Medical Assistance Program Bulletin

Colorado Title XIX

Fiscal Agent

600 Seventeenth Street
Suite 600 North
Denver, CO 80202

Medical Assistance Program Provider Services
303-534-0146
1-800-237-0757

Mailing Addresses
Claims & PARs
P.O. Box 30
Denver, CO 80201-0030

Correspondence, Inquiries & Adjustments
P.O. Box 90
Denver, CO 80201-0090

Provider enrollment, Provider information, Changes, Signature authorization, and Claim requisitions
P.O. Box 1100
Denver, CO 80201-1100

Medical Assistance Program
Fiscal Agent Information
on the Internet
www.chcpf.state.co.us

Click on the Provider Services tab at the top of the web page

Medical Assistance Program bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medical Assistance Program Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medical Assistance Program Provider Services.

Distribution: All providers **August 2007**

Reference: B0700236

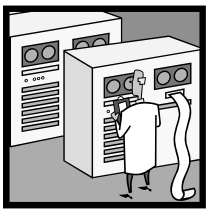
Table of Contents

ALL PROVIDERS....1
National Provider Identifier Update....1
Web Portal Update....2
Medicaid Non-Citizen Emergency Medical Assistance....3
New Address for ACS....3
Reminder – Fee for Service Rate Increases Effective July 1, 2007....3
DENTAL PROVIDERS....3
Clarification of Adult Emergency Dental Extractions....3
Dental Assistant Surgeons....3
HOME HEALTH PROVIDERS....4
July 2007 Bulletin (B0700235) Rate Clarification....4
PRACTITIONERS....4
Providers Performing Mastectomy and Breast Reconstruction Procedure Codes....4
PHARMACY PROVIDERS....4
Use of DAW 5....4
SUPPLY/DME PROVIDERS....4
DME/Supply PAR Submission via FAX....4
HCPF WEBSITE REDESIGN!....5
ARE YOU ENROLLED FOR DIRECT DEPOSIT?....5
SIGN-UP FOR ELECTRONIC BULLETIN NOTIFICATION!....5
AUGUST AND SEPTEMBER 2007 DENVER AND STATEWIDE PROVIDER BILLING WORKSHOPS....5

ALL PROVIDERS

National Provider Identifier (NPI) Update

NPI Electronic Transactions on and after June 24, 2007



Effective June 24, 2007, the Colorado Medical Assistance Program claims processing system (MMIS) was modified to accept transactions submitted with only the provider's NPI number as long as the NPI has been registered in the MMIS. Providers may use their NPI for all Web Portal transactions (batch and interactive) ***with the exception of PAR inquiries.***

- Providers must continue to use their Medicaid provider number for all PAR inquiries.

Please refer to the Companion Guides on the website at:

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

- Select Manuals or Specifications for instructions on X12 transactions.

In order to receive a valid response, your NPI must be registered in the MMIS.

- If the MMIS does not accept your transaction with your NPI, make sure you have registered your NPI in the MMIS.

Register your NPI in the MMIS through the Web Portal

Only 64% of Medicaid-enrolled providers have their NPI registered in the MMIS.

Information on how to register your NPI is displayed on the main Web Portal page.

- On the main Web Portal page, choose the link identified as ***Inquiry/Update Provider Data*** from the ***(MMIS) Provider Data Maintenance*** – It's the very last option on the menu if the role has been assigned by the trading partner administrator.
- Enter your Medicaid provider number and your Tax ID or SSN in the fields located on the MMIS Provider Inquiry screen. Hit the submit button to go to the MMIS Provider Information page.
- If your NPI has already been registered in the MMIS, it appears on the MMIS Provider information page.
- If you have not registered your NPI, please enter it in the available field.

Providers with more than one Medicaid provider number at the same address:

- Need a separate NPI for each Medicaid provider number
- Each NPI number must be registered in the MMIS to the corresponding Medicaid provider number before claims can be submitted using the NPI numbers.

