



[colorado.gov/hcpf](http://colorado.gov/hcpf)

# Provider Bulletin

Reference: B0900270

September 2009



## Did you know...?

The 2009 Provider Specialty presentations are available on the Web site at [www.colorado.gov/hcpf](http://www.colorado.gov/hcpf) ➔ Providers ➔ Provider Services ➔ Training and Workshops.

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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

## All Providers

### Reimbursement Reductions

To meet budget-balancing goals, the Department of Health Care Policy and Financing (the Department) proposed reducing Medicaid expenditures through a series of initiatives. These initiatives include a combination of rate reductions, service restrictions, elimination of certain programs and financial efficiencies. Medicaid program expenditures will be reduced by approximately \$93.2 million General Fund in FY 2009-10.

Effective September 1, 2009, provider rates will be reduced by 1.5 percent for acute care and long-term care services. The rate reductions will not be applied to class II nursing facilities.

Affected services include:

- Physician and Clinic
- Early Periodic Screening, Diagnosis, and Treatment (EPSDT)
- Emergency and Non-Emergent Transportation
- Dental
- Vision
- Occupational, Physical, and Speech Therapy
- Inpatient and Outpatient hospital
- Ambulatory Surgery Center
- Dialysis
- Anesthesia
- Laboratory and X-ray
- Durable Medical Equipment and Supplies
- Drugs administered in the office setting
- Home Health
- Family Planning



Rate adjustments will be incorporated into the HMO contracts through a contract amendment effective October 1, 2009. Class I nursing facility rate reductions are effective March 1, 2010.

An updated fee schedule reflecting these rate changes is posted at [colorado.gov/hcpf](http://colorado.gov/hcpf) ➔ Providers ➔ Provider Services. Additional information on reimbursement reductions to non-fee-for-service benefits will be posted at [colorado.gov/hcpf](http://colorado.gov/hcpf) ➔ Partners & Researchers ➔ Public Notices on September 4, 2009.

These reductions result in a \$7 million General Fund reduction and a \$19.6 million total fund reduction.

Please contact Christy Hunter at [christy.hunter@state.co.us](mailto:christy.hunter@state.co.us) or 303-866-2086 if you have any questions.

### Prenatal Appointments

Please remind and encourage pregnant women and presumptively eligible clients to utilize Non-Emergent Medical Transportation (NEMT) to and/or from Medicaid prenatal appointments. NEMT transportation is available when there is no other means of free transportation.

Please direct clients living in Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, and Larimer counties to call LogistiCare for transportation arrangements at 303-390-4500. Clients living in counties outside of LogistiCare's service area should contact their respective county Department of Human/Social Services office for information on how to access NEMT.

Feel free to contact Renee Robinson at [renee.robinson@state.co.us](mailto:renee.robinson@state.co.us) or 303-866-5622 if you have any questions.

### Diagnostic Imaging Prior Authorization Request (PAR)

The Diagnostic Imaging Prior Authorization Request (PAR) published as Attachment A in the August 2009 bulletin (B0900269) contained an incorrect phone number for inquiries regarding imaging PARs. The correct phone number is 1-800-333-2362. The Diagnostic Imaging PAR located at [colorado.gov/hcpf](http://colorado.gov/hcpf) ➔ [Providers](#) ➔ [Provider Services](#) ➔ [Forms](#) has been corrected.

### Change of Ownership (CHOW)

Providers are reminded that they can no longer use the seller's National Provider Identifier (NPI) when they purchase a business. The NPI is not transferable to the new owner. The new owner must obtain a new NPI.

### State Furlough Days

All Colorado State offices will be closed on Tuesday, September 8, 2009 and Friday October 9, 2009 due to statewide furlough days. ACS Government Solutions and the Provider Services Call Center will be open for business both days.

### September and October Holidays

Due to the Labor Day holiday on Monday, September 7, 2009, claim payments will be processed on Thursday, September 3, 2009. For the Columbus Day Holiday on Monday, October 12, 2009, claim payments will be processed on Thursday, October 8, 2009. The processing cycles include electronic claims accepted before 6:00 P.M. Mountain Time on Thursday.

