Provider Bulletin

Reference: B1600379   **February 2016**

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

Contacts

Billing and Bulletin Questions
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

Did you know...?

If you are a provider in Adams or Arapahoe counties, revalidation and enrollment begins Monday, February 1, 2016. Providers may utilize the new Online Provider Enrollment (OPE) tool. Please refer to the revalidation and enrollment wave schedule to find your county's assigned wave.

All Providers

Accountable Care Collaborative Phase II: Stakeholder Feedback & Meeting Summaries

The Department of Health Care Policy and Financing (the Department) is looking to consult with stakeholders on the future of the Accountable Care Collaborative (ACC). The ACC is the Department's delivery system for health care services and is responsible for supporting the health of our members. Learn more about the ACC.

Procurement Timeline & Stakeholder Engagement

The Department is currently reviewing the ACC Phase II procurement timeline and its stakeholder engagement plan, and we look forward to sharing more information in the coming months. We are aware that the originally proposed timeline was aggressive, given the need for stakeholder feedback and discussion with the Centers for Medicare and Medicaid Services (CMS). The ACC Phase II team has received significant feedback from our partners, and we want to ensure that our next steps reflect the needs of the Department, our members, the physical and behavioral health provider community, county and community partners, and other stakeholders.

The ACC Phase II team will continue to utilize the currently scheduled ACC Program Improvement and Advisory Committee (PIAC) and PIAC Provider and Community Issues Subcommittee to solicit feedback. These meetings are open to the public and have call-in options for participation. For meeting information, go to Colorado.gov/HCPF/ACCPhase2.

For additional information, please see our ACC Phase II January Stakeholder Update and sign up for our regular ACC Phase II communications.

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December Meeting Summaries Available

The Department's published meeting summaries from the following ACC Phase II feedback opportunities can be found at Colorado.gov/HCPF/ACCPhase2.

- ACC Phase II Behavioral Health Community Meeting, December 7, 2015
- Colorado Medical Home Forum, December 8, 2015

Stay informed by joining our newsletter.

Person and Family Centered Approach: Creating a Culture of Collaboration with Members

The Department is hosting a town hall-style meeting to share successes and challenges of our person-centered efforts and to get your feedback on our next phase of this work.

The Department defines a "person-centered approach" as thinking and behaving in ways that respect and value other people's individual preferences, strengths, and contributions. Please see our Overview of Grant Efforts and Accomplishments report.

This town hall will include a presentation that focuses on the Department's broader person- and family-centeredness accomplishments as supported by a grant from The Colorado Health Foundation.

Due to room limitations, in person participation is capped at 50. We ask that organizations send only one representative. A webinar option is also available and will be recorded and made available online. Register for the meeting online.

Regulatory Efficiency Review: 8.079 Quality Improvement

Executive Order D 2012-002 (EO 2) requires that state agencies review, on a continuous basis, all existing rules to ensure they use the best, most innovative, and least burdensome tools for achieving their goals.

Stakeholders will have an opportunity to review and comment on the Rule 8.079 (Quality Improvement) in the following quality improvement committee meetings:

Wednesday, February 17, 2016

Program Improvement Advisory Committee (PIAC) Meeting
9:30 a.m. to 12:00 p.m.
Colorado Department of Health Care Policy and Financing
303 17th Ave, Denver CO, 80203; 11th floor, Conference Rooms A and B

Tuesday, February 23, 2016

Behavioral Health Quality Improvement Committee (BQuIC) Meeting
10 a.m. to 11 a.m.
Colorado Department of Health Care Policy and Financing
303 17th Ave, Denver, CO, 80203; 11th floor, Conference Room C,
Or attend the meeting by calling 800-747-5150, access code 717 2105

Thursday, March 3, 2016

Medical Quality Improvement Committee (MQuIC) Meeting
1:30 p.m. to 2:30 p.m.

