



Provider Bulletin

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February 2015

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Did you know...?

All Waiver claims are required to have the billing and rendering provider ID fields completed to ensure appropriate claims processing. The eight-digit Medical Assistance Program Provider ID number should be entered in both the billing and rendering provider ID fields.

All Providers

Data Collection Study

The Department of Health Care Policy and Financing (the Department) has begun preparing for the 2015 Healthcare Effectiveness Data and Information Set (HEDIS®) data collection study. The Department has contracted with Health Services Advisory Group, Inc. (HSAG), to conduct this study.

Beginning in February 2015, Guardian Angel Consulting will be contacting providers to collect the necessary medical records. It is critical to the success of the study that providers respond with the requested information as soon as possible. Obtaining a signed release form from the member is not necessary; by signing the member's Medicaid application, the member has already agreed to medical record access. In addition, the provider contract/agreement with the Department contains a statement allowing the Department and its designees access to the medical records of Medicaid members. The Code of Colorado Regulations (CCR) allows the Department or its designees to obtain copies of medical records "at the expense of the provider"; therefore, reimbursement to the provider or to vendors photocopying medical records is not offered.



If the Medicaid members' medical records are selected for this study, Guardian Angel Consulting will contact the provider's office and fax the information regarding the necessary documentation.

For questions about the 2015 HEDIS data collection study, please contact Rachel Henrichs, HSAG project coordinator, at 303-755-1912, or Russell Kennedy, at 303-866-3340. Please send charts per the medical record request to Guardian Angel Consulting prior to May 9, 2015. Do not send charts to Guardian Angel Consulting after this date, as they will not be included in the study. Cooperation towards the success of this project is greatly appreciated.

*HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

**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

Pain Management Resources – Pain Management ECHO Project



The Department has created a comprehensive [Pain Management Resources](#) web page to assist providers in treating members with pain. The web page consists of prior authorization criteria and clinical resources regarding opioids in sections such as: Billing Resources; Pain Assessment; Risk Assessment; Tapering, Converting, and Discontinuing; Pain Guidelines; Patient Education; Substance Use Disorder Assistance; and Non-pharmacological Pain Treatments.

The ColoradoPAR Program

Continuous Positive Airway Pressure (CPAP) Prior Authorization Request (PAR)

A modifier must be used to specify whether the CPAP PAR is for rental or purchase.

- Use modifier RR for CPAP rentals.
- Use modifier NU for CPAP purchases.
- A PAR revision must be submitted for all CPAP purchases when the initial PAR was a rental, unless the following criteria applies:
 - The rental PAR has expired.
 - The provider wants the purchase on a separate PAR, and the compliance documentation is up to date.
- CPAP PAR requests must include a minimum of 60 days of compliance data to ensure that medical necessity guidelines have been met in order to qualify for purchase.

Lack of Information (LOI) Denials

The ColoradoPAR Program has implemented a new protocol to decrease LOI PAR denials. The process to obtain additional information for PAR determinations is as follows:

- Day 1: A message will be sent to the provider via CareWebQI ([CWQI](#)).
- Day 2: The ColoradoPAR Program will contact the provider via telephone and leave a message if there is no answer.
- Day 3: If no contact or additional documentation is received, the PAR will be denied for LOI.

New CWQI Fields

Durable Medical Equipment (DME) Fields

The "Equipment Patient Owned" and "Wheelchair Last Date of Service" DME fields have been added to CWQI and may only be used by DME providers. Completing these fields will decrease the PAR review time.

Physical Therapy and Occupational Therapy (PT/OT) Field

The "Type of Condition – PTOT Providers Only" field has been added to CWQI and may only be used by PT/OT providers. Completing these fields will decrease the PAR review time.



Colorado Medicaid Nurse Advice Line

The Colorado Medicaid Nurse Advice Line offers Colorado Medicaid members free, 24-hour access to medical information and advice by calling 1-800-283-3221 any day of the week.

Additional information can be found on the [Colorado Medicaid Nurse Advice Line](#) web page.

Please contact the [ColoradoPAR Program](#) at 1-888-454-7686 with questions.



PEAKHealth: What the Provider Needs to Know

In late December 2014, the Department launched the new PEAKHealth mobile app which 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 PEAKHealth app is for current Medicaid and CHP+ members and users must have a PEAK account to sign on. PEAKHealth is not for people who want to apply for benefits. PEAKHealth will be available for free in the Apple and Google Play app stores.

What does this mean for the provider?

- Members may show the provider an electronic version of their Medical Card.
- Make sure provider contact information is up to date in the Colorado Medical Assistance Program Web Portal ([Web Portal](#)) because app users can access the provider directory right from their phones.