Due to the State furlough day on Friday October 9, 2009, the receipt of warrants and EFTs for the October 13<sup>th</sup> payment date will be delayed by one or two days.

### Dental Providers

#### CDT Codes D0145 and D1330

Current Dental Terminology (CDT) code D0145 (oral evaluation for a patient under three years of age and counseling with primary caregiver) and code D1330 (oral hygiene instructions) may not be billed on the same date of service for a client. The descriptor in the CDT manual for D0145 is as follows:



“diagnostic services performed for a child under the age of three, preferable within the first six months of the eruption of the first primary tooth, including recording the oral and physical health history, evaluation of caries susceptibility, *development of an appropriate preventive oral health regimen* and communication with and counseling of the child's parent, legal guardian, and/or primary caregiver.”

In addition, D1330 will no longer be reimbursed for clients less than three years of age.

Please contact Marcy Bonnett, Policy Specialist, at 303-866-3604 with questions.

### Pre-Authorization Requirement to Extract Third Molars Is Rescinded

The Department is **rescinding** the requirement for pre-authorization to extract third molars as stated in the July 2009 Provider Bulletin (B0900268). However, reimbursement for prophylactic extractions of third molars will continue to be disallowed.

Third molars exhibiting non-resorbable carious lesions, pulpal inflammation, recurrent infections, cyst and tumors as well as those molars contributing to the resorption of adjacent teeth and destruction of bone are candidates for removal. Third molars may also be removed with a work order from a board certified orthodontist for clients that have been approved for orthodontic treatment.

Providers must thoroughly document the need for each tooth extracted in the client's chart. This policy will be monitored by post-payment reviews.

If you have any questions, please contact Marcy Bonnett, Policy Specialist, at 303-866-3604.

### **Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)**

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Public Law 111-3 now requires that all states provide a current and accurate list of all dentists and providers within each state that provide dental services to children enrolled in the Medicaid and CHIP (known as CHP+).

This list will be updated quarterly and posted on the Health Resources Services Administration (HRSA), Insure Kids Now (IKN) Web site ([www.insurekidsnow.gov](http://www.insurekidsnow.gov)). This listing was required to be posted no later than August 4, 2009.

A Department contractor will be calling dental providers quarterly to update their profile for inclusion on the HRSA Insure Kids Now Web site. The following items are required to be posted on the IKN Web site:



- NPI or State Medicaid Number (Required – but will not to be published on the IKN Web site)
- Provider Affiliation
  - Private Practice                      ➢ Health Department
  - Community Health Center   ➢ Other
- Provider First Name
- Provider Last Name
- Group or Clinic Name (Practice Name) for the physical site (if applicable).
- Active Status
- Provider Physical Site Street Address
- Provider Physical Site City
- Provider Physical Site State
- Provider Physical Site ZIP Code
- Phone Number
- Provider Specialty
- Accepts New Patients
- Can Accommodate Special Needs

For additional information or questions please contact Marcy Bonnett, Policy Specialist, at 303-866-3604 or Gina Robinson, EPSDT Coordinator, at 303-866-6167.

### **Durable Medical Equipment (DME) Providers**

#### **Durable Medical Equipment (DME) Accreditation**

The Department is now accepting documentation substantiating that Durable Medical Equipment (DME) providers have been federally accredited under section 1834(a)(20) of the Social Security Act (SSA) and the federal regulation 42 CFR 424.8. Please send the Department either the Letter of Accreditation from the accreditation agency and/or the Certificate of Accreditation. Include your with these documents your Colorado Medicaid number(s), NPI number(s), the address of the locations that were accredited, and any "doing business as" names. Accreditation documentation must be received by the Department no later than December 1, 2009. Please send this information to:

Department of Health Care Policy and Financing  
1570 Grant Street  
Denver, Colorado 80203-1818  
Attn: Doug van Hee

Please contact Doug van Hee at [doug.vanhee@state.co.us](mailto:doug.vanhee@state.co.us) or 303-866-4986 with any questions.

