



# Provider Bulletin

Reference: B1000291

December 2010

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

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## Did you know...?

In order for the Colorado Medical Assistance Program to group correctly to the neonatal DRG codes, providers need to include the diagnosis codes indicating the baby's birth weight within the first 8 diagnosis code fields on the claim.

## All Providers

### Electronic Prior Authorization Request (PAR) Letters Available through the File and Report Service (FRS)

Beginning January 2011, electronic PAR letters will be available through the Colorado Medical Assistance Program Web Portal (Web Portal) FRS. The following letters for the PAR types listed below will be sent to the Trading Partner ID associated with the **Billing Provider**:

Medical	Transportation
Dental	Home Health
Nursing Facility (NF)	Inpatient DRG
Targeted Case Management (TCM)	Private Duty Nursing (PDN)
Out-of-State Inpatient & Outpatient Provider	Early Periodic Screening, Diagnosis and Treatment (EPSDT) Home Health
Intermediate Care Facility for Persons with Mental Retardation (ICF-MR)	Supply, including durable medical equipment (DME)

If the Billing and Requesting Provider numbers on a PAR are the same, electronic PAR letters will only be sent to the Billing Provider.

If the Billing and Requesting Provider numbers on a PAR are different, electronic PAR letters will only be sent to the Billing Provider. The Requesting Provider will continue to receive letters by mail.



Electronic PAR letters will also be available to the requesting Single Entry Points for the following PAR types:

Brain Injury (BI)	Mental Illness (MI)
Elderly, Blind & Disabled (EBD)	Pediatric Hospice Waiver (PHW)
Children with Autism (CWA)	Persons Living With AIDS/HIV (PLWA)
Children's Home Care Based Services (CHCBS)	Children's Habilitative Residential Program (CHRP)
Consumer Directed HCBS (CDCE)	Children's Extensive Support (CES)
Developmental Disabilities (DD)	Supported Living Services (SLS)

Pharmacy PAR letters will continue to be mailed to the Prescribing Provider.

All PAR letters will continue to be mailed to the client.

If you have any questions, please contact ACS Provider Services at 1-800-237-0757 or 1-800-237-0044.

## Load Letter Requests

Effective December 1, 2010, all providers submitting Load Letter Requests (LLRs) will be required to submit them using the LLR form located in the Provider Services [Forms](#) section of the Department of Health Care Policy and Financing's (the Department) Web site at [colorado.gov/pacific/hcpf](http://colorado.gov/pacific/hcpf).



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

## ACS Contacts

Billing and Bulletin Questions  
1-800-237-0757 or 1-800-237-0044

## 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



**Note:** Requests will NOT be processed if the date of service is within 365 days from the date of the request. Please refer to the LBOD instructions located in the Provider Services [Billing Manuals](#) section of the Department's Web site. For questions regarding LLRs, please contact Renee Robinson at [Renee.Robinson@state.co.us](mailto:Renee.Robinson@state.co.us) or 303-866-5622.

### Study to Increase Well-Care and Dental Visits

The Department will be sending reminder letters to clients who have not received well-care or have not had a dental visit, urging them to schedule the visit. A random sample of 50 percent of the following client groups will receive a letter:

- Children who have not had a well-care visit in the first 9 months of 2010
- Children who have not seen a dentist in the first 9 months of 2010
- Adults who have not had a well-care visit in 26 months
- Adults with chronic conditions who have not had a well-care visit in 26 months
- Persons who smoke and who have not filled a tobacco cessation prescription in the first 9 months of 2010

The well-care and dental visit rates will be compared between those who received a letter and those not sent a letter to see if the letter was effective in improving well care and dental care. The letters urge clients to adopt healthy behaviors such as getting vaccinations, exercise, and prenatal care and to seek help for high-risk conditions leading to depression or substance abuse.

The letters will be sent the beginning of December 2010.

### Important Changes for Processing Laboratory Services - CLIA Certification Required

Processing of all laboratory procedures covered by the Clinical Laboratory Improvement Act (CLIA) will change beginning as early as April 2011. Once implemented, failure to follow the instructions below will result in claim denials.

