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Reference: B0800249

June 2008



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Did vou know...?

1) The Spring Specialty PowerPoints and the Spring Statewide PowerPoints are posted in the Training and Workshops section of the website

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

- 2) W-9s are no longer required on Rendering Applications.
- 3) An Enrollment Application Workshop will be held Wednesday, June 11 at ACS see training section
- 4) Paper UB-04 claims forms require the completed certification form be attached to submitted claims.

http://www.chcpf.state.co.us/ACS/Pdf Bin/Institutional certification 012908.pdf

Pharmacy News

Pharmacy Claim Form

Effective July 1, 2008, the Universal Claim Form (UCF) will no Hospital Claims5 CHP+ ASO Transition Update6 Ionger be accepted for paper claims. Providers must submit paper claims on the Pharmacy Claim Form (PCF). The PCF is available Dual Diagnosis Management (DDM)..7 at no charge on the Department's website at Holiday Processing for Independence



http://www.chcpf.state.co.us/HCPF/Pharmacy/nwBill.asp. Day.....7

Pharmacy Prior Authorization Form

The Department has developed a universal pharmacy prior authorization form to be used for all pharmacy prior authorization requests. The Pharmacy Prior Authorization Request form is available on the Department's website at http://www.chcpf.state.co.us/HCPF/Pharmacy/nwPAList.asp. The current prior authorization request forms will be accepted until June 30, 2008. Effective July FitLogix[™] Fax Referral FormB-1 1, 2008, providers are required to use the new form for all fax requests. Prior authorization requests for all medications except for products containing Atypical Antipsychotics, Oxycontin and Fentanyl may still be requested by calling the Help Desk at 1-800-365-4944.

PDL Update

Effective May 5, 2008, Colorado Medicaid will cover loratadine (generic Claritin) and cetirizine (generic Zyrtec) without a prior authorization. The following is a list of approved NDCs:

NDC	Drug Name
24385017565	ALL DAY ALLERGY 10 MG TABLET
24385017574	ALL DAY ALLERGY 10 MG TABLET
00113061239	ALLERGY RELIEF 10 MG TABLET
49614017052	ALLERGY RELIEF 10 MG TABLET
49614017060	ALLERGY RELIEF 10 MG TABLET
49614017065	ALLERGY RELIEF 10 MG TABLET
49614017072	ALLERGY RELIEF 10 MG TABLET
24385053126	ALLERGY RELIEF 5 MG/5 ML SOLN
37205037826	ALLERGY RELIEF SYRUP
49614017426	ALLERGY RELIEF SYRUP
00113082462	ALLERGY RELIEF TABLET
00378363701	CETIRIZINE HCL 10 MG TABLET
45802091987	CETIRIZINE HCL 10 MG TABLET

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

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NDC	Drug Name
51660093854	CETIRIZINE HCL 10 MG TABLET
60505263301	CETIRIZINE HCL 10 MG TABLET
00378363501	CETIRIZINE HCL 5 MG TABLET
60505263201	CETIRIZINE HCL 5 MG TABLET
00904572815	CLEAR-ATADINE 10 MG TABLET
00904572887	CLEAR-ATADINE 10 MG TABLET
00904572889	CLEAR-ATADINE 10 MG TABLET
00904572720	CLEAR-ATADINE SYRUP
00067607010	LORATADINE 10 MG TABLET
00067607030	LORATADINE 10 MG TABLET
00113061246	LORATADINE 10 MG TABLET
00113061260	LORATADINE 10 MG TABLET
00113061265	LORATADINE 10 MG TABLET
00781507701	LORATADINE 10 MG TABLET
00904579361	LORATADINE 10 MG TABLET
24385047152	LORATADINE 10 MG TABLET
24385047165	LORATADINE 10 MG TABLET
24385047178	LORATADINE 10 MG TABLET
37205034652	LORATADINE 10 MG TABLET
37205034660	LORATADINE 10 MG TABLET
37205034665	LORATADINE 10 MG TABLET
37205034672	LORATADINE 10 MG TABLET
37205034675	LORATADINE 10 MG TABLET
51079013201	LORATADINE 10 MG TABLET
51079013220	LORATADINE 10 MG TABLET
51660052601	LORATADINE 10 MG TABLET
51660052605	LORATADINE 10 MG TABLET
51660052628	LORATADINE 10 MG TABLET
51660052631	LORATADINE 10 MG TABLET
60505014701	LORATADINE 10 MG TABLET
60505014708	LORATADINE 10 MG TABLET
68013001701	LORATADINE 10 MG TABLET
51660020708	LORATADINE 5 MG/5 ML SYRUP
51672207308	LORATADINE 5 MG/5 ML SYRUP
51672208508	LORATADINE 5 MG/5 ML SYRUP
54838053840	LORATADINE 5 MG/5 ML SYRUP
63868015604	QC ALLERGY RELIEF 5 MG/5 ML
63868015101	QC LORATADINE 10 MG TABLET
63868015110	QC LORATADINE 10 MG TABLET
63868015130	QC LORATADINE 10 MG TABLET
63868015160	QC LORATADINE 10 MG TABLET
49348054213	SM LORATADINE 10 MG TABLET
49348063634	SM LORATADINE 5 MG/5 ML SYR
49348081801	SM LORATIDINE 10 MG TABLET
49348081812	SM LORATIDINE 10 MG TABLET
49348081813	SM LORATIDINE 10 MG TABLET
49348081844	SM LORATIDINE 10 MG TABLET
49348054201	SUNMARK LORATADINE 10 MG TABLET
49348054212	SUNMARK LORATADINE 10 MG TABLET
49348054244	SUNMARK LORATADINE 10 MG TABLET
73370037277	

