# Provider Bulletin

**Reference: B1200321** **May 2012**

colorado.gov/pacific/hcpf

**In this issue:**




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...?**

There are different ways to obtain information about a PAR. Please refer to the Accessing PAR Information Quick Sheet under Web Portal Quick Sheets and Job Guides in the Provider Services Colorado Medical Assistance Program Web Portal section for more information.

The Pharmacy D.0 Payer Sheets for Colorado Medicaid are located in the Pharmacy Billing Manual in the Billing Manuals section.

## All Providers

### Colorado Access Expansion

The Colorado Department of Health Care Policy and Financing's (the Department) Child Health Plan *Plus* (CHP+) Program is happy to announce the expansion of Colorado Access into two additional counties effective July 1, 2012. The additional counties are El Paso and Teller. The expansion into the two additional counties will increase the services that will be available to Colorado's CHP+ participants. Colorado Access will be the Primary CHP+ plan in both counties, with the State Managed Care Network providing the Pre-HMO and pre-natal benefits. Please contact Teresa Craig at Teresa.Craig@state.co.us or 303-866-3586 with questions.

### ColoradoPAR

**Dental, Orthodontic, and Home Health Providers**

- Beginning July 1, 2012, the ColoradoPAR Program will start processing Dental, Ortho and 20 and under-only Home Health PARs. Please use the CareWebQI portal to submit PARs to the ColoradoPAR Program.

Reminder: the ColoradoPAR Program processes 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
- EBI Bone Stimulator
- Second surgical opinions
- Physical and occupational therapy services
- Transportation
- Out-of-state non-emergency surgical services
- Organ transplantation
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Extraordinary Home Health
- Private Duty Nursing
- Vision, including contact lenses

**Online PAR Processing with CareWebQI**

Please continue to use the ColoradoPAR Program CareWebQI online portal to submit PARs to the ColoradoPAR Program.

PARs submitted through CareWebQI have faster processing times and allow for greater continuity of care. Submitting PARs through the CareWebQI portal allows the medical review staff to see medical documentation quickly and provide a decision faster than using faxed documents. All PARs will continue to be processed in a timely manner regardless of their submission method.

**Message Section on CareWebQI**

ColoradoPAR uses a message section in CareWebQI to communicate with providers. Please check the message section before calling for information, as ColoradoPAR uses this message to communicate to users. For help using the message section, please visit www.coloradopar.com/carewebqi/carewebqi-access.

**Training on CareWebQI**

If users need training for CareWebQI, visit Coloradopar.com for more information, including updated trainings and schedules. The ColoradoPAR Program offers CareWebQI training every Wednesday at 1:00 p.m. Mountain Standard Time. Trainers are also available to provide training at the provider's office. If interested, please contact ColoradoPAR Program at RES_ColoradoPAR@apsealthcare.com.
For WebEx trainings, please be sure to log on prior to the scheduled time for online training to ensure correct software is available for viewing the presentation. For technical assistance with using the WebEx, please call 1-866-863-3910 ***OR*** see https://www.webex.com/login/attend-a-meeting for more information.

## Important Accountable Care Collaborative (ACC) Program and Eligibility Portal Update

*The ACC is Medicaid's new program to improve client health and contain costs. Medicaid clients enrolled in the ACC receive full Medicaid benefits. Medicaid clients also belong to a Regional Care Collaborative Organization, or RCCO, that provides care coordination among providers and other community and government services.*

When eligibility is checked through the Colorado Medical Assistance Program Web Portal for a client who has been enrolled into the ACC, the eligibility screen will show (1) that the client is a member of the ACC Program; (2) the RCCO that the client belongs to; and (3) the client's Primary Care Medical Provider (PCMP).

ACC members who do not have a PCMP will have the RCCO name listed in the PCMP space. In other words, for ACC members who do not have a PCMP, the RCCO name will appear twice.

It is important for all clients to have a PCMP. Please encourage clients to contact HealthColorado (Denver Metro area: 303-839-2120; Outside of Denver; 1-888-367-6557; TDD: 1-888-876-8864) to select a PCMP or provide them with the fax enrollment form.

Feel free to contact Kathryn Jantz Kathryn.Jantz@state.co.us or 303-866-5972; Greg Trollan Greg.Trollan@state.co.us or 303-866-3674; or Leslie Weems Leslie.Weems@state.co.us or 303-866-3393 with any questions.

## Medicaid Buy-In Program for Children with Disabilities

The Medicaid Buy-In Program for Children with Disabilities (Children's Buy-In) is being prepared for implementation! This program is part of the Colorado Health Care Affordability Act and is funded by the Hospital Provider Fee.

Beginning July 1, 2012, the Children's Buy-In Program will be an option for children with a disability to receive health care coverage. Eligible families will 'buy-into' Medicaid benefits for their child by paying a monthly premium based on their income.

To learn more about the Children's Buy-In Program and how to help families apply, please register to attend one of the Children's Buy-In outreach sessions that are being held in early May 2012. **Locations and registration information will be posted on the Department Web site at: *colorado.gov/pacific/hcpf* > *Training Events* > *Children's Buy-In Program outreach sessions*.**

## Colorado Medical Assistance Program Web Portal (Web Portal) Updates

**New Web Portal Web-based Trainings (WBTs) Available**

Two new WBTs have been created and are now available under the **Web Portal Training** menu option in the Web Portal.

