Provider Bulletin

Reference: B1000284 **June 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...?

Medicaid mental health services are provided primarily by state-contracted Behavioral Health Organizations (BHOs). You must apply to become a network provider with the BHO in your area. If the network is not accepting new providers, you are limited to providing services to Medicaid clients with diagnoses that are not covered under the BHO contract. Please visit the BHO section of the Department's Web site at colorado.gov/hcpf for more information.

All Providers

FY 2010-2011 Reimbursement Reductions

Effective July 1, 2010, most fee-for-service (FFS) reimbursement rates will be reduced by 1%. Rates paid to physical health managed care organizations will also include a corresponding decrease as these provider payments are based on FFS expenditures.

Affected services include:

- Physician and Clinic
- Early Periodic Screening, Diagnosis, and Treatment
- Emergency and Non-Emergent Transportation
- Dental
- Vision
- Occupational, Physical, and Speech Therapy
- Rehabilitative
- Outpatient Substance Abuse Treatment
- Ambulatory Surgery Center
- Dialysis
- Anesthesia
- Laboratory and Radiology
- Durable Medical Equipment and Supplies
- Drugs Administered in the Office Setting Including Vaccine Administration
- Family Planning
- Hospital

An updated fee schedule reflecting these rate changes will be posted in the Provider Services section of the Department of Health Care Policy and Financing's (the Department's) Web site at colorado.gov/hcpf in July 2010. Please contact Christy Hunter at 303-866-2086 or christy.hunter@state.co.us if you have any questions.

A New Look for Medical Identification Cards (MICs)

Beginning June 1, 2010, the Department will be issuing Medical Identification Cards (MICs) with a new look. The new MICs are bilingual (English and Spanish) and contain more information. To see an example of the new card, please refer to the article on the Provider Services Home page.

The new cards will not replace those issued before June 1, 2010, therefore, please accept both versions. Contact Johanna Santucci at 303-866-4130 or johanna.santucci@state.co.us if you have any questions.

July 2010 Holiday

Due to the observance of the Independence Day holiday on Monday, July 5, 2010, the claims processing cycle will include electronic claims accepted before 6:00 P.M. Mountain Time on Thursday, July 1, 2010. The receipt of warrants and EFTs will also be delayed by one or two days.

Ambulatory Surgery Center Providers

Effective June 1, 2010, procedure code 54692 will be added to group 5 for reimbursement in Ambulatory Surgery Centers.

Please contact Eric Wolf at 303-866-5963 or eric.wolf@state.co.us with questions.

Durable Medical Equipment (DME) Providers

Durable Medical Equipment (DME) Accreditation

Effective immediately, all suppliers of durable medical equipment (DME) and supplies must provide a Medicare accreditation letter or certificate to the Department in order to be reimbursed for Medicaid covered services. Per the September 2009 Provider Bulletin (B0900270), all verifications were to have been submitted no later than December 31, 2009.

For DME providers who do not have proof of accreditation on file, a letter has been sent requesting the accreditation verification be submitted to the Department (see attachment A of this bulletin for an example of the letter). The Department is allowing providers 10 days from the date of the letter to provide the required documentation. If the Department does not receive the letter or certificate stating that the provider has Medicare accreditation, the Department will begin the process of terminating the provider from the Colorado Medical Assistance Program.

Accreditations must be current and the letter or certification must have an effective time period. If a provider has multiple sites, the letter or certification must identify each site and its corresponding Medicaid provider number.

If you have further questions or want to verify that we have received your documentation, please contact: Anna Davis, DME Specialist at Anna.davis@state.co.us.

Family Planning Services Providers

Reimbursement Rate Increase for J7302

Effective June 1, 2010, the maximum allowable reimbursement for Healthcare Common Procedure Coding System (HCPCS) code J7302 (levonorgestrel-releasing intrauterine contraceptive system, 52 mg) is $703.50. As with all products purchased through the 340B Drug Pricing Program, 340B-participating providers must bill Medicaid their actual acquisition cost plus shipping and handling. All other providers must bill their usual and customary charge for this item. Please be advised that the fee schedule on the Department's Web site will not reflect this rate increase until the document is updated in July 2010. Ginger Burton at 303-866-2693 or ginger.burton@state.co.us may be contacted with any questions.

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

Fiscal Year (FY) 2010-2011 Provider Rate Reductions

Effective July 1, 2010, the Department will implement 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 $4.3 million for State Fiscal Year (FY) 2010-11, which begins July 1, 2010.

Individual program rate adjustment explanations and schedules are included in Attachment B of this bulletin. You may contact ACS Provider Services at 303-534-0146 or 1-800-237-0757 with questions.

Medicaid and CHP+ Managed Care Providers

Capitation Payment Delay/Schedule Change REPEALED

On May 6, 2010, Governor Ritter signed HB10-1382, which repeals SB 09-265, the legislation that changed capitation payments from prospective to retrospective effective June 2010. For contractors, this means that **there will be no changes made to your current capitation payment schedule.**

Department Contract Managers will also be notifying all affected provider organizations of this change. If you still have questions or concerns, please feel free to contact your Department of Health Care Policy and Financing Contract Manager.

Nursing Facility Providers

FY 2010-2011 Reimbursement Reductions

Effective July 1, 2010, the Department will reduce provider per diem reimbursement rates to nursing facilities by 1%. In addition, the Department anticipates both hospice rates for room and board and the Program of All Inclusive Care for the Elderly (PACE) rates will be affected by reducing nursing facility rates as these rates are tied to the nursing facility rates. These changes are expected to result in an aggregate decrease in provider reimbursements in FY 2010-2011 of approximately $6,105,000.
You may contact Jeff Wittreich at 303-866-2456 or jeff.wittreich@state.co.us if you have any questions.

Pharmacy Providers

Change to Dispensing Requirements

The Department has revised the Dispensing Requirements, effective June 1, 2010. For Drug Enforcement Agency Schedules 2 through 5 drugs, 85% of the days' supply must now lapse before a drug can be filled again. For non-scheduled drugs, the Dispensing Requirements have not changed - 75% of the days' supply must lapse before a drug can be filled again. In order to determine the allowable grace period, the look-back period for maintenance drugs is 180 days and for non-maintenance drugs it is 60 days.

Claims denied as “refill too soon” will be indicated by “PB79” on the Provider Claim Report (PCR). At the point-of-sale, the “refill too soon” edit will be indicated by the number “79”.

In addition, effective June 1, 2010, the inclusion of the Prior Authorization Code Type 2 on a pharmacy claim will no longer override the “refill too soon” edit. The Medicaid pharmacy claims system received an enhancement so the “refill too soon” edit will not set for changes in dosing.

However, if a client is entering or leaving a nursing facility and requires a “refill too soon” override, a prior authorization request (PAR) must still be submitted by contacting the Prescription Drug Card System Helpdesk at 1-800-365-4944.

For more information, please contact Tom Leahey at Thomas.Leahey@state.co.us.

State Maximum Allowable Cost (State MAC)

The State MAC list became effective on March 22, 2010. The State MAC rates are one of the pricing methodologies referenced when determining the Medicaid reimbursement rate paid to pharmacies for fee-for-service outpatient drugs. You may go to the State Maximum Allowable Cost (State MAC) section of the Department’s Web site for the most recent State MAC list or refer to Attachment C of this bulletin.

For more information, please contact Tom Leahey at Thomas.Leahey@state.co.us.

Preferred Drug List (PDL) Update

Effective July 1, 2010, the following medications will be preferred agents on the Colorado Medicaid PDL and will be covered without a prior authorization:

Antihistamines (newer generation):
cetirizine and loratadine in all dosage forms

Angiotensin Receptor Blockers:
Avapro, Diovan and losartan

Angiotensin Receptor Blocker Combinations:
Diovan-HCT

Anticholinergic Inhalants:
ipratropium nebulizer solution, Atrovent HFA and Spiriva

Anticholinergic and Short Acting Beta-2 Agonist Combinations:
albuterol/ipratropium nebulizer solution and Combivent inhaler

Corticosteroid Inhalants:
Asmanex, budesonide nebulizer solution, Flovent HFA and diskus and Qvar inhaler

Corticosteroid and Long-Acting Beta-2 Agonist Combinations:
Advair diskus and Symbicort Inhaler

Short-acting Beta-2 Agonists:
albuterol nebulizer solution, ProAir HFA and Ventolin HFA

Long-acting Oral Opiates:
methadone and morphine ER

Skeletal Muscle Relaxants:
baclofen, dantrolene, tizanidine, methocarbamol and cyclobenzaprine

The complete PDL and prior authorization criteria for non-preferred drugs are posted on the Preferred Drug List (PDL) web page.

For more information, please contact Jim Leonard at Jim.Leonard@state.co.us.

June and July 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 June and July 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

All this information is necessary to process your reservation successfully. Look for your confirmation by mail within one week of making your reservation.

If after one week you do not receive a confirmation, 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 <u>not</u> include any hands-on computer training.

June and July 2010 Specialty Workshop Class Descriptions

Audiology
This class is for billers using the Colorado 1500/837P format for audiology services. The class covers billing procedures, common billing issues and guidelines specifically for Audiologists.

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 Dentists and 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.

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 and Out-patient Hospital providers.

Nurse Home Visitor Program (NHVP)
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.

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:

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

Provider Enrollment Application Workshop
This workshop focuses on the importance of correctly completing the Colorado Medical Assistance Program Provider Enrollment Application. Newly enrolling providers, persons with the responsibility for enrolling providers within their groups, association representatives, and anyone who wants to better understand the Colorado Medical Assistance Program enrollment requirements should attend.

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.

June 2010 Workshop Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8 Beginning Billing – CO -1500 9:00 am-11:30 am Web Portal 837P 1:00 pm-2:00 pm Practitioner 3:00 pm-4:30 pm	9 Beginning Billing – UB-04 9:00 am-11:30 am Web Portal 837I 1:00 pm-2:00 pm	10 Provider Enrollment 9:00 am-12:00 pm	11 Beginning Billing – UB-04 (WebEx) 9:00 am-12:00 pm	12
13	14	15	16	17	18 NHVP (WebEx) 10:00 am-12:30 pm	19
20	21	22	23	24	25	26
27	28	29	30			

July 2010 Workshop Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	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 Audiology 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 IP/OP Hospital 3:00 pm-4:30 pm	15 Dental 9:00 am-12:00 pm	16 Beginning Billing – CO -1500 9:00 am -11:00 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	31

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

Example of Letter Sent to DME Providers

May 4, 2010

Equipment Enterprises, LLC
1111 Bulletin Way H999
Aurora, CO 80014

Re: Continued Colorado Medicaid Reimbursement

Dear Durable Medical Equipment Provider:

This letter is to follow up on the Durable Medical Equipment (DME) Medicare Accreditation requirement outlined in the September, 2009 Medical Assistance Program Provider Bulletin. As stated, a certificate/letter of accreditation should have been provided to the Department of Health Care Policy and Financing by December 31, 2009. At this time we do not have your company listed as an accredited provider of medical equipment and supplies.

We are offering providers the opportunity to submit the certificate/letter of accreditation within 10 days of the date of this letter. Please include a cover letter with your provider information when sending documentation including provider number, name and dba as well as contact information. If we do not receive the certificate/letter within the 10 days we will suspend the process of claims from your company and you will **not** be paid by Colorado Medicaid for any claims unless we have received proof of accreditation.

If you have received this letter it is because we do **not** have the required documentation. Please feel free to contact me with any questions you may have.

Sincerely,

Anna Davis, MPA
Durable Medical Equipment
303-866-2113

Submit requested documentation to:
Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203-1818
Attn: Anna Davis
Anna.davis@state.co.us

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 will receive a 1% rate reduction to all services effective July 1, 2010. A 1% reduction will also be applied to the Acute and Long-Term Maximum Daily Amount.

Home Health

FY 2010-2011 Rates

SERVICE TYPE	REVENUE CODE		CURRENT RATE	NEW RATE 7/1/2010	UNIT VALUE
	Acute Home Health	Long Term Home Health			
RN Assess and Teach	589	None	$ 95.04	$ 94.09	Acute only - one visit up to 2 ½ hours.
RN/LPN	550	551	$ 95.04	$ 94.09	One visit up to 2 ½ hours.
RN Brief 1st of Day	n/a	590	$ 66.52	$ 65.85	One Visit
RN Brief 2nd or >	n/a	599	$ 46.57	$ 46.10	One Visit
HHA BASIC	570	571	$ 33.80	$ 33.46	One hour
HHA EXTENDED	572	579	$ 10.11	$ 10.01	For visits lasting more than one hour, extended units of 15-30 minutes.
PT	420	421 (for 0-17 years LTHH)	$ 103.93	$ 102.89	One Visit up to 2 ½ hours.
PT for HCBS Home Mod Evaluation	424	424	$ 103.93	$ 102.89	1-2 visits
OT	430	431 (for 0-17 years LTHH)	$ 104.61	$ 103.56	One visit up to 2 ½ hours.
OT for HCBS Home Mod Evaluation	434	434	$ 104.61	$ 103.56	1-2 visits
S/LT	440	441 (for 0-17 years LTHH)	$ 112.94	$ 111.81	One visit up to 2 ½ hours.
Maximum Daily Amount Acute Home Health			$ 442.84	$ 438.41	24 hours, MN to MN
Maximum Daily Amount Long Term Home Health			$ 345.51	$ 342.05	24 hours, MN to MN

Private Duty Nursing

FY 2010-2011 Rates

	REVENUE CODE	CURRENT RATE	NEW RATE 7/1/2010	UNIT VALUE
PDN-RN	552	$ 37.55	$ 37.17	Hour
PDN-LPN	559	$ 28.19	$ 27.91	Hour
PDN-RN (group-per client)	580	$ 28.13	$ 27.85	Hour
PDN-LPN (group-per client)	581	$ 21.59	$ 21.37	Hour
"Blended" group rate / client*	582	$ 28.11	$ 27.83	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 will receive a 1% rate reduction to all services effective July 1, 2010.

FY 2010-2011 Rates

SERVICE TYPE	PROCEDURE CODE	CURRENT RATE	NEW RATE 7/1/2010	UNIT VALUE
Behavior Therapies - Lead Therapist	H0004	$ 21.86	$ 21.64	15 minutes
Behavior Therapies - Senior Therapist	H0004 52	$ 11.38	$ 11.27	15 minutes
Behavior Therapies - Line Staff	H2019	$ 3.59	$ 3.55	15 minutes

Children's HCBS (CHCBS)

The CHCBS Waiver program will receive a 1% rate reduction to all services effective July 1, 2010.

FY 2010-2011 Rates

SERVICE TYPE	PROCEDURE CODE	CURRENT RATE	NEW RATE 7/1/2010	UNIT VALUE
Case Management	T1016	$ 7.91	$ 7.83	15 minutes
IHSS Health Maintenance Activities	H0038	$ 6.65	$ 6.58	15 minutes

HCBS- Pediatric Hospice Waiver (PHW)

The PHW program will receive a 1% rate reduction to all services effective July 1, 2010.

FY 2010-2011 Rates

SERVICE TYPE	PROCEDURE CODE/ MOD	CURRENT RATE	NEW RATE 7/1/2010	UNIT VALUE	COMMENTS
Expressive Therapy	G0176 UD	$ 55.43	$ 54.88	1 Hour	Limited to 39 hours total per 365 days.
Individual Counseling	H0004 UD	$ 13.86	$ 13.72	15 Minutes	Limited to 98 hours total per 365 days across all H0004.
Family Counseling	H0004 UD HR	$ 13.86	$ 13.72	15 Minutes	Limited to 98 hours total per 365 days across all H0004.
Group Counseling	H0004 UD HQ	$ 7.77	$ 7.69	15 Minutes	Limited to 98 hours total per 365 days across all H0004.
Respite Care Unskilled	S5150 UD	$ 3.53	$ 3.49	15 Minutes	Up to 4 hour visit. Limited to 30 days (unique dates of service per 365 days).
Respite Care Unskilled	S5151 UD	$ 70.67	$ 69.96	1 Day	Limited to 30 days (unique dates of service per 365 days).
Respite Care Skilled RN/LPN	S9125 UD	$ 145.62	$ 144.16	1 Day	Limited to 30 days (unique dates of service per 365 days).
Respite Care Skilled RN/LPN	T1005 UD	$ 9.08	$ 8.99	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	$ 133.91	$ 132.57	1 Day	
Palliative/Supportive Care Skilled RN/LPN	T2043 UD	$ 32.54	$ 32.21	1 Hour	Limited to 4 hours per visit.

HCBS-Persons with Traumatic Brain Injury (BI)

The HCBS-BI Waiver program will receive a 1% rate reduction to all services effective July 1, 2010.

FY 2010-2011 Rates

SERVICE TYPE	PROCEDURE CODE	CURRENT RATE	NEW RATE 7/1/2010	UNIT VALUE	COMMENTS
Adult Day Services	S5102	$ 46.58	$ 46.11	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	$ 13.14	$ 13.01	Half Hour	
Day Treatment	H2018	$ 73.89	$ 73.15	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	$ 23.91	$ 23.67	Hour	
Mental Health Counseling					
Family	H0004 HR	$ 13.58	$ 13.44	15 minutes	
Group	H0004 HQ	$ 7.61	$ 7.53	15 minutes	
Individual	H0004	$ 13.58	$ 13.44	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	$ 47.70	$ 47.22	1 Way Trip	Taxi: up to $47.22 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	$ 12.25	$ 12.13	1 Way Trip	Mobility Van: $12.13 per trip. Use HB modifier for trips to and from adult day program.
Wheelchair Van	T2001	$ 15.25	$ 15.10	1 Way Trip	Wheelchair Van: $15.10 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	$ 3.59	$ 3.55	15 minutes	Not to exceed 10 hours per day
Relative Personal Care	T1019 HR	$ 3.59	$ 3.55	15 minutes	Maximum reimbursement not to exceed 1776 units per year

HCBS-Persons with Traumatic Brain Injury (BI)
FY 2010-2011 Rates (cont.)

SERVICE TYPE	PROCEDURE CODE	CURRENT RATE	NEW RATE 12/1/2009	UNIT VALUE	COMMENTS
Respite Care					
NF	H0045	$ 110.04	$ 108.94	Day	
In Home	S5150	$ 2.98	$ 2.95	15 minutes	All inclusive of client's needs
Individual Substance Abuse Counseling					
Family	T1006	$ 54.34	$ 53.80	Hour	
Group	H0047 HQ	$ 30.43	$ 30.13	Hour	
Individual	H0047 HF	$ 54.34	$ 53.80	Hour	
Transitional Living	T2016	$ 128.54	$ 127.25	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, including Consumer Directed Attendant Support, will receive a 1% rate reduction to all services effective July 1, 2010.

FY 2010-2011 Rates

SERVICE TYPE	PROCEDURE CODE	CURRENT RATE	NEW RATE 7/1/2010	UNIT VALUE	COMMENTS
Adult Day Services					
Basic Rate	S5105	$ 22.12	$ 21.90	4-5 Hours	An individual unit is 4-5 hours per day
Specialized Rate	S5105	$ 28.25	$ 27.97	3-5 Hours	An individual unit is 3-5 hours per day
Alternative Care Facility	T2031	$ 46.84	$ 46.37	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
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	$ 3.53	$ 3.49	15 minutes	

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

FY 2010-2011 Rates (cont.)

SERVICE TYPE	PROCEDURE CODE	CURRENT RATE	NEW RATE 7/1/2010	UNIT VALUE	COMMENTS
Home Modification	S5165	$10,000.00	$10,000.00	Lifetime Max	
IHSS Health Maintenance Activities	H0038	$ 6.65	$ 6.58	15 minutes	
IHSS Personal Care	T1019 KX	$ 3.53	$ 3.49	15 minutes	
IHSS Relative Personal Care	T1019 HR KX	$ 3.53	$ 3.49	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	$ 3.53	$ 3.49	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	$ 47.70	$ 47.22	1 Way Trip	Taxi: up to $47.22 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	$ 12.25	$ 12.13	1 Way Trip	Mobility Van: $12.13 per trip. Use HB modifier for trips to and from adult day program.
Wheelchair Van	T2001	$ 15.25	$ 15.10	1 Way Trip	Wheelchair Van: $15.10 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	$ 3.53	$ 3.49	15 minutes	
Relative Personal Care	T1019 HR	$ 3.53	$ 3.49	15 minutes	Relative Personal Care cannot be combined with HCA Maximum reimbursement not to exceed 1776 units per year
Respite Care					
ACF	S5151	$ 52.16	$ 51.64	Day	Limit of 30 days per calendar year
NF	H0045	$ 116.31	$ 115.15	Day	Limit of 30 days per calendar year.
In Home	S5150	$ 2.98	$ 2.95	15 minutes	Limit of 30 days per calendar year Not to exceed the ACF per diem for respite care

Colorado Health Care Policy and Financing
State Maximum Allowable Cost (State MAC) Rates

DRUG NAME	BRAND NAME	STATE MAC RATE	EFFECTIVE DATE
OMEPRAZOLE DR 10 MG CAPSULE	Prilosec	.4185	March 22, 2010
OMEPRAZOLE DR 20 MG CAPSULE	Prilosec	.2903	March 22, 2010
OMEPRAZOLE DR 40 MG CAPSULE	Prilosec	.4287	March 22, 2010
RISPERIDONE 1 MG/ML SOLUTION	Risperdal	1.1407	March 22, 2010
RISPERIDONE 1 MG TABLET	Risperdal	.6210	March 22, 2010
RISPERIDONE 2 MG TABLET	Risperdal	.3607	March 22, 2010
RISPERIDONE 3 MG TABLET	Risperdal	.4564	March 22, 2010
RISPERIDONE 4 MG TABLET	Risperdal	.4794	March 22, 2010
SUMATRIPTAN SUCC 25 MG TABLET	Imitrex	2.4332	March 22, 2010
SUMATRIPTAN SUCC 50 MG TABLET	Imitrex	2.0768	March 22, 2010
SUMATRIPTAN SUCC 100 MG TABLET	Imitrex	2.0362	March 22, 2010

Revised April 12, 2010