



Provider Bulletin

Reference: B0800248

May 2008

www.chcpf.state.co.us

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National Provider Identifier (NPI) Deadline is Coming

The NPI is federally required and mandated by May 23, 2008.

The deadline for mandatory submission of NPIs on electronic claims is fast approaching. Beginning May 24, 2008, the fiscal agent (ACS) will no longer accept electronic claims without the provider's NPI. Electronic claims submitted without an NPI will be rejected.

In order to submit claims using your NPI, it **must be registered** in the MMIS. The easiest way to register your NPI is through the Web Portal.



- Information on how to register your NPI is available in the FAQ section via the main Web Portal page.
- Instructions for registering your NPI in the MMIS and help with common registration errors is located at:

http://www.chcpf.state.co.us/ACS/Pdf_Bin/NPI_Help_030108.pdf

Providers may also update enrollment information and submit NPIs to the fiscal agent (ACS) on paper. The Update Form is located at:

http://www.chcpf.state.co.us/ACS/Pdf_Bin/Provider_Enrollment_Update_Form102507.pdf

Providers Using One NPI at Several Locations

If you are using the same NPI for all your group locations, you must submit the information listed below on the provider's letterhead:

1. The Medicaid provider number registered in the MMIS with the zip+4 code for each location (available at: <http://zip4.usps.com/zip4/welcome.jsp>)



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

ACS Contacts

Billing and Bulletin Questions
303-534-0146
1-800-237-0757

Claims and PARs Submission
P.O. Box 30
Denver, CO 80201

Correspondence, Inquires, and Adjustments
P.O. Box 90
Denver, CO 80201

Enrollment, Changes, Signature authorization and Claim Requisitions
P.O. Box 1100
Denver, CO 80201

The screenshot shows a web form for NPI registration. At the top, the National Provider Identifier is 9999996009. Below are sections for 'Address and Publications', 'Medicare/License Information', and 'Provider Affiliations'. Under 'Address and Publications', there are three address types: Location Address, Billing Address, and Mailing Address. Each has fields for Address, Suite # or C/O, City, State, County, and Phone. The 'Zip Code' field for both Location and Mailing addresses is highlighted with a red box and contains '80202 | 5402'. A red arrow points from a red box containing the text 'Enter your zip+4 code here' to these zip code fields. There are also 'Print', 'Submit', and 'Cancel' buttons at the bottom.

and

2. Taxonomy information, registered in the MMIS for each location

Note: Taxonomy information cannot be entered through the Web Portal. Mail the information to the fiscal agent.

Batch Billers

Providers who are batch submitters and submit claims through a software vendor must have their software vendor program their batch submissions to include the zip+4 code. Information on the zip+4 code is available in the Companion Guides. Software vendors should refer to the Companion Guide for their claim type:

- Companion Guide 837D (Dental), Loop 2010AA
- Companion Guide 837I (Institutional), Loop 2010AA
- Companion Guide 837P (Practitioner), Loop 2010AA and Loop 2310D

The Companion Guides are located in Provider Services Specifications at:

http://www.chcpf.state.co.us/ACS/Software_Download/Specifications/specifications.asp

Provider Types that do NOT require an NPI

Although all healthcare providers need an NPI, the Colorado Medical Assistance Program does not expect or require the provider types listed below to submit claims with an NPI:

- Non-ambulance transportation providers
- Home and Community Based Services or Waiver providers
- Case Management providers
- Managed Care Health Plans
- Behavioral Health Organizations

All other provider types need an NPI.

Paper Claims do NOT require an NPI

Paper claims submitted by providers filing five or fewer claims per month and/or claims that require attachments should continue to use their Medicaid provider number. The NPI should only be used when billing electronic claims.



A New Bulletin Feature: Did you know...?

Did you know...?

1) That the revised Rendering Provider Application no longer requires a completed W-9? Download the new Rendering Provider Application at:

http://www.chcpf.state.co.us/ACS/Enrollment/new_providers.asp

2) That even though you have an NPI, your electronic claims will reject unless you have registered your NPI in the MMIS?

Refer to the NPI article above for information about registering your NPI in the MMIS.