- The **Eligibility User Training** WBT module provides instruction on how to use the Web Portal to create both batch and interactive eligibility inquiry transactions. The module also explains how to understand the batch and interactive eligibility responses received from the Medicaid Management Information System (MMIS).
- The **File and Report Service (FRS) User Training** WBT module walks the user through the FRS functionality in the Web Portal. This module includes instructions on how to search for reports by name and date and how to batch download multiple reports. The training also provides a list of reports that users may be able to receive through the Web Portal FRS, depending on the settings for their Trading Partner ID.

All of the new Web Portal WBT modules are designed to be interactive and engaging for users. Some of the slides in the training will advance automatically, and some require user interaction in order to move forward, such as clicking on a particular highlighted section or menu option of the screen when prompted. As the new training modules are reviewed, and it's found that the slide is not advancing, or the playback of the presentation has stopped, review the content on the screen to determine if there is an area of the slide that needs to clicked to advance the presentation. Also, remember to look at the bottom of the screen to see if the **Next** button is glowing, which indicates the presentation needs to be advanced. This feature allows users to save the training modules to their personal computer or print them for future reference. Additional work will continue to complete new WBT modules for all three claim types (Professional, Institutional, and Dental), as well as the Prior Authorization Request (PAR) Inquiry. These trainings are planned to be completed by July 2012.

## Use of Scripting in Web Portal

The Department's staff has become aware of an increasing trend in the use of scripting through the Web Portal by users and Trading Partners in order to automate business processes. The use of scripting is against Department security protocols, and the Web Portal is not designed for the support of such processes.

### System Use and Capability

The Web Portal and its functionality, including the option for batch submission of eligibility inquiry transactions, were designed as an interactive application/system to be used in real-time by individual users. Each transaction (such as claims, eligibility inquiry, and PAR inquiry) is created with the information that the user enters into the fields on the Web Portal. Upon submission by the user, the Web Portal incorporates additional behind-the-scenes information into the transaction that is necessary for the MMIS to recognize the transaction and process it properly. When a user creates a script to automate any of the interactive processes in the Web Portal, there is a significant risk of bypassing the behind-the-scenes process that the Web Portal completes for each user-submitted transaction. In addition, the volume of transactions that can be created through a scripted process is greater than the volume of transactions a user can submit interactively, which can create processing slowness for all users on the system. The Web Portal was designed according to a transaction processing load that would be generated by interactive users. It does not have performance parameters set to also accommodate the increased transaction volume that would be created through a scripted process.

### Department Security Protocols for Interactive Systems

Use of the Web Portal, including the process for logging into the system, was also designed to be an interactive process completed by an individual using his/her personal and unique User Name and password. Use of an automated process to log into the Web Portal violates Department security policies because it creates a gap in the authentication process. If the system that is being used to automatically log into the Web Portal and complete transactions without user intervention becomes compromised, it creates the possibility of unauthorized entities being able to access the protected client data that is available through the Web Portal. Beyond violating the access policies, use of scripting mimics the same logon characteristics would be expected from an attempt to hack the Web Portal directly. This makes it difficult for the Department to identify authentic attempts to illegally gain access to the Web Portal and ensure security protocols are updated to insulate the system from such attacks.

**Options for Automated Submissions**

The Department does have two available options for providers/Trading Partners wishing to automate their transaction submission processes – the Electronic Data Interchange (EDI) submission process and the switch vendor process.

Neither of these options involves the Web Portal. Both of these options are facilitated through the fiscal agent, ACS. Additional information on these approved automated submission processes can be found on the Department's Web site, colorado.gov/pacific/hcpf, under Provider Services in the EDI Support section. There is

also contact information for providers/Trading Partners who have questions on setting up their automated processes in a manner that complies with the Department's security policies.

**Follow Up Actions**

Providers who are aware that their users, Trading Partners, or billing agents/clearinghouses are utilizing a scripted process through the Web Portal are encouraged to share this information with the users and advocate for the transition of such automated process to the proper system. The Web Portal transaction and login reports are being monitored for system behaviors that are indicative of a Trading Partner/user employing a scripted process. Users who continue to operate through the Web Portal using scripted processes will immediately have their access revoked.

### 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.


## Children's Medical Home Providers

### Pay-for-Performance Reimbursement

The Department will continue to pay the current pay-for-performance reimbursement to all Children's Medical Home providers. This includes those who are participating as PCMPs in the ACC Program, through 2013.

The Department had originally planned to discontinue Children's Medical Home pay-for-performance reimbursements in July 2012 and transition these providers to per-member-per-month payments under the ACC Program. However, the Department is planning to work with the ACC's and Children's Medical Home providers during 2012-13 to determine the best way to integrate the two programs.

In preparation of greater alignment between the two programs, the Department encourages all Children's Medical Home providers to contact the RCCO in their region to become a primary care medical provider in the ACC Program. The Department also encourages these providers to participate in ACC Advisory Committee discussions about integration of the programs. Please contact Kathryn Jantz at Kathryn.Jantz@state.co.us or 303-866-5972; Greg Trollan at Greg.Trollan@state.co.us or 303-866-3674; or Leslie Weems at Leslie.Weems@state.co.us or 303-866-3393 with any questions.