Colorado Department of Health Care Policy and Financing
303 17th Ave, Denver, CO, 80203; 12th floor, Conference Room A,
Or attend the meeting by calling 800-747-5150, access code 717 2105
Please contact Jerry Ware at Jerry.Ware@state.co.us or 303-866-2335 with questions.

ColoradoPAR Process Resources

Several ColoradoPAR process resources are available online on the Department's provider services website and the ColoradoPAR provider website.

Provider Services Page

The provider services website has important information to aid you in the ColoradoPAR process including:

- Billing Manuals (CMS1500 by service)
    - Covered benefits or benefit limitations
    - Covered procedures – Current Procedural Terminology (CPT) codes requiring prior authorization
    - Use of modifiers
- Forms
    - Durable Medical Equipment questionnaires
    - Pediatric Long-Term Home Health forms
    - Private Duty Nursing forms
    - Prior Authorization Request (PAR) forms (if an online submission exception has been granted)
- Rate and Fee Schedules
    - An exhaustive list of procedures that do/do not require a PAR
- Provider Web Portal
    - Access to final determination letters

ColoradoPAR Provider Website

The ColoradoPAR provider website has many resources available including:

- Provider Resources
    - Instructions and guides
    - Forms
    - Lack of information prior authorization request PAR denials
    - PAR reconsideration process
    - PAR revision process
    - Retroactive PARs
- Provider Education/Training
    - eQSuite® guides
    - Training registration
    - Presentations and video tutorials
- PAR Portal/eQSuite®
    - Submit PARs
    - Respond to requests for additional information or denials
    - Obtain PAR status
- State News and Resources
    - Links to HCPF web pages
    - Provider news and updates
    - Medical assistance provider resources
    - ColoradoPAR forms

Tax Season and 1099s

Reminder: Please ensure all addresses (billing, location, mail-to) on file with the Department's fiscal agent, Xerox State Healthcare, are current. 1099s returned for an incorrect address cause the account to be placed on hold and **all** payments to 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 the Medicaid Management Information System (MMIS) twice during the year, once on June 30 and again on December 31.

The 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. The form is available on the Department's Provider Forms section of the website in the Update Forms section. With the exception of updating provider licenses and NPI information, the updates noted above may also be made through the Colorado Medical Assistance Web Portal (Web Portal) via the MMIS Provider Data Maintenance option. If you do not receive a 1099, please call the State Controller's office at 303-866-4090 for assistance.

Dental Providers

Healthcare Common Procedure Coding System (HCPCS) Updates for 2016 – Current Dental Terminology (CDT) Changes

On January 1, 2016, the Colorado Medical Assistance Program implemented the annual 2016 HCPCS deletions, changes, and additions effective for dates of service on or after January 1, 2016. The dental program implemented the necessary changes in January 2016. Please check the DentaQuest Colorado Providers website for announcements, updated documents, and billing guidance in the coming weeks. Please contact DentaQuest Provider Services at 855-225-1731 with questions.

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.

Family Planning Services

Coverage for Female Condoms and Spermicides

Colorado Medicaid now provides reimbursement to Medicaid enrolled providers when **female condoms or spermicides** (i.e. foam, gel, and sponge with spermicide) are provided to Medicaid members as part of a family planning service visit claim. Colorado Medicaid previously reimbursed all types of contraceptive methods with the exception of the methods listed above. Female condoms, sponges, and spermicides have been, and will continue to be, available without a prescription for over-the-counter purchases. Medicaid reimbursements for these

methods are only available through provision from a Medicaid enrolled provider. Reimbursements are not available through prescriptions.

Current reimbursement rates and maximum limits per date of service are listed below. Please refer to the [fee schedule](#) for any future rate updates. Effective February 1, 2016, to bill for provision of female condoms, sponges with spermicide, or spermicides alone, please use the following codes:

HCPCS Code	Code Description	Maximum Limit per Date of Service	Fee available Effective February 1, 2016
A4268	Female Condom, each	25	$ 3.30
A4269	Spermicide, Each multi-use container	3	$ 10.00

Note: When submitting claims for these contraceptive methods, use the 'FP' modifier in addition to the appropriate HCPCS code.

