

Medical Assistance Program Bulletin Colorado Title XIX

Fiscal Agent



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Medical Assistance Program Provider Services 303-534-0146 1-800-237-0757

Mailing Addresses

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

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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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

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Table of Contents

ALL PROVIDERS	.1
2008 Holiday Processing Schedule	.1
2008 HCPCS	.2
CPT and HCPCS Codes Fee Schedules	.2
Verifying Client Eligibility	.2
Weekly Warrant Information through CMERS	.2
HOME AND COMMUNITY BASED SERVICES PROVIDERS	
New Hospice Waiver for Children	
New PAR Form	
Consumer Directed Attendant Support Services (CDASS)	
Hospital Providers	
Updates to the DRG System	.3
Nedicare Crossover Claims	
PHARMACY PROVIDERS	.3
Pharmacy Claim Form	.3
Pharmacy Prior Authorization Edit	
Preferred Drug List (PDL) Update	
EPSDT SERVICES	
The ABCD Project	
Testing for Lead Poisoning	
Practitioners	.4
Colorado Maternity Care	.4
New Billing Requirements for Physician-Administered Drugs	
Fee for Service Rate Increase	
GO GREEN AND ENJOY THE BENEFITS OF DIRECT DEPOSIT	
ELECTRONIC BULLETIN NOTIFICATION	
JANUARY 2008 DENVER PROVIDER BEGINNING BILLING WORKSHOP SCHEDULE	

ALL PROVIDERS 2008 Holiday Processing Schedule

Standard processing

The Colorado Medical Assistance Program processes claim payments every Friday evening. The weekly Provider Claim Report identifies claims that have been submitted for processing during the week.



Each week, Medical Assistance Program payment information is reported to the Colorado Financial Reporting System (COFRS) and Medical Assistance Program warrants (paper checks) and Electronic Funds Transfers (EFT) are processed.

Electronic Provider Claim Reports (PCRs) may be retrieved on Monday morning of the week following payment processing. Paper PCRs for EFT payments are mailed on Wednesday of the week following payment processing. Paper PCRs with accompanying warrants are mailed on Thursday of the week after payment processing.

Holiday processing

For some State and Federal holidays, payment processing dates are changed to avoid payment delays. When the holiday falls on a Monday or Friday, claim payments are processed on Thursday instead of Friday. The processing cycle includes electronic claims accepted before 6:30 P.M. on Thursday.

The following schedule shows the holiday processing cycles for 2008:

Holiday	Holiday Processing Date
Martin Luther King, Jr.'s Birthday – Monday, January 21st	Thursday, January 17 th
President's Day – Monday, February 18th	Thursday, February 14 th
Memorial Day – Monday, May 26th	Thursday, May 22 nd
Labor Day – Monday, September 1st	Thursday, August 28 th
Columbus Day – Monday, October 13th	Thursday, October 9 th

Receipt of warrants or EFTs will be delayed by one or two days due to the following holidays:



Tuesday, January 1
Friday, July 4
Tuesday, November 11
Thursday, November 27
Thursday, December 25
Thursday, January 1

Please retain the holiday processing schedule for reference.

2008 HCPCS

The 2008 Practitioner and Supply HCPCS, the 2008 ASC Codes and 2008 Immunization Codes bulletins will be posted in the Provider Services Bulletins section of the Department's website by December 31, 2006. 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 during January 2008.

CPT and HCPCS Codes Fee Schedules

A CD with the fee schedule in three different formats (Word, Access, and Excel) along with instructions for reading the fee schedule is available from the Department of Healthcare Policy and Financing. To obtain a copy of the CD, please send a written request including a mail-to address and a \$25 check payable to DHCPF to:

DHCPF Attn: Fee Schedule 1570 Grant Street Denver, CO 80203

Verifying Client Eligibility

Did you know that calling the Medical Assistance Program call center for client eligibility information does not guarantee the eligibility?