## Hospice Providers

### Hospice Services Benefit Coverage Standard

The Department will publish a written Hospice Services Benefit Coverage Standard to clarify this service, which is effective June 1, 2012.

The Hospice Services coverage standard clarifies the hospice services reimbursed by the Department, the requirements and expectations of the Department, and the clients who are eligible for hospice services. To view this policy, please visit the Committees, Boards, and Collaboration section of the Department's Web site, click on Benefits Collaborative, and click on Approved Benefit Coverage Standards towards the bottom of the page.

side of the screen. The Hospice Services coverage standard, which was approved by the State Medicaid Director in April 2012, 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 to the Hospice billing manual in the Provider Services Billing Manuals section of the Department's Web site.

If you have questions about the Hospice Services coverage standard, please contact Guin Blodgett at Guinevere.Blodgett@state.co.us or 303-866-5927.

# Hospital Providers

## Hepatitis B for Newborns

All babies should receive a birth dose of hepatitis B before hospital discharge.* When given to infants, a hepatitis B birth dose prevents chronic hepatitis B infections and promotes timely completion of all childhood vaccinations. In 2011, only 74% of Medicaid eligible newborns received the vaccine. The Colorado Medical Assistance Program reimburses the cost of administering the hepatitis B birth dose (90744) and the Vaccines For Children (VFC) Program covers the cost of the vaccine. The vaccine can be obtained for free by enrolling in the VFC Program through the Colorado Department of Public Health and Environment (CDPHE).

Only nine hospitals are currently enrolled in the VFC Program. Providers who are not enrolled in the VFC Program may be paying for hepatitis B vaccine that the program can provide to the facility for all Medicaid eligible infants.

Contact Nicole Ortiz or Deb Zambrano at 303-692-2650 for more information about the VFC Program.

*U.S. Centers for Disease Control and Prevention

American Academy of Family Physicians
American Academy of Pediatrics
American Association for the Study of Liver Diseases
Infectious Diseases Society of America

# Waiver Providers

## Home and Community Based Services (HCBS) Non-Medical Transportation (NMT) Providers

### New Procedure Code Implementation

Providers who provide HCBS NMT, please note that the PAR form has been revised to reflect new Non-Medical Transportation procedure codes. The revised PAR form is effective for dates of service beginning July 1, 2012. Revisions to the PAR add four new procedure codes for NMT. The new procedure codes reflect the type of vehicle used for NMT. For services beginning July 1, 2012, the new PAR form must be used. The form includes the following codes:

- A0100 – Taxi
- A0120 - Mobility Van
- A0130 - Wheelchair Van
- A0425 - Wheelchair Van Mileage

The existing NMT procedure code, T2001, will remain on the PAR for a one year period and will be end-dated effective July 1, 2013. All HCBS NMT PARs will transition from the T2001 procedure code to the new procedure codes at Continued Stay Review. For dates of service beginning July 1, 2013, procedure code T2001 will not be reimbursed. Providers may only bill procedure codes for the relevant vehicles types used in performing NMT. The current fee-for-service NMT rates will not be changing; however, each vehicle type allowed for NMT has a specific rate that price the specific procedure code. For the purposes of billing and reimbursement, the correct procedure code should reflect the needs of the client.

Vehicles that are transporting individuals who require a wheelchair lift should bill using procedure codes A0130 (Wheelchair Van) and A0425 (Wheelchair Van Mileage), regardless of the type of vehicle. When transporting clients who do not require a wheelchair lift, the appropriate procedure code is A0120 (Mobility Van) for billing. Only Taxis should use procedure code A0100 for proper billing and reimbursement. It is also important to note that providers and case management agencies do not have the authority to negotiate rates for NMT. It is the responsibility of the case manager to determine client's needs. It is not the responsibility of the transportation provider to determine the needs of the client, and providers should only bill the procedure code authorized on the PAR. The maximum trip limit is 208 trips per year, with the exception of trips to and from adult day care.

Providers should contact Nick Clark at 303-866-2436 to report the types of transportation that will be provided. This will assure proper claims processing. A conference call for provider training will be held on May 15, 2012. Department staff will explain changes to the NMT services, address provider concerns, and answer any questions. To participate, please call 1-877-820-7831 and enter 308112# as the participant passcode.

| Non-Med. Transportation | Procedure Code | Rates | Unit | Comments |
|---|---|---|---|---|
| **Med. Transp. Rate** | T2001 | | 1 Way Trip | Negotiated by CM; varies by client. Not to exceed Med. Transport Rates |
| **Taxi** | A0100 | $ 46.98 | 1 Way Trip | Taxi: up to $46.98 per trip, not to exceed the rate with the Public Utilities Commission. Use HB modifier for trips to and from adult day program. |
| **Mobility Van** | A0120 | $ 12.07 | 1 Way Trip | Mobility Van: $12.07 per trip. Use HB modifier for trips to and from adult day program. |
| **Wheelchair Van** | A0130 | $ 15.02 | 1 Way Trip | Wheelchair Van: $15.02 per trip<br>Use HB modifier for trips to and from adult day program. |
| **Wheelchair Van Mileage** | A0425 | $ 0.62 | 1 Way Trip | Use HB modifier for trips to and from adult day program. |

NMT Rate Schedules for the HCBS Brain Injury (BI) and Elderly, Blind, and Disabled (EBD) waivers are located in Attachment A of this bulletin.

