Provider Bulletin

colorado.gov/hcpf

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Special PT/OT Bulletin

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All Physical and Occupational Therapy Providers (including Physicians)

Outpatient Physical Therapy (PT) and Occupational Therapy (OT) 48 Unit Limit and Prior Authorization Requests (PARs)

Beginning October 1, 2012, the 48 unit limit for all Outpatient PT and OT services, as detailed below and in the June 2012 Provider Bulletin (B1200322) will take effect. The unit limit is defined as any combination of Outpatient PT and OT services up to the 48 unit limit (e.g., a client may require 40 units of PT services and only eight (8) units of OT services). The 48 unit limit does NOT include evaluation/re-evaluation codes 97001, 97002, 97003, and 97004.

Services provided to Colorado Medicaid clients ages 21 and over: Colorado Medicaid clients ages 21 and over may receive up to a combined total of 48 units of medically necessary Outpatient PT and OT services per fiscal year (July 1 through June 30). Once the 48 unit limit is reached for the fiscal year, no additional PT/OT services will be reimbursed until the next fiscal year begins.

In response to provider concerns being unable to track the amount of PT/OT units used by an adult client, the Department of Health Care Policy and Financing (the Department) will implement a notification process to track requested units for adults. This notification will allow the Department to track the number of units requested for each adult client, however, this process is not a guarantee that billable units remain.

Effective October 1, 2012, providers of adult PT/OT services are required to submit a "notification" through the ColoradoPAR Program's CareWebQI (CWQI) system in order to provide these services. The notification process is similar to the PAR process; providers are required to submit demographic information and requested unit amounts using CWQI or the paper PAR form located on the Department's Web site in the Provider Services Forms section, these requests will be auto-authorized. Although providers will have auto-authorization, they must obtain a PAR ID in order to provide and bill for services. A PAR ID is still required when submitting claims to the Colorado Medical Assistance Program. A "notification" must be submitted every time new services are requested up to the 48 unit limit.

Services provided to Colorado Medicaid clients ages 0 to 20: Colorado Medicaid clients ages 0 to 20 may receive up to a combined total of 48 units of medically necessary Outpatient PT and OT services per fiscal year (July 1 through June 30) without the submission of a "notification." Once the 48 unit limit is reached for the fiscal year, if additional units are medically necessary, a PAR will be required to authorize the services for reimbursement of additional PT and OT services (49 units and up).

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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

ColoradoPAR Program PARs
www.coloradopar.com

Please Note: “Notifications” and approved PARs are not a guarantee of payment.
Services rendered from October 1, 2012 through June 30, 2013 will be the first 48-unit-limit period.
For questions, please contact Amanda Belles at Amanda.Belles@state.co.us or 303-866-2830.