In many instances, provider staff members spend unnecessary time on this non-guaranteed process. Other eligibility verification methods are guaranteed and both the Web Portal and FaxBack provide hardcopies for the client's file. Eligibility verification methods are listed below in the order of preferred use. Eligibility verification should be made by:

- 1. Obtaining a copy of the Medical Identification (MID) card, and
- 2. Obtaining birth date and State ID or Social Security Number (SSN), and
- 3. Verifying eligibility and coverage through one of the following methods:
- State's Web Portal : X12N 270 Eligibility Inquiry
- Fax-Back : 1-800-493-0920 Toll free
- CMERS : 303-534-3500 Denver Metro; 1-800-237-0044 Toll free Colorado

Providers should maintain copies of eligibility and coverage information in the client's file for audit purposes.

Check Your Weekly Warrant/EFT Information through CMERS

The Colorado Medical Assistance Program Eligibility Response System (CMERS) is an Automated Voice Response System (AVRS) that furnishes providers with more than just Colorado Medical Assistance Program eligibility; it also provides Provider warrant information. Rather than contacting the Call Center, call CMERS at:

303-534-3500 Denver Metro or 1-800-237-0044 Toll Free Colorado.

After the greeting and initial instruction, press 2# to request provider warrant information. Follow the automated instructions to obtain warrant information. Providers with EFT may also call their bank for weekly warrant information.

HOME AND COMMUNITY BASED SERVICES PROVIDERS <u>Pediatric Hospice Waiver (HCBS-PHW)</u> (Also known as HOPEFUL)



New Hospice Waiver for Children

Home and Community Based Services for Pediatric Hospice (HCBS-PHW) is a new waiver that will serve children with a medical diagnosis of life-limiting illness. Children eighteen (18) years of age and under are eligible for the waiver if they meet the institutional level of care for inpatient hospitalization.

HCBS-PHW waiver services include counseling services, respite care, expressive therapies and palliative/supportive care. Regulations for the waiver can be found at 10 C.C.R. 2505-10, Section 8.504.

Enrollment and billing for HCBS-PHW will begin in January 2008. Please contact the Community Based Long Term Care Section at 303-866-3674 if you are interested in becoming an HCBS-PHW provider.

New Child HCBS PAR Request Form

A new Request for Child HCBS Prior Approval and Cost Containment for Children with Autism, Children's Home and Community Based Services, and Pediatric Hospice Services is now available. SEP case managers should use the new form when authorizing HCBS services for children. The new form is available in the Provider Services section of the Department's website at: http://www.chcpf.state.co.us/ACS/Provider_Services/Forms/Forms.asp.

Consumer Directed Attendant Support Services (CDASS)

Consumer Directed Attendant Support Services (CDASS) is a new benefit that will be available under the Home and Community Based Services-Elderly, Blind and Disabled (HCBS-EBD) waiver, effective January 1, 2008. This is a new service delivery option that offers HCBS-EBD clients the opportunity to direct personal care, homemaker and health maintenance tasks. Clients may also designate an authorized representative to direct these activities on their behalf. The new Request for Adult HCBS Prior Approval and Cost Containment form is now available. Single Entry Point (SEP) case managers should use the new form when authorizing CDASS. The new form should be used when authorizing all services for clients enrolled in the Home and Community Based Services-Elderly, Blind, and Disabled (EBD), Persons with Mental Illness (MI) and Persons Living with Aids (PLWA) waivers. The PAR form is available in the Provider Services section of the Department's website at: <u>http://www.chcpf.state.co.us/ACS/Provider_Services/Forms/Forms.asp</u>.

HOSPITAL PROVIDERS Updates to the DRG System

As previously stated in the September and October provider bulletins, the Department is not implementing the new MS-DRG (Medicare Severity Adjusted DRGs) for Colorado Medicaid reimbursement as of October 1, 2007. Instead, the Department is leaving the DRG grouper Version 24.0 (the same grouper used since October 1, 2006) in place. The following versions of the Centers for Medicare and Medicaid Services (CMS) Grouper will be used to process Medicaid inpatient hospital claims:

Discharge Date Grouper	
On or after October 1, 2006	Version 24.0
October 1, 2005 to September 30, 2006	Version 23.0
October 1, 2004 to September 30, 2005	Version 22.0
October 1, 2003 to September 30, 2004	Version 21.0
October 1, 2002 to September 30, 2003	Version 20.0



The Department is in the process of updating and testing the new ICD-9 codes, which were not part of the original Version 24.0 DRGs. The update will allow claims with new diagnosis and/or procedure codes to appropriately group to the Version 24.0 DRG. The testing time is expected to be completed by January with projected implementation afterwards. The updates to the ICD-9 codes will be available and published for public use through provider bulletins and in the Provider Services section of the Department's website.