For more information about PEAKHealth refer to the January 2015 Provider Bulletin ([B1500361](#)).

International Classification of Diseases Version 10 (ICD-10)

Final Rule: October 1, 2015 - Transition date to ICD-10

On June 6, 2014, the U.S. Department of Health and Human Services (HHS) issued a rule, finalizing October 1, 2015, as the new compliance date for health care providers, health plans, and health care clearing houses to transition to ICD-10.

Ongoing Activities

The Department is finalizing the system and code conversion to ICD-10. The code mapping team will do another validation of the completed ICD-10 code sets when the all-inclusive list of codes are published by the Centers of Medicare and Medicaid Services (CMS) at the beginning of 2015.

Provider Outreach for External End-to-End Testing

As of September 2014, all State Medicaid Agencies (SMA) are required by CMS to complete end-to-end testing as part of the October 1, 2015 deadline.

All SMAs will be required to complete testing of the five (5) critical success factors by the new deadline.

Below are the critical success factors outlined by CMS:

- Acceptance of electronic claims
- Accurate adjudication of claims and payments
- Payment (processing of 835s) and reimbursements
- Coordination of Benefits (COB)
- Submission of enhanced beneficiary, provider, claims, and encounter data via Transformed Medicaid Statistical Information System (T-MSIS)

By October 1, 2015, testing of COB processes, claims exchange with partners, and Medicare must be completed by all SMAs.

In external end-to-end testing, business processes will be validated from start to finish with one (1) or more business partners. This testing will provide system validation to the State of Colorado, providers, clearinghouses, and other entities. External end-to-end testing will confirm that systems are integrated, operable, and ready to accept the new ICD-10 codes and formats.



External end-to-end testing will validate:

- Remediated business processes
- Payment Policies
- Claims adjudication rules and edits

External end-to-end testing will focus on the ability of providers and trading partners to exchange ICD-10 Medicaid transactions with the Medicaid Management Information System (MMIS). Participation will be required from the Colorado Medical Assistance Program providers, COB crossovers, clearinghouses, and billing agents.

The Department has started reaching out to providers to partner for external end-to-end testing. End-to-end testing is anticipated to start in March 2015 and continue to the end of June 2015.

To partner with the Department for ICD-10 External End-to-End testing, please contact one of the following:

Sienna Apis at Sienna.Apis@state.co.us or at 303-866-2252;

D'Anyia Bierria at D'Anyia.Bierria@state.co.us or at 303-866-3467;

Shawna Tye at Shawna.Tye@state.co.us or at 303-866-2347.

2015 Healthcare Common Procedure Coding System (HCPCS)

The [Ambulatory Surgical Centers \(ASC\)](#), [Durable Medical Equipment and Supplies \(DME\)](#), [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 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 CMS recommendations: 80300-80377, 81246, 81288, 81313, 81519, 81410-81471, 0006M-0008M.

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

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.

February 2015 Holiday

Presidents' Day Holiday

Due to the Presidents' Day holiday on Monday, February 16, 2015, all State, DentaQuest, 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 processing at the United States Postal Service (USPS) or providers' individual banks.

Dental Providers

Dental Program Benefits – Rules and Regulations Update

Adult Dental

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 received since the adult dental benefit was implemented on July 1, 2014. Specifically, the rule will better define the amount, scope, and duration of the benefit. The Department also adjusted a few of the policies to increase access for adults (adding a few services previously missed) and to reduce burden on providers (removing unnecessary prior authorization requests). These changes were made to address areas where the Department received a large volume of concern from the dental provider network through the dental administrative service organization (ASO).

Children's Dental

The revisions to the Children's Dental Rule that were approved by the MSB on October 10, 2014 went into effect on November 30, 2014. The updated policies will be reflected in the narrative and on the benefit tables in an upcoming version of the DentaQuest Office Reference Manual (ORM). The final version is available on the Code of Colorado Regulations, [10 CCR 2505-10 8.200, Section 8.202 "Dental Services for Children"](#).



Orthodontia

The Orthodontic Benefits Collaborative meeting has been delayed until spring 2015. Further communication about suitable dates and location(s) will be forthcoming. The rule making process will likely begin in the summer of 2015.

HCPCS Updates for 2015 – Current Dental Terminology (CDT) Changes

On January 1, 2015, the Colorado Medical Assistance Program implemented the annual 2015 HCPCS deletions, changes, and additions effective for dates of service on or after January 1, 2015. The dental program will have implemented the necessary changes by the end of January 2015. Please check the [DentaQuest Colorado Providers](#) website for announcements, related updated documents, and billing guidance in the coming weeks.