Medicaid Preferred Drugs

Effective July 1, 2008, the following medications will be preferred agents on the Medicaid Preferred Drug List and will not require a prior authorization:

Angiotensin Receptor Blockers: Atacand, Avapro, Benicar, Cozaar, Diovan and Micardis

Angiotensin Receptor Blocker Combinations: Atacand-HCT, Avalide, Benicar-HCT, Hyzaar, Diovan-HCT and Micardis-HCT



Anticholinergic Inhalants and Combinations: Generic albuterol/ipratropium solution, Atrovent HFA, Combivent Inhaler, generic ipratropium solution and Spiriva Handihaler Inhaled Beta2 Agonists (short acting): Albuterol solution, Maxair autohaler, ProAir HFA, Proventil HFA, and Ventolin HFA

Inhaled Beta2 Agonists (long acting): These agents are non-preferred and will require a prior authorization.

Inhaled Corticosteroids: Flovent HFA, Flovent diskus, Pulmicort respules, Pulmicort flexhaler, Pulmicort turbuhaler and Qvar inhaler. (Inhaled corticosteroid combinations will be covered when an asthma or COPD diagnosis code is written on the prescription and entered into the Point-of-Sale computer system. Otherwise, a prior authorization will be required.)

Long Acting Oral Opioids: Kadian, methadone, and morphine ER

Newer Generation Antihistamines: Generic OTC loratadine and cetirizine

(Antihistamine/decongestant combinations will require a prior authorization).

Renin Inhibitors and Renin Inhibitor Combinations: These agents are non-preferred and will require a prior authorization.

Skeletal Muscle Relaxants: Baclofen, cyclobenzaprine, dantrolene, methocarbamol, and tizanidine

The complete Preferred Drug List (PDL) and prior authorization criteria for non-preferred drugs are posted on the PDL web page at:

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

Suggested Soma (carisoprodol) Tapering

Effective July 1, 2008, Soma (carisoprodol), Soma Compound

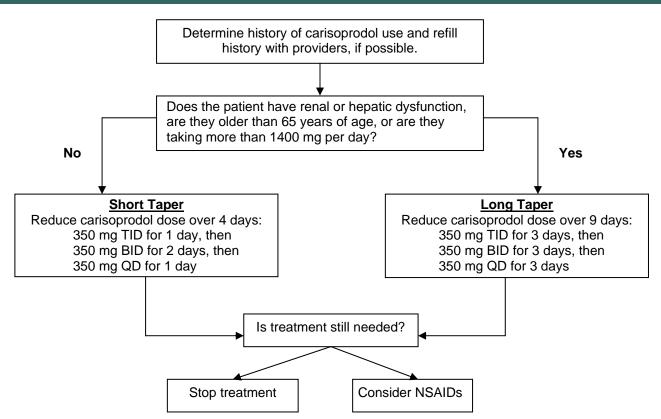
(carisoprodol/aspririn), and Soma Compound with Codeine

(carisoprodol/aspirin/codeine) will be non-preferred products and will require a prior authorization. Due to potential withdrawal symptoms, such as body aches, increased perspiration, anxiety and insomnia, tapering is recommended when discontinuing high doses of carisoprodol. Please consider a tapering schedule for clients discontinuing use of carisoprodol. An example of a tapering schedule is listed on the following page.