While the Department works on these system updates, Medicaid inpatient hospital claims that set edits during processing related to DRG grouping (such as "DRG record not on database" or "DRG pricing span not found") have been suspended effective October 1, 2007. Once the system updates have been completed, these claims will be released from suspense and will process accordingly. Please continue to watch for DRG updates in future Colorado Medical Assistance provider bulletins. If you would like to submit comments or questions to the Department regarding DRG system options, please send an email to: elizabeth.lopez@state.co.us.

Medicare Crossover Claims

Beginning January 1, 2008, Medicare will require NPIs on Institutional claims submitted electronically (i.e. 837I) to identify the primary providers (the Billing and Pay-to Providers). As a reminder, if a crossover claim does not appear on the Medical Assistance Program Provider Claim Report within 30 days after the Medicare processing date you must submit the crossover either electronically through the Web Portal or on paper. For additional electronic billing information or billing instructions please go to: http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp

PHARMACY PROVIDERS Pharmacy Claim Form

The Department requires pharmacy providers to use a Universal Claim Form (UCF) when submitting paper claims. The Department has developed the Pharmacy Claim Form (PCF) to replace the UCF.



The PCF will be available at no charge on the Department's web site during the first quarter of 2008. The UCF will still be accepted if submitted, but will be phased out and replaced by the PCF at a later date.

Pharmacy Prior Authorization Edit

There is a new informational edit that will be transmitted during point-of-sale claim submissions to notify pharmacies of a prior authorization that is close to expiring. Pharmacies will receive this edit when a claim is transmitted for a client whose medication has less than forty-five days remaining on a current prior authorization. The Department encourages pharmacies to notify clients about the upcoming prior authorization expiration and contact prescribers to initiate the prior authorization process. Use of the prior authorization notification edit will begin during the first quarter of 2008.

Preferred Drug List (PDL) Update

The **Proton Pump Inhibitors** (PPIs) will be the first drug class reviewed for inclusion on the PDL. This drug class includes the following medications and all of their respective formulations, dosage forms, and strengths: Aciphex (rabeprazole), Nexium (esomeprazole), Prevacid (lansoprazole), Prilosec (omeprazole) prescription and OTC, Protonix (pantoprazole), and Zegerid (omeprazole and sodium bicarbonate).

The Pharmacy & Therapeutics Committee will perform clinical reviews of drug classes selected for inclusion on the PDL. As



part of the review process, the Committee held a public comment period between November 1, 2007 and December 1, 2007 related to the relevant drug class.. The Committee will review the submitted public comments and use the information to make clinical recommendations to the Department concerning the reviewed medications during a meeting to be held on December 4, 2007, 1:00 p.m. - 4:00 p.m., at 225 E. 16th Avenue, Denver, in the first floor conference room.

The Department will review the recommendations of the Pharmacy & Therapeutics Committee and the Department's Medical Director and then determine whether drugs shall be designated as preferred or non-preferred. The non-preferred drugs will be referred to the Drug Utilization Board for recommendations on prior authorization criteria.

The Drug Utilization Board will meet December 18, 2007, 6:00 p.m. - 9:00 p.m. at the Tivoli at Auraria Campus, 777 Lawrence Way, Denver, Baerresen Ballroom Room 320A. Please contact Candace Rieth at (719) 339-1427 if you would like to submit comments or present information.

A final notice will be posted on the PDL webpage at least 30 days before the PPIs are added to the PDL. The anticipated effective date for including PPIs on the PDL is February 1, 2008.

For more information visit the PDL webpage at:

http://www.chcpf.state.co.us/HCPF/Pharmacy/PDLpage.asp.