Universal Procedure and Diagnosis Coding

The Health Insurance Portability & Accountability Act (HIPAA) requires providers to comply with the universal Current Procedural Terminology (CPT) coding guidelines established by the American Medical Association. Providers are also required to use the International Classification of Diseases, 9th Revision, Clinical Modification diagnosis codes (ICD-9). The Department's payment policies are based on CPT descriptions.

Providers are required to consult the CPT manual definitions for each code they submit for reimbursement.

1. Some codes represent a treatment session regardless of its length of time so each code is correctly billed as one session or one (1) billable unit. Billing greater than one (1) unit is incorrect. Proper billing of non-timed codes such as, 92506, 92507, and 92508 (otorhinolaryngologic services) is one (1) unit per date of service.
2. Other codes may be billed as the number of "timed" units. For example, 92607 and 92608 (evaluation and therapeutic services).



Special Note: Speech-language therapy service codes are used in the non-timed code example above. Department policy limits speech-language services to a combined maximum of five units of properly coded services /per date of service /per client served.

Dental providers are to use the Current Dental Terminology (CDT) coding guidelines established by the American Dental Association when billing for dental services rendered. The Department's dental payment policies are based on CPT descriptions.

If you have questions about this article, please contact Marcy Bonnett, Dental and Therapies Program Administrator at 303-866-3604 or Nancy Downes, Program Integrity at 303-866-5421

Colorado Regional Integrated Care Collaborative (CRICC)

Effective May 1, 2008, the Department of Health Care Policy and Financing is partnering with Colorado Access to implement the Colorado Regional Integrated Care Collaborative (CRICC). The goal of the program is to improve the quality of care received by Colorado Medicaid's highest-need, highest-cost fee-for-service clients by better coordinating physical health, mental health, and substance abuse services.

The program will be available to Medicaid clients in the following eligibility categories: Aid to the Needy Disabled/Aid to the Blind (AND/AB-SSI) and Old Age Pensioners – Under Age 65 (OAP-B).



Starting on May 1, 2008 the program will be available to eligible Medicaid clients in Adams, Arapahoe, Boulder, and Broomfield counties. Later in 2008, the program will also be available to those living in Pueblo and Weld counties. The program will exclude: clients under 21 years of age, dual eligibles, clients receiving Home and Community-Based Services (HCBS) waivers with the exception of the Persons with Mental Illness (MI) and Persons who are Elderly, Blind and Disabled (EBD).

Some of the enhanced benefits to enrollees include: access to a care manager, zero co-pays, free over the counter medications with prescriptions and preventive health and disease education programs.

Eligible clients will be passively enrolled into the program with the opportunity to opt-out.

Additional information on the program and the benefits to providers will be distributed to providers in the six target counties within the coming weeks. For more information about this program, please contact Christy Hunter at the Department of Health Care Policy and Financing (Christy.Hunter@state.co.us) or April Abrahamson at Colorado Access (April.Abrahamson@coaccess.com).

Required Modifier for Billing “By Invoice” Durable Medical Equipment

When submitting electronic and paper claims for manually priced Durable Medical Equipment (DME) items where Manufactured Suggested Retail Price (MSRP) will be used for pricing, the addition of the “SC” modifier is required. When submitting paper claims, a copy of the MSRP must be attached. When using the “SC” modifier, the submitted charge should be the MSRP minus 18%, which alerts ACS that MSRP less 18% should be used to pay the claim. If using MSRP pricing, do not use procedure code A9901. This applies to services provided on or after March 1, 2008.

Correction to 2008 Supply HCPCS Codes Bulletin (B0800245)

Procedure code S8189

The PAR information for procedure code S8189 was listed incorrectly on page 88 of bulletin B0800245 as “None”. This has been corrected to “Yes/ACS” in the bulletin on the website at:

http://www.chcpf.state.co.us/ACS/Provider_Services/Bulletins/Bulletins.asp. Please make a note of this correction.

Prior Authorization Provider Survey

In order to improve the prior authorization process required to obtain approval for certain services, supplies and equipment, your input is needed. Please complete the brief survey found at:

http://www.surveymonkey.com/s.aspx?sm=lsUtFztcnpp9TT5rBOTxGg_3d_3d

It will take less than 15 minutes to complete and will be available until May 26, 2008.