### Waiver PAR Forms

The revised **Request for Adult HCBS Prior Approval and Cost Containment** and the **Request for HCBS Prior Approval and Cost Containment for HCBS-BI** are Attachment B and Attachment C to this bulletin. The revised forms are effective July 1, 2012; older PAR forms will not be accepted for services after this date. The updated forms are also available in the Provider Services Forms section under Prior Authorization Request Forms.

## Pharmacy Providers

### Next Drug Utilization Review (DUR) Board Meeting

Tuesday, May 15, 2012
7:00 p.m. to 9:00 p.m.
The meeting will be held at:
225 E. 16th Avenue
Denver, CO 80203
1st Floor Conference Room

For the meeting agenda, please visit the Pharmacy Drug Utilization Review (DUR) Board page.

### 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.

### Prescriber National Provider Identifier (NPI)

Please note that the prescriber's NPI should be reported on each claim when billing Medicaid Pharmacy claims.

## Pharmcy Prior Authorization Updates

New Prior Authorization criteria have been posted in Appendix P for Lyrica. As of 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 page under Provider Services and Forms.

## Preferred Drug List (PDL) Updates

Concerta® has been a preferred product on the Preferred Drug List dating back to October of 2011. The PDL has been updated to include the generic equivalent of Concerta® products as preferred as of May 1, 2012.

# May and June 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 May and June 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.

## May and June 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.

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

**IP/OP Hospital**
This class is for billers using the UB-04/837I format. The class covers billing procedures, common billing issues and guidelines specifically for In-patient Hospital and Out-patient Hospital 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 |

**Waiver Programs**

**HCBS-BI**
This class is for billers using the Colorado 1500/837P 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 Colorado 1500/837P 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

**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.*

## May 2012

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8<br>Beginning Billing – CO -1500<br>9:00 AM-11:30 AM<br>Web Portal 837P<br>11:45 AM-12:30 PM | 9<br>Beginning Billing – UB-04<br>9:00 AM-11:30 AM<br>Web Portal 837I<br>11:45 AM-12:30 PM<br>Nursing Facility<br>1:00 PM-3:00 PM | 10<br>DME/Supply Billing<br>9:00 AM-11:00 AM | 11<br>Dental<br>9:00 AM-11:00 AM<br>Web Portal<br>11:15 AM- 12:00 PM<br>Pediatric HH<br>1:00 PM-3:00 PM<br>Home Health<br>3:00 PM-4:30 PM | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28<br>*Memorial Day Holiday* | 29 | 30 | 31 | | |

## June 2012

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|
| | | | | | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12<br>Beginning Billing – CO -1500<br>9:00 AM-11:30 AM<br>Web Portal 837P<br>11:45 AM-12:30 PM<br>Practitioner<br>1:00 PM-3:00 PM | 13<br>Beginning Billing – UB-04<br>9:00 AM-11:30 AM<br>Web Portal 837I<br>11:45 AM-12:30 PM | 14<br>Provider Enrollment<br>9:00 AM-11:00 AM<br>WebEx – IP/OP<br>1:00 PM-3:00 PM | 15<br>WebEx - UB-04<br>9:00 AM-12:00 PM<br>WebEx - Basic Billing for Waiver Providers<br>12:00 PM- 2:30 PM<br>Web Portal 837P<br>2:45 PM-3:30 PM | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |

**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***

# Non-Medical Transportation - Brain Injury Rate Schedule

| SERVICE TYPE | PROCEDURE CODE | RATES | UNIT VALUE | COMMENTS |
|---|---|---|---|---|
| **Adult Day Services** | S5102 | $ 45.88 | Day | At least 2 or more hours of attendance 1 or more days per week |
| **Assistive Technology** | T2029 | | | Negotiated by SEP through prior authorization |
| **Behavioral Programming** | H0025 | $ 12.94 | Half Hour | |
| **Day Treatment** | H2018 | $ 72.78 | Day | At least 2 or more hours of attendance 1 or more days per week |
| **Home Modifications** | S5165 | $ 10,000.00 | Lifetime Max | |
| **Independent Living Skills Training** | T2013 | $ 23.55 | Hour | |
| **Mental Health Counseling** | | | | |
| Family | H0004 HR | $ 13.37 | 15 minutes | |
| Group | H0004 HQ | $ 7.49 | 15 minutes | |
| Individual | H0004 | $ 13.37 | 15 minutes | Must obtain Department approval over 30 cumulative visits of counseling |
| **Non-Medical Transportation** | T2001 | | | |
| Med Trans. Rate | T2001 | | 1 Way Trip | Negotiated by CM; varies by client. Not to exceed Med. Transport Rate. |
| Taxi | T2001 | $ 46.98 | 1 Way Trip | Taxi: up to $46.98 per trip, not to exceed the rate with the Public Utilities Commission. |
| Mobility Van | T2001 | $ 12.07 | 1 Way Trip | Mobility Van: $12.07 per trip. |
| Wheelchair Van | T2001 | $ 15.02 | 1 Way Trip | Wheelchair Van: $15.02 per trip Wheelchair Van Mileage Add-On: 62 cents per mile |
| To and From Adult Day | T2001 | | | Use HB modifier from trips to and from adult day |
| **Personal Emergency Response System** | | | | |
| Installation | S5160 | | | Negotiated by CM; varies by client |
| Service | S5161 | | | Negotiated by CM; varies by client |
| **Personal Care** | T1019 | $ 3.53 | 15 minutes | Not to exceed 10 hours per day |
| **Relative Personal Care** | T1019 HR | $ 3.53 | 15 minutes | Maximum reimbursement not to exceed 1776 units per year |
| **Respite Care** | | | | |
| NF | H0045 | $ 108.40 | Day | |
| In Home | S5150 | $ 2.94 | 15 minutes | All inclusive of client's needs |
| **Individual Substance Abuse Counseling** | | | | |
| Family | T1006 | $ 53.53 | Hour | |
| Group | H0047 | $ 29.98 | Hour | |
| Individual | H0047 | $ 53.53 | Hour | |