1. Claims for CLIA services billed using the 837P format (whether submitted via electronic batch or through the Web Portal) or on the CO-1500 paper claim must include the CLIA Certification Number of the facility performing the test or procedure on each claim. Please notify your billers/vendors that the 837P electronic transaction will require the CLIA Certification Number for all CLIA covered procedure codes. Loop 2400, REF 01 (Qualifier X4) and REF 02 (CLIA Certification Number) must be entered for every line item that has a CLIA covered procedure code, or it must be entered in Loop 2300 for the claim. If both are entered the 2400 Loop takes precedence. This information is required to ensure the facility is certified for the procedure/test performed. The 837P Colorado Companion Guide will be updated in January 2011 with these instructions.
2. Providers that bill for CLIA services via 837I format (whether submitted via electronic batch or through the Web Portal) or on the UB-04 paper claim must provide a copy of their current CLIA certification and submit an updated CLIA form located in the Provider Services [Forms](#) section of the Department's Web site.



Please send your CLIA certificate and updated CLIA form to:

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

Additional information will be provided in future bulletins. If you have any questions, please contact ACS Provider Services at 1-800-237-0757 or 1-800-237-0044.

### Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI)

To comply with federal legislation, Colorado Medicaid will, over the coming months, continue to adopt the CMS NCCI standard payment methodologies.

With a few exceptions, Medicaid claims with code pairs found on the NCCI Medicare Medicine Evaluation and Management Services list with dates of service on after January 1, 2011 will be subject to the NCCI Edits – Physicians methodology. A list of these codes can be found at:

<https://www.cms.gov/NationalCorrectCodInitEd/NCCIEd/list.asp>.

Please check the [Provider Services](#) section of the Department's Web site in mid-December for more detailed information about the specific codes that will be affected in this first implementation cycle.

More information will be coming about the implementation progress, as well as guidance on how Colorado Medicaid will be implementing these national edits based on direction provided by CMS. If you have any questions about the Department's implementation of the NCCI, please contact Teresa Knaack at [Teresa.Knaack@state.co.us](mailto:Teresa.Knaack@state.co.us) or 303- 866-2573. For more information on the NCCI, please visit the CMS Web site at [http://www.cms.gov/NationalCorrectCodInitEd/01\\_overview.asp#TopOfPage](http://www.cms.gov/NationalCorrectCodInitEd/01_overview.asp#TopOfPage).

### **The Updated Colorado Medical Assistance Program Standard Provider Application is Now Available!**

The Department makes minor updates to the Provider Enrollment Application as needed. In November 2010, an addendum for Intermediate Care Facility for the Mentally Retarded (ICF/MR) was added to the application. This addition warranted a new revision date of November 2010 for the application. The November 2010 version is now available in the Provider Services Enrollment section of the Department's Web site. To download the application, go to [How to Become a Provider](#), click on your provider type and then select Go.

Effective March 1, 2011, the fiscal agent (ACS) will only accept the November 2010 version of the Provider Enrollment Application. The revision date is located on the bottom left side of the application pages. The fiscal agent will not process older versions of the enrollment application and will return them to the providers.

Please direct questions regarding the updated application to ACS Provider Services at 1-800-237-0757 or 1-800-237-0044.

### **Tax Season and 1099s**



Please don't forget to update your current provider enrollment information with the fiscal agent. By using the [Provider Enrollment Update Form](#), you can update your address, National Provider Identifier, license, email address, affiliations, and receive electronic notifications.

The form is available in [Enrollment for Existing Providers](#) in the Provider Services Enrollment section and under Other Forms in the Provider Services [Forms](#) section of the Department's Web site. With the exception of provider license information, the above updates may also be made through the Web Portal. Updated provider license information must be made using the [Provider Enrollment Update Form](#).

### **Electronic Only Notifications Coming Soon**

The Department wants to make sure that providers receive Colorado Medical Assistance Program communication as timely as possible while containing costs. One way we can do this is to communicate electronically.

Beginning in early 2011, provider bulletins will no longer be sent through the mail. This will save the State approximately \$50,000 per year. Bulletins are posted in the Provider Services [Provider Bulletins](#) section by the 2nd of every month and are available to providers at their convenience.