The following tapering schedule was developed by the Department of Veteran Affairs, Portland Oregon in connection with Oregon State University College of Pharmacy, Department of Drug Use Research and Management. Published in the Oregon DUR Board Newsletter. 2002: 4:1. 28 Dec. 2005.

http://pharmacy.oregonstate.edu/drug_policy/news/4_8/4_8.pdf .





Use of Tamper-Resistant Prescription Pads Clarified

Effective April 1, 2008, providers were required to use tamper-resistant prescription pads/paper for written prescriptions for Medicaid patients. Some key points of the requirement are listed below:

- The requirement pertains to written prescriptions for outpatient drugs only. Prescriptions written for any other medical item, service or equipment are exempt.
- Written prescriptions are considered to be handwritten or computer-generated prescriptions that are given to a patient.
- Prescriptions must be written on a tamper-resistant pad or paper. Using indelible ink, writing out the drug quantities, using embossed logos or seals, or adding other features to a prescription after it is printed are features that do **not** meet the requirement.
- CMS has determined that computer-generated prescriptions printed by a provider on plain paper have the potential to meet two of the three federally-required characteristics if:
 - 1) A feature is added to prevent erasure or modification of information contained on the prescription and
 - 2) A feature is added to prevent the use of counterfeit prescription forms.

Beginning October 1, 2008, computer-generated prescriptions must be printed on tamperresistant paper in addition to displaying the other features in order to meet all three characteristics.

- Even when Medicaid is not the primary payer, prescriptions must be written on tamper-resistant prescription pads/paper.
- Colorado is allowing providers to obtain tamper-resistant prescription pads/paper that is most appropriate for the providers' situation yet meets the federal requirement. The use of a specific feature or vendor is not required. Although a specific brand or style of tamper-resistant prescription pads/paper is not required, a list of vendors is available on the Pharmacy website.

Additional information pertaining to this requirement including a list of tamper-resistant prescription pads/paper vendors can be viewed at: <u>http://www.chcpf.state.co.us/HCPF/Pharmacy/nwTMP.asp</u>.

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 <u>kerri.coffey@state.co.us</u>.

What to do if a claim is denied/suspended with the following NPI edits

Edit 1801- No Match Found for Billing NPI – Providers submitting claims using the Web Portal should use the portal to review both the MMIS Provider Information page and the Provider Data Maintenance page to ensure that their NPI and ZIP+4 are identically recorded in each page. (If taxonomy is submitted with a claim, it must match that on record in MMIS. Taxonomy cannot be updated using the Web Portal. Contact the fiscal agent at 303-534-0146.) Providers using a billing agent should contact their billing agent.

Edit 1809 - Unique Provider Not Found for Billing NPI – Providers should go to:

http://www.chcpf.state.co.us/ACS/Pdf Bin/Providers With Multiple CO Medicaid Program Provider IDs 052108Final.pdf.

Please correct your situation accordingly. Once the information is updated, please resubmit the claim(s).

Rate Increases

Home and Community Based Services, Home Health, and Private Duty Nursing Providers

Effective July 1, 2008, Home and Community Based Services (HCBS) Long Term providers, Home Health Agencies, and Private Duty Nursing providers will receive a 1.5% rate increase. Please see the schedules included in Attachment A of this bulletin for the adjusted rates for each procedure or revenue code.

Please remember that the Medical Assistance Program claims processing system utilizes "lower of" pricing meaning that providers are responsible for submitting the correct charges for dates of service on or after July 1, 2008. The Medical Assistance Program claims processing system will not adjust claims automatically so any claim adjustments are the responsibility of the provider.



