Provider Bulletin

colorado.gov/pacific/hcpf

Reference: B1200320

April 2012

ACS
A xerox Company

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

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

ColoradoPAR Program PARs
www.coloradopar.com

**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...?

With the exception of HCBS PARs, providers should contact ColoradoPAR for the following:
- To inquire about procedure codes that require a PAR;
- To have a PAR letter resubmitted;
- PAR numbers once assigned by the fiscal agent; and
- To see if a PAR has been approved or denied.

Please contact ColoradoPAR at 1-888-454-7686 for answers to your PAR questions. For HCBS PAR information, please continue to contact the fiscal agent, ACS.

All Providers

Proof of Medicaid Eligibility Letter

Some Medicaid client's eligibility cannot be electronically verified due to system issues. System edits take time to implement and in some cases, client eligibility updates may not be available at the time of service. The Department of Health Care Policy and Financing (the Department) is requesting providers' cooperation to ensure clients receive the medical services required.

In the past, affected clients were issued a letter known as a "**Notice of Action (NOA)**". The NOA has been replaced with a "**Proof of Medicaid Eligibility**" letter. The letter allows Medicaid providers to receive payment for services for *eligible* clients when eligibility cannot be verified electronically. Providers must attach the Proof of Medicaid Eligibility letter and submit paper claims to the fiscal agent, ACS, for Medicaid-covered charges. Please refer to Attachment A of this bulletin for a current sample of the letter.

For the Provider:

Whenever a patient's eligibility inquiry shows as ineligible for benefits via the Colorado Medical Assistance Program Web Portal (Web Portal), Phone, or Fax-Back eligibility systems, direct the client to their Medicaid eligibility worker for assistance. The worker will initiate a request that a Proof of Medicaid Eligibility letter be sent to the client and/or directly to the provider.

The letter will provide official confirmation of the client's eligibility status and provide detailed instructions about how to file the claim.

It is important to remember the following:
- Always keep a copy of this letter in the client's file(s) and suggest the client do the same;
- Note the client's status in billing records – clients may not be billed for charges covered by Medicaid;
- Preserve timely filing status: Submit the initial claim (paper claim and attachments) within 120 days of the date of service and resubmit within 60 days thereafter if there are deficiencies, etc.

Please email medicaid.eligibility@hcpf.state.co.us for more information, additional questions, and concerns.

Colorado Registration and Attestation System (CO R&A)

As of March 5, 2012, the CO R&A has begun accepting attestations for eligible professionals and hospitals in Colorado to receive Medicaid Electronic Health Record (EHR) Incentive payments for adopting Certified EHR Technology.

The CO R&A can be accessed through the Colorado Provider Outreach page at http://co.arraincentive.com. The Colorado Provider Outreach page also houses important information, checklists and workbooks in the "Let's Get Started" link that will help eligible providers prepare their attestation information for a more timely and accurate attestation process once in the CO R&A. Please note that in order to create a login for the CO R&A, eligible professionals and hospitals must have registered with the Centers for Medicare and Medicaid Services (CMS) EHR Incentive Program Registration and Attestation Site at https://ehrincentives.cms.gov/hitech/login.action. This link can also be found on the Colorado Provider Outreach page.

The Department has partnered with the Colorado Regional Health Information Organization (CORHIO) and the Colorado Regional Extension Center (CO-REC) program to provide program coordination and assist with provider communications and outreach regarding the Medicaid EHR Incentive Program. The Medicaid EHR Incentive Program Coordinator will be the central point of contact for eligible providers, partners, and other interested parties on requirements, processes, and questions regarding the Medicaid EHR Incentive Program. Feel free to contact Betsy Baker, Medicaid EHR Incentive Program Coordinator, at MedicaidEHR@corhio.org or 720-285-3232.

Nurse Advice Line

Please remind clients that the Nurse Advice Line is available 24 hours a day, 7 days a week at 1-800-283-3221. This is a triage call that is answered by a nurse to help clients determine the best level of care needed.

ColoradoPAR Program

As of February 1, 2012, the ColoradoPAR Program processes Prior Authorization Requests (PARs) for the following benefits:

- Audiology
- Durable Medical Equipment (DME)/Supply- All (including repairs)
- Diagnostic imaging– limited to non-emergency Computed Tomography (CT) Scans and Magnetic Resonance Imaging (MRI), and all Positron Emission Tomography (PET) Scans
- Medical/surgical services
- Reconstructive surgery
- Second surgical opinions
- Physical and occupational therapy (PT/OT) services
- Transportation
- Out-of-state non-emergency surgical services
- Organ transplantation
- Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Extraordinary Home Health
- Vision, including contact lenses

Attention Private Duty Nursing (PDN) Providers

On March 19, 2012, ColoradoPAR began processing PDN PARs. PDN providers should no longer send PARs to Ascend Management. Ascend Management will forward any PARs they receive to the ColoradoPAR Program until April 1, 2012. After April 1, any PAR sent to Ascend Management will not be processed.