Billing and Program Updates from DentaQuest

Reminder: Qualified Medical Personnel who are allowed to submit claims for dental services rendered to Medicaid children should continue using the Colorado Medical Assistance Web Portal ([Web Portal](#)) to submit claims for dental services using the 837 Professional (837P) electronic transaction. Additional information is available in the DentaQuest Office Reference Manual (ORM), which can be found with other useful resources on the [DentaQuest Colorado Providers](#) website.

Please contact DentaQuest Provider Services at 1-855-225-1731 for more information.

Durable Medical Equipment (DME)/Supply Providers

Durable Medical Equipment (DME) and Supplies Billing Manual Update

The [DME and Supplies billing manual](#) has been updated to reflect the existing unit limits for some urinary, ostomy, and first aid/dressings codes. Please refer to the DME and Supplies Revisions Log, located at the end of the DME and Supplies billing manual, for a list of the updated codes



Durable Medical Equipment (DME) Supplier License

Reminder: [House Bill 14-1369](#) implemented a new licensure requirement for DME suppliers. Per 10 CCR 2505- 10, Section 8.076.1.10, Pharmacies and DME/Supply providers must hold current valid licensure where applicable. Providers that provide DME and/or disposable supplies and/or plan to bill Medicare this calendar year, please contact the [Secretary of State](#) to obtain the necessary license. After obtaining the license, please email a copy to Carrie Smith at Carrie.Smith@state.co.us.

Home Health

Approved Home Health Rates

The Department recently received CMS approval of Home Health rate increases effective July 1, 2014. Currently, the Home Health rates are being loaded in the MMIS. Once the rates are loaded, the Department will retroactively adjust claims with dates of service on or after July 1, 2014 to reflect the rate increase. Adjustments will be reflected on future Provider Claim Reports (PCRs). Please contact Alex Koloskus at Alexandra.Koloskus@state.co.us with questions

Pharmacy

PAR Letters

Pharmacy PAR letters are generated from the Medicaid Management Information System (MMIS) and mailed to both the Medicaid member and the requesting provider.

If the requesting provider's location address is inaccurate, the provider may update their address via MMIS Provider Data Maintenance in 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.

For Nurse Practitioners, the Department will provide a manually created letter following the same format as the system generated letters used for medical providers.



Please verify all addresses. After all addresses are verified, providers may request a PAR letter by:

1. Faxing a request to 303-866-3590 or;
2. Calling 303-866-3588 and providing the following information:
 - a. Member name
 - b. Medicaid ID
 - c. Date of birth
 - d. Provider fax number
 - e. Provider phone number
 - f. Contact person
 - g. Date of PAR

Prior Authorization Process for Hepatitis C Treatment: Addressing Harvoni® and Viekira Pak®

The Department relies on its Drug Utilization Review (DUR) Board to advise and make recommendations regarding issues of drug utilization, provider education interventions, and application of standards.

Hepatitis C drugs were reviewed by the DUR Board in August 2014, and as such, they are not scheduled to be reviewed again until August 2015. During the August 2014 meeting, the Board made recommendations to the Department regarding coverage criteria on existing and new Hepatitis C agents. The Department will continue to evaluate the drug class to determine whether it will request that the DUR Board review these drugs before August 2015; if so, it will be posted in the DUR agenda on the [DUR Board](#) web page. Currently the Department manually reviews each request for new agents for medical necessity. Consideration for new agents will require a letter of medical necessity.

The Colorado Medical Assistance Program still offers available pharmaceutical options for the treatment of Hepatitis C. Please refer to the [PDL](#) web page for more information. February and March 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 claim submission.

February 2015

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/RHC 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

March 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8	9	10 CMS 1500 9:00AM-11:30AM Web Portal 837P 11:45AM-12:30PM *WebEx* Vision 1:00PM-3:00PM	11 UB-04 9:00AM-11:30AM Web Portal 837I 11:45AM-12:30PM IP/OP 1:00PM-3:00PM	12 *All WebEx* Waiver 9:00AM-11:30AM Web Portal 837P 11:45AM-12:30PM Personal Care 1:00PM-3:30PM Web Portal 837P 3:45PM-4:30PM	13 *All WebEx* CMS 1500 9:00AM-11:30AM Web Portal 837P 11:45AM-12:30PM OT/PT/ST 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.

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:

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.

Also, remember to check the [Provider Services](http://colorado.gov/hcpf) web page of the Department's website at [Colorado.gov/hcpf](http://colorado.gov/hcpf) for the most recent information.

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