Provider Bulletin

COLORADO
Department of Health Care
Policy & Financing

Reference: B1500361

January 2015

**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

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Did you know...?

When submitting CMS 1500 paper claims, ensure field 27 – **Accept Assignment,** is checked appropriately, as this is a **required** field, and the field indicates that the provider agrees to accept assignment under the terms of the payer's program.

When submitting CMS 1500 paper claims, ensure field 33b – **Other ID #** is completed with the eight-digit Colorado Medical Assistance Program provider number of the individual or organization.

All Providers
Centers for Medicare and Medicaid Services 1500 (CMS 1500) Claim Form Transition

Effective December 1, 2014, the CO-1500 paper claim form was replaced by the current CMS 1500 paper claim form [OMB-0938-1-1197 Form 1500 (rev. 02-12)]. **All CO-1500 claim forms received after December 1, 2014 will be denied, regardless of the date of service.**
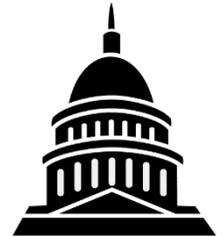
As a result, the Department of Health Care Policy and Financing (the Department) also updated the Adjustment Transmittal Form by removing the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) and Professional Claim options, as they will no longer be needed when adjusting professional claims. Instead, the CMS 1500 form can be used for adjusting already-paid claims.

For further information, refer to the Frequently Asked Questions (FAQs) document that is available on the CMS 1500 section of Provider Implementations page of the Department's website (Colorado.gov/hcpf/provider-implementations).

Payment Collection from Medicaid Members

The Department has received numerous questions and reports of health care providers billing Medicaid members for co-insurance, deductibles, or full payment for services. It is important that all health care providers know that Medicaid members cannot be billed for any service covered by Medicaid. The Code of Colorado Regulations 10 CCR 2505-10 8.012, "Providers Prohibited from Collecting Payment from Recipients", states that no Medicaid member shall be liable for the cost or the cost remaining after payment by Medicaid, Medicare, or a private insurer, of medical benefits authorized under Title XIX of the Social Security Act.

This law applies regardless if:

- Medicaid has or has not reimbursed the provider,
- Claims are rejected or denied by Medicaid due to provider error,

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- A provider is enrolled in the Colorado Medical Assistance Program,
- A Medicaid member agrees to pay for part or all of a covered service.

Payment may be collected from or billed to a Medicaid member **only** if the specific service rendered is not covered by Medicaid. In this situation, the Department requires that providers obtain a statement prior to service, signed by the Medicaid member, acknowledging that the specific service is not a Medicaid-covered benefit and the Medicaid member agrees to pay for the service.

Please contact the Department's fiscal agent, Xerox State Healthcare, at 1-800-237-0757 for questions related to proper billing of Medicaid-covered services.

Influenza and Pneumonia Vaccine Code Update

Current Procedural Terminology (CPT) codes 90661 for flu and 90670 for pneumonia are a covered benefit and can be billed to the Colorado Medical Assistance Program. Current Procedural Terminology code 90661 may be billed with the appropriate vaccine administration code. Flu and pneumonia vaccines for members ages 18 and under should be obtained through the Vaccines for Children (VFC) program. The pneumonia vaccine CPT code 90670 is open to immune compromised members over the age of five (5), in line with Advisory Committee on Immunization Practices (ACIP) utilization guidelines.

2015 Healthcare Common Procedure Coding System (HCPCS)

The Ambulatory Surgical Centers (ASC), Durable Medical Equipment (DME) and Supplies, Radiology Services Billed by X-Ray Facilities, and Physical Therapy/Occupational Therapy (PT/OT) manuals have been updated to include the 2015 HCPCS procedure codes. The manuals are available at on the Billing Manuals web page. The 2015 Practitioner HCPCS Provider Bulletin (B1500362) is also available Provider Bulletins web page.

Note: The following HCPCS will be delayed in pricing per Centers of Medicare and Medicaid Services (CMS) recommendations: 80300-80377, 81246, 81288, 81313, 81519, 81410-81471, 0006M-0008M.

Please contact the Department's fiscal agent at 1-800-237-0757 with questions.

The ColoradoPAR Program

CareWebQI (CWQI) Upgrade

CareWebQI was recently upgraded. Please be aware of the following:

- CWQI users who are not using one of the supported internet browsers (Internet Explorer 8, 9, and 10, Chrome, and Safari 6.0) will experience difficulty submitting Prior Authorization Requests (PARs). The compatibility mode should not be turned on.
- As of November 10, 2014, all PARs requiring clinical or supporting documentation must have the documentation attached for a successful PAR submission.

