COLORADO
Department of Health Care Policy & Financing

Provider Bulletin

colorado.gov/hcpf

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In this issue:

All Providers 1
Health First Colorado 1
New Recovery Audit Contractor 2
Attention – Coming Soon! 2
Provider Revalidation Update 3
Regulatory Efficiency Review..... 4
EFT Setup for New Providers..... 4
Provider Address Reminder 4
ColoradoPAR Program Updates..... 5
Rate Changes for E&M and Vaccine Administration..... 6
Nurse Advice Line 8
2016 PERM Audit..... 8
July 2016 Holiday 9
Hospital Providers 9
Inpatient Base Rate & Outpatient Hospital Supplemental Payment 9
Immunization Providers.....12
Web Hub for Immunization Information 12
Obstetrical Care Providers 13
Revision of Billing for Delivery of Multiple Gestations 13
Outpatient Radiology and Imaging Providers.....15
Outpatient Radiology and Imaging.15
Pharmacy Providers 15
New Vendor for Setting AAC Rates.15
DMEPOS Unit Limit and Prior Authorization Review 15
Billing Manual Updates 16
PDL Update 16
Pharmacy and Therapeutics Committee Meeting.....17
DUR Board Update.....17
PT and OT Providers.....17
Outpatient Physical and Occupational Therapists 17
2016 Provider Workshops.....20

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 30
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…?

Provider enrollment is a two-part process: 1) Hewlett Packard Enterprises (HPE) sends out an initial approval to providers, 2) Xerox State Healthcare generates an eight-digit Medicaid ID number. Be sure to check the provider next steps to review what happens after submitting an application. If you have further questions, please contact Xerox State Healthcare at 800-237-0757.

All Providers

Colorado Medicaid is Now Called Health First Colorado!

Health First COLORADO™
Colorado's Medicaid Program

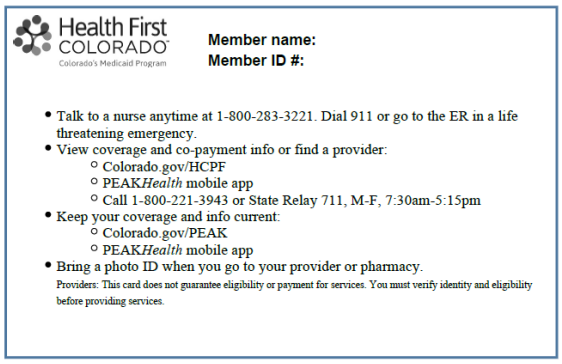
Effective June 27, 2016, the Colorado Medicaid program is now known as Health First Colorado. The new name reflects the significant improvements that have been made to modernize Colorado's Medicaid program to better engage members and improve the quality and coordination of care. The Health First Colorado rename has been made possible through grants from the Colorado Health Foundation and Caring for Colorado Foundation.

The name itself – Health First Colorado – aims to convey the Department's commitment to putting its members' health first, as well as encouraging its 1.3 million members to put their own health first.

While the name and look of Colorado Medicaid are changing, member eligibility, benefits, and providers will remain the same. There are no changes to the provider billing process associated with this change. Visit HealthFirstColorado.com for more information.

New Member Card

Medicaid cards have been updated with the new name, Health First Colorado. Newly enrolled members will automatically receive the Health First Colorado card shown here. Current members can continue to use their existing card or download a new card from Colorado.gov/PEAK.


Health First COLORADO
Colorado's Medicaid Program

Member name:
Member ID #:

- Talk to a nurse anytime at 1-800-283-3221. Dial 911 or go to the ER in a life threatening emergency.
- View coverage and co-payment info or find a provider:
  - Colorado.gov/HCPF
  - PEAK*Health* mobile app
  - Call 1-800-221-3943 or State Relay 711, M-F, 7:30am-5:15pm
- Keep your coverage and info current:
  - Colorado.gov/PEAK
  - PEAK*Health* mobile app
- Bring a photo ID when you go to your provider or pharmacy.

Providers: This card does not guarantee eligibility or payment for services. You must verify identity and eligibility before providing services.

The Department is not replacing cards for all members, therefore providers should continue to accept the "old" card.

Visit the Department's Health First Colorado web page for a schedule of upcoming provider webinars, a link to a recorded presentation, and additional resources to help providers update their patients on this change.

New Recovery Audit Contractor

The Department is pleased to announce that it has awarded Health Management Systems, Inc. (HMS) a contract to act as the Recovery Audit Contractor (RAC) to align with Executive Order 13520 and Section 6411 of the Affordable Care Act. To learn more about the final rules established for the Health First Colorado RAC program, click here.

The purpose of the RAC is to increase transparency in government and holding agencies accountable for reducing improper Health First Colorado payments while also presenting billing education opportunities that improve the accuracy of claims submitted to the Department for reimbursement. Under the RAC, all provider types will be audited.

The Department contacted multiple stakeholder groups and professional associations for input on the request for proposals (RFP) and resulted in the following changes in the new RAC agreement:

- Stronger quality assurance and control measures to improve the accuracy and quality of audits that are conducted;
- Additional contract language to ensure consistent, meaningful training and education opportunities for providers; and
- Clarity in vendor responsibilities and obligations to the Department and to providers when conducting audits and presenting provider education.

Initially, the RFP was posted in early 2014; however, no bids were received. At the end of 2015, the Department posted a second RFP with the additional scope of inpatient hospital DRG claims. The Department received two vendor responses, which included HMS.