<u>EPSDT SERVICES</u>

(IMPORTANT INFORMATION FOR PROVIDERS WHO SERVE CHILDREN AND YOUTH 20 YEARS OF AGE AND UNDER)

The ABCD Project

Assuring Better Child Health and Development through the Use of Improved Screening Tools

A new program is now available in Colorado to help primary care providers improve identification of developmental delay by using standardized testing. The goals of the ABCD Project include:

- Assisting practices in implementing an office process for screening that is efficient and practical
- Helping practices learn about opportunities to obtain reimbursement for development screening
- Promoting early identification and referral
- Facilitating a practice's ability to link to early intervention and other community services To learn more about the ABCD project, please go to:

http://www.chcpf.state.co.us/ACS/Pdf Bin/The%20ABCD%20Project.pdf

An EPSDT Screen Should Include Testing for Lead Poisoning

In accordance with the Centers for Medicaid and Medicare Services (CMS) requirement, all Medicaid children need to be tested for lead poisoning at 12 and 24 months of age. If not previously tested, Medicaid children should be tested between 36 and 72 months of age. To learn more about testing for lead poisoning, please go to: http://www.chcpf.state.co.us/ACS/Pdf Bin/EPSDT%20Testing%20for%20Lead%20Poisoning.pdf

PRACTITIONERS

Colorado Maternity Care

The Department has partnered with Matria Healthcare to offer a program intended to help expectant mothers better manage their pregnancies and provide information and resources about childbirth and baby care. The maternity care program is designed to complement the care and education mothers receive from their doctors.



This is a voluntary, confidential, and free program available to clients on Medicaid. If you have a patient you feel may benefit from this program, please call **1-877-966-2229**. Referral fax forms are also available upon request.

New Billing Requirements for Physician-Administered Drugs

The Deficit Reduction Act of 2005 (DRA) includes provisions regarding State collection and submission of data for the purpose of collecting Medicaid drug rebates from drug manufacturers for physician-administered drugs.

Physician-administered drugs are usually billed by providers to Medicaid using Healthcare Common Procedure Coding System (HCPCS) codes beginning with the letters "J", "Q", and "S" (ex: J9265 - Paclitaxel, 30 mg). Single-source drugs are those that are still on patent and for which no generic competition exists. Multiple-source drugs are those whose patent has expired and for which generic competition now exists.

Effective January 1, 2008, providers are required to submit claims for physician-administered single source drugs and the 20 multiple-source drugs identified by the Centers for Medicare and Medicaid Services (CMS) as having the highest dollar value under the Medicaid program using both HCPCS procedure codes and National Drug Code (NDC) numbers.

The 20 multiple-source drugs identified by Centers for Medicare and Medicaid Services (CMS) as having the highest dollar value under the Medicaid program are as follows:

Code	Description
J9265	Paclitaxel, 30 mg
J9045	Carboplatin, 50 mg
J0696	Ceftriaxone sodium, 250 mg
J9217	Leuprolide acetate (for depot suspension), 7.5 mg
J1260	Dolasetron mesylate, 10 mg
J7192	Factor VIII (antihemophilic factor recombinant) per IU
J2430	Pamidronate disodium, 30 mg
J7190	Factor VIII (antihemophilic factor human) per IU
J9000	Doxorubicin HCI, 10 mg
J1885	Ketorolac tromethamine, 15 mg
J9390	Vinorelbine tartrate, 10 mg
J1100	Dexamethasone sodium phosphate, 1 mg
J0640	Leucovorin calcium, 50 mg
J3010	Fentanyl citrate, 0.1 mg
J7050	Infusion normal saline solution 250 cc
J2550	Promethazine HCI up to 50 mg
J1631	Haloperidol decanoate, 50 mg
J7644	Ipratropium bromide inhalation solution FDA-approved final product
	Noncompounded administered through DME unit dose form, per milligram
J9060	Cisplatin powder or solution, 10 mg
J9040	Bleomycin sulfate, 15 units

This list is available on the CMS website along with corresponding NDCs, labeler drug names, labeler names and package sizes for each listed drug. The website link is:

http://www.cms.hhs.gov/DeficitReductionAct/40_PhysicianAdministeredDrugs.asp#TopOfPage

Effective January 1, 2008, all physician, EPSDT, and Medicare Part B crossover claims for physician-administered singlesource and the 20 multiple-source drugs listed above must be submitted using both HCPCS procedure codes and National Drug Code (NDC) numbers on the electronic 837P claim form. Claims submitted for these drugs using only HCPCS codes or only NDC numbers will be denied. Please check the drug packaging to ensure that correct NDC numbers are submitted with the HCPCS procedure codes. Claims submitted with NDC numbers that do not correspond to the HCPCS codes will be denied. Since the list of the top 20 multiple-source drugs may be modified occasionally to reflect changes in cost and volume, it is recommended that providers routinely submit both HCPCS and NDC numbers on all claims for physician-administered drugs, regardless of whether the drug is included on the list above.