Check the “What’s New” link on the Department’s website at: <http://www.chcpf.state.co.us> for survey findings and updates regarding the prior authorization process.





Home and Community Based Services (HCBS)

Updated Billing Manual

The HCBS Specialty Billing Information section of the Provider Services Billing Manuals is being updated and will be available in May 2008. Watch for the updated manual at:

http://www.chcpf.state.co.us/ACS/Provider_Services/Billing_Manuals/Billing_Manuals.asp

Home and Community Based Pediatric Hospice Waiver (HCBS-PHW) Rates

The purpose of the Pediatric Hospice Waiver is to allow children/youth with life limiting illnesses to continue to pursue curative care while receiving services to relieve pain and to cope with pending death. The key features of the Pediatric Hospice Waiver that differentiate it from the State Plan hospice benefit are: the ability to continue to pursue curative care and an exemption from a six-month until death prognosis.

As of January 1, 2008, services available and provided by the Colorado Medical Assistance Program under the Pediatric Hospice Waiver Program are:

- Respite Care – Either unskilled or skilled;
- Counseling – Provided by either a hospice, home health agency or by an individual therapist;
- Expressive Therapy – Provided by either a hospice, home health agency or by an individual therapist; and
- Palliative/Support Care – Provided by a hospice agency



Rules for the Pediatric Hospice Waiver Program are published in: 10 C.C.R. 2505-10 Section 8.504 and can be found at <http://www.sos.state.co.us/CCR>.

Please refer to the chart below for the current reimbursement rates:

| HOME AND COMMUNITY BASED PEDIATRIC HOSPICE WAIVER (PHW) Effective January 1, 2008 – Special Program Code 97 | | | | | |
|--|-------------------|----|----|--------------------------|--|
| Description/ Service | Procedure Code | M1 | M2 | Current Reimbursement | Units of Service |
| Expressive Therapy | G0176 | UD | | \$56.00 | 1 unit = 1 hour (Limited to 39 hours total per 365 days) |
| Individual Counseling | H0004 | UD | | \$14.00 | 1 unit = 15 minutes (Limited to 98 hours total per 365 days across all H0004) |
| Family Counseling | H0004 | UD | HR | \$14.00 | 1 unit = 15 minutes (Limited to 98 hours total per 365 days across all H0004) |
| Group Counseling | H0004 | UD | HQ | \$7.85 | 1 unit = 15 minutes (Limited to 98 hours total per 365 days across all H0004) |
| Respite Care Unskilled | S5150 | UD | | \$3.57 | 1 unit = 15 minutes up to 4 hour visit (Limited to 30 days [unique dates of service per 365 days]) |
| Respite Care Unskilled | S5151 | UD | | \$71.40 | 1 unit = 1 day (Limited to 30 days [unique dates of service per 365 days]) |
| Respite Care Skilled RN/LPN | S9125 | UD | | \$147.12 | 1 unit = 1 day (Limited to 30 days [unique dates of service per 365 days]) |
| Respite Care Skilled RN/LPN | T1005 | UD | | \$9.17 | 1 unit = 15 min (Limited to 4 hours per visit) Limited to 30 days [unique dates of service per 365 days] |
| Palliative/Supportive Care Skilled RN/LPN | S9126 | UD | | \$135.29 | 1 unit = 1 day |

| HOME AND COMMUNITY BASED PEDIATRIC HOSPICE WAIVER (PHW) Effective January 1, 2008 – Special Program Code 97 | | | | | |
|--|-------------------|----|----|--------------------------|--|
| Description/ Service | Procedure Code | M1 | M2 | Current Reimbursement | Units of Service |
| Palliative/Supportive Care Skilled RN/LPN | T2043 | UD | | \$32.88 | 1 unit = 1 hour (Limited to 4 hours per visit) |

If you have questions, contact Liz Svedek at 303-866-3674 or elizabeth.svedek@state.co.us.

New Billing Procedures for Immunizations



Effective May 1, 2008, the Medical Assistance Program will reimburse for both vaccine administration and the vaccine product itself. The administration codes 90465-90474 need to be billed as one line item and the vaccine product should be billed as a separate line item.