In addition, urgent and time-sensitive notices will be emailed assuring that providers get the message quickly and at the same time.

It is very important that you make sure that the fiscal agent has your current your email address. You can submit your email address by accessing the (MMIS) *Provider Data Maintenance* option through the Web Portal or by submitting a [Publication Email Preference Form](#) located under Other Forms in the Provider Services [Forms](#) section of the Department's Web site. You can correct or change an existing email address by using the same methods noted above.



Please look for more information in future provider bulletins.

*Please note that only **one** email address per provider number may be on file.*

### **December 2010 and January 2011 Holidays**

#### **Christmas Day Holiday**

The Christmas Day holiday will be observed on Friday, December 24, 2010. The processing cycle includes claims accepted before 6:00 P.M. on Thursday, December 23, 2010.

## **New Year's Day Holiday**



The New Year's Day holiday will be observed on Friday, December 31, 2010. The processing cycle includes claims accepted before 6:00 P.M. on Thursday, December 30, 2010.

Both holidays will delay the receipt of warrants and EFTs by one or two days. The State and ACS offices will be closed on Friday, December 24, 2010 and Friday, December 31, 2010.

Both will be open during regular business hours on December 27, 2010 and January 3, 2011.

## **Martin Luther King Day Holiday**

Due to the Martin Luther King Day holiday on Monday, January 17, 2011, claim payments will be processed on Thursday, January 13, 2011. The processing cycle includes claims accepted before 6:00 P.M. Mountain Time on Thursday. The receipt of warrants and EFTs will be delayed by one or two days.

Although State offices will be closed on Monday, January 17, 2011, ACS offices will be open during regular business hours.

## **Dialysis Providers**

### **Dialysis Billing Manual Update**

As of December 1, 2010, the Department has updated page 5 of the [Dialysis Billing Manual](#). This update explains that dialysis providers may bill non-routine drugs via the Colorado 1500 paper claim form or as an 837 Professional (837P) electronic transaction using the dialysis center provider number. This change is made to clarify that pharmacies may also bill for non-routine drugs which are dispensed from the pharmacy. If you have any questions, please contact Eric Wolf at [Eric.Wolf@state.co.us](mailto:Eric.Wolf@state.co.us) or at 303-866-5963.

## **Family Planning Services Providers**

### **Reimbursement Rate Increase for J7300**

Effective December 1, 2010, the maximum allowable reimbursement for Healthcare Common Procedure Coding System (HCPCS) code J7300 (intrauterine copper contraceptive) is \$465.00.

If you are purchasing this product through the federal 340B Drug Pricing Program, you must bill the Colorado Medical Assistance Program the actual acquisition cost plus shipping and handling. All other providers must bill their usual and customary charge for this item.



Please be advised that the fee schedule on the Department's Web site will not reflect this rate increase until the next updated fee schedule is issued in January 2011. Please contact Ginger Burton at [Ginger.Burton@state.co.us](mailto:Ginger.Burton@state.co.us) or 303-866-2693 with any questions.

## **Hospital Providers**

### **Additional Code for Prior Authorization**



Current procedural terminology code 43647, a general surgery procedure, will require prior authorization for service dates beginning December 1, 2010. There has been some misunderstanding about whether this code requires prior authorization; this notice is intended to eliminate any confusion. If you have any questions, please contact Eric Wolf at [Eric.Wolf@state.co.us](mailto:Eric.Wolf@state.co.us) or at 303-866-5963.

## **Nursing Facility Providers**

### **(Including ICF/MR, Hospital Back Up, and Swing Bed Providers)**

#### **2011 Social Security COLA**

Because there will be no Social Security cost of living adjustment (COLA) increases for 2011, it will not be necessary for nursing facilities and counties to complete AP-5615 forms for clients whose only source of income is a Social Security program. Nursing facilities should initiate AP-5615 forms only for clients that have sources of income other than Social Security or any client whose AP-5615 indicates expiration at the end of 2010. The Department will not process a COLA report for counties for 2011 and will not require counties to complete an AP-5615 unless the client meets the criteria requiring nursing facility initiation of an AP-5615.

## Pharmacy Providers

### Next P&T Committee Meeting

Tuesday, January 11, 2011

1:00 P.M. - 5:00 P.M.

This meeting will be held at 225 E. 16th Avenue, Denver, CO  
1st Floor Conference Room



### Preferred Drug List (PDL) Update

Effective January 1, 2011, the following medications will be preferred agents on the Medicaid PDL and will be covered without prior authorization:

#### **Targeted Immune Modulators for RA**

Enbrel and Humira

#### **Newer Generation Antidepressants**

bupropion, bupropion SR, citalopram, Effexor (brand), Effexor XR (brand), fluoxetine, fluvoxamine, mirtazipine, nefazodone, paroxetine, sertraline, and venlafaxine ER tablets.

Grand fathering will be approved for up to one year for clients stabilized on a non-preferred newer generation antidepressant if medically necessary. Please see PDL for individual drug criteria.

#### **Phosphodiesterase Inhibitors**

Adcirca and Revatio are preferred, but an indication of Pulmonary Hypertension must be documented.



#### **Endothelin Antagonists**

Letairis

#### **Prostanoids**

Veletri and generic epoprostenol

#### **Antiemetics**

ondansetron and Zofran (brand) tablets (non-ODT)

ondansetron suspension for children under 6

Please see PDL for criteria specific to Emend.

#### **Proton Pump Inhibitors**

Aciphex, lansoprazole 15mg OTC (currently available as Prevacid 24hr), generic omeprazole capsules (RX), Prevacid Solutab (for children under 6) and Prilosec OTC

#### **Triptans and Combinations**

Imitrex (brand) injection/nasal spray/tablets, generic sumatriptan tablets and Maxalt MLT

The complete Preferred Drug List (PDL) and prior authorization criteria for non-preferred drugs are posted on the [Preferred Drug List \(PDL\)](#) web page in the Pharmacy section of the Department's Web site.

For questions or comments regarding the PDL, please contact Jim Leonard at [Jim.Leonard@state.co.us](mailto:Jim.Leonard@state.co.us).

### DUR Board Updates

The Department is currently looking for qualified applicants to serve in a physician position on our DUR Board. The members of the DUR Board shall have recognized knowledge and expertise in one or more of the following:

1. The clinically appropriate prescribing of covered outpatient drugs.
2. The clinically appropriate dispensing of covered outpatient drugs.
3. Drug use review, evaluation, and intervention.
4. Medical quality assurance.

To submit a Curriculum Vitae (CV) or for additional information, please contact [Jim.Leonard@state.co.us](mailto:Jim.Leonard@state.co.us) or visit the [Drug Utilization Review \(DUR\) Board](#) Web page in the Pharmacy section of the Department's Web site.

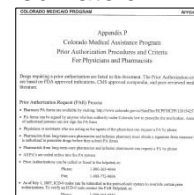
### Updates to Appendix P (Prior Authorization Criteria)

**Infused Targeted Immune Modulators for Rheumatoid Arthritis** – Remicade, Orencia and Rituxan will be approved for administration in the client's home or in a long term care facility if one of the following conditions is met:

- Client has a diagnosis of rheumatoid arthritis and has tried and failed therapy with Enbrel and Humira; or
- Client has an FDA approved diagnosis for Remicade, Orencia or Rituxan other than Rheumatoid Arthritis.

**Silenor (doxepin)** – Silenor will be approved for clients who meet one of the following criteria:

- Client has a contraindication to preferred oral sedative hypnotics (see PDL);
- There is medical necessity for a doxepin dose < 10 mg; or
- Client is over 65 years old or has hepatic impairment (3mg dose will be approved).



### Appropriate use of Proton Pump Inhibitors (PPI)

Vimovo will be approved for clients in the treatment of ankylosing spondylitis, osteoarthritis or rheumatoid arthritis who have also failed treatment with two Preferred PPIs in the last 24 months.

**PPI Quantity Limits** – Prior authorization will be required for proton pump inhibitor therapy beyond 100 days. Prior authorization will be approved for clients with Barrett's Esophagus, Erosive Esophagitis, GI Bleed, Hypersecretory Conditions (Zollinger Ellison), or Spinal Cord Injury clients with any acid reflux diagnosis. In addition, clients with documented continuation of symptomatic GERD or recurrent peptic ulcer disease who have documented failure on step down therapy to an H2-receptor antagonist (of at least two weeks duration) will be approved for up to one year of daily PPI therapy.

## Practitioners & Surgeons

### Synagis® Immune Globulin PAR Form

Some providers are having difficulty completing the new Synagis PAR form and a number of these PARs are pending for clarification. To reduce the number of pending PARs and help providers complete the form, we have attached completion instructions along with a diagram. Please see Attachment A of this bulletin.

### Additional Code for Prior Authorization

Current procedural terminology code 43647, a general surgery procedure, will require prior authorization for service dates beginning December 1, 2010. There has been some misunderstanding about whether this code requires prior authorization; this notice is intended to eliminate any confusion.

## December 2010 and January 2011 Provider Billing Workshops

### 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 December 2010 and January 2011 workshop calendars are included in this bulletin and are also posted in the Provider Services [Training](#) section of the Department's Web site.

### 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 1-800-237-0044

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

- |   |  |
|---|--|
| h Colorado Medical Assistance Program provider billing number | h The number of people attending and their names |
| h The date and time of the workshop                           | h Contact name, address and phone number         |

All this information is necessary to process your reservation successfully. Look for your confirmation by mail within one week of making your reservation.

If you have not received a confirmation within at least two business days prior to the workshop, 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 completion of the UB-04 and the Colorado 1500 paper claim forms.

*The Beginning Billing 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.*

### December 2010 and January 2011 Specialty Workshop Class Descriptions

#### 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

This class is for billers using the CO1500/837P claim format for the following services: adult day care, non-medical transportation, home electronics, home modifications and personal care. The class covers billing procedures, common billing issues and guidelines specifically for the following provider types:

HCBS-EBD      HCBS-PLWA      HCBS-MI

#### HCBS-DD

This class is for billers who bill on the CO1500/837P 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.

#### Hospice

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

#### Practitioner

This class is for providers using the CO-1500/837P 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			

### Provider Enrollment Application Workshop

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 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 **Welton St**, 0.5 mi

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

The Denver Club Building will be on the right



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

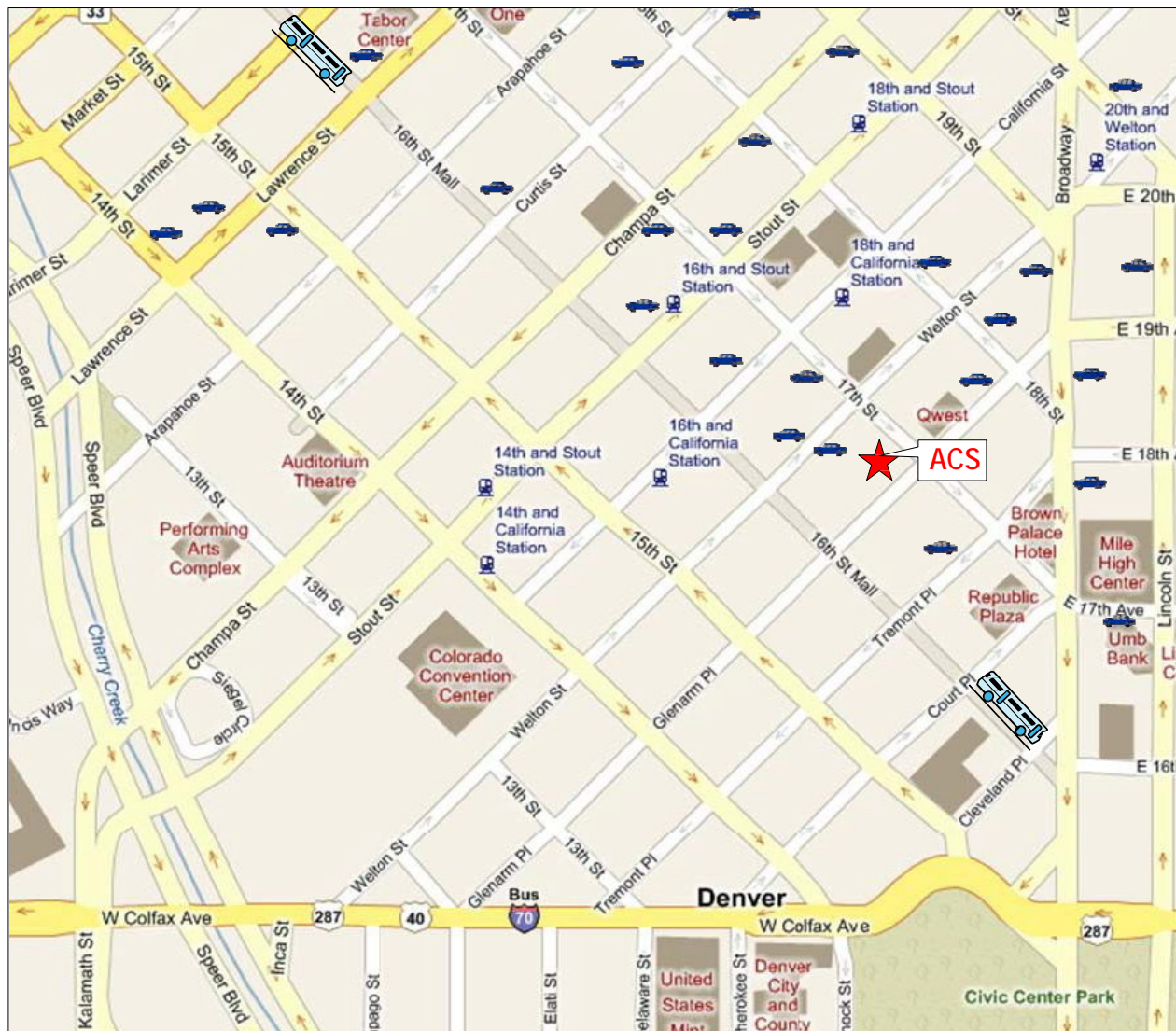
A Light Rail map is available at: [http://www.rtd-denver.com/LightRail\\_Map.shtml](http://www.rtd-denver.com/LightRail_Map.shtml)

 = Free MallRide

The 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 note:** WebEx trainings are **not** for providers on the Front Range.

Email all WebEx training reservations to [workshop.reservations@acs-inc.com](mailto:workshop.reservations@acs-inc.com).

A meeting notification containing the Web site, phone number, meeting number, and password will be emailed or mailed to providers who sign up for WebEx.

### December 2010

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13 Provider Enrollment 9:00 am-12:00 pm	14 Beginning Billing – CO -1500 9:00 am-11:30 am Web Portal 837P 1:00 pm-2:00 pm Practitioner 3:00 pm-4:30 pm	15 Beginning Billing – UB-04 9:00 am-11:30 am Web Portal 837I 1:00 pm-2:00 pm	16	17	18
19	20	21	22	23	24 <i>Christmas Observed</i>	25
26	27	28	29	30	31 <i>New Year's Observed</i>	

### January 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5	6	7	8
9	10	11 Beginning Billing – CO -1500 9:00 am-11:30 am Web Portal 837P 11:45 am-12:30 pm	12 Beginning Billing – UB-04 9:00 am-11:30 am Web Portal 837I 11:45 am-12:30 pm Hospice 1:00 pm-3:00 pm	13 Practitioner (WebEx) 9:00 am-12:00 pm	14 Beginning Billing – CO -1500 9:00 am-11:00 am HCBS-EBD 11:00 am-1:00 pm HCBS-BI 1:00pm-2:30 pm HCBS-DD 3:00 pm-4:30 pm	15
16	17 <i>Martin Luther King Day</i>	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

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

**ACS Provider Services at 1-800-237-0757 or 1-800-237-0044 (toll free).**

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

## Synagis PAR Instruction Sheet

1. Print a copy of the Colorado Medicaid Synagis Prior Authorization Request Form under Prior Authorization Request Forms in the Provider Services [Forms](#) section of the Department's Web site.
2. Check appropriate **submitted as** box (pharmacy **OR** medical).
3. Check appropriate **Delivery Location** box (physician office **OR** clients home).
4. Complete **all** boxes for the provider information **AND** the client Information **INCLUDING WEIGHT**.
5. Check the appropriate qualifying diagnosis box **AND** check the appropriate qualifying criteria underneath that box. You must also include the ICD-9 code that is appropriate.

