Provider Bulletin

Reference: B1000282 **April 2010**

colorado.gov/hcpf

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ACS A xerox Company

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

Did you know...?

The Department communicates Colorado Medical Assistance Program updates and changes to providers through monthly e-mail bulletin notifications. Providers may change who is notified or opt out of bulletin notifications through the Web Portal or by submitting the Publications Preference Form. Any provider who opts out of e-mail notifications is still responsible for checking the Provider Services Bulletins section of the Department's Web site monthly for any changes/updates to their program.

All Providers

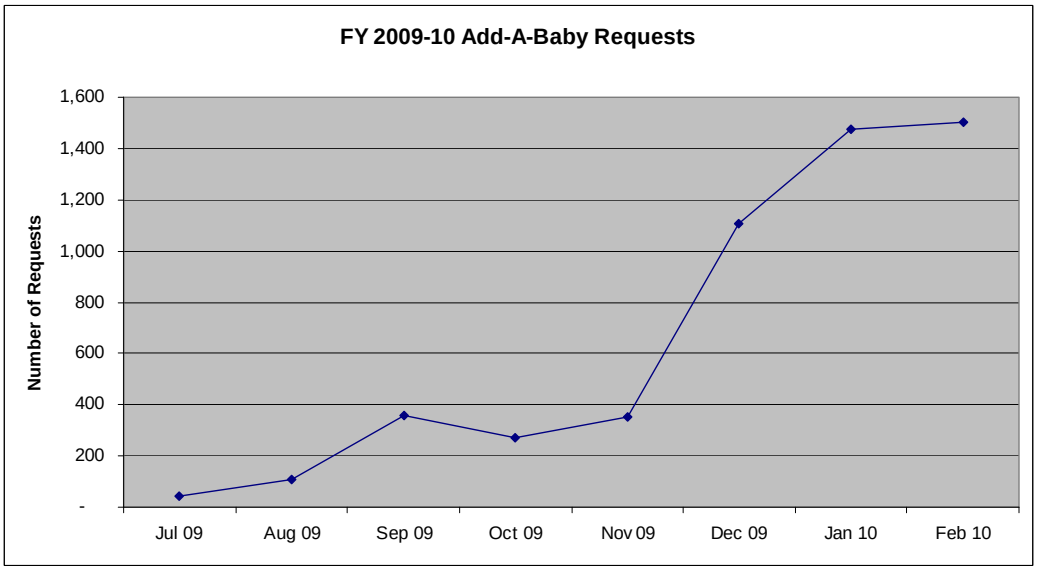
Add-A-Baby Program Update

The Department of Health Care Policy and Financing (Department) has experienced a significant increase in the number of requests to add newborns to Medicaid and CHP+ Prenatal mothers' cases. The following are the request totals for December 2009 through February 2010:

- December 2009 – 1,106
- January 2010 – 1,531
- February 2010 – 1,504

Please note that there were over 300 duplicate requests submitted in January from the same provider for the same child. This has added to the processing time since each request has to be researched before it is identified as a duplicate. The current processing time is approximately 10 business days.

We are working on adding additional resources to the program to accommodate the increased volume. Please also note that processing times are affected by State furlough days and holidays. If you have an emergent request, please contact Shawna Moreno at 303-866-4456. Thank you for your participation.



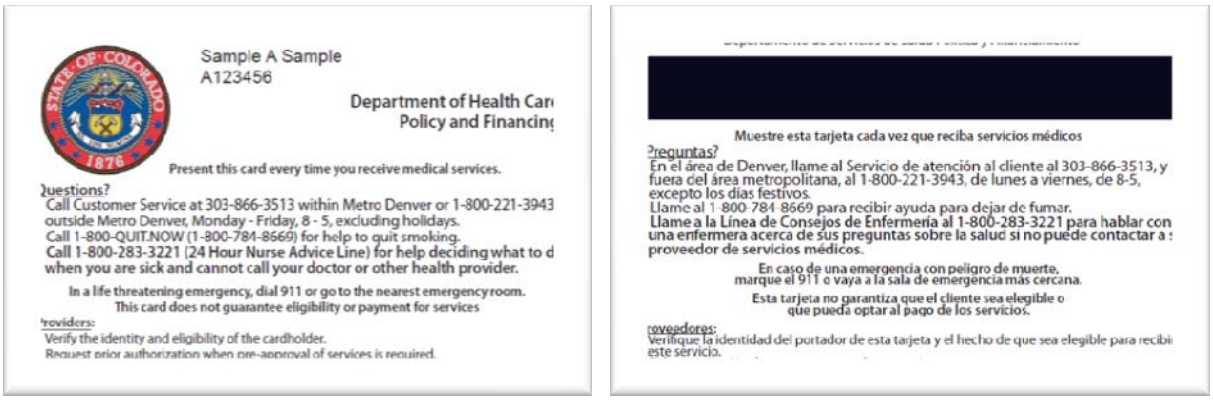
Administration and Prior Authorization of Synagis ® Immune Globulin