Please contact Melanie Reece at 303-866-3693 or Melanie.Reece@state.co.us with questions.

Hospital Providers

International Classification of Diseases 10th Revision (ICD-10) and Rehabilitation Specialty Hospitals

The Department has identified an issue with claims submitted by rehabilitation hospitals with the new ICD-10 **Z51.89** diagnosis code that denied for *Edit 1534 - Primary Diagnosis Invalid for DRG Claim*. This diagnosis code is listed on the CMS list of diagnosis codes not allowed as a primary diagnosis on an inpatient claim. This list was adopted by the Department on October 1, 2015, with the implementation of ICD-10. However, as an exception, the code is allowed as a primary diagnosis on an inpatient claim if it is accompanied by a secondary diagnosis. The exception was implemented by the Department in January 2016, therefore rehabilitation hospital providers should not see the previous denial caused by the diagnosis code **Z51.89** code (*Edit 1534- Primary Diagnosis Invalid for DRG Claim*) after February 1, 2016.

Rehabilitation hospital providers who encountered this denial and had **Z51.89** as the primary diagnosis should rebill their denied claims with dates of service on or after October 1, 2015. Please note that **Z51.89** must be accompanied by a secondary diagnosis, otherwise the Department may deny the claim. Additionally, please include all rehabilitation procedures performed to avoid inaccurate diagnosis-related group (DRG) assignments that may also result in a denial of the claim. The date of this bulletin serves as a late bill override date (LBOD) for denied claims related to the issue described above, with dates of service between October 1, 2015, and February 1, 2016. Per the Department's timely filing guidelines, organizations have 60 days from the late bill override date mentioned above to resubmit claims for payment. Claims not submitted by the end of the 60-day period will be denied.

Please contact Ana Lucaci at Ana.Lucaci@state.co.us with questions.

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<u>Pharmacy Providers</u>

Pharmacy Dispensing Fees for Calendar Year 2016

Effective January 1, 2016, pharmacy dispensing fees were updated based on the total annual prescription volume information submitted by pharmacy providers in October 2015. Pharmacies that did not submit their prescription volume are assigned the $9.31 dispensing fee. The Department recommends that pharmacies review reimbursement to ensure the appropriate dispensing fee have been assigned. Providers may contact the Pharmacy Unit at Colorado.SMAC@state.co.us with any questions.

Total Annual Prescription Volume	Dispensing Fee
0 – 59,999	$13.40
60,000 – 89,999	$11.49
90,000 – 109,999	$10.25
110,000+	$ 9.31
Rural Pharmacy	$14.14
Government Pharmacy	$ 0.00

Morphine Equivalent Limitations Update

Effective February 2016, the Department will implement a limit on total daily morphine equivalents to 300 milligrams (mg) to align with the Governor's initiative to decrease the misuse and abuse of prescription opioids. This includes opioid-containing products where conversion calculations are applied. Prescriptions that cause the member's drug regimen to exceed the maximum daily limit of 300 mg of morphine equivalents (MME) will be denied. In addition, the current policy that limits short-acting opioids to four (4) per day, except for acute pain situations, continues to be in effect.

Prior authorizations will be granted to allow for tapering. The Department anticipates decreasing the limit periodically until a limit of 120MME is reached. Ample notice will be provided before any changes are made to the limit. Doses greater than 120MME have been associated with a higher risk of opioid overdose death. This is in agreement with the Policy for Prescribing and Dispensing Opioids published by the Colorado Department of Regulatory Agencies.

The Prior Authorization (PA) Help Desk can be reached at 800-365-4944.

