colorado.gov/pacific/hcpf

Provider Bulletin

Reference: B1300335 **April 2013**

Did you know...?

A Medicare Replacement Plan is synonymous with the names Medicare Part C, Medicare+Choice, and Medicare Advantage. Claims for clients with this type of a plan do not automatically crossover into the Colorado Medicaid Management Information System (MMIS). Providers must submit claims to Medicaid by noting the co-payment amount in the Medicare co-insurance field. This allows the claim to process through the Medicaid pricing logic for the procedure and provider type. Generally, the lower of pricing rules apply.

In this issue:

All Providers..........1
Provider Communication Survey..........1
Third Party Bank Accounts..........1
Department's Web site Changes..........1
Client's Who Need Assistance..........1
Fee-for-Service Providers & ACC Members..........1
NCCI Requirements and Billing Colonoscopies..........2
ColoradoPAR..........3
2013 HCPCS and Fee Schedule..........4
Physician Supplemental Payments..........4
DME/Supply Providers..........5
NCCI..........5
Waiver Providers..........5
Colorado Choice Transitions..........5
Pharmacy Providers..........6
IHS Pharmacies Billing Updates..........6
Seroquel..........6
Updates to Appendix P..........6
April & May 2013 Provider Workshops..........6

All Providers

Provider Communication Survey

The Department of Health Care Policy and Financing (the Department) is currently working on a provider communication survey to gauge the most effective method of communication. Please look for survey information in future publications.

Third Party Bank Accounts

When submitting a W-9 or electronic funds transfer (EFT) information, do not enter a third party account. The State of Colorado will not deposit funds into a third party account. A third party account is defined as a company that has a different Federal ID number than the enrolled provider. There are no exceptions to this policy. The W-9 or EFT information must match the enrolled provider's information.

Department's Web site Changes

The Department's Web site is currently being updated to make it easier and faster for users to find information related to billing, provider enrollment, client benefit changes, etc. Contact the Department's fiscal agent, Xerox State Healthcare, at 1-800-237-0757 with questions.

Client's Who Need Assistance

The Department's fiscal agent cannot assist clients who have questions regarding claims and eligibility. Client's who need assistance with answering questions about claims submitted for services they have received should be directed to the Department's Customer Contact Center at 303-866-3513. Client's who need information pertaining to their eligibility should contact their case manager.

Fee-for-Service Providers may bill Services to Accountable Care Collaborative (ACC) Members

The Department would like to remind all Medicaid providers that being contracted in the ACC Program as a Primary Care Medical Provider (PCMP) is not necessary to provide services to ACC members and may be provided without a referral. Although it is preferable for ACC members to see their assigned PCMPs, any fee-for-service benefit for ACC members can be billed. Please do not turn members away due to billing concerns. Collecting fees from Medicaid clients beyond any applicable co-pay is still prohibited. Providers with questions about this policy may contact the Department's fiscal agent at 1-800-237-0757.

Xerox State Healthcare
Denver Club Building
518 17th Street, 4th floor
Denver, CO 80202

Contacts

Billing and Bulletin Questions
1-800-237-0757

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

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

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

ColoradoPAR Program PARs
www.coloradopar.com

ACC Incentive Payments

The Department is pleased to announce that the first ACC Program incentive payments were paid to PCMPs and Regional Care Collaborative Organizations (RCCOs) in March 2013. This payment represents a first step in the program paying for value rather than volume in healthcare.

The incentive payment was calculated based on regional performance on three key performance indicators (KPI):

1. Hospital All-Cause Thirty (30) Day Readmissions;
2. Emergency Room (ER) Visits; and
3. High Cost Imaging Services.

All seven (7) RCCOs achieved reductions in at least two KPIs for the first quarter of Fiscal Year 2013 (July-September 2012). This means that both RCCOs and PCMPs will receive a per member per month incentive payment based on the region's performance for the quarter. Some PCMPs could receive variable incentive payments if their members are from different regions. The Department encourages PCMPs to reach out to the RCCOs with any questions about the incentive payment amount.