Palivizumab (Synagis®) is a preparation used for passive immunoprophylaxis against respiratory syncytial virus (RSV) in high–risk infants.

To determine if prior authorization is needed for services administered in a physician's office, please see Attachment A of this bulletin. Refer to Attachment B for services administered in the client's home or in a long term care facility. An example of a completed PAR form is provided as Attachment C. Additional information on immunizations is available in the Immunization Benefit Update (B1000276 - 01/10) bulletin, which can be found in the Provider Services Bulletins section of the Department's Web site at colorado.gov/hcpf. For additional questions, please contact Christy Hunter at christy.hunter@state.co.us.

New Look for Medical Identification Cards (MICs)

Beginning June 1, 2010, the Department will begin issuing Medical Identification Cards (MICs) with a new look. The new MICs will be bilingual – English and Spanish – and more informative. A sample of the new card is below.



These new cards do not replace those issued before June 1, 2010, therefore, please accept both versions. You may contact Roberta Lopez at 303-866-6114 or roberta.lopez@state.co.us if you have any questions.

Claims Paid at Zero vs. Denied Claims

A claim payment of $0.00 (zero) is considered a paid claim even though the provider does not actually receive payment. The most common reasons for zero payments are third party payment deductions from the allowable Colorado Medical Assistance Program benefit or a Medicare crossover paid using the lower-of-pricing methodology. If a zero payment is determined to be incorrect, the provider must submit an adjustment transmittal for reconsideration. The adjustment transmittal form may be found in the Provider Services Forms section of the Department's Web site. Rebilling claims that are correctly paid at zero are denied as duplicates.

Reasons claims deny include procedure not a covered benefit and client not eligible on date of service. Claims submitted with these types of errors may be rebilled with additional and/or corrected information at any time during the applicable timely filing period. Claims that are billed incorrectly must be adjusted or resubmitted. Please contact ACS Provider Services at 303-534-0146 or 1-800-237-0757 (toll free) with questions.

State Furlough Day

All Colorado State offices will be closed on Friday, April 2, 2010 due to a statewide furlough day. ACS Government Solutions and the Provider Services Call Center will be open during regular business hours. Please contact ACS Provider Services at 303-534-0146 or 1-800-237-0757 (toll free) with questions.

Dental Providers

Dental Providers Providing Services in an Outpatient Hospital or Ambulatory Surgery Center (ASC)

Effective April 1, 2010, dentists providing services to Medicaid clients in either an outpatient hospital or an Ambulatory Surgery Center (ASC) may bill for X-rays on the 2006 American Dental Association (ADA) claim form (or electronically as an 837D transaction), line-itemizing X-ray procedures with other dental procedures provided.

This rescinds the notice in the February 2010 Bulletin (B1000278).

Hospital outpatient departments will not be allowed to bill for additional CPT codes for dental X-rays performed during an outpatient dental procedure.
Dentists should follow the policy guidelines for X-rays as listed in the January 2009 Dental ADA Codes (B0900258). As a reminder, the X-ray guidelines are as follows:

A minimum of eight films are required for an intra-oral complete series (full mouth series, complete series). Clients over twelve years of age require 12-20 films as appropriate for an intra-oral complete series. A panoramic film with four bitewing radiographs is considered equivalent to an intra-oral complete series and cannot be billed on the same date of service as an intra-oral complete series without prior authorization.

The claim payment for any number or combination of intra-oral radiographic films, with or without a panoramic film on the same date of service, is not allowed to exceed the maximum benefit for an intra-oral complete series.

An intra-oral complete series is allowed once every three years by the same billing dentist. The exception to this limitation is when the client is new to the office or clinic and they were unsuccessful in obtaining radiographs from the previous dental provider. Supporting documentation outlining the provider's attempts to receive previous radiographs must be included in the client's records. Limited X-rays may be billed by two different providers on the same date of service for the same client when one provider is a general dentist and the other is a dentist who has received post graduate training in one of the recognized dental specialties and is not under the same billing provider.

Intra-oral occlusal films may be billed once per arch and are limited to a total of two billings per day by the same billing provider.

Intra-operative radiographs cannot be billed separately as part of any endodontic or root canal procedure.

Questions may be directed to Marcy Bonnett at marcy.bonnett@state.co.us or Eric Wolf at eric.wolf@state.co.us.

Echocardiogram Providers

Echocardiogram Clinical Policy

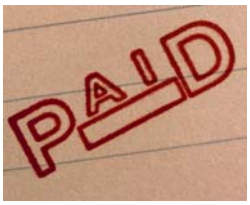
The Medicaid Program initiated the Benefits Collaborative process, which is a formal process to define benefits in terms of amount, scope, and duration.

The Echocardiogram policy has been created and approved through the Benefits Collaborative process. All providers who prescribe and render echocardiograms should become familiar with this policy. The procedure limits shall be enforced as described in the policy effective April 1, 2010. Click here for the clinical policy or refer to the Benefits Collaborative Approved Policies section of the Boards & Committees option located on the Department's Web site.

All Medicaid and CHP+ Managed Care Providers

Capitation Payment Delay and Schedule Change

Capitation payments for managed care contractors are currently disbursed concurrently or prospectively for current and new enrollees. Due to State budget constraints and legislative mandate S.B. 09-265, effective June 2010, managed care capitation payments will be disbursed retrospectively. This is expected to be a permanent change in the way capitations are paid. The Department does not anticipate returning to a prospective payment schedule.



The Department reviewed several options for compliance with the statute; however, most alternatives were associated with an unacceptable level of risk for unpredictable systems problems that could have even more serious financial impacts on our contractors. Therefore, starting in June 2010, managed care providers/contractors will receive capitation payments based on the client enrollment for the *prior* month.

It is our hope that providing notice of this change now will permit our contractors to make the necessary internal cash flow adjustments for the change in June.

Please note: for the month of June 2010, capitation payments will be delayed until the next capitation cycle in July 2010. Prior to S.B. 09-265, payments for June capitations would have been made on June 18, 2010. In order to mitigate the length of time providers will go without payment, the Department will make the June 2010 capitation on July 7, 2010.

This represents a 2 1/2 week delay from the original payment date; the time elapsed between the May 2010 payment and the June 2010 payment will be 7 1/2 weeks.

The Department will transition to the new permanent schedule for the August 2010 payment; the time elapsed between the July 2010 payment and the August 2010 payment will be 6 weeks. Going forward, providers will normally be paid on the third Friday of each month. Please refer to the following table for May-December 2010 payments. A payment schedule of payment dates for the remaining months of fiscal year 2010-11 will be provided in the May 2010 Provider Bulletin. Please contact your plan's Contract Manager with any questions.

Event	Date
May 2010 Dates of Coverage: EFT Deposit	**05/14/2010**
***** No Payment in June *****	
June 2010 Dates of Coverage: EFT Deposit	**07/07/2010**
July 2010 Dates of Coverage: EFT Deposit	**08/20/2010**
August 2010 Dates of Coverage: EFT Deposit	**09/17/2010**
September 2010 Dates of Coverage: EFT Deposit	**10/15/2010**
October 2010 Dates of Coverage: EFT Deposit	**11/19/2010**
November 2010 Dates of Coverage: EFT Deposit	**12/17/2010**
December 2010 Dates of Coverage: EFT Deposit	**01/14/2011**

Please watch for additional details relating to this change in upcoming provider bulletins.

Pharmacy Providers

Preferred Drug List (PDL)

Effective April 1, 2010, the following medications will be preferred agents on the Medicaid Preferred Drug List and will be covered without prior authorization:

Multiple Sclerosis Interferon Products
Avonex, Betaseron and Rebif

Alzheimer's Agents
Aricept (tab and ODT) and galantamine
***Namenda is non-preferred, but will be available without prior authorization for clients with the diagnosis of dementia of Alzheimer's type. The diagnosis code should be documented on the prescription so that it can be submitted on the pharmacy claim.

