



Provider Bulletin

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December 2009

colorado.gov/hcpf

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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, Inquiries, and Adjustments
P.O. Box 90

Denver, CO 80201

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

Denver, CO 80201

All Providers

Reimbursement Reductions

The Department is aiming to reduce Medicaid expenditures by \$28,117,507 in total funds. The reduction will be achieved through a 1% provider rate reduction for most fee-for-service (FFS) providers. Effective December 1, 2009, most FFS rates will be reduced by 1%. Rates paid to managed care organizations will also include a corresponding decrease as these provider payments are based on FFS expenditures.

Effectuated services include:

- Physician and Clinic
- Early Periodic Screening, Diagnosis, and Treatment (EPSDT)
- Emergency and Non-Emergent Transportation
- Dental
- Vision
- Occupational, Physical, and Speech Therapy
- Ambulatory Surgery Center
- Dialysis
- Anesthesia
- Laboratory and X-ray
- Durable Medical Equipment and Supplies
- Drugs administered in the office setting
- Home Health
- Family Planning

An updated fee schedule reflecting the fee-for-service rate changes will be posted in the [Provider Services](#) section of the Department's Web site at colorado.gov/hcpf no later than December 1, 2009. Please contact Christy Hunter at 303-866-2086 or christy.hunter@state.co.us if you have any questions.

December 2009 and January 2010 Holidays

Due to the Christmas Day holiday on Friday, December 25, 2009, the claims processing cycle will include electronic claims accepted before 6:00 P.M. Mountain Time on Thursday, December 24, 2009.

Due to the New Year's holiday on Friday, January 1, 2010, the claims processing cycle will include electronic claims accepted before 6:00 P.M. Mountain Time on Thursday, December 31, 2009.

The receipt of warrants and EFTs will be delayed by one or two days for both holidays.

State Furlough Day

All Colorado State offices will be closed on Thursday, December 31, 2009 due to a statewide furlough day. ACS Government Solutions and the Provider Services Call Center will be open for business. Please contact ACS Provider Services at 303-534-0146 or 1-800-237-0757 (Colorado toll free) with questions.

Colorado Health and Health Care Profiles

We are dedicated to improving the health of our clients, not just improving health care processes. For example, we are working with our partners to decrease the number of dental caries in children, not just how many children go to the dentist.

[Colorado Health and Health Care Profiles](#) provides a baseline and illustrates how Colorado Medicaid clients' health rate in comparison with Coloradans not covered by Medicaid, national averages, and goals set by [Healthy People 2010](#). The information will allow us to measure progress made in the health of our clients over the years and provide direction for future initiatives. Profiles are developed on an on-going basis and will be updated illustrating the progress that has been made in the health of our clients. For more information, please contact Katie Brookler at katie.brookler@state.co.us.

Submission of Prior Authorization Requests (PARs) to Colorado Foundation for Medical Care (CFMC)

CFMC is the authorizing agent contracted by the Department to process PARs for the following Medicaid fee-for-service (FFS) benefit(s):

- Imaging - non-emergent CT Scans, non-emergent MRIs, and all PET Scans done at physician offices and free-standing radiology centers or agencies that bill for services using the 837P (Professional) transaction or the Colorado 1500 paper claim form. See the August 2009 Provider Bulletin ([B0900269](#) pg. 2) for additional information.
- Durable Medical Equipment (DME) –orthotics, prosthetics, power wheelchairs, power scooters, and miscellaneous DME
- Home Health – Extraordinary Home Health (EPSDT)
- Medical/Surgical as outlined in monthly Provider Bulletins
- Out-of-state, non-emergent admissions, and surgical services
- Outpatient Physical Therapy (PT) and Occupational Therapy (OT)
- Transportation – non-emergent air ambulances, bariatric ground ambulances, commercial flights/trains, meals, and lodging



The Standard PAR, the Radiology PAR, and the EPSDT PAR forms are located in the Provider Services [Forms](#) section of the Department's Web site. For faster service, submit PARs to CFMC electronically at www.cfmc.org/copar/. PAR status information can be accessed online for PARs that have been submitted electronically to CFMC.

PAR submission by fax is still available. Fax completed PARs and supporting documents to CFMC at 303-790-4643. For questions related to PAR status or the PAR process, contact CFMC at 1-800-333-2362 or log on to www.cfmc.org ➤ [Health Care Providers](#) ➤ [Medicaid](#).

Please allow 10 business days for CFMC to process and have the status of a PAR. After CFMC's review is complete, ACS sends a PAR letter to the billing/requesting provider and the client noting the PAR number. PAR numbers are not available from CFMC. You may contact ACS at 303-534-0146 or 1-800-237-0757 (Colorado toll free) to obtain the PAR number and for questions related to claim submission to CFMC.

