEX <input type="checkbox"/> M <input type="checkbox"/> F	4. BIRTH DATE : : : :
5. REQUESTING PROVIDER #	6. CLIENT'S COUNTY	7. CASE NUMBER (AGENCY USE)	8. DATES COVERED FROM : : : :	THROUGH : : : :

STATEMENT OF REQUESTED SERVICES

9. Description	10. Modifier	11. Max # Units	12. Cost Per Unit	13. Total \$ Authorized	14. Comments
S5105 Adult Day Care (U1, UC, UA, U2)					
T2031 Alternative Care Facility (U1, UC, UA)					
H0004 Behavior Therapies – Lead Therapist, UL					
H0004 Behavior Therapies – Senior Therapist, UL	52				
H2019 Behavior Therapies – Line Staff, UL					
T1016 CHCBS Case Management, U5					
T2038 Community Transition Services, U1					
T2038 Community Transition Services Items, U1	52				
S5161 Electronic Monitoring (U1, UA, U2)					
S5160 Electronic Monitor Install/Purchase (U1, UA, U2)					
S5165 Home Modifications (U1, UC, UA)					
S5130 Homemaker (U1, UC, UA, U2)					
H0038 IHHS Health Maintenance Activities(U1, U5)					
S5130 IHHS Homemaker (U1,U5)	KX				
T1019 IHHS Personal Care (U1, U5)	KX				
T1019 IHHS Relative Personal Care (U1, U5)	HR,KX				
T2001 Non-medical Transportation (U1, UC, UA, U2)					
T2025 Personal Support Services (PSS), UC					
T2025 Personal Support Services Administration, UC	52				
T1019 Personal Care (U1, UC, UA, U2)					
T1019 Relative Personal Care (U1, UC, UA, U2)	HR				
H0045 Respite Care NF (U1, UC, UA)					
T1005 Respite Care ACF (U1, UC, UA)					
S5150 Respite Care, In Home, U1					

15. TOTAL AUTHORIZED HCBS EXPENDITURES (SUM OF AMOUNTS IN COLUMN 13 ABOVE)	\$ _____
16. PLUS TOTAL AUTHORIZED HOME HEALTH EXPENDITURES (SUM OF AUTHORIZED HOME HEALTH SERVICES DURING THE HCBS CARE PLAN PERIOD) – Excludes In-Home Support Services amounts	\$ _____
17. EQUALS CLIENT'S MAXIMUM AUTHORIZED COST (HCBS EXPENDITURES + HOME HEALTH EXPENDITURES)	\$ _____
18. NUMBER OF DAYS COVERED (FROM FIELD 8 ABOVE)	\$ _____
19. AVERAGE COST PER DAY (Client's maximum authorized cost divided by number of days in the care plan period)	\$ _____
A. Monthly State Cost Containment Amount	\$ _____
B. Minus Client's Monthly HCA Warrant Amount	\$ _____
C. Equals Client's Monthly Cost Containment	\$ _____
D. Divided by 30.42 days = Daily Cost Containment Ceiling	\$ _____

20. Immediately prior to HCBS enrollment, this client lived in a Nursing Facility YES NO

21. CASE MANAGER SIGNATURE	22. AGENCY	23. DATE
----------------------------	------------	----------

DO NOT WRITE BELOW - AUTHORIZING AGENT USE ONLY

24. CASE PLAN: Approved - Date _____ Denied - Date _____ Returned for Correction - Date _____

25. REGULATION(S) upon which Denial or Return is based:

26. AUTHORIZING AGENT SIGNATURE	27. DATE
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PAR Completion Instructions

FORM MUST BE COMPLETED IN BLACK BALLPOINT OR TYPEWRITER - PLEASE PRINT

Complete this form for Prior Authorization Requests for **CWA, EBD, CHCBS, CDCE, MI, and PLWA**. Submit the PAR to the HCBS program’s authorizing agent listed at the bottom of the instructions.

Complete the Revision section at the top of the form **only** if you are revising a current approved PAR.

For PAR revisions you must add the number of units being requested to the original number of units approved and include all services that were approved on the original PAR.

Complete the following fields

Check the type of program (CWA-UL, EBD-U1, CHCBS-U5, CDCE-UC, MI-UA, PLWA-U2) at the top of the PAR form for which you are requesting services - **Required**

1. **Client Name – Required:** Enter the client’s name.
2. **Client ID number – Required:** Enter the client’s Medical Assistance Program ID number.
3. **Sex:** Check M or F.
4. **Birth Date – Required:** Enter the client’s date of birth.
5. **Requesting Provider # - Required:** Enter the requesting provider's Medical Assistance Program provider number.
6. **Client’s County – Required:** Enter the client’s county of residence.
7. **Case Number:** Enter the agency’s case number for this PAR.
8. **Dates Covered (From and Through) – Required:** Enter the PAR start date and PAR end date.
9. **Description:** List of approved procedure codes.
10. **Modifier:** Enter all applicable modifiers.
 In addition to IHSS Health Maintenance Activities H0038, please add the modifier KX for PCP and Homemaker services.
 Example: T1019 U1 HR KX or S5130 U1 KX
 When the CDCE waiver authorizes Personal Support Administration, use UC and 52. For Personal Support Services (PSS), use UC.
11. **Max # Units:** Enter the number of units next to the services for which you are requesting reimbursement.
12. **Cost Per Unit:** Enter the cost per unit of service.
13. **Total # Authorized:** Enter the total amount authorized for the service.
14. **Comments:** Enter any additional useful information. For example, if a service is authorized for different dates than in Box 8, please include the HCPC and date span here.
15. **Total Authorized HCBS Expenditures:** Enter the total of all amounts listed in column 13.
16. **Plus Total Authorized Home Health Expenditures** (Sum of Authorized Home Health Services during the HCBS Care Plan Period): Enter the total Authorized Home Health expenditures.
17. **Equals Client’s Maximum Authorized Cost:** Enter the sum of the HCBS Expenditures + Home Health Expenditures.
18. **Number of Days Covered:** Enter the number of days covered from Field 8.
19. **Average Cost Per Day:** Enter the client's maximum authorized cost divided by number of days in the care plan period.
20. **Immediately prior to HCBS enrollment, this client lived in a Nursing Facility:** Check Yes or No.
21. **Case Manager Signature:** Enter the signature of the Case Manager.
22. **Agency:** Enter the name of the agency.
23. **Date:** Enter the date signed.

Do **not** enter anything below the shaded area “**DO NOT WRITE BELOW - AUTHORIZING AGENT USE ONLY**”. This is for the authorizing agency use only.

Send only New, CSRs and Revised PARs to:

Send CWA, EBD, CHCBS, CDCE, MI, PLWA PARs to:
ACS PARs PO Box 30 Denver, CO 80201-0030

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