In order for an immunization claim to be reimbursed both an administration code and the vaccine product must be billed. All vaccine administration codes will be reimbursed at \$6.50. Vaccines available through Vaccines for Children (VFC) will continue to be reimbursed at \$0 since they are available at no cost to the provider. All other vaccines will be reimbursed at their current set rate.

The acceptable administration codes are listed below:

| Code | Code Description | Rate |
|-------|---|--------|
| 90465 | Immunization administration younger than 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; first injection (single or combination vaccine/toxoid), per day | \$6.50 |
| 90466 | Each additional injection (single or combination vaccine/toxoid), per day (List separately in addition to code for primary procedure) (Use in conjunction with 90465 or 90467) | \$6.50 |
| 90467 | Immunization administration younger than 8 years of age (includes intranasal or oral routes of administration) when the physician counsels the patient/family; first administration (single or combination vaccine/toxoid), per day | \$6.50 |
| 90468 | Each additional administration (single or combination vaccine/toxoid), per day (List separately in addition to code for primary procedure) (Use in conjunction with 90465 or 90467) | \$6.50 |
| 90471 | Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid) | \$6.50 |
| 90472 | Each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) (Use in conjunction with 90471 or 90473) | \$6.50 |
| 90473 | Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid) | \$6.50 |
| 90474 | Each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) (Use in conjunction with 90471 or 90473) | \$6.50 |

Go Green and Enjoy the Benefits of Direct Deposit



Did you know that providers who receive payments through Electronic Funds Transfer (EFT) receive their payments up to a week sooner than those receiving paper checks (warrants)? EFT eliminates payment delays due to inclement weather or post office mishaps.

Don't worry, the payment transfer process is one way – from us to you; the agreement you sign does not allow us to withdraw funds from your account.

Begin receiving payments via EFT today! Complete the form located in the Provider Services Forms section of the Department's website at:

http://www.chcpf.state.co.us/ACS/Provider_Services/Forms/Forms.asp

Need to update your bank account information? Using the same form noted above, simply indicate "Change" in the top-right corner and complete the form as indicated.

Please allow 30 days to process your EFT request.

- You will receive paper warrants until EFT has been established or your update request has been processed.
- After 30 days, check with your bank to verify that EFT has been setup.

Please contact the Department at 303-866-4372 with any EFT questions.

Electronic Bulletin Notification

Like the new look of our Provider Bulletin? Sign up for electronic notification and never miss an issue! Our electronic notification contains a link to the latest bulletin and allows providers to receive important information up to a week sooner than those receiving bulletins via mail. The Department will soon require all providers to receive electronic bulletin notifications, but why wait? Signing up is easy!



Medical Assistance Program enrolled providers who are not receiving electronic notifications can complete and submit their information through the "(MMIS) Provider Data Maintenance" option via the Web Portal.

Providers may also complete and submit the Publication Preferences form in the Provider Services Forms section of the Department's website at:

http://www.chcpf.state.co.us/ACS/Provider_Services/Forms/Forms.asp.

Please fax or mail the completed form to the fiscal agent at the fax number or address on the form. *The Medical Assistance Program will not be responsible for undeliverable notifications due to incorrect email addresses.*

Please Remember: Providers may have only one email address on file with the fiscal agent.

May-June 2008 Provider Billing Workshops

Provider billing workshops include both Medical Assistance Program Billing instructions and a review of Medical Assistance Program billing procedures. There are specific classes for new billers to the Medical Assistance Program and specialty training for different provider types.



The May-June 2008 workshop calendar is included with this bulletin and will be posted on the website. Additional schedules will also be included in future 2008 bulletins.

Who Should Attend?

New and experienced receptionists, front desk personnel, admission personnel, office managers, billing services, and other billers should attend the appropriate workshops.



Do I need Reservations?

Yes, reservations are necessary for **all workshops**.

Email reservations to:

workshop.reservations@acs-inc.com

Or

Call Medical Assistance Program Provider Services to make reservations at:

1-800-237-0757 or 303-534-0146

Press "5" to make your workshop reservation. You must leave the following information:

- 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

Without all of the requested information, your reservation will not be processed successfully. Your confirmation will be mailed to you within one (1) week of making your reservation.

If you do not receive a confirmation within one (1) week, please contact Provider Services and talk to a Provider Relations Representative.