NOTE: The Department's Web site and Colorado Medical Assistance Program Secure Web Portal (Web Portal) are independent of CFMC's web portal. PARs requiring CFMC review must be submitted directly to CFMC. Please contact Ethel Smith at 303-866-3672 or ethel.smith@state.co.us with questions.

Correction to November 2009 Provider Bulletin "Did You Know....?" article

The 1-800 number given for the Department's Client Contact Center in the November 2009 Provider Bulletin ([B0900272](#)) is only accessible outside the Denver Metro area. Clients who reside within the Denver Metro area must call 303-866-3513. We apologize for any inconvenience.

Tax Season and 1099s

Please don't forget to update your current provider enrollment information with the fiscal agent. By using the [Provider Enrollment Update Form](#), you can update your address, National Provider Identifier, license, email address, affiliations and receive electronic bulletin notifications. The form is available in [Enrollment for Existing Providers](#) in the Provider Services Enrollment section of the Department's Web site. With the exception of provider license information, the above updates may also be made through the Web Portal. Updated provider license information must be made using the Provider Enrollment Update form.

Home Health (HH), Private Duty Nursing (PDN), and Home and Community Based Services (HCBS) Providers

Updated Fiscal Year (FY) 2009-10 Provider Rate Reductions

Effective December 1, 2009, the Department implemented a 1% across-the-board provider rate reduction in the Home Health (HH), Private Duty Nursing (PDN), and Home and Community-Based Services (HCBS) programs. The reductions will reduce expenditures by approximately \$2.1 million for the State Fiscal Year (FY) which began July 1, 2009. Individual program rate adjustment explanations and schedules are included in Attachment A of this bulletin. If you have any questions, please contact ACS Provider Services at 303-534-0146 or 1-800-237-0757.

Hospital Providers

Inpatient Hospital Services Rate Reduction



As part of the Budget Balancing initiative, effective December 1, 2009, inpatient hospital rates will be reduced by 1%. Elizabeth Lopez at 303-866-6018 or elizabeth.lopez@state.co.us may be contacted with questions.

Billing for Delivery and Newborn Services

Inpatient hospital medical records are routinely reviewed for medical necessity and accuracy in billing by Colorado's Quality Improvement Organization, CFMC. If a review uncovers a billing error, a letter is sent to the hospital notifying them of the review findings.

Effective January 1, 2010, the explanatory language of the letters will be changed as identified below:

<p>Bill Error Code 2 Old title: Infant discharged with Medicaid mother</p> <p>New title: Incorrectly unbundled newborn claim</p> <p>New explanation: Newborn charges incurred through the date of the Medicaid mother's discharge date are bundled and billed under the mother's claim. This information is being reported to the Department's fiscal agent, ACS, for reimbursement adjustment.</p>	<p>Bill Error Code 10 Old title: Newborn billed separate from mother</p> <p>New title: Wrong newborn admission date on claim</p> <p>New explanation: Services provided to a newborn after the mother's discharge are billed using the mother's discharge date as the newborn's admission date. To receive reimbursement, this claim must be re-billed to the Department's fiscal agent, ACS. If the claim is out of timely filing, the date of this letter should be used as the Late Bill Override Date (LBOD).</p>
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For questions regarding these changes, please contact Eric Wolf at 303-866-5963 or eric.wolf@state.co.us.

Updates to Outpatient Cost to Charge Ratios and Outpatient Reimbursement

Outpatient hospital services are reimbursed on an interim basis at actual billed charges multiplied by 1) the most recent Medicare cost-to-charge ratio that your facility has sent to the Department, and 2) seventy point nine percent (70.9%). Outpatient Physical Therapy, Occupational Therapy, Lab and Transportation are reimbursed using the Medicaid fee-schedule.

Effective January 1, 2010, outpatient hospital services will be reimbursed on an interim basis at actual billed charges multiplied by 1) the most recent Medicare cost-to-charge ratio that your facility has sent to the Department, and 2) seventy percent (70%). The Department conducts a periodic cost audit and any necessary retrospective adjustment is made to bring reimbursement to the lower of actual audited cost less thirty percent (30%) or billed charges less thirty percent (30%).

It is the hospital's responsibility to notify the Department of changes to their Medicare outpatient cost-to-charge ratio. However, in order to make sure the Department has the most current Medicare outpatient cost-to-charge ratios used for claims payment, the Department will be contacting hospitals to request the most current ratio. All hospital cost-to-charge ratios will be updated with a January 1, 2010 effective date.