Fee for service rate increase

Effective November 1, 2007, the maximum allowable reimbursement rate for procedure code J7302, Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (brand name Mirena) is \$468.71. This code should always be billed with family planning modifier FP, and billed charges should reflect any manufacturer discounts for multiple unit orders.



Go Green and Enjoy the Benefits of Direct Deposit

The Department recommends that providers sign-up for direct deposit and go paperless whenever possible. Direct deposit eliminates paper check (warrant) delays due to inclement weather or postal delays. It's the safest and easiest way to receive Medical Assistance Program payments. With Electronic Funds Transfer (EFT) providers don't have to go to the bank to deposit their check, as it's already there. EFT is reliable, secure and saves time. There's no risk of having your payment lost, stolen or damaged. Complete the EFT form 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!

Allow 30 days for processing your EFT request.

- 1. After 30 days, check with your bank to verify that EFT has been set up.
- 2. You will receive paper checks until EFT has started or until the update is active.

Please contact the Department at 303-866-4372 with questions.

Electronic Bulletin Notification

Bulletin email notifications will be required in the near future. The Department strongly encourages providers to sign-up for bulletin email notifications as soon as possible. The email contains a link to the latest bulletin and allows

providers to receive program information up to a week sooner than through bulletins sent by mail. Medical Assistance Program enrolled providers who do not have their email on file with the fiscal agent can 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 Publication Preferences form in the Provider Services Forms

section of the Department's website at: <u>http://www.chcpf.state.co.us/ACS/Provider_Services/Forms/Forms.asp</u>. 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.

JANUARY 2008 DENVER PROVIDER BEGINNING 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 specialty training for different provider types. The complete 2008 workshop schedule will be posted on the website and will be included in future 2008 bulletins.

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 request reservations for all Denver workshops in order to provide adequate space in all workshops.

Email reservations to: <u>workshop.reservations@acs-inc.com</u> 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.



All Denver Workshops are located at:

ACS Denver Club Building 518 17th Street, 4th floor Denver, Colorado 80202



Beginning Billing

This class is for new billers, billers who would like a refresher, and would like to network with other billers about the Colorado Medical Assistance Program. The class covers in-depth information on resources, eligibility, timely filing, reconciling your remittance statements and paper claim completion for the UB-92 and the CO1500. *This class does not cover any specialty billing information*.

The fiscal agent provides specialty training in their Denver office during March and October each year and statewide during May and September each year.

Driving directions to ACS, Denver Club Building, 518 17th Street, 4th floor, Denver, Colorado 80202: Take I-25 toward Denver

Take exit **210A** to merge onto **W** Colfax Ave (40 E), 1.1 m Turn left at Kalamath St, 456 ft

Continue on **Stout St, 0.6** m

Turn **right** at **17th St**, 0.2 m

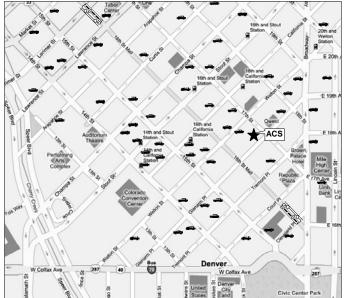
ACS is located in the Denver Club Building, on the west side of Glenarm Place at 17th Street (Glenarm is a two-way street).

Parking:

Parking is not provided by ACS 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.

- Light Rail Station; A Light Rail map is available at: <u>http://www.rtd-denver.com/LightRail/Irmap.htm</u>
- **Free** MallRide; MallRide stops are located at every intersection between RTD's Civic Center Station and Union Station.



Some of the commercial parking lots; Lots are available throughout the downtown area and the daily rates range from about \$5 to \$20.

January 2008 Denver Beginning Workshop Schedule

Beginning Training CO-1500/837P

01/15/08 - Tuesday, 9:00am - 3:00pm

Beginning Training UB-92/ 837I 01/17/07 – Thursday, 9:00am – 3:00pm

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 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)