Diagnostic Imaging Scans

The PAR for the second scan may be denied due to overlapping PAR dates if:

- An imaging scan PAR was previously approved and the member changed facilities or,
- A second identical scan is needed.

Note: Please select 30-days for the PAR if a member will be able to complete an imaging scan within 30 days. This will be useful if an additional scan is needed in the near future.

Home Health Agencies

A PAR revision for home health services must be submitted to the ColoradoPAR Program when a member has a change in condition.

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

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Eligibility Response Changes

Providers that request eligibility information for members who are enrolled in the Accountable Care Collaborative Medicare-Medicaid Program, Emergency Only, Dental Co-Payment, COUP Members, Dental ASO, Child Health Plan Plus- CHP Plus, Old Age Pension Program- State Only (OAP), ACA Adult Medicaid Plan, and Standard Medicaid are now identified in the eligibility response. For additional information, refer to the December 2014 Provider Bulletin (B1400360). All of the responses will be provided through the Colorado Medical Assistance Program Web Portal (Web Portal), fax-back 1-800-493-0920, or CMERS/AVRS 1-800-237-0757. All other member information currently provided in eligibility responses will continue to be provided. Please contact Colorado Medical Assistance Program Customer Service at 1-800-221-3943 with questions concerning member eligibility.

Sneak Peek: PEAK*Health* Mobile App for Medicaid & CHP+ Clients

Launching in late December 2014, the new PEAK*Health* mobile app gives Medicaid and Child Health Plan *Plus* (CHP+) members a simple way to keep their information up to date and access important health information right from their phone. The PEAK*Health* app is for current Medicaid and CHP+ members and must have a PEAK account to sign on. PEAK*Health* is not for people who want to apply for benefits. PEAK*Health* will be available for free in the Apple and Google Play app stores.

The PEAK*Health* app will allow clients to search for a provider, view an electronic version of their medical card, updated their income and contact information, view benefit information, make a payment and access health and wellness articles. Provider contact information for PEAK*Health* is updated regularly. It is important for providers to keep their contact information up to date through the Web Portal; however, providers who do not have the capability to make updates through the Web Portal may use the Provider Enrollment Update form to make the necessary changes. Also, the Department strongly encourages providers to accept the mobile versions of Colorado Medicaid and CHP+ cards and use their standard business process for confirming client eligibility.

Outreach to members will actively begin in spring 2015, following the close of the 2015 Connect for Health Colorado Open Enrollment Period. View a video tour of the PEAK*Health* mobile app.

For more information, please contact: Medicaid.Eligibility@state.co.us

CHP+ Logo Update

The Department is pleased to announce a new look and feel to the Department's Child Health Plan *Plus* (CHP+) program. Effective January 1, 2015, the Department will begin using a new logo on all CHP+ materials.

The old CHP+ logo will be phased out. The new CHP+ logo is the Department's shield sitting inverted next to the green Colorado logo with the words "CHP+ Child Health Plan *Plus*" immediately next to triangles. The visual alignment of the CHP+ logo with the Department's shield provides a consistent brand for the Department.

Please note that all CHP+ documents created prior to the new logo launch on January 1, 2015 **do not** need to be updated retroactively.

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Benefits Collaborative Meeting Schedule Update

The Benefits Collaborative Process is the Department's formal policy development process and is open to anyone who wishes to participate thus the Department has scheduled a series of upcoming stakeholder meetings related to various Benefits Collaborative Processes. Topics discussed will include: the definition of medical necessity, revisions to private duty nursing policy, and the development of a genetic testing policy. Meeting dates can be found on the Benefits Collaborative Meeting Schedule web page.

For information on any of these meetings or to RSVP please email BenefitsCollaborative@state.co.us.

Tax Season and 1099s

Reminder: Please ensure all addresses (billing, location, and mail-to) on file with the Department's fiscal agent are current. 1099s returned for an incorrect address cause the account to be placed on hold, and **all** payments will be suspended, pending a current W-9. Payments that are held can be released once the W-9 is processed. Claims for payments not released are voided out of Medicaid Management Information System (MMIS) at two (2) different times during the year, once on June 30th and again on December 31st.

The Provider Enrollment Update Form or the Electronic Provider Enrollment Update Form can be used to update addresses, National Provider Identifiers (NPIs), licenses, and affiliations. In addition, an email address may be added or updated to receive electronic notifications. With the exception of updating provider licenses and NPI information, the updates noted above may also be made through the Web Portal via the *MMIS Provider Data Maintenance* option. Please call 303-866-4090 if a provider does not receive a 1099.