If the hospital fails to provide the Department with this information by December 11, 2009, the Department will institute a default percentage reduction in the hospital's cost-to-charge ratio.

If you have any questions about this process or would like to submit your Medicare outpatient cost-to-charge ratio, please contact Marguerite Richardson at 303-866-3839 or marguerite.richardson@state.co.us.

Nursing Facility Providers

2010 Social Security COLA

Because there will be no Social Security cost of living adjustment (COLA) increases for 2010, it will not be necessary for nursing facilities and counties to complete AP-5615 forms for clients whose only source of income is through a Social Security program. Nursing facilities should initiate AP-5615 forms only for clients that have sources of income other than Social Security or any client whose AP-5615 indicates expiration at the end of 2009. The Department will not process a COLA report for counties for 2010 and will not require counties to complete an AP-5615 unless the client meets the criteria requiring nursing facility initiation of an AP-5615. You may contact Janice Brenner at 303-866-4758 or janice.brenner@state.co.us if you have any questions.



Pharmacy Providers

H1N1 Vaccine

On October 21, 2009, the Department began reimbursing pharmacy providers for the administration of the H1N1 vaccine. The administration fee is the established dispensing fee of \$4.00. The Department will only reimburse for the administration fee and not the vaccine itself, since the vaccine is available at no cost. The seasonal flu vaccine and other vaccines are not a covered pharmacy benefit.



The Department will only be able to reimburse for H1N1 vaccines that are rebateable. The current rebateable NDCs are 49281-0640-15, 49281-0650-10, 49281-0650-50 and 49281-0650-90. A drug's rebate status can change, so submit claims through the point of sale system to verify coverage. For questions regarding billing the H1N1 vaccine, contact the Department's fiscal agent, ACS, at 1-800-365-4944.

Preferred Drug List (PDL) Update

Effective November 1, 2009, the extended-release mixed amphetamine salt products are considered Preferred. Brand name Adderall XR will need a prior authorization, but is available for grandfathering for clients previously stabilized on it or in cases of medical necessity as documented by the provider.

Effective January 1, 2010, the following medications will be Preferred Products on the Medicaid PDL and will be covered without a prior authorization:

Newer Generation Antidepressants:

citalopram, fluoxetine, fluvoxamine, Lexapro (escitalopram), mirtazipine, nefazodone, paroxetine, sertraline, venlafaxine, venlafaxine ER tablets, Wellbutrin and bupropion in IR, SR and XL formulations

Phosphodiesterase Inhibitors:

Revatio (sildenafil)

Prostanoids:

generic IV epoprostenol

Endothelin Antagonists:

Letairis (ambrisentan)

Antiemetics:

Zofran and ondansetron tablets, ondansetron ODT (clients 12 years and under for ODT), ondansetron suspension, and Emend

Proton Pump Inhibitors:

Prilosec OTC, Aciphex, lansoprazole, and Prevacid Solutabs (clients 12 years and under for solutab)

Triptans and Triptan Combinations:

Maxalt MLT, Imitrex and sumatriptan generic tablets, and Imitrex (brand) nasal spray and Imitrex (brand) subcutaneous injection

The complete PDL and prior authorization criteria for non-preferred drugs are posted in the [Preferred Drug List \(PDL\)](#) section of the Department's Web site. For questions or comments regarding the PDL, please contact Jim Leonard at 303-866-6342 or jim.leonard@state.co.us.

Azmacort

According to Abbott Laboratories, the inhaled triamcinolone aerosol product, Azmacort, will be discontinued effective December 31, 2009. After that date, Azmacort will no longer be available at pharmacies. Clients stabilized on Azmacort will need to be transitioned to an alternative product. Preferred Products in the Inhaled Corticosteroid class include: Flovent, Pulmicort and Qvar. Please refer to the [Preferred Drug List \(PDL\)](#) section of the Department's Web site for more information or you may contact Jim Leonard.

Billing Physician-Administered Drugs

All physician, Early Periodic Screening, Diagnosis, and Treatment (EPSDT), and Medicare Part B crossover claims for physician-administered single-source and the 20 multiple-source drugs (as identified by the Centers for Medicare and Medicaid Services) must be submitted using both Healthcare Common Procedure Coding System (HCPCS) codes and National Drug Code (NDC) numbers when using the electronic 837P (Professional) transaction. Claims submitted for these drugs using only HCPCS codes or only NDC numbers will be denied. Claims submitted with NDC numbers that do not correspond to the correct HCPCS codes will also be denied.