HMS serves as an RAC vendor in several other states around the nation. In addition, the Department is currently contracted with HMS to conduct third-party liability reviews to determine if another party is legally responsible for claims payment. The Department and HMS are working to create a provider outreach plan on the RAC and what providers should expect.

Please contact Kim.Nguyen@hcpf.state.co.us with questions.

Attention Health First Colorado and CHP+ Providers – Coming Soon! Big Changes to the Provider Portal, Medicaid Management Information System (MMIS), and Pharmacy Benefits Management System (PBMS)

As part of the Colorado Medicaid Management Innovation and Transformation (COMMIT) project, the Department will be launching several new provider-facing systems on October 31, 2016. Two of these new systems will affect the way providers submit claims and receive payment. These are:

1. Colorado interChange - a new claims processing and eligibility verification system and,
2. PBMS - a new pharmacy point of sale system.

Over the next several months, the Department will work to inform and prepare our provider network for these changes. In addition to the update methods mentioned below, the Department will be hosting a series of live webinars that will allow providers to have all their questions answered. Both webinar and training schedules will be released later in July 2016.

Get the Updates That Matter to You!

Sign-up for our email distribution list today, and we'll send you need-to-know information, **specific to your provider type or business**, straight to your email inbox.

Other Ways to Stay Informed

The Department will keep providers informed and help you prepare for the upcoming changes. Look for general information and updates posted in the Provider Bulletins, At a Glance, and on the Department website.

Health First Colorado Provider Revalidation Important Update!

Starting October 31, 2016, providers that are not enrolled in the Colorado interChange will not have access for claims submissions, member eligibility verifications, or any other business.

The deadline for Health First Colorado provider revalidation is rapidly approaching! By completing the enrollment/revalidation process now through the Online Provider Enrollment (OPE) tool, providers will ensure they do not experience delays in payment because of not being enrolled when the claims management system, Colorado interChange, launches on October 31, 2016. Because revalidation may take several weeks, providers are strongly encouraged to **begin revalidation before August 1, 2016**.

Please **do not** begin the application before reviewing all of the training resources available online. An incorrect or incomplete application requires additional review that **may add weeks** to your application's processing time. Enrollment and Revalidation Instructions are available online. Be sure to review the Information by Provider Type before you begin the online training, as it will help you select the correct training. The Provider Enrollment Manual also includes valuable information to help you complete your application(s) correctly.

Got Enrollment or Revalidation Questions? We've Got Answers

The Health First Colorado Enrollment and Revalidation Information Center is available for you! Whether you have general enrollment questions, questions about the status of your application, or simply want help getting started, provider enrollment specialists are here to help. Providers may call:

Health First Colorado Enrollment and Revalidation Information Center
800-237-0757, option 5
Available Monday through Friday from 8:00 a.m. - 5:00 p.m.
Closed between 12:00 p.m. - 1:00 p.m.

If a specialist is unavailable, please leave a voicemail with your name, a brief message, application tracking number, and a phone number so that a specialist may promptly return your call.

Questions may still be submitted via email to Provider.Questions@state.co.us. Email response time is currently three to five business days. The Department is also hosting weekly Technical Assistance (TA) calls on Tuesdays throughout the month of July. Providers don't have to register for a specific date but may login to the virtual meeting at 1:00 p.m. on Tuesdays.

Regulatory Efficiency Review

Executive Order D 2012-002 (EO 2), later codified by the Colorado General Assembly at Section 24-4-103.3 CRS (2014), requires that state agencies review, on a continuing basis, all existing rules to ensure they use the best, most innovative and least burdensome tools for achieving their goals. This periodic review and evaluation of rules is a core component of the Department's regulatory administrative process.

State agencies are also required to provide an appropriate opportunity for public input. In doing so, the Department is allowed the flexibility to structure public input to fit the particular issues and circumstances of the rules under review. Specifically, the public must be given a meaningful opportunity to comment on the existing rules under review in the context of the criteria established.

Please visit the Regulatory Efficiency Review website for a full list of the rules the Department is reviewing for 2016 and the five-year schedule.

Electronic Funds Transfer (EFT) Setup for New Provider Enrollments

New providers who enroll through the Online Provider Enrollment tool before interChange go-live must take an additional step to setup EFT. In order to set up EFT, providers must **mail** the following documents directly to Xerox:

1. A copy of their W-9
2. The Electronic Funds Transfer form
3. A voided check or bank letter

These documents may be mailed to Provider Enrollment at:

Xerox Provider Enrollment
PO Box 1100
Denver, CO 80201

Please contact Xerox Provider Services at 800-237-0757 with questions.

Provider Address Reminder

The Department stresses the importance of having accurate provider address information. The MMIS stores three addresses for each provider, including Billing, Location, and Mail-To. All addresses should include the entire nine-digit zip code. Please visit USPS.com to verify your complete nine-digit zip code.

Providers have two ways to update their address:

1. Via the Web Portal
   - Additional information is available in the MMIS Provider Data Maintenance User Guide.
2. Via mail utilizing the Provider Enrollment Update Form

Please contact Xerox State Healthcare at 800-237-0757 with questions.