## Non-Medical Transportation - Brain Injury Rate Schedule

| SERVICE TYPE | PROCEDURE CODE | RATES | UNIT VALUE | COMMENTS |
|---|---|---|---|---|
| **Transitional Living** | T2016 | $ 126.61 | Day | |
| **Supported Living Program** | T2033 | | Day | Per diem rate set by HCPF using acuity levels of client population |

## Non-Medical Transportation – Elderly, Blind, and Disabled Rate Schedule

| SERVICE TYPE | PROCEDURE CODE | RATES | UNIT VALUE | COMMENTS |
|---|---|---|---|---|
| **Adult Day Services** | | | | |
| Basic Rate | S5105 | $ 21.79 | 4-5 Hours | An individual unit is 4-5 hours per day. |
| Specialized Rate | S5105 | $ 27.83 | 3-5 Hours | An individual unit is 3-5 hours per day. |
| **Alternative Care Facility** | T2031 | $ 46.14 | Day | May be different for clients with 300% income. |
| **Community Transition Services** | T2038 | | | 1 Unit = 1 Transition |
| **Community Transition Services Items** | T2038 | | | 1 Unit = 1 Purchase |
| **Consumer Direct Attendant Support Services** | T2025 | | | Assessed by CM; varies by client. |
| **Consumer Direct Attendant Support Services Administration** | T2025 | | | Assessed by CM; varies by client. |
| **Electronic Monitoring** | | | | |
| Installation | S5160 | | | Negotiated by CM; varies by client. |
| Service | S5161 | | | Negotiated by CM; varies by client. |
| **Homemaker** | S5130 | $ 3.47 | 15 minutes | |
| **Home Modification** | S5165 | $ 10,000.00 | Lifetime Max | |
| **IHSS Health Maintenance Activities** | H0038 | $ 6.55 | 15 minutes | |
| **IHSS Personal Care** | T1019 | $ 3.47 | 15 minutes | |
| **IHSS Relative Personal Care** | T1019 | $ 3.47 | 15 minutes | No limits on IHSS benefits provided by parents of adult children. For all other relatives, the limitations on payment to family applies as set forth in 10 C.C.R. 2505-10, Section 8.485.200. |
| **IHSS Homemaker** | S5130 | $ 3.47 | 15 minutes | |
| **Medication Reminder** | S5185 | | | 1 Unit Per Month |
| **Medication Reminder Install/Purchase** | T2029 | | | 1 Unit = 1 Purchase |

| SERVICE TYPE | PROCEDURE CODE | RATES | UNIT VALUE | COMMENTS |
|---|---|---|---|---|
| **Non-Med. Transportation** | | | | |
| Med Transportation | T2001 | | Per Trip | Negotiated by CM; varies by client. |
| Taxi | A0100 | $ 46.98 | 1 Way Trip | Taxi: up to $46.98 per trip, not to exceed the rate with the Public Utilities Commission. Use HB modifier for trips to and from adult day program. |
| Mobility Van | A0120 | $ 12.07 | 1 Way Trip | Mobility Van: $12.07 per trip. Use HB modifier for trips to and from adult day program. |
| Wheelchair Van | A0130 | $ 15.02 | 1 Way Trip | Wheelchair Van: $15.02 per trip Use HB modifier for trips to and from adult day program. |
| Wheelchair Van Mileage | A0425 | $ 0.62 | Per Mile | |
| **Personal Care** | T1019 | $ 3.47 | 15 minutes | |
| **Relative Personal Care** | T1019 | $ 3.47 | 15 minutes | Relative Personal Care cannot be combined with HCA. Maximum reimbursement not to exceed 1776 units per year. |
| **Respite Care** | | | | |
| ACF | S5151 | $ 51.38 | Day | Limit of 30 days per calendar year |
| NF | H0045 | $ 114.57 | Day | Limit of 30 days per calendar year. |
| In Home | S5150 | $ 2.94 | 15 minutes | Limit of 30 days per calendar year Not to exceed the ACF per diem for respite care. |