The Department posts lists of the single-source and top 20 multiple-source drugs, and their corresponding NDCs and HCPCS, in Appendix X of the Billing Manuals [Appendices](#) section of the Department's Web site.

Since the lists are regularly updated, it is recommended that providers routinely submit both HCPCS and NDC numbers on all claims for physician-administered drugs, regardless of whether the drug is a single-source drug or is included on the list of top 20 multiple-source drugs.

Please contact ACS Provider Services Call Center at 1-800-237-0757 (Colorado toll free) or 303-534-0146 Monday through Friday, 8:00 a.m. until 5:00 p.m. MT with questions.

December 2009 and January 2010 Provider Billing Workshops**Denver Provider Billing Workshops**

Provider billing workshops include both Colorado Medical Assistance Program billing instructions and a review of Colorado Medical Assistance Program billing procedures.

The December 2009 and January 2010 workshop calendars are included in this bulletin and are posted in the Provider Services [Training & Workshops](#) section of the Department's Web site.

Who Should Attend?

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

Reservations are required

Reservations are necessary for **all workshops**.



Email reservations to:

workshop.reservations@acs-inc.com

Or Call Provider Services to make reservations:
1-800-237-0757 or 303-534-0146

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

- Colorado Medical Assistance Program provider billing number
- The number of people attending and their names
- The date and time of the workshop
- 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

These classes are 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 remittance statements and paper claim completion for the UB-04 and the Colorado 1500. *These classes do **not** cover any specialty billing information.* The fiscal agent provides specialty training throughout the year in their Denver office.



The classes do not include any hands-on computer training.

December and January Specialty Workshop Class Descriptions

Dental

The class is for billers using the 2006 ADA/837D claim format. The class covers billing procedures, claim formats, common billing issues and guidelines specifically for the following provider types: Dentists, Dental Hygienists

HCBS-BI

This class is for billers using the CO1500/837P claim format for the following services: adult day care, non-medical transportation, home electronics, home modifications and personal care. The class covers billing procedures, common billing issues and guidelines specifically for HCBS-BI providers

HCBS-EBD

This class is for billers using the CO1500/837P claim format for the following services: adult day care, non-medical transportation, home electronics, home modifications and personal care. The class covers billing procedures, common billing issues and guidelines specifically for the following provider types:

HCBS-EBD HCBS-PLWA HCBS-MI

HCBS-DD

This class is for billers who bill on the CO1500 claim format for the following: Comprehensive Services (HCBS-DD), Supported Living Services (SLS), Children's Extensive Support (CES), Children's Residential Habilitation Program (CHRP) and Targeted Case Management (TCM). The class covers billing procedures, common billing issues and guidelines for HCBS-DD providers

Hospice

This class is for billers using the UB-04/837I format. The class covers billing procedures, common billing issues and guidelines specifically for Hospice providers.

IP/OP 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

Transportation

This class is for emergency transportation providers billing on the CO1500/837P and/or UB-04/837I format. The class covers billing procedures, common billing issues and guidelines specifically for Transportation provider

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).