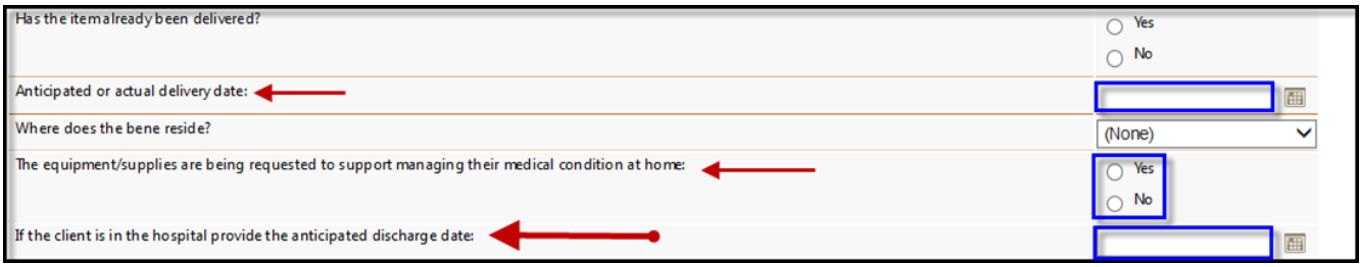
ColoradoPAR Program Updates

Reminder: Durable Medical Equipment Supplies Needed for Hospital Discharge

The Department understands the importance of timely processing of prior authorization requests (PARs) for hospitalized members who need equipment at the time of discharge.

When requesting equipment and related supplies required for the safe discharge of a member from the hospital, it is crucial to answer the following information on the "Start" tab in eQSuite®:

1. Anticipated or actual delivery date.
2. The equipment/supplies are being requested to support managing the medical condition at home.
3. If the member is in the hospital, provide the anticipated discharge date.



Note: Information specific to the delivery of equipment and related supplies to manage a medical condition at home and the anticipated discharge date help eQHealth Solutions' staff prioritize the review of these requests.

Reminder: Supporting Documentation/Attachments

The supporting documentation needed for medical necessity review must be included with each PAR. PARs submitted without the required documentation may result in a technical denial for lack of information (LOI) after four business days.

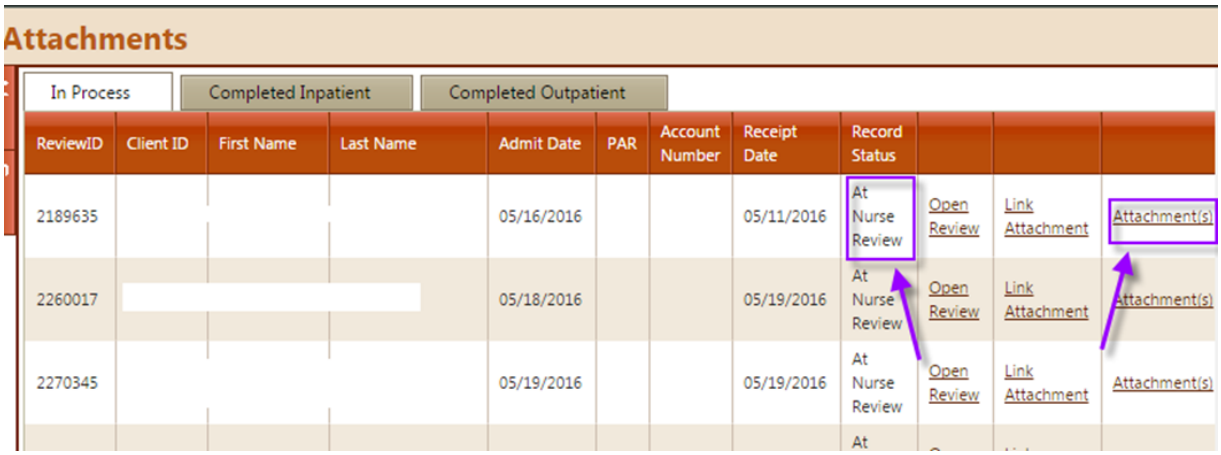
Please use these helpful tips to avoid receiving a technical denial:

1. Have all of the required clinical documentation available at the time of PAR submission. At least **one** of the uploaded documents must include the required attachment type for the service type, as shown in the table below.

Service Type	Required Attachment Type
Audiology	Prescription for services and other supporting documents
Diagnostic Imaging	Order for study
Durable Medical Equipment	Other supporting documents (including Questionnaires when applicable)
Long-Term Home Health	Point of contact and other supporting documents
Medical/Surgical	Supporting clinical documentation
Molecular Testing	Prescription for services and other supporting documents

Private Duty Nursing (PDN)	Medicaid PDN Acuity Tool Point of contact and other supporting documents
Therapy	Prescription for services and other supporting documents
Vision	Prescription for services and other supporting documents

2. After uploading the documents or printing the appropriate eQHealth fax cover sheet and faxing it in with the necessary documents, click the Attachments tab to check the record status. The record status will indicate "At Nurse Review" for successfully linked attachments.



Please contact eQHealth Solutions Customer Service at 888-801-9355 with questions.

Rate Changes for Evaluation and Management (E&M) and Vaccine Administration Services

The Health First Colorado reimbursement rates for E&M procedure codes and vaccine administration procedure codes are changing. The Department reimbursed these codes at a Medicare equivalent rate to comply with Section 1202 of the Affordable Care Act (ACA) for Calendar Year 2013 and Calendar Year 2014 and temporarily extended the Medicare equivalent rate through June 2016. The funding to reimburse the E&M and vaccine administration codes at a Medicare equivalent rate has ended. Effective July 1, 2016, the E&M and vaccine administration services will be reimbursed at the December 2012 level, except as noted below.

From July 1, 2016 through June 30, 2017, through the efforts of the Department and provider associations, one year of additional funding is authorized to reimburse several E&M categories and vaccine administrations higher than the Health First Colorado rates in place in December 2012 (prior to the implementation of Section 1202). The E&M categories with temporary funding are standard office visits, preventive care office visits, newborn visits, neonatal and pediatric critical care visits, and counseling visits. These rates are scheduled to return to the December 2012 level on July 1, 2017.