Alternative Care Facility (ACF) Providers

The new daily rate for the ACF benefit is \$49.01. All PARs for 300% ACF clients will need to be revised by the case manager to reflect the new rate which will affect the provider's daily rate, but will not affect the client's payment amount.

Consumer Directed Attendant Support Services (CDASS)

All PARs for clients receiving CDASS services will need to be revised by the case manager to reflect the 1.5% increase in the client's CDASS services and Accent's administrative fee. The Department will provide worksheets for each CDASS client reflecting the increase to the SEP administrators. Case managers will utilize the worksheets when revising the CDASS PARs.

The new daily rate for homemaker and personal care services is \$14.52 per hour and health maintenance is \$27.28 per hour. Case managers are to use these rates when calculating an Initial CDASS Allocation or when adjusting an existing allocation.

Other prior authorizations do not need to be changed. The claims are processed using the procedure code rate on the reference file.

HCBS Specialty Billing Information

The HCBS Specialty Billing Information has been updated. The revised Billing Manual section is available at: http://www.chcpf.state.co.us/ACS/Provider Services/Billing Manuals/Billing Manuals.asp.

Billing NDC Numbers on Outpatient Hospital Claims



On July 1, 2008, the Department of Health Care Policy and Financing (the Department) will require claims for outpatient hospital physician-administered drugs to be submitted with the appropriate revenue code, a HCPC procedure code and the NDC code, for specific medications covered by the federal Deficit Reduction Act (DRA).

This will not apply to medications purchased through a 340(b) purchasing plan.

A complete list of drug-related revenue codes that require a HCPC procedure code is provided in the billing manual. Every time the same HCPC procedure code is repeated on the same claim on the same date of service, modifier 76 (repeat procedure by same physician) must be used. This tells the MMIS that this procedure is not a duplicate service.

Page 5

A complete list of the drug-related HCPC procedure codes that require an NDC code can be found in the December 2007 provider bulletin (page 5) at: <u>http://www.chcpf.state.co.us/ACS/Pdf_Bin/B0700240.pdf</u>. Please reference the hospital outpatient billing manual for instructions and requirements for submitting

claims with NDC numbers. These instructions can be found at: http://www.chcpf.state.co.us/ACS/Provider_Services/Billing_Manuals/Billing_Manuals.asp. Changes are

found in the paper claim reference table, form locators 43 and 44. The 837I Companion Guide has been updated to include NDC changes and is available at:

http://www.chcpf.state.co.us/ACS/Pdf Bin/8371 Companion Guide 052708.pdf.

Appendix Q in the Appendices section of the Billing Manuals has also been updated to reflect these changes and can be found at:

http://www.chcpf.state.co.us/ACS/Provider Services/Billing Manuals/Billing Manuals.asp.

CHP+ ASO Transition Update

CHP+'s Administrative Service Organization (ASO) will be changing from Anthem to Colorado Access beginning July 1, 2008. The change is the result of a competitive bid process for the contract.

The ASO provides network administration, claims administration, and professional services for the CHP+ State Managed Care Network. In practice, this means that the ASO processes contracts, pays claims, handles medical appeals, prior authorizations and other day-to-day tasks of managing a health plan for the State.

The ASO only provides these services for the State Managed Care Network. The State's Managed Care Network is the self-funded health insurance side of CHP+. This change does not affect the HMOs/MCOs that participate in CHP+ (Colorado Access, Denver Health, Kaiser and Rocky Mountain Health Plan).



As a result of the change, the communication pieces to providers and members will have a new look. The CHP+ logo and State Managed Care Network will be prominent on all relevant communication. This will reduce the confusion regarding member's plans since Colorado Access will continue to participate as an MCO in the CHP+ program. Also, watch for new member ID cards in the middle of June.

Colorado Access will pay claims starting with services dated July 1, 2008. Anthem will continue to pay claims for services ending with a service date of June 30, 2008. These claims are paid based on the State's fee schedule.

Network Providers with the State Managed Care Network will continue to be in-network because they contract directly with the State and not with the ASO vendor (although, they may have separate contracts with them). The only anticipated continuity of care issues will be related to Behavioral Health and Pharmacy. Both of these services are contracted directly with the ASO vendor. We are proactively working on remedies to prevent gaps in coverage. There will be a 120-day grace period for medications. In the event a medication is not covered under the new formulary, arrangements will be made with the member and provider about the best course of action for choosing a new medication.

