COLORADO
Department of Health Care Policy & Financing

Provider Bulletin

Reference: B1700403

Sept 2017

Did You Know?

Claim denials for Explanation of Benefits (EOB) 2580 "The services must be billed to the HMO/PHP listed on the eligibility inquiry" may appear for a medical or mental health service. The definition of Health Maintenance Organization (HMO) or Managed Care Organization (MCO) now includes Behavioral Health Organization (BHO). In the previous MMIS, there was an EOB code for HMO and a separate EOB code for the BHO. The new Colorado interChange combines these two EOB codes into one. Providers may see this EOB code when there is an HMO, Prepaid Health Plan (PHP), or BHO listed on the eligibility inquiry. DXC Technology (DXC) and the Department of Health Care Policy & Financing (the Department) are working to update the description of this EOB code to more clearly define the EOB.

If the client has a BHO listed on the eligibility inquiry, providers should refer to the 2017 Uniform Service Coding Standards Manual to verify that the services are covered under the BHO. If the services are listed as covered by the BHO, providers should bill to them.

All Providers

National Provider Identifier (NPI) Numbers

Providers may get EOB Code 1473 (Multiple Provider Locations Found for Billing Provider) as a reason for claim denial if each location address and provider type within one organization do not have a unique NPI.

If sharing an NPI with more than one (1) group provider type or location address, then additional steps are needed to ensure proper claims adjudication.

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

A unique nine (9) digit zip code or taxonomy code is required to identify the Health First Colorado (Colorado's Medicaid Program) billing provider ID. Providers are strongly encouraged to obtain a unique billing NPI for every location address and provider type. To obtain a separate NPI, contact NPI at 800-465-3203. For more information about NPI claims matching, contact the Provider Services Call Center at 1-844-235-2387.

This information was previously published in the Provider Bulletin from December 2016.

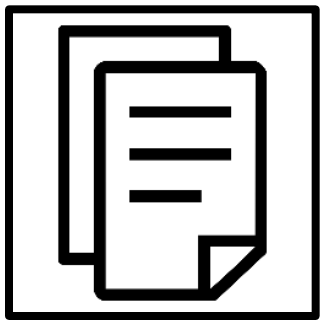
Claim Submission Method for Claims with Attachments

All claims with attachments should be sent via the Provider Web Portal. Providers submitting less than five (5) claims per month may submit a request form; otherwise, all providers should be billing electronically, even with attachments.

The Department recognizes that providers have encountered issues with the Web Portal and is giving providers a grace period to submit paper claims, even if they do not submit less than five (5) per month.

Load Letter Information Reminder

The purpose of a Load Letter is to confirm that a member was approved for Health First Colorado retroactively or there was a delay in eligibility approval 120 days from date of service. If the member has been approved for Health First Colorado, then the Load Letter will be issued to the provider to allow them to bill for the service. Providers will need to submit the claim with the attached Load Letter via the Provider Web Portal so it will not deny for timely filing.



If the claim is outside timely filing for reasons unrelated to retroactive eligibility, please visit the General Billing Informational Manual.

As of June 1, 2017, Load Letters will only be accepted by DXC if they are granted by the Department. Claims submitted with a Load Letter that does not have the revision date of April 17, 2017 will not be accepted.

To request a Load Letter from the Department, send a copy of the Load Letter Request Form to LoadLetterRequests@hcpf.state.co.us or fax the request to 303-866-2082. For any questions regarding load letters, email LoadLetterRequests@hcpf.state.co.us or view the FAQ online.

National Correct Coding Initiative (NCCI) Notification of Quarterly Updates

Providers are encouraged to monitor Centers for Medicare & Medicaid Services (CMS) for updates to NCCI rules and guidelines. Updates to the procedure-to-procedure (PTP) and medically unlikely edit (MUE) files are completed quarterly with the next file update available October 2017. For more information, visit the CMS NCCI website.

ColoradoPAR (eQHealth) Information and Updates

Peer-to-Peer (P2P) Consultation Process

Peer-to-Peer (P2P) Consultation is an opportunity for the ordering physician to discuss a PAR medical necessity denial with an eQHealth Solutions physician reviewer.