Categories of E&M that did not receive additional funding will be reimbursed at the December 2012 level starting July 1, 2016. These include emergency room visits, inpatient visits, critical

care visits (excluding neonatal and pediatric critical care visits), home visits, when visits are prolonged, and standby/warfarin/interdisciplinary conference visits.

Please refer to the E&M and Vaccine Administration Services rates appendix below for specific procedure codes in each category. The reimbursement amount for the procedure codes is also in the appendix. The appendix may also be found on the Provider Rates and Fee Schedule website.

Evaluation and Management and Vaccine Administration Services Rates Appendix

Categories with temporary funding	Codes
Immunization Administration	**90460-90461, 90471-90474**
Office Visit	**99201-99205, 99211-99215**
Preventive Medicine Visits	**99381-99397**
Newborn Visits	**99460-99465, 99477-99486**
Critical Care Visit - Neonatal and Pediatric	**99466-99476**
Counseling and Health Risk Assessments	**99401-99414**
Categories without temporary funding	
Emergency Department Visit	**99281-99288**
Inpatient/facility Visit	**99217-99239, 99304-99337**
Critical Care Visit	**99291-99292**
Home Visit	**99341-99350**
Prolonged Visits	**99354-99359, 99415-99416**
Standby, Warfarin, Interdisciplinary conf	**99360-99368**

Rates Effective July 1, 2016

Procedure Code	Rate	Procedure Code	Rate	Procedure Code	Rate
90460	$18.93	**99304**	$65.23	**99386**	$134.82
90471	$18.93	**99305**	$90.66	**99387**	$146.51
90472	$10.99	**99306**	$116.07	**99391**	$88.12
90473	$18.93	**99307**	$32.24	**99392**	$94.12
90474	$10.99	**99308**	$49.55	**99393**	$93.80
99201	$37.99	**99309**	$66.12	**99394**	$102.64
99202	$65.28	**99310**	$96.80	**99395**	$104.86
99203	$94.74	**99315**	$48.13	**99396**	$111.77
99204	$145.48	**99316**	$62.85	**99397**	$120.33
99205	$181.20	**99318**	$68.18	**99401**	$32.22
99211	$17.60	**99324**	$45.53	**99402**	$55.25
99212	$38.31	**99325**	$66.04	**99403**	$76.99
99213	$64.01	**99326**	$107.12	**99404**	$98.75
99214	$94.43	**99327**	$139.04	**99406**	$12.22
99215	$126.41	**99328**	$164.36	**99407**	$24.12
99217	$55.29	**99334**	$45.61	**99408**	$31.39

99218	$51.99	**99335**	$70.06	**99409**	$64.26
99219	$85.44	**99336**	$99.32	**99411**	$14.54
99220	$120.20	**99337**	$142.31	**99412**	$18.97
99221	$72.57	**99341**	$47.86	**99460**	$82.99
99222	$99.88	**99342**	$66.04	**99461**	$86.31
99223	$146.89	**99343**	$104.49	**99462**	$36.95
99224	$20.48	**99344**	$136.73	**99463**	$100.57
99225	$36.34	**99345**	$164.36	**99464**	$64.32
99226	$54.35	**99347**	$43.31	**99465**	$129.60
99231	$30.26	**99348**	$65.12	**99466**	$230.63
99232	$54.14	**99349**	$95.06	**99467**	$108.05
99233	$77.59	**99350**	$133.12	**99468**	$818.85
99234	$104.20	**99354**	$76.46	**99469**	$399.11
99235	$137.43	**99355**	$75.23	**99471**	$750.01
99236	$170.98	**99356**	$69.63	**99472**	$352.90
99238	$55.37	**99357**	$69.87	**99475**	$505.93
99239	$79.49	**99360**	$55.74	**99476**	$305.89
99281	$16.56	**99363**	$92.54	**99477**	$304.68
99282	$31.14	**99364**	$31.84	**99478**	$120.85
99283	$50.09	**99381**	$97.92	**99479**	$109.58
99284	$92.59	**99382**	$102.03	**99480**	$105.52
99285	$138.05	**99383**	$106.44		
99291	$214.56	**99384**	$120.33		
99292	$95.54	**99385**	$116.85		

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

Health First Colorado Nurse Advice Line

Please remind Health First Colorado members that the Health First Colorado Nurse Advice Line is available 24-hours a day, 7-days a week at 800-283-3221. This is a triage call answered by a nurse to help members determine the best level of care required.

2016 Payment Error Rate Measurement (PERM) Audit

Starting this summer, the Centers for Medicare and Medicaid Services (CMS) will begin its 2016 PERM audit on Health First Colorado and Child Health Plan *Plus* (CHP+) programs. CMS will randomly select a set number of paid or denied claims from October 1, 2015 to September 30, 2016 for review.

CMS has contracted with Chickasaw Nation Industries (CNI) Advantage who will contact providers by phone and letter to request medical records that support the claims providers submitted for payment. CNI Advantage will review the medical records to determine if the payment for the corresponding claim was justified. Providers will have 75 calendar days to provide medical record documentation to CNI Advantage.

If the initially submitted medical record documentation is not sufficient, CNI Advantage will contact providers to request additional documentation. Providers then have 15 calendar days to provide the additional documentation. If documentation is not provided, or is insufficient, the provider's claim(s) will be considered in error, and the Department will initiate recovery for the

monies associated with the claim from the provider. The Department will also investigate the reasons why the provider did not submit proper documentation.