The preferred method for PAR submission is electronically through the ColoradoPAR Web Portal, CareWebQI. Provider registration is required for electronic submission. Registration and submission instructions are available at coloradopar.com.

PARs may also be submitted to ColoradoPAR via fax to 1-866-492-3176. Please contact ColoradoPAR with any questions at 1-888-454-7686.

Training for CareWebQI

CareWebQI is a streamlined way to get PARs approved in real time. The ColoradoPAR Program provides CareWebQI training via WebEx every Wednesday at 1:00 P.M. Mountain Standard Time. Please be sure to log on prior to the online training to ensure the correct software is available for reviewing the presentation.

For technical assistance with using the WebEx, please call 1-866-863-3910 **or** visit the attend-a-meeting Web page at https://www.webex.com/login/attend-a-meeting and for more information.

Trainers are also available to provide training at the provider's office. If interested, please send an email to the ColoradoPAR Program at RES_ColoradoPAR@apsealthcare.com.

Feel free to visit coloradopar.com for more information, including updated training and schedules, training registration, username and password registration and to get on board with CareWebQI.

Reminder: PAR letters that contain PAR numbers used for billing the Colorado Medical Assistance Program can also be obtained through the Web Portal File and Report Service (FRS) within a few days of submission to ColoradoPAR.

PT/OT Prior Authorization Requests

For all PT and OT PARs, continue to attach the paper PAR form as well as submit through CareWebQI to ensure that all the data is being submitted. When submitting through CareWebQI, please be sure to add the number of requested units and dates of service. PAR reviews will take longer to process when information is missing. Please contact the ColoradoPAR Program at 1-888-454-7686 with questions.

Memorial Day Holiday

Due to the Memorial Day holiday on Monday, May 28, 2012, claim payments will be processed on Thursday, May 24, 2012. The processing cycle includes claims accepted by Thursday before 6:00 P.M. Mountain Time. The receipt of warrants will be delayed by one or two days. State, ACS and ColoradoPAR Program offices will be closed on Monday, May 28, 2012. Offices will re-open for business on Tuesday, May 29, 2012.

Ambulatory Surgical Centers (ASCs) and Dialysis Treatment Centers (DTCs)

Ambulatory Surgical Centers (ASCs) and Dialysis Treatment Centers (DTCs) Policy Statements

The Department has published written policy statements for ASCs and DTCs, to clarify available services, which will be effective May 1, 2012.

The ASCs' policy clarifies ambulatory surgery center requirements. The DTCs' policy clarifies services reimbursed by the Department and the clients who are eligible for them. To view these policies, please visit the Committees, Boards, and Collaboration section of the Department's Web site, click on Benefits Collaborative, and click on Benefits Collaborative Meeting Schedule towards the bottom of the page. Once approved, please visit the Approved Benefit Coverage Standards page.

The ASCs and DTCs policies, which were approved by the State Medicaid Director in March 2012, were developed with the participation of providers and other stakeholders using the Department's Benefits Collaborative process.

For information regarding billing codes, prior authorizations, and other billing instructions, please refer to the specific billing manuals in the Provider Services Billing Manuals section.

If you have questions about the ASCs' and/or DTCs' policies, please contact Dana Batey at Dana.Batey@state.co.us or 303-866-3852.

Mental Health Providers

Depression Screening

The Colorado Medical Assistance Program covers depression screening for adolescents aged 11 – 20, using a standardized, validated depression screening tool (i.e., PHQ-9, Columbia Depression Scale, Beck Depression Inventory, Kutcher Adolescent Depression Scale, etc.) at the child's periodic visits.

Limitations:

- One (1) screen per year for adolescents aged 11 – 20 years
  - Post-Partum Depression Screening: providers may choose to screen adolescent clients for post-partum depression as part of the client's annual depression screen. However, post-partum depression screening is a non-covered benefit for Medicaid clients aged 21 and over.

Providers should report Current Procedural Terminology (CPT) code 99420, "Administration and interpretation of health risk assessment instrument (e.g., health hazard appraisal)," when providing depression screens.