Criteria:

- Diagnosis of sickle cell anemia will receive a preemptive lifetime PA.
- A one (1) year PA will be granted for admission to or diagnosis of hospice or end of life care.
- A one (1) year PA will be granted for diagnoses of pain from metastatic cancer, bone cancer, and pain from recent cancer treatment.
- Medicaid provides guidance on the treatment of pain, including tapering, on our website **Pain Management Resources and Opioid Use** at www.Colorado.gov/hcpf by searching Pain Management.

- **Only one** (1) long-acting oral opioid agent (including different strengths) and one (1) short-acting opioid agent (including different strengths) will be considered for a prior authorization.

Member should be counseled not to take opioids and drink alcohol concurrently. Also, concomitant use of benzodiazepines and opiates has been associated with a higher incidence of opioid-related overdose.

Functional and pain assessment should be performed during patient visits. If a member has not shown clinically meaningful improvement, then continuing opioids is not considered appropriate care in most cases. Thirty percent improvement is considered clinically meaningful from baseline assessment or at the time of dose change.

Hepatitis C Medication Prior Authorization Process

Reminder: Effective January 1, 2016, all PARs for Hepatitis C medications will be faxed to the PA Help Desk at 888-772-9696.

Hepatitis C Criteria

The Department is considering slight modifications to the Hepatitis C criteria and will ask for recommendations from the Drug Utilization Review Board in February 2016. Any modifications are anticipated to be effective March 1, 2016. The full review of the therapeutic class will occur as scheduled in July and August.

Drug Utilization Review Board (DUR) Meeting

Tuesday, February 16, 2016

6:00 p.m. - 7:00 p.m. Closed Session
7:00 p.m. - 9:00 p.m. Open Session

Skaggs School of Pharmacy and Pharmaceutical Sciences Building
12850 East Montview Blvd
Aurora, CO 80045
Seminar Room - Room 1000; First floor

Note: Parking is available in the Henderson/Visitor Parking Garage.

An agenda for the meeting is found on the Department's website.

<u>Speech Therapy Providers</u>

Outpatient Speech Therapists

Pursuant to the Affordable Care Act (ACA) requirements that State Medicaid Agencies ensure correct ordering, prescribing, and referring (OPR) National Provider Identification (NPI) numbers be on the claim form (42 CFR §455.440), the following changes to the Speech Therapy benefit will be made:

1) Effective April 1, 2016, all Outpatient Speech Therapy claims must contain the valid NPI number of the ordering, prescribing, or referring physician, physician assistant, nurse practitioner, or provider associated with an Individualized Family Service Plan (IFSP), in accordance with Program Rule 8.125.8.A.

   Note: Providers are still **required** to include the eight (8) digit Colorado Medical Assistance Program provider number (Medicaid billing ID).

2) All physicians, physician assistants, nurse practitioners, or providers associated with an IFSP who order, prescribe, or refer Outpatient Speech Therapy services for Medicaid members must be enrolled in Colorado Medicaid (42 CFR §455.410), in accordance with Program Rule 8.125.7.D. An OPR provider may enroll on the Colorado Medicaid Provider Resources website.

   o The new enrollment requirement for OPR providers does not include a requirement to see Medicaid members or to be listed as a Medicaid provider for patient assignments or referrals.

   o Physicians or other eligible professionals who are already enrolled in Colorado Medicaid as participating providers and who submit claims to Colorado Medicaid are not required to enroll separately as OPR providers.

Technical Details

1) The OPR NPI must be present on both institutional (UB-04) and practitioner (CMS 1500) claim types.

   o CMS 1500 claims must have the OPR NPI in field #17.b.

   o UB-04 claims may indicate the attending provider as the OPR provider in field #76.

   o UB-04 claims **without** an attending provider as the OPR provider must have the OPR NPI in field #78.

2) Only licensed or certified otolaryngologists and speech-language pathologists, and supervised speech-language pathology assistants and clinical fellows may render speech therapy services to Medicaid members, in accordance with Program Rule 8.200.3.D.

3) The term "valid OPR NPI number" means the registered NPI number of the provider that legitimately orders, prescribes, or refers the outpatient speech therapy service being rendered, as indicated by the procedure code on the claim.