For information about claims payment or submission, please contact Colorado Access at 303-751-9021, toll free 1-888-214-1101 or email <u>CHPquestions@coaccess.com</u>. For general questions about the transition please contact Joy Twesigye at 303-866-3646 or <u>joy.twesigye@state.co.us</u>.

<u>FitLogix™</u>

FitLogix™ is a new and exciting weight management program offered to Medicaid participants. It is a



proven fitness and weight loss program that provides your patient a personal telephone coach to help them exercise more, eat the right foods and manage their weight. The program is designed to help people 18 years of age and over achieve a better level of fitness, but it is especially for people with Type II diabetes and heart disease.

The FitLogix[™] system includes:

- A 52-week program delivered by Internet and telephone with specific lesson modules that can be conducted at their own pace
- An interactive system based upon the patient's goals, willingness to change and capabilities

- A fitness coach to help the patient with the lessons and provide support at specific intervals throughout the year
- Electronic monitoring devices to provide direct feedback related to activity and weight measures Benefits to your Patient:
 - Culturally relevant support by a lifestyle coach for healthy eating and active living
 - Educational information, diet planners, an electronic digital scale and activity monitor
 - Ongoing motivation through individualized lifestyle coaching

Benefits to you:

- Evidence-based treatment for safe weight loss for most of your patients (this program is not suitable for patients with Type I diabetes or congestive heart failure)
- Simple fax referral process (See Attachment B)
- At the completion of the program we will update you on your patient's progress

To enroll your patients in the **FitLogix**[™] program please ask your patient to complete and sign the Medical Release/Referral Form; or, have your patients call 1-888-280-2251. If you have any questions regarding this program, please call our physician line at National Jewish Medical and Research Center at 1-800-652-9555.

Dual Diagnosis Management (DDM)

Dual Diagnosis Management's (DDM) Healthcare Management Leadership Team purchased the Healthcare Management Division in 2007. Their new name is Ascend Management Innovations (dba DDM Ascend). Although their name has changed, DDM Ascend continues to offer the quality of service established by the DDM Healthcare Management Division.

If you have any questions please feel free to contact Joey Gallegos, Quality Compliance Specialist at 303-866-3473 or <u>joey.gallegos@state.co.us</u>.

Holiday Processing for Independence Day

Receipt of warrants or EFTs will be delayed by one or two days due to the Independence Day holiday on Friday, July 4, 2008.

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.*

<u>Please Remember</u>: Providers may have only one email address on file with the fiscal agent.

June and July 2008 Provider Billing Workshops

Provider billing workshops include both Medical Assistance Program Billing instructions and a review of Medical Assistance Program billing procedures.



The June-July 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

The date and time of the workshop

Call Medical Assistance Program Provider Services to make reservations at:

1-800-237-0757 or 303-534-0146

Press "5" to make your workshop reservation. You must leave the following information:

Or

- Medical Assistance Program provider billing number
 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 and statewide during May and September each year.

Enrollment Application Workshop Description

This 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.



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

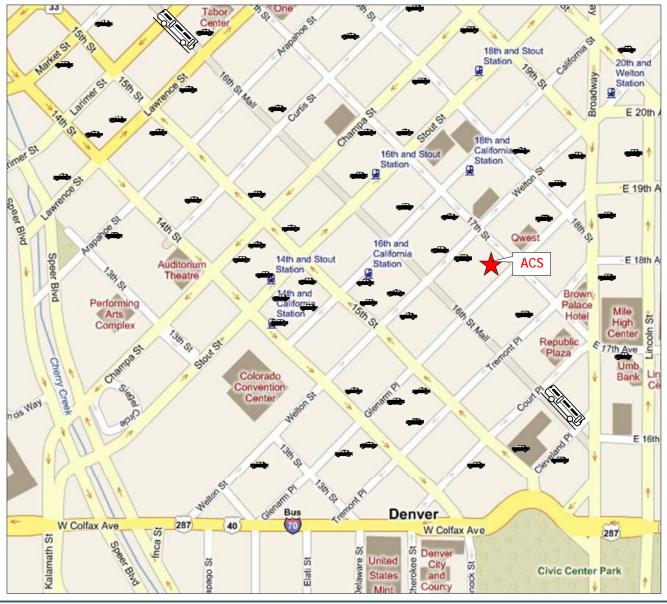
ACS is located in the Denver Club Building, on the west side of Glenarm Place at 17th Street (Glenarm is a two-way street).