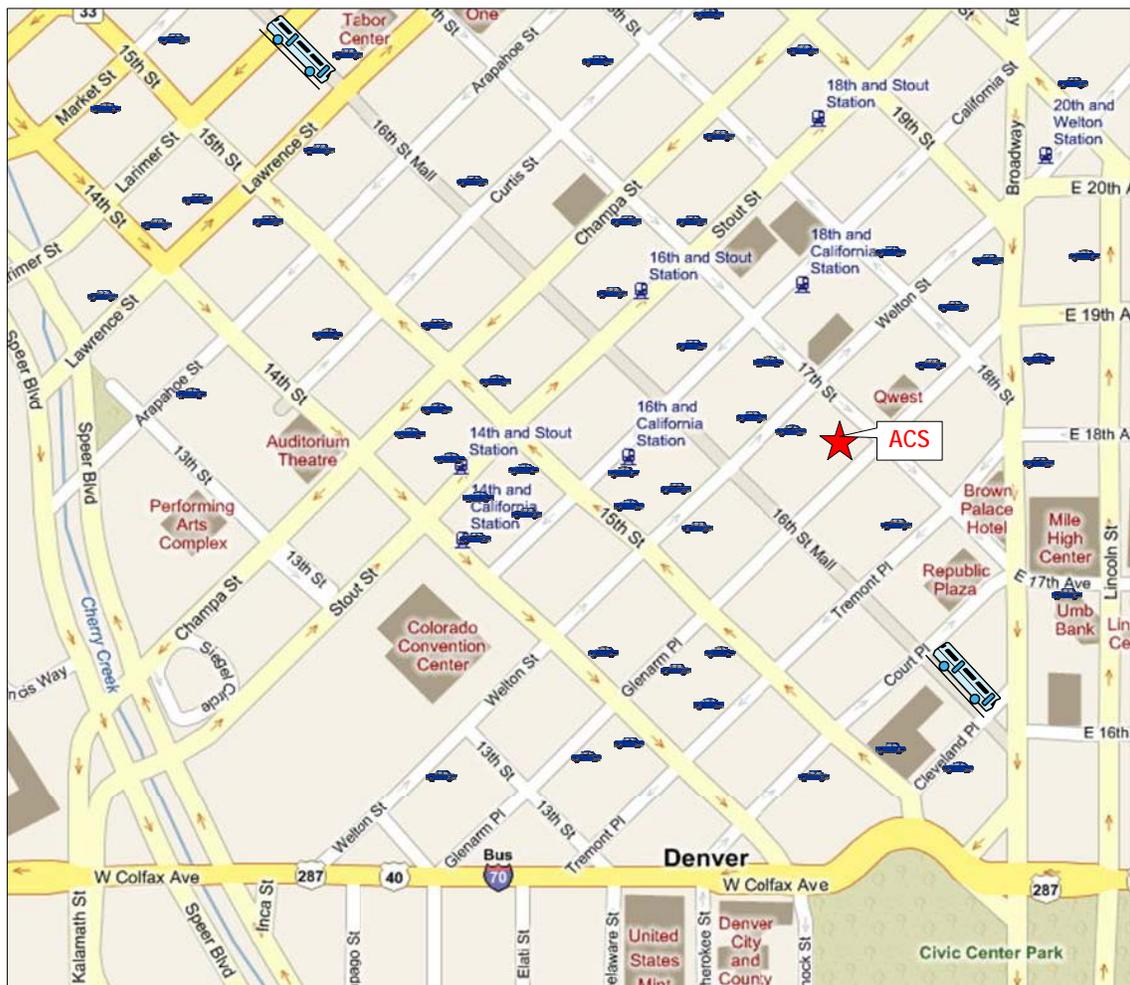
Parking: Parking is not provided by ACS and is limited in the Downtown Denver area.

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_Map.shtml

 **Free MallRide:** MallRide stops are located at every intersection between Civic Center Station and Union Station.

 **Commercial parking lots:** Lots are available throughout the downtown area. The daily rates are between \$5 and \$20.



Please direct questions about Colorado Medical Assistance Program billing or the information in this bulletin to

ACS Provider Services at 303-534-0146 or 1-800-237-0757 (Colorado toll free).

Please remember to check the Provider Services section of the Department's Web site at colorado.gov/hcpf.

December 2009 Workshop Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7 Beginning Billing – CO -1500/837P (Web Portal) 9:00am-2:00pm Transportation – 3:00pm – 4:30p	8 Beginning Billing – UB-04/837I (Web Portal) 9:00am-2:00pm Developmental Disabilities – 3:00pm- 4:30pm	9	10	11 Dental Billing – 2006 ADA 9:00am-12:00pm	12
13	14	15	16	17	18	19
20	21	22	23	24	25 Christmas Day	26
27	28	29	30	31 State Furlough Day		

January 2010 Workshop Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8	9
10	11	12 Beginning Billing – CO -1500/837P (Web Portal) 9:00 am – 2:00pm Vision 3:00 pm-4:30 pm	13 Beginning Billing – UB-04/837I (Web Portal) 9:00am-2:00 pm	14 Hospice 9:00am-1:00pm IP/OP Hospital 1:00pm -3:00pm	15 Beginning Billing – CO-1500 9:00 am –11:00am HCBS EBD 11:00 am – 1:00pm HCBS BI 1:00pm – 3:00pm HCBS- DD 3:00pm - 4:30pm	16
17	18	19	20	21	22	23
24 / 31	25	26	27	28	29	30

Program Rate Adjustment Explanations and Schedules for HH, PDN, and HCBS

Home Health (HH) and Private Duty Nursing (PDN) Providers

The HH and PDN programs received a 1% rate reduction to all services effective December 1, 2009. A 1% reduction was also applied to the Acute and Long-Term Maximum Daily Amount.

Home Health

Updated FY 2009-10 Rates

SERVICE TYPE	REVENUE CODE		CURRENT RATE	NEW RATE 12/1/2009	UNIT VALUE
	Acute Home Health	Long Term Home Health			
RN Assess and Teach	589	None	\$ 96.00	\$ 95.04	Acute only- one visit up to 2 ½ hours
RN/LPN	550	551	\$ 96.00	\$ 95.04	One visit up to 2 ½ hours
RN Brief 1st of Day	n/a	590	\$ 67.19	\$ 66.52	One Visit
RN Brief 2 nd or >	Na	599	\$ 47.04	\$ 46.57	One Visit
HHA BASIC	570	571	\$ 34.14	\$ 33.80	One hour
HHA EXTENDED	572	579	\$ 10.21	\$ 10.11	For visits lasting more than one hour, extended units of 15-30 minutes
PT	420	421 (for 0-17 years LTHH)	\$ 104.98	\$ 103.93	One Visit up to 2 ½ hours
PT for HCBS Home Mod Evaluation	424	424	\$ 104.98	\$ 103.93	1-2 visits
OT	430	431 (for 0-17 years LTHH)	\$ 105.67	\$ 104.61	One visit up to 2 ½ hours
OT for HCBS Home Mod Evaluation	434	434	\$ 105.67	\$ 104.61	1-2 visits
S/LT	440	441 (for 0-17 years LTHH)	\$ 114.08	\$ 112.94	One visit up to 2 ½ hours
Maximum Daily Amount Acute Home Health			\$ 447.31	\$ 442.84	24 hours, MN to MN
Maximum Daily Amount Long Term Home Health			\$ 349.00	\$ 345.51	24 hours, MN to MN

Private Duty Nursing

Updated FY 2009-10 Rates

SERVICE TYPE	REVENUE CODE	CURRENT RATE	NEW RATE 12/1/2009	UNIT VALUE
PDN-RN	552	\$ 37.93	\$ 37.55	Hour
PDN-LPN	559	\$ 28.47	\$ 28.19	Hour
PDN-RN (group-per client)	580	\$ 28.41	\$ 28.13	Hour
PDN-LPN (group-per client)	581	\$ 21.81	\$ 21.59	Hour
"Blended" group rate / client*	582	\$ 28.39	\$ 28.11	Hour

* The "blended" rate is available on request for a Home Health Agency that provides Private Duty Nursing to multiple clients at group care settings. All Private Duty Nursing provided in those settings is billed at the same rate and revenue code for an RN or LPN.

HCBS-Children with Autism (CWA)

The HCBS-CWA Waiver program received a 1% rate reduction to all services effective December 1, 2009.

Updated FY 2009-10 Rates

SERVICE TYPE	PROCEDURE CODE	CURRENT RATE	NEW RATE 12/1/2009	UNIT VALUE
Behavior Therapies - Lead Therapist	H0004	\$ 22.08	\$ 21.86	15 minutes
Behavior Therapies - Senior Therapist	H0004 52	\$ 11.49	\$ 11.38	15 minutes
Behavior Therapies - Line Staff	H2019	\$ 3.63	\$ 3.59	15 minutes

Children's HCBS (CHCBS)

The CHCBS Waiver program received a 1% rate reduction to all services effective December 1, 2009.

Updated FY 2009-10 Rates

SERVICE TYPE	PROCEDURE CODE	CURRENT RATE	NEW RATE 12/1/2009	UNIT VALUE
Case Management	T1016	\$ 7.99	\$ 7.91	15 minutes
IHSS Health Maintenance Activities	H0038	\$ 6.72	\$ 6.65	15 minutes

HCBS- Pediatric Hospice Waiver (PHW)

The PHW program received a 1% rate reduction to all services effective December 1, 2009.

Updated FY 2009-10 Rates

SERVICE TYPE	PROCEDURE CODE/ MOD	CURRENT RATE	NEW RATE 12/1/2009	UNIT VALUE	COMMENTS
Expressive Therapy	G0176 UD	\$ 55.99	\$ 55.43	1 Hour	Limited to 39 hours total per 365 days
Individual Counseling	H0004 UD	\$ 14.00	\$ 13.86	15 Minutes	Limited to 98 hours total per 365 days across all H0004
Family Counseling	H0004 UD HR	\$ 14.00	\$ 13.86	15 Minutes	Limited to 98 hours total per 365 days across all H0004
Group Counseling	H0004 UD HQ	\$ 7.85	\$ 7.77	15 Minutes	Limited to 98 hours total per 365 days across all H0004
Respite Care Unskilled	S5150 UD	\$ 3.57	\$ 3.53	15 Minutes	Up to 4 hour visit. Limited to 30 days (unique dates of service per 365 days)
Respite Care Unskilled	S5151 UD	\$ 71.38	\$ 70.67	1 Day	Limited to 30 days (unique dates of service per 365 days)
Respite Care Skilled RN/LPN	S9125 UD	\$ 147.09	\$ 145.62	1 Day	Limited to 30 days (unique dates of service per 365 days)
Respite Care Skilled RN/LPN	T1005 UD	\$ 9.17	\$ 9.08	15 Minutes	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	\$ 135.26	\$ 133.91	1 Day	
Palliative/Supportive Care Skilled RN/LPN	T2043 UD	\$ 32.87	\$ 32.54	1 Hour	Limited to 4 hours per visit.

