Provider Bulletin

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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
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...?

You can save some time and work, when adding a new affiliate to your existing group practice, call Provider Services with the new provider's SS# or NPI# to see if they are already a Medicaid Provider. If they have an existing provider number, to add them to your group, simply complete the Provider Enrollment Update Form in the Provider Services Enrollment for Existing Providers section of the Department's Web site. If the new provider is not already enrolled, please complete the Rendering Provider Application or the Electronic Rendering Provider Application. Both are located in the Provider Services Enrollment for New Providers section of the Department's Web site.

All Providers

New Claims Disclosure Affirmation for Web Portal

In order to comply with the Centers for Medicare and Medicaid Services (CMS) regulations, providers submitting any claims through the Web Portal will soon be required to confirm that the claim information they are submitting is true, accurate, and complete.

With this change, a new check box will be added to the Detail Line Items tab for Professional (837P), Institutional (837I), and Dental (837D) claim types. Next to the box, it will say "Check here to accept the Terms and Conditions." Users submitting claims through the Web Portal will be required to check this box as acceptance of the claims disclosure before they will be allowed to submit the claim for processing. If the user does not select the check box prior to choosing the Submit button, an error will be displayed on the Errors tab that instructs the user to accept the Terms and Conditions on the Detail Line Items tab.

With the submission of each claim, the following information will be captured and saved for audit purposes:

- Trading Partner ID
- User Login Name
- State ID
- From DOS
- Through DOS
- Total Charge
- Date Submitted

Users who wish to read the terms and conditions of this new claims disclosure are able to select the hyperlinked Terms and Conditions that is next to the check box on the Detail Line Items tab. This will display a pop-up window that provides the entire text of the claims disclosure message.

In addition, the Web Portal User Agreement will be modified to display the claims disclosure message. Users will be required to accept this modified User Agreement upon their initial login to the Web Portal, and will be required to re-accept this modified User Agreement after each Web Portal password change. Users will signify their acceptance of this modified User Agreement with the claims disclosure message by clicking on the Accept button at the bottom of the window.

This functionality is being implemented on the Web Portal and will be available on the Web Portal User Agreement beginning August 28, 2010. Users with questions about this change may contact Tanya.Ward@state.co.us.

Provider Status Verification

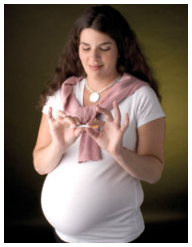
On June 16, 2010, the Department of Health Care Policy and Financing (the Department) executed a contract with Peregrine Data Management Corporation for access to the Medical Quest database. The Medical Quest database is a searchable, online provider database, developed and maintained by the contractor, and includes information regarding clinical specialties serving the health care industry. Clients will be able to access the database to search for a provider.

Contractual responsibilities for management of the database include contacting all Colorado Medicaid providers via telephone, electronic mail and/or postal mail, at least once every 90 days, to accurately update the Medical Quest database. Provider information will be available for the client on the Medical Quest Web site at www.medicalquest.com.

Our goal is to minimize the client's frustration when locating a provider and encourage clients to seek health care services in the most appropriate settings. You or your staff may be contacted by the contractor in the near future. We appreciate your assistance in keeping this database up to date.

Providers Serving Pregnant Women and Medicaid Clients Who Smoke

The Department is partnering with multiple health providers and community organizations to support the Colorado Department of Public Health and Environment (CDPHE) in a smoking cessation outreach campaign. It will be targeted towards pregnant women and Medicaid clients who smoke. This campaign will be launched on August 30, 2010 with the goal of promoting healthy lifestyles by increasing use of the Colorado QuitLine and helping these clients successfully quit smoking. The focused outreach toward achieving this goal will increase and strengthen interaction between the targeted populations and the organizations that serve them.



Materials including tools like brochures, posters, quick tips, and referral information will be available for health providers and community organizations to distribute to pregnant women and Medicaid clients who smoke. If you would like to be included in the mailing list for receipt of a materials kit, please contact Beth MacKenzie at Beth.Mackenzie@state.co.us. The materials kit will also include information on how to order more at no cost.

As a reminder, all Medicaid clients are eligible for free or low-cost smoking cessation medications. In order to obtain this benefit for your clients, please follow these steps:

1. Provide the client with a prescription for a tobacco cessation product. All Food and Drug Administration (FDA) approved prescription medications and over the counter tobacco cessation products are available through Medicaid for a maximum of two 90-day sessions per year.
2. Submit the Medicaid Prior Authorization Form by fax to the Prior Authorization Help Desk at 1-888-772-9696 or call 1-800-365-4944 to receive approval.

Go to the Fax-to-Quit section of the Colorado Health Providers Web site and fax the Fax Referral Form to the Colorado QuitLine at 1-800-261-6259. You may also encourage clients to call 1-800-QUIT-NOW (1-800-784-8669) and enroll themselves or visit MyQuitPath.org.

New Automatic Voice Response System (AVRS)

The new AVRS goes into effect on August 5, 2010. The new system will still allow providers to retrieve client eligibility, claim status, and warrant information. However, there will no longer be a limit of three eligibility inquiries per call. Providers will also be able to check claim status by Provider ID/National Provider Identifier (NPI) with Client ID and Date of Service, or by Transaction Control Number (TCN). Please remember that the local number that is currently used will be **disconnected** and all providers will be required to use the toll free number, 1-800-237-0044.

Customer Survey Results for the Colorado Foundation for Medical Care's (CFMC) Web Portal Enhancements

In October 2009, the Department's acute care utilization contractor, CFMC, surveyed providers submitting electronic prior authorization requests (PARs). Providers were asked for comments and suggestions on CFMC's Web Portal enhancements that would encourage a more user-friendly system. Based on survey feedback, CFMC made a number of changes to enhance its portal. Providers submitting electronic PARs now have access to the following enhancements:

- View missing component document requests
- View outcomes of requested services
- View the State assigned 'C' number used for billing an approved service
- Maintain a list of clients and providers for use in PAR entry
- Submit electronic documentation files in PDF or Word formats
- Update PAR contact information

In August 2009, and again in July 2010, the provider bulletin included an article entitled *New Option for Submitting Prior Authorization Requests (PARs) to the Colorado Foundation for Medical Care (CFMC).* In the article posted in the July 2010 Provider Bulletin (B1000286), providers were encouraged to register on CFMC's Web site at www.cfmc.org/copar to begin electronic PAR submissions through CFMC's Web Portal. Electronic PAR submissions eliminate the need to fax or mail the PAR to CFMC. Providers also have the ability to monitor PAR status at their convenience, eliminating the need to place a phone call to CFMC to inquire on status.

CFMC continues to encourage providers not currently registered on their Web site to register and use their portal for electronic PAR submissions. For registration assistance, please contact CFMC's PAR line at 303-695-3300 ext. 3129 or 1-800-333-2362.

Ambulatory Surgical Centers (ASCs)

National Coverage Determinations (NCD)

Current Procedural Terminology (CPT) Code Modifiers

Effective August 1, 2010, providers are required to append one of the following applicable NCD CPT code modifiers to all lines related to erroneous surgery(s) regardless of dates of service:

- PA: Surgery Wrong Body Part
- PB: Surgery Wrong Patient
- PC: Wrong Surgery on Patient

Also effective August 1, 2010, these claims are to be coded with one of three E codes:

E876.5 - Performance of wrong operation (procedure) on correct patient
E876.6 - Performance of operation (procedure) on patient not scheduled for surgery
E876.7 - Performance of correct operation (procedure) on wrong side /body part.

Upon retrospective claims review, recoupment may occur for any reimbursement for these claims.
For further questions, please contact Eric Wolf at 303-866-5963 or Eric.Wolf@state.co.us.

Hospital Providers

National Coverage Determinations (NCD)

Effective for claims submitted after August 1, 2010, hospitals reporting the following three serious reportable events must include them and the entire hospitalization using the non-covered Type of Bill (TOB) 110 with one of the following International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) diagnosis codes:

- E876.5 - Performance of wrong operation (procedure) on correct patient (existing code)
- E876.6 - Performance of operation (procedure) on patient not scheduled for surgery
- E876.7- Performance of correct operation (procedure) on wrong side/body part

These events have been designated with NCD by CMS. The NCD designation means that CMS may deny coverage for the entire hospitalization in which the event occurs. Colorado Medicaid has also adopted this policy effective October 1, 2009. These events, which must be reported, will result in denial of payment for any event in that hospitalization.
For further questions, please contact Eric Wolf at 303-866-5963 or Eric.Wolf@state.co.us.

Outpatient Substance Abuse Treatment Providers

Guidelines for Billing Outpatient Substance Abuse Treatment Services

The following rules must be observed by providers who enroll to provide services in the Outpatient Substance Abuse Treatment program:

- Providers must choose *Substance Abuse* in section 11 of the Provider Enrollment Application.
- Providers may bill **only** for Outpatient Substance Abuse Treatment services when using the Outpatient Substance Abuse provider number.
- Providers must use a different provider number to bill for services that are not a part of the Outpatient Substance Abuse benefit.
- Providers may bill **only** for the services (procedure codes) shown below:
  - H0001 + HF: Alcohol and/or drug assessment
  - H0004 + HF: Behavioral health counseling and therapy, per 15 minutes
  - H0005 + HF: Alcohol and/or drug services; group counseling by a clinician
  - H0006 + HF: Alcohol and/or drug services; case management (targeted)
  - S3005 + HF: Safety assessment including suicide ideation and other behavioral health issues
  - S9445 + HF: Drug screening and monitoring
  - T1007 + HF: Physical assessment of detoxification progression including vital signs monitoring
  - T1019 + HF: Provision of daily living needs including hydration, nutrition, cleanliness and toiletry for clients
  - T1023 + HF: Level of motivation assessment for treatment evaluation
- Providers **must** observe the benefit limits as shown in the Outpatient Substance Abuse Treatment Program billing manual.

Feel free to contact Jeanine Draut by email at Jeanine.Draut@state.co.us with any questions.

Pharmacy Providers

Pharmacy and Therapeutics (P&T) Committee News

The Department would like to welcome the new P&T Committee member, Dr. Kimberly Nordstrom. The Department would also like to thank all of the experts that submitted Curriculum Vitaes (CVs) for consideration, selecting members for appointment was extremely difficult due to the wealth of talent in the pool. For a complete list of P&T Committee members please check the Pharmacy and Therapeutics (P&T) Committee Web page.

Preferred Drug List (PDL) Update

Effective July 1, 2010, the following medications are preferred agents on the Colorado Medicaid PDL and are 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 questions or comments regarding the PDL, contact Jim Leonard at Jim.Leonard@state.co.us.

Drug Utilization Review (DUR) Board News

Next DUR Board Meeting**:**
Tuesday, August 10, 2010
6:30 p.m. - 9:00 p.m.
225 E. 16th Avenue, 1st Floor Conference Room
Denver, CO 80203

The upcoming DUR Board meeting will be addressing the following Drug Classes:

Bisphosphonates; Biguanides; Hypoglycemic Combinations; Meglitinides; Sulfonylureas; Thiazolidinediones; Newer Diabetic Agents (Dipeptidyl peptidase 4 [DPP-4] inhibitors, amylinomimetics and incretin mimetics); Erythropoiesis Stimulating Agents; Stimulants and Attention Deficit Hyperactivity Disorder (ADHD) Treatments; and Drugs to treat Urinary Incontinence.

In addition, there will be discussion of prior authorization criteria for the drug Rybix ODT. There will also be discussion of a proposal to require prior authorization for more than eight narcotic prescriptions per month. Interested parties that would like to present testimony to the DUR Board must sign up at least 24 hours in advance by contacting contact Jim Leonard at 303-866-3502 or Jim.Leonard@state.co.us.

Change to Dispensing Requirements

Pursuant to review and approval by the DUR Board in May 2010, the Dispensing Requirements for DEA Schedule 2 through 5 drugs have been revised. Effective September 2, 2010, 85% of the days supply will have to lapse before Schedule 2 through 5 drugs can be filled again. The Dispensing Requirements for non-scheduled drugs will not change; 75% of the days supply must lapse before a drug can be filled again.

Effective June 1, 2010, the inclusion of a Prior Authorization Code Type 2 on a pharmacy claim no longer overrides the refill-too-soon edit (NCPDP edit 79). The Medicaid pharmacy claims system received an enhancement so the refill-too-soon edit will not set for changes in dosing. However, if a Medicaid client enters or leaves a nursing facility and requires a refill-too-soon override, a prior authorization request must be submitted by contacting the Pharmacy PA Helpdesk at 800-365-4944.

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

Practitioners

National Coverage Determinations (NCD)

Current Procedural Terminology (CPT) Code Modifiers

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E876.7 - Performance of correct operation (procedure) on wrong side /body part.

Upon retrospective claims review, recoupment may occur for any reimbursement for these claims.
For further questions, please contact Eric Wolf at 303-866-5963 or Eric.Wolf@state.co.us.

Immunizations and the Vaccines For Children (VFC) Program

Medicaid clients ages 18 and under are entitled to receive, at no cost, approved pediatric vaccines through the VFC program. Under the VFC program, vaccines must be administered by program registered providers. Providers who wish to participate in the immunization programs must enroll with the CDPHE Immunization Program. More information may be obtained at http://www.cdphe.state.co.us/dc/immunization. Medicaid will not pay providers for vaccines that are available through the VFC.

The Colorado Medical Assistance Program partners with CDPHE for children's immunizations. CDPHE administers the VFC program, which is a federally funded and State-operated vaccine supply program for children ages 18 and under. The program provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay.

For additional information or questions on the VFC program, please contact Debra Zambrano, RN, the Clinical Coordinator at 866-530-1818 or Debra.Zambran@cdphe.state.co or Nicole Ortiz, VFC Operations Coordinator at 303-692-2334 or Nicole.Ortiz@cdphe.state.co.

August and September 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 August and September 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

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 you have not received a confirmation within at least two business days prior to the workshop, 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.

August and September 2010 Specialty Workshop Class Descriptions

Dialysis

This class is for billers who bill for Dialysis services on the UB-04/837I and/or CO-1500/837P claim format. The class covers billing procedures, common billing issues and guidelines specifically for dialysis providers. *(This is not the class for Hospitals – please refer to the Hospital Class)*

FQHC/RHC
This class is for billers using the UB-04/837I and CO-1500/837P format. The class covers billing procedures, Encounter Payments, common billing issues and guidelines specifically for FQHC/RHC 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.

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.

Nurse Home Visitor Program (NHVP)
This class is for billers who bill on the CO-1500/837P claim format. The class covers billing procedures, common billing issues and guidelines specifically for Nurse Home Visitor providers.

Occupational, Physical and Speech Therapy
This class is for billers using the CO-1500/837P format for therapies. The class covers billing procedures, common billing issues and guidelines specifically for Occupational, Physical and Speech Therapists providers.

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

Practitioner
This class is for providers using the CO-1500/837P 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			

Pharmacy
This class is for billers using the Pharmacy claim format/Point of Sale and/or PCF Format. The class covers billing procedures, common billing issues and guidelines specifically for Pharmacies. *(This is not the class for DME/ Supply Providers – please refer to DME/ Supply Provider Class)*

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.

Supply/DME
This class is for billers using the CO-1500/837P 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 CO-1500/837P 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.

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.

August 2010 Workshop Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10 Beginning Billing – CO -1500 9:00 am-11:30 am Web Portal 837P 1:00 pm-2:00 pm OT/PT/ST 3:00 pm-4:30 pm	11 Beginning Billing – UB-04 9:00 am-11:30 am Web Portal 837I 1:00 pm-2:00 pm Hospice 3:00 pm-4:30 pm	12 DME PAR 9:00 am-12:00 pm DME Billing 12:00 pm-1:30 pm Pharmacy 2:00 pm-3:00 pm	13 Beginning Billing – CO -1500 (WebEx) 9:00 am-12:00 pm FQHC/RHC (WebEx) 1:00 pm-4:00 pm	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

September 2010 Workshop Calendar

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

Please direct questions about Colorado Medical Assistance Program billing or the information in this bulletin to
ACS Provider Services at 1-800-237-0757 (toll free).
Please remember to check the Provider Services section of the Department's Web site at colorado.gov/hcpf