Regional Care Collaborative Organizations and PCMP incentive payments for performance on KPIs will be part of the ACC Annual Report submitted to the General Assembly in November 2013.

National Correct Coding Initiative (NCCI) Requirements and Billing Colonoscopies

Effective for claims with dates of service (DOS) beginning April 1, 2013, the NCCI edits will be implemented.

The Centers for Medicare and Medicaid Services (CMS) has reviewed the following coding policies and determined the NCCI coding methodologies are appropriate for Medicaid claims. Updates to NCCI edits are made quarterly, thus only one quarter is available online at a time. The edits, policies, Medicaid specific NCCI manuals, and additional information can be found on the CMS Medicaid.gov Web site.

The Colorado Medical Assistance Program compared a sample of claims to the NCCI edits and found that most claims are compliant with CMS expectations. The potential exists that these edits may impact claims payments for Occupational, Physical, Speech Therapy (OT/PT/ST), Durable Medical Equipment (see DME update below) and to Residential Child Care Facilities (RCCFs). The Department is reviewing these codes for rate changes and will announce updates in future bulletins.

Modifiers

NCCI has certain modifiers that may be used to further define a procedure. Following is a brief description of how these modifiers work.

The American Medical Association (AMA) Current Procedural Terminology *(CPT) Manual* and the NCCI program define modifiers that may be appended to HCPCS/CPT codes to provide additional information about the services rendered. Modifiers consist of two (2) alphanumeric characters.

Modifiers may be appended to HCPCS/CPT codes only if the clinical circumstances justify the use of the modifier. A modifier should not be appended to a HCPCS/CPT code solely to bypass an NCCI Procedure to Procedure (PTP) edit if the clinical circumstances do not justify its use.

Modifiers that may be used under appropriate clinical circumstances to bypass an NCCI PTP edit include:

Anatomic modifiers: E1-E4, FA, F1-F9, TA, T1-T9, LT, RT, LC, LD, RC, LM, RI
Global surgery modifiers: 24, 25, 57, 58, 78, 79
Other modifiers: 27, 59, 91

These modifiers are referred to as NCCI PTP- associated modifiers.

Modifiers 24, 25 and 57 may only be used with Evaluation and Management (E&M) Codes ranges 99201 – 99496.

Modifiers 22 ("increased procedural services"), 76 ("repeat procedure or service by same physician"), and 77 ("repeat procedure by another physician") are not NCCI PTP- associated modifiers. Use of any of these modifiers does not bypass an NCCI PTP edit.

Add-on codes

The Department highly recommends billing both the primary and add-on codes on the same claim form. If the primary code is not paid at the same time as, or previous to, the add-on code, the add-on code will be denied.

Also, if the primary code is denied for any reason, the add-on code will be denied as well.

To account for existing Department guidance regarding the billing of certain procedures, the Department will not be implementing the following NCCI edits until proper direction and procedure code reimbursement adjustments are implemented. Providers will be noticed at least 30 days prior to a procedure code reimbursement change.

Procedure Code	Procedure Code Description	Procedure Code	Procedure Code Description
43239	UPPER GI ENDOSCOPY BIOPSY	43235	UPPER GI ENDOSCOPY DIAGNOSIS
43248	UPPER GI ENDOSCOPY/GUIDE WIRE	43235	UPPER GI ENDOSCOPY DIAGNOSIS
43262	ENDO CHOLANGIOPANCREATOGRAPH	43260	ENDO CHOLANGIOPANCREATOGRAPH
45380	COLONOSCOPY AND BIOPSY	45378	DIAGNOSTIC COLONOSCOPY
45385	LESION REMOVAL COLONOSCOPY	45378	DIAGNOSTIC COLONOSCOPY

More information regarding the NCCI Edits reference is available in the March 2013 Provider Bulletin (B1300334) and on the NCCI Web page on the Department's Web site.