HCBS-Persons with Traumatic Brain Injury (BI)

The HCBS-BI Waiver program received a 1% rate reduction to all services effective December 1, 2009. In addition to rate reductions, a weekly service cap is now in effect on non-medical transportation for clients enrolled in the HCBS-BI Waiver program. Effective December 1, 2009, clients are limited to the equivalent of two (2) round-trips per week or 208 units per annual certification period. Trips to adult day programs are not subject to the cap. For billing purposes, please add the "HB" modifier for all non-medical transportation claims to and from adult day programs. The transportation cap does not impact the Supported Living Program (SLP) daily rates in this waiver. Updated SLP rates have been sent to the SLP providers.

Updated FY 2009-10 Rates

SERVICE TYPE	PROCEDURE CODE	CURRENT RATE	NEW RATE 12/1/2009	UNIT VALUE	COMMENTS
Adult Day Services	S5102	\$ 47.05	\$ 46.58	Day	At least 2 or more hours of attendance 1 or more days per week
Assistive Technology	T2029				Negotiated by SEP through prior authorization
Behavioral Programming	H0025	\$ 13.27	\$ 13.14	Half Hour	
Day Treatment	H2018	\$ 74.64	\$ 73.89	Day	At least 2 or more hours of attendance 1 or more days per week
Electronic Monitoring					
Installation	S5160				Negotiated by CM; varies by client
Service	S5161				Negotiated by CM; varies by client
Home Modifications	S5165	\$10,000.00	\$10,000.00	Lifetime Max	
Independent Living Skills Training	T2013	\$ 24.15	\$ 23.91	Hour	
Mental Health Counseling					
Family	H0004 HR	\$ 13.72	\$ 13.58	15 minutes	
Group	H0004 HQ	\$ 7.69	\$ 7.61	15 minutes	
Individual	H0004	\$ 13.72	\$ 13.58	15 minutes	Must obtain Department approval over 30 cumulative visits of counseling
Non-Medical Transportation	T2001				
Med Trans. Rate	T2001			1 Way Trip	Negotiated by CM; varies by client. Not to exceed Med. Transport Rate.
Taxi	T2001	\$ 48.18	\$ 47.70	1 Way Trip	Taxi: up to \$47.70 per trip, not to exceed the rate with the Public Utilities Commission. Use HB modifier for trips to and from adult day program.
Mobility Van	T2001	\$ 12.37	\$ 12.25	1 Way Trip	Mobility Van: \$12.25 per trip. Use HB modifier for trips to and from adult day program.
Wheelchair Van	T2001	\$ 15.40	\$ 15.25	1 Way Trip	Wheelchair Van: \$15.25 per trip. Wheelchair Van Mileage Add-On: 62 cents per mile. Use HB modifier for trips to and from adult day program.

**HCBS-Persons with Traumatic Brain Injury (BI)
Updated FY 2009-10 Rates (cont.)**

SERVICE TYPE	PROCEDURE CODE	CURRENT RATE	NEW RATE 12/1/2009	UNIT VALUE	COMMENTS
Personal Care	T1019	\$ 3.63	\$ 3.59	15 minutes	Not to exceed 10 hours per day
Relative Personal Care	T1019 HR	\$ 3.63	\$ 3.59	15 minutes	Maximum reimbursement not to exceed 1776 units per year
Respite Care					
NF	H0045	\$ 111.15	\$ 110.04	Day	
In Home	S5150	\$ 3.01	\$ 2.98	15 minutes	All inclusive of client's needs
Individual Substance Abuse Counseling					
Family	T1006	\$ 54.89	\$ 54.34	Hour	
Group	H0047 HQ	\$ 30.74	\$ 30.43	Hour	
Individual	H0047 HF	\$ 54.89	\$ 54.34	Hour	
Transitional Living	T2016	\$ 129.84	\$ 128.54	Day	
Supported Living Program	T2033			Day	Per diem rate set by HCPF using acuity levels of client population

**HCBS-Elderly, Blind, and Disable (EBD), Person with Major Mental Illness (MI),
and Persons Living with HIV/AIDS (PLWA)**

The HCBS-EBD, MI, and PLWA programs received a 1% rate reduction to all services effective December 1, 2009. In addition to rate reductions, a weekly service cap is now in effect on non-medical transportation for clients enrolled in the HCBS-EBD, MI, and PLWA Waiver programs. Effective December 1, 2009, clients are limited to the equivalent of two (2) round-trips per week or 208 units per annual certification period. Trips to adult day programs are not subject to the cap. For billing purposes, please add the "HB" modifier to all non-medical transportation claims to and from adult day programs.