All Workshops held in Denver are located at:

ACS

**Denver Club Building
518 17th Street, 4th floor
Denver, Colorado 80202**

Beginning Billing Class Description

This class is for new billers, billers who would like a refresher, and billers who would like to network with other billers about the Colorado Medical Assistance Program.

Currently, the class covers in-depth information on resources, eligibility, timely filing, reconciling your remittance statements, and paper claim completion for the UB-04 and the CO1500. *This class does not cover any specialty billing information.*

The fiscal agent provides specialty training in their Denver office during April and October each year. Statewide training takes place during May and September each year.

Driving directions to ACS, Denver Club Building, 518 17th Street, 4th floor, Denver, CO:

Take I-25 toward Denver

Take exit **210A** to merge onto **W Colfax Ave (40 E)**, 1.1 miles

Turn **left** at **Kalamath St**, 456 ft.

Continue on **Stout St**, 0.6 miles

Turn **right** at **17th St**, 0.2 miles

ACS is located in the Denver Club Building, on the west side of Glenarm Place at 17th Street (Glenarm is a two-way street).

Parking:

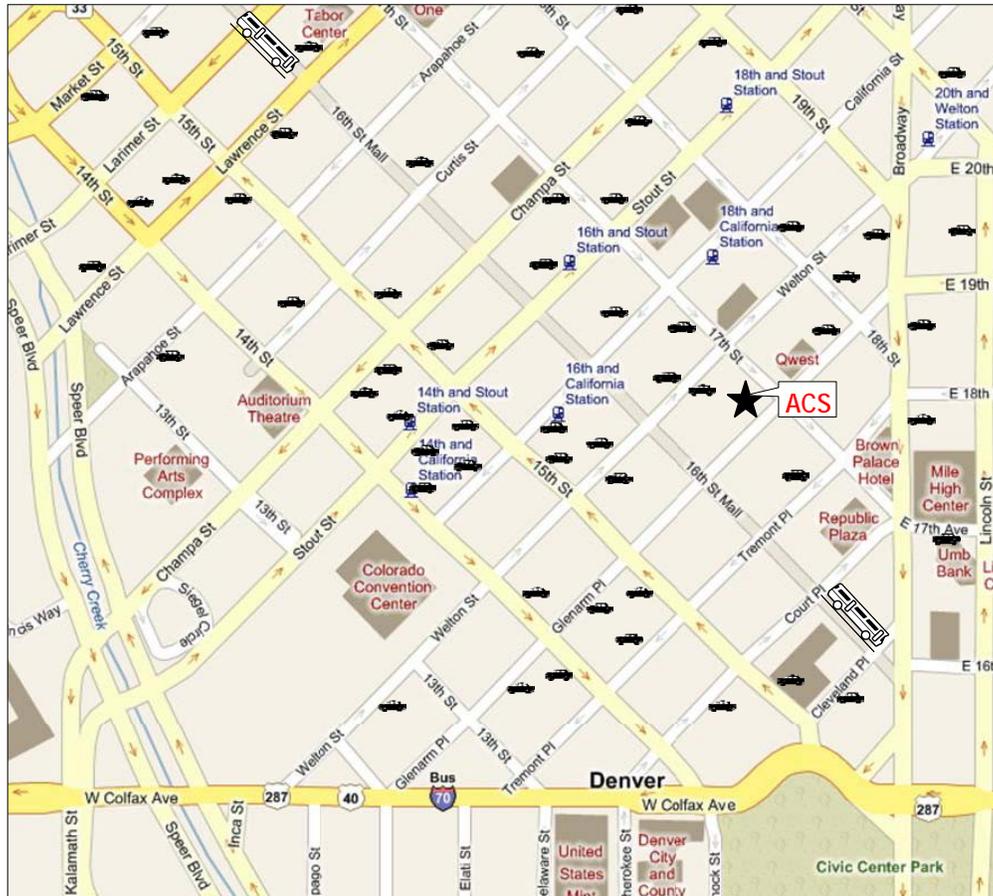
Parking is not provided by ACS and is limited in the Downtown Denver area.

Providers attending workshops are urged to carpool and arrive early to secure parking or use public transportation.