4) Claims without a valid OPR NPI number that are paid will then be subject to recovery.

5) Medical documentation must be kept on file to substantiate the order, prescription, or referral for outpatient speech therapy. Claims lacking such documentation on file will be subject to recovery.

6) Colorado Medicaid recognizes that outpatient speech therapy ordered in conjunction with an approved IFSP for Early Intervention may not necessarily have an ordering provider. Under this circumstance alone, the rendering provider must use his/her own NPI number as the OPR NPI number.

   o Early Intervention outpatient speech therapy claims must have modifier "TL" attached on the procedure line item for Colorado Medicaid to identify that the services rendered were associated with an approved IFSP.

   o Any claim with modifier "TL" attached must be for a service ordered by an approved IFSP and delivered within the time span noted in the IFSP.

   o If the OPR NPI on the claim is that of the rendering provider, and the claim does not have modifier "TL" attached, the claim is subject to recovery.

Refer to the Outpatient Speech Therapy billing manual for further details.

Please contact Alex Weichselbaum at Alex.Weichselbaum@state.co.us with further questions.

<u>February and March 2016 Provider Workshops</u>

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 or more of the following Provider Billing Workshops. Courses are intended to teach, improve, and enhance knowledge of Colorado Medical Assistance Program claim submission.

February 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7	8	9 ***WebEx*** CMS 1500 9:00 a.m.-11:30 a.m. Web Portal 837P 11:45 a.m.-12:30 p.m. ***WebEx*** Vision 1:00 p.m.-3:00 p.m.	10 ***WebEx*** UB-04 9:00 a.m.-11:30 a.m. Web Portal 837I 11:45 a.m.-12:30 p.m. ***WebEx*** FQHC 1:00 p.m.-3:00 p.m.	11 ***WebEx*** DME/Supply 9:00 a.m.-11:00 a.m. ***WebEx*** Practitioner 1:00 p.m.-3:00 p.m.	12 ***WebEx*** Home Health 9:00 a.m.-11:00 a.m. Dialysis 1:00 p.m.-3:00 p.m.	13

March 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
13	14	15 CMS 1500 9:00 a.m.-11:30 a.m. Web Portal 837P 11:45 a.m.-12:30 p.m. ***WebEx*** PT/OT/ST 1:00 p.m.-3:00 p.m.	16 UB 04 9:00 a.m.-11:30 a.m. Web Portal 837I 11:45 a.m.-12:30 p.m. IP/OP 1:00 p.m.-3:00 p.m.	17 ***WebEx*** Waiver 9:00 a.m.-11:30 a.m. ***WebEx*** Web Portal 837P 11:45 a.m.-12:30 p.m. ***WebEx*** Personal Care 1:00 p.m.-3:30 p.m. ***WebEx*** Web Portal 837I 3:45 p.m.-4:30 p.m.	18 ***WebEx*** CMS 1500 9:00 a.m.-11:30 a.m. Web Portal 837P 11:45 a.m.-12:30 p.m.	19

Reservations are required for all workshops

Email reservations to:
workshop.reservations@xerox.com
Leave the following information:

- Colorado Medical Assistance Program provider billing number

Or Call the Reservation hotline:
800-237-0757, extension 6, option 4.

- The number of people attending and their names

- The date and time of the workshop
- Contact name, address and phone number

All the information noted above is necessary to process reservations successfully. Look for a confirmation email 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.

Workshops presented in Denver are held at:

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

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*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: 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.

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Please direct questions about Colorado Medical Assistance Program billing or the information in this bulletin to
Xerox State Healthcare Provider Services at 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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Image Attribution:

User Testing by Andy Santos-Johnson

Date and Time by Alexandr Cherkinsky

Invoice by Nimal Raj

Dental Hygiene by B. Barrett

Insurance by Alex Auda Samora

Meeting Point by Simon Martin

Talking by Ed Gray