In order to schedule these consultations efficiently, the ordering physician or a representative from their office must contact eQHealth within five (5) calendar days with a date and time preference for the consultation. If one is not the ordering physician but feels that a P2P consultation would be beneficial, please notify the ordering physician to initiate the consultation with eQHealth Solutions.

Please review the recently updated Provider Guide for more information. This information, along with many other resources, can be found on the ColoradoPAR Website on the Provider Resource Tab.

Error Message 12042

EQHealth Solutions has programmed a new error message in eQSuite primarily for Durable Medical Equipment (DME) providers.

Error 12042 ("The minimum required units has not been added for the full date span requested") displays if a provider submits a PAR for a number of units below the threshold needed for a PAR.

For example, if code X requires prior authorization for six (6) or more units, eQSuite will display error 12042 if a PAR is submitted for five (5) or fewer units.

If you receive this error message, please review the billing manual to verify the minimum unit limits for a particular code.

Modifiers RA/RB

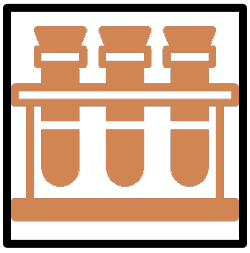
Modifiers RA and RB for DME items are now in eQSuite.

- Modifier RA is to be used for the replacement of a DME, orthotic or prosthetic item.
- Modifier RB is to be used for the replacement of part of a DME, orthotic or prosthetic item furnished as part of a repair.

Contact ColoradoPAR Customer Service at 888-801-9355 or visit the ColoradoPAR Website for more information or with any questions.

Hospital, Lab and Physician Services

Urinalysis Tests Information Update



Beginning October 1, 2017, the Department will implement unit limits on presumptive drug test Current Procedural Terminology (CPT) codes 80305, 80306 and 80307. The unit limit is four (4) per month per client for each code. This unit limit applies to all provider types.

Additionally, substance-specific confirmatory tests, CPT codes 80320 – 80377, must have a positive or inconclusive presumptive test for the specific substance(s) being tested within two (2) days prior to the test unless the test is performed in a hospital setting.

The positive or inconclusive results of the presumptive test must be scanned and attached to the claim. Confirmatory tests without the corresponding positive or inconclusive presumptive test are not eligible for reimbursement.

Contact Raine Henry at Raine.Henry@state.co.us with questions concerning this policy.

Hospital Updates

Outpatient Hospitals

Newly Issued Outpatient EAPG Base Rates FY 2017-18

Outpatient Enhanced Ambulatory Patient Group (EAPG) Base Rates to be effective FY 2017-18 have been posted to the Outpatient Hospital Payment web page. These rates were calculated by applying a 1.4% increase to the transitional hospital-specific EAPG base rates effective on October 31, 2016.

The scheduling for any upcoming mass adjustments for outpatient hospital claims is still pending. The Department is assessing system issues that may be impacting the EAPG payment methodology and will provide more details on the mass adjustments forthcoming.

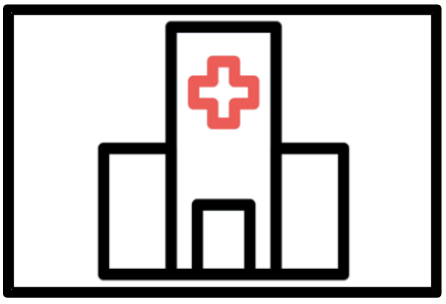
Contact Andrew Abalos at Andrew.Abalos@state.co.us or 303-866-2130 for any questions regarding the new EAPG rates, or the EAPG methodology in general.

Inpatient Hospitals

ICD-10 October 1, 2017 Update

The Department is aiming for the APR-DRG Version 33 Software to be updated to reflect the ICD-10 October 1, 2017 Update on or shortly after October 1, 2017.

Contact Diana Lambe at Diana.Lambe@state.co.us or 303-866-5526 for any questions.



Inpatient Hospitals

Inpatient Claim Mass-Adjustment Coordination

The Department has chosen the hospitals and specific Internal Control Numbers (ICN) that will be part of the mass adjustment test. The goal is to provide an update at the next Hospital Engagement Meeting about the test results and next steps in addition to the Hospital Engagement Newsletter.