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: <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.



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June 2008 Denver Workshop Calendar									
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday			
1	2	3	4	5	6	7			
8	9	10 Beginning Billing Professional 9:00 am – 1:00 pm	11 Provider Enrollment 9:00 am – 12:00 pm	12 Beginning Billing Institutional 9:00 am – 1:00 pm	13	14			
15	16	17	18	19	20	21			
22	23	24	25	26	27	28			
29	30								

	July 2008 Denver Workshop Calendar									
		1	2	3	4	5				
6	7	8	9	10	11	12				
13	14	15 Beginning Billing Professional 9:00 am – 3:00 pm	16	17 Beginning Billing Institutional 9:00 am – 3:00 pm	18	19				
20	21	22	23	24	25	26				
27	28	29	30	31						



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



HCBS-EBD, MI, and PLWA Rates FY 08-09

r							
Service Type	Procedure Code	C	Current Rate		lew Rate 7/01/2008	Unit Value	Comments
Adult Day Services							
Basic Rate	S5105	\$	22.80	\$	23.14	4-5 Hours	An individual unit is 4-5 hours per day
Specialized Rate	S5105	\$	29.13	\$	29.57	3-5 Hours	An individual unit is 3-5 hours per day
Alternative Care Facility	T2031	\$	48.29	\$	49.01	Day	May be different for clients with 300% income
Community Transition	T2038			-		<u> </u>	1 Unit = 1 Transition
Services							
Community Transition Services Items	T2038 52						1 Unit = 1 Purchase
Consumer Direct Attendant Support Services	T2025						Negotiated by CM; varies by client
Consumer Direct Attendant Support Services Administration	T2025 52						Negotiated by CM; varies by client
Electronic Monitoring							
Installation	S5160						Negotiated by CM; varies by client
Service	S5161						Negotiated by CM; varies by client
Homemaker	S5130	\$	3.57	\$	3.63	15 minutes	
Home Modification	S5165	\$1	0,000.00	\$	10,000.00	Lifetime Max	
IHSS Health Maintenance Activities	H0038	\$	6.72	\$	6.82	15 minutes	
IHSS Personal Care	T1019 KX	\$	3.57	\$	3.63	15 minutes	
IHSS Relative Personal Care	T1019 HR KX	\$	3.57	\$	3.63	15 minutes	No limits on IHSS benefits provided by parents of adult children. For all other relatives, the limitations on payment to family applies as set forth in 10 C.C.R. 2505-10, Section 8.485.200
IHSS Homemaker	S5130 KX	\$	3.57	\$	3.63	15 minutes	
Medication Reminder	S5185						1 Unit Per Month
Medication Reminder	T2029						1 Unit = 1 Purchase
Install/Purchase							
Non-Med. Transportation							
Med. Transp. Rate	T2001					1 Way Trip	Negotiated by CM; varies by client. Not to exceed Med. Transport Rates
Taxi	T2001	\$	49.18		49.91	1 Way Trip	Taxi: up to \$49.91 per trip, not to exceed the rate with the Public Utilities Commission
Mobility Van	T2001	\$	12.63	\$	12.82	1 Way Trip	Mobility Van: \$12.82 per trip
Wheelchair Van	T2001	\$	15.72	\$	15.96	1 Way Trip	Wheelchair Van: \$15.96 per trip Wheelchair Van Mileage Add-On: 62 cents per mile
Personal Care	T1019	\$	3.57	\$	3.63	15 minutes	
Relative Personal Care	T1019 HR	\$	3.57	\$	3.63	15 minutes	Relative Personal Care cannot be combined with HCA Maximum reimbursement not to exceed 1776 units per year
Respite Care							
ACF	S5151	\$	53.77	\$	54.58	Day	Limit of 30 days per calendar year
NF	H0045	\$	119.90	\$	121.70	Day	Limit of 30 days per calendar year.
In Home	S5150	\$	3.08	\$	3.12	15 minutes	Limit of 30 days per calendar year Not to exceed the ACF per diem for respite care

