Provider Bulletin

www.chcpf.state.co.us

Reference: B0800247 **April 2008**

In this issue:

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

ACS Contacts

Billing and Bulletin Questions
303-534-0146
1-800-237-0757

Claims and PARs Submission
P.O. Box 30
Denver, CO 80201

Correspondence, Inquires, and Adjustments
P.O. Box 90
Denver, CO 80201

Enrollment, Changes, Signature authorization and Claim Requisitions
P.O. Box 1100
Denver, CO 80201

National Provider Identifier (NPI) Reminder

The NPI is federally required and mandated by May 23, 2008

Beginning May 24, 2008, the fiscal agent (ACS) will no longer accept electronic claims without the provider's NPI. Electronic claims submitted without an NPI will be rejected.

In order to submit claims using your NPI, it must be registered in the MMIS. The easiest way to register your NPI is through the Web Portal.

- Information on how to register your NPI is available in the FAQ section via the main Web Portal page.
- Instructions for registering your NPI in the MMIS and help with common registration errors is located at: http://www.chcpf.state.co.us/ACS/Pdf_Bin/NPI_Help_030108.pdf

Providers may also update enrollment information and submit NPIs to the fiscal agent (ACS) on paper. The Update Form is located at: http://www.chcpf.state.co.us/ACS/Pdf_Bin/Provider_Enrollment_Update_Form102507.pdf

Provider Types not required to have an NPI

Although all healthcare providers need an NPI, the Colorado Medical Assistance Program does not expect the provider types listed below to submit claims with an NPI:

- Non-ambulance transportation providers
- Home and Community Based Services or Waiver providers
- Case Management providers
- Managed Care Heath Plans
- Behavioral Heath Organizations

All other provider types need an NPI.

Paper Claims

Paper claims submitted by providers filing five or fewer claims per month and/or claims that require attachments should continue to use their Medicaid provider number. The NPI should only be used when billing electronic claims.

Pharmacy

Medication Therapy Management (MTM) - Pharmacists Needed

The Department of Health Care Policy and Financing is implementing a medication therapy management program (also known as the Prescription Drug Information and Technical Assistance Program). The program provides an excellent opportunity for pharmacists to demonstrate their value in improving patient outcomes and controlling health care costs. It also provides an opportunity for Colorado Medicaid clients to meet with a pharmacist to review the client's medications and receive information on the prudent use of prescription drugs.

The Department will determine which Medicaid clients are eligible and will pay pharmacists $75 to conduct this medication therapy review. If you are interested in participating in this program please contact Trish Bohm at 303-866-5865 for more details.

National Provider Identifier (NPI)

Beginning May 24, 2008, pharmacy claims submitted without an NPI will be rejected. The NPI requirement includes submitting the prescriber's NPI. Please, obtain your NPI from CMS as soon as possible and begin submitting the prescriber and pharmacy NPIs by May 24, 2008 to avoid rejected claims.

Pharmacy Claim Form

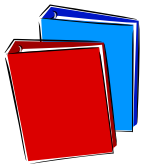
The Department requires pharmacy providers to use a Universal Claim Form (UCF) when submitting paper claims. The Department has developed the Pharmacy Claim Form (PCF) to take the place of the UCF. The PCF will be available at no charge starting April 1, 2008 on the Department's web site at: http://www.chcpf.state.co.us/HCPF/Pharmacy/phmindex.asp,

The UCF will continue to be accepted through June 30, 2008. Effective July 1, 2008, providers will be required to use the new form.

Pharmacy Prior Authorization Form

The Department has developed a universal pharmacy prior authorization form to be used for all pharmacy prior authorization requests. Starting April 1, 2008, the form will be available on the Department's web site at http://www.chcpf.state.co.us/HCPF/Pharmacy/nwPAList.asp. The current prior authorization request forms will continue to be accepted through June 30, 2008. Effective July 1, 2008, providers will be required to use the new form.

Pharmacy Billing Manual and Timely Filing Manual



The Pharmacy Billing and Timely Filing Manuals have been revised to reflect current policies and procedures. The updated manuals are posted on the Department's web site at: http://www.chcpf.state.co.us/HCPF/Pharmacy/nwBill.asp.

Prior Authorization Type Code 4 - Copay exemption for pregnant/postpartum clients

This code can only be used for clients who are pregnant or 60 days postpartum to exempt the client from copayments. This code will also override the prior authorization requirement for prenatal vitamins and other vitamins eligible for rebate. This code will not override the prior authorization requirement for any other medications.