Provider Education Calls

CMS will host Provider Education Sessions on June 21, June 29, July 19 and July 27 to give providers an opportunity to learn more about PERM, provider responsibilities, and best practices. Please review the CMS flyer for more information on the Provider Education Sessions. Providers may also visit the CMS PERM website and the Department PERM website for more information.

What is PERM?

The PERM is a federally mandated audit that occurs once every three years. This is a review of claim payments and eligibility determination decisions made for the Health First Colorado and CHP+ programs for accuracy and to ensure that states only pay for appropriate claims. The collection and review of protected health information contained in medical records for payment review purposes is authorized by U.S. Department of Health and Human Services regulations at 45 C.F.R. 164.512(d), as a disclosure authorized to carry out health oversight activities, pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA); CMS PERM Review Contractor activities are performed under this regulation.

Please contact CMS at PERMProviders@cms.hhs.gov or Matt.Ivy@state.co.us or 303-866-2706 with questions.

July 2016 Holiday

Independence Day Holiday

Due to the Independence Day holiday on **Monday, July 4, 2016**, State offices, Xerox State Healthcare, DentaQuest, and the ColoradoPAR Program will be closed. The receipt of warrants and EFTs may be delayed due to processing at the United States Postal Service or providers' individual banks.

Hospital Providers

Inpatient Base Rate & Outpatient Hospital Supplemental Medicaid Payment

Percentage Adjustment Factors for Federal Fiscal Year (FFY) 2015-16

In June 2016, hospital providers were notified of the percentage adjustment factor, by facility, for the Inpatient Base Rate Hospital Supplemental Medicaid Payment and Outpatient Hospital Supplemental Medicaid Payment funded through the Hospital Provider Fee program. The Inpatient Base Rate Hospital Supplemental Medicaid Payment equals the Medicaid Base Rate without Add-ons, multiplied by a percentage adjustment factor, multiplied by Medicaid discharges, multiplied by average Medicaid case mix. The Outpatient Hospital Supplemental Medicaid Payment equals the estimated Outpatient billed costs multiplied by an Outpatient percentage adjustment factor. The percentage adjustment factors are listed in Attachment A of this bulletin.

Please contact Jeff.Wittreich@state.co.us or 303-866-2456 with questions.

Attachment A		
Hospital	**FFY 2015-16 Inpatient Percentage Adjustment Factor (%)**	**FFY 2015-16 Outpatient Percentage Adjustment Factor (%)**
Animas Surgical Hospital	132.03%	43.35%
Arkansas Valley Regional Medical Center	103.00%	53.94%
Aspen Valley Hospital	103.00%	53.94%
Banner Health Fort Collins	119.37%	43.00%
Boulder Community Hospital	51.50%	27.30%
Castle Rock Adventist Hospital	51.50%	27.30%
Centura Health - Avista Adventist Hospital	128.06%	51.07%
Centura Health - Littleton Adventist Hospital	128.06%	51.07%
Centura Health - Ortho Colorado	51.50%	27.30%
Centura Health - Parker Adventist Hospital	51.50%	27.30%
Centura Health - Penrose -St. Francis Health Services	51.50%	27.30%
Centura Health - Porter Adventist Hospital	51.50%	27.30%
Centura Health - Saint Anthony Central Hospital	51.50%	27.30%
Centura Health - Saint Anthony North Hospital	51.50%	27.30%
Centura Health - Saint Anthony Summit Hospital	132.03%	43.35%
Centura Health - St. Mary-Corwin Medical Center	119.37%	43.00%
Centura Health - St. Thomas More Hospital	132.03%	43.35%
Children's Hospital Colorado	9.30%	9.40%
Colorado Acute Long Term Hospital	5.00%	5.00%
Colorado Plains Medical Center	132.03%	43.35%
Community Hospital	119.37%	43.00%
Conejos County Hospital	132.03%	43.35%
Craig Hospital	5.00%	5.00%
Delta County Memorial Hospital	103.00%	53.94%
Denver Health Medical Center	32.00%	18.64%
East Morgan County Hospital	103.00%	53.94%
Estes Park Medical Center	27.82%	18.64%
Family Health West Hospital	51.50%	27.30%
Good Samaritan Medical Center	51.50%	27.30%
Grand River Medical Center	103.00%	53.94%
Gunnison Valley Hospital	103.00%	53.94%
Haxtun Hospital	103.00%	53.94%
HealthOne Medical Center of Aurora	51.50%	27.30%
HealthOne North Suburban Medical Center	51.50%	27.30%