Service Type	Procedure Code	(Current Rate	New Rate 07/01/2008		Unit Value	
Behavior Therapies - Lead Therapist	H0004	\$	22.08	\$	22.41	15 minutes	
Behavior Therapies - Senior Therapist	H0004 52	\$	11.49	\$	11.66	15 minutes	
Behavior Therapies - Line Staff	H2019	\$	3.63	\$	3.68	15 minutes	

HCBS CWA Rates FY 08-09

Children's HCBS Rates FY 08-09

Service Type	Procedure Code	Current Rate	New Rate 07/01/2008	
Case Management	T1016	\$ 8.15	\$ 8.27	15 minutes
IHSS Health Maintenance Activities	H0038	\$ 6.72	\$ 6.82	15 minutes

HCBS PHW Rates FY 08-09

Service Type	Procedure Code	-	urrent Rate	ew Rate /01/2008	Unit Value	Comments
Expressive Therapy	G0176	\$	56.00	\$ 56.84	1 Hour	Limited to 39 hours total per 365 days
Individual Counseling	H0004	\$	14.00	\$ 14.21	15 Minutes	Limited to 98 hours total per 365 days across all H0004
Family Counseling	H0004 HR	\$	14.00	\$ 14.21	15 Minutes	Limited to 98 hours total per 365 days across all H0004
Group Counseling	H0004 HQ	\$	7.85	\$ 7.97	15 Minutes	Limited to 98 hours total per 365 days across all H0004
Respite Care Unskilled	S5150	\$	3.57	\$ 3.62	15 Minutes	Up to 4 hour visit. Limited to 30 days (unique dates of service per 365 days)
Respite Care Unskilled	S5151	\$	71.40	\$ 72.47	1 Day	Limited to 30 days (unique dates of service per 365 days)
Respite Care Skilled RN/LPN	S9125	\$	147.12	\$ 149.33	1 Day	Limited to 30 days (unique dates of service per 365 days)
Respite Care Skilled RN/LPN	T1005	\$	9.17	\$ 9.31	15 Minutes	Limited to 4 hours per visit. Limited to 30 days (unique dates of service per 365 days)
Palliative/Supportive Care Skilled RN/LPN	S9126	\$	135.29	\$ 137.32	1 Day	
Palliative/Supportive Care Skilled RN/LPN	T2043	\$	32.88	\$ 33.37	1 Hour	Limited to 4 hours per visit.

HCBS-BI Rates FY 08-09

Service Type	Procedure Code	(Current Rate		w Rate 01/2008	Unit Value	Comments
Adult Day Services	S5102	\$	48.02	\$	48.74	Day	At least 2 or more hours of attendance 1 or more days per week
Assistive Technology	T2029			\$	-		Negotiated by SEP through prior authorization
Behavioral Programming	H0025	\$	13.54	\$	13.74	Half Hour	
Day Treatment	H2018	\$	76.18	\$	77.32	Day	At least 2 or more hours of attendance 1 or more days per week
Electronic Monitoring							
Installation	S5160						Negotiated by CM; varies by client
Service	S5161						Negotiated by CM; varies by client
Home Modifications	S5165	\$ 1	0,000.00	\$ 10	0,000.00	Lifetime Max	
Independent Living Skills Training	T2013	\$	24.64	\$	25.01	Hour	
Mental Health Counseling							
Family	H0004 HR	\$	14.01	\$	14.22	15 minutes	
Group	H0004 HQ	\$	7.85	\$	7.96	15 minutes	
Individual	H0004	\$	14.01	\$	14.22	15 minutes	Must obtain Department approval over 30 cumulative visits of counseling
Non-Medical Transportation	T2001						
Med Trans. Rate	T2001					1 Way Trip	Negotiated by CM; varies by client. Not to exceed Med. Transport Rate.
Taxi	T2001	\$	49.18	\$	49.91	1 Way Trip	Taxi: up to \$49.91 per trip, not to exceed the rate with the Public Utilities Commission.
Mobility Van	T2001	\$	12.63	\$	12.82	1 Way Trip	Mobility Van: \$12.82 per trip.
Wheelchair Van	T2001	\$	15.72		15.96	1 Way Trip	Wheelchair Van: \$15.96 per trip. Wheelchair Van Mileage Add-On: 62 cents per mile.
Personal Care	T1019	\$	3.63	\$	3.69	15 minutes	Not to exceed 10 hours per day
Relative Personal Care	T1019 HR	\$	3.63	\$	3.69	15 minutes	Maximum reimbursement not to exceed 1776 units per year
Respite Care							
NF	H0045	\$	113.45	\$	115.15	Day	
In Home	S5150	\$	3.08	\$	3.12	15 minutes	All inclusive of client's needs
Individual Substance Abuse Counseling							
Family	T1006	\$	56.02	\$	56.86	Hour	
Group	H0047 HQ	\$	31.37	\$	31.84	Hour	
Individual	H0047 HF	\$	56.02		56.86	Hour	
Transitional Living	T2016	\$	132.52	1	134.51	Day	
Supported Living Program	T2033					Day	Per diem rate set by HCPF using acuity levels of client population