STATE OF COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

# REQUEST FOR HCBS PRIOR APPROVAL AND COST CONTAINMENT FOR HCBS-BI

REVISION? Yes ☐ No ☐ PA Number being revised

| 1. CLIENT NAME | 2. CLIENT ID NUMBER | 3. SEX ☐ M ☐ F | 4. BIRTH DATE |
|---|---|---|---|
| | | | |

| 5. REQUESTING PROVIDER # | 6. CLIENT'S COUNTY | 7. CASE NUMBER (AGENCY USE) | 8. DATES COVERED FROM | THROUGH |
|---|---|---|---|---|
| | | | | |

## STATEMENT OF REQUESTED SERVICES

| 9. Description | 10. Modifier | 11. Max # Units | 12. Cost Per Unit | 13. Total $ Authorized | 14. Comments |
|---|---|---|---|---|---|
| S5102 Adult Day Services, U6 | | | | | |
| T2029 Assistive Technology, per service, U6 | | | | | |
| H0025 Behavioral Management, U6 | | | | | |
| H2018 Day Treatment, U6 | | | | | |
| S5161 Electronic Monitoring, U6 | | | | | |
| S5160 Electronic Monitor Install/Purchase, U6 | | | | | |
| S5165 Home Modifications, U6 | | | | | |
| T2013 Independent Living Skills Training, U6 | | | | | |
| H0004 Mental Health Counseling, Family, U6 | HR | | | | |
| H0004 Mental Health Counseling, Group, U6 | HQ | | | | |
| H0004 Mental Health Counseling, Individual, U6 | | | | | |
| T2001 Non-Medical Transportation, U6 | | | | | |
| A0100 Non-Medical Transportation-Taxi, U6 | | | | | |
| A0120 Non-Medical Transportation-Mobility Van, U6 | | | | | |
| A0130 Non-Medical Transportation-Wheelchair Van, U6 | | | | | |
| A0425 Non-Medical Transportation- Wheelchair Van Mileage, U6 | | | | | |
| T1019 Personal Care, U6 | | | | | |
| T1019 Relative Personal Care, U6 | HR | | | | |
| H0045 Respite Care NF, U6 | | | | | |
| S5150 Respite Care In Home, U6 | | | | | |
| T1006 Substance Abuse Counseling, Family, U6 | | | | | |
| H0047 Substance Abuse Counseling, Group, U6 | HQ | | | | |
| H0047 Substance Abuse Counseling–Individual, U6 | HF | | | | |
| T2033 Supported Living Program, U6 | | | | | |
| T2016 Transitional Living, per day, U6 | | | | | |
| | | | | | |



15. TOTAL AUTHORIZED HCBS EXPENDITURES (SUM OF AMOUNTS IN COLUMN 13 ABOVE) $

16. PLUS TOTAL AUTHORIZED HOME HEALTH EXPENDITURES (SUM OF AUTHORIZED HOME HEALTH SERVICES DURING THE HCBS CARE PLAN PERIOD) $

17. EQUALS CLIENT'S MAXIMUM AUTHORIZED COST (HCBS EXPENDITURES + HOME HEALTH EXPENDITURES) $

18. NUMBER OF DAYS COVERED (FROM FIELD 8 ABOVE) $

19. AVERAGE COST PER DAY (Client's maximum authorized cost divided by number of days in the care plan period) $

A. Monthly State Cost Containment Amount $

B. Minus Client's Monthly HCA Warrant Amount $

C. Equals Client's Monthly Cost Containment $

D. Divided by 30.42 days = Daily Cost Containment Ceiling $

20. Immediately prior to HCBS enrollment, this client lived in a Nursing Facility ☐ YES ☐ NO

| 21. CASE MANAGER SIGNATURE | 22. AGENCY | 23. DATE |
|---|---|---|
| | | |

| 24. CASE MANAGER'S SUPERVISOR' SIGNATURE | 25. AGENCY | 26. DATE |
|---|---|---|
| | | |

**DO NOT WRITE BELOW - AUTHORIZING AGENT USE ONLY**

27. CASE PLAN: _____ ☐ Approved - Date _____ ☐ Denied - Date _____ ☐ Returned for Correction - Date

28. REGULATION(S) upon which Denial or Return is based:

| 29. DEPARTMENT APPROVAL SIGNATURE | 30. DATE |
|---|---|
| | |

# Brain Injury (BI) PAR Completion Instructions

**FORM MUST BE COMPLETED IN BLACK BALLPOINT OR TYPEWRITER - PLEASE PRINT**

Complete this form for Prior Authorization Requests for BI. Submit the PAR to the HCBS program's authorizing agent listed at the bottom of the instructions.

Complete the Revision section at the top of the form *only* if you are revising a current approved PAR.

For PAR revisions you must add the number of units being requested to the original number of units approved and include all services that were approved on the original PAR.