## **Hospital Providers**

### **“Present on Admission” Indicator on Hospital Claims**

As of October 1, 2009, inpatient hospital claims will require inclusion of "present on admission" (POA) indicator responses. The POA response is required for principle diagnosis and all "other" diagnoses.

Allowed responses include:

Y = Yes

N = No

U = Unknown

W = Undetermined

1 = Not reported



The POA indicator is used to identify claims with serious reportable events. Specific codes associated with serious reportable events are provided in Attachment A at the end of this bulletin. These are events which occur in hospitals and complicate care and patient outcomes. Because these events are preventable, the Department will not pay the additional costs of a higher DRG assignment arising from these events, or will deny payment altogether.

The Department's policy follows that of the Medicare program.

For claims submitted through the Web Portal, POA responses were required to be included beginning August 12, 2009. The permitted responses are the same as above.

The twelve events for which costs will not be increased are:

1. Foreign object inadvertently left in patient after surgery;
2. Death/disability associated with intravascular air embolism;
3. Death/disability associated with incompatible blood;
4. Stage 3 or 4 pressure ulcers after admission;
5. Hospital-acquired injuries: fractures, dislocations, intracranial injury, crushing injury, burn and other unspecified effects of external causes;
6. Catheter-associated urinary tract infection;
7. Vascular catheter-associated infection;
8. Mediastinitis after coronary artery bypass graft surgery;
9. Manifestations of poor glycemic control;
10. Surgical site infection following certain orthopedic procedures;
11. Surgical site infection following bariatric surgery for obesity; and
12. Deep vein thrombosis & pulmonary embolism following certain orthopedic procedures.

These events can be identified through claim information (see Attachment A). Through the year 2010, the Department will adjust payment retrospectively through the same process currently used for random retrospective claims review. Providers should submit claim information as at present, adding POA indicator information. The Department anticipates very few adjustments. Patients may not be billed or balance-billed for services related to these serious reportable events.

The Department will collaborate with hospitals to assure appropriate reimbursement for cases in which a patient receives subsequent care for a serious reportable event in a hospital other than the original site in which the event occurred.

The three events for which payment will be denied are:

1. Surgery performed on the wrong body part;
2. Surgery performed on the wrong patient; and
3. Wrong surgical procedure on a patient.

Because these three events cannot be identified through claim information, hospitals are requested not to submit claims when hospitalizations for these events occur. If these events are identified in retrospective claim review, the Department will deny payment retroactively.

Billing instructions for the POA indicator will be posted on the Department's Web site at [colorado.gov/hcpf](http://colorado.gov/hcpf) ➔ [Providers](#) ➔ [Provider Services](#) ➔ [Billing Manuals](#). Choose the IP/OP Hospital UB04 Specialty Billing Manual.

For further questions, please contact Eric Wolf, Hospital Program Coordinator, at [eric.wolf@state.co.us](mailto:eric.wolf@state.co.us) or 303-866-5963.

## **Pharmacy Providers**

### **Smoking Cessation Benefit**

Effective September 1, 2009, all fee-for-service Medicaid clients are eligible for two courses (up to 180 days) of smoking cessation pharmacotherapy each year. This is a significant increase from the old benefit that only allowed for one 90-day course of pharmacotherapy treatment in a client's lifetime. Prior authorization approval will still be necessary to receive this benefit since enrollment in a behavioral modification program is still required.



### **Rx Review Program**

The Rx Review program is a medication review for Medicaid clients who are high drug utilizers (five or more drugs each month for three months in a row). Statewide consultations will be conducted by contracted pharmacists during the month of September with providers and patients receiving a recommendation letter from the pharmacist. Evaluations include educating the patient and a review of all prescription medications as well as OTCs and nutritional supplements, identifying drug-drug interactions, drug duplication or use of multiple providers and conformity with the PDL.

Your initial promotion of the program will help ease the patient's apprehension to participate once they are contacted by Medicaid and the pharmacist. Patient participation is voluntary and will not affect their pharmacy benefits regardless of their decision to participate. Please contact Megan Wood at [megan.wood@state.co.us](mailto:megan.wood@state.co.us) with any questions.