Sign up to receive the Hospital Engagement Meeting newsletters.

Contact Diana Lambe at Diana.Lambe@state.co.us for any concerns about the impending mass adjustments or more information.

All Hospital Providers

Hospital Engagement Meetings

The Department has been holding multiple Hospital Engagement Meetings in 2017 to discuss current issues regarding payment reform and operational issues moving forward. The next meeting is scheduled for Friday, September 1, 2017.

Sign up to receive the Hospital Engagement Meeting newsletters.

The agenda for upcoming meetings will be available on the Inpatient Hospital Payment web page in advance of each meeting.

Registration links for each session during the day will also be available prior to the meeting. Click on the links to register for each session and a link will be provided to connect to the webinar. For more information, visit the Inpatient Hospital Payment website.

Contact Elizabeth Quaife at Elizabeth.Quaife@state.co.us or 303-866-2083 with any questions.

Circumcision Coverage

Beginning July 1, 2017, circumcision is a benefit of the Colorado Medicaid program. The following procedure codes are covered services and can be reimbursed: 54150, 54160 or 54161. There are no prior authorization requirements for this service. This change does not affect the Child Health Plan Plus (CHP+) Program.

Contact Richard Delaney at Richard.Delaney@state.co.us for more information.

Behavioral Health Lab Policy

As of October 31, 2016, BHOs are responsible for the payment of laboratory codes 80047 - 89398 provided to their members for the following BHO-covered ICD-10 diagnoses below:

BHO MH Diagnoses Ranges		**SUD Diagnoses Ranges**	
Start Value	**End Value**	**Start Value**	**End Value**
F20.0	F42.3	F10.10	F10.26
F42.8	F48.1	F10.28	F10.96
F48.9	F51.03	F10.98	F13.26
F51.09	F51.12	F13.28	F13.96
F51.19	F51.9	F13.98	F18.159
F60.0	F63.9	F18.18	F18.259
F68.10	F69	F18.28	F18.959

BHO MH Diagnoses Ranges		SUD Diagnoses Ranges	
Start Value	**End Value**	**Start Value**	**End Value**
F90.0	F99	F18.980	F19.16
R45.1	R45.2	F19.18	F19.26
R45.5	R45.82	F19.28	F19.99

Providers should always determine if a member is assigned to a BHO before providing services. BHOs may have Prior Authorization Requests (PARs) and network enrollment policies that providers must adhere with to bill the BHO.

Health First Colorado does not pay Fee-for-Service claims for benefits covered by the BHOs.

Contact the appropriate BHO for questions pertaining to this policy.

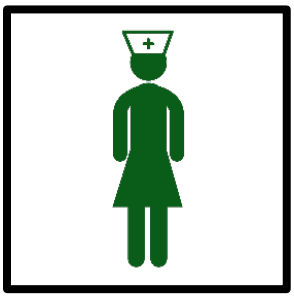
Nursing Facilities/Skilled Nursing Facilities/Intermediate Care Facilities

Important NF/SNF/ICF Provider Updates

Nursing Home Innovations Grant Board Vacancies

The Nursing Home Innovations Grant Board currently has two (2) vacancies for individuals employed in a Long Term Care (LTC) facility. The board meets one time per month and has grant-making authority for up to $250,000/yr. Individuals interested can apply with the Governor's Office of Boards and Commissions.

New Operations Specialist on the Supportive Living Options Team



Please update your contact information from Susan Love to Patricia Arellano at Patricia.Arellano@state.co.us and 303-866-4372. Patricia is responsible for Post Eligibility Treatment of Income (PETI) approvals, Change of Ownerships (CHOWs) and other duties previously handled by Susan Love.

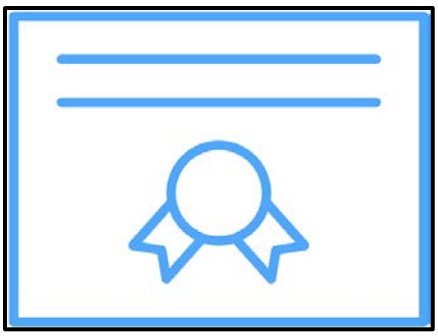
New Dear Administrator Letter (DAL) issued July 1, 2017 Regarding Med-13 Cost Report Extensions

This DAL reminds providers about the Med-13 Cost Report submission rule located at 10 CCR 2505-10, Section 8.442. If the provider needs an extension on the submission date of their Med-13 Cost Report, it must be requested ten (10) days prior to the submission due date. The Department may grant up to a 30-day extension. Submit extension requests to Patricia Arellano at Patricia.Arellano@state.co.us.