 = Light Rail Station; A Light Rail map is available at: <http://www.rtd-denver.com/LightRail/lrmap.htm>

 = **Free** MallRide; MallRide stops are located at every intersection between RTD's Civic Center Station and Union Station.

 = Some of the commercial parking lots; Lots are available throughout the downtown area and the daily rates range from about \$5 to \$20.



Spring 2008 Statewide Workshop Locations

Grand Junction, CO
Doubletree Hotel (New location)
 743 Horizon Dr.
 Grand Junction, CO 81506
 970-241-8888

Greeley, CO
Greeley Guest House (New location)
 5401 W. 9th St.
 Greeley, CO 80634
 970-353-9373

Durango, CO
Doubletree Hotel (New location)
 501 Camino del Rio
 Durango, CO 81301
 970-259-6580

Pueblo, CO
Pueblo Convention Center
 320 Central Main St.
 Pueblo, CO 81003
 719-542-1100

Colorado Springs, CO
Embassy Suites Hotel
 7290 Commerce Center Dr.
 Colorado Springs, CO 80919
 719-599-9100

Ft. Collins, CO
Hilton Hotel
 425 W. Prospect Rd.
 Ft. Collins, CO 80526
 970-482-2626

May 2008 Statewide Workshop Calendar

| May 2008 | | | | | | |
|----------|--|--|---|---|---|----------|
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 – Grand Junction Basic Billing 8:30-11:30 am Beginning CO1500 11:30-1:00 Beginning UB04 11:30-1:00 Practitioner 2:00-4:00 pm IP/OP Hospital 2:00-4:00 pm | 7 | 8 – Greeley Basic Billing 9:00-11:00 am Beginning CO1500 11:00-1:00 Beginning UB04 11:00-1:00 Practitioner 2:00-4:00 pm IP/OP Hospital 2:00-4:00 pm | 9 | 10 |
| 11 | 12 – Durango Basic Billing 8:30-10:30 am Beginning CO1500 11:30-1:00 Beginning UB04 11:30-1:00 Practitioner 2:00-4:00 pm IP/OP Hospital 2:00-4:00 pm | 13 | 14 – Pueblo Basic Billing 9:00-10:00 am Beginning CO1500 11:00-1:00 Beginning UB04 11:00-1:00 Practitioner 2:00-4:00 pm FOHC/RHC 2:00-4:00 pm | 15 – Colorado Springs Basic Billing 8:30-11:30 am Beginning CO1500 11:30-1:00 Beginning UB04 11:30-1:00 Practitioner 2:00-4:00 pm IP/OP Hospital 2:00-4:00 pm | 16 – Fort Collins Basic Billing 9:00-10:00 am Beginning CO1500 11:00-1:00 Beginning UB04 11:00-1:00 Practitioner 2:00-4:00 pm FOHC/RHC 2:00-4:00 pm | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |

Statewide Specialty Class Descriptions

FQHC/RHC

This class is for billers using the UB-04/837I and CO1500/837P format. The class covers billing procedures, Encounter Payments, common billing issues and guidelines specifically for FQHC/RHC providers.



Hospital

This class is for billers using the UB-04/837I format. The class covers billing procedures, common billing issues and guidelines specifically for: In-patient Hospital, Out-patient Hospital



*(This is **not** the class for FQHC/RHC – Please refer to the FQHC/RHC Class)*

Practitioner

This class is for providers using the CO1500/837P format. The class covers billing procedures, common billing issues and guidelines specifically for the following provider types:



- Anesthesiologists
- ASC
- Family Planning
- Independent Labs
- Independent Radiologists
- Nurse Practitioner
- Physician Assistant
- Physicians, Surgeons

| June 2008 Denver Workshop Calendar | | | | | | |
|---|----|--|--|---|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 Beginning Billing Professional 9:00 am – 3:00 pm | 11 Provider Enrollment 9 am - 12 pm | 12 Beginning Billing Institutional 9:00 am – 3:00 pm | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | | | | | |



Please direct questions about Medical Assistance Program billing or the information in this bulletin to Medical Assistance Program Provider Services at:
303-534-0146 or 1-800-237-0757 (Toll free Colorado) and please remember to check the Provider Services section of The Department’s website at: http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp

