

Provider Bulletin

Reference: B0800253

 October 2008

colorado.gov/hcpf

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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, Inquiries, and Adjustments P.O. Box 90 Denver, CO 80201

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

Did you know...?

- 1. October 7, 2008 through October 23, 2008, Beginning, Specialty and PAR workshops will take place in the fiscal agent's Denver office. Please refer to the calendar at the end of this bulletin for workshop topics, times and location.
- 2. Colorado Medicaid does not accept the CMS 1500 claim form. CMS 1500 claims submitted either directly or through a clearinghouse delay claims processing and payments. All claims submitted on the CMS1500 are returned to the provider for re-submission. The Colorado specific form carries all the information needed to process your claim.

When having difficulty with electronic submissions, some clearing houses transfer claim information to the paper CMS 1500 form. **Please contact the ACS Provider Services Call Center at 303-534-0146 before submitting claims on paper.** Delays in processing and payment occur if a provider is not setup to submit electronically or the wrong claim form is submitted. Review accept /reject reports and resubmit claims in the correct format and within timely filing limits.

3. Claims cannot be submitted with the Provider Application. Once you are notified that you have been accepted, you may begin submitting claims for services on or after the date stated in the welcome letter.

All Providers

Colorado Regional Integrated Care Collaborative (CRICC) Update

In May of this year, the Department of Health Care Policy and Financing (Department) entered into a partnership with Colorado Access to implement the Colorado Regional Integrated Care Collaborative (CRICC). The goal of CRICC is to improve the quality of health care received by Colorado Medicaid's highest-need, highest-cost fee-for-service clients by better coordinating physical health, mental health and substance abuse services.

To date, Colorado Access has enrolled nearly 2,000 clients throughout Adams, Arapahoe, Boulder, and Broomfield counties. Based on recommendations of the Blue Ribbon Commission for Health Care Reform, the Department's long-term goal to operate CRICC in Pueblo County was revised. Colorado Access will extend enrollment into Denver County in October 2008 and Weld County early 2009.



The program is available to Medicaid clients in the following eligibility categories: Aid to the Needy Disabled/Aid to the Blind (AND/AB-SSI) and Old Age Pensioners – Under Age 65 (OAP-B). The program excludes: clients under 21 years of age, dual eligibles, clients receiving Home and Community-Based Services (HCBS) waivers with the exceptions of the Persons with Mental Illness (MI) and Persons who are Elderly, Blind and Disabled (EBD). Some of the enhanced benefits to enrollees include: access to a care manager, zero co-pays, free over-the-counter medications with prescriptions, preventive health and disease education programs. Eligible clients will be passively enrolled into the program with the opportunity to opt-out.

For more information about this program, please contact Christy Hunter at <u>Christy.Hunter@state.co.us</u> or April Abrahamson at <u>April.Abrahamson@coaccess.com</u>.

The Department's New Web Site

Effective October 1, 2008, the Department has a new Web site and Web site address, <u>colorado.gov/hcpf</u>. To access Provider Services from the Department's Home page, select the "Providers" option on the menu bar.

Claim Forms Reminder

The Colorado Medicaid Program only accepts the following claim forms:

The 2006 ADA form The Pharmacy Claim Form (PCF)

The CO-1500 claim form The UB-04 claim form

All other forms are returned without processing. Returned claims must be resubmitted on the correct form and within timely filing limits.

Dental Providers

Supernumerary Numbers



The *Current Dental Terminology* (CDT), published by the American Dental Association, outlines a system for identifying teeth on dental claims. The system designates a supernumerary number that corresponds to each permanent and primary tooth. Effective **October 1, 2008**, dental providers should use this system to identify the appropriate supernumerary tooth when submitting claims.

	Permanent Teeth Upper Arch															
Tooth # 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16											16					
Super #	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66

Permanent Teeth Lower Arch																
Tooth #	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
Super #	82	81	80	79	78	77	76	75	74	73	72	71	70	69	68	67

Primary Teeth Upper Arch												
Tooth #	Α	В	С	D	Е	F	G	Н	Ι	J		
Super #	AS	BS	CS	DS	ES	FS	GS	HS	IS	JS		

Primary Teeth Lower Arch												
Tooth #	Т	S	R	Q	Ρ	0	Ν	Μ	L	Κ		
Super #	TS	SS	RS	QS	PS	OS	NS	MS	LS	KS		

Please contact Marcy Bonnett, Dental and Therapies Program Administrator, at <u>marcy.bonnett@state.co.us</u> or 303-866-3604 with questions.

DME Providers

Discontinuation of DME Brief Procedure Code

Effective October 1, 2008, the Durable Medical Equipment procedure code A4534 (Youth-sized incontinence brief) will be discontinued. Instead, please use T4534 which has the same description. If you have any questions, please contact Doug van Hee at <u>doug.vanhee@state.co.us</u> or 303-866-4986.

Hospital Providers

Payment System for Hospital Back-Up (HBU) Services Provided in Skilled Nursing Facilities

It is the intent of the Department to submit a State Plan Amendment to adopt the Medicare Payment System of reimbursement (PPS) as the Department's payment system for Hospital Back-Up (HBU) services provided in skilled nursing facilities. This payment system is effective October 1, 2008.

There will be two distinct advantages to the Medicaid providers of HBU services:

- 1. The Department will not subject HBU providers to a limit on the number of days for which it will make payment.
- 2. The Department program will offer the HBU providers a quality incentive of 15% of PPS as a Medicaid add-on to hospital-based facilities, and a 10% add-on to the stand-alone facilities that are accredited by the Joint Commission Accreditation of Health Care Organization (JCAHO) or by the Commission on Accreditation of Rehabilitation Facilities (CARF).

With the adoption of the Medicare PPS rate structure, and the two enhancements referenced above, the Department seeks greater provider participation throughout the state.

The main objective of this change is to promote placement options closer to home for ventilator-dependent and medically fragile clients with long-term care needs. The HBU program changes are consistent with the governor's Building Blocks to Health Care Reform Plan and the 208 Blue Ribbon Committee recommendations to enhance health care guality and efficiency.

Please forward any question or inquiries to Rose-Marie Nelson at <u>rose-marie.nelson@state.co.us</u> or call 303-866-3167. Written requests for a copy of these changes and corresponding comments may be sent to: Executive Director, Department of Health Care Policy and Financing, 1570 Grant Street, Denver CO 80203-1818.

Pharmacy Providers

Do you know Medicare-only individuals who are having trouble paying for prescription drugs?

If an individual is eligible for Medicare and has limited income and resources, they may qualify for extra help from Medicare. It could be worth over \$3,300 in savings on prescription drug costs per year.

Encourage people with Medicare to file for extra help online through the Medicare Prescription Drug program at <u>https://s044a90.ssa.gov/apps6z/i1020/main.html</u> or by calling Social Security at 1-800-772-1213 to apply over the phone.

State Health Insurance Information Program (SHIP) offices can also assist with the application. Find contact information for a local SHIP Counselor at

http://www.medicare.gov/contacts/static/allStateContacts.asp or by calling 1-800-MEDICARE (1-800-633-4227).

Revised Tamper-Resistant Pads/Paper Rules Are In Effect

Effective October 1, 2008, all written prescriptions for Medicaid recipients are required to be written on tamper-resistant prescription pads/paper that incorporate <u>all three</u> characteristics listed in the Social Security Act, 42 U.S.C. 1396b(i)(23).

A revision to the rules which specifies the tamper-resistant pad/paper features that will be acceptable within Colorado has been approved. The revised rules are also effective October 1, 2008.

Please take a look at the new rules in order to ensure your organization knows which specific features are required on tamper-resistant prescription pads/paper for written prescriptions. A copy of the rules can be found on the Department's Web site at <u>colorado.gov/hcpf</u>. Choose the Pharmacy tab under the "Providers" option. Please contact Kerri Coffey at <u>kerri.coffey@state.co.us</u> or 303-866-4131 if you have any questions.

Over-the-Counter (OTC) Prior Authorizations

Insulin and aspirin are the only OTC medications that are a covered pharmacy benefit without a prior authorization; however, many other OTC medications are a covered benefit if a prior authorization is approved and the product has a signed rebate with the Centers for Medicare and Medicaid Services. Medications that do not have a signed rebate are not a covered pharmacy benefit. If a client receives a prior authorization for an OTC medication such as Benadryl, Motrin, or vitamins that is still denying in the POS system, please contact Pita Wilson at 303-866-3588 or <u>gmcano@hcpf.state.co.us</u> for a list of manufacturers that provide a rebateable medication.



Preferred Drug List (PDL) Update

Effective October 1, 2008, the preferred stimulants will include all strengths of Concerta, Focalin XR, Adderall XR, Vyvanse, generic methylphenidate, and generic amphetamine. The Preferred Drug List and prior authorization criteria for non-preferred drugs can be found on the Department's Web site at <u>colorado.gov/hcpf</u>. Choose the Pharmacy tab under the "Providers" option.

The prior authorization criteria are also posted in Appendix P of the Billing Manual which can be found on the Department's Web site at <u>colorado.gov/hcpf</u> under the "Providers" option. On October 7, 2008, the Pharmacy & Therapeutics Committee will review antiemetics, triptans and triptan combinations for inclusion on the PDL. Also, proton pump inhibitors will be reviewed again for their continued inclusion on the PDL.



Pharmacy & Therapeutics Committee meetings are held at 225 E. 16th Street, Denver, in the first floor conference room from 1:00 p.m. - 4:00 p.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 web page.

Holiday Processing for Columbus Day

Due to the Columbus Day holiday on Monday, October 13, 2008, claim payments will be processed on Thursday, October 9, 2008. The processing cycle includes electronic claims accepted before 6:30 P.M. on Thursday.



Receive the Bulletin Earlier and Help Save the Environment!

Receive important information up to a week sooner than those receiving bulletins via mail by receiving the bulletins electronically.

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 located in the Provider Services Forms section through the Department's Web site at <u>colorado.gov/hcpf</u>. Select the "Providers" option. 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.

Go Green and Enjoy the Benefits of Direct Deposit

Providers who use Electronic Funds Transfer (EFT) can receive payments up to a week sooner than those receiving paper checks (warrants). EFT eliminates payment delays due to inclement weather or post office mishaps. Remember that banking holidays may also cause delays for paper warrants – another reason to sign up for EFT.



Sign-up to receive payments via EFT today! Complete the EFT form located in the Provider Services Forms section through the Department's Web site at

<u>colorado.gov/hcpf</u>. Select the "Providers" option.

You may also use the same form noted above to update your bank account information. Simply indicate

"Change" in the top-right corner and complete the form as directed.

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.

October and November 2008 Denver Provider Billing Workshops

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

The October and November 2008 workshop calendar is included with this bulletin and will be posted on the Web site.

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: Call Medical Assistance Program Provider Services to workshop.reservations@acs-inc.com Or make reservations at: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 number of people attending and their names
- The date and time of the workshop
 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 billers who 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 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.

The classes do **not** include any hands-on computer training.

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).

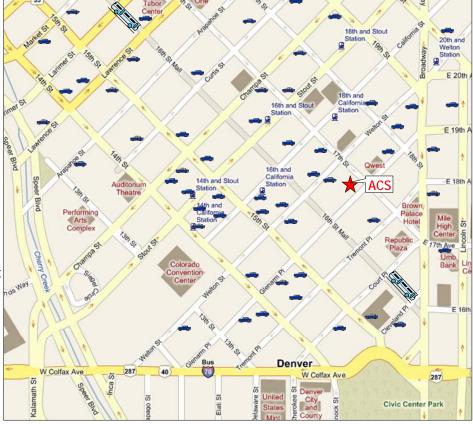
Parking: Parking is not provided by ACS and is limited in the Downtown Denver area.

Providers attending workshops are urged to carpool and arrive early to secure parking or use public transportation.

 $\underline{B} = \text{Light Rail Station: A Light Rail}$ map is available at:

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

- Free MallRide: MallRide stops are located at every intersection between RTD's Civic Center Station and Union Station.
- Commercial parking lots: Lots are available throughout the downtown area. The daily rates range from about \$5 to \$20.



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.

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.

Dental

The class is for billers using the ADA/837D claim format. The class covers billing procedures, claim formats, common billing issues and guidelines specifically for the following provider types: Dentists and Dental Hygienists (*This class is not for Nursing Facilities* or FQHC/RHCs – 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 class is not for Hospitals – please refer to Hospital Class*)

DME/Supply

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.

DME/Supply PAR

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.)

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.

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

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.

IP/OP 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)

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.

Pediatric HH PAR

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.

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.

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

Skilled 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.

Transportation

This class is for transportation providers billing on the CO1500/837P and/or UB-04/837I format. The class covers billing procedures, common billing issues and guidelines primarily for non-emergency Transportation providers.



October 2008 Denver Workshop Calendar

			1	2	3	4
5	6	7 Beginning Billing Professional 9:00 am – 3:00 pm	8	9 Beginning Billing Institutional 9:00 am – 3:00 pm	10	11
12	13 IP/OP Hospital 9:00 am-11:30 pm Hospice 1:00 pm-3:30 pm	OP/PT/ST 1:00 pm-3:30 pm	15 Pediatric HH PAR 9:00 am-11:30 Home Health 1:00 pm-3:30 pm	Dental 1:00 pm-3:30 pm	17 DME/Supply PAR 9:00 am-11:00 am DME/Supply Billing 11:30 am-1:30 pm Pharmacy 2:30 pm-4:00 pm	18
19	20		22 Skilled Nursing Facility 9:00 am-11:30 am Dialysis 1:00 pm-3:30 pm	23 Transportation 9:00 am-11:30 am Audiology 1:00 pm-3:30 pm	24	25
26	27	28	29	30	31	

November 2008 Denver Workshop Calendar

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



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) and *please remember to check the* Provider Services section of the Department's Web site at <u>colorado.gov/hcpf</u> by selecting the "Providers" option.