All other medications requiring a prior authorization will still require the physician to contact the PA Help Desk. The PA Help Desk may be reached at 1-800-365-4944. Claims using any Prior Authorization Type Code will be reviewed to ensure that the Code has been used correctly.

Xenical

Effective May 1, 2008, Xenical, a weight loss medication, will no longer be a pharmacy benefit with Colorado Medicaid. Agents used for weight loss have traditionally not been a covered drug benefit with Colorado Medicaid except for Xenical. By federal law, the Department is not required to cover weight loss medications (42 U.S.C. §1396u-8(d)(2)). In addition, the Department's rules allow the Department to exclude weight loss medications as a benefit (10 CCR 2505-10, §8.830). The Department will, however, cover the over-the-counter (OTC) weight loss medication, Alli, with a prior authorization. OTC prior authorizations can be requested by calling the help desk at 1-800-365-4944 or by completing the OTC PAR form posted on the Department's web site at: http://www.chcpf.state.co.us/HCPF/Pharmacy/nwPAList.asp.

Preferred Drug List (PDL) Update

Effective April 1, 2008, the preferred statins will include all strengths of Crestor, Lipitor, Pravastatin and the preferred non-benzodiazepine sedative-hypnotics will include all strengths of Lunesta, Rozerem and Zolpidem. The Preferred Drug List (PDL) and prior authorization criteria for non-preferred drugs are posted on the PDL webpage at: http://www.chcpf.state.co.us/HCPF/Pharmacy/nwDList.asp

The prior authorization criteria are also included in Appendix P of the Billing Manual which is posted at: http://www.chcpf.state.co.us/HCPF/Pharmacy/nwPAList.asp

The inhaled corticosteroids and corticosteroid combinations and the short and long acting beta2 agonists will not be effective on the PDL April 1, 2008 as originally planned. Visit the PDL webpage to view the most current update on these respiratory inhalants.

On March 4, 2008, the Pharmacy & Therapeutics Committee reviewed long-acting opiates, angiotensin II antagonists and combinations, and anticholinergic inhalers, for inclusion on the PDL. These drug classes will become effective on the PDL July 1, 2008.

The next Pharmacy & Therapeutics Committee meeting will be held on April 1, 2008. The Committee will review skeletal muscle relaxants and newer antihistamines. These drug classes will become effective on the PDL July 1, 2008.

Pharmacy & Therapeutics Committee meetings are held at 225 E. 16th Street, Denver, in the first floor conference room from 1:00p.m. - 4:00p.m. For more information on how to submit comments to the Department and/or Committee, see the drug class review announcements posted on the PDL webpage.

Use of Tamper-Resistant Prescription Pads Required

It is April 2008 and Medicaid providers are now required to use tamper-resistant prescription pads for written prescriptions. The tamper-resistant prescription pads must meet one of the three characteristics stated in the federal requirements from the Social Security Act, 42 U.S.C. 1396b(i)(23).

Effective October 1, 2008, prescriptions must be written on tamper-resistant prescription pads that meet all three of the stated characteristics.

Specifically, the three characteristics are: 1) one or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form; 2) one or more industry-recognized features designed to prevent erasure or modification of information written on the prescription by the provider; and 3) one or more industry-recognized features designed to prevent the use of counterfeit prescription forms. These characteristics can be achieved through various methods or with diverse features. Examples of features that could meet the requirements include: "Void" pantograph (the word "Void" appears when the prescription is photocopied); coin-reactive ink; watermarking; chemically reactive paper; quantity check-off boxes; refill indicator; security features and descriptions listed on prescriptions; thermochromic ink; encoding (bar codes); or holograms that interfere with photocopying.

More information about these features can be found on the Department's web site at: http://www.chcpf.state.co.us/HCPF/Pharmacy/nwTMP.asp.

Prescriptions paid by a managed care entity, drugs provided in institutional settings, e-prescriptions and prescriptions faxed or phoned to the pharmacy by the provider are exempt from these requirements.

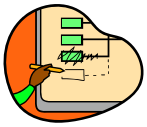
The Department's rules for implementation of this federal requirement became effective April 1, 2008, and can be reviewed by clicking on the agenda for the March 14, 2008 Medical Services Board meeting at: www.chcpf.state.co.us/HCPF/msb/msbAgendas.asp. Additional details can be obtained by reviewing the Pharmacy Billing Manual at: http://www.chcpf.state.co.us/HCPF/Pharmacy/nwBill.asp.