January and February 2015 Holidays

Martin Luther King Day Holiday

Due to the Martin Luther King Day holiday on Monday, January 19, 2015, State and the ColoradoPAR Program offices will be closed. The Department's fiscal agent office will be open during regular business hours. The receipt of warrants and Electronic Funds Transfers (EFTs) may potentially be delayed due to the processing at the United States Postal Service (USPS) or providers' individual banks.

Presidents' Day Holiday

Due to the Presidents' Day holiday on Monday, February 16, 2015, State and the ColoradoPAR Program offices will be closed. The Department's fiscal agent will be open during regular business hours. The receipt of warrants and Electronic Funds Transfers (EFTs) may potentially be delayed due to the processing at the United States Postal Service (USPS) or providers' individual banks.

Dental Providers

July 1, 2014 Rate Increase

DentaQuest will retroactively adjust claims with dates of services on or after July 1, 2014 to reflect the rate increase. Mass adjustments made by DentaQuest can only be done if the original submitted charge on a claim is greater than the newly revised rate. Any claim on or after December 8, 2014, must be adjusted by the provider with a submitted charge lower than the corrected rate. It is recommended that providers submit charges based on Usual & Customary rates, when applicable. An updated fee schedule will be forthcoming.

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Adult Dental Program Benefits – Rules and Regulations Date Change

The Department plans to take the Adult Dental Services rule to the [Medical Services Board](#) (MSB) hearing on February 13, 2015. The rule will include revisions based on provider and stakeholder feedback that has been received since the adult dental benefit was implemented on July 1, 2014. The Department will share a draft copy of the proposed changes to the rule for stakeholder feedback at the Public Rule Review meeting on Tuesday, January 20, 2015 at 9:00 a.m. at 225 E. 16th Avenue in the 1st floor conference room, Denver, Colorado 80203.

Billing and Program Updates from DentaQuest

The latest edition Vol. 2 - Revised October 2014 of the *[Colorado Summit](#)*, the DentaQuest quarterly e-newsletter for Colorado's Medicaid dental providers, is available on the DentaQuest Colorado Providers website. Please check this page regularly for the updates to DentaQuest's [Frequently Asked Questions](#) document and for the latest news about the Colorado Medicaid Dental Program. Please contact DentaQuest Provider Services with questions at 1-855-225-1731.

Durable Medical Equipment Providers

Durable Medical Equipment (DME) and Supplies Billing Manual Update

The [DME and Supplies billing manual](#) has been updated to include Complex Rehabilitation Technology (CRT). The new CRT section includes information on eligible providers, covered CRT benefits, CRT procedure codes, and CRT prior authorization requirements.

Please contact Eskedar Makonnen at Eskedar.Makonnen@state.co.us or 303-866-4079.

Federally Qualified Health Centers (FQHCs)/ Rural Health Clinics (RHCs)

Accommodation for Submission with Multiple Lines

The claims payment system for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) has been modified to accommodate the submission of multiple lines identifying the different services provided to the member without creating denials for additional lines. Any line on an FQHC claim that does not have Revenue Code 0529 and any line on an RHC claim that does not have Revenue Code 0521 will be processed without the claim being denied.

Please contact Richard Delaney at Richard.Delaney@state.co.us with questions.

Nursing Facility Providers

Nursing Facility & Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Prior Authorization Request (PAR) Provider Instructions for Xerox State Healthcare Transition

Effective December 29, 2014, the Department's fiscal agent, Xerox State Healthcare, assumed nursing facility and Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) PAR operations.

Nursing facility and ICF/IID PAR processing will NOT change with the exception of the fax line.

As of December 29, 2014, nursing facilities must submit completed 5615/100.2 PAR requests to the Department's fiscal agent via fax at 303-629-9152 or to the following address:

Xerox State Healthcare
PARs
P.O. Box 30
Denver, CO 80201-0030

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PAR documents which contain missing or invalid information will be denied. Facilities are required to resubmit complete and correct information.

Please contact the Department's fiscal agent with questions regarding nursing facility or ICF claims or PARs at 1-800-237-0757.

Please contact Tammie Ruiz at Tammie.Ruiz@state.co.us or 303-866-3574 for questions or concerns regarding the transition.