**\*\*\*Please note that the first 6 boxes for qualifying diagnosis are for 5 monthly injections. The last qualifying diagnosis box is only for 3 monthly injections. Please DO NOT check criteria underneath both the 5 month and 3 monthly injections as your request will be pended for further clarification or the client may be approved for the lesser amount.**

6. If the client has one of the first 6 qualifying diagnosis but does not fit into one of the subcategories, please include the additional information in the additional justification at the bottom. Also include any notes and documentation that qualifies the client if they are outside the parameters.
7. The form must be signed and dated by the prescribing physician.

***Please see the diagram on the following page.***

Select only one

Select only one

Colorado Prior Authorization Form

Fax Requests to: 1-888-772-9696 (Forms need for approval) PA Help Desk: 1-800-365-4944

Submitted as: Medical for administering in office Pharmacy for administering in home

Delivery Location: Client's Home Physician's Office

Provider Information			Clients Information	
Requesting Physician			Client ID #	
Medicaid Provider#			Name	
NPI			Date of Birth	
DEA			Gender [ <input type="checkbox"/> Male [ <input type="checkbox"/> Female	
Phone			Current Weight	
Fax			Drug Strength 50mg [ <input type="checkbox"/> 100mg [ <input type="checkbox"/>	
Address			Quantity Requested (Doses)	
City	State	ZIP	Today's Date	
Billing Provider#			Dates of Service From	To

Comments/ Additional Justification:

Prior authorization will be approved for clients under the age of two at the start of the current RSV season, November 8<sup>th</sup>, 2010, who meet one of the following conditions:

Unless noted specifically, the following qualifying diagnoses qualify for up to five (5) monthly doses of Synagis:

Chronic Lung Disease (CLD; with one of the following clinical needs in last 6 months: ICD 9-CM Code: \_\_\_\_\_  
 Supplemental Oxygen  
 Regular use of inhaled or oral bronchodilator &  
 Recent use of corticosteroid therapy  
 Regular or intermittent use of diuretics to treat pulmonary disease.

Include appropriate ICD-9 Codes

Interstitial Lung Disease and/or Neuromuscular disease which impacts pulmonary function. ICD 9-CM Code: \_\_\_\_\_

Any infant or child under the age of 2 who has a diagnosis of congenital heart disease and meets one of the following criteria: ICD 9-CM Code: \_\_\_\_\_  
 Receiving medication to control congestive heart failure (diuretics, antihypertensives);  
 Suffering from moderate to severe pulmonary hypertension  
 Suffering from Cyanotic Heart Disease.

Any infant up to 6 months of age, born 29 to less than 32 weeks gestation. ICD 9-CM Code: \_\_\_\_\_

Any infant up to 12 months of age, born at 28 weeks or less gestation. ICD 9-CM Code: \_\_\_\_\_

Infants up to 2 years of age with hemodynamically significant heart disease defined as having one or more of the following:  
 ICD 9-CM Code: \_\_\_\_\_  
 Infants receiving medication to control congestive heart failure;  
 Infants with moderate to severe pulmonary hypertension; or  
 Infants with cyanotic heart disease.

Any infant younger than 3 months of age at the start of the RSV season, born from 32 weeks to less than 35 weeks gestation who also meets one of the following risk factors.  
 ICD 9-CM Code: \_\_\_\_\_  
 Currently attends day care;  
 Having a sibling younger than 5 years of age;  
 Having Congenital abnormalities of the airway; or  
 Having a neuromuscular condition that compromises handling of respiratory secretions.  
 Up to three (3) monthly doses will be approved or until the child reaches 3 months of age.

Include additional justification here

If not meeting the above conditions, note reason below (e.g. child is over 2 years old) Comments/ Additional Justification:

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Internal use only If PAR is for pharmacy please use Therapeutic Class W5D to W5D, if PAR is for medical please use CPT Code 90378.

Include Prescribing physician signature and date.