A list of vendors that sell tamper resistant prescription pads has been posted on the Pharmacy webpage. This list is not to be considered to be an extensive or exclusive list nor an endorsement for any particular product; it is simply a resource for Colorado Medicaid prescribers. The list can be viewed at: http://www.chcpf.state.co.us/HCPF/Pharmacy/nwTMP.asp.

If you have any questions regarding the tamper resistant pad requirements or implementation of those requirements, please contact Kerri Coffey at 303-866-4131 or kerri.coffey@state.co.us.

Supply HCPCS Corrections (B0800245)

Procedure code A4215



The PAR information for procedure code A4215 was listed incorrectly on page 46 of bulletin B0800245 as "Yes/ACS". This has been corrected to "None" in the bulletin on the website at: http://www.chcpf.state.co.us/ACS/Provider_Services/Bulletins/Bulletins.asp. Please make a note of this correction if you received the HCPCS bulletin on the CD.

Procedure code A6250

The rate for procedure code A6250 was listed incorrectly on page 48 of bulletin B0800245 as "BI". This has been corrected to "$4.96" in the bulletin on the website at: http://www.chcpf.state.co.us/ACS/Provider_Services/Bulletins/Bulletins.asp. Please make a note of this correction if you received the HCPCS bulletin on the CD.

We apologize for any inconvenience these errors may have caused. If you have any questions regarding these corrections, please contact: Doug van Hee at 303- 866-4986 or doug.vanhee@state.co.us.

2006 ADA Claim Form Reminder

- **March 31, 2008**: Last day to submit any other versions of the ADA paper claim form.
- **April 1, 2008**: The 2006 ADA claim form will be the only form accepted by the Colorado Medical Assistance Program to submit dental claims and PARs. All other versions will be returned for resubmission.
- All dental claims submitted on paper must be submitted with a Dental Certification form, which can be found at: http://www.chcpf.state.co.us/ACS/Pdf_Bin/Dental_certification_013008.pdf.

Outpatient Hospital Claims

NDC Billing Requirements

On July 1, 2008, the Department of Health Care Policy and Financing (the Department) will require all claims for outpatient hospital physician-administered drugs administered beginning on that date to include appropriate National Drug Codes (NDC) for specific medications covered by the federal Deficit Reduction Act (DRA).

On July 17, 2007, the Centers for Medicare and Medicaid Services (CMS) published a final rule in compliance with section 6002 of the DRA of 2005 in the Federal Register. This rule requires all Medicaid providers to report the NDC of physician-administered drugs which meet certain criteria. The drugs affected are all single-source drugs – which are still under patent and not available generically and the twenty multiple-source drugs for which CMS makes the greatest expenditures. This list of twenty drugs may change from year to year. This requirement applies to physician-administered drugs that are separately billed to Medicaid as covered outpatient drugs. Physician-administered drugs are those that are given to a patient by a physician, a nurse, or another practitioner. In the future the Department may require NDC reporting on all physician-administered drugs.

The Department required all physician providers (physicians' offices) to comply with this rule on October 1, 2007. The Department requested an extension from CMS for implementation of the rule in hospital outpatient settings.

The Department requested this extension in part to give Medicaid providers additional time to develop inventory and tracking systems necessary in large facilities to comply with the rule.

On February 19, 2008, the Department received written notice from CMS that an extension would be granted until July 1, 2008.

Hospitals are encouraged to work as quickly as possible to put necessary inventory, tracking and billing mechanisms in place to assure that the correct NDC follows a medication from arrival in the hospital to the patient's record and the billing document.

The Department will issue further information in upcoming bulletins as to how billing practices will change for outpatient hospital services.

Nursing Facility and Laboratory Providers

Nursing Facility Clients Assigned to Denver Health Managed Care Organization

Some nursing facility Medicaid clients whose eligibility is through Denver County have been enrolled in Denver Health Medicaid Choice after the client's admission to the nursing facility. While the nursing facility is reimbursed directly by Medicaid for a Denver Health Medicaid Choice client, other ancillary providers, especially laboratories, may not be providers in Denver Health Medicaid Choice's network, may have problems with reimbursement, and may refuse to provide services.