Atypical Antipsychotics
Abilify, clozapine, Clozaril, Geodon, Risperdal, risperidone, Seroquel, Seroquel XR and Zyprexa
***Clients stabilized on non-preferred medications in this class will be eligible for grandfathering for two years or until an automated prior authorization system is set up.

Growth Hormones
Norditropin, Omnitrope and Saizen

Leukotriene Modifiers
Singulair

Intranasal Corticosteroids
fluticasone, Nasacort AQ and Veramyst

Sedative/Hypnotics
Lunesta, zaleplon and zolpidem

Ophthalmic Allergy
cromolyn, Patanol, Pataday and Zaditor

Statin/Statin Combinations
Crestor, Lipitor, pravastatin and simvastatin

The complete PDL and prior authorization criteria for non-preferred drugs are posted in the Pharmacy Preferred Drug List (PDL) section of the Department's Web site.

For questions or comments regarding the PDL, contact Jim Leonard at Jim.Leonard@state.co.us.

PDL Change

Beginning April 1, 2010, the Proton Pump Inhibitors therapeutic class will be expanded to include prescription omeprazole capsules in 10mg, 20mg, and 40mg strengths as preferred agents.

Support Lines for Growth Hormones

Effective April 1, 2010, growth hormone drugs will not be grandfathered. The three preferred agents are Norditropin, Omnitrope and Saizen. The Department encourages prescribers and dispensers of these drugs to contact the support lines for the preferred products to initiate the process of scheduling patient training and other support services for their clients.

Saizen's support program, Connections for Growth, can be contacted by accessing http://www.connectionsforgrowth.com or by calling 1-800-582-7989. Providers will need to complete and fax the Saizen Statement of Medical Necessity (SMN) form for device training and distribution.

Norditropin's support program, NordiCare, can be contacted by accessing http://www.norditropin-us.com/hcp/nordicare_support.asp or by calling 1-888-NOVO-444 (1-888-668-6444).

State Maximum Allowable Cost List

A State Maximum Allowable Cost (State MAC) list has been developed by the Department and went into effect on March 22, 2010. The State MAC list is an additional methodology referenced when determining the reimbursement rate paid to pharmacies for dispensing prescription drugs to Colorado Medicaid clients. The rates on the State MAC list were developed based on the actual acquisition costs paid by pharmacies plus 18%, in accordance with the Department's rules.

The State MAC list is available in the Pharmacy section of the Department's Web site.

Please contact Kerri Coffey at Kerri.Coffey@state.co.us or 303-866-4131 if you have any questions.

April and May 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 April and May 2010 workshop calendars are included in this bulletin and are also 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 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 cannot be processed successfully. Your confirmation will be mailed to you within one week of making your reservation.

If you do not receive a confirmation within one 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.

April and May 2010 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

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.

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 CO1500/837P 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.

Home Health

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

Nursing Facility

This class is for billers using the UB-04/837I claim format. The class covers billing procedures, common billing issues, PETI, Medicare Crossovers, and guidelines specifically for Nursing Facility providers.

Nurse Home Visitor Program

This class is for *billers* who bill on the CO1500/837P claim format. The class covers billing procedures, common billing issues and guidelines specifically for Nurse Home Visitor providers.

Pediatric HH PAR Workshop
The Pediatric Home Health PAR class focuses on the PAR completion instructions for Pediatric Home Health procedures. This class is specifically for Pediatric Home Health providers.

Substance Abuse
This class is for billers using the CO1500/837P claim format. The class covers billing procedures, common billing issues and guidelines specifically for practitioners or facilities with a substance abuse provider specialty.

Supply/DME
This class is for billers using the CO1500/837P claim format. The class covers billing procedures, common billing issues and guidelines specifically for Supply/DME providers.

Supply/DME PAR
This class focuses on completing the PAR correctly and avoiding common mistakes. This class is for DME/Supply providers who bill procedures requiring prior authorization. (This class is not for Dental, HCBS, Nursing Facility, Pharmacy or Pediatric Home Health Providers)

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).