### **Preferred Drug List (PDL) Update**

Effective October 1, 2009, the following medications will be Preferred Products on the Medicaid Preferred Drug List (PDL) and will be covered without a prior authorization:

#### **Oral Bisphosphonates:**

Actonel 5mg, 30mg, 35mg, 75mg, and 150mg; alendronate (generic) 5mg, 10mg, 35mg, 70mg

#### **Meglitinides:**

None preferred

#### **Biguanides:**

Metformin (generic) in 500mg, 850mg and 1000mg immediate-release tablets; Metformin extended-release (generic) in 500mg tablets

#### **Hypoglycemic Combinations:**

None preferred

#### **Thiazolidinediones:**

Actos 15mg, 30mg and 45mg

#### **Sulfonylureas:**

Glyburide (generic), micronized glyburide (generic), glipizide (generic), glipizide extended-release (generic)

#### **Stimulants and ADHD Medications:**

Methylphenidate immediate-release (generic) and sustained-release (generic Ritalin SR); mixed amphetamine salts immediate-release (generic), Vyvanse, Concerta, dexamethylphenidate (generic) and Focalin XR

Also the following drug is covered as Preferred once eligibility criteria are met:

#### **Erythropoiesis Stimulating Agents:**

Procrit

The complete PDL and prior authorization criteria for Non-preferred Products are posted on the PDL Web page at [colorado.gov/hcpf](http://colorado.gov/hcpf) ➔ [Providers](#) ➔ [Pharmacy](#) ➔ [Preferred Drug List \(PDL\)](#).



## Pharmacy Reimbursement Methodologies

Colorado Medicaid uses the common “lesser of” logic when determining reimbursement for outpatient drugs. Reimbursement for each drug is evaluated and determined based on the lowest of one of the following pricing methodologies: the pharmacy’s Usual and Customary charge, Average Wholesale Price (AWP) minus a percentage, Direct Price plus a percentage, State Maximum Allowable Cost (SMAC) or Federal Upper Limit (FUL).



First Data Bank will stop publishing AWP in September 2011 in response to a federal court ruling. The Department will develop a new pricing methodology to replace the AWP benchmark. We intend to accomplish this in two phases, with an effective date of April 1, 2011.

In the first phase, the Department is exploring all options for a replacement benchmark for the pricing methodology. The Department is currently seeking stakeholder input on what the benchmark should be and will announce the new benchmark by November 30, 2009.

The second phase will determine the percentage to be added or subtracted from the new benchmark. The second phase is anticipated to begin summer 2010. The Department is requesting stakeholder input for both phases of this process. The replacement pricing methodology is intended to keep overall drug reimbursement consistent with forecasts, not as a mechanism to reduce drug reimbursement.

Please submit your comments to Beth MacKenzie at [beth.mackenzie@state.co.us](mailto:beth.mackenzie@state.co.us) or 303-866-6342 by September 30, 2009.

## **September and October 2009 Provider Billing Workshops**

### **Statewide Provider Billing Workshops**

Due to budget cuts, the Department has cancelled the Fall 2009 Statewide provider billing workshops, traditionally scheduled in September. Additional Denver workshops have been scheduled for September 2009 and are published in this bulletin.

### **Denver Provider Billing Workshops**



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

The September and October 2009 workshop calendars are included in this bulletin and are posted at [colorado.gov/hcpf](http://colorado.gov/hcpf) ➤ [Providers](#) ➤ [Provider Services](#) ➤ [Training & Workshops](#).

### **Who Should Attend?**

New and experienced receptionists, front desk personnel, admission personnel, office managers, billing services, and other billers should consider attending the appropriate workshops.

### **Reservations are required**

Reservations are necessary for *all workshops*.