This is especially relevant when clients have a mental health primary diagnosis. Denver Health Medicaid Choice is not financially responsible for out-of-network services nor is it responsible for any ancillary provider costs (laboratory, pharmacy, physician) when the client's primary diagnosis pertaining to these services is mental health or substance abuse. Nursing facilities should check with Denver Health Medicaid Choice about pre-authorization requirements as not all ancillary services require pre-authorizations.

Enrollment in Denver Health Medicaid Choice are typically triggered by initial Medicaid eligibility determination, but can be triggered at other times when county eligibility staff access the client's case. Within a month after the triggering event, a notification packet from Health*Colorado* is mailed to the client's address, as reported to the county eligibility staff, to give the client time to decide whether to accept the enrollment or to opt out. If the client or responsible party notifies the enrollment broker, Health*Colorado* (in Denver: 303-839-2120, outside of Denver: 1-888-367-6557) prior to the end of the month of notification, the client will not be switched to Denver Health Medicaid Choice. Nursing facilities are not notified.

It is advisable that any nursing facility located in Denver County or with clients whose eligibility is through Denver County learn in advance which providers are in Denver Health Medicaid Choice's network in case clients are assigned to Denver Health Medicaid Choice. To verify eligibility and to determine if clients have been enrolled in Denver Health Medicaid Choice, nursing facilities should check eligibility on all Medicaid clients upon first admission and on the first day of every month thereafter. A client or recognized representative, such as a Designated Client Representative or Proxy, can request dis-enrollment from Denver Health Medicaid Choice and return to fee for service by contacting Health*Colorado*. The Department will allow clients in nursing facilities to request dis-enrollment from Denver Health Medicaid Choice at any time. After Health*Colorado* is notified, changes will be effective the first day of the following month. For the time period before the dis-enrollment, nursing facilities may be responsible for services if the nursing facility does not coordinate ancillary care using Denver Health Medicaid Choice network providers. Should this occur, please include these expenses on your annual cost report.

After a client dis-enrolls from Denver Health Medicaid Choice, the eligibility information will indicate that the client has a primary care physician (PCP) listed as "Medicaid Fee for Service" (provider number 99991000); nursing facilities do not need to include this PCP number on their claims. This PCP number is to prevent the client from being defaulted to Denver Health Medicaid Choice again.

If there are questions, please contact Janice Brenner, Nursing Facilities Section, 303-866-4758 or janice.brenner@state.co.us, or Rick Dawson, Managed Care/Behavioral Health Section, 303-866-2416 or rick.dawson@state.co.us.

Nursing Facility Notification of Discharge or Death

Nursing facilities shall notify the county of the discharge or death of a Medicaid client. According to 10 C.C.R. 2505-10, Section 8.482.34.A, the notification to the county shall be on the approved state form which shall be mailed within five working days of the discharge or death. Nursing facilities shall notify the statewide utilization review contractor (SURC) and the single entry point agency (SEP) of the permanent discharge or death of a Medicaid client. Notification to the SURC and the SEP shall be by the end of the month of discharge. The nursing facility is not required to notify the SURC and the SEP of discharges when the client is expected to return.

Go Green and Enjoy the Benefits of Direct Deposit

Did you know that providers who receive payments through Electronic Funds Transfer (EFT) receive their payments up to a week sooner than those receiving paper checks (warrants)? EFT eliminates payment delays due to inclement weather or post office mishaps.

Don't worry, the payment transfer process is one way – from us to you; the agreement you sign does not allow us to withdraw funds from your account.

Begin receiving payments via EFT today! Complete the 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

Need to update your bank account information? Using the same form noted above, simply indicate "Change" in the top-right corner and complete the form as indicated.

Please allow 30 days to process your EFT request.

- You will receive paper warrants until EFT has been established or your update request has been processed.
- After 30 days, check with your bank to verify that EFT has been setup.

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

Electronic Bulletin Notification

Like the new look of our Provider Bulletin? Sign up for electronic notification and never miss an issue! Our electronic notification contains a link to the latest bulletin and allows providers to receive important information up to a week sooner than those receiving bulletins via mail. The Department will soon require all providers to receive electronic bulletin notifications, but why wait? Signing up is easy!

Medical Assistance Program enrolled providers who are not receiving electronic notifications can complete and submit their information through the "(MMIS) Provider Data Maintenance" option via 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:
http://www.chcpf.state.co.us/ACS/Provider_Services/Forms/Forms.asp.

Please fax or mail the completed form to the fiscal agent at the fax number or address on the form. *The Medical Assistance Program will not be responsible for undeliverable notifications due to incorrect email addresses.*

***Please Remember:** Providers may have only one email address on file with the fiscal agent.*

April-June 2008 Provider Billing Workshops

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 April-June 2008 workshop calendar is included with this bulletin and will be posted on the website. Additional schedules will also 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***.

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. 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 Workshops held in Denver are located at:
ACS
Denver Club Building
518 17th Street, 4th floor
Denver, Colorado 80202

Beginning Billing Class Description

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. Currently, the class covers in-depth information on resources, eligibility, timely filing, reconciling your remittance statements, and paper claim completion for the UB-04 and the CO1500. *This class does **not** cover any specialty billing information.*

The fiscal agent provides specialty training in their Denver office during April and October each year. Statewide training takes place during May and September each year.

Driving directions to ACS, Denver Club Building, 518 17th Street, 4th floor, Denver, CO:

Take I-25 toward **Denver**
Take exit **210A** to merge onto **W Colfax Ave (40 E),** 1.1 miles
Turn **left** at **Kalamath St,** 456 ft
Continue on **Stout St, 0.6** miles
Turn **right** at **17th St,** 0.2 miles

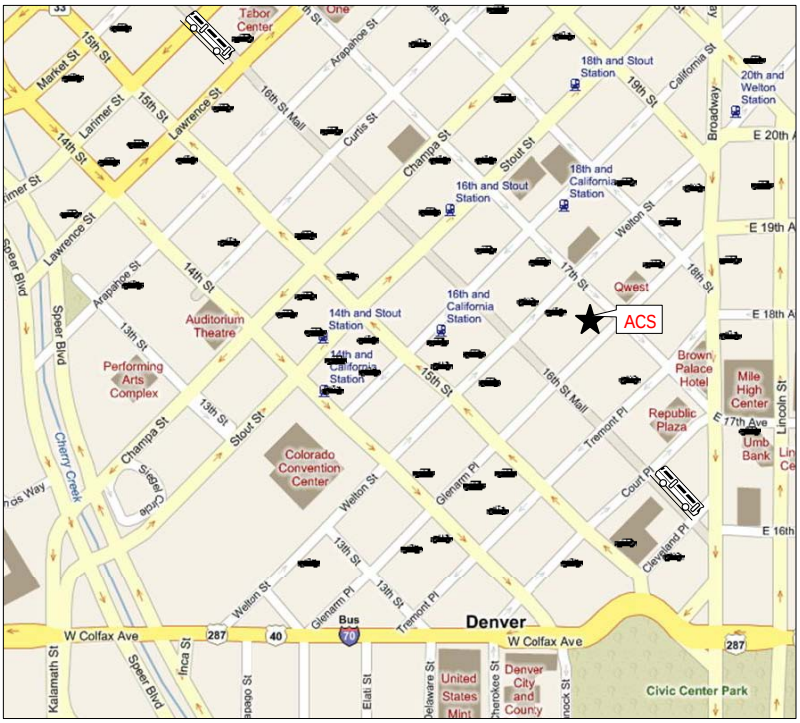
ACS is located in the Denver Club Building, on the west side of Glenarm Place at 17th Street (Glenarm is a two-way street).

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:
http://www.rtd-denver.com/LightRail/lrmap.htm

= **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.



April and June 2008 Denver Workshop Calendar

April 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	**8** Beginning Billing Professional 9:00 am – 3:00 pm	9	**10** Beginning Billing Institutional 9:00 am – 3:00 pm	11	12
13	**14** IP/OP 9:00 am-12:00 pm Hospice 1:00-3:00 pm	**15** Practitioner 9:00 am-12:00 pm OT/PT/ST 1:00-3:00 pm	**16** Pediatric HH PARs 9:00-11:30 am Home Health 1:00-3:30 pm	**17** RHC/FQHC 9:00-11:30 am Dental 1:00-3:30 pm	**18** PAR Workshop 9:00-10:30 am DME/Supply 11:30 am-2:00 pm Pharmacy 2:30-4:00 pm	19
20	**21** Transportation 9:00-11:30 am Audiology 1:00-3:30 pm	**22** HCBS-EBD/PLWA/MI 9:00-11:30 am HCBS-BI 1:00-3:30	**23** Skilled Nursing Facility 9:00-11:30 am Dialysis 1:00-3:30 pm	24	25	26
27	28	29	30			