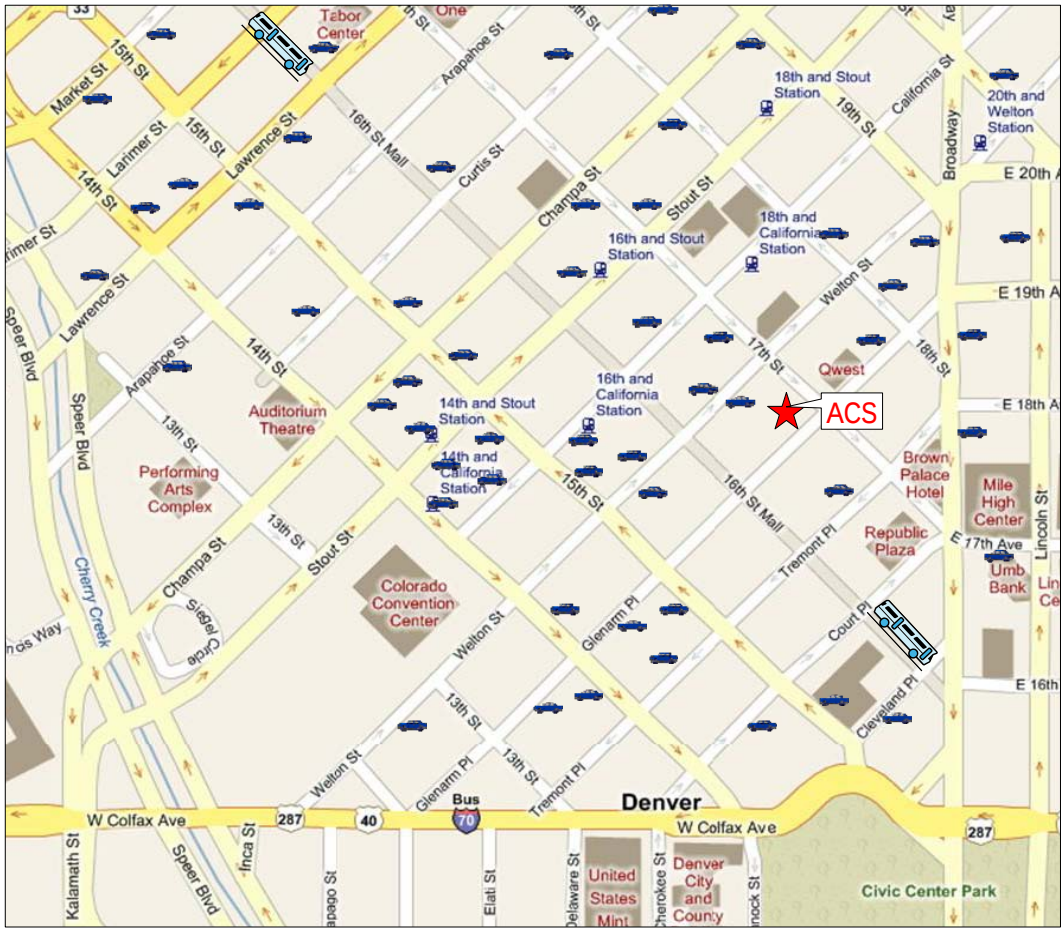
Parking: Parking is not provided by ACS and is limited in the Downtown Denver area.

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 note: *WebEx trainings are* ***not*** *for providers on the Front Range.*

Email all WebEx training reservations to workshop.reservations@acs-inc.com

A meeting notification containing the Web site, phone number, meeting number, and password will be emailed or mailed to providers who sign up for WebEx.

April 2010 Workshop Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2 *State Furlough*	3
4	5	6	7	8	9	10
11	12	13 Beginning Billing – CO -1500 9:00 am-11:30 am Web Portal 837P 1:00 pm-2:00 pm Transportation 3:00 pm-4:30 pm	14 Beginning Billing – UB-04 9:00 am-11:30 am Web Portal 837I 1:00 pm-2:00 pm FQHC/RHC 3:00 pm-4:30 pm	15 Dental 9:00 am-12:00 pm Web Portal 837D	16 Beginning Billing – CO -1500/837P 9:00 am-11:30 am HCBS-EBD 11:00 am-1:00 pm HCBS-BI 1:00 pm-2:30 pm HCBS-DD 3:00 pm-4:30 pm	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May 2010 Workshop Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5	6	7	8
9	10	11 Beginning Billing – CO -1500 9:00 am-11:30 am Web Portal 837P 1:00 pm-2:00 pm	12 Beginning Billing – UB-04 9:00 am-11:30 am Web Portal 837I 1:00 pm-2:00 pm Nursing Facility 3:00 pm-4:30 pm	13 DME PAR 9:00 am-11:00 am DME Billing 12:00 pm-1:30 pm	14 Pediatric HH PAR 1:00 pm-3:00 pm Home Health 3:00 pm-4:30 pm	15
16	17	18	19	20	21 Substance Abuse (WebEx) 9:00 am-12:30 pm	22
23	24	25	26	27	28 *State Furlough*	29
30	31 *Memorial Day*					