To report a positive screen, **use diagnosis code V40.9**

To report a negative screen, **use diagnosis code V79.8**

For additional information, please refer to the Developmental/Depression Screening Policy Statement by visiting the Committees, Boards, and Collaboration section of the Department's Web site and choose Benefits Collaborative and click on the Approved Benefit Coverage Standards option toward the bottoms of the page. Please contact Sheeba Ibidunni at Sheeba.Ibidunni@state.co.us or 303-866-3510 with any questions. The Department's Healthy Living page also contains helpful information about this benefit. Click on the Healthy Living tab on the main page of the Department's Web site. For questions concerning the Healthy Living page, please contact Lisa Waugh at 303-866-2029.

Outpatient Hospital Providers

Outpatient Hospital Prior Authorization for Non-Emergent Computed Tomography (CT), Non-Emergent Magnetic Resonance Imaging (MRI), and all Positron Emission Tomography (PET) Scans

Beginning April 1, 2012 the Colorado Medical Assistance Program will require all outpatient hospitals to obtain PARs for non-emergent CT, non-emergent MRI and all PET scans. Emergency room, observation, and hospital inpatient imaging procedures do not require prior authorization at this time. Please refer to the March 2012 Outpatient Radiology Provider Bulletin (B1200318) for more information.

Physical Therapy Providers

Hippotherapy Coverage

After reviewing the clinical evidence, the Department's Chief Medical Director, Dr. Judy Zerzan, has recommended that the Department maintain its existing hippotherapy policy as clarified in the October 2011 Provider Bulletin (B1100306). Hippotherapy is not a covered service for Medicaid clients unless the client is receiving services through a Home and Community Based Services (HCBS) waiver.

The Department is required to use a medical necessity standard when evaluating whether or not to cover a service. After reviewing the information sent by therapy providers, along with the available evidence on the clinical efficacy of hippotherapy, the Department has concluded that this service is considered experimental, and that there is insufficient evidence to show that hippotherapy is medically necessary. This, together with the restrictive fiscal environment and difficulty in adding new services, has led the Department to maintain its existing policy on excluding hippotherapy as a covered benefit.

The Department is able to offer hippotherapy through both its Supported Living Services (SLS) and Children's Extensive Support (CES) HCBS waiver programs. The population using the service is well- defined and identified as one that benefits from hippotherapy, and the benefit is designed to work together with the other benefits in the waiver to help clients with disabilities avoid institutional care and remain in their communities. For more information on waivers, please click here to review the Department's Long Term Care (LTC) – HCBS Waivers page.

The Department will periodically review the clinical literature on hippotherapy as it becomes available, and re-evaluate coverage of hippotherapy for non-waiver Medicaid clients.

Please contact Amanda Belles at Amanda.Belles@state.co.us or 303-866-2830 with questions.

Podiatry Providers

Podiatry Services Policy Statement

The Department has published a written draft of the Podiatry Services policy to clarify this service, effective May 1, 2012. The Podiatry Services policy clarifies the podiatry services reimbursed by the Department and the clients who are eligible for them.

To view the drafted policy, please visit the Committees, Boards, and Collaboration section of the Department's Web site, click on Benefits Collaborative, and click on Benefits Collaborative Meeting Schedule towards the bottom of the page. Once approved, please visit the Approved Benefit Coverage Standards page.

The Podiatry Services policy, which was approved by the State Medicaid Director in March, was developed with the participation of providers and other stakeholders using the Department's Benefits Collaborative process.

For information regarding billing codes, prior authorizations, and other billing instructions, please refer to the billing manual in the Provider Services Billing Manuals section.

Questions about the Podiatry Services policy can be directed to Richard Delaney at Richard.Delaney@state.co.us or 303-866-3436.

Pharmacy Providers

Pharmaceutical Drug Reimbursement Methodology Surveys

Thanks to all the pharmacies that participated in Mercer's surveys for Cost of Dispensing and Acquisition Cost. As Mercer completes their analysis, the Department is planning a presentation for their results. Please see the Department's Pharmacy Web page for details and dates.

National Provider Identifiers

Please note that prescriber National Provider Identifier (NPI) should be reported on each claim when billing Medicaid Pharmacy claims.

Next Pharmacy & Therapeutics (P&T) Committee Meeting

Tuesday, April 10, 2012
1:00 P.M. - 5:00 P.M.

This meeting will be held at:
225 E. 16th Avenue
Denver, CO 80203
1st Floor Conference Room

Preferred Drug List (PDL) Update

Effective April 1, 2012, all preferred Alzheimer's Agents will require a prior authorization for clients without a dementia diagnosis in the past two years. Namenda is now listed as preferred product in this class. The complete PDL is posted in the *For Our Providers* section under *Provider Services* and *Forms* in the Pharmacy section. For questions or comments regarding the PDL, contact Robert Lodge at Robert.Lodge@state.co.us.

Prior Authorization Updates

New prior authorization criteria have been posted in Appendix P for Lyrica. Beginning May 1, 2012, Medicaid clients with no epilepsy diagnosis in the last two years will require prior authorization for Lyrica prescriptions requiring more than 3 capsules per day or for prescriptions requiring doses greater than 600mg per day. The complete Appendix P is posted on the Pharmacy Prior Authorization Policies section under *Forms* in *Provider Services.*

April and May 2012 Provider Billing Workshops

Provider Billing Workshop Sessions

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

The April and May 2012 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 for all workshops

Email reservations to:
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:

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

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

Reservations will only be accepted until the Friday before the training workshop to ensure there is space available.

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 presented in Denver are held 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.

Classes do **not** include any hands-on computer training.

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.

April and May 2012 Specialty Workshop Class Descriptions

Dental

The class is for billers using the 2006 ADA paper claim form. The class covers billing procedures, claim formats, common billing issues and guidelines specifically for the following provider types: Dentists, Dental Hygienists

DME/Supply

This class is for billers using the Colorado 1500/837P claim format. The class covers billing procedures, common billing issues, and guidelines specifically for Supply/DME providers.

FQHC/RHC

This class is for billers using the UB-04/837I and Colorado 1500/837P format. The class covers billing procedures, Encounter Payments, common billing issues and guidelines specifically for FQHC/RHC 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.

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.

Pediatric HH PAR Workshop

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

Practitioner

This class is for providers using the Colorado 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

Transportation

This class is for emergency transportation providers billing on the Colorado 1500/837P and/or UB-04/837I formats. The class covers billing procedures, common billing issues, and guidelines specifically for Transportation providers.

Web Portal

Web Portal classes provide an overview of the Colorado Medical Assistance Program Web Portal, a description of its functions and contact and support information.

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 **Welton St.**, 0.5 miles.

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 17th Street (Glenarm is a two-way street).

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.

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.
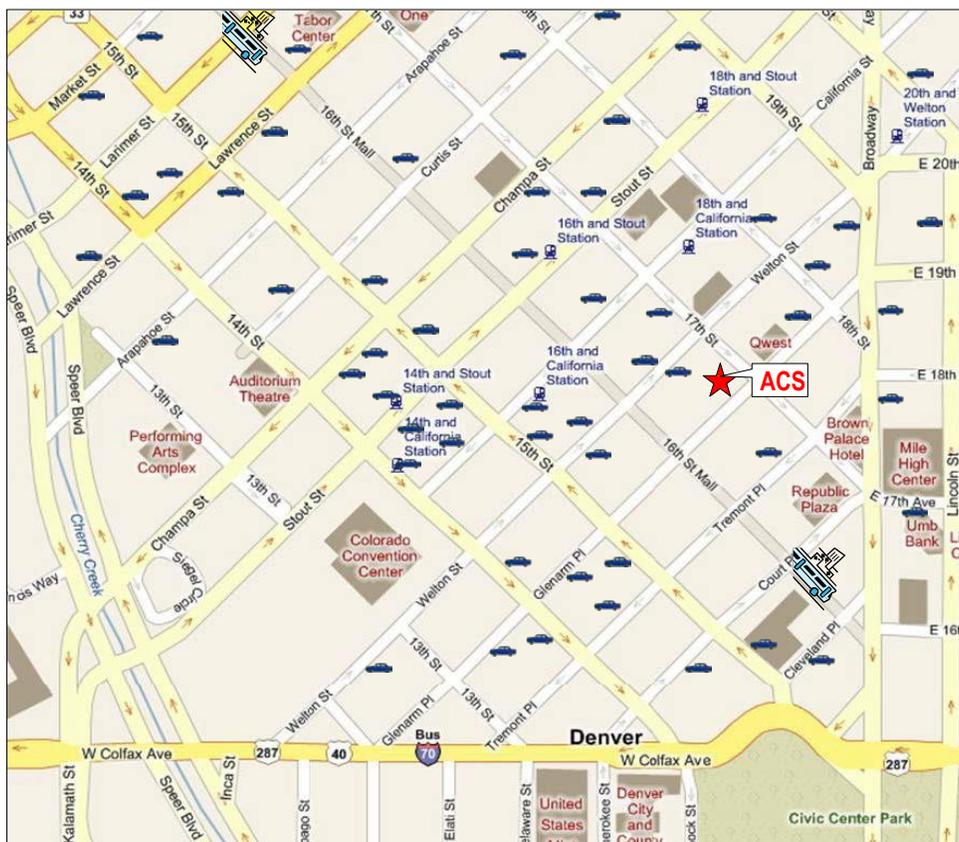
Please note: Email all WebEx training reservations to workshop.reservations@acs-inc.com.