Revenue Code Current New Rate Service Type Unit Value Acute Home Long Term Home 07/01/2008 Rate Health Health **RN** Assess and Teach 589 None \$ 97.98 \$ 99.45 Acute only- one visit up to 2 ½ hours RN/LPN 550 551 \$ 97.98 \$ 99.45 One visit up to 2 ½ hours RN Brief 1st of Day n/a 590 \$ 68.58 \$ 69.61 One Visit RN Brief 2nd or > Na 599 \$ 48.01 \$ 48.73 One Visit HHA BASIC 570 571 \$ 34.15 \$ 34.66 One hour HHA EXTENDED 572 579 \$ 10.21 \$ 10.36 For visits lasting more than one hour, extended units of 15-30 minutes ΡT 420 421 (for 0-17 \$ 107.15 \$ 108.76 One Visit up to 2 ½ hours years LTHH) PT for HCBS Home Mod 424 424 \$ 107.15 \$ 108.76 1-2 visits Evaluation OT 430 431 (for 0-17 \$ 107.85 \$ 109.47 One visit up to 2 ½ hours years LTHH) 434 OT for HCBS Home Mod 434 \$ 107.85 \$ 109.47 1-2 visits Evaluation S/LT 440 441 (for 0-17 \$ \$ 116.43 118.18 One visit up to 2 ½ hours vears LTHH) Maximum Daily Amount 456.54 \$ 463.39 24 hours, MN to MN \$ Acute Home Health Maximum Daily Amount 361.54 24 hours, MN to MN \$ 356.20 \$ Long Term Home Health

Home Health Rates

FY 08-09

Private Duty Nursing Rates FY 08-09

Service Type	Revenue Code	Current Rate	New Rate 07/01/2008	Unit Value
PDN-RN	552	\$ 38.71	\$ 39.29	Hour
PDN-LPN	559	\$ 29.06	\$ 29.50	Hour
PDN-RN (group-per client)	580	\$ 29.00	\$ 29.44	Hour
PDN-LPN (group-per client)	581	\$ 22.26	\$ 22.59	Hour
"Blended" group rate / client*	582	\$ 28.98	\$ 29.41	Hour

* The "blended" rate is available on request for a Home Health Agency that provides Private Duty Nursing to multiple clients at group care settings. All Private Duty Nursing provided in those settings is billed at the same rate and revenue code for an RN or LPN.



FITLogix[™] Fax Referral: 800-261-6259

For questions, please call: 800-793-5242

Participant Information

	Name [.]	Date of bir	th:
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Fax #* REQUIRED TO RECEIVE CONFIRMATION OF REFERRAL		Provider signature	Date
Participant Consent for Release of Informa (reflects the requirements of 45 C.F.R. §164.508 August			
I,, g (<i>Participant name</i>) and date of birth to the FITLogix™ weight mana 1400 Jackson Street, Denver, Colorado, 80206.	agement program at N		
The PURPOSE of this release is to request that Na discuss participation in the FITLogix™ Program. I there are laws protecting confidentiality of informat may no longer be protected. I understand that sign	l understand the inforr tion. I understand that	nation to be released, the purpose of once released, my information may	this release, and th

Signature of participant

Date

FITLogix National Jewish Medical and Research Center 1400 Jackson St., M305 Denver, CO 80206