Submit and Register your NPIs on Letterhead to ACS

- Submit NPI information on the provider's letterhead with the corresponding Medicaid provider number and a signature of the person whose NPI number is listed (i.e. the doctor)
- Please refer to the provider information update instructions located at:

http://www.chcpf.state.co.us/ACS/Pdf_Bin/Revised_provider_update_form0207.pdf

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

- 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) and
- Taxonomy information for each location (taxonomy information cannot be entered through the Web Portal).

ACS
Provider Enrollment
P.O. Box 1100
Denver, CO 80201-1100

1. If the claims processing system does not accept your NPI, verify MMIS NPI registration through the Web Portal
   - If your NPI has already been registered in the MMIS, it appears on the MMIS Provider information page.
   - If you have not registered your NPI, please enter it in the available field.
     - Please verify that the information currently documented on all three tabs is correct (Address, Medicare and Provider Affiliations). Once you have verified and entered all of the information, hit the submit button.
     - This process updates the MMIS with the NPI number and with any other information you have entered or updated.
     - This also updates your Web Portal database with your NPI information by automatically populating your NPI in the Provider Maintenance area.
2. Claims billed with an NPI number that cannot be matched to one Medicaid provider number will deny.
3. Claims billed with an NPI that is not registered in the MMIS will deny. This includes rendering, PCP and all other providers who require an NPI.
4. You may still submit electronic claims using only your Medicaid provider number.

Due to the high volume of NPI calls to the fiscal agent's call center, it is recommended that providers verify NPI registration through the Web Portal for faster results.

Paper Claim Forms and the NPI

At the present time, Colorado is not accepting the UB-04 claim form or any new claim form. Until further notice, providers must continue to submit paper claims on the paper claim form currently accepted by the Colorado Medical Assistance program (UB-92). There are several agencies that have a supply of this form in stock. Providers must also continue to use their eight-digit Colorado Medical Assistance provider number, NOT their NPI on PAPER claims. The NPI is for electronic claims submission only. Please watch for NPI and claim form updates in future bulletins and in the Provider Services section of the Department's website at:

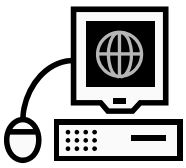
http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp

Web Portal Update

New Features planned for August 2007

- **Providers can submit the National Drug Code in the Professional Claim**

  Modifications will be implemented for the submission of the National Drug Code (NDC) in the ASC 837P X12N (Professional claim) through the Portal. Currently physician administered drugs are billed by procedure code. In accordance with the Deficit Reduction Act of 2005, the State is now required to "provide for the submission" of the NDC for physician administered drugs. This change is being made so the State can determine manufacturers for drug rebates. The NDC field is located on the Detail Line Items page. Please look for updates on the main Portal page for the effective dates. For more specific information click "Help" located on the upper gray bar.



- **Providers can submit Medicare Coinsurance and Deductible in fields located on the "Other Insurance" page.**

  Due to the ruling of The National Uniform Billing Committee (NUBC) to restrict the use of value codes A1, A2, A7, B1, B2, B7, C1, C2, and C7 to paper claims, providers will now submit Medicare coinsurance and deductible amounts in fields located on the "Other Insurance" page. Please look for updates on the main portal page for the effective dates. For more specific information click "Help" located on the upper gray bar.

Medicaid Non-Citizen Emergency Medical Assistance

Medicaid covers emergency-only medical treatment for non-citizens. An emergency medical condition (including labor and delivery) exhibits acute severe symptoms (including pain) that without immediate medical attention could result in:

a) Placing the patient's health in serious jeopardy,
b) Serious impairment of bodily function, or
c) Serious dysfunction of any organ or body part.

When providing emergency services, a physician must certify each medical emergency condition in writing for the non-citizen. The non-citizen must submit the written statement verifying the emergency to the county caseworker. Medical emergency must be indicated on the claim form.

Coverage is limited to the care and services necessary to treat the immediate emergency medical condition. Coverage does not include prenatal care or follow-up care, such as postpartum care. Non-citizens must have an emergency medical condition and receive necessary services in order to be eligible for emergency medical assistance.

Eligibility for emergency medical assistance ends after the emergency service has been provided. Medicaid coverage is in effect only during the emergency. Individuals must reapply for Medicaid for each emergency medical condition not occurring in the same calendar month and furnish a written statement from the physician of the emergency condition to the county caseworker. Please contact: Ede Brine, MEQC Analyst, at Ede.Brine@state.co.us with questions.