June 2008 Denver Workshop Calendar

1	2	3	4	5	6	7
8	9	**10** Beginning Billing Professional 9:00 am – 3:00 pm	**11** Provider Enrollment 9 am - 12 pm	**12** Beginning Billing Institutional 9:00 am – 3:00 pm	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Spring 2008 Statewide Workshop Locations

Grand Junction, CO
Doubletree Hotel (New location)
743 Horizon Dr.
Grand Junction, CO 81506
970-241-8888

Durango, CO
Doubletree Hotel (New location)
501 Camino del Rio
Durango, CO 81301
970-259-6580

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

Greeley, CO
Greeley Guest House (New location)
5401 W. 9th St.
Greeley, CO 80634
970-353-9373

Pueblo, CO
Pueblo Convention Center
320 Central Main St.
Pueblo, CO 81003
719-542-1100

Ft. Collins, CO
Hilton Hotel
425 W. Prospect Rd.
Ft. Collins, CO 80526
970-482-2626

May 2008 Statewide Workshop Calendar

May 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	**6 – Grand Junction** Basic Billing 8:30-11:30 am Beginning CO1500 11:30-1:00 Beginning UB04 11:30-1:00 Practitioner 2:00-4:00 pm IP/OP Hospital 2:00-4:00 pm	7	**8 – Greeley** Basic Billing 9:00-11:00 am Beginning CO1500 11:00-1:00 Beginning UB04 11:00-1:00 Practitioner 2:00-4:00 pm IP/OP Hospital 2:00-4:00 pm	9	10
11	**12 – Durango** Basic Billing 8:30-10:30 am Beginning CO1500 11:30-1:00 Beginning UB04 11:30-1:00 Practitioner 2:00-4:00 pm IP/OP Hospital 2:00-4:00 pm	13	**14 – Pueblo** Basic Billing 9:00-10:00 am Beginning CO1500 11:00-1:00 Beginning UB04 11:00-1:00 Practitioner 2:00-4:00 pm FQHC/RHC 2:00-4:00 pm	**15 – Colorado Springs** Basic Billing 8:30-11:30 am Beginning CO1500 11:30-1:00 Beginning UB04 11:30-1:00 Practitioner 2:00-4:00 pm IP/OP Hospital 2:00-4:00 pm	**16 – Fort Collins** Basic Billing 9:00-10:00 am Beginning CO1500 11:00-1:00 Beginning UB04 11:00-1:00 Practitioner 2:00-4:00 pm FQHC/RHC 2:00-4:00 pm	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Specialty Class Descriptions

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 2006 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
(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 UB-04/837I 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 the Hospital Class)

FQHC/RHC
This class is for billers using the UB-04/837I and CO1500/837P format. The class covers billing procedures, Encounter Payments, common billing issues and guidelines specifically for FQHC/RHC providers.


HCBS-EBD/PLWA/MI
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-PLWA HCBS-MI

HCBS-BI
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 HCBS-BI providers.

Home Health

This class is for billers using the UB-04/837I format. The class covers billing procedures, common billing issues and guidelines specifically for Home Health providers.

Hospice
This class is for billers using the UB-04/837I format. The class covers billing procedures, common billing issues and guidelines specifically for Hospice providers.

Hospital
This class is for billers using the UB-04/837I 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 the FQHC/RHC Class)*

Nursing Facility
This class is for billers using the UB-04/837I claim format. The class covers billing procedures, common billing issues, PETI, Medicare Crossovers and guidelines specifically for Nursing Facility providers.

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 the DME/ Supply Class)

Pediatric HH PAR Workshop
The Pediatric Home Health PAR class focuses on the PAR completion instructions for Pediatric Home Health procedures. This class is specifically for Pediatric Home Health providers.

DME/Supply PAR Workshop
The PAR class focuses on completing the PAR correctly and avoiding common mistakes. This class is for DME/Supply providers who bill procedures requiring prior authorization.
(This class is not for Dental, HCBS, Nursing Facility, Pharmacy or Pediatric Home Health Providers.)

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

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 UB-04/837I format. The class covers billing procedures, common billing issues and guidelines specifically for Transportation provider

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) and *please 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*