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.

April 2012

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11 Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 PM FQHC/RHC 1:00 PM-3:00 PM	12 Home Health 9:00 AM-10:30 PM WebEx - Practitioner 1:00 PM-4:00 PM	13 Beginning Billing – CO -1500 **and** Basic Billing - Waiver Providers 9:00 AM-11:30 AM Web Portal 11:45 AM-12:30 PM Transportation 1:00 PM-3:00 PM	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May 2012

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM	9 Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 PM Nursing Facility 1:00 PM-3:00 PM	10 DME/Supply Billing 9:00 AM-11:00 AM	11 Dental 9:00 AM-11:00 AM Web Portal 11:15 AM- 12:00 PM Pediatric HH 1:00 PM-3:00 PM Home Health 3:00 PM-4:30 PM	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28 *Memorial Day Holiday*	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.
Please remember to check the Provider Services section of the Department's Web site at:
colorado.gov/pacific/hcpf

COLORADO DEPARTMENT OF HEALTH CARE POLICY & FINANCING

1570 Grant Street, Denver, CO 80203-1818 ◉(303) 866-2993 ● (303) 866-4411 Fax ●(303) 866-3883 TTY

John W. Hickenlooper, Governor ● Susan E. Birch MBA, BSN, RN, Executive Director

PROOF OF MEDICAID ELIGIBILITY
IMPORTANT INFORMATION - DO NOT THROW THIS AWAY

Date

Client info

This notice proves that you are eligible for Medicaid.

Your benefits cannot be verified electronically. Take this notice with you to medical appointments and pharmacies until your eligibility can be verified through the automated verification systems.

PROVIDERS AND PHARMACIES
PAYMENT FOR MEDICAID SERVICES IS GUARANTEED WITH THIS LETTER FOR THE EFFECTIVE DATES BELOW. PLEASE SEE BILLING INSTRUCTIONS ON THE BACK OF THIS NOTICE.

The following person is eligible for Medicaid Benefits:

Name:

                                        State ID:

Effective: thru

Authorizing Eligibility Site: CBMS Case Number:

APPROVED ASSISTANCE:

☐ **Full Medicaid**   ☐ **Medicaid-No prescription assistance**

AUTHORIZED SIGNATURE _____ **TEL:** 303-866-_____

We are here to help during normal business hours (Monday-Friday from 8:00 am to 5:00 pm). If you have any questions regarding this notice, please call the person listed above for assistance.

Medicaid Provider Instructions:

You must bill Medicaid for charges incurred for this Medicaid-eligible client in accordance with Colorado state law, C.R.S. 25.5-4-301. You may not bill the client for charges covered by Medicaid.

1. Make two copies of this letter and return the original to the client.
2. Keep one copy for your records as proof of eligibility verification.
3. Attach the second copy to a paper claim and submit both sheets to be adjudicated by the fiscal agent, ACS.
4. Use the eligibility information printed on this notice to fill in the paper claim.

Medicaid eligibility is guaranteed with this letter for the client and effective dates provided on this notice. The client's eligibility cannot currently be verified through the eligibility verification system. If you have billing questions, please call Medicaid Provider Services at 1-800-237-0757. If you have questions about this letter, please contact the person listed on the front of this notice during business hours.

Pharmacy Instructions:

You must bill Medicaid for charges incurred for this Medicaid-eligible client in accordance with Colorado state law, C.R.S. 25.5-4-301. You may not bill the client for charges covered by Medicaid.

1. Check for current Medicaid eligibility for the client in the pharmacy eligibility system. If the client shows as Medicaid eligible, bill Medicaid for the charges. If the client does not show as Medicaid eligible, proceed to #2.
2. Contact the person listed on the front of this letter. Help is available during normal business hours. Medicaid spans in the pharmacy system may be reopened in most cases.
3. If you cannot verify current eligibility and it is outside of normal business hours, please distribute a 72 hour supply of emergency medication to the client, as needed, and contact us during business hours to arrange for payment by Medicaid.

Medicaid eligibility is guaranteed with this letter for the client and effective dates provided on this notice. The client's eligibility cannot currently be verified through the eligibility verification system. If you have billing questions, please call Medicaid Provider Services at 1-800-237-0757. If you have questions about this letter, please contact the person listed on the front of this notice during business hours.