## Complete the following fields

1. **Client Name – Required:** Enter the client's name.
2. **Client ID number – Required**: Enter the client's Medical Assistance Program ID number.
3. **Sex**: Check M or F.
4. **Birth Date – Required**: Enter the client's date of birth.
5. **Requesting Provider # - Required**: Enter the requesting provider's Medical Assistance Program provider number.
6. **Client's County – Required: Enter the client's county of residence.**
7. **Case Number: Enter the agency's case number for this PAR.**
8. **Dates Covered (From and Through) – Required: Enter the PAR start date and PAR end date.**
9. **Description: List of approved procedure codes.**
10. **Modifier**: Enter all applicable modifiers.
11. **Max # Units: Enter the number of units next to the services for which you are requesting reimbursement.**
12. **Cost Per Unit**: Enter the cost per unit of service.
13. **Total # Authorized**: Enter the total amount authorized for the service.
14. **Comments**: Enter any additional useful information. For example, if a service is authorized for different dates than in Box 8, please include the HCPC and date span here.
15. **Total Authorized HCBS Expenditures** : Enter the total of all amounts listed in column 13.
16. **Plus Total Authorized Home Health Expenditures** (Sum of Authorized Home Health Services during the HCBS Care Plan Period): Enter the total Authorized Home Health expenditures.
17. **Equals Client's Maximum Authorized Cost**: Enter the sum of the HCBS Expenditures + Home Health Expenditures.
18. **Number of Days Covered:** Enter the number of days covered from Field 8.
19. **Average Cost Per Day:** Enter the client's maximum authorized cost divided by number of days in the care plan period.
20. **Immediately prior to HCBS enrollment, this client lived in a Nursing Facility**: Check Yes or No.
21. **Case Manager Signature**: Enter the signature of the Case Manager.
22. **Agency**: Enter the name of the agency.
23. **Date**: Enter the date signed.
24. **Case Manager's Supervisor Signature:** Enter the signature of the Case Manager's Supervisor.
25. **Agency:** Enter the name of the Agency
26. **Date:** Enter the date signed.

Do ***not*** enter anything below the shaded area **"DO NOT WRITE BELOW - AUTHORIZING AGENT USE ONLY"**. This is for the authorizing agency use only.

## Send only *New*, CSRs and Revised PARs to:

| Send BI PARs to: |
|---|
| ACS<br>PARS<br>PO Box 30<br>Denver CO 80201-0030 |

STATE OF COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

# REQUEST FOR ADULT HCBS PRIOR APPROVAL AND COST CONTAINMENT

*Check the appropriate waiver program with modifier:*

☐ EBD-U1, ☐ MI-UA, ☐ PLWA-U2

REVISION? Yes ☐ No ☐

PA Number being revised

| 1. CLIENT NAME | 2. CLIENT ID NUMBER | 3. SEX ☐ M ☐ F | 4. BIRTH DATE |
|---|---|---|---|
| | | | |

| 5. REQUESTING PROVIDER # | 6. CLIENT'S COUNTY | 7. CASE NUMBER (AGENCY USE) | 8. DATES COVERED FROM | THROUGH |
|---|---|---|---|---|
| | | | | |

## STATEMENT OF REQUESTED SERVICES

| 9. Description | 10. Modifier | 11. Max # Units | 12. Cost Per Unit | 13. Total $ Authorized | 14. Comments |
|---|---|---|---|---|---|
| S5105 Adult Day Care (U1, UA, U2) T2031 | | | | | |
| Alternative Care Facility (U1, UA) T2038 | | | | | |
| Community Transition Services (U1) | | | | | |
| T2038 Community Transition Services Items ( U1) | 52 | | | | |
| T2025 Consumer Directed Attendant Support Services ( U1, UA) | | | | | |
| T2025 Consumer Directed Attendant Support Services Administration (U1, UA) | 52 | | | | |
| T2040 Consumer Directed Attendant Support Services Per Member/Per Month (U1/UA) | | | $310 | | |
| S5160 Electronic Monitor Install/Purchase (U1, UA, U2) | | | | | |
| S5161 Electronic Monitoring (U1, UA, U2) | | | | | |
| S5165 Home Modifications (U1, UA) | | | | | |
| S5130 Homemaker (U1, UA, U2) | | | | | |
| H0038 IHSS Health Maintenance Activities (U1) | | | | | |
| S5130 IHSS Homemaker (U1) | KX | | | | |
| T1019 IHSS Personal Care ( U1) | KX | | | | |
| T1019 IHSS Relative Personal Care (U1) | HR,KX | | | | |
| S5185 Medication Reminder (U1, UA) | | | | | |
| T2029 Medication Reminder Install/Purchase (U1, UA) | | | | | |
| T2001 Non-medical Transportation (U1, UA, U2) | | | | | |
| A0100 Non-medical Transportation-Taxi (U1, UA, U2) | | | | | |
| A0120 Non-medical Transportation-Mobility Van (U1, UA, U2) | | | | | |
| A0130 Non-medical Transportation-Wheelchair Van (U1, UA, U2) | | | | | |
| A0425 Non-medical Transportation-Wheelchair Van Mileage (U1, UA, U2) | | | | | |
| T1019 Personal Care (U1, UA, U2) | | | | | |
| T1019 Relative Personal Care (U1, UA, U2) | HR | | | | |
| H0045 Respite Care NF (U1, UA) | | | | | |
| S5150 Respite Care, In Home (U1) | | | | | |
| S5151 Respite Care ACF (U1, UA) | | | | | |
| | | | | | |