Updated FY 2009-10 Rates

SERVICE TYPE	PROCEDURE CODE	CURRENT RATE	NEW RATE 12/1/2009	UNIT VALUE	COMMENTS
Adult Day Services					
Basic Rate	S5105	\$ 22.34	\$ 22.12	4-5 Hours	An individual unit is 4-5 hours per day
Specialized Rate	S5105	\$ 28.54	\$ 28.25	3-5 Hours	An individual unit is 3-5 hours per day
Alternative Care Facility	T2031	\$ 47.31	\$ 46.84	Day	May be different for clients with 300% income
Community Transition Services	T2038				1 Unit = 1 Transition
Community Transition Services Items	T2038 52				1 Unit = 1 Purchase
Consumer Direct Attendant Support Services	T2025				Assessed by CM; varies by client

**HCBS-Elderly, Blind, and Disable (EBD), Person with Major Mental Illness (MI),
and Persons Living with HIV/AIDS (PLWA)
Updated FY 2009-10 Rates (cont.)**

SERVICE TYPE	PROCEDURE CODE	CURRENT RATE	NEW RATE 12/1/2009	UNIT VALUE	COMMENTS
Consumer Direct Attendant Support Services Administration	T2025 52				Assessed by CM; varies by client
Electronic Monitoring					
Installation	S5160				Negotiated by CM; varies by client
Service	S5161				Negotiated by CM; varies by client
Homemaker	S5130	\$ 3.57	\$ 3.53	15 minutes	
Home Modification	S5165	\$10,000.00	\$10,000.00	Lifetime Max	
IHSS Health Maintenance Activities	H0038	\$ 6.72	\$ 6.65	15 minutes	
IHSS Personal Care	T1019 KX	\$ 3.57	\$ 3.53	15 minutes	
IHSS Relative Personal Care	T1019 HR KX	\$ 3.57	\$ 3.53	15 minutes	No limits on IHSS benefits provided by parents of adult children. For all other relatives, the limitations on payment to family applies as set forth in 10 C.C.R. 2505-10, Section 8.485.200
IHSS Homemaker	S5130 KX	\$ 3.57	\$ 3.53	15 minutes	
Medication Reminder	S5185				1 Unit Per Month
Medication Reminder Install/Purchase	T2029				1 Unit = 1 Purchase
Non-Med. Transportation					
Med. Transp. Rate	T2001			1 Way Trip	Negotiated by CM; varies by client. Not to exceed Med. Transport Rates
Taxi	T2001	\$ 48.18	\$ 47.70	1 Way Trip	Taxi: up to \$47.70 per trip, not to exceed the rate with the Public Utilities Commission. Use HB modifier for trips to and from adult day program.
Mobility Van	T2001	\$ 12.37	\$ 12.25	1 Way Trip	Mobility Van: \$12.25 per trip. Use HB modifier for trips to and from adult day program.
Wheelchair Van	T2001	\$ 15.40	\$ 15.25	1 Way Trip	Wheelchair Van: \$15.25 per trip Wheelchair Van Mileage Add-On: 62 cents per mile Use HB modifier for trips to and from adult day program.
Personal Care	T1019	\$ 3.57	\$ 3.53	15 minutes	

**HCBS-Elderly, Blind, and Disable (EBD), Person with Major Mental Illness (MI),
and Persons Living with HIV/AIDS (PLWA)
Updated FY 2009-10 Rates (cont.)**

SERVICE TYPE	PROCEDURE CODE	CURRENT RATE	NEW RATE 12/1/2009	UNIT VALUE	COMMENTS
Relative Personal Care	T1019 HR	\$ 3.57	\$ 3.53	15 minutes	Relative Personal Care cannot be combined with HCA Maximum reimbursement not to exceed 1776 units per year
Respite Care					
ACF	S5151	\$ 52.69	\$ 52.16	Day	Limit of 30 days per calendar year
NF	H0045	\$ 117.48	\$ 116.31	Day	Limit of 30 days per calendar year.
In Home	S5150	\$ 3.01	\$ 2.98	15 minutes	Limit of 30 days per calendar year Not to exceed the ACF per diem for respite care