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

Synagis Administered in Physician Office

Client is fee-for-service

Client is under age 2 at start of current RSV season or at time of the first injection for current RSV season, and meets one of the following:

- Diagnosis of Chronic Lung Disease and have had one or more of the following clinical needs during previous 6 months:
  - Supplemental oxygen
  - Regular use of inhaled or oral bronchodilators
  - Recent use of corticosteroid therapy
  - Regular or intermittent use of diurectics to treat pulmonary disease
- **OR** diagnosis of interstitial lung disease and/or new molecular disease which impacts pulmonary function
- **OR** diagnosis of congenital heart disease and meets any of the following criteria:
  - Receiving medication to control congestive heart failure (diuretics, antihypertensives)
  - Suffer moderate to sever pulmonary hypertension
  - Suffer Cyanotic heart Disease
- **OR** diagnosis of hemodynamically significant heart disease defined as having one or more of the following:
  - Infants receiving medication to control congestive heart failure
  - Infants with moderate to severe pulmonary hypertension
  - Infants with cyanotic heart disease
- **OR** under 6 months of age, born between 29 and 32 weeks gestation
- **OR** under 12 months of age, born at 28 weeks gestation or younger
- **For the above conditions, a maximum of five monthly doses is recommended. For below, a maximum of three monthly doses is recommended or until the child reaches 3 months of age.**
- **OR** under 3 months of age at start of RSV season, born between 32 and 35 weeks gestation and meets one or more of the following risk factors:
  - Currently attends day care;
  - Has a sibling younger than 5 years of age;
  - Congenital abnormalities of the airway;
  - A neuromuscular condition that compromises handling of respiratory secretions.

No Prior Authorization Required - Do Not Submit PAR

Client is age 2 or older at the start of each RSV season but physician believes that client requires Synagis

Prior authorization is required
Physician must submit:

- Prior authorization form #10013 (US Bioservices form not acceptable) and
- Letter of medical necessity

The PAR form can be found at colorado.gov/hcpf➡ Providers ➡ Provider Services ➡ Forms ➡ Prior Authorization Request Forms
Submit to PARS. P.O. Box 30, Denver, CO 80201-0030

Client meets criteria for approval - PAR is approved

Client does not meet criteria for approval - PAR is denied

Client can contact Office of Appeals

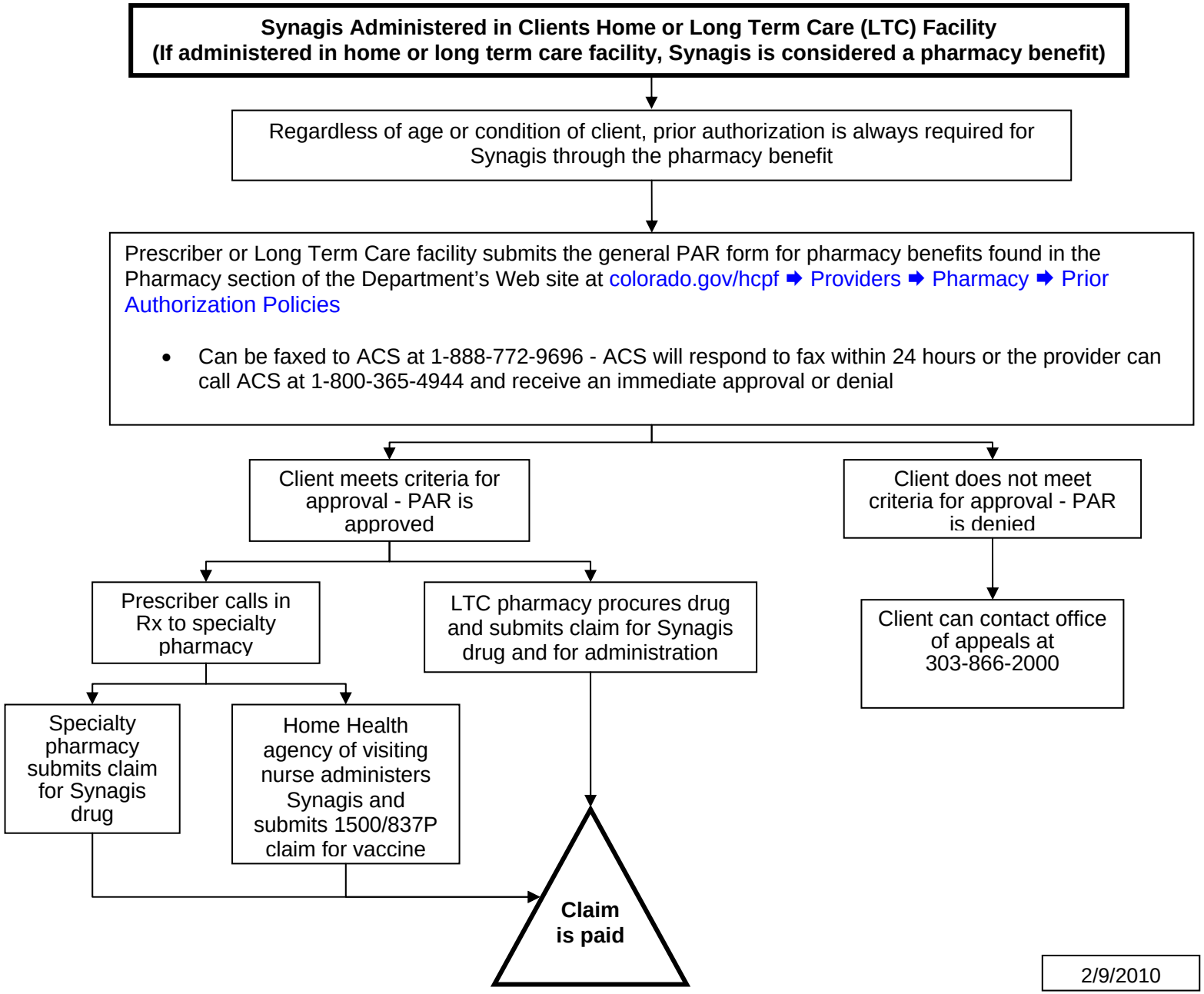
Physician provides Synagis and submits claim on CO1500 paper form or as an 837P transaction

Claim is Paid

Client is in HMO

Contact HMO

2/2/2010


Synagis Administered in Clients Home or Long Term Care (LTC) Facility
(If administered in home or long term care facility, Synagis is considered a pharmacy benefit)
Regardless of age or condition of client, prior authorization is always required for Synagis through the pharmacy benefit
Prescriber or Long Term Care facility submits the general PAR form for pharmacy benefits found in the Pharmacy section of the Department's Web site at colorado.gov/hcpf ➡ Providers ➡ Pharmacy ➡ Prior Authorization Policies
• Can be faxed to ACS at 1-888-772-9696 - ACS will respond to fax within 24 hours or the provider can call ACS at 1-800-365-4944 and receive an immediate approval or denial
Client meets criteria for approval - PAR is approved
Client does not meet criteria for approval - PAR is denied
Prescriber calls in Rx to specialty pharmacy
LTC pharmacy procures drug and submits claim for Synagis drug and for administration
Client can contact office of appeals at 303-866-2000
Specialty pharmacy submits claim for Synagis drug
Home Health agency of visiting nurse administers Synagis and submits 1500/837P claim for vaccine
Claim is paid
2/9/2010

Completed Synagis PAR Form Example

STATE OF COLORADO
DEPARTMENT OF
HEALTH CARE POLICY AND FINANCING

INVOICE/PAT. ACCOUNT NUMBER

MEDICAL ASSISTANCE PROGRAM PRIOR AUTHORIZATION REQUEST (PAR)

To avoid delay, please answer all questions completely.

1. CLIENT NAME (Last, First, Middle Initial)	2. CLIENT IDENTIFICATION NUMBER	3. SEX	4. DATE OF BIRTH (MMDDYY)
Client, Iman	A123456	☐ M ☒ F	08 01 2009

5. CLIENT ADDRESS (Street, City, State, ZIP Code)	6. CLIENT TELEPHONE NUMBER
1098 Main Street Mytown, CO 88888	(333) 444-4444

7. PRIOR AUTHORIZATION NUMBER * SYSTEM ASSIGNED	8. DATES COVERED BY THIS REQUEST FROM (MMDDYY)	THROUGH (MMDDYY)	9. DOES CLIENT RESIDE IN A NURSING FACILITY?	10. GROUP HOME NAME - IF PATIENT RESIDES IN A GROUP HOME
	12 01 2010	04 30 2011	☐ YES ☒ NO	

11. ICD-9-CM DIAGNOSIS CODE and DESCRIPTION (Must include Diagnosis Code and Description, Prognosis, Clinical Information and Other Medications presently prescribed)
(Enter the ICD-9-CM code that is most appropriate for the diagnosis or condition)

12. REQUESTING AUTHORIZATION FOR REPAIRS EQUIPMENT MUST BE OWNED BY THE CLIENT - THE SERIAL NUMBER MUST BE ENTERED

13. INDICATE LENGTH OF NECESSITY (IN MONTHS AND YEARS) I.E., HOW LONG WILL THIS EQUIPMENT BE NEEDED?
5 months

14. ESTIMATED COST OF EQUIPMENT

Example

SERVICES TO BE AUTHORIZED

15. LINE NO.	16. DESCRIBE THE PROCEDURE OR SUPPLY TO BE PROVIDED - INCLUDE MODEL NUMBER FOR DME PURCHASE OR SERIAL NUMBER FOR REPAIR	17. PROCEDURE OR SUPPLY CODE	18. REQUESTED NUMBER OF SERVICES	19. AUTHORIZED NO. OF SERVICES (LEAVE BLANK **)	20. APPROVED/DENIED (LEAVE BLANK **)
01	Synagis	90378	6*		
02					
03					
04					
05					

21. PRIMARY CARE PHYSICIAN (PCP) NAME	22. PRIMARY CARE PHYSICIAN ADDRESS (Street, City, State, ZIP code)
Bee Well, M.D.	123 Any Street, Denver, CO 80000 Denver, CO 80000
TELEPHONE NUMBER: (555) 123-4567 — 23. PCP PROVIDER NUMBER: 01234678	

24. NAME AND ADDRESS OF PHYSICIAN REQUESTING PRIOR AUTHORIZATION	25. NAME AND ADDRESS OF PROVIDER WHO WILL RENDER SERVICE
Bee Well, M.D. 123 Any Street, Denver, CO 80000	I. M. Painfree 321 Healthy Rd. Denver, CO 80000
26. REQUESTING PHYSICIAN SIGNATURE: Bee Well, M.D. — 27. DATE SIGNED: 11/29/2010	
TELEPHONE NUMBER: (555) 123-4567 — 28. REQUESTING PHYSICIAN PROVIDER NUMBER: 01234678	TELEPHONE NUMBER: (555) 321-9876 — 29. SERVICE PROVIDER NUMBER: 98765432

If services are provided according to the manner prescribed by State of Colorado Laws and Regulations, reimbursement will be provided for authorized services following submission of an appropriately completed Medicaid claim.

30. COMMENTS **
Child weighs 5 pounds 3 ounces
(15mg/kg dose) 5lbs 3oz (2.4 kg) = 36.1mg x 5 months = 180.68 (or 4 units)
*Send in revision if child gains more weight. Increase by 2 units for growth and state this is included.

☐ ATTACH COPY OF THIS PAR TO CLAIM(S) **

SIGNATURE OF STATE AGENCY REPRESENTATIVE **	DATE **	31. PA NUMBER BEING REVISED **

* THE ASSIGNED PAR NUMBER APPEARS ON THE PAR LETTER. ENTER THE PAR NUMBER FROM THE LETTER ON THE CLAIM WHEN BILLING FOR THE SERVICES

** THESE FIELDS ARE COMPLETED BY THE AUTHORIZING AGENT

FORM NO. 10013 (REV. 12/98)
COL — 106

White - AUTHORIZING AGENT Yellow - ORIGINATOR