ColoradoPAR

Synagis ® PARs

Note: Synagis® season ends on March 31, 2013. PARs submitted after March 29, 2013 will not be accepted. Please call the ColoradoPAR Program at 1-888-454-7686 with any questions.

Mandatory Prior Authorization Request (PAR) Submission into CareWebQI (CWQI)

As a reminder, beginning April 1, 2013, all PARs and revisions processed by the ColoradoPAR Program must be submitted using CWQI.

Prior Authorization Requests submitted via fax or mail **will not** be processed by the ColoradoPAR Program and subsequently not reviewed for medical necessity. These PARs will be returned to providers via mail. This requirement only impacts PARs submitted to the ColoradoPAR Program. Below is a list of PARs currently processed by the ColoradoPAR Program:

- Diagnostic imaging– limited to non-emergency Computed Tomography (CT) Scans and Magnetic Resonance Imaging (MRI), and all Positron Emission Tomography (PET) Scans
- Durable Medical Equipment (DME)/Supply- All (including repairs)
- Dental
- Home Health – Pediatric Home Health (formerly known as EPSDT Extraordinary and Long Term Home Health for Children)
- Medical/surgical services
- EBI Bone Stimulator
- Second surgical opinions
- Physical and occupational therapy (OT/PT) services
- Out-of-state Transportation
- Out-of-state non-emergency surgical services
- Organ transplantation
- Orthodontia
- Private Duty Nursing (PDN)
- Vision

Submitting Clinical Documentation with CWQI

Clinical information is imperative for prior authorization review. When submitting PARs, please answer the clinical questions in CWQI and attach the relevant clinical information needed for determinations. It is the responsibility of the provider to submit all relevant supporting documentation so that medical reviews can be completed in a timely fashion. Suggested documents include clients' histories and physical reviews, progress and office notes, lab results, and current medications.

If clinical information is missing or inadequate, messages will be sent to the submitter via the CWQI message system. Please review these messages in order to keep PARs moving through the process and before calling for information. Once the submitter has logged into CWQI, there is help available on how to use the message section.

Missing or inadequate clinical information will result in lack of information (LOI) denials. Prior Authorization Request submitters have 24 hours to respond to requests for more information before LOI denials are issued.

When submitting PARs to CWQI, please submit all clinical documentation, including digital X-rays, in the following forms:

doc; docx; xls; xlsx; ppt; pdf; jpg; gif; bmp; tiff; tif; and jpeg.

If the clinical documentation cannot be submitted electronically, fax or mail to:

Mail: ColoradoPAR Program
2401 NW 23rd Street, Suite 2
Oklahoma City, OK 73107

Fax: 1-866-492-3176

The electronic PAR format will be required unless an exception is granted by the ColoradoPAR Program. Exceptions may be granted for providers who submit five (5) or less PARs per month.

To request an exception or for more information, please contact the ColoradoPAR Program at 1-888-454-7686.

CWQI Training

The ColoradoPAR Program offers CWQI trainings for medical and dental/orthodontic PARs which are now recorded and available 24 hours a day, 7 days a week. To access CWQI training, please visit coloradopar.com and select either Dental Orthodontic Providers or all other Medical Providers CWQI training. A separate medical and dental/orthodontics provider tutorial is posted under the CareWebQI tab for reference.

Please contact the ColoradoPAR Program at 1-888-454-7686 or email RES_ColoradoPAR@apshealthcare.com with questions.

Peer-to-Peer and Reconsideration Processes for Prior Authorization Requests (PAR) Submitted to the ColoradoPAR Program

If a denial for a PAR is issued, reconsideration can be requested through either of the processes noted below.