UB-04 Nursing Facility Billing Manual Updated

Please refer to the updated Nursing Facility Billing Manual that is located on the website. Changes appear in the UB-04 Paper Claim Reference Table (Type of Bill section), the PETI/Incurred Medical Expenses (IME) (attachment section) and the CHOW section. Contact Cathy Fielder at Cathy.Fielder@state.co.us with any questions.

Type of Billing (TOB) notes:



- Provider Type 20 (Nursing Facility/Hospital Back-Up/Swing Bed) and billing accommodation code 0129 must use TOB 21x. This is a change from prior billing practices and now aligns with the NUBC (National Universal Billing Codes).
- Provider Type 21 (Intermediate Care Facility) should use TOB 65x or 66x.

PETI/IME notes:

- Reminder: The PAR attachments must be uploaded before the PAR is submitted for approval.
- The attachments may be uploaded as a single PDF document or as individual pages.

CHOW New Owner notes:

- The new owner must apply in the Colorado interChange system before they can begin billing for rendered services. The application requires a Colorado Department of Public Health and Environment (CDPHE) license to be attached (along with the completion of the other application requirements) before the application will be approved by the Department.

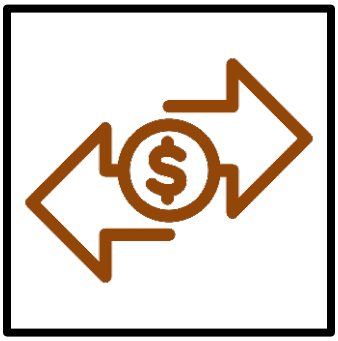
Please notify Patricia Arellano at Patricia.Arellano@state.co.us and Cathy Fielder at Cathy.Fielder@state.co.us with the application tracking number (ATN) so the Department can monitor the progress of the application and approve the application.

Obstetric, Pediatric, Primary Care, and Home Visiting Providers

Increase in Reimbursable Maternal Depression Screenings

Beginning July 2017, the Department allows for three maternal depression screenings within the first year postpartum. Screenings are recommended during the following visits: 0-1-month visit, the 2-month visit, and either the 4-month or 6-month visit. However, providers may screen any time up to 12 months postpartum.

To ensure members receive the most appropriate care from the most appropriate provider, screens must be coordinated between a member's obstetrician, the child's pediatrician and any home visitor who provides services to the member. If possible, providers should bill under the mother's Medicaid ID. If not, the provider may bill the screen under the child's Medicaid ID. The Department recommends the Edinburgh Postnatal Depression Scale (EPDS-10 or EPDS-3), but will accept any validated tools (e.g. PHQ-9, Beck Depression Inventory, Columbia Depression Scale, etc.). Please use procedure codes G8431 (for a positive screen) or G8510 (for a negative screen).



If a behavioral health need is identified after screening then providers must refer the mother to a BHO, or Regional Care Collaborative Organization (RCCO). Resources for performing screening, discussing postpartum depression and referring for positive screens can be found at the Colorado Department of Public Health and Environment's

Pregnancy Related Depression Resource Hub and in the Substance Abuse and Mental Health Services Administration Toolkit, Depression in Mothers: More Than the Blues.

Contact Maternal Child Health Policy Specialist Susanna Snyder at Susanna.Snyder@state.co.us or 303-866-3154 for more information.

Outpatient Physical, Occupational, and Speech Therapy Providers

Outpatient Therapy Coding

Beginning October 1, 2017, modifier 'SZ' will replace modifier 'HB' for outpatient habilitative therapy claims.

Providers must use modifier 'SZ', instead of 'HB', in the second modifier position for these types of claims. PARs for habilitative outpatient therapies must also use modifier 'SZ' instead of 'HB' in the second modifier position.