Waiver Providers

PAR Process for the Colorado Choice Transitions (CCT) Program

Effective February 1, 2015, all PARs for the CCT program should be sent directly to the Department's fiscal agent. Send all new, Continued Stay Review (CSR), and revised PARs to:

Xerox State Healthcare
PARs
P.O. Box 30
Denver, CO 80201-0030

Additional instructions for submitting PARs can be found on the instruction page of the PAR as well as in the CCT Reference Manual. The Colorado Choice Transitions Intensive Case Managers will continue to be responsible for checking on the status of the PAR through the PAR Status Inquiry in the Web Portal as well as downloading PAR letters and distributing to providers.

Please note that any CCT PAR that is sent directly to the Department after February 1, 2015 will be returned to the case management agency. Please send questions, comments, and feedback to CCT@hcpf.state.co.us.

Notice to Case Managers on Changes to the Alternative Care Facility – Post Eligibility Treatment of Income (ACF-PETI) Calculation and Prior Authorization Request (PAR)

Effective January 1, 2015, the Social Security Income (SSI) will increase by 1.7%, resulting in a Cost of Living Adjustment (COLA) increase for Social Security recipients. The Department of Human Services (DHS) Old Age Pension (OAP) grant standard will also increase from $759.00 per month to $771.00 per month. The monthly ACF room and board amount paid by members will increase to $675.00.

Please note that due to these changes, the ACF-PETI calculation and PAR for all 300% Eligible Members must be revised. Alternative Care Facility providers must notify members of a room and board adjustment 30 days prior to the change.

ACF Prior Authorization Request (PAR) Process Reminder

The Department was recently informed of payment issues for categorically eligible members receiving ACF services. The payment issues are the result of a Department error that has since been corrected. This payment issue affected claims for categorically eligible members only. To correct this issue in the long term, it is necessary to revise ACF PAR procedures. When completing ACF PARs for new members, Continued Stay Review (CSR), or revisions as of November 6, 2014, please follow the procedures below:

1. Categorically Eligible Members: complete PAR as usual, do not enter a rate in the cost per unit field. Please leave the cost per unit field blank on the PAR.
2. 300% Eligible Members: complete PAR as usual.

These procedures will ensure that PARs for categorically eligible members will not have to be revised when rate changes occur annually on July 1.

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Please note that all 300% eligible members will require PAR revisions each January and July for changes in COLA, the OAP grant standard, and room and board.

For questions regarding rates, please contact Randie Wilson at Randie.Wilson@state.co.us.

For policy questions, please contact Jennifer Martinez at Jennifer.Martinez@state.co.us.

Pharmacy Providers

Addendum to the December 2014 (B1400360) Provider Bulletin Prior Authorization/Changes: Hepatitis C Medications - Pegylated and Ribavirin

The December 2014 Provider Bulletin (B1400360) stated that the pegylated interferon and ribavirin products, used in combination to treat Hepatitis C, would require prior authorization effective January 1, 2015. The implementation of this prior authorization requirement has been delayed until further notice.

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January and February 2015 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 also posted in the Provider Training section of the Department's website.

Who Should Attend?

Staff who submit claims, are new to billing Colorado Medicaid services, need a billing refresher course, or administer accounts should consider attending one (1) or more of the following Provider Billing Workshops. Courses are intended to teach, improve, and enhance knowledge of the f Program claim submission.

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Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
11	12	13 CMS 1500 9:00AM-11:30AM Web Portal 837P 11:45AM-12:30PM Audiology 1:00PM-3:00PM	14 UB- 04 9:00AM-11:30AM Web Portal 837I 11:45AM-12:30PM ***WebEx*** Hospice 1:00PM-3:00PM	15 Beginning Billing Waiver 9:00AM-11:30AM Web Portal 837P 11:45AM-12:30PM	16 ***All WebEx*** CMS 1500 9:00AM-11:30AM Web Portal 837P 11:45AM-12:30PM	17

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Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8	9	10 CMS 1500 9:00AM-11:30AM Web Portal 837P 11:45AM-12:30PM	11 ***All WebEx*** UB-04 9:00AM-11:30AM Web Portal 837I 11:45AM-12:30PM FQHC 1:00PM-3:00PM	12 ***WebEx*** DME/Supply 9:00AM-11:00AM Provider Enrollment 1:00PM-3:00PM	13 ***WebEx*** Practitioner 9:00AM-11:00AM Dialysis 1:00PM-3:00PM	14

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, 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 e-mail within one (1) 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.

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If a confirmation has not been received at least two (2) business days prior to the workshop, please contact the Department's fiscal agent and talk to a Provider Relations Representative.

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 website, 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 – 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 the 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 Provider Services at 1-800-237-0757.

Please remember to check the Provider Services section of the Department's website at Colorado.gov/hcpf for the most recent information.

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