RECONSIDERATION REQUEST

The Peer-to-Peer Process to discuss denial determination occurs when:

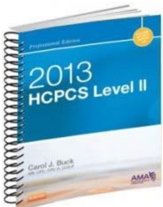
- A request is made by the provider, within five (5) calendar days after a denial decision, for a verbal discussion with a ColoradoPAR physician to discuss the denial determination; or
- The provider submits additional clinical information for review within the first five (5) calendar days following a denial decision.

The Reconsideration Process is a second review by a non-ColoradoPAR physician that must be requested by the provider within ten (10) calendar days of the denial decision.
The process proceeds as follows:

- Review is completed by a physician of the same profession and specialty as the requesting physician;
- Review will include all information submitted and any additional information the provider wishes to submit;
- The reviewing physician may overturn or uphold the original denial decision.

Note: The Peer-to-Peer Process does not need to be utilized prior to the Reconsideration Process. The Peer-to-Peer Process is *not* available for Dental and Orthodontic Providers.

Please contact the ColoradoPAR Program at 1-888-454-7686 with questions.



2013 Health Care Procedure Codes (HCPCS) and Fee Schedule

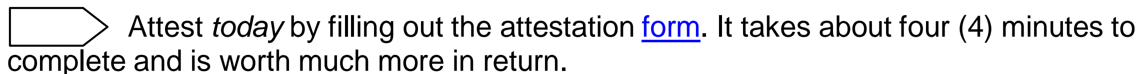
The Department's implementation of the 2013 HCPCS and fee schedule has been delayed and was not effective in the Medicaid Management Information System (MMIS) on January 1, 2013. Please continue to check the Department's Web site and future Provider Bulletins for the 2013 HCPCS implementation date.

Physician Supplemental Payments

Primary Care Supplemental Payments?

Family medicine, internal medicine and pediatric physicians are making attestations to receive supplemental payments for E&M procedure code ranges 99201- 99499 and vaccine administration procedures. By attesting this month, April 2013, all claims after attestation will include an approximate $25 increase for these specific codes.

Full physician supplemental payments (through attestation) will only be paid for identified services billed at or above Medicare's rate. If the billed amount is less than the Medicare rate, the reimbursement will be the billed amount.



Attest *today* by filling out the attestation form. It takes about four (4) minutes to complete and is worth much more in return.

In order to facilitate communication about the Supplemental Payment program, please ensure the email address used to enroll is accurate on the MMIS' Address and Publication tab.

There are two (2) convenient ways to update or add email addresses.

1) Update an email address through the Colorado Medical Assistance Web Portal (Web Portal) by accessing the *(MMIS) Provider Data Maintenance* option on the main menu. If it is not an option, please contact the appropriate Trading Partner Administrator for assistance.
2) Submit a Provider Enrollment Update form located at colorado.gov/pacific/hcpf → For Our Providers → Provider Services →Forms → Update Forms

Please contact Richard Delaney at Richard.Delaney@state.co.us or 303-866-3436 for more information.

Durable Medical Equipment (DME) and Supply Providers

National Correct Coding Initiative (NCCI)

DME NCCI Edits

The Colorado Medical Assistance Program compared a sample of claims to the NCCI edits and found that most claims are compliant with CMS expectations. The potential exists that these edits may impact claims payments for DME.

The following procedure codes were identified in the NCCI Medically Unlikely Edits (MUEs) to limit the maximum allowable units per client per day. Updates will be effective for all claims with dates of service beginning April 1, 2013.

Procedure Code	Maximum Allowable Units	Notes
E0463 and E0464	1	
B4088 and B4087	1	
E0202	31 units/month	1 unit = 1 day. Claims may be date spanned using the KR modifier for the rental period.
E0600	1 units/month	1 unit = 1 month. Capped rental item. Rental includes suction tubing.
L1240	1	
L2275	2	Maximum allowable units are indicated for each lower extremity orthotic.

Reminder: Prior authorization determinations do not consider the number of units being requested. Approvals authorize medical necessity only and do not guarantee reimbursement for the requested number of units, including DME/supply codes that are manually priced.