HealthOne Presbyterian/St. Luke's Medical Center	128.06%	51.07%
HealthOne Rose Medical Center	128.06%	51.07%
HealthOne Sky Ridge Medical Center	51.50%	27.30%
HealthOne Spalding Rehabilitation Hospital	5.00%	5.00%
HealthOne Swedish Medical Center	128.06%	51.07%
HealthSouth Rehabilitation Hospital - Colorado Springs	5.00%	5.00%
HealthSouth Rehabilitation Hospital - Denver	5.00%	5.00%
Heart of the Rockies Regional Medical Center	103.00%	53.94%
Keefe Memorial Hospital	103.00%	53.94%
Kindred Hospital	5.00%	5.00%
Kindred Hospital Aurora	5.00%	5.00%
Kit Carson County Memorial Hospital	103.00%	53.94%
Kremmling Memorial Hospital	103.00%	53.94%
Lincoln Community Hospital and Nursing Home	103.00%	53.94%
Longmont United Hospital	51.50%	27.30%
Lutheran Medical Center	51.50%	27.30%
McKee Medical Center	119.37%	43.00%
Medical Center of the Rockies	119.37%	43.00%
Melissa Memorial Hospital	103.00%	53.94%
Memorial Hospital	25.00%	18.64%
Mercy Medical Center	132.03%	43.35%
Montrose Memorial Hospital	103.00%	53.94%
Mount San Rafael Hospital	132.03%	43.35%
National Jewish Health	51.50%	27.30%
North Colorado Medical Center	27.82%	18.64%
Northern Colorado Long Term Acute Care Hospital	5.00%	5.00%
Northern Colorado Rehabilitation Hospital	5.00%	5.00%
Pagosa Mountain Hospital	103.00%	53.94%
Parkview Medical Center	119.37%	43.00%
Pikes Peak Regional Hospital	132.03%	43.35%
Pioneers Hospital	103.00%	53.94%
Platte Valley Medical Center	51.50%	27.30%
Poudre Valley Hospital	27.82%	18.64%
Prowers Medical Center	103.00%	53.94%
Rangely District Hospital	103.00%	53.94%
Rio Grande Hospital	132.03%	43.35%
Saint Joseph Hospital	128.06%	51.07%
San Luis Valley Regional Medical Center	132.03%	43.35%
Sedgwick County Memorial Hospital	103.00%	53.94%
Select Long Term Care Hospital	5.00%	5.00%
Select Specialty Hospital - Denver	5.00%	5.00%

Select Specialty Hospital - Denver South Campus	5.00%	5.00%
Southeast Colorado Hospital	103.00%	53.94%
Southwest Memorial Hospital	103.00%	53.94%
Spanish Peaks Regional Health Center	103.00%	53.94%
St. Mary's Hospital and Medical Center	128.06%	51.07%
St. Vincent General Hospital District	103.00%	53.94%
Sterling Regional MedCenter	132.03%	43.35%
The Memorial Hospital	103.00%	53.94%
University of Colorado Hospital	19.42%	28.97%
Vail Valley Medical Center	132.03%	43.35%
Valley View Hospital	132.03%	43.35%
Vibra Long Term Acute Care Hospital	5.00%	5.00%
Weisbrod Memorial County Hospital	103.00%	53.94%
Wray Community District Hospital	103.00%	53.94%
Yampa Valley Medical Center	132.03%	43.35%
Yuma District Hospital	103.00%	53.94%

Immunization Providers

New Web Hub for Immunization Information

The Colorado Department of Public Health and Environment (CDPHE) has launched a new web-based resource for providers who want to build a successful immunization program. This new Vaccine Resources hub is designed to give health care providers tools to help vaccinate their patient population.

This resource hub offers a variety of tools to assist with challenges that providers may encounter in their immunization programs, including:

- Resources to support providers with vaccine administration
- An overview of private sector services and vendors that support inventory management
- Job aids and video training to support providers in the proper storage and handling of vaccines
- Resources for providers seeking reimbursement for services offered to insured patients
- Tools and resources to improve vaccination rates
- Information regarding the Vaccines for Children (VFC) program that uses federal funding to provide low- or no-cost vaccines to children who might not otherwise be vaccinated because of inability to pay
- An online form to submit questions to immunization clinical staff

CDPHE offers a peer-to-peer provider mentoring program. The project goal is to promote vaccine administration for all children seen in a primary care medical home during the well-child visit. More information about this program can be found on the resource hub.

Obstetrical Care Providers

Maternity Services – Revision of Billing for Delivery of Multiple Gestations

Billing Clarification for Multiple Gestations: Twins

To avoid claim denials and National Correct Coding Initiative (NCCI) edits on claims involving the delivery of multiple infants, additional information is required.

Effective August 1, 2016, to bill for a cesarean delivery or vaginal deliveries for multiple infants, the following guidelines should be used:

1. The appropriate diagnostic code that describes the pregnancy, appropriate gestational history, and outcome of delivery, and
2. The appropriate Current Procedural Terminology (CPT) codes, modifiers, and unit values as set forth below.

For Cesarean Deliveries

- Bill ONLY one CPT code and only ONE unit for the complete cesarean delivery, regardless of the number of babies delivered.
- Whether reporting for a: global delivery (**59510** or **59618**), delivery only (**59514** or **59620**), or delivery including post-partum care (**59515** or **59622**) only one cesarean procedure (with one incision) is being performed.
- Use the most accurate/complete procedure code that describes the antenatal care, delivery history, current delivery type, and any postnatal care provided for the current pregnancy.

For Vaginal Deliveries

- Bill vaginal deliveries for multiples using the guidelines outlined below:

For the first infant (Baby A):

- Use the most accurate/complete procedure code that describes the antenatal care, delivery history, current delivery type, and any postnatal care provided for the current pregnancy.
- Bill only one (1) unit of service for Baby A.

For example:

For vaginal delivery codes, you may choose and combine: **59400** or **59410** with **59409**.

For vaginal deliveries (after a previous cesarean delivery), use: **59610** or **59614** with **59612**.

For an additional infant (Baby B):

- Use one (1) of the above listed "delivery only" codes: **59409** or **59612**.
- Choose the code associated with the same delivery history and type that you used for Baby A.
- Include **modifier '22'** in the first position for Baby B.
- Bill one (1) unit of service for the additional infant.

- Each infant should be listed on a separate line.
- Use the delivery date as the date of service.

If identical codes are needed for billing both Baby A and Baby B, you must submit a paper claim and proper documentation to support use of identical/duplicate codes.

For Vaginal Deliveries Followed by a Cesarean Delivery

For a Vaginal Delivery of the first infant (Baby A):

- Use either code **59409** or **59612** "vaginal delivery only" for Baby A.
- Include **modifier '22'** in the first position for Baby A.
- Bill only one (1) unit of service.

For Cesarean Delivery of Baby B:

- Use the most accurate/complete global cesarean procedure code that describes the antenatal and/or postnatal care or delivery only care provided for the current pregnancy.
- Use one of the following codes for Baby B: global delivery (**59510** or **59618**), delivery only (**59514** or **59620**), or delivery including post-partum care (**59515** or **59622**)
- Choose the Cesarean code associated with the same delivery history you used for Baby A: (**59510** or **59515** with **59409**) OR (**59618**, **59620** or **59622** with **59612**).
- Bill one (1) unit of service for Baby B.
- Each infant should be listed on a separate line.
- Use the delivery date as the date of service.

NCCI Edit Requirements:

- NCCI edits prevent vaginal delivery CPT codes **59400**, **59409**, and **59410** from being billed or combined with the Cesarean Delivery Only CPT code **59514**.
- Use **modifier 'XU'** in the second position when billing the following delivery code combinations:

59410 with **59409** **59610** with **59612** **59614** with **59612**

Billing Examples:

Identified Infant	CPT (examples)	1st Modifier	2nd Modifier	# of Units
		Pregnancy #1		
Baby A	**59400**	none	none	1
Baby B	**59409**	22	none	1
		Pregnancy #2		
Baby A	**59610**	none	none	1
Baby B	**59612**	22	XU	1
		Pregnancy #3		
Baby A	**59409**	22	none	1
Baby B	**59510**	none	none	1

Please refer to the Obstetrical Care billing manual, in the "Procedure Coding" section for more complete descriptions of the above listed codes.

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

Outpatient Radiology and Imaging Providers

Attention Outpatient Radiology and Imaging Providers

Effective July 1, 2016, the following non-emergent CT, MRI, and PET procedures will require prior authorization. These codes are being adjusted to correctly require a PAR and may be referenced in the updated Outpatient Imaging and Radiology billing manual. This affects UB-04 facility and CMS 1500 practitioner claim types.

- **78710** – Kidney imaging morphology tomographic
- **76497** – Unlisted CT procedure
- **76498** – Unlisted MRI procedure
- **G0219** – PET imaging whole body
- **G0235** – PET imaging, any site not otherwise specified
- **G0252** – PET full and partial ring, for initial diagnosis of breast cancer

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

Pharmacy Providers

New Vendor for Setting Average Acquisition Cost (AAC) Rates

Effective July 1, 2016, Myers and Stauffer took over as the Department's new pharmacy AAC rate setting vendor. As a result, the contact information for submitting AAC price inquiries and pharmacy acquisition cost data has changed.

All AAC price inquiries should be emailed to copharmacy@mslc.com or faxed to 317-571-8481.

Pharmacy acquisition cost data should be emailed to pharmacy@mslc.com, Attn: Colorado Survey.

The data may also be mailed to:

Myers and Stauffer
9265 Counselors Row
Suite 100
Indianapolis, IN 46240

Please contact the Myers and Stauffer's help desk line at 800-591-1183 for questions concerning the AAC price inquiries or the submission of acquisition cost data. AAC rates will also be posted on the Myers and Stauffer website.

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Unit Limit and Prior Authorization Review

In order to demonstrate sound stewardship of state resources and ensure that Health First Colorado members have access to and receive appropriate care, the Department sets reasonable limits on the type and amount of durable medical equipment and supplies that may be obtained without a prior authorization. The Department reviews

this criteria with the help of the Colorado Association for Medical Equipment Services (CAMES) and seeks provider feedback prior to final decisions.

The Department will publish suggested new and revised unit limits in the August, September, and October provider bulletins, along with providing information on how to submit feedback.

Billing Manual Updates

Continuous and Bi-level Positive Airway Pressure Devices (CPAP/BiPAP)

Clarification and additional information regarding the coverage of CPAPs and BiPAPs has been added to page three and largely removed from the Comments column of the code table. Effective July 1, 2016, all criteria in the billing manual regarding CPAPs and BiPAPs are in place. Any PARs currently under review or submitted through July 15, 2016 that met previous criteria, but do not meet the newly published criteria, will be managed on a case-by-case basis.

The Department is currently reviewing the Prior Authorization requirement of a compliance level of 80 percent with a nightly average of at least five hours, so this may be modified in the upcoming months.

Rendering Provider vs. Billing Provider

For DMEPOS claims, a Rendering Provider is no longer required. The billing manual has been updated to reflect this change. The billing provider's information is still required.

Please contact HCPF_DME@state.co.us with questions.

Preferred Drug List (PDL) Update

Effective July 1, 2016, these are the following drug classes and preferred agents:

Newer generation antihistamines and combinations: Preferred products will be cetirizine (generic OTC Zyrtec) (tab, chew tab, syrup), loratadine (generic OTC Claritin) (tab, syrup)

Angiotensin Receptor Blockers and combinations: Preferred products will be Benicar, irbesartan, losartan, valsartan, Benicar-HCT, Diovan-HCT, losartan/HCTZ

Renin Inhibitors and Combinations: No preferred products

Fibromyalgia agents: Preferred products will be: Lyrica, duloxetine

Inhaled Anticholinergics and combinations: Preferred products will be albuterol/ipratropium, ipratropium, Atrovent HFA, Combivent Respimat, Spiriva Handihaler

Short-acting Inhaled Beta 2 agonists: Preferred products will be albuterol solution, Proair HFA inhaler

Long-acting Inhaled Beta 2 agonists: Preferred product will be Serevent but will still require a PA

Inhaled corticosteroids: Preferred products will be budesonide nebules (0.25mg and 0.5mg), Pulmicort nebules (1mg) Asmanex Twisthaler, Flovent HFA and Diskus, QVAR

Inhaled corticosteroid combinations: Advair Diskus, Dulera

- **Advair HFA will no longer be preferred. Health First Colorado members will need to get a prescription for a preferred product or seek a prior authorization.**

Long Acting Oral Opioids: Preferred products will be methadone, fentanyl patches, morphine sulfate ER, tramadol ER

- Butrans patch with single step edit

Skeletal muscle relaxants: Preferred products will be baclofen, cyclobenzaprine, tizanidine

Testosterone: Preferred products will be Androgel 1.62%, Androderm, Depo-Testosterone (brand and generic)

Topical Immunomodulators: Preferred product will be Elidel

The July 1, 2016, PDL is posted on the Department's website. This can be found by on the Provider Forms web page in the Pharmacy section. Please refer to the latest PDL for all the detailed prior authorization criteria.

Pharmacy and Therapeutics Committee Meeting

Tuesday, July 5, 2016
1:00 p.m. – 5:00 p.m.
303 E 17th Avenue
11th floor Conference Rooms

Drug Utilization Review (DUR) Board Update

The DUR board has openings for a physician and an industry representative. The physician board member shall serve a two-year term. The industry position is a one-year term, non-voting position.

If you are interested in serving, please submit your curriculum vitae (CV) or resume through one of the following options:

By email:
Robert.Lodge@state.co.us
By mail:
Colorado Department of Health Care Policy and Financing
Attn: Robert Lodge
1570 Grant St
Denver, CO 80203
By fax:
303-866-3590

The deadline for this submission will be **July 22, 2016**.

Physical and Occupational Therapy Providers

Attention Outpatient Physical and Occupational Therapists

Effective July 1, 2016, the Department changed the claim payment system to align with the policies outlined in the Medicaid State Plan. This change affected the following benefit limitations:

	Children (ages 0 – 20)	**Adults (ages 21+)**
Rehabilitative Benefit Limit	Covered for all children without limit.	Limited to 48 units of service per 12-month period

Habilitative Benefit Limit	Covered for all children without limit. See billing manual for details.	Limited to 48 units of service per 12-month period covered for certain adult members only. See billing manual for details.
Prior Authorization Required	Yes, to exceed the initial 48 units per 12-months which do not require prior authorization. Habilitative services always require a prior authorization request.	Not required for Rehabilitative benefits. Always required for Habilitative benefits.
Billing Cycle	Claims for services beyond 48 units per 12-months that do not have prior authorization will be denied.	Claims for rehabilitative services beyond 48 units per 12-months will be automatically denied. Claims for habilitative services which do not have prior authorization will be denied.

Further Policy Guidance

- The 48 unit limit is any combination of PT and OT from any provider.
- Units will begin decrementing against the 48 limit from the first date of service. The 48 unit maximum will be refreshed on the 366th day from the first date of service.
- Existing approved prior authorization which spans, or exceeds, a member's 21st birthday is not affected. Providers may still bill for services for which prior authorization has already been obtained, regardless of the member's age.
- Future prior authorization requests submitted on or after July 1, 2016 for children nearing their 21st birthday will be automatically end-dated to the last day of their 20th year of age.

- At this time, the Department does not have the technical capability to display, for providers or members, the remaining benefit unit-amount that a member has for physical and occupational therapy. The Department is working to program this capability for 2017. It is therefore recommended (but not required) that providers always seek prior authorization for children to avoid rendering services that cannot be paid because a prior authorization is not on file. Providers of adult services are advised to closely monitor the number of units they have billed and inform members when their benefit is nearing exhaustion.
- The Department posted the adult benefit limitation on the Member Benefits and Services Overview website; however, providers are encouraged to remind the adult member of this limitation at the onset of services.

In mid-July, the Department will publish two Frequently Asked Questions documents to the Provider Information website: One for providers, and one for members.

Benefit coverage information detailing this policy can be found in the Physical and Occupational Therapy Benefit Coverage Standard.

Further billing information can be located in the Outpatient Physical and Occupational Therapy billing manual.

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

July and August 2016 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 Health First Colorado 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.

July 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10	11	12 CMS 1500 9:00 a.m.-11:30 a.m. Web Portal 837P 11:45 a.m.-12:30 p.m. PT/OT/ST 1:00 p.m.-3:00 p.m.	13 UB-04 9:00 a.m.-11:30 a.m. Web Portal 837I 11:45 a.m.-12:30 p.m.	14	15 ***WebEx*** CMS 1500 9:00 a.m.-11:30 a.m. Web Portal 837P 11:45 a.m.-12:30 p.m.	16
17	18	19	20	21 ***All Classes WebEx*** Waiver 9:00 a.m.-11:30 a.m. Web Portal 837P 11:45 a.m.-12:30 p.m. Personal Care 1:00 p.m.-3:30 p.m. Web Portal 837I 3:45 p.m.-4:30 p.m.	22	23

August 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 p.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*** Hospice 9:00 a.m.-11:00 a.m. ***WebEx*** Transportation 1:00 p.m.-3:00 p.m.	13

Reservations are required for all workshops by:

Emailing reservations to: workshop.reservations@xerox.com	Or	Calling the Reservation hotline to make reservations: 800-237-0757, extension 6, option 4.

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 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 a Provider Relations Representative at 800-237-0757.

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

Free MallRide

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 for the most recent information.

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