New Address for ACS

On Monday, August 20, 2007, ACS, the Medical Assistance Program fiscal agent, will be in its new location at:

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

Our offices will close early on Friday, August 17, 2007 at 4:00 PM to prepare for the move. Other than this early closing, the move should not disrupt the quality provider service that you have come to expect from ACS. Should the unexpected occur, please bear with us while we resolve any issues as quickly as possible.

Beginning with the Beginning CO-1500/837P workshop on October 9, 2007, all Denver workshops will take place at our new offices in the Denver Club Building.

Only our physical address is changing. All post office boxes, telephone numbers and email addresses will remain the same.

We look forward to serving you from our new location!

Reminder – Fee for Service Rate Increases Effective July 1, 2007

Effective July 1, 2007, the following fee for service rate updates were implemented as mandated by Senate Bill 07-239:

Anesthesia
The anesthesia conversion factor was increased to 21.49.

Surgical Procedures
The surgical conversion factor was increased to 34.58.

Physical Therapy, Occupational Therapy, and Speech Therapy
Rates for outpatient physical therapy, occupational therapy, and speech therapy procedure codes were increased by 9.05%.

Immunizations for Adults
Rates for medically necessary immunizations provided to clients age 21 and older were updated using the following formula: Average Wholesale Price (AWP) + 10% + $2.00 for administration.

Durable Medical Equipment Repair
The rate for procedure code E1340 (repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes) was increased to $35.48.

Paragard Intrauterine Copper Contraceptive
The rate for procedure code J7300 (Paragard intrauterine copper contraceptive) was increased to $398.37.

Emergency Transportation
The rates for emergency transportation procedure codes were increased by 5%.

Non-emergency Transportation
The rates for non-emergency transportation procedure codes for mileage, lodging, escorts, meals, and the use of private vehicles were increased by 31%.

Dental Providers

Clarification of Adult Emergency Dental Extractions

This is to clarify that an adult with a dental emergency is not limited to one extraction per date of service. Extraction of more than one tooth is at the discretion of the dental provider. Reimbursement is based on the Department's billing requirements. Medical necessity for the multiple extractions must be documented in the client's dental chart.

Please contact Sandra Jacquez at 303-866-6006 with questions.

Dental Assistant Surgeons

The ASSIST next to ADA codes in the December 2006 (B0600221) indicates procedures that allow for an assistant surgeon. Claims for dental assistant surgery must be submitted on a paper 2002 ADA claim form with the Dental Certification and the

Assistant Surgeon Report attached. The Assistant Surgeon Report is located on page 19 of the December 2006 (B0600221) and the Assistant Surgeon Report and Dental Certification are located on Provider Services Forms page at:

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

- PARs are not required for assistant surgeon services.
- Bill one (1) unit for ADA code D7999 "Unspecified oral surgery procedure, by report", and enter your total charge for assisting with the surgery/surgeries.
- In the "Remarks for unusual services" write "Assistant Surgery – See attached Report".
- Copy and complete the Assistant Surgeon Report. Attach it to your paper claim with the Dental Certification.

The Assistant Surgeon Report must be completed and submitted with the paper claim form and Dental Certification for all dental assistant surgery procedures.

Home Health

July 2007 Bulletin (B0700235) Rate Clarification

Revenue Code	Description	04/01/06 to 04/01/07	Rate 04/01/07 to 06/30/07	New Rate 07/01/07
589	RN Assess and Teach – Acute only for one visit up to 2 ½ hours	$78.10	$96.53	$97.98

The rates listed above are the correct rates for each time period. Claims that were processed and paid at an incorrect rate between 04/01/06 and 07/01/07 will automatically be adjusted.

Practitioners

Providers Performing Mastectomy and Breast Reconstruction Procedure Codes

Effective September 1, 2007, the following mastectomy and breast reconstruction procedures will require a Prior Authorization Request (PAR):

Mastectomy / Reconstruction Codes			
19300	19318	19357	19371
19301	19324	19361	19380
19302	19328	19364	19396
19303	19330	19366	19399
19304	19340	19367	S2068
19305	19342	19368	L8030
19306	19350	19369	L8039
19307	19355	19370	L8600
19316			

PARs that clearly indicate and document that a client currently has breast cancer will receive an expedited review for determination of medical necessity. For breast reconstruction procedures, a response will be issued within 10 days of submission.