Waiver Providers

Colorado Choice Transitions (CCT) Update

The Colorado Choice Transition (CCT) provider reference manual has been updated. Please refer to the Department's Web site→Clients & Applicants→Long Term Care→Colorado Choice Transitions→CCT Provider Information. Please contact Nicole Storm at Nicole.Storm@state.co.us for questions or more information.

Pharmacy Providers

Indian Health Services (IHS) Pharmacies Billing Updates As of March 11, 2013, the pharmacy claim system moved to an encounter-based reimbursement for claims submitted from IHS pharmacies. The Department is working with the individual entities currently registered with the Colorado Medical Assistance Program as IHS billing pharmacies to adjust claims as necessary. Please contact Chris Ukoha at Angela.Ukoha@state.co.us with questions.

Seroquel

Beginning April 1, 2013, Seroquel and other preferred atypical antipsychotic drugs will be dispensed only if the client's age is consistent with the Food and Drug Administration (FDA) approved minimum ages. For example, Seroquel will not be dispensed to anyone under age 10 on the date of service unless there is an approved Drug Prior Authorization before dispensing.

Updates to Appendix P

Appendix P had been updated based on the recent P&T Committee and Drug Utilization Review (DUR) Board recommendations.

April and May 2013 Provider Workshops

Provider Billing Workshop Sessions and Descriptions

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

The current and following month's workshop calendars are included in this bulletin.

Class descriptions and workshop calendars are posted in the Provider Services Training section of the Department's Web site.

Who Should Attend?

Courses are intended to teach, improve, and enhance knowledge of Colorado Medical Assistance Program claim submission.

Staff who submit claims, are new to billing Medicaid services, need a billing refresher course, or administer accounts should consider attending one or more of the following Provider Billing Workshops.

April 2013

***Please note**: The Nurse Home Visitor Program (NHVP) workshop originally scheduled from 1:00 p.m. - 3:00 p.m. on Tuesday April 9, 2012 has be cancelled. A WebEx Transportation workshop has been scheduled in its place.*

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7	8	9 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM ***WebEx –** Transportation 1:00 PM-3:00 PM	10 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	11 Dental 9:00 AM-11:00 AM Web Portal 837ID 11:15 AM-12:00 PM Practitioner 1:00 PM-3:00 PM	12 ***WebEx –** Basic Billing Waiver 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM	13

May 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
5	6	7 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM ***WebEx –** Vision 1:00 PM-3:00 PM	8 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	9 DME/Supply Billing 9:00 AM-11:00 AM FQHC/RHC 1:00 PM-3:00 PM	10 ***WebEx –** Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM	11

Reservations are required for all workshops

Email reservations to: workshop.reservations@xerox.com

Or Call the Reservation hotline to make reservations: 1-800-237-0757 or 1-800-237-0044 Extension 5

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 the information noted above is necessary to process reservations successfully. Look for a confirmation by e-mail within one week of making a reservation.

Reservations will only be accepted until 5:00 p.m. the Friday prior to the training workshop to ensure there is adequate space available.

If a confirmation has not been received at least two business days prior to the workshop, please contact the Department's fiscal agent and talk to a Provider Relations Representative.

All Workshops presented in Denver are held at:

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

***Please note:** *For WebEx training, a meeting notification containing the Web site, phone number, meeting number and password will be emailed or mailed to those who sign up.*

The fiscal agent's office is located in the Denver Club Building on the west side of Glenarm Place at 17th Street (Glenarm is a two-way street).

Free parking is not provided and is limited in the downtown Denver area. Commercial parking lots are available throughout the downtown area. The daily rates range between $5 and $20. Carpooling and arriving early are recommended to secure parking. Whenever possible, public transportation is also recommended. Some forms of public transportation include the following:

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 on 16th St. at every intersection between Civic Center Station and Union Station.

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

Xerox State Healthcare at 1-800-237-0757.

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