Email reservations to:

[workshop.reservations@acs-inc.com](mailto:workshop.reservations@acs-inc.com)

Or

Call 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:

- Colorado 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



These classes are 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 Colorado 1500. *These classes do **not** cover any specialty billing information.* The fiscal agent provides specialty training throughout the year in their Denver office. *The classes do **not** include any hands-on computer training.*

## September and October Specialty Workshop 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.

### HCBS-DD

This class is for billers who bill on the CO1500 claim format for the following: Comprehensive Services (HCBS-DD), Supported Living Services (SLS), Children's Extensive Support (CES), Children's Residential Habilitation Program (CHRP) and Targeted Case Management (TCM). The class covers billing procedures, common billing issues and guidelines for HCBS-DD 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.

### 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 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.

### Pharmacy

This class is for billers using the Pharmacy claim format/Point of Sale and/or PCF Format. The class covers billing procedures, common billing issues and guidelines specifically for Pharmacies. *(This is not the class for DME/ Supply Providers – please refer to DME/ Supply Provider Class)*

### Practitioner

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

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

### 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.

### Supply/DME PAR 101

This 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)*

### 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.

## Driving directions to ACS, Denver Club Building, 518 17<sup>th</sup> 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 17<sup>th</sup> Street (Glenarm is a two-way street).

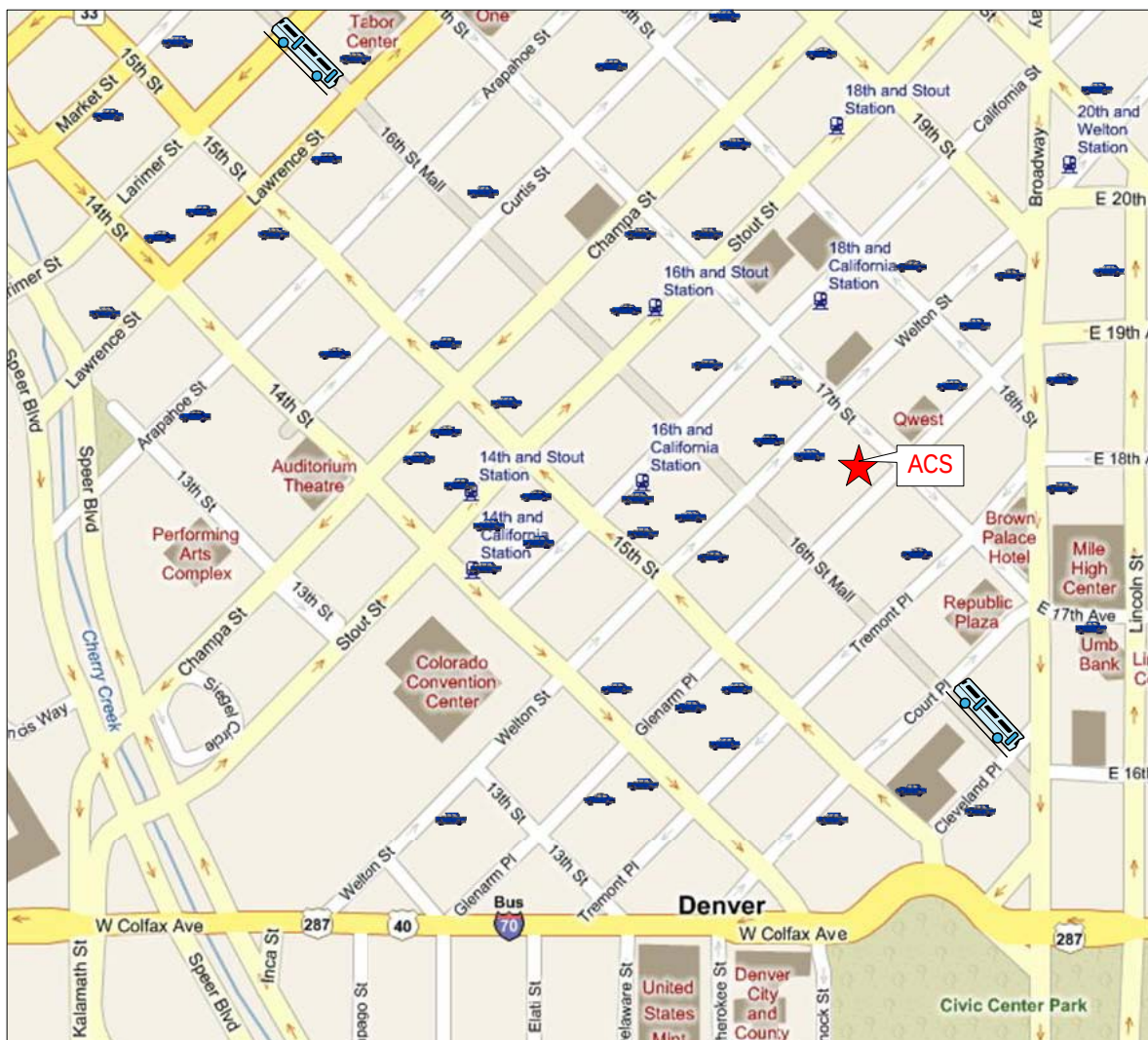
**Parking:** Parking is not provided by ACS and is limited in the Downtown Denver area.

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\\_Map.shtml](http://www.rtd-denver.com/LightRail_Map.shtml)

 = **Free** MallRide: MallRide stops are located at every intersection between Civic Center Station and Union Station.

 = Commercial parking lots: Lots are available throughout the downtown area. The daily rates are between \$5 and \$20.



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

ACS Provider Services at 303-534-0146 or 1-800-237-0757 (toll free).

Please remember to check the Provider Services section of the Department's Web site at [colorado.gov/hcpf](http://colorado.gov/hcpf).



### September 2009 Workshop Calendar

| Sunday | Monday         | Tuesday                                                                                        | Wednesday | Thursday                                                                       | Friday                                                                                                                     | Saturday |
|--------|----------------|------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------|
|        |                | 1                                                                                              | 2         | 3                                                                              | 4                                                                                                                          | 5        |
| 6      | 7<br>Labor Day | 8<br>Beginning Billing –<br>CO-1500 – 9:00 am-1:00 pm<br>HCBS-DD – 3:00 pm-4:30 pm             | 9         | 10<br>Beginning Billing –<br>UB-04 and 837I (Web<br>Portal)<br>9:00 am-2:00 pm | 11<br>Supply/DME PAR 101 –<br>9:00 am-11:30 am<br>Supply/DME Billing –<br>1:00 pm-3:30 pm<br>Pharmacy –<br>4:00 pm-5:00 pm | 12       |
| 13     | 14             | 15                                                                                             | 16        | 17                                                                             | 18                                                                                                                         | 19       |
| 20     | 21             | 22<br>Pediatric Home Health PAR<br>101<br>9:00 am-11:00 am<br>Home Health –<br>1:00 pm-3:00 pm | 23        | 24                                                                             | 25                                                                                                                         | 26       |
| 27     | 28             | 29                                                                                             | 30        |                                                                                |                                                                                                                            |          |

Due to a State Furlough day on Tuesday, September 8, 2009, there will be no Web Portal presentation after the Beginning Billing – CO-1500 workshop. Providers interested in attending a Web Portal presentation may sign up for the presentation from 1:00 pm-2:00 pm on Thursday, September 10, 2009 immediately following the Beginning Billing – UB-04 workshop.

### October 2009 Workshop Calendar

| Sunday | Monday             | Tuesday                                                                               | Wednesday                                                                                 | Thursday                                                                                                | Friday                                                                      | Saturday |
|--------|--------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------|
|        |                    |                                                                                       |                                                                                           | 1                                                                                                       | 2                                                                           | 3        |
| 4      | 5                  | 6                                                                                     | 7                                                                                         | 8                                                                                                       | 9                                                                           | 10       |
| 11     | 12<br>Columbus Day | 13<br>Beginning Billing –<br>CO-1500 – 9:00 am-1:00 pm<br>Audiology – 3:00 pm-4:30 pm | 14<br>Supply/DME PAR 101 –<br>9:00 am-11:30 am<br>Supply/DME Billing –<br>1:00 pm-3:30 pm | 15<br>Beginning Billing –<br>UB-04 and 837I (Web<br>Portal)<br>9:00 am-2:00 pm<br>SNF – 3:00 pm-4:30 pm | 16<br>OT/PT/Speech –<br>9:00 am -11:30<br>Practitioner –<br>1:00 pm-3:30 pm | 17       |
| 18     | 19                 | 21                                                                                    | 22                                                                                        | 23                                                                                                      | 24                                                                          | 25       |
| 26     | 27                 | 28                                                                                    | 29                                                                                        | 30                                                                                                      | 31                                                                          |          |

There will be no Web Portal presentation after the Beginning Billing – CO-1500 workshop on Tuesday, October 13, 2009. Providers interested in attending a Web Portal presentation may sign up for the presentation from 1:00 pm-2:00 pm on Thursday, October 15, 2009 immediately following the Beginning Billing – UB-04 workshop.

### Colorado Medicaid Serious Reportable Events SFY 2008-2009

|    | Selected HAC (SRE)                                                                                                                     | CC/MCC (ICD-9-CM Codes)                                                                                                                                                                                               |
|----|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1  | Foreign object inadvertently left in patient after surgery                                                                             | 998.4 (CC)<br>998.7 (CC)                                                                                                                                                                                              |
| 2  | Death/disability associated with intravascular air embolism                                                                            | 999.1 (MCC)                                                                                                                                                                                                           |
| 3  | Death/disability associated with incompatible blood                                                                                    | 999.6 (CC)                                                                                                                                                                                                            |
| 4  | Stage 3 or 4 pressure ulcers after admission                                                                                           | 707.23 (MCC)<br>707.24 (MCC)                                                                                                                                                                                          |
| 5  | Hospital-acquired injuries:<br>- Fracture<br>- Dislocation<br>- Intracranial Injury<br>- Crushing Injury<br>- Burn<br>- Electric Shock | Codes within these ranges on the CC/MCC list:<br>800-829<br>830-839<br>850-854<br>925-929<br>940-949<br>991-994                                                                                                       |
| 6  | Catheter-Associated Urinary Tract Infection (UTI)                                                                                      | 996.64 (CC)<br>Also excludes the following from acting as a CC/MCC:<br>112.2 (CC)<br>590.10 (CC)<br>590.11 (MCC)<br>590.2 (MCC)<br>590.3 (CC)<br>590.80 (CC)<br>590.81 (CC)<br>595.0 (CC)<br>597.0 (CC)<br>599.0 (CC) |
| 7  | Vascular Catheter-Associated Infection                                                                                                 | 999.31 (CC)                                                                                                                                                                                                           |
| 8  | Manifestations of Poor Glycemic Control                                                                                                | 250.10-250.13 (MCC)<br>250.20-250.23 (MCC)<br>251.0 (CC)<br>249.10-249.11 (MCC)<br>249.20-249.21 (MCC)                                                                                                                |
| 9  | Surgical Site Infection, Mediastinitis, Following Coronary Artery Bypass Graft (CABG)                                                  | 519.2 (MCC)<br>And one of the following procedure codes:<br>36.10–36.19                                                                                                                                               |
| 10 | Surgical Site Infection Following Certain Orthopedic Procedures                                                                        | 996.67 (CC)<br>998.59 (CC)<br>And one of the following procedure codes: 81.01-81.08, 81.23-81.24, 81.31-81.38, 81.83, or 81.85                                                                                        |
| 11 | Surgical Site Infection Following Bariatric Surgery for Obesity                                                                        | Principal Diagnosis – 278.01<br>998.59 (CC)<br>And one of the following procedure codes: 44.38, 44.39, 44.95                                                                                                          |
| 12 | Deep Vein Thrombosis and Pulmonary Embolism Following Certain Orthopedic Procedures                                                    | 415.11 (MCC)<br>415.19 (MCC)<br>453.40-453.42 (MCC)<br>And one of the following procedure codes: 00.85-00.87, 81.51-81.52, 81.54                                                                                      |