PARs and supporting documentation for the procedure codes listed above must be submitted to the Colorado Foundation for Medical Care (CFMC) for determination of medical necessity.

Fax completed PAR forms and supporting documentation to CFMC at **303-695-3377**.
For **PAR questions**, please call the CFMC Medicaid Review line at **1-800-333-2362**.
For **PAR forms and instructions**, please visit **www.cfmc.org/medicaid/medicaid_index.htm**.
For all other questions regarding this bulletin article, please contact:
Ginger Burton, Women's Programs Coordinator, at 303-866-2693 or ginger.burton@state.co.us.

Pharmacy Providers

Use of DAW 5

The DAW 5 code (substitution allowed-brand as generic) is authorized for use only when a brand is less expensive than the generic equivalent. Historically, the Department of Health Care Policy and Financing (Department) has allowed pharmacy providers to determine the appropriate use of the DAW 5 code. The Department has discovered the DAW 5 code has been used repeatedly for brand products that are more expensive than the generic equivalent. Therefore, the Department is changing its policy with regard to the DAW 5 code in order to more effectively enforce the intent of the DAW 5 code. The Department will only accept the use of the DAW 5 code on claims for brand name medications that the Department has determined to cost less than the generic. The DAW 5 code will not be accepted on claims for brand name drugs with a less expensive generic equivalent. The Department will enforce this policy starting September 1, 2007.

Supply/DME Providers

DME/Supply PAR Submission via FAX

For a faster turnaround, DME supply Prior Authorization Requests (PARs) that require CFMC (Colorado Foundation for Medical Care) review by can be faxed to 303-695-3377.

Providers may still submit PARs to CFMC via mail at:

Colorado Foundation for Medical Care
Attention: Medical Assistance Program/DME PARs
Inverness Way East, Suite 100
Englewood, CO 80112-5708

HCPF Website Redesign!

The Department of Health Care Policy and Financing (The Department) is in the process of redesigning its website. This survey is different from the ACS survey you may have received last month. We invite your feedback by August 15, 2007 regarding your experience and use of the current website. Please take a few minutes to complete the survey (link below) and to tell us how to best communicate with you.

Here is a link to access the survey:

http://www.chcpf.state.co.us/

Thank you for participating!

Are you enrolled for Direct Deposit?

Don't let bad weather or postal service delay your paper checks (warrants)! To avoid mail delays, sign up for Electronic Funds Transfer (EFT). EFT is the safest, best, fastest and easiest way to receive Medical Assistance Program payments. The EFT form is 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

EFT permanently solves paper check (warrant) problems!

Allow 30 days for processing your EFT request.

1. After 30 days, check with your bank to verify that EFT has been set up.
2. You will receive paper checks until EFT has started or until the update is active.

Please Note: *The fiscal agent (ACS) does* ***not*** *have EFT information*

Sign-up for Electronic Bulletin Notification!

Did you know you can stop receiving paper bulletins and start receiving your Colorado Medical Assistance Program bulletins by email notification? Email notifications contain a link to the latest bulletin and allow providers to receive program information up to a week sooner than through bulletins sent by mail.

Medical Assistance Program enrolled providers who do not have their email on file with the fiscal agent should complete and submit their information through the Inquiry/Update Provider Data option located at the main menu within 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/address on the form. Thank you for promptly completing and submitting the Publication Preferences form.

Providers are responsible for ensuring that the fiscal agent has their current publications email address on file. The Colorado Medical Assistance Program is not responsible for undeliverable notifications due to incorrect email addresses.

Please Remember: *Providers may have* ***only one*** *email address on file with the fiscal agent. The person receiving the email notification should forward the email to all additional people needing the updated information.*

August and September 2007 Denver and Statewide Provider Billing Workshops

General Information

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 for specialty training for different types of providers. The schedule for August 2007 and September Denver and Statewide workshops follows.