The first modifier position for both outpatient rehabilitative and habilitative therapy claims must be either 'GP', 'GO', or 'GN', depending on the type of therapy. See modifier table below.

Outpatient Therapy Type	Modifier 1	Modifier 2
Rehabilitative Physical Therapy	GP	
Rehabilitative Occupational Therapy	GO	
Rehabilitative Speech Therapy	GN	
Habilitative Physical Therapy	GP	SZ
Habilitative Occupational Therapy	GO	SZ
Habilitative Speech Therapy	GN	SZ
Early Intervention Physical Therapy	GP	TL
Early Intervention Occupational Therapy	GO	TL
Early Intervention Speech Therapy	GN	TL

Claim and PAR modifier code table

Reference the Outpatient Physical & Occupational Therapy Policy and Billing Manual and the Outpatient Speech Therapy Policy and Billing Manual under the CMS1500 section for details.

Contact Alex Weichselbaum at Alex.Weichselbaum@state.co.us with any questions.

Pediatric Behavioral Therapy Codes

Coding Changes

In order to correct claim denials for EOB 2580 "bill the HMO/PHP/BHO", the procedure codes for Pediatric Behavioral Therapies services have changed. A system change was made on August 18, 2017, to end codes H2015, H0036 and H0031 and to add codes H0046 and T1024. Claims for dates of service after August 7, 2017, billed using the previous procedure codes will deny. The previous and new coding are shown in the crosswalk below:

Current Procedure Code	New Procedure Code	New Procedure Modifier	Unit
H2015	H0046		Per 15 Minutes
H0036	H0046	TJ	Per 15 Minutes
H0031	T1024		Per 15 Minutes
H0031 Modifier: TS	T1024	TJ	Per 30 Minutes limited to two units per six months

Contact Gina Robinson at EPSDT@state.co.us for any additional questions or concerns with Pediatric Behavioral Therapies.

Pharmacy and Prescribing Providers

Drug Utilization Review (DUR) Announcements:

Effective August 1, 2017, Opioids in the Opioid Naïve

Opioid prescriptions for the opioid naïve will be limited to a 7-day supply for the first and second and third fill; the fourth fill for seven days of any opioid prescription will require a prior authorization and potentially a provider tele-consult with the DUR's Pain Management Physician (at no charge to provider or member). More information can be found in the DUR Newsletter or this press release.

Effective October 1, 2017, Morphine Milligram Equivalents (MME) Upper Limit Decreasing to 250 MME from Current Maximum of 300 MME

Beginning October 1, 2017, the prescription that puts the member above 250 MME will be rejected and require a consultation with our pain management physician. It is recommended that providers and their teams work to taper Medicaid members below or up to 250 MME prior to October 1, 2017.

The next DUR meeting is scheduled for November, 2017 (date TBD), and the following drug classes will be covered, among other individual agents TBD:

Anti-emetics, newer generation antidepressants, anti-herpetic agents, oral anti-platelets, epinephrine products, oral fluoroquinolones, pancreatic enzymes, proton pump inhibitors, pulmonary arterial hypertension agents, targeted immune modulators and triptans.

Visit the Department page or email SSPPS.co-ddur@ucdenver.edu for more information about the DUR's activities.

Pharmacy Provider PAR Approval and Denial Letters

As of August 15, 2017, providers will no longer receive a copy of the pharmacy PAR approval or denial letters that are sent to members. Essentially, providers already receive notice of the approval or denial via telephone and/or facsimile before the letter is sent to the provider. All other processes of receiving approval or denials will remain the same and below is a reiteration of the process:

Pharmacy PARs by fax:

No later than 24 hours after a provider faxes in a request, the provider will receive an approval or denial via fax.

If the PAR is incomplete or additional information is needed, a request for additional information shall be initiated within one working day from the day the request was received.

If the provider does not respond within 24 hours of the Department's inquiry, the PAR shall be denied.

Pharmacy PARs by phone:

When a provider **calls** to request a prior authorization, the provider will receive a verbal approval, denial or request for more information on the phone. The provider will receive a follow up fax with the corresponding information.

Pharmacy Member PAR Approval Letters

As of November 1, 2017, Health First Colorado members will no longer receive pharmacy PAR approval letters in the mail. The letters are not necessary for approval, or to receive the approved medication. These letters only serve as confirmation of what was already approved. Due to the delay in mailings, members often already have received the medications before they received the letter. If the members, for any reason, need access to a physical copy of their approval letter this option will still be available if they contact the Health First Colorado Member Contact Center at 1-800-221-3943/State Relay 711 and request it.

The Department will still send PAR denial letters to members.

Contact Kristina Gould at Kristina.Gould@state.co.us for more information.

Total Annual Prescription Volume (TAPV) Survey

The Department has contracted with Myers and Stauffer to conduct the TAPV survey of pharmacy providers. The prescription volume information submitted by most pharmacy types will be used to determine their dispensing fee for the 2018 calendar year.

Pharmacies which meet the regulatory definition of a Government or Rural Pharmacy will have their dispensing fee determined by their pharmacy type (per 10 CCR 2505-10, Sections 8.800.1 and 8.800.13).

Myers and Stauffer will distribute the surveys to pharmacy providers starting October 1, 2017, and completed surveys must be returned to Myers and Stauffer by October 31, 2017. Pharmacy providers (other than Government or Rural Pharmacies) which choose not to participate in the prescription volume survey will be placed in the lowest dispensing fee tier, currently paying $9.31 per eligible Medicaid prescription.

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

Contact the Pharmacy Section at Colorado.SMAC@state.co.us for questions regarding the survey.

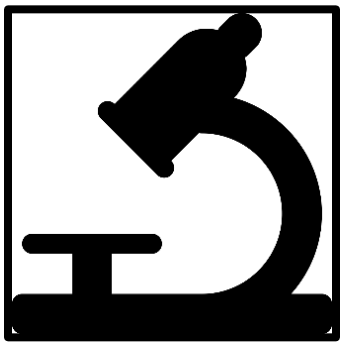
Primary Care Providers

Screening, Brief Intervention and Referral to Treatment (SBIRT) Approved Screening Tools

Beginning September 1, 2017, the **CUDIT-R** and **S2BI** screening tools are approved for use when conducting SBIRT.

The current approved evidence-based screening tools are:

- The Alcohol Use Disorders Inventory Test (AUDIT)
- The Drug Abuse Screening Test (DAST)
- The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)
- The Car, Relax, Alone, Forget, Friends, Trouble Screening Test (CRAFFT), for adolescents
- The Problem Oriented Screening Instrument for Teenagers (POSIT)
- The Cannabis Use Disorders Test-revised (CUDIT-R), for adults and adolescents
- The Screening to Brief Intervention (S2BI), for adolescents



More information about the SBIRT benefit can be found in the SBIRT Billing Manual under the CMS1500 section.

Contact Alex Weichselbaum at Alex.Weichselbaum@state.co.us for more information.

University of Colorado School of Medicine

Supplemental Payment for University of Colorado School of Medicine

This statement is notice of a supplemental payment to be made on September 30, 2017, for dates of services occurring the first quarter of FY 2016-17 (July 1, 2016-September 30, 2016). The Department is making this supplemental payment to the University of Colorado School of Medicine in the amount of $31,210,142 for Health First Colorado services rendered by physician and other qualified professionals who are employed by the University of Colorado School of Medicine. The supplemental payment amount is based on an appropriation made by the Colorado General Assembly and is limited by an Upper Payment Limit.

Contact Josh English at Joshua.English@state.co.us for any questions or concerns regarding this payment.

Upcoming Holidays

Holiday	Closed Offices/Offices Open for Business
Labor Day **Monday, September 4**	State Offices, DentaQuest, DXC, and the ColoradoPAR Program will be closed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks.
Columbus Day **Monday, October 9**	State Offices, DentaQuest, and the ColoradoPAR Program will be closed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks. DXC will be open.
Veterans Day (Observed) **Friday, November 10**	State Offices, DentaQuest, and the ColoradoPAR Program will be closed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks. DXC will be open.

DXC Contacts

DXC Office
Civic Center Plaza
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Denver, CO 80202

Provider Services Call Center
1-844-235-2387

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Denver, CO 80201