15. TOTAL AUTHORIZED HCBS EXPENDITURES (SUM OF AMOUNTS IN COLUMN 13 ABOVE) $

16. PLUS TOTAL AUTHORIZED HOME HEALTH EXPENDITURES (SUM OF AUTHORIZED HOME HEALTH SERVICES DURING THE HCBS CARE PLAN PERIOD) – Excludes In-Home Support Services amounts $

17. EQUALS CLIENT'S MAXIMUM AUTHORIZED COST (HCBS EXPENDITURES + HOME HEALTH EXPENDITURES) $

18. NUMBER OF DAYS COVERED (FROM FIELD 8 ABOVE) $

19. AVERAGE COST PER DAY (Client's maximum authorized cost divided by number of days in the care plan period) $

A. Monthly State Cost Containment Amount $

B. Minus Client's Monthly HCA Warrant Amount $

C. Equals Client's Monthly Cost Containment $

D. Divided by 30.42 days = Daily Cost Containment Ceiling $

20. CDASS (amounts must match the client's allocation worksheet)

Effective Date

Monthly Allocation Amt.

21. Immediately prior to HCBS enrollment, this client lived in a Nursing Facility ☐ YES ☐ NO

| 22. CASE MANAGER SIGNATURE | 23. AGENCY | 24. DATE |
|---|---|---|
| | | |

| 25. CASE MANAGER'S SUPERVISOR SIGNATURE | 26. AGENCY | 27. DATE |
|---|---|---|
| | | |

**DO NOT WRITE BELOW - AUTHORIZING AGENT USE ONLY**

28. CASE PLAN: _____ ☐ Approved – Date _____ ☐ Denied - Date _____ ☐ Returned for Correction - Date

29. REGULATION(S) upon which Denial or Return is based:

| 30. DEPARTMENT APPROVAL SIGNATURE | 31. DATE |
|---|---|
| | |

# PAR Completion Instructions

**FORM MUST BE COMPLETED IN BLACK BALLPOINT OR TYPEWRITER - PLEASE PRINT**

**Complete the Revision section at the top of the form *only* if you are revising a current, approved PAR.**

**For PAR revisions you must add the number of units being requested to the original number of units approved and include all services that were approved on the original PAR.**

**Complete the following fields**

**Check the type of program (**☐ EBD**-U1,** ☐ MI**-UA,** ☐ PLWA**-U2)** at the top of the PAR form.

1. **Client Name – Required:** Enter the client's name.
2. **Client ID number – Required**: Enter the client's Medical Assistance Program ID number.
3. **Sex**: Male or Female.
4. **Birth Date – Required**: Enter the client's date of birth.
5. **Requesting Provider # - Required**: Enter the requesting provider's Medical Assistance Program provider number.
6. **Client's County – Required**: Enter the client's county of residence.
7. **Case Number:** Enter the agency's case number for this PAR.
8. **Dates Covered (From and Through) – Required**: Enter the PAR start date and PAR end date.
9. **Description:** List of approved procedure codes.
10. **Modifier**: Enter all applicable modifiers.

    In addition to IHSS Health Maintenance Activities H0038, please add the modifier KX for PCP and Homemaker services.

    Example: T1019 U1 HR KX or S5130 U1 KX
11. **Max # Units:** Enter the number of units next to the services for which you are requesting reimbursement.
12. **Cost Per Unit**: Enter the cost per unit of service.
13. **Total $ Authorized**: Enter the total amount authorized for the service.
14. **Comments**: Enter any additional useful information. For example, if a service is authorized for different dates than in Box 8, please include the HCPC and date span here.
15. **Total Authorized HCBS Expenditures**: Enter the total of all amounts listed in column 13.
16. **Plus Total Authorized Home Health Expenditures** (Sum of Authorized Home Health Services during the HCBS Care Plan Period): Enter the total Authorized Home Health expenditures.
17. **Equals Client's Maximum Authorized Cost**: Enter the sum of the HCBS Expenditures + Home Health Expenditures.
18. **Number of Days Covered**: Enter the number of days covered from Field 8.
19. **Average Cost Per Day**: Enter the client's maximum authorized cost divided by number of days in the care plan period.
20. **CDASS:** Enter the client's monthly allocation and admin fee from the client's allocation worksheet here.
21. **Immediately prior to HCBS enrollment, this client lived in a Nursing Facility:** Check Yes or No.
22. **Case Manager Signature**: Enter the signature of the Case Manager.
23. **Agency**: Enter the name of the agency.
24. **Date**: Enter the date signed.
25. **Case Manager's Supervisor Signature**: Enter the signature of the Case Manager's Supervisor.
26. **Agency**: Enter the name of the agency.
27. **Date**: Enter the date signed.

Do ***not*** enter anything below the shaded area **"DO NOT WRITE BELOW - AUTHORIZING AGENT USE ONLY"**. This is for the authorizing agency use only.

**Send New, Continued Stay Reviews (CSRs) and Revised PARs to:**

| **Send EBD, MI, and PLWA PAR's to:** |
|---|
| ACS<br>PARs<br>PO Box 30<br>Denver, CO 80201-0030 |