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***. We are currently requesting reservations for both Statewide and Denver workshops in order to provide adequate space in all workshops.

Email reservations to: workshop.reservations@acs-inc.com
or
Call Medical Assistance Program Provider Services to make reservations.
1-800-237-0757 or 303-534-0146

Press "**5**" to make your workshop reservation. This transfers you to a voice mail where you must leave the following information:

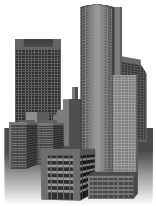
- Medical Assistance Program provider billing number
- The date and time of the workshop
- The number of people attending and their names
- Contact name, address and phone number

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.

Class Descriptions

For a complete list of class descriptions, please see bulletin B0700227 (January 2007) or the 2007 Denver and Statewide Workshop Schedule in the Provider Services Training and Workshops section of the Department's website at:

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



Denver Location

All Denver Beginning Workshops listed below are located at:

ACS
600 Seventeenth Street, Suite 600 N
(6th Floor, North Tower)
Denver, CO 80202

Denver Beginning Billing Schedule
9:00am – 3:00pm

This class is for new billers, billers who would like a refresher and would like to network with other billers about the Colorado Medical Assistance Program. The class covers in-depth information on resources, eligibility, timely filing, reconciling your remittance statements and paper claim completion for the UB-92 and the CO1500. *This class does **not** cover any specialty billing information.* The fiscal agent provides specialty training in their Denver office during March and October each year.

Please refer to the 2007 Denver and Statewide Workshop Schedule in the Provider Services Training & Workshops section of the Department's website at:
http://www.chcpf.state.co.us/ACS/Provider_Services/Train_Workshops/train_workshops.asp for a complete listing and descriptions of Denver workshops.

August 2007 Denver Beginning Workshop Schedule

Beginning Training CO-1500/837P
08/14/07 – Tuesday

Beginning Training UB-92/ 837I
08/08/07 – Wednesday – ***New date***

Fall 2007 Statewide Beginning Billing CO-1500/UB-92

Alamosa – Tuesday, 09/11/07 (8:30am-12:30pm)
Colorado Springs – Thursday, 09/20/07 (8:3 0am-1:00pm)
Fort Collins – Tuesday, 09/25/07 (9:00am-1:30pm)
Grand Junction – Thursday, 09/13/07 (8:3 0am-1:00pm)
Greeley – Thursday, 09/27/07 (9:00am-1:30pm)
Pueblo – Wednesday, 09/19/07 (8:3 0am-1:00pm)

Fall 2007 Statewide Specialty Workshop Schedule

Based on feedback from Spring Statewide Workshop attendees, the State and fiscal agent have re-evaluated the Fall 2007 Statewide Specialty Workshop schedule. Changes have been made based on provider needs and requests. All changes to the Fall 2007 Statewide Specialty Workshop schedule are published below and posted in the Provider Services Training and Workshops section of the Department's website at:

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

Alamosa – Tuesday, 09/11/07
Home Health/ Private Duty Nursing (2:00pm-4:00pm)
Practitioner (2:00pm-4:00pm)

Colorado Springs – Thursday, 09/20/07
Practitioner (2:00pm-4:00pm)
Nursing Facility – Cancelled
Provider Enrollment Application (2:00pm-4:00pm) – ***New***

Fort Collins – Tuesday, 09/25/07
PRTF – Cancelled
TRCCF – Cancelled
Dental (2:00pm-4:00pm) – ***New***
FQHC/RHC (2:00pm-4:00pm) – ***New***

Grand Junction – Thursday, 09/13/07
Hospital – Cancelled
Practitioner – Cancelled
Dental (2:00pm-4:00pm) – ***New***
Provider Enrollment Application (2:00pm-4:00pm) – ***New***

Greeley – Thursday, 09/27/07
Hospital (2:00pm-4:00pm)
Practitioner (2:00pm-4:00pm)

Pueblo – Wednesday, 09/19/07
Dental (2:00pm-4:00pm) – ***New***
FQHC/RHC (2:00pm-4:00pm)

Workshop changes are italicized.

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)
For updates check: *http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp*