# Provider Bulletin

Reference: B1200311 January 2012

colorado.gov/hcpf

## Special PAR Bulletin

In this issue:

All Providers ..... 1
PAR Submission as of February 1, 2012 .... 1
Durable Medical Equipment (DME) Providers ..... 2
PAR Submission as of February 1, 2012 and Power Wheelchair Criteria ..... 2
Physical Therapy (PT) and Occupational Therapy (OT) Excluding Home Health ..... 3
Home Health (HH) Providers ..... 3
PAR Submission for EPSDT Extraordinary Home Health ..... 3

## All Providers

### Colorado Medical Assistance Program Prior Authorization Request (PAR) Submission as of February 1, 2012

Effective February 1, 2012, PARs may no longer be sent through the Colorado Medical Assistance Program Web Portal. Below is a summary of where to send PARs:

***PARs to submit to the ColoradoPAR Program***

The following PARs must be submitted to the ColoradoPAR Program:

- **Audiology**
- **Durable Medical Equipment (DME)/Supply- All (including repairs)**
- Diagnostic imaging– limited to non-emergency Computed Tomography (CT) Scans and Magnetic Resonance Imaging (MRI), and all Positron Emission Tomography (PET) Scans
- Medical/surgical services
- Reconstructive surgery
- Second surgical opinions
- Physical and occupational therapy services
- Transportation
- Out-of-state non-emergency surgical services
- Organ transplantation
- EPSDT Extraordinary Home Health
- **Vision, including contact lenses**

These PARs may be submitted in any of the following ways:

| CareWebQI: | Fax: | Mail: |
|---|---|---|
| ColoradoPAR Program Web Portal | 1-866-492-3176 | The ColoradoPAR Program<br>4545 N. Lincoln Blvd.,<br>Suite 103<br>Oklahoma City, OK 73105 |

The ColoradoPAR Program has launched its web portal, CareWebQI. CareWebQI allows for electronic submission of PARs with expedited decisions to PARs, some of them in real time. Please visit ColoradoPAR.com for training schedules and other valuable information.

For questions or additional assistance, please contact the ColoradoPAR Program information line at 1-888-454-7686 or visit ColoradoPAR.com.

***PARs to submit to ACS on Paper***

The fiscal agent, ACS, will continue to process the following PARs and they must be submitted on paper, by mail:

- Dental Services
- Oral Surgery
- Long Term Home Health (LTHH), except for Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Extraordinary Home Health. Some LTHH PARs are processed by case management agencies. See Appendix D in the Appendices of the Provider Services Billing Manuals section for more information.

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 or 1-800-237-0044

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

Send the abovementioned PARs to **ACS** at:

ACS
P.O. Box 30
Denver, CO 80201-0030

For questions or additional assistance, please contact ACS Provider Services at 1-800-237-0757.

# Durable Medical Equipment (DME) Providers

## PAR Submission as of February 1, 2012 and Power Wheelchair Criteria

Effective February 1, 2012, **all** DME and supply PARs must be sent to the ColoradoPAR Program (including EBI Bone Stimulator PARs). No DME and supply PARs should be sent to ACS with dates of service beginning February 1, 2012. PARs submitted to ACS with dates of service beginning February 1, 2012 will be denied.

These PARs may be submitted in any of the following ways:

| **CareWebQI:** | **Fax:** | **Mail:** |
|---|---|---|
| ColoradoPAR Program Web Portal | 1-866-492-3176 | The ColoradoPAR Program<br>4545 N. Lincoln Blvd., Suite 103<br>Oklahoma City, OK 73105 |

***Power Wheelchair Criteria***

The ColoradoPAR Program utilizes Milliman Care Guidelines®, which require providers to answer the following criteria and questions for power wheelchair requests:

1. How ADLs are affected
2. Why the client can't use other assistive devices, such as walker
3. Why the client can't use a manual wheelchair
4. Why a scooter is not appropriate
5. Whether the client can safely operate controls
6. What, if any, uncompensated conditions would limit ADLs or safely operating wheelchairs, such as vision or cognitive conditions
7. Whether the physical layouts and surfaces in the client's environment are safe and adequate
8. Confirmation that a provider with appropriate expertise has evaluated the client
9. Prescription that specifies:
    a. Seating system: measurements and type
    b. Postural support
    c. Head support
    d. Frame Modifications
    e. Arm rest type
    f. Leg rest type
    g. Battery type
    h. Wheel drive type
    i. Tire type
    j. Caster type
    k. Control system
10. When client received their last wheelchair.

If wheelchair requires additional modifications such as a seat lifter, extensive spine support, or anything else, please specify why the patient needs the particular modification.

For questions or additional assistance, please contact the ColoradoPAR Program information line at 1-888-454-7686 or visit ColoradoPAR.com.

# Physical Therapy (PT) and Occupational Therapy (OT)

## Excluding Home Health

The ColoradoPAR Program currently processes all PT and OT PARs.

These PARs may be submitted in any of the following ways:

| CareWebQI: | Fax: | Mail: |
|---|---|---|
| ColoradoPAR Program Web Portal | 1-866-492-3176 | The ColoradoPAR Program<br>4545 N. Lincoln Blvd., Suite 103<br>Oklahoma City, OK 73105 |

PT and OT providers must submit the following documentation with their PARs:

1. Original prescription
2. Medical diagnosis causing the patient's symptoms
3. Number of units requested, which must be proportional to the treatment plan
4. Length of time requested, which should reflect the treatment plan

For questions or additional assistance, please contact the ColoradoPAR Program information line at 1-888-454-7686 or visit ColoradoPAR.com.

## Home Health (HH) Providers

### PAR Submission for EPSDT Extraordinary Home Health

***Clarification regarding HH PARs with Therapy Services***

The HH PAR form was recently revised to indicate that physical, occupational, and speech therapies are considered a benefit of EPSDT Extraordinary HH only and should be sent to the ColoradoPAR Program. Both LTHH PARs and EPSDT Extraordinary HH PARs may include requests for therapy services. Please look for a revised HH PAR form coming soon. See below for clarification regarding what constitutes an EPSDT Extraordinary HH PAR.

The ColoradoPAR Program processes only EPSDT Extraordinary HH PARs. This service is for clients ages 20 and under, when the client meets any of the following criteria pursuant to 10 CCR 2505-10 Section 8.527.12.A:

- A pediatric client's medical need for home health exceeds the maximum daily amount of $339.48;
- Some or all of a pediatric client's home health services must, for medical reasons, be provided at locations other than the child's place of residence; or
- Home health aide services for the purpose of providing only unskilled personal care

Please see *Frequently Asked Questions Regarding Home Health PAR Revisions* on the What's New Web page for further clarification.

These PARs may be submitted in any of the following ways:

| CareWebQI: | Fax: | Mail: |
|---|---|---|
| ColoradoPAR Program web portal | 1-866-492-3176 | The ColoradoPAR Program<br>4545 N. Lincoln Blvd., Suite 103<br>Oklahoma City, OK 73105 |

Providers should continue to submit any LTHH PARs that are not for EPSDT Extraordinary HH (this includes PARs with therapy services) to ACS or the appropriate case management agency.

For questions or additional assistance, please contact the ColoradoPAR Program information line at 1-888-454-7